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# PERSPECTIVES

## Person-Centered Planning Has Arrived . . . or Has It?

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Person-centered planning has arrived. A number of states endorse its use in reforming their systems and several require it, at least for members of protected classes; seminars thrive; some officials wonder about certifying person-centered planners; proponents argue the relative advantages of a growing number of methods; researchers call for studies to quantify its effects; critics of service fads joke sarcastically about many-colored markers and little stick people; and, perhaps most tellingly, person-centered planning has acquired an acronym, and now it seems like almost everyone is "doing PCP." At this point it is worth wondering where person-centered planning has arrived and what might get lost as the rate of adoption climbs.

As participants in the early and continuing development of person-centered planning, we have become interested in what happens to a good idea when it moves into mainstream use. We agree with Langer (1997) that an idea's utility lasts only as long as people apply it mindfully and that any tool's power can be diluted or even misdirected by its mindless use. As Langer distinguished these orientations,

A mindful approach to any activity has three characteristics: the continuous creation of new categories; openness to new information; and an implicit awareness of more than one perspective. Mindlessness, in contrast, is categorized by entrapment in old categories; by automatic behavior that precludes attending to new signals; and by action that operates from a single perspective. (p. 4)

We believe that implementations of person-centered planning will be disappointing if people rigorously apply a procedure without sufficient regard for the context of relationships and agreements necessary for it to thrive. When such an abstraction leads people to view person-centered planning as a tool, poor results will generate efforts to sharpen or modify the tool

rather than leading to a further search for new categories, the consideration of more information, and the articulation of other perspectives. Instead of building and strengthening personal relationships when difficulty comes, people fiddle with technique. In short, mindlessness about context converts person-centered planning from a useful idea into a fad.

A brief description of the way one approach to person-centered planning developed may help in remembering the features of a context in which person-centered planning makes sense. Person-centered planning as we know it began about 12 years ago as a conscious search for new categories through which to understand the experience of people with developmental disabilities and work with them and their allies to change that experience for the better. This search grew, in part, out of a careful study of dozens of service programs from the perspective of the principle of normalization as defined by PASS 3 (Wolfensberger & Glenn, 1975); in part from excitement about new approaches to assisting people that put integrated school experiences, jobs, and apartment living within the reach of most if not all people with disabilities; and in part from an interest in promoting different ways to facilitate effective problem-solving. It was motivated by a sense of wonder at the eloquence and clarity of so many people with disabilities, so many families, and so many direct service workers that could be discovered if only someone took the time to listen carefully and imaginatively.

It was clear that old categories—which had driven institutional reform (deinstitutionalization) and the growth of local services with their focus on accurate diagnosis, therapeutic interventions, and developing skills in small steps—were insufficient to carry people into as full a life as developing technologies of assistance and instruction could support. New pro-

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cedures directed attention away from questions that generated responses within old categories—questions of the type “What’s wrong with you and how can professionals fix it?”—toward such questions as “What are your capacities and gifts and what supports do you need to express them?” and “What works well for you and what does not?” and “What are your visions and dreams of a brighter future and who will help you move toward that future?”

Person-centered planning did not ignore disability, it simply shifted the emphasis to a search for capacity in the person, among the person’s friends and family, in the person’s community, and among service workers. A person’s difficulties were not relevant to the process until how the person wants to live was clear. Then it was necessary to imagine, and take steps to implement, creative answers to this key question, “What particular assistance do you need because of your specific limitations (not labels) in order to pursue the life that we have envisioned together?”

This search happened at the outer edges of service systems, with people assisted by agencies that sought to offer fundamentally different sorts of service, or people whose behaviors or needs for personal assistance severely challenged existing programs, or people who fell outside available funds. It happened voluntarily; people made time to come to meetings and to work on implementation because they were interested in the person and in the process. They met in response to an invitation, not because attendance was mandatory.

