THE EFFECTS OF STRUCTURED TEAM MEETINGS AND PERFORMANCE FEEDBACK ON PERSON-CENTERED PLANNING ACTIVITIES

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DISSERTATION ABSTRACT

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The period of transition from high school is challenging for most adolescents. There are a substantial number of life-changing decisions that transpire during this time. Choices must be made regarding career paths, continued education, future residence, and avenues for social activities and general integration in the community. Person-centered planning provides a structure for addressing these questions, with the interests and aspirations of the individual at the forefront. While much has been written about person-centered planning, there is still a sparse evidence base to support its use and no formal examination of the fidelity of implementation of these programs.

This study utilized a multiple-baseline single subject design to assess the effects of structured meetings with performance feedback on fidelity of implementation of participants' action plan steps in their person-centered plan. Analysis of the results suggests a strong functional relation between the use of structured follow-up with performance feedback and activity related to the person-centered plan action plan. Quality of life data were also gathered prior to planning and prior to and following the performance feedback intervention, with little change in the scores across the three points in time. Social validity was also assessed. The implications of these findings are discussed.

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CHAPTER I

INTRODUCTION

The period of transition from high school is challenging for most adolescents. There are a substantial number of life-changing decisions that transpire during this period. Much work must be done by teachers, staff, family members, and the student to set a course of action for the years to come. Choices must be made regarding career paths, continued education, future residence, and avenues for social activities and general integration in the community.

While this transition may be daunting for many students, for those with intellectual disabilities, the challenges are multiplied and the options less abundant. Halpern (1992) described this period as a time of "floundering" as students attempt to take on numerous adult roles in their community. This period of transition to adulthood and adult services can be stress inducing for the parents of children with intellectual disabilities as well (Hallum, 1995). In addition to a myriad of questions and unknown factors regarding the future of their child, parents also undergo the stress of change in support providers (Reiss & Gibson, 2002).

The Individuals with Disabilities Education Act (IDEA) Amendments of 1997 (P.L. 105-17) dictated that schools need to provide an environment that will help students to successfully transition to stable and productive vocational placements, continuing education programs, and living situations. Schools provide a range of services depending on the student's aptitude. However, successful transition requires more than assessment of aptitude. An assessment of preferences – both personally and professionally – is needed for a child to have the greatest stability and experience higher quality of life. It is

vital for a child's post-school success that all parties who are familiar with the student work together in a planning process (Michaels & Ferrara, 2005). The intention of person-centered planning is to bring that collaboration with the student's voice central in the process.

Person-centered planning (PCP) affords an opportunity and means for a student and those supporting the student to better understand these preferences. It is a process for gaining insight into an individual's vision for their future and facilitates an action plan to help the person have their desired life (Smull & Burke Harrison, 1992). Person-centered planning is focused on an individual's interests and goals rather than the system's interests (Mount, 1994), while recognizing support needs and the input of those closest to the individual (e.g., family, teachers, and friends). Person-centered planning provides insight into employment and residential options, maximizing the probability of successful match. Beyond the advantages of targeted and individualized employment and residential options, there are potential benefits to general quality of life. An individual who has multiple roles in adulthood experiences less social isolation and generally experiences increased satisfaction (Crowe et al., 1997; Vandewater, Ostrove, & Stewart, 1997). In addition, these individuals experience greater physical and emotional health.

As an individual approaches high school years and begins to look beyond school, a process of planning for this transition to adulthood is initiated. Mount (1994) advocated for an implementation of personal futures planning that is integrated into other change-focused activities. It is similarly crucial that such an activity not become standardized and rote if it is to be most effective. Transition planning provides a perfect

opportunity for use of person-centered planning as a means of establishing goals that are aligned with preferred outcomes.

Despite a wealth of published writing regarding the use of person-centered planning and the emphasis of such an approach in the law (IDEA, 2004), there is limited empirical research linking the use of person-centered planning to other short or long-term changes in either support or outcomes. Person-centered planning has become a "best-practice" based primarily upon the philosophy behind the practice. There has been little validation of the various modules that were developed to create a more person-centered system of planning (Holburn, 2002).

There are a number of logistical challenges when attempting to measure the effectiveness of person-centered planning, not the least of which is the ability to isolate person-centered planning as the sole precipitator of the measured dependent variable (Halle & Lowrey, 2002). In addition, person-centered planning is not a discrete event. It is a changing process that involves ongoing attention to an individual's action plan. In order to be successful, a person-centered plan must be referred to regularly, and progress monitored on the identified action steps. While this progress monitoring is referred to informally in description of the process, there is room for this to be made explicit.

The purpose of this study was to examine the effects of formalized progress monitoring as an integrated part of the person-centered planning process and immediate resultant changes in support for high school students with intellectual disabilities. This research addressed changes made by teachers in the daily support provided in the classroom and the methods in which support is delivered (e.g., with outside/community resources). It was hypothesized that frequency and duration of person-centered supports

would increase with increased monitoring and feedback regarding performance. In addition, all participants – the student, family/guardian, and school personnel – provided feedback and impressions of the adequacy and person-centeredness of support prior to and following intervention.

A Brief Summary of Person-Centered Planning

The term person-centered is in vogue now. Often this refers to use of language and a way of describing an individual that places the person before a disability or label (e.g., a person with autism instead of autistic person). While this change of mindset is important and shares a fundamental philosophy with the planning process, person-centered planning is not just about changing the way in which a person is described or addressed, but rather about changing the way in which services are determined and executed. It is, at its core, a change of thinking from focus on the limitations of the individual to focus on the limitations or changeable features of the environment (Smull & Bellamy, 1991).

Theoretically, this planning affects the person's range of activities, where they take place, with whom they engage during this time, and the individual's general satisfaction with these activities (O'Brien et al, 1997). The primary goal is to increase the individual's quality of life; as satisfaction increases, demands for behavior supports and other supported living supports may decrease. Thus, though some might contend that funding and resources may inhibit the use of person-centered planning (Dowling, Manthorpe, & Cowley, 2007), the cost of implementation of a more rigorous and time-consuming strategy up front allows for flexible funding, which may in turn lead to a more cost-effective support system in the years to come. Similar individualized services

utilizing such flexible funding methods have already demonstrated cost savings over more categorical services (Risley, 1996).

The concept of inclusion of the person in planning his or her own support is not a recent revelation. Perske (1972) wrote about dignity of risk for individuals and the need for people with disabilities to have some element of control regarding decisions that affect their quality of life. This was echoed by Benget Nirje's discussion of self-determination in 1972 and the right of an individual to assert her/his opinions and preferences regarding personal circumstances (Nirje, 1972).

Though these ideas had their supporters at that time, formalized person-centered planning did not come about until 1979, when Karen Green and Mary Kovaks began conducting structured workshops on planning support for individuals; a program sponsored by the Canadian National Institute on Mental Retardation (Lyle O'Brien & O'Brien, 2002). In the following decade, several packaged manuals were developed that included an array of tools to aid the planning process. Some of those discussed in the literature include Personal Futures Planning (PFP) developed by Beth Mount in 1987, Making Action Plans (MAPs) developed by Marsha Forest and Evelyn Lusthaus in 1989, Essential Lifestyle Planning (ELP) developed by Michael Smull and Susan Burke Harrison in 1992, and Planning Alternative Tomorrows with Hope (PATH) developed by Jack Pearpoint, John O'Brien and Marsha Forest in 1995.

Each of these approaches to person-centered planning differs somewhat in the way that information is gathered and their focus on short-term changes or more distal goals (Sanderson et al., 1997). Although each of the programs has its own unique features, they all attempt to address what O'Brien (1987) considered the five essential

outcomes of person-centered planning: community presence, community participation, positive relationships, respect, and competence.

