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From: John O'Brien

To: RCL team and others interested in strengthening person-centered practices

## **Strengthening Person-Centered Practices<sup>1</sup>**

Working in a person-centered way usually means making good faith efforts to...

...engage the person and those who know and love the person directly and respectfully rather than meeting about the person and making decisions about them without them

...value and support the person's voice and listen carefully to discover what matters to the person and act on that knowledge

... focus on the whole person, building on capacities and interests rather than concentrating on what the person can't do

...set services, including useful treatments or interventions, in the circumstances of participation in ordinary community life

...design necessary supports in cooperation with the person, based on what specifically works to make them successful in their life and, as much as possible on their preferences

The aspiration to work in a person-centered way emerges in two different contexts. For convenience sake let's call them Context I and Context II. Context I is doing the work of DDA in a person-centered way. Context II is voluntarily mobilizing all available resources around a collectively held vision of what a person wants from life. The difference is not one of good and bad but of purpose and process. Because each stream of person-centered practice has its own integrity, it's important to be aware of the difference when considering RCL investments in strengthening community capacity.

### **Context I**

This is **doing the work of DDA in a person-centered way**. DDA values person-centered planning "to support each person to reach his or her full potential." It is identified with the system's planning process for people who receive paid services. The milestones of this process link the assessment of need to the ISP and then to the IISP.

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<sup>1</sup> These are my notes on a meeting held on 21 March. I have tried to capture the main points of the discussion and added some of my own thoughts. Organizing the notes by contrasting contexts occurred to me as I reflected on our discussion.

Good practice draws a clear and visible line from assessed need to operationally defined and measured formal instruction and support goals (Policy 4.02, p.7, p. 10). Need is assessed annually through a standardized, consistent, computer driven set of 103 questions in a process that takes 2 to 4 hours. This assessment is the basis for the ISP which in turn informs the IISP.<sup>2</sup> In addition to assuring that services meet assessed needs and producing good individual plans, this policy serves the DSHS goal of earning public trust by justifying services through a standardized assessment of need and, based on that assessment, the pursuit and attainment of prescribed numbers of habilitation goals in seven system defined domains.

DDA staff are responsible this system function. The whole process is intended to be person-centered and, as they prepare the ISP and as providers prepare the IISP, there are likely to be meetings with the person that are guided by questions and practices drawn from a variety of approaches to person-centered planning. DDA staff are prepared as part of their required training and supervision, which imparts the values and principles of a person-centered approach and instructs them in relevant policies and procedures for conducting and documenting assessment and planning sessions.

New federal rules governing Medicaid Home and Community Based (HCB) Waiver programs identify person-centered planning as the means by which HCB waiver funded programs will better accommodate individual needs. A person-centered plan documents an individual's choice of a HCB setting from among options that meet individual need and ensure meaningful access to the surrounding community. It serves the value of promoting independent living in the most integrated setting possible. (42 CFR, 441.725).

In Context I, person-centered planning is a process for choosing among available services that meet assessed need and defining instructional goals and methods. It is constrained by available funds and available services that meet the test of cost-effectiveness as cost effectiveness is judged by DDA staff.

A person-centered approach also underpins positive behavior support plans.<sup>3</sup> Designing individualized interventions to reduce behavior that competes with choice and

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<sup>2</sup> Because I am unfamiliar with the individual planning process, I looked up the details at <http://www.dshs.wa.gov/ddd/CAP.shtml>

<sup>3</sup> Carr, E. et al. (2002). Positive behavior support: Evolution of an applied science. *Journal of Positive Behavior Interventions*. 4, 1: 4-16, 20.

participation can only be done well when there is a good sense of the whole person and when the person has access to supports and opportunities that matter to them.

