

Chapter 13

Person Centered Planning

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Person centered planning (PCP) is not about forms, or short cuts with paperwork or “hanging out” with consumers. It is a process that will assist a person in the development of a plan, which will support a life lived on an individual’s terms. A genuine life may be defined as a living situation that a person chooses in a desired community, with a job that matches a person’s strengths and interests, and a consumer selected support staff. The kind of life and the supports a person needs and wants should not be categorized or decided by others. Roommate preference can and should be determined by the mutual interests and strengths that two people share. Awareness of an individual’s behavior as a communication tool is critical to honoring the choices, interests and needs of an individual throughout the planning process.

The Michigan Mental Health Code (1995) defines Person-Centered Planning as a “process focused on and directed by the individual who facilitates the identification of his/her desired outcomes; which then determine the supports, and services needed to achieve the desired outcomes.”

The goal of PCP is to help people obtain what they want and need. A facilitator is responsible for assisting persons in defining and realizing dreams, which includes helping to discover and interpret individual preferences. The cornerstone of PCP is that supporters and allies included in the planning process have the ability to presume competence in an individual and in his/her dreams. It is also important to view an individual’s behavior as a source of communication. If a facilitator believes in and can assist others in presuming an individual’s competence, and can perceive all behavior as communicative, then the PCP process impacting a person, a family and a community can become very real. Respectful questions are a simple way to demonstrate the presumption of competence. If a person’s words and actions are conveniently ignored by the service system, it is a moot point as to whether the individual is capable of using verbal language.

Sometimes, all it takes is one question as noted in the following example: If someone’s life has little meaning because he/she is spending several hours a week on a dialysis machine, all the service system may hear is complaints about life, the doctors etc... until the person is asked “What would you do with your time if you did not have to be on the dialysis machine?” This one question may unlock many positive responses; such as “I would spend time with my family” I would play with my children!” These themes can give service providers hope about the person’s life desires and dreams. Just one question can change a service provider’s perception of a person. When a person’s expressed desires become similar to those of the service provider; an individual is perceived as more like the service provider. One question is all it takes to release a myriad of ideas about how an individual would want to spend time. Instead of focusing on a person’s pathology and mental illness, providers can look at activities an individual could accomplish with family in the community. The result of correctly completed and implemented PCPs demonstrates that all persons want and need similar things. What is different is how each person may accomplish stated goals. Inherent in an authentic PCP process are plans of service, which reflect the PCP. A superb plan

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should be reflective of a person's vision of what a good life should be and not be based on what a service system believes or on what psychological assessments have determined. Plans of service should be based on an individual's skills and capacities and should describe how barriers to the desired life can be overcome.

This paper will divide the issues of facilitation of person centered plans into three sections.

- Section 1: Qualifications of facilitators
- Section 2: PCP process
- Section 3: Outcomes

1. Qualifications of Facilitators

It is difficult to describe a specific group of professionals and say they are the best or most likely persons to competently facilitate person centered plans. Because PCP is about relationships and specific individuals, a facilitator should have a relationship or the ability to develop a relationship with the "focus" person (person for whom plan is being developed). The following list of preferred qualities may reflect strengths a facilitator may possess:

- Presumes competence in the individual
- Non-judgmental
- Respectful
- Team builder behind what a person wants to accomplish vs. service system needs
- Flexible
- Well-prepared
- Creative
- Humorous
- Warm/friendly
- Assertive
- Empowers all participants
- Knows the community and its services for those without disabilities
- Interprets behavior as communication
- Follows through
- Translates outcomes into plan of service goals

A facilitator may not possess all of the above attributes; however, they are desired characteristics. The ability of a facilitator to extract positive information from participants will enhance the plan and its process. The PCP process is about relationships; therefore, the ability of a facilitator to foster relationships with and for an individual is crucial. The credibility of a facilitator with the individual, community and the system will dramatically influence the success of the PCP process.

2. The Person-Centered Planning Process

The following is a list of suggestions that can be utilized within the facilitation process:

- Make sure all participants accept and understand the philosophy of PCP.
- Be certain that pre-planning has been held prior to the initial PCP event. Pre-planning should include the following:

- Where does the individual want the planning event to be held? Where is the person most comfortable?
 - What does the person want to talk about at the plan?
 - What does the person want to NOT talk about?
 - Who does the person want to be a part of the planning process? Who does the person trust?
 - Who makes the person smile?
 - Who should not be in attendance at the planning event(s)?
 - Are time, date, and location acceptable to the person and the family?
 - How will it be known if the person is happy with the process? Are there behaviors that the individual uses to communicate happiness or sadness?
 - Who will invite guests?
 - Will there be snacks?
- Be certain that all participants believe that the consumer is a competent individual.
- If responses do not seem to be consistent with the person centered philosophy, a facilitator must make a determination of whether to take a break to quickly educate participants about how to act and speak like an ally or a supporter.
- Set ground rules for the process, such as each person should use respectful language, should listen to others attentively, and should own statements made.
- Write all pertinent information from the PCP on paper or white board easily viewed by all participants, this way the group will remain true to the philosophy of PCP.
- The facilitator should model looking at and asking questions directly to the individual.
- Redirect questions back to the individual other PCP participants fail to do so.
- Focus on the person and spokesperson as much as possible.
- Adjust the pace, the vocabulary, and the length of sentences so that everyone can understand the information.
- Use visuals, such as family pictures, photo albums, etc. to make the process concrete and functional.
- Always clarify information with the person for accuracy. Look for how the person may communicate behaviorally if not liking what is being said.
- Review with the individual and the group signals that indicate a break is needed in the planning event.
- Encourage input from others only after having heard from the person and spokesperson.
- Emphasize information from personal experiences of the individual.
- Demonstrate to participants that professional status does not equal personal knowledge of the focus person.
- Participants must be persons who know and respect the individual.
- Each participant must be approved by the individual directly.
- Be knowledgeable and receptive to relationships of participants.
- If there are problems with the planning process refer to the pre-planning process.
- It is recommended that two facilitator's be present so that one can facilitate discussion and one can take notes. This allows for one person to be more aware of visual/verbal cues.
- Look for indicators of the person's satisfaction with the process:
 - Did the person smile or laugh?

- Did the person respond through verbal language or behavior as communication during the planning event?
 - Did person give and receive eye contact from others?
- Get all input/facts before ideas/solutions are considered.
- Bring closure to the meeting by summarizing the strengths of the process and review what was discussed.
- Set another date for discussion of further issues.

There is no substitute for experience in facilitating and participating in a number of person centered plans. All successful person centered plans are unique, however the principles of PCP remain constant:

- Presume competence
- Use behavior as communication

One participant described his PCP as a “party with a purpose”. More follow through with a plan is likely if the sessions appeared to be worthwhile to both the person and the guests. A PCP may be correctly facilitated and may be empowering to all the guests. Yet the process will have been a waste of time if no action is taken as a result of the plan. It is critical to review outcomes from the paper and easel to see if the facilitator is in line with what the person set forth in the pre-planning meeting. In the next section outcomes and their translation to services and supports will be discussed.

3. Outcomes

If correctly done, the PCP process should drive that which is contained in the consequent plan of service. Outcomes of PCP meetings, should determine services and supports. An authentic process means, and Medicaid policy demands, that the plan of service be derived directly from the PCP. If PCP is truly a “process” then implementation of a plan will provide opportunities to evaluate and provide feedback about the person centered planning process. A re-thinking about existing barriers to a plan and a redefinition of an individual’s dreams and desires can provide excellent fodder for the next planning meeting, which should occur when desired or requested, as a part of an ongoing process.

PCP will lead to the honoring of a person’s preferences, strengths, and abilities. The implementation of a plan of service should reflect an individual’s dreams, desires, and needs. Some outcomes that emerge from the planning process may appear difficult to realize! It is important to remember that PCP is about relationships. The role of the support coordinator is more than arranging for dental and doctor appointments, rather the role should be to help a person design a life and put it into action! Examples of outcomes include:

- I want to dance more
- I would like to see my family more
- I want to go on more picnics
- I want to meet many women
- I want to go to more nightclubs where jazz is played
- I want to have a cat
- I want to sit under shade trees in my yard
- I want to live in an apartment where no kids are allowed
- I want to be able to go places in the community
- I want to play with my children

- I want to stay in my apartment
- I want to do more with Coke products

All outcomes can and should be included in a plan of service. Questions should be asked in an effort to break down the outcome into what type of services and supports may be necessary. The following goals may be evident in a traditional program plan for an individual with developmental disabilities

- Tom will improve in self-help skills in doing laundry
- Tom will participate in a sheltered workshop for two hours a day
- Tom will develop more socially acceptable behavioral skills in expressing displeasure
- Tom will decrease outbursts by 50% when upset
- Tom will demonstrate increased skills in communicating by increasing vocabulary, reading comprehension, and expressive language.

Does the individual really look forward to meeting the above stated goals? Through the course of the PCP process it may be found that Tom would like to have the following outcomes:

- Tom would like a job where he earns money working at a restaurant
- Tom would like to be around women his age
- Tom likes to sort and stack objects, and he likes water
- Tom would like to stay in his current apartment
- Tom would like to do his own cooking and shopping, but needs support

Through the planning process a new outcome may emerge as a priority for the person and the support team. For example, it may become clear after asking Tom questions and viewing his behavior that Tom does not like to go to a workshop. However, attending a sheltered workshop is a goal of the current plan of service. There have been several incidents involving Tom not wanting to go to a workshop. Through the PCP process a different priority outcome may emerge in reference to Tom finding a job in proximity to women in a restaurant. Success may be possible if the support team responds to this outcome. Tom wants to leave a sheltered workshop and desires a job around women, preferably in a restaurant.

The key to person centered planning is listening to and observing the person. How does the individual communicate happiness, frustration, and sadness? If we key into these critical questions the outcomes and plans of service will be reflective of the person's vision of what they want their life to be!