Community presence encompasses all areas of interest that the individual wishes to pursue in which there are outlets in the community - or in which there can be outlets created for the person. The individual is not in sheltered residential, vocational, and social programs exclusively, but has opportunities afforded any other citizen. The person spends substantial amounts of time around others without disabilities.

Community participation implies that the individual not only has opportunities to access, but opportunities to interact with others outside of paid caregivers, family, and other isolative supports. The individual participates in clubs, sporting teams, hobby interest groups, and other programs established for all individuals, not just those with disabilities. The person is an active member and contributor, not just an onlooker in these activities.

The individual is also given opportunities to form positive relationships with people besides those who are paid to spend time with them and is given skills and opportunities to maintain those relationships with support as needed. The emphasis with person-centered planning is not just that the person will have relationships that are dependent on others, but that are interdependent; allowing the person to contribute to the community.

The person has a central role in developing these plans, is respected for what she/he offers and is acknowledged and respected for the unique contribution that she/he makes within the community. Their contribution is not a token contribution, but is the driving force behind the planning process.

Lastly, the individual receives training and coaching in skill sets that facilitate this integration and participation in their own desired niches. Planning for support includes teaching skills that allow the individual to become more independent in the activities that she/he desires.

As person-centered planning programs were designed specifically to support individuals with intellectual disabilities, the modules and supplements are set up to be utilized by a team of family, friends, and professionals – people who are quite familiar with and/or provide support to the individual (Sanderson, 2002). Most of the programs provide guidance for building pictorial or graphic representations, referred to as "maps" or "frames," with team members outlining the person's goals, potential barriers, and routes that can be utilized to reach these goals. These maps are a graphic representation of the steps required to meet the goals. They may take any number of forms - drawings, photographs, cutouts - but all provide some structure to facilitate discussion with the person and the team regarding the placement of people who support or are important to the individual, activities that the person currently engages in and those that the person wishes to engage in, current accommodations and preferred accommodations. In addition, there is often a structure that allows discourse from team members regarding barriers to the goals proposed by the individual and means to overcome these barriers or provide substantive alternatives to these goals.

Transition From High School and Person-Centered Planning

Though transition is a term that can be used to describe any major change in a person's life, this study focuses on the transition from high school to adult living and its services and supports. There is much written about transition supports for individuals

with disabilities. This study focused on the critical features as they are affected by the use of person-centered supports.

Transition from high school is rife with pitfalls. Individuals with disabilities have much greater difficulty obtaining and maintaining quality employment (Mank, Cioffi, & Yovanoff, 1998; Wehman & Kregel, 1995). Though sheltered workshops and similar programs are tailored for the needs of individuals with intellectual disabilities, options of job opportunities and duties are limited. More recently, vocational programs have integrated supported community placement options with staffing in local businesses, which provide potential for more tailored support. However, without some sort of person-centered planning, there is little information on which to target options that increase job satisfaction and general quality of life.

Similarly, residential services have begun offering a plethora of alternatives to the more institutional/group home structure (O'Hara & Miller, 2000). However, as with supported employment, it is necessary for those who are planning these future destinations to be fully aware of the individual's needs as well as family wishes. If the goal is to provide a quality of life for the individual and move beyond health and safety needs, such interests must be at the forefront of conversation.

All major transitions can be a period of stress to those involved. Transition from secondary schooling to vocation, college, and/or independent living can be particularly stress inducing. Clark, Field, Patton, Brolin, and Sitlington (1994) discuss the need for a comprehensive approach to transition and career and development as a vital component for all students with and without disabilities.

For successful transition to adulthood, it is important that adults change the way that they approach students, including allowing students to have more autonomy and choice in transition (Abery & Stancliffe, 1996). Person-centered planning provides both choice and autonomy for the individual. "Transition planning, person-centered planning, and preference assessment are compatible processes that, when used together, have the ability to produce long-term goals that
are reflective of the student's desired lifestyle" (Lohrmann-O'Rourke & Gomez, 2001, p.171).

Transition Outcomes

Though person-centered planning has historically been associated with supports for adults with disabilities, its inclusion in transition planning for high-school age students is a natural fit. Transition planning includes assessment of future goals in vocation, residence, and community inclusion. These are all tenets of person-centered planning. Transition planning involves the development of strategies to prepare the student to meet their goals. This is also true of person-centered planning.

There have been numerous approaches that have been utilized to measure transition outcomes. Stability of residential and vocational placements have been used frequently as measures of success after school. The advantage of such measures is that they are relatively easy to track. For example, the person either has been or is employed or has not or is not employed. He or she has lived in the same home or group home or supported living program for a certain number of years. Although these outcomes are important, they do not equate to overarching quality of life.

At its root, person-centered planning is about ascertaining the goals and interests of the individual and those who know her or him well. This is a crucial element that is often missing in practice, despite spoken pledges to the contrary (Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004). According to Heron and Harris (2001) there are three reasons why this involvement of the student and family are lacking in transition planning: (a) the individuals may not be present, (b) they may feel that they are not authority figures as they do not fully comprehend the system, and (c) they do not have specific goals in mind. Person-centered planning attempts to address all of these issues.

Person-centered planning has helped individuals who have distinct and unique care needs to receive support that is customized to their presenting issues. Supports are most effective when they are developed with contextual fit (Albin, Lucyshyn, Horner, & Flannery, 1996), meaning fitting the plan to the characteristics of the environment and support providers. As person-centered planning provides a forum and is driven by the individual and those supporting her/him, all participants are able to discuss and customize these supports, promoting contextual fit of the plan.

Evidence Base in Support of Person-Centered Planning

There has been much written about person-centered planning in the last two decades. Much of the published literature discusses theoretical underpinnings and qualitative changes in a person's outcomes based on supports stemming from this intervention, with little attention to measurable outcomes (Holburn, Jacobson, Vietze, Schwartz, & Sersen, 2000). Though some versions of person centered planning have existed since 1980, there has been little work on evaluating specific programs. To date,

there are only a handful of studies that have quantitatively examined the outcomes of the use of person-centered planning techniques (Claes, Van Hove, Vandevelde, van Loon, & Schalock, R.L., 2010).

Person-centered planning integrated into transition planning is often thought of as "best practice" in support of individuals with disabilities. Much of this embrace is based on ideals and ethical principles, backed by qualitative descriptions of successful person-centered supports. Despite this claim of best practice and though few would refute the idea that a life tailored to a person's interests and goals is inherently valuable, there is little quantitative measurement of the positive effects of person-centered planning – especially a formalized person-centered planning process as a means to determine supports and fundamentally change the trajectory of the individual. Compounding the difficulty is the varied definitions of what constitutes person-centered (Holburn, et al., 2000).

There is a growing emphasis on the use of empirical research to determine and validate best practices in education (Shavelson & Towne, 2002) as reflected in the Individuals with Disabilities Education Improvement Act (IDEIA) and Institute of Education Sciences (IES) practice guides. The concern exists that if practices are utilized without sufficient research backing their effectiveness, outcomes are potentially jeopardized (Beutler, 1998). With this in mind, the lack of empirical evidence connecting person-centered planning to outcomes in the classroom is a major deficit in the body of educational research.

In addition, studies have pointed to misapplication of person centered planning methods. O'Brien and O'Brien (1998) discussed the reticence of schools to adopt

practices that lead to increases in services and resources, which is a necessity when individualizing supports to this degree. Other studies have shown that school personnel are sometimes resistant to providing too much power to students and families in the planning process (Marrone, Hoff, & Helm, 1997). Perhaps most applicable to this study, Reid and Green (2002) noted that lack of training of meeting facilitators led to inadequately delivered person-centered programming.