It was clear to us that established procedures for individual program planning (IPP) muted the voices of people with disabilities, family and friends, and direct service workers and amplified the voices of people who occupied clinical roles. Though representatives of the different disciplines comprising a team might argue, and though there were efforts to get “input” from parents and people with disabilities, IPPs were dominated by a bureaucratic-professional perspective. Attempts to multiply perspectives led to new ground rules and procedures: We will strive to look at things first and last from the person’s point of view; we will look for images and words that everyone can use; personal commitment and knowledge are the basis of involvement and authority rather than professional role or administrative responsibility; meetings will happen at times and in places that are most comfortable for the

person and their family; we will make time to share at least a bit of one another’s lives, at least by sharing conversation about our lives, and very often by sharing food; we will try to improve our ability to include the person in decision-making and to listen respectfully and imaginatively to the person’s words and gestures and to the lessons of the person’s history as we construct it together.

A focus on immediate, practical action steps served to integrate different, and often conflicting, perspectives. Much of the art of facilitation lies in successfully convening people and assisting them to consider different points of view in a way that focuses on what people can commit to do together rather than on what divides them. Action plans paced the need for additional meetings to check in, problem solve, review and revise, commiserate, and celebrate. A sense of shared struggles and triumphs, however small, further strengthened relationships and commitment. Action plans often had implications for what service workers did. Sometimes these changes needed to be negotiated through the person’s IPP. Sometimes these changes required changes of policy or program design. Because the process took place outside the formal structure, a commitment to work to help something happen could not ever be taken as a guarantee to deliver. “We will each check with people we know and meet next week to share leads to an outdoor job you can do with other men; then we’ll decide what to do next” is much different than “You will have the job of your dreams by 6 months from Tuesday.”

New information poured out. Listening and representing and taking action on the different pieces of a person’s life carried by the person and those who know and care about the person, but often unshared between them, produced “ah ha” experiences for many participants. Imagining desirable futures together and then taking concrete steps toward them generated excitement and the resolve to keep looking for a way through when barriers threatened. People took joy in thinking and acting “outside the box,” especially as small fragments of a person’s dream began to come true. One parent said it memorably:

All my son’s life professionals have come with little boxes to fill him into. What has been different about this is that we started with a blank piece of paper and a question, “Who is your son and what does he need to have a good future?” That has made a big positive difference, even though we haven’t come close to figuring everything out yet.

People discovered that some community members were willing to join in, if the invitation were clear enough. People learned that some simple things—like changing roommates—could be beyond the reach of an agency, whereas some things that seemed impossible—like belonging to a prestigious service club—fell into place. People with disabilities and people without extended their own personal networks and sometimes they themselves got help from the person they came to help. Not every plan was implemented as first written: Some people discovered that their first idea did not suit them, others that they had reached beyond what their environment could support, still others were surprised by a new possibility along the way to the goal they had set. Where there was sufficient administrative courage to create real flexibility, patterns of service shifted as increasing numbers of people found their way to inclusive classrooms, supported jobs, and supported living places. Usually, significant changes were linked to equally important organizational changes.

This exciting information spilled over into a wide network of people hungry for news about how to make good things happen for people with disabilities. Real people with disabilities, family members, community members, and service workers and managers spoke movingly about significant changes at many of the myriad conferences convened by groups interested in systems change. Their individual stories were impressively different, but there was a uniform short answer to the burning question, "How did we do it? Person-centered planning!" This information sparked a growing interest in how to do person-centered planning that led some inventors to codify their procedures and devise short-term methods for training people to carry them out. As the news spread, system reformers embraced person-centered planning as part of the answer to one or more difficult questions that faced them, including, "How do we guarantee that people are better off in local services than in an institution?" and "How do we 'convert' our activity center to supported employment?" and "How do we 'tap into' natural supports for people?" and "How do we 'do' self-determination?" and even, "How do we implement managed care?" Harnessed to large-scale bureaucratic reforms, demand for applying the tool has taken off. Further, many sensible people suggest that "the PCP" should simply replace

"the IPP." After all, they reason, if this is as good a thing as it seems, it would be unfair to keep it for only a select few.

This enthusiasm is not necessarily bad news. Paying attention to people's unique capacities, listening better to what really matters to them, and striving to follow through more directly on what we hear seem like reasonable disciplines to practice. There was no golden age of person-centered planning whose loss we lament and to which we want to return. For much of its history, person-centered planning directly touched only a few people, and, more often than not, service system policies and typical program designs have posed major barriers to those people's futures. If a link to person-centered planning as a tool will hasten and deepen fundamental system reforms, there is no compelling reason to be precious about it.

