

Running Head: POSITIVISM IN PERSON-CENTERED PLANNING

Excessive Positivism in Person-Centered Planning

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Abstract

This paper illustrates the positivistic nature of person-centered planning (PCP) that is evident in the planning methods employed, the way that individuals with disabilities are described, and in portrayal of the outcomes of PCP. However, a confluence of factors can lead to manifestation of excessive positivism that does not serve PCP constructively. Taken to its extreme, positivism can contribute to the development of unrealistic goals, construing failure as success, ignoring dissenting perspectives, and contaminating evaluations of PCP. Excessive positivism is presented as a misapplication of PCP principles rather than an inherent flaw in the design of the approach.

Excessive Positivism in Person-Centered Planning

Person-centered planning (PCP) is a set of progressive principles and strategies that emerged in the mid 1980s as a way to better understand the experiences of people with developmental disabilities, and enhance those experiences with the help of allies (O'Brien, O'Brien, & Mount, 1997). More specifically, PCP entails planning for and working toward a positive future of a single individual with intellectual disabilities. This future, dream, or vision for the person often includes goals to reduce social isolation, establish friendships, increase engagement in preferred activities, develop competencies, and promote respect (O'Brien, 1987a), the achievement of which typically requires group problem-solving. Developmental service systems began adopting person-centered practices in the mid 1990s. Today, many policy makers and service agencies continue to embrace tenets of PCP with vigor, although effective implementation of PCP is neither brief nor easy (O'Brien, et al. 1997), and, as noted by numerous investigators of PCP, there are many ways that PCP can fail (see Holburn & Jacobson, 2004 for a discussion).

In this commentary we describe an aspect of PCP that we call *positivism*, which we believe can operate to the detriment of PCP. Positivism in this commentary is a simple notion; it refers to the optimistic thinking and enthusiasm that prevails during PCP, and it appears to be an essential aspect of the philosophy and practice of PCP. For example, to encourage PCP meeting participants to think positively about the person and his or her prospects ground rules, such as “keep it positive” are often established (Hagner, Helm, Butterworth, 1996, p. 164). (Positivism here does not pertain to the philosophical perspective that emphasizes the scientific method as the source of authentic knowledge). It is clear to us that a positive attitude is necessary in any endeavor that requires problem-solving and certainly in one that seeks to effect important life

changes. Few would disagree that PCP meetings should be “positive and lively” (Ritchie, 2002, p.20) or that team members should “focus on their [own] capacities for positive action” during PCP (O’Brien, & O’Brien, 2002a, p. 283). However, we have observed instances in which positivism in PCP can paradoxically serve as a detriment to PCP. In this commentary, we offer a few examples of this phenomenon and a few suggestions that might obviate or counteract the occasional undesirable consequences of positivism in PCP.

We wish to say at the outset that we are not implying that the originators of the various PCP methods available today are Pollyannaish. Indeed, most authors of PCP methods give far more attention to the challenges in implementing PCP than to the importance of having high expectations about the outcomes (e.g., Hagner, et al. 1996; Holburn, Gordon, & Vietze, 2007; O’Brien, 1987b; O’Brien, et al. 1997; Ritchie, Sanderson, Kilbane, & Routledge, 2003). As noted by O’Brien and O’Brien (2002b, p. 11): “The people who gave shape to the first approaches to person-centered planning . . . knew the hellish difficulty of overcoming isolation from community life.” O’Brien and his colleagues have written extensively on the difficulties and strategies for changing organizational culture, and expanding social support, individualized services, and community development. The PCP literature commonly cautions would-be planners that person-centered meetings and plans are the easy part of PCP. In discussing common breakdowns in PCP, Mount (1994) warned against the illusion of the quick fix:

The most common breakdown in the futures planning process occurs when people place too much emphasis on the initial meetings and do not value, plan, and invest in the ongoing process of follow-up and renewal. The first several meetings are powerful, and people are energized by describing the capacities of people and creating a vision together.

But then comes the hard work of making the ideas a reality and slogging through the details, obstacles and frustrations of implementation. (p.102)

Sources of Excessive Positivism

From its inception, PCP set the stage for positivism. It illuminated the social injustices, alienation, and constrained lifestyles experienced by people with intellectual disabilities wrought by system-centered practices that perpetuated segregation, inopportunities, negative patterns of living, and devaluing stereotypes (O'Brien & O'Brien, 2002b). Person-centered planning was a force in shaping the New Paradigm in disability services (Bradley, 1994), as it shifted our focus from ameliorating a person's deficits in a bureaucratic environment to highlighting the person's gifts and capacities as the foundation for a better quality of life in which the person could be a respected member of the community (Mount & Zwernick, 1988; O'Brien & Lovett, 1992).