It must also be noted that support does not end with the formation of the plan. Everson and Reid (1999) discussed the importance of follow-up after initial planning meetings to ensure positive outcomes. This follow-up does not necessarily include revision of the plan, but may take the form of ongoing work in updating supports in order to reach goals set by the plan.

Robertson, Emerson, Hatton, Elliott, McIntosh, Swift, et al. (2006) conducted a longitudinal study of 93 individuals age 16-68 with intellectual disabilities living in England. They trained facilitators and managers and then examined variables such as choice-making, access to social networks and involvement in community-based activities and general health with measurement every three months prior to and following person-centered planning intervention. The researchers found dramatic increases in size of social networks as well as contact with those within the social network, increased communication with family, increase in community activities, and increase in opportunities for choice.

Dumas, De La Garza, Seay, and Becker (2002), examined changes in perception of self-efficacy as a product of person-centered planning with a sample of thirteen individuals with intellectual disabilities. They found qualitative changes in reported self-

efficacy and that sometimes small requests were most meaningful to the individual. However, the researchers also noted that case coordinators and facilitators of the person-centered planning process can actually impede self-efficacy of the individual if not properly prepared for their roles.

There are numerous studies demonstrating the linkage between individual preferences and identified – as well as sometimes misidentified - goals through person-centered planning. Reid, Everson, and Green (1999) examined the use of person-centered planning with four adults with profound disabilities and compared responses to those utilizing systematic preference assessments. They found that, when items were presented using the systematic preference assessment, the majority of items listed as preferred in person-centered planning were moderately to highly preferred in these trials. With some participants, however, items listed as preferred were seen as non-preferred with the systematic preference trials. These results suggest some caution must be taken that identified preferences may not always be accurate – though the person-centered planning here focused on immediate reinforcers more than distal goals.

As a follow-up, Green, Middleton, and Reid (2000) utilized embedded assessment with person-centered planning with three individuals with profound multiple disabilities and found that approximately 67% of the activities noted as preferred activities in the person-centered plan were witnessed when utilizing embedded assessment. Despite this correlation, there were a number of discrepancies between the two results. It should be noted that this study was done with three individuals with severe disabilities and such discrepancies may not be found with older adolescents with intellectual disabilities.

In addition to linking person-centered support with individualized support planning, person-centered support has been examined in collaboration with behavior support planning. Kennedy, Long, Jolivette, Cox, Tang and Thompson (2001) examined the use of person-centered planning with behavior support planning in an effort to integrate individuals with behavior problems in the general education curriculum. They utilized a multiple baseline design with three students, using information gathered through person-centered planning to identify skills, support needs, and social and biological causes of problem behavior. The assessment and resulting intervention led to increased or maintained general education participation and reduction in problem behavior for two of the three participants, with one unsuccessful intervention attributed to poor integrity of implementation of the behavior support plan.

Additional examination of the effectiveness of positive behavior support (PBS) when implemented with person-centered planning was conducted by Holburn, Jacobson, Schwartz, Flory, and Vietze (2004). Although there was some evidence of improved outcomes for participants, the focus was on the use of positive behavior support and not an evaluation of person-centered planning alone. The dependent variable was response to PBS intervention more than person-centeredness of ongoing support practices.

For person-centered planning to be successful, the student needs to be an actively contributing member of the team and the person's voice needs to be a central part of the process (Cooney, 2002). Researchers have examined the training skills related to facilitation of person-centered planning (Hagner, Helm, & Butterworth, 1996; Heller, Factor, Sterns, & Sutton, 1996) to focus individuals and found that brief training programs did not lead to noticeable changes in the participation of individuals during

person-centered planning meetings. Family members in these studies also noted that they saw little change in the substantive nature of the meeting following intervention. A later study (LeRoy, Wolf-Branigin, Wolf-Branigin, Israel & Kulik, 2007) trained other professionals in facilitation of person-centered planning with adults. The training program led to increases in structure of the meeting, though there were still difficulties with creatively forming action plans based on goals set forth in the meetings.

Most salient to the current study, Flannery, Newton, et al (2000) examined the use of person-centered planning with ten transition-age students who were receiving special education services. The authors found a sizeable increase in the goals addressed outside of school (from a mean of .30 to 5.9). Additionally, they found an increase in the number of non-school paid support persons (from Pre M = .6 to Post M = 2.5). The study also found increases in the presence of core features and reported satisfaction with the process.

Measuring the Effects of Person-Centered Planning

Challenges of quantitative measurement. Much of the documentation of person-centered intervention has been written qualitatively, with only 11 quantitative studies measuring the effectiveness of such planning tools (Claes et al., 2010). Descriptive and qualitative data are able to illustrate individual struggles and victories associated with goals that are created for the individual. Though this information lends insight into the nature of person-centered planning, it does not provide data necessary for comparative analysis or research designs needed to establish an empirical basis for best practice.

There are numerous challenges that present themselves when attempting to quantify the effects of person-centered planning. Much of the planning by nature is very individualized, which in and of itself makes measurement (or comparable measurement) exceptionally difficult (Holburn, 2002). Therefore, while some changes may be noted with an individual following person-centered planning, it is difficult to apply this finding to larger populations unless the population shares the same set of goals. One must find shared salient characteristics of the process between multiple sources if one is to claim external validity of the results that were obtained.

Logistical challenges. In order to examine effects of person-centered planning on transition, one must first isolate the variables that are considered malleable with such a process. This can be difficult to assess for several reasons. First, there are a number of formal and informal assessments and supports that are part of a person's transition. As each of these is implemented, supports may change either by decisions dictated by the results or through discovery of current plan inadequacies. During transition, there are any number of informal assessments and the covariance of the effect of these makes pinpointing a simple effect for any one intervention difficult to ascertain.

Another challenge with measuring the effectiveness of person-centered planning is that the intervention is not instantaneous. Rather, it is a process that involves multiple defined steps and even more informal steps. Throughout the process, there are many opportunities for discussion, planning, implementation, evaluation, and revision of supports. When examined in a shorter span of time, an immediacy of effect may not be readily apparent. Those evaluating the effectiveness of the intervention might witness some change prior to the meetings themselves. Other effects may not be noticeable until

new routines are established in the classroom and in the community. While longitudinal studies are less affected by such interplay, examinations of more immediate variables are confounded by the planning process itself.

Lastly, when quantifying effectiveness of PCP interventions, there are issues involved when placing a value on frequency of any activity and simply assuming that more is always better. While an individual may desire to spend more time working on a particular hobby or may decide that participation in a club related to an interest is important, the individual may not want to engage in this activity for hours each day. This is not typically a problem, as often it is hypothesized that the identified goals and interests have less than ideal frequency or duration of investment prior to intervention. One must be aware of this limitation, however, when examining results in terms of frequency of activities

A**ssessment tools.** There are a number of assessments that can be used to determine the fit of transition supports. Assessments such as the Transition Planning Inventory (Clark & Patton, 1998) examine a number of areas that are addressed in person-centered planning, including goals in daily living, hobbies and leisure, employment, and continuing education. The Arc's Self-Determination Scale (Wehmeyer & Kelchner, 1995) is one commonly used instrument that includes features that may help to measure person-centeredness of a plan. The Arc scale includes 72 items, and addresses empowerment, autonomy, self-regulation, and self-realization. As person-centered planning is most notably linked with quality of the individual's life, the Quality of Life Questionnaire (Schallock & Keith, 1993) provides a good metric for quantifying these variables, which were previously considered qualitative in nature.