The qualities of person-centered planning that are important (or may become more important under the new HCB regulations) in this context are at these:

- The person and family are engaged and involved as much as possible at every stage of the process. This is especially challenging for people whose communication gives others difficulty and people who are isolated and have few or no relationships.
- The person and family or other spokespeople are good informants at the stage of assessment of need. They experience the case manager and other DDA and provider participants as respectful and trustworthy and feel the positive intention behind the SIS questions. They do not experience the assessment of need as a rehearsal of all the things they can't do. They come away with a sense that "I'm going to get the assistance I need to do what's important to me." rather than a feeling that "I'm not good enough."
- The person and family are well informed about the service options available. The information they need to choose among the service options offered by the case manager is available and accessible to them. They feel that the case manager knows them as people and has time to help them explore their options. They know they made a choice of services among real options.
- Selection of goals and methods for pursuing them are done with the person, not for them. They experience service staff as concerned to learn in a respectful way about who they are as a person, interested in what is important to them and how they learn best. They feel like they had they support they need to choose habilitation goals, methods and measures that are meaningful to them.
- Lack of system capacity turned up by the ISP and IISP processes inform clear channels for feedback to the responsible level of DDA and, over time, results in positive change. Everyone involved is confident that they can identify a system problem without fear and that there will be timely and constructive notice that the message has been received even if it can not be resolved. Lack of capacity might be a lack of meaningful choice among service providers capable of responding effectively to what is important for and important to the person in the most integrated setting. It might be a lack of sufficient resources (funds, technical assistance etc.) for providers

to deliver the supports that make it possible for the person to have meaningful access to their community. It might be limits imposed by policy or regulation and the perspective of inspectors. It might be insufficient case management time to respond to situations where personal contact is important to creating trust or assuring follow through.

There are opportunities to improve person-centered ways to do DDA's business. For example, the idea of preceding the assessment with a more open ended person-centered planning meeting is well worth prototyping if local case managers are willing to give it a try within their current workload. A careful look at the prospect from a LEAN perspective might produce refinements. However the space for innovation seems tight. The process is stable and tightly woven into DDA's accountability agreements with the Legislature. Case managers seem fully occupied given their case loads and defined obligations. Implementing changes in the planning process could influence the whole system and so might require negotiation through senior management and with stakeholders outside DDA.

## **Context II**

This is **using person-centered practices to decide what a person wants from life and mobilizing all available resources to take action** in that direction. There are a number of people who facilitate a variety of person-centered practices that compliment and can inform the DDA planning process. Some of this work is a function of advocacy and support groups, as it is among families in Pierce County. Some is integral to the culture and operations of service providers, as the discovery process used by some employment support organizations is and the work of TLC is. Some is done by independent facilitators, at least in Snohomish County with the support of guild of facilitators. Many facilitators have other roles; some work sometimes with people with developmental disabilities and sometimes with other business or community groups.

The work is individualized, voluntary and purposeful, It proceeds by negotiation at a pace and in a way that works for a particular person. Trust and relationship are at the heart of the work. Facilitators may spend time with the person in different settings just getting to know the person before negotiating whether and how the process might continue. The process is much more than planning meetings, and almost never happens as a single event. It is usually extended through time. Planning meetings

generate action with the person and, over time, check-in meetings to reflect and make further action plans. With some people it is critical to build trust by identifying a small meaningful step in in the world outside the planning room, trying it very quickly and then incorporating what has happened into a next step. This cycle of planning-doing-reflecting-trying is at the heart of person-centered practice in Context II.

The aim is to make it possible for people to get more of what they want in life. The way is to mobilize all of the resources available to a person, generate a vision of a community life the person finds meaningful and take steps toward it. DDA funded services often play a part in assisting a person and these are arranged as they would be for any other DDA client through the ISP-IISP process described as Context I. However the measure of success is that the person draws on a growing variety of other resources, many of which are mobilized by the person's relationships and community roles.

This work is commissioned for a variety of purposes. Some families begin a process of planning before a child begins school and there are now a generation of people in their 20's who have marked each point of life transition by gathering a growing circle of people for a person-centered plan to focus the way they will make the most of their next step. Some agencies rely on person-centered practices to renew their appreciation of people's situation and re-direct their efforts. Some counties and RCL have enlisted facilitators to support figuring out how to support people whose situations are complex or stuck.

Becoming proficient is a process of continual learning. Effective facilitators find the personal resources and social support necessary to understand and respond constructively to the fear, low expectations, social exclusion, devaluing beliefs and intolerance of risk and uncertainty that people with developmental disabilities are vulnerable to. They see the work as personally meaningful, one important aspect of their personal identity. Study of values and new practices, reflecting with other practitioners, and mentoring and coaching by experienced others are all aspects of developing the necessary knowledge and skill. More than procedures, good practitioners increase their capacity to be fully present, build relationships when trust is an issue, support a group to to listen deeply and let what emerges guide creative action.

They refine a mindset that shifts attention from doing for people to acting with them, from containing life in services to supporting people in contributing community roles.

### **Opportunities for Context II investments**

There is an important **demographic opportunity**. Along with the rest of the field, many experienced practitioners are aging. Updated versions of the opportunities that they had to develop the value base, the knowledge and the skills necessary need to be available to the growing numbers of 20 somethings in the field. While experienced people feel that the values and direction set by the *Residential Guidelines* and the *County Guidelines* are still sound, and are happy that they are still endorsed by DDA, they note that the video now in use in some agencies attracts as much comment for the outdated clothing and hair styles as for the quality for explanation. Both method and message for grounding people in these values could use work. Collaboration of experienced people and young people would be the best way to update and renew the message. This includes materials that introduce the values, but those who want it need the opportunity to go considerably deeper in their study. Some adaptations of the Appreciative Inquiry process in a continuing learning group could make a point of departure. It is also worth considering investment in more training in person-centered practices. Several forms of training are well established and available. Developing local capacity in a wider range of learning opportunities could be a worthwhile investment.

**Continuing supports for practitioners** are an important aspect of preserving and extending Context II practices. Increasing the number of family groups that offer the sorts of learning experiences and planning facilitation available to families in Pierce County would likely generate a considerable return on investment and connect with Strategic Plan Objective 4.4, the community of practice commissioned to better serve families and their children. Modest investments in increasing the number of local or regional Guilds that could start with the pattern developed in Snohomish County would multiply the impact of training provided to make the best of the demographic opportunity.

**Strengthening organizational capacity for person-centered work** is a critical investment opportunity. In many ways making an acceptable person-centered plan is the easiest part of assisting people in a person-centered way. Shaping a culture that

supports person-centered approaches to the design and everyday offer of assistance is demanding work for every level and function of an agency.

RCL already invests in *Make a Difference*,<sup>4</sup> a process that engages direct support workers and learning partners with developmental disabilities in a learning pattern that has had some good effects. The organizations involved in the first round have expressed interest in building on and extending what they have learned and believe it would be desirable to offer the experience more widely.

It is worth considering investment in an organization level learning process that follows a similar pattern:

- An organizational commitment of time and other necessary resources for both membership in a cross agency learning group and for prototyping a variety new approaches to person-centered support within their organization. Commitments would be for one to two years.
- Each organizations commissions one or more small change teams with diverse membership and strong executive sponsorship.
- Change teams from the different organizationals gather regularly with one another over the period of the project, perhaps every two months on average. These meetings allow learning by exploring ideas, values and skills and, as time goes on by supporting reflection on the actions each organization tries out.
- Within the organizations, change teams stimulate learning through action and reflection on person-centered practices.
- The whole group takes responsibility for telling the stories of why they are learning throughout the system.

For a sense of the ideas that have been helpfully explored in this sort of learning community in other places, see Hanns Meissner's account of the deliberate process of transformation in the organization he leads. His book is called *Creating Blue Space: Fostering innovative support practices for people with developmental disabilities*.

( [www.inclusion.com/bkcreatingbluespace.html](http://www.inclusion.com/bkcreatingbluespace.html).) He describes Blue Space this way:

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<sup>4</sup> John O'Brien and Beth Mount (2005). *Make a Difference: A guidebook for person-centered direct support*. Toronto: Inclusion press. [www.inclusion.com](http://www.inclusion.com)

**Blue Space** – is the safe and nurturing space we make within ourselves, in our agencies, and in the communities where we live to nurture innovative solutions and generative action for stuck and complex problems. It is an intentional act of widening the field of choice through appreciative inquiry.