Acknowledging Barriers in Adopting Person-Centered Planning

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Abstract: An apparent contradiction in adopting person-centered planning is exemplified by the question “If a system adopts person-centered planning, isn’t it system-centered”? Such ambiguities are obvious to employees, who increasingly are being asked to consider more personalized ways of assisting people through person-centered planning. Our premise in this article is that employees’ reservations are well-founded and should be addressed in order to facilitate understanding and eventual reconciliation of unavoidable conflicts that emerge when person-centered planning is undertaken by agency employees. Administrators who acknowledge the uncertainties accompanying person-centered planning and invite discussion about conceptual and practical difficulties inherent in its adoption are modeling a collaborative method of discovering ways to help people get what they need. Examples of group solutions are presented.

As our field struggles to adopt the philosophy and practices of person-centered planning, we are struck by contradictions and paradoxes, particularly in the residential sector. It can be helpful to acknowledge these ambiguities because they may underlie staff reluctance to get involved in person-centered planning ventures or even to consider its premises seriously. Such acknowledgment can be a sobering exercise, quite different from an enthusiastic depiction of new paradigm values (see Bradley, 1994) or an inspiring story about how a person with a severe disability became a member of a community. True, the effects of values clarification and success stories can be powerful, even transforming, but they can also be blunted by employee skepticism, the basis of which is sometimes disregarded by the agency aspiring to adopt person-centered planning.

In this article we explore a few impediments to person-centered planning that sometimes go unaddressed when agencies encourage their employees to embrace its principles. Our purpose is not to whine about these obstacles but to simply recognize their existence and their potential for interfering with person-centered planning. Employees may be skeptical for good reason. In our presentations of person-centered planning and in the facilitation of person-centered planning itself, we have found people to be more attentive and responsive after frank discussion of barriers and uncertainties that surface when person-centered planning is introduced. From an organizational perspective, recognition and discussion of such obstacles should be an essential aspect of collaboration and consensus-building. As Schalock (1997) warned, organizations that silence contrary perspectives or otherwise interfere with disparate opinions will stifle suggestions that facilitate constructive change. This kind of posture might typify the “self-deceiving organization” (O’Brien, 1987b, p. 97), whereby ignorance and error go unacknowledged and “the bearers of bad news are ignored, punished, and eliminated” (p. 97). Under such conditions, only the most reckless of employees will venture a contrary idea. On the other hand, some agency administrators welcome dissenting perspectives and make use of them for solving problems to foster valued outcomes (R. Ciotta, personal communication, September 1997)
Organizational Redesign Versus Preservation


Perhaps the most common way of describing person-centered planning is to contrast this technique with its antithesis, the traditional system-centered approach (see Mount, 1992). Accordingly, a salient theme in the literature on person-centered planning is the need for organizational change. Indeed, according to O'Brien and Lovett, the process of person-centered planning erodes organizational uniformity and predictability, creates tension and uncertainty, and destabilizes the system. As described by Wetzel and Hoschauer (1984), this kind of upward pressure is part of healthy organizational growth, which requires nurturance and support: it means initiating a social process and gradually redesigning organizational structures so they will support the continued development of the process. In this sense, community practices develop from the bottom up. Upper level administrative and supervisory personnel begin to find direction from the process of community development and collective experience. (p. 14)

What agency administrators also are likely to find, of course, is that current agency goals and practices do not coincide with the new direction. Facilitating and managing such a groundswelling impetus means coming to terms with a variety of competing interests. The result, according to O'Brien (1987b), is a different kind of management structure, in which "the management task is to insure alignment between agency values, individual visions, and available resources" (p. 103).

Although it is clear that the consequences of initiating individualized planning produce pressure to redesign the agency's governing structures and functions to support people in individual ways, it is less clear how a system can incorporate practices that challenge the fundamental operating principles and procedures that made it successful in the first place. Ironically, for person-centered planning to survive in an agency, it needs support from the very system that it views as detrimental and seeks to change; but from a systemic perspective, it is illogical to assume that an organizational practice will be viable if it does not promote the dominant values and goals of the culture of the agency in which it is operating. To the extent that the organization's members are involved in activities that preserve its predictability, stability, and traditional hierarchical decision-making, person-centered planning will flounder, although the language of person-centered planning might flourish and ritualized person-centered practices are likely to take root.