In addition, there have been some tools developed to assess fidelity of the person-centered planning process. One such tool (Holburn, 2002) uses an inventory of 20 different meeting features – both in logistics and in presentation. These are scored over the course of several meetings. The Kansas Institute for Positive Behavior Support (2008) has also developed a checklist of core-elements of person-centered planning that can be utilized to quickly score each planning session to ensure that criteria are met.

Short-term versus long-term implications. Many questions remain concerning the immediate effects of using person-centered planning. Although studies have looked at long-term implications and some have collected data examining outcomes for individuals who have been supported using person-centered plans, there is little evidence to demonstrate changes that occur immediately with implementation of the process. In addition, if one looks at longitudinal data, it is difficult to isolate person-centered planning as the single independent variable that could be linked to these differences. There are many additional supports that will vary in intensity, duration, and frequency with each individual as they enter adulthood. In addition, it is difficult to say with any certainty that communities that adopted person-centered planning did not also use other strategies that may have shaped the supports that were received, and thereby, affected the outcomes for these individuals.

One of the greatest difficulties when looking at immediate outcomes is the assumption that there is a definitive juncture at which services go from not person-centered to person-centered. This is often not the case. Instead, planning typically occurs in incremental steps, including informal discussion with the student, pre-planning with and without the use of materials, and discussions with other team members.

Facilitator training in itself may alter the nature and frequency of person-centered supports delivered in the classroom (especially if the teacher is trained as the facilitator). There are multiple factors that may confound the data or provide fluctuation in support that are not due to the use of a specific person-centered intervention, but are related to a myriad of confounding factors. Lastly, in many schools, administrators and teachers have adopted practices that are more person-centered in nature making the isolation of a specific independent variable considerably more difficult.

As the literature indicates, there has been some empirical research to examine outcomes of person-centered planning (Claes et al., 2010). While studies have examined more distal outcomes and more immediate outcomes when person-centered planning is utilized with other planning strategies (e.g., positive behavior support), there is little research directly examining changes in classroom support immediately following intervention.

Primarily because of the challenges in identifying the specific nature of the dependent variable for each person in person-centered planning (i.e., goals that will be determined by each individual), there is no way of ascertaining a baseline measure prior to the meeting without documentation of the frequency and duration of every activity during that time period. While this study examines person-centered planning, this challenge necessitates the engagement of person-centered planning at the outset of data collection. Once the plan has been written, actions identified by the plan are known and a set of operationalized behaviors to be measured across phases can be specified.

Fidelity of implementation. Whether or not the person-centered supports are implemented with fidelity or merely paid lip service is another issue. Hagner, Helm, and

Butterworth (1996) and Heller, Factor, Sterns, and Sutton (1996) both noted that fidelity of implementation is vital for effective person-centered planning. While some schools may use structured person-centered planning programs, there are others engaged in transition planning with only preliminary questions used to fulfill the person-centered requirement. Much of what comprises true person-centered planning (e.g., meets criteria based of the Holburn, 2002, inventory) is not utilized. In addition, it is unknown when examining the IEP and transition plan whether the goals, or what aspects of the goals, originated from discussions with the person and the team regarding personal aspirations.

Though meeting can be time-intensive, the intention of person-centered planning is that the plan is malleable and is reviewed by the team often, as delineated in the procedures of Personal Futures Planning and Essential Lifestyle Planning. Teams should meet fairly often at the outset of implementation, and may meet less often as routines are identified and progress is made independently. However, there is little research to suggest that teams (including the student) continue to meet periodically to update the entire person-centered plan.

Performance Feedback

While an intervention might show some initial effect, there is a propensity for reliance on what Frank Gresham (1989) called a "consult and hope" (p.48) method, with little follow-up to ensure that an intervention is being carried out as designed. For a technique or intervention to be considered effective, it must be shown to be consistently delivered as originally designed over a period of time (Belfiore et al., 2008). Performance feedback has been defined as a "method of providing information or knowledge of processes and results to promote transfer or maintenance of skills and

behavior" (Mortenson & Witt, 1998, p. 614). It contains information regarding both the quantity and quality of services provided for an individual (Prue & Fairbank, 1981).

Performance feedback is typically initiated by an outside observer to inform an implementer and others of the current integrity of implementation of an intervention. This method has been shown to establish quality instruction (Scheeler, 2008). This information may be directed in person, via a submitted form, through email, or through observation of videotape. Generally, the resulting data report the percentage of steps that are implemented with acuity (DiGennaro et al., 2005).

Performance feedback has been used to help with fidelity of implementation with a number of teacher behaviors. It has shown some effectiveness in implementation of math programs and other academic pursuits (Gilbertson, 2007, Noell et al., 1997). It has also been used to assist teacher implementation of behavior interventions (Mesa, Lewis-Palmer, & Reinke, 2005, Sutherland, Wehby, & Copeland, 2000). An analysis of various single-subject studies utilizing performance feedback found substantial improvement rate difference in both academic and behavioral intervention (Solomon, Klein, & Politylo, 2012).

While performance feedback has been examined to a large extent on academic and social tasks in school environments (Fuchs & Fuchs, 1993, Noell, Witt, LaFleur, & Mortenson, 1997), there has been some examination of its use with parents in the home environment. For instance, Stokes and Luiselli (2008) utilized performance feedback to aid in accurate functional behavioral assessment in the home.

There has been no examination of performance feedback with person-centered planning. Though research demonstrates that more frequent feedback yields greater

change in the frequency and nature of desired behavior (Scheeler, Ruhl, & McAfee, 2004), the nature of person-centered planning action plan steps and frequency of behavior related to these steps necessitates weekly rather than daily feedback. Though research indicates shorter latency yielding stronger results (Solomon, Klein, & Politylo, 2012), this frequency of feedback has been used with some success in studies (Mortenson & Witt, 1998). Temporally, the feedback will also need to occur after rather than during engagement of activities, as activities related to action plan steps may occur on a varied schedule and the source of the feedback may not be present during such activities. Horner, Thompsen, and Storey (1990) provided an example of how such scheduled feedback sessions could be successfully delivered.