There is, however, reason to remember the process that generated the changes that were captured in the stories that sparked authoritative interest in widespread implementation. Absent the practice of mindfulness in situations of personal engagement with people for whom change is urgent, good things may happen, but they will probably be different things from those chronicled in the more dramatic stories that many PCP trainers use to warrant their claim on people's attention. Given mindfulness, people interested in substantial change may be able to animate some aspects of almost any situation.

A set of contrasts between the context in which person-centered planning developed and the context of large-scale implementation may help to frame the challenges by highlighting incentives to mindlessness and opportunities for mindful work.

Person-centered planning grew as a voluntary commitment among interested people. Now it is often required for people with disabilities, their families, and staff. Mindful work involves actively inviting people to participate and encouraging participants to be clear about their personal commitment (or inability) to take action, outside system-scheduled meetings and activities, on behalf of the person's future. This commitment often begins with the facilitator accepting responsibility for his or her own investment in the person.

Person-centered planning grew by convening people who know and care about a person and helping them to organize. Now it may involve people with little real experience or

knowledge of the person. Some people rely for continuity in their lives on staff who turn over very rapidly or on case managers whose burden of paperwork leaves them little or no time to share a meal or just hang around with a person long enough to become familiar, person-to-person. Mindful work involves confronting people's isolation and seeking ways to help the person recruit allies.

Person-centered planning grew as a search for ways to integrate different perspectives into a vivid sense of a brighter future and a clear plan of action. Now some people seem to want to shrink the perspectives available to a person, sometimes by leaving family members out, sometimes by leaving service workers out, and sometimes by leaving the person alone, as if the person's solo voice were the only sound that counts. Mindful work involves helping people to discover the power in different points of view, different ideas, and different experiences in constructing a harmonious view of the future.

Person-centered planning grew with a handful of people for whom change was urgent. Now large numbers of people may be mandated to attend meetings as a matter of routine. Mindful work involves overcoming a sense of drudgery and dread at the numbers of unfinished plans and being alert to organize concerted action in situations where real change can happen.

Person-centered planning grew at the edge of the system, taking its own time and seeking resources wherever they might be found. Now it moves toward the center. In some cases it is an instrument for implementing policies intended to comply with court-mandated time tables, or ration system funds, or reduce system costs. It may fall under system regulation (e.g., through prescribed amounts of time for meetings, or required methods, or follow-up action dictated arbitrarily rather than paced by the tempo of implementing an action plan). Mindful work involves clarity about the agendas a system has assigned and creativity in making the best of these constraints.

Person-centered planning grew as a way to increase the power held by people with disabilities; this meant creatively stepping into conflicts among family members and with service practices and policies. Now many people involved in person-centered planning complain that "parents don't support" or that "the system doesn't make it easy." Mindful work involves developing the courage to notice the

potential in conflicting interests and to find ways to shift the circumstances that generate conflict to the person's advantage, no matter how slightly.

Person-centered planning grew as a way to engage people in sharing, understanding, and unfolding one another's stories. Now some people want to evaluate the effectiveness of person-centered planning by counting its outcomes, sometimes in predefined categories; for them people's stories are "anecdotes." Mindful work involves remembering that people's emerging life stories are not anecdotes and that the outside evaluator's tally marks are simply one more point of view.

Person-centered planning grew as a search for new concepts, new ways to involve people with different perspectives, and new information that would lead to the creation of new community memberships for people with disabilities and new ways to support people in those memberships. Its purpose was to change community life and service practice. Now it is often done in service settings that have not embraced the need for profound change. In such settings people may complain that "We did PCP but she still overeats." Mindful work means avoiding the unspoken pressure to turn person-centered planning into one more way to change the person for his or her "own good" and finding ways to enroll people in significant changes.

It is too soon to know what will come of widespread talk about person-centered planning. It may join the hula hoop in the museum of past fads. The opportunities that come from mindful engagement in assisting people with disabilities to define and move toward desirable personal futures as community members will endure.

## References

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