Our point here is that person-centered planning may be so antithetical to the values and goals of conventional residential systems that agencies may be tempted to sidestep the practical and conceptual conflicts that inevitably emerge when an agency attempts to embrace a process that challenges its mission, its decision-making process, and even its product. The painless alternative is to proclaim personcenteredness while adhering to the usual practices. It is our belief, however, that such agency responses need not be the case, and by drawing on the strengths of employees, the agency is more likely to reconcile conflict and move toward change. The very concerns that fuel disgruntled employee complaint about the mismatch between agency rhetoric and its realities instead might serve as the source of (a) open discussion about forces that compete for organizational preservation versus organizational redesign and (b) opportunities for employees from all agency strata to participate in problem solving sessions and work groups to consider reasonable adaptations within their own agency.

Balancing Enthusiasm and Capacity

Systematic or planned occasions for addressing barriers to person-centered planning can appear counterintuitive for a number of reasons. The notion of confronting employee skepticism may seem incompatible with an agency's initial enthusiasm about person-centered planning, and doubtful employees may not feel comfortable expressing reservations in the face of person-centered planning precepts such as "having a positive attitude" and "dreaming big." Agency administrators who rely heavily on policies and directives to regulate employee
behavior might not even consider exploring contradictions and impediments, or they might not know how to invite feedback and incorporate it into agency planning. However, agency administrators who seek to bring the philosophies and practices of their employees in line with the values of the new paradigm will fail if they rely on the usual in-services and official policy statements. Person-centered planning and its assumptions are more likely to be understood and supported if employees can participate in a collaborative process in which this kind of message is heard:

We want to go in this direction. We know it will not be easy. We also know that many of these ideas and practices conflict with what we have promoted in the past. Let us talk about those discrepancies and about how we can shift our course toward the new direction.

One blatant discrepancy pertains to the manner in which the founders of person-centered planning promote its adoption, namely, one person at a time (see Mount, 1994; O'Brien, 1987b). However, policymakers and agency administrators tend to promote egalitarian principles of treatment in which practices are not confined to a few. Thus, a service system tends to adopt person-centered planning for all of its consumers. When an entire system adopts person-centered planning, however, doesn't the planning become system-centered? Further, if system-centered planning is the antithesis of person-centered planning, isn't person-centered planning defeated by this wide-swatth approach? Thus, it would seem that the more an agency organizes its person-centered efforts, the more elusive the enterprise becomes. On the other hand, it appears that personnel in some agencies fully embrace the principles of person-centered planning and are able to successfully achieve its goals (Taylor, Bogdan, & Racio, 1991).

In addition to egalitarian pressures, there are other reasons why agencies are inclined to begin too many person-centered planning initiatives at one time. For one, person-centered planning is simply very popular; for another, the excitement and enthusiasm of the initial planning process are seductive (Mount, 1994). However, the amount of time and energy required for effective person-centered planning can be demanding, and too many endeavors can overwhelm the capacity of the system. For example, the extreme enthusiasm in one agency seemed to defeat its effort, as described by an employee:

Our first step was to develop person-centered plans for everybody in our agency, and when we finally finished that, we realized we didn't have the resources to accommodate many of them.

We suggest a resolution to this dilemma by focusing initially on a small number of people for person-centered planning while simultaneously working on system changes that will affect all consumers. Various system-wide activities designed to assist organizations in their accommodation of individualized services include collaborative learning processes (Wetzel, 1992; Wetzel & Hoschauer, 1984), development projects (Mount, 1992, 1994), and organizational transformation activities (Dufresne & Laux, 1994).