Role of Performance Feedback with Person-Centered Planning

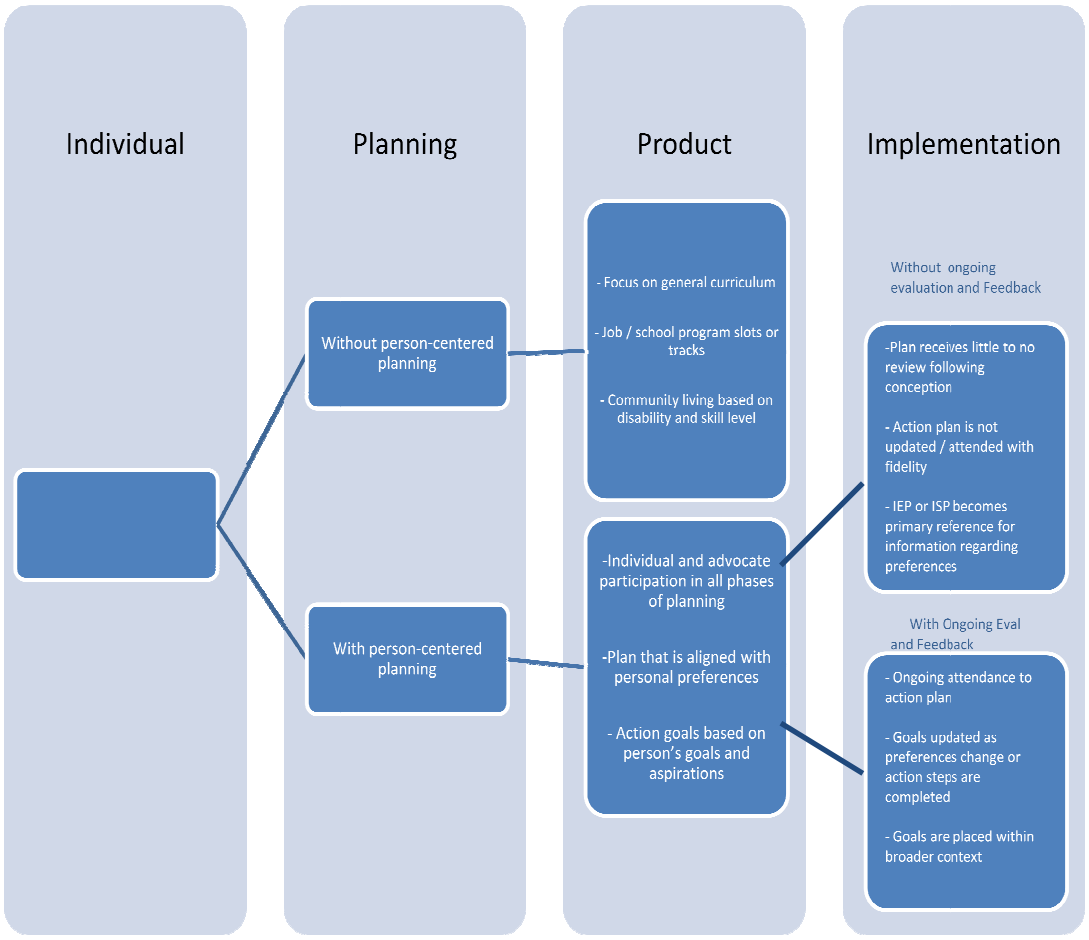
This study focuses on implementation of PCP with additional support in the form of performance feedback. Studies that have shown less that substantial change in services when person-centered planning is implemented (Hagner, Helm, & Butterworth, 1996; Heller, Factor, Sterns, & Sutton, 1996) have suggested that the fidelity of PCP implementation is a crucial factor in the success of the process. The use of performance feedback fills this role. It also should be noted that this is not contrary to the stance taken by those who developed the person-centered planning tools, as they were intended to be a process that involves ongoing attention to specified support needs and goals.

Performance feedback creates an explicit mechanism that serves as a prompt for action steps and a formalized system for delivery of information that may help to attune and improve supports that lead to goal attainment. Through the use of a brief form, the

support providers are made aware of progress or lack of progress towards action plan steps. At the same time, suggestions are given for improvement based on this data.

As indicated in figure 1, this study hypothesized that while the product of planning for individual supports can change dramatically utilizing person-centered methods versus without person-centered methods, the implementation of the resulting plan can vary noticeably in fidelity, depending on the scaffolding presented to the implementer(s). Ongoing evaluation and performance feedback can potentially create a dynamic in which the plan transforms from a product that is an artifact of the planning session to a document that is malleable and amended to changes in the person and the context, and is attended to with much greater rigor and attention to personal goals and immediate steps that help the individual to approximate those goals.

Figure 1. Conceptual Framework of PCP with Ongoing Evaluation and Feedback



CHAPTER II

METHODOLOGY

The purpose of this study was to utilize various techniques to measure changes in supports for students with intellectual disabilities prior to and following the use of person-centered planning with structured follow-up meetings and performance feedback. There were two major research questions addressed in this study. They were as follows:

1) Is there a functional relation between the use of person-centered planning with the implementation of structured meetings utilizing performance feedback and engagement in activities identified by the student's PCP action plan?
2) Is there a change in the description of the student's quality of life with the implementation of the person-centered planning process and with structured meetings utilizing performance feedback?

Additionally, information was collected to address the social validity of the person-centered planning plus performance feedback process.

Participants and Settings

This study included four transition-age students and their teachers and IEP teams. Student participants were selected based on the following criteria: a) they have a documented intellectual disability and spend the majority of their time in a self-contained classroom, b) were of transition age (over 16 years old) at the commencement of the study and had a current transition plan, c) intended to remain enrolled in the same school for the duration of the school year, and d) had a parent or guardian who was able and willing to participate in both the person-centered planning meeting and follow-up meetings.

Teachers were selected based on the following criteria: a) they were currently instructing students who have intellectual disabilities, current IEPs and transition plans, b) they were willing to participate in person-centered planning meetings, and c) they were willing to receive ongoing performance feedback regarding participating students and document their progress on objectives identified in their person-centered plans as well as expressed willingness to complete brief phone surveys regarding the engagement in weekly activities related to person-centered planning and the related action plan. Each student, parent, and teacher received one $20 gift card at the beginning of the study and an additional $30 gift card at the conclusion of the study as a token of appreciation for the time that they spent with the project.

All recruited students were in schools that were part of the county's educational services district (ESD) as the PCP facilitator worked for the ESD. She identified transition teachers across the county who might be interested in participating. These teachers were then contacted and determined if there was a student and family in their classroom that would fit the criteria and would be interested in participating in the study. The student and family were then directly contacted about participation. Each participating classroom teacher had one participating student.

The first student participant, Maggie, was a 20-year-old female who attends a public high school in a mid-size city in the Pacific Northwest. She had a documented intellectual disability and was in a transition program at the high school. Her teacher, Jim, was a male resource room teacher. He worked with eight students in a classroom and in community job placements. Maggie was engaged in several community

placements throughout the year. Her person-centered planning team included her mother, her uncle, her teacher and herself.

The second student, Olly, was an 18-year-old male who attends public high school in a small rural town in the Pacific Northwest. He had a documented learning disability. His teacher, Mary, was the sole teacher of a small resource room in the high school as well as a resource room teacher in the neighboring middle school. His team included himself, his teacher, and his mother.

The third student, Vanessa, was a 20-year-old female living in a foster care setting in a mid-size city in the Pacific Northwest. Her biological family, who lived in a small coastal town nearby, was very involved and part of the person-centered planning team. Vanessa had a documented intellectual disability. She attended a specialized classroom through the local Educational Services District. Her teacher, Dorothy, was lead teacher in the room, which had seven students and an educational assistant, allowing for some community integration and work in the apartment program on campus. Her person-centered planning team included her biological mother, her uncle, her foster mother, a favored support provider in the home, her county caseworker, her teacher, and herself.

The last student, Aaron, attended school at a small coastal town in the Pacific Northwest. He had a documented intellectual disability. Aaron's teacher, Wendy, was the lead teacher in the resource room at the high school. She also had several assistants to allow for community job placement and transition services. Aaron's team consisted of his mother, his grandmother, his county caseworker, his teacher, and himself.

The person-centered planning meetings were held at each student's school classroom, except in one case in which the planning meeting occurred in the "apartment"

setting on campus. All team members were in physical attendance for the meetings, which occurred during non-school hours with no other students present. The intervention and data collection occurred via phone contact and in-person contact with teachers at the high schools.