Thus, PCP emerged as a counteraction to traditional service models in the disabilities field and was presented as a solution to system-centered approaches. It exposed the problem that many systems that are supposed to help people with disabilities have paradoxically blocked access to community life, personal growth, and a better quality of life. The solution is described in positive, non-technical language that has wide appeal.

The positive view of people and their potential for accomplishment as a reaction to disenchantment with a negatively-oriented service model are not unique to the field of developmental disabilities. For example, the general field of psychology is undergoing a paradigm shift toward a more positive orientation, and in their edited *Handbook of Positive Psychology*, Snyder and Lopez (2002) proposed a "declaration of independence . . . from the weakness model in psychology" (p. 751). (The positive psychology movement rejects the sole focus on human problems and the accompanying pathology model, and instead, highlights the

need to recognize the best in people by studying topics such as human strengths, virtue, hope, optimism, and building community, Seligman, 2002). However, just as there are occasional backfires of positivism in person-centered approaches, research in positive psychology topics has discovered instances in which a positive trait or feature, such as optimism, can be a disadvantage (see Carver & Scheier, 2002 for a review).

Person-centered planning caught on in the developmental services arena before positive psychology became a movement in the field of applied psychology. Positivism appears throughout the PCP literature in several ways, including its methodology, the way individuals are portrayed, and the descriptions of the outcomes of PCP. In describing a “new tool” Mount (1987) posited five central components of PCP, three of which exemplified positivism: “Build a description of capacities and opportunities”(p. 100), “Seek ideals” (p. 100), and “Inspire initiative” (p. 101). Later, Mount (1994) added other positive attributes, including “A positive view of people” (p 99), “Motivation through inspiration,” and “Personal empowerment” (p. 100). Snow (1998) epitomized the positivism that can operate during a PCP meeting in describing how a support circle listens to, honors, and supports a person’s dream:

Saying “No” is a behavior encouraged by disability focus. People don’t realize that No limits possibility and that giftedness can only grow out of “Yes.” In the world of participation, the decision to say “No” must be taken only after careful reflection and because there is a boundary to possibility that you want to make. It is the facilitator’s job to get people to say “Yes”. (p. 87)

Team members may also be inspired through positive imagery, such as referring to PCP approaches as “healing tools on a spiritual journey” (Pearpoint & Forest,1998, p. 19), or more dramatically:

Let's see person-centered planning as an art. Let's give it the color, power, passion, emotion, magic, skill and talent it deserves. Let's start with a blank sheet of paper as our metaphor, a sheet radiant with the patient capacity to record any dream. Let's assist people in creating and designing their own beautiful futures. (p.103)

Person-centered planning literature encourages human service workers to describe people who have disabilities in terms that are more positive than traditional clinical depictions (see O'Brien & Mount, 1998). Perhaps the most common form of positivism in PCP appears in the descriptions of what happens to individuals who experience PCP. These consequences are commonly presented as uplifting stories. For example, Smull (1998) told a story about a non-verbal man who hurt himself so badly that he wore a helmet and padding, and he was being considered for an institution. As a consequence of PCP, he lived in his community with his brother, went to hockey games, and no longer needed a helmet or padding: "This man is now described as a tall, charming ladies man, who does not use words to talk" (p. 43). A more developed account of a positive depiction of a PCP outcome was provided by Holburn and Vietze (2002) in a data-based demonstration of dramatic changes in the life of Hal, an adult with autism. Hal lived with an abusive roommate in a chaotic behavioral ward of an institution. His aggression prevented his mother from visiting him, and his dangerous running into the street prohibited community access. Following PCP, Hal and his mother were reunited, and he moved to a typical-looking home in the community where he assumed a respectable social role.

It is important to know that in the examples above, positivism is presented in the context of (a) the suffering, loneliness, or other hardship experienced by people with developmental disabilities and (b) the difficulties in effecting positive changes in their lives. So how can the positivism inherent in the process of PCP backfire? The phenomenon appears to result from a

convergence of factors. In shifting from the deficit model of disability to one that focuses on gifts and capacities, person-centered team members are encouraged to shed “Old Paradigm” thinking and reflect on the person’s strengths, interests, and potential. In short, the mission of the PCP team is to craft a vision of a more productive and satisfying future and then assist the individual to make it happen. (Persuasion is enhanced when positive thinking is linked to the message, e.g., Petty, Schumann, Richman, & Strathman, 1993). There can be pressure to think more positively than usual, particularly on the part of team members who might otherwise be inclined to think about correcting deficits in behavior or other areas of functioning as they might in a clinically-oriented case conference or interdisciplinary team meeting (see Holburn & Pfadt, 1998 for a discussion of clinicians on person-centered planning teams). Initial PCP meetings often illuminate deficits in *services*, such as limited opportunities for choice making, unpleasant environments, and stultifying routines. Moreover, some team members may realize that they have been serving in roles that perpetuate such conditions, and they may assume responsibility to contribute to its rectification. Consequently, as a counter to the injustices of the past and with the fresh air of new optimism, team members may be inclined agree, perhaps as overcompensation, to typical PCP goals, although such aspirations might not be attainable given the prevailing cultural-political circumstances. Thus, the combination of factors such as the PCP philosophy, the circumstances of the person, and degree of personal responsibility assumed by professional can give rise to excessive positivism.