Promoting person-centered planning in an agency can be a sensitive matter. If not done carefully, it can backfire. Overzealous promotion can create the impression among employees that they are doing a poor-quality job. Likewise, an unintentionally disparaging depiction of the professional or technical aspects of one's job duties can alienate a potential participant, who is likely to later challenge the rationale of his or her inclusion in person-centered planning. Staff members are almost sure to be offended if person-centered planning is presented as a simplistic panacea. These and other such mistakes are not uncommon in promoting this approach in an agency, but their effects can be mitigated with open discussion and acknowledgment of the organizational upheaval and confusion that can occur in the midst of a shifting philosophy.

Team Dilemmas

Other paradoxes inherent in agency adoption of person-centered planning lie in the role of the interdisciplinary team and in the duties of the individual team member. The participants and goals of the person-centered planning process can differ so much from the existing clinical team process that the two often seem opposed. There is pressure to "all work together in the same direction," but there is confusion about how and if this should be done. Should there be parallel but separate team meetings, a complete merging of the two, or partial overlap of team members? Will "contamination" by one approach dilute or strengthen the other? The answers lie with team members' perceptions of what person-centered planning actually is and the extent to which it differs from current prac-
tice. Opinions range widely among interdisciplinary team members. Some contend there is nothing new about person-centered planning and that they have been practicing it for years, whereas others claim that its goals are unrealistic and its methods naive (see Pfadt and Holburn, 1996, for a discussion of integrating person-centered planning and the clinical team process).

When the differences in assumptions, goals, and strategies between person-centered planning and traditional team approaches are fully acknowledged, employees have an opportunity to re-evaluate how they can best help people with disabilities. The exercise also can help clarify the extent to which a team member may deviate from the traditional responsibilities and duties required by the organization, particularly if agency administrators have made clear their intention to support new roles and allocate more time and resources to personal activities. Without this kind of discussion, employees may become little more than spectators of person-centered planning initiatives.

Person-centered planning can be a transforming experience for an experienced professional practicing in the field of developmental disabilities. When an agency-based professional becomes part of a person-centered process for the first time, he or she likely will begin to think and feel about the person in a different way. Devaluing practices are exposed. New aspirations emerge for the professional as well as for the consumer. Professional relationship boundaries begin to fade and more balanced reciprocity may develop (Curtis & Hodge, 1994). We note, however, that such changes can be disruptive for professionals because new "helping" repertoires generated by person-centered planning are often opposed to existing repertoires (Holburn, 1997). Moreover, if employees are to recognize that their own practices might be contributing to forms of consumer oppression, there should be immediate opportunities for employees to participate in organized helping activities.

The following example portrays the difficulties that can be encountered when different helping repertoires do not merge easily and the kind of resolution that can result from an open discussion of the conflict. A psychologist who served as a member of a person's system-based interdisciplinary team as well as a volunteer on the person's separate person-centered planning team found herself thinking of different but competing solutions to a person's challenging behavior. The consensus of the interdisciplinary team was to limit access to preferred activities and gradually lift restrictions as behavior improved. However, when the restrictions were imposed, the person became defiant, and his behavior became worse. In contrast, the person-centered team was convinced that exposure to the full range of preferred activities would be more constructive. The interdisciplinary team was concerned about reinforcing inappropriate behavior, and they were considering more stringent restrictions to curb the escalating challenging behavior, including increasing the dosage of psychoactive medication for the person's safety. During a problem-solving session with key administrative staff and members of both teams to examine these incompatible positions, a new strategy was born. The new idea, which was immediately effective, entailed permitting access to a range of preferred activities, people, and places; and within those contexts, reasonable contingency arrangements were arranged.