Implementation of Person-Centered Planning

Prior to the collection of baseline data, a trained facilitator from the local educational services district led a person-centered planning session with each student and the student's team. This facilitator had more than 20 years of experience conducting person-centered planning and was a certified facilitator of several person-centered planning programs. The person-centered planning program for study participants was set up with eight sections, culled from Personal Futures Planning (Mount, 1990) and Essential Lifestyle Planning (Smull & Burke Harrison, 1992), which became the scaffolding for the meetings. These sections included: a) relationship map, b) strengths and gifts, c) what is important to the person, d) what people need to know to support the person, e) what works and doesn't work, f) work experiences, g) dreams, and h) action plan. A measure of fidelity of implementation of the session was utilized to assess the extent to which the facilitator followed the steps of the planning session and whether the student was involved with each section.

Prior to the commencement of the PCP session, the student and other team members were informed that the student had veto power throughout the session and could ask that any conversation be halted immediately for any reason. In addition, the facilitator informed all students that anything that he/she wanted to add would be written down into the plan, even if there were dissenting opinions from other team members.

Team members were made aware that any dissenting opinions and concerns could also be included in sections of the plan, though it was important that the student felt that this plan reflected her/his opinions, desires, and dreams, as this was one of the defining features of a person-centered plan.

The facilitator used a large flipchart pad and different colored markers during the course of the meeting to write down comments from each of the participants. She used quotation marks to signify direct quotes from the student. She also included pictures and arrows, delineating relationships, orders, and concepts that arose during the meeting. Details of the PCP meetings are further described below.

The first step of each of the PCP sessions was the relationship map. In this phase, the team identified individuals who were important to the student. The map was divided into four sections: house, school, community, and other important people. The student is primary participant in this process, both in naming important individuals and determining their proximity to the person (i.e. the value of the relationship). Other team members also volunteered names. These names were then run past the student for validation.

The next step examined strengths and gifts of the student. When beginning this section, the facilitator prompted others to take the initiative to name positive descriptors of the student. They were told that these would be complimentary attributes that one would use to introduce the person to someone who had never met the student before. They were also told that this was the one section in which the student would just be able to sit and listen without being a primary contributor. The student was still involved with the section in approving or disapproving the descriptors for inclusion in the plan.

The next section focused on what was important to the person. At this time, the focus shifted back to the student as the primary contributor, with team members providing additional information or prompting the student with ideas. The focus items included information about longer-term and short-term goals, aspects of the student's life that were important to maintain, and people and activities that the person saw as vital or important.

The fourth section pertained to what people needed to know to support the student. This section included important considerations that help the student to have a good day. In the planning sessions, the student and other team members all played a contributing role.

The fifth section highlighted what works and doesn't work for the student. This section included information regarding aspects of the person's day or routines that helped the student. It also included information about situations that do not work for the student or which might set them up for challenging behavior (e.g., lack of structure, large crowds, etc). It contained information about how the student likes to be presented with new information and what helped or hindered transition from one activity to another.

The next section of the plan covered vital job history. The facilitator obtained information about specific jobs as well as skills developed or displayed as part of that work or volunteer experience. The facilitator also gathered information about aspects of each job that were particularly appealing or unappealing to the student.

The seventh section of the plan was entitled the "Dream" section. In this section, the student was allowed to talk about what they would like to have down the road if they were able to have anything they wanted. This varied in its composition, but included

relationships (marriage, dating), location where they wanted to live, the type of living accommodations, and other big items and interests.

The final section was the action plan. This page culled information from the previously discussed pages in order to come up with suitable next steps that the team was to take in order to help the student to have a life that was reflected in the person-centered plan. The action plan steps included steps that were related to personal interests, social goals, future vocational and post-secondary schooling goals, and home living goals. The action plan steps varied considerably from one student to another, with only one action plan step repeated in two different plans. All began with different numbers of action plan steps. Maggie's plan began with ten steps, Olly's plan with five steps, Vanessa's plan had seven steps, and Aaron's action plan had nine steps. An example of one of the student's person-centered plans, including the initial action plan, is provided in Appendix E.

Independent Variable

The independent variable for this study was the implementation of structured meetings utilizing performance feedback with regards to the action plan steps. As stated above, each plan from the PCP included an action plan with at least five observable and measurable action steps therein. Reported activity related to these action steps continued to be tracked weekly as described in the data collection section.

Performance feedback meetings included a review the plan's action steps, discussion regarding progress made on the action plan steps, feasibility and contextual fit of the action plan steps, and presenting barriers to engagement in the action plan steps. Feedback on performance of action steps was provided. If needed, problem-solving discussions occurred during the meetings.

During the baseline phase, teams were not prohibited from meeting. However, there was no encouragement of regular meetings or any actions related to the action plan. There was also no feedback on team activities or actions. During data collection sessions, there was no use of language that would imply approval or disapproval of activities that were reported as occurring during that week.

Materials

All participating team members received a person-centered plan from the facilitator. Because of the time required to put together and format the written plan and the need to implement items from the plan prior to baseline data collection, the last three teams were given the action plan steps page (the last page in the plan) prior to dissemination of the full plan. Team members were notified that they could contact the facilitator if they saw items in any section of the plan that appeared unrepresentative of the discussion during the person-centered planning meeting.

Dependent Variables

There were two primary dependent variables in this study. The first dependent variable was the percentage of action plan steps (as described in each student's PCP) that received some reported activity. Data were gathered on a weekly basis regarding any reported activity that occurred during the previous week associated with the identified action steps, as described in the measurement section. In addition, data collectors gathered data regarding the percentage of action plan steps that were completed during the week. This completion percentage was supplemental information as some of the action plan steps could be accomplished within a matter of less than one hour, while

some required several months or more to complete. This duration was dictated by the particular action plan step decided by the team during the planning process.

An additional dependent variable was a measure of perceived quality of life, utilizing sections of the Schalock and Keith (1993) "Quality of Life Questionnaire." This survey was filled out by the student with help from a family member or advocate. It was distributed three times during the study: prior to engagement in person-centered planning, following initial implementation of the PCP but prior to the addition of the structured meetings with performance feedback, and again following completion of the intervention phase.

Measurement

Reported activity related to action plan steps. Data collection consisted of a short form "Weekly check-in Sheet" (see appendix B) that was filled out by a data collector with input from a representative from school once per week. The data collection primarily occurred via phone, though some of the sessions were conducted on-site in the classroom. The form indicates whether some reported activity occurred corresponding to each of the action steps delineated on the person-centered plan. It should be noted that this is referred to as any "reported activity" and not "progress," as "progress" could be interpreted quite differently by students. The questions were asked in an open-ended fashion, allowing for any amount of detail regarding the action taken over the previous week. There was also additional space for notes, which was completed only if the interviewee noted unusual circumstances that affected that week's reported activity or possible future activity with regards to that action plan step. Each action step was marked as either "no action," "some activity," or "action step completed." There was

additional space to indicate if action plan steps had been added, removed, or revised by the team since the previous week.

The rationale for indication of replaced or revised action steps was that some steps derived in a student's action plan were short in duration needed for completion (e.g., contact an agency regarding vocational options). Ideally, a person-centered plan is adapted as change occurs, whether that change consists of completion of portion of an action plan or if a student's goals, which drive the action plan, change. Once a plan step had been completed, a team would typically develop a next step in some logical order. For example, if the person seeks to expand his or her social network, the team may create an initial action step that involves making an address/phone book. Once this action plan step has been completed, a subsequent step could be ongoing correspondence or planning with the use of this book. In the case of determining desirable vocational placement options, subsequent action steps could include arranging visits with the site, visiting the site, completing evaluations, gaining greater experience or pursuing volunteer opportunities, and eventually gaining part-time or full-time employment.