Expressions of Excessive Positivism in PCP

It is ironic that an essential component of an approach that can produce significant improvements in a person’s quality of life may ultimately work to the detriment of the endeavor. As exemplified below, when positivism in PCP is taken to its extreme, it can contribute to the (a)

development of unrealistic goals, (b) construal of failure as success, (c) failure to acknowledge dissenting perspectives, and (d) contamination of PCP evaluations.

Unrealized Expectations

Unfortunately, crafting a vision of a future that is substantially different from the person's current life situation is far easier than working together to bring that future to fruition. Everson and Reid (1999) echoed Mount's (1994) warning against the illusion of the quick fix, in noting that a common pitfall in PCP is the tendency for support teams and agencies to enthusiastically promote the initial steps of PCP, and then fail to follow up with the implementation required to assist individuals in realizing their aspirations. For example, in the early stages of PCP, a team may establish life-changing goals and cheer a person on, even when there is no conceivable funding or administrative support on the horizon to bring the idea to fruition. Establishing unrealistic goals that go unrealized can be experienced by the individual as promises not kept and eventually discourages the kind of individual empowerment that the team is trying to engender.

Unrealized expectations can have a discouraging affect on entire teams. The first author learned this lesson through a kind of organizational naivety in facilitating PCP for Dan, a person with severe problem behavior who lived in a large institution. The team, including Dan's mother, was initially reluctant to participate in this new endeavor. The social worker epitomized the group's level of optimism as "I've seen a lot of things come and go around here, and this too shall pass." But as the team made small improvements in Dan's life at the institution and in his congregate day program, members began to feel empowered. After one and one-half years of monthly meetings of careful planning for an individualized housing and day program for Dan, the PCP team was operating as a cohesive and productive force in Dan's life. We stayed on

course and were on the verge of realizing our plans when Dan was suddenly moved to a “downsized” group home and a new congregate day program, both of which differed from the aspirations of the PCP team. Dan’s move resulted from an alternative plan by the institutional administration. The social worker’s initial admonition thus confirmed, the discouraged members returned to their former duties. The positivism in this case was overestimating the power of the sole PCP team, which resulted in an organizational blunder. The facilitator had naively assumed that the PCP team outcomes would prevail without having considered larger forces at play in the institutional culture.

Applauding Unsuccessful Outcomes

Sometimes failures of PCP are not perceived as failures at all. An example of a positive portrayal of PCP outcomes after no observable lifestyle improvement was provided by Ritchie, et al. (2003). The authors conceded that despite valiant PCP efforts, some people will still remain trapped in poor environments and undesirable lifestyles, and some people will remain without friends, jobs, or money. Then they deduced the following positive changes that might have occurred, despite the failure to achieve what people want or need:

But if the planning has been done well, there will have been changes in people’s hearts and minds. The person herself will have a stronger sense of her own dream, a stronger belief that things could be different, and a stronger sense that it is her life and that she can make things happen. The people around the person will have a clearer shared understanding of what kind of a person she is and a stronger shared commitment to working with her to make a difference. (p. 52)

Perhaps it is possible that PCP can generate such hope and optimism, even after attempts to attempts to alter undesirable circumstances have been unproductive, but the conclusion strikes us

as counterintuitive. It seems unlikely PCP team members would have positive changes in their “hearts and minds” if the focus person remained in a bad environment without friends, jobs, or money; or how the person herself could develop a stronger sense “that she can make things happen” under these circumstances. It is likely here that Ritchie et al’s. (2003) silver lining is meant to inspire further efforts to help people, but to suggest that ineffective planning might have “been done well” appears to be a positive construal of a failure and a example of excessive positivism.

A less conspicuous positivistic portrayal of ineffective PCP occurs when comparing an unsuccessful PCP endeavor to a worse practice. O’Brien (2002, p. 403) offered the following example of this phenomenon: “Not much has happened for people, but the person-centered planning meetings we now have are much better than the individualized program planning meetings that we used to have.” A similar phenomenon is to soften the failure to accomplish important changes by exaggerating minor improvements (e.g., “We couldn’t arrange for that volunteer job for Stephanie, but now at her workshop, she gets more choice of what she wants to work on”). Another way to soften the sting of failure is to call attention to achievements that were unrelated to PCP (e.g., “She still wants a different roommate but says she is tolerating her more with the new medication”). Construing failed attempts at PCP as having positive outcomes defeats the inspiring nature of the positivism inherent in the process. The PCP tactic of highlighting and celebrating real PCP successes is designed to spread the word and engender support for expanding PCP within and across agencies. It also probably serves to increase the likelihood that team members will continue to do effective PCP, the kind that produces the celebrated results. Applauding ineffective efforts of PCP probably serves to increase the

likelihood of more ineffective efforts. Team members who are discouraged by ineffective PCP may have questions that are difficult and possibly uncomfortable to answer.