In helping people create and achieve personal visions, employees are frequently faced with decisions for which there is little guidance. The traditional fixed menu of services offered traditionally limits the range of available options and simplifies the decision-making process, whereas the limitless variety of questions and ideas that surface as a result of individualized planning require balancing of such issues as consumer civil rights and preferences, family perspectives, community needs, agency rules, and funding sources. Ironically, if an agency promotes person-centered planning but is not prepared for such ramifications, significant changes in the role of an employee brought about by a person-centered planning enterprise can threaten tacit agreements between employee and employer and produce a dilemma for staff members. Whether hired as a clinician, manager, or direct-support staff member, there is an understanding that one was hired to provide a specified service in a given organizational structure. When a system or agency officially adopts person-centered planning, is it a call for employees to de-emphasize professional decision-making and clinical strategies in deference to the consumer and family's decisions about a vision of a more desirable lifestyle in the community? Is the agency encouraging its employees to advocate for organizational change that
will support a diminishing need for its own organization! Employees are often left with an ambiguous picture of what their organization is sanctioning and how their own roles should change. For example, spending time in the community developing local capacity is likely to generate mixed consequences for a residential behavior specialist who is expected to be available to assist with behavior problems at the residence. Under such conditions, the person-centered planning pioneer is applauded by some, scorned by others.

What Language Do We Use?

Employees are also being pressed to use a different language, described best as "plain English" (Lindsay, 1991). Much of our technical jargon, which is precise but often arcane, now has equivalent person-centered vernacular, which is easier to understand but often vague. In some circumstances, the language of pathology and remediation conflicts with the language and aims of normalization or social role valorization; in other circumstances, the two combine in a beneficial way. Occasionally, language ground-rules are established at the outset of a meeting, but we have found this to have a stifling effect on interaction: It is safer to clam up than risk breaking a rule. Before starting a person-centered planning endeavor, it might be constructive to acknowledge the contrasting forms of language and caution participants not to get "hung up" on terminology.

It is all too tempting today to overstate, with impressive articulation, our provision of opportunity, inclusion, and respect for people with developmental disabilities. It is certainly constructive for an agency to inspire its employees and recognize its accomplishments, but exaggeration in situations where the current contingencies do not really support such aspirations can have a disheartening effect on employees and strengthen adherence to the status quo and resistance to change. It is conceivable that under such conditions a staff person would reason in this manner:

I'm doing what I'm able to do here, but that is different from "helping people achieve valued outcomes," which is what my agency says I'm doing. Therefore, achieving the valued outcomes of this new paradigm might not really be valued here, but saying that I am achieving them is valued. I too should speak in this manner, but I should keep doing what I'm doing until I'm told otherwise.

Regulatory Constraint

Perhaps the greatest barrier to person-centered planning is regulatory constraint. Many residential environments for people with developmental disabilities are heavily rule-governed, although regulators are quick to point out that there is nothing in the regulations that prevent person-centered planning. Unfortunately, rigorous compliance practices to maintain quality assurance, and ultimately program funding, can rivet staff members to continuous cycles of meetings and paperwork, unintentionally depleting their contact with consumers and eroding their spirits. Such systems permit little time for added responsibilities, yet person-centered planning initiatives are often overlaid on existing requirements without acknowledging that (a) effective person-centered planning takes a great deal of time and personal investment and (b) program reimbursement is contingent on adherence to a medical service model (clinical assessment of problems, diagnoses, and treatments), in which discussion about inclusion, relationships, or preferences is easily eclipsed by concern for health and safety and their documentation. It should not be surprising if staff members in heavily regulated environments are cynical about their own potential for contributing to person-centered planning or, moreover, about the potential for the approach as a whole to succeed.

Despite the years of conditioning in which staff members have been taught that the true mission of their agency is to "adhere to the regulations as closely as possible," the effects of this process can be countered in a number of ways. For one, we acknowledge that principles underly­ ing person-centered planning are themselves broad rules designed to achieve inclusion, respect, competence, and satisfying relationships. They do not specify detail such as regulations, but they supply direction and permit latitude in achieving individual aspirations. These principles should be incorporated into the agency's mission statement, ideally through input from all staff members and consumers. If an agency's mission statement already coincides with the values of person-centered planning, it can be the focal point in an organizational forum to, first, identify the extent to which the agency's resources, job roles, and long-range planning are consistent with its mission and, second, to discuss ways to strengthen that correspondence. If discrepancies are largely traceable to funding
with restrictive rules attached, alternative funding sources might be considered. Staff members might also generate ideas about ways to satisfy regulators and support individual lifestyles at the same time.