As described above, data sheets were marked for each week's action plan reported activity. Participating planning teams had developed, as part of the person-centered plan, a list of action plan steps, primary implementer, and proposed date of completion. The weekly activity was assessed by calculating the percentage of total action plan steps that received any reported activity during the week (i.e., number of steps with some activity + steps completed divided by total number of steps on action plan). For example, if the teacher reported that she had engaged in four of the nine action plan steps that week, this was noted in the graph as 4/9 or 44%. In addition to reports of activity, the total

percentage of action plan steps that were reported as completed during the week was calculated. There was no prompt for the creation of replacement action steps when gathering data, nor were teams dissuaded from amending the action plan steps or determining subsequent steps to approach goals delineated by the person-centered plan.

Data collector training. Prior to the beginning of baseline phase, data collectors were trained on the use of the data collection instrument and discrimination of verbal responses that comprised the dependent variable. Six data collectors completed a one-hour training, in which they were briefed on the procedure for data collection and minimal differences between reports of "no activity," "some activity," and "item completed." Three different fictional action plans were used and the data collectors practiced interviewing using the scripted data sheet until there was 100% agreement between data collectors. Additional data collectors were trained using the same presentation and practice materials prior to their addition in the data collection schedule. All data collectors were CITI certified.

PCP fidelity measure. A "PCP Fidelity Checklist" was utilized to measure the fidelity of implementation of the person-centered planning session (see appendix A). The checklist ensures necessary parties are present and that questions central to the PCP process are addressed during the course of the meeting. The goal is that each one of the students, when they receive the PCP intervention, will receive all components of the planning process.

The PCP Fidelity Checklist denoted completion or omission of the key components of the person-centered plan. Each particular planning session included different discussions, based on the interests of the student and input from members of the

team; therefore, the fidelity data collected in meetings focused on attention to the components of PCP rather than the products of these interactions. For each section of the plan, the checklist noted that: a) the section was discussed with the group and input received and b) the student was involved in the creation of that section.

There are seven key sections of the PCP process. Each of these had a corresponding item on the PCP Fidelity Checklist. The observer noted that the item was covered and that there was input from the student and/or representative for the item. The observer then marked that the section was completed or not completed during the course of the meeting and, if completed, that the student was involved. In the event that sections of the plan were not completed, the data collector conveyed this information to the facilitator in order to ensure that what was measured was person-centered planning as defined by its critical features.

Implementation of performance feedback. Structured meetings with performance feedback were implemented in the intervention phase. The teacher, family members, and student were present for the feedback session. The session included summary of reported activity related to each action plan step, discussion regarding its current fit with the student and contextual fit where implemented, potential roadblocks to implementation, and discussion regarding next steps. If the item was completed or was considered no longer applicable, the team discussed next steps that are aligned with the overarching goals established in the person-centered plan. In circumstances in which there were no logical next steps, the team examined other goals discussed in the person-centered plan that were not yet addressed in the action plan.

During this meeting, the researcher (as facilitator) provided feedback on the team's performance of the action steps from the PCP plan. The facilitator guided the team through a review of progress made on each step in the action plan and provided scaffolding for the team to identify specific next action steps. Each action plan step was noted by name, then the teacher shared any action with regards to the step and the current applicability of the step with regards to the overarching goals set by the person-centered planning process, with feedback from the facilitator based on the weekly data that was collected.

When team members noted obstacles to completion of an action plan step, whether due to the contextual fit of the step, the changing interest of the student, or outside factors, the researcher facilitated a short discussion of potential remedies to the situation. When goals or action steps were noted as completed, there was follow-up discussion of possible next steps and a replacement goal that was aligned with the overarching goals specified in the person-centered plan. In the case that team members felt that the student's goals had changed or that an action plan step was no longer deemed appropriate or feasible, a replacement action step was identified and agreed upon by the team.

A form was utilized at each feedback meeting, entitled "Feedback Session Agenda" (see Appendix C). This form was filled during the course of the feedback section. Each column in the form was filled out for each action plan step. An overall percentage of items covered in the feedback sessions was calculated for each student.

Measurement of quality of life. Sections of the "Quality of Life Questionnaire" (Schalock & Keith, 1993) were conducted with the student regarding perceived quality of

life. The survey was conducted at three time periods: a) prior to any implementation of PCP, b) after implementation of PCP without structured meetings and performance feedback, and c) at the end of the study. Students were allowed to complete the survey with assistance from an advocate, depending upon ability level. This advocate was typically the teacher, with the exception of Vanessa, who had additional assistance from her foster provider for the last quality of life survey. The change in responses between survey responses was examined for the three points in time.

Interobserver agreement (IOA). Data collection interviews for the weekly activities were conducted by graduate students who were CITI trained and certified. Out of 66 total data collection sessions, 33 sessions (50% of the sessions) included a second observer who was present for inter-observer agreement. For sessions in which the primary researcher was one of the two data collectors, the primary researcher filled this role. Total agreement IOA was 97.25%. When examined individually, total agreement IOA was 100% for Olly and Aaron, 97.78% for Vanessa, and 92.44% for Maggie. The lower IOA for Maggie could be attributed to the way in which action plan steps were written and the answers provided by the teacher, which could be interpreted as "step completed" or "some activity" due to the conciseness of the answers by Maggie's teacher (e.g., "we did that on Tuesday"). Retraining occurred when agreement was below 80%, which occurred one time during the course of the data collection. Retraining delineated the concept of "some" and "completed" as they apply to the action plan steps presented in the interviews as well as reviewing prompts to elicit more information from the teacher when answers were brief or difficult to decipher. For the most part, the teachers' answers

were easily decipherable into the categories “no activity,” “some activity,” or “step completed.”

To contrast the total agreement IOA, Kappa was calculated for action plan steps with any reported activity using Cohen’s formula, Kappa = $(P_o-P_c)/(1-P_c)$, in which P_o is the proportion of observed agreements and P_c is the proportion of agreements expected by chance (Cohen, 1960). When viewed dichotomously, all observations Kappa was .9758. This score is higher than the minimal standards of .60, recommended by Horner et al (2005). The strong Kappa score, when compared with the total agreement IOA, also indicates that the primary disagreement between observer ratings was in the differentiation of “some activity” versus “step completed,” with minimal disagreement between “no activity” and “some activity” or “step completed.”

Social validity follow-up. Following the completion of the intervention, teachers were interviewed regarding the challenges and opportunities that they encountered with the implementation of person-centered planning, general responses to data collection and follow-up meetings. In addition, teachers noted more qualitative changes that they saw in their approach and overall satisfaction with the programmatic amendments. The investigator also gathered anecdotal information from the students and involved family members. Lastly, a very short quantitative survey was disseminated to the participating teachers (see Appendix E).

Procedure

Design. A concurrent multiple baseline across participants single case design (Kennedy, 2005) was utilized to measure the percentage of action plan steps in each action plan that received reported activity. There were four dyads with change from

baseline to intervention phase occurring independently for three of the four dyads in order to demonstrate a change due to the implementation of intervention at three distinct points in time. While the data were concurrent in nature, the beginning of the baseline phase was slightly different across dyads. This was dictated by the date on which the team received a written person-centered plan or, at a minimum, a written action plan. The rationale for this was that the teacher and other team members could not be expected to implement action plan steps that had only been outlined during the meeting without the physical action plan for reference.

This study was implemented in four phases: Phase 1 – Pre-baseline; Phase 2 – Implementation of PCP Alone - Baseline; Phase 3 – Implementation of PCP plus Performance Feedback; Phase 4 – Post-intervention. Each of these phases will be described below.