Ignoring Paradoxes in PCP

Excessive positivism can result in a kind of glossing over of some of the obvious conceptual and practical difficulties in achieving goals of PCP. For example, in PCP, people with intellectual disabilities are encouraged to make decisions about important life issues such as who to live with, where to work, and what to do in their spare time. However, this shift can seem extreme to employees and family members, given that people with intellectual disabilities need support from employees and family members, principally because they have difficulty making decisions about such matters. This decision-making paradox and other contradictions, including those related to employee job roles, regulatory compliance, and misaligned funding (see Holburn & Vietze, 1999), become apparent when agencies attempt to convert to more person-centered service provision. However, employees are encouraged to be enthusiastic about PCP and may not feel comfortable expressing reservations in the face of person-centered precepts such as *having a positive attitude* and *dreaming big*. If such discrepancies are not reconciled, employee skepticism and resistance to PCP may result.

Program Evaluation Bias

Another challenge posed by excessive positivism in PCP pertains to systematic evaluations of the effectiveness PCP. Given that minor achievements and even no achievements can be perceived as positive, the information provided to investigators can be biased.

Observations of individuals solves much of that problem, and it has been shown that typical goals of PCP are conducive to observational assessment (see Holburn, 2002). However, in PCP it has been necessary for investigators to supplement observational data with interviews and

questionnaires because of (a) the multiple molar dependent variables that each PCP endeavor tends to produce, and (b) the complexity of variables of interest, such as person-centered team functioning and organizational change.

We have observed a tendency for group discussions and group interviews to yield more positive information about PCP outcomes than questionnaires and anonymous reports. If group discussions and group interviews exaggerate the benefits of PCP, it might reflect pressure to conform to positivistic influences in public. Such apparent bias might explain a divergence of findings in a recent multiple-agency evaluation of PCP by Holburn & Cea (2007). Person-centered planning participants had significantly and substantially greater quality-of life (QOL) improvements than non-PCP participants on a group consensus assessment of PCP, yet there was no difference between the same groups on an individually-completed assessment of nearly identical QOL dimensions quantified through 40 multiple-choice questions (Holburn, Jacobson, Vietze, Schwartz & Sersen, 2000).

Despite the popularity of PCP methods in developmental services, there are not many empirical investigations of PCP. The measurement difficulties alluded to above likely account for the dearth of PCP investigations, but there also may be a bias against quantitative assessment of PCP outcomes. Quantification of PCP outcomes can be characterized as being part of the cold science and technology that belongs to the ill treatment of the past, the old (negative) paradigm in developmental disabilities that measured and addressed deficits. The credibility of a program evaluation may be diminished if quantification is perceived as an intrusion: "Person-centered planning grew as a way to engage people sharing, understanding, and unfolding one another's stories. Now some people want to evaluate the effectiveness of person-centered planning by counting its outcomes" (O'Brien, O'Brien, & Mount 1997, p. 483). However, there is a small but

growing number of longitudinal, quantitative studies on the effectiveness of PCP, and they have yielded information on how agencies can enhance their implementation of PCP (c.f., Heller, Miller, Hsieh, & Sterns, 2000; Holburn, Jacobson, Schwartz, Flory, & Vietze, 2002; Holburn, & Vietze, 2002; Robertson, et al., 2006; Robertson, et al., 2007).

Conclusion

Positivism in PCP appears alongside the PCP position that people with developmental disabilities have historically experienced social discrimination, isolation, and other adversities, which cannot be remedied without a great deal hard work and commitment. However, from a convergence of factors, the constructive positivism in PCP can occasionally become misdirected, as illustrated in the examples above. Excessive positivism is viewed as a misapplication of PCP principles rather than an inherent flaw in the design of the approach.

The solutions to the manifestations of excessive positivism in PCP that we have pointed to here are not complicated proposals. To reduce the likelihood of setting unrealistic goals, we suggest coordinating with the relevant administrators to garner support before beginning PCP. There can be a myriad of agency and agency-related interests that compete with PCP, and these potential obstacles should be known to person-centered planners at the outset of a planning process. To mitigate contradictions that employees confront when PCP is begun in an agency, we recommend acknowledging the ambiguities and barriers that emerge in open forums or through other agency information outlets. To protect against threats to an honest appraisal of PCP results, we recommend both quantitative and qualitative assessments, particularly those that are longitudinal.

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