Resources

A final obstacle to person-centered planning pertains to the power of the group to achieve its vision. Significant changes in lifestyle are likely to require different funding configurations, but resources necessary to develop individualized living arrangements or preferred day activities might not be available. Many states have ceased new residential development and remain in a holding pattern for funding and services. Unfortunately, funding may not be easily shifted from one provider to another (e.g., from a state institution to a private agency), although alternative arrangements can be less expensive than the costs of existing services, even for people with extremely challenging behavior (Allen & Lowe, 1995; Knobbe, Carey, Rhodes, & Horner, 1995; Risley, 1996; Shill & Wright, 1988). If the availability of resources is uncertain or the likelihood of necessary funding is unclear, person-centered planning will be tentative and prolonged. When a person-centered planning venture is compromised by insufficient resources and the focus person falls short of his or her goals, the group can become discouraged and less supportive of future person-centered planning efforts.

A common culprit in the discrepancy between the vision of what would be most suitable for the person and what the available funding will actually buy is fixed patterns of resource use based on categories of service, otherwise called slots. Finding alternative sources of funding for individualized arrangements often requires developing relationships with local employers, bankers, realtors, experts in housing development, and city planners. Multiple funding streams are usually necessary. This will call for creativity in finding solutions to funding that fit the unique needs of the person.

Ideally, funding experts should be joined with support people in problem solving. An example of an individualized funding arrangement created through problem solving with service providers and specialists in community planning and finance is provided by the Central New York Developmental Disabilities Services Office. In one situation, two sisters with developmental disabilities were able to live together by purchasing their own home when resources were found and merged. Specifically, each person qualified for a grant from the local city housing development agency offered to first-time home buyers with specified minimal incomes (the money does not have to be paid back if the house is lived in for 15 years). Because the combined award constituted approximately two thirds of the value of the home, the income required by the bank to qualify for the mortgage was modest, and it was achieved by merging their federal Supplementary Security Income (SSI) with a state-funded Individual Services Support contract (a flexible funding source to assist people with developmental disabilities). These two women were considered excellent candidates for funding after creatively configuring available resources.

Conclusion

An administrator of an agency recently stated, "Person-centered planning suffers from positivism." We interpret this to mean that some enthusiasts of this approach do not sufficiently acknowledge the difficulties encountered in such planning, particularly when it is done in agencies. Fortunately, many failed attempts at person-centered planning can be minimized by addressing a number of conceptual and practical issues, such as role clarity, language, regulation compliance, and funding. If difficulties in these areas go unaddressed, skepticism will likely persist and may underlie protracted resistance to person-centered planning. On the other hand, acknowledging the ambiguities and barriers that arise when a system promotes person-centered planning should help staff members understand the complexities of their organization, and it should accelerate reconciliation of discrepancies. Such discussion can reveal aspects of the organization that should be modified to help people accomplish their goals, and, finally, it might encourage staff members to honestly assess their own personal impact in assisting people.

The examples of solutions in this article (see Table 1 for a summary) were provided to underscore the value in bringing staff members together to assist in planning for constructive change in their organization. Some readers may be seeking more written examples of ways to resolve tension and conflicts that surface when incorporating person-centered planning in their
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<td>Loyalty to the traditional interdisciplinary team process</td>
<td>Loyalty to the person-centered planning process</td>
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agencies. We believe that a major reason for the failure of person-centered planning to thrive in many agencies is that organizations have not taken full advantage of the ideas and expertise of their own staff members who, collectively, are capable of generating effective solutions. Those solutions will be unique to the agency and will likely endure because they will be carried out by employees who are invested in them.

It is worth mentioning that person-centered planning is a significant departure from the past 20 years of conventional residential service provision, but much of the machinery of that system is still in motion and its structures still intact. The new "anti-system" approach requires a type of shift the field has never seen before. This shift in agencies seems to rest largely on changing the attitudes, expectations, and values of staff members, which are largely products of the traditional machinery. The cycle can be interrupted: By listening to staff members and truly assisting them in finding new ways to help others, administrators are cultivating the kinds of experiences from which the values of the new paradigm can take hold and flourish.

References


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