Phase 1 – Pre-baseline. The first phase consisted of an initial establishment of person-centered planning teams, gathering of preliminary information for the facilitator of the person-centered planning meeting and a formal meeting with the team to develop the PCP and corresponding action plan steps. Students' teams were identified. At least one family member was included as part of the team. Two of the teams – Aaron's and Vanessa's – included a developmental disability services caseworker. Three of the teams also included additional family members and care providers, to the discretion of the student and family. Participating students already had an IEP that included a transition plan, due to their age, disability, and participation in the public school program.

The first Quality of Life Inventory was conducted during this phase. The primary investigator interviewed the student and someone who knew the student well in order to

complete the inventory. The person-centered planning facilitator then met with students and discussed the planning process. The facilitator gathered some preliminary information regarding interests and possible discussion points for the person-centered planning meeting. The facilitator also explained the process to the students, informing them that the meeting will be focused on their preferences and that any conversation that was not deemed desirable by the student would be halted with a non-verbal signal from the student. This was modeled for the student.

The facilitator conducted the planning session with each of the participating students and their respective teams at a time and place that was preferred by the student and agreed upon by the team as a whole. Each of these meetings ran for 2 to 2 ½ hours. During the planning meeting, information was gathered by an outside observer regarding the integrity of implementation of the process using the "Fidelity of Implementation Checklist", as seen in Appendix A in the appendices. During person-centered planning meetings, the trained facilitator utilized consistent tools and prompts (as delineated in the section above) to guide the team through questions regarding the person's preferences and associated supports. The observer did not take part in the proceedings.

Phase 2 – Implementation of PCP - baseline. The second phase involves data collection on activities related to the specified action steps prior to the inclusion of structured follow-up and performance feedback. This was the baseline phase of the person-centered plan implementation. At this juncture, the action plan steps for the person-centered plan had been developed and disseminated and the plan was considered implemented. The researcher contacted each teacher and set days and times that would

work well for the teacher for data collection. The day was held consistent and either occurred on a Friday or Monday in order to minimize confusion.

Data were gathered regarding the activities that occurred each week that supported items identified in the action plan. If data collection was occurring on a Friday, the data collector would specify that the questions pertained to activities that occurred over the week. If the data collection was on a Monday, the data collector would specify that the questions pertained to activity that occurred over the previous week. Due to scheduling challenges and teacher absence, data collection sometimes occurred up to two days after the usual data collection period. This happened with each of the four teams on several occasions during the course of data collection, during both baseline and intervention phases. When follow-up occurred the following work day, the teacher was informed of the time frame for which the questions were to be applied.

Data collectors were provided with a script that provided a specific wording for opening and closing, with room for including person-specific action plan steps. See Appendix B for details. No additional cues were given to the teachers, nor were suggestions for improvement in implementation during this time. Data collectors were informed to not use any wording that indicated approval or disapproval of the activity that was reported. Data collectors checked the appropriate box on the action plan step to indicate that there was no activity, some activity, or that the action plan step was completed. Each data collection interview took approximately 5-7 minutes. Much of the variance depended on the level of detail provided by the teacher in their description of activity related to each question. Teachers were not required to elaborate extensively, though elaboration was not prohibited. The total percentage of action plan steps with

reported activity and action plan steps completed was then tabulated by dividing the number of action plan steps with reported activity by the total number of action steps included in the action plan at that time. For sessions in which independent observer agreement (IOA) was utilized, one scorer was determined to be the primary data collector prior to the data collection and this score was used for the data point. The other score was then used to assess total agreement.

At the beginning of baseline phase, Olly had five action plan steps in his plan, Vanessa had seven action plan steps in her plan, Maggie had ten action plan steps in her plan, and Aaron had nine action plan steps in his plan. While the team was allowed to meet without the structured follow-up and performance feedback during the baseline phase in order to review or revise action plan steps, none did so during this phase.

Phase 3 – Implementation of PCP plus performance feedback. This phase saw the implementation of structured team meetings with performance feedback for each team. Just prior to implementation of intervention phase, teams were contacted to set a date for the initial performance feedback meeting. This shift to performance feedback required some prior planning, as teams required approximately two weeks to schedule the first meeting due to conflicting schedules. Intervention phase for the first student was implemented after consistent baseline measure was reached for that team as well as sufficient data points for comparison with other teams' baseline. Horner et al. (2005) recommends at least five data points prior to shift in phase. As the first team's baseline phase began prior to the other teams, they remained in baseline for several additional weeks in order to allow for sufficient comparison data for the other teams.

Once a change in performance was documented following implementation of structured team meetings with performance feedback in the first student's data series, implementation of the intervention began for the second student. This required three data weeks of intervention data to contrast with the concurrent baseline data for the other three teams, to ensure that other temporal variables were not affecting the change in behavior from baseline to implementation phases. At this point, the second team was able to enter intervention phase. As with the first team, the initial intervention meeting needed to be scheduled two weeks in advance. The same shift was repeated with the third and fourth group, who entered four weeks after the second group, due to scheduling difficulties.

Once each group entered intervention phase, the teams met with the researcher, who facilitated the performance feedback. Each feedback meeting ran for approximately 25-30 minutes, with the exception of the first meeting for each team, which lasted approximately 40 minutes, as it included information about the procedures involved in the meeting and required more discussion to review multiple weeks of implementation between the initial person-centered planning meeting and the first performance feedback meeting.

Through the course of each meeting, the Feedback Sessions Agenda was used (see Appendix C), which outlined the discussion. Each current action plan step was identified. There was report of work done towards that action plan step. Some of this information was already reported in prior data collection (and was summarized and clarified at the meeting) and other information was presented by the teacher during the course of the meeting. The facilitator then noted what worked well and what potential obstacles were present. If the team determined that the action plan step was still a good

fit for the person and for the classroom, the facilitator and team examined work that could be done in the following week or two weeks towards completing the action plan step. If the step was completed, verbal reinforcement was provided and the team examined replacement action plan steps that were aligned with the goals set up within the person-centered plan. If the team noted that goals had shifted, the action plan was amended to better fit the student's current goals. The student was present and participatory throughout each of the meetings. Two of Maggie's meetings and one of Aaron's meetings required separate "serial" meetings in order to gain all team members' input. In these instances, the teacher and student would first meet with the facilitator, who would then meet with family members to relay the information and receive further input and full team approval.

Olly began intervention phase with seven action plan steps. This shifted to six action plan steps and then to five steps as his goals changed during the course of his intervention phase. Vanessa had five action plan steps in her intervention phase, as two action plan steps were completed with no feasible next step aligned with her goals. Aaron had seven action plan steps at the beginning of his intervention phase. Another action plan step was added by the team and two others deemed completed as they identified potential new activities related to his goals and he finished with six action plan steps. Maggie began intervention phase with eight steps and completed intervention phase with six action plan steps, with some action plan steps eliminated due to completion and others replaced with a suitable next step.

Phase 4 – Post-intervention. The final phase included post-implementation assessment and follow-up with participants. At this phase, intervention data collection

for each team was completed. The teams met one final time at the end of the final week of data collection for a wrap-up meeting. At this point, qualitative social validity feedback was obtained from teachers, family members, and students. This information pertained both to the person-centered planning process and the follow-up meetings and subsequent work on the action plan steps. The student also answered questions from the quality of life inventory for a third and final time during this meeting. The team reviewed the action plan, with discussion about continued implementation at home, school, and other settings. Following the meeting, a short six-item survey was disseminated to teachers via email with questions regarding perceived effectiveness and efficacy of the intervention. This survey, included in Appendix E, utilized a five-point Likert scale for each question with a range of strongly disagree to strongly agree.

Analysis of Data

The data assessed in this study reflected activities related to the person-specific action plan steps. As there was