

Person-centered Planning

By Rebecca Shuman, with much assistance from Myrna Bartlett

Some of the world's greatest ideas, art, poetry, literature, inventions, deal-making, and political intrigue have occurred in restaurants when people come together over a good meal or a cup of coffee. Many times the germ of greatness has been sketched out on a napkin or place mat. Every day ordinary people heal relationships, plan vacations, make-over their kitchens, choose a car, select a stock, agonize over which college to go to, figure out how to change things at work, etc. while sitting at a booth in a restaurant with a friend, child, lover, husband, wife, co-worker or some combination thereof.

So, imagine my surprise when a professional who has many years of experience and accomplishment in the business of serving people ridicules the suggestion that we gather at a restaurant to develop a plan of service for an individual with a developmental disability. How, indeed, could anything serious come out of a mere social get-together?

I am not suggesting that everyone has to have their person-centered planning meetings at a restaurant. In fact, I will not be suggesting very many "have to's" at all in the article. I am suggesting that the system for servicing people with developmental disabilities has so professionalized "living" that we can not see the importance of what can be accomplished when a group gets out of a pen, flips over the place mat and jots down the ideas and plans that are truly at the heart of living.

Person-centered planning is not just another variation on the team meeting theme. I learned this first by learning what did not work with other planning approaches. In the seventies, while working at an Intermediate Care Facility for the Mentally Retarded (ICF/MR), I became enamored with Medicaid rules and regulations. The rules seemed reasonable to me. If we truly met with the spirit of the ICF/MR requirements, it would mean more humane treatment, opportunities for growth and development, and, most importantly, a reasoned approach to discharge planning that would make it possible for people to leave. I believed that the ICF/MR code was the ticket to liberation. Surely, when the auditors came to review the facility's compliance with the regulations, they would see we were not anywhere close to meeting these requirements and the result would be that everyone would have to be moved out and live in the community.

Nothing of the like happened. To my chagrin, when the auditors came, they were perfectly satisfied with the services and treatment that were being provided. The professionalization of life was so deeply embedded in our minds as the best we had to offer that we convinced ourselves we were doing just fine. Working in that environment meant I would never see the liberation of people from that facility.

The answers would have to be found, in institutional vernacular, “on the outside.” People inside the community would have to find the way to bring people with developmental disabilities home and to welcome them into the fabric of community life.

I came to work at the Arc of Midland in 1982 armed with knowledge that the system thrived by keeping people excluded from community life and that the people themselves, along with their families and the community, let this happen by not asking for anything different.

I had the opportunity, along with many others in our community, to learn about person-centered planning from Beth Mount, Marsha Forest and Judith Snow. Though the form from one to the other was different, these three people told us about a way to liberate people from the service system and to build bridges to community membership. Person-centered planning, we learned, was a group of people coming together to plan with the individual. This group, however, was not an interdisciplinary team of professionals, but the people who know and care about the person – family members, friends, co-workers, neighbors, etc.

We learned to speak to people in the language of dreams. When we asked people to dream, to share what is most important to them and what they want most out of life, we unearthed the universal desires of all humankind – love, friendship, belonging, a home, work of value, safety, enjoyment. These things seemed so natural to people of our community that they could easily understand what help was needed.

One of the most powerful tools we learned about from Beth and Marsha was the graphic recording of the person-centered plan. There, before everyone’s eyes, on large sheets of flip chart paper, unfolded the picture of the life this person wanted, the relationships the person valued, the gifts and talents of the individual and the things we can do to help the person reach their goal. It was like the back of the place mat from the restaurant that holds our ideas and plans. Individuals were filled with a sense of power and purpose at this vision of their lives, their dreams and themselves. How unlike the sterile, typed pages of technical terms that are the products of I-Team meetings.

Person-centered planning works its magic by shifting the balance of power. When people assume the posture of passive recipients of service, whether they realize it or not, they are putting all the power over their lives in the system. Consider instead, that while people are waiting around on the proverbial list, they have nothing to lose by taking the matter of their lives into their own hand. Person-centered planning occurs outside the service system. The role of the system is now defined by the individual’s dreams and self-described needs. The power is with the individual and those that he/she chooses to be part of his/her life.

With codification in the new mental health law, person-centered planning became both a right for individuals desiring services from the mental health system and a requirement in the way the system operates. Inherent in this new law is the path to perversion of the person-centered process. As professionals assume responsibility for the person-centered plan, they will tend to

shape the process into the times, places, rhythms, formats and outcomes they find most comfortable, the I-Team.

The key to preserving the person-centered planning process as a right that will hold the system accountable to the people it serves is the manner in which the process is facilitated. We could be doing individuals with disabilities and the professionals who support them a great disservice if we place the unfair expectation upon professionals that they can and will facilitate personal plans without letting organizational demand color the process.

Facilitators need to have the skill to keep the person at the center. Facilitators need to let each person's planning unfold at its own pace, making sure the people who are part of the planning take the time to grow in their knowledge of the individual and in their relationship to each other. Person-centered planning is about living, not about developing a plan for service.

For professionals who are struggling to adapt to the new balance of power and to individuals and families who are just getting used to the freedom of dream, I offer this advice: If you are afraid you are taking control (professionals) or giving up control (individuals and families), get together for breakfast, lunch or dinner in a restaurant of your choice. Talk about what really matters. Jot down your ideas, dreams, plans on the back of the place mat. You will find your way.

Rebecca Shuman served as the Executive Director of The Arc of Midland County for 14 years. She served on the Planning Committee for the Community Participation Project in 1987 that brought Beth Mount, Judith Snow and Connie Lyle O'Brien to Michigan.

This article originally appeared in *POLICY PERSPECTIVES On Person-Centered Planning*, A Publication of The Arcadia Institute, September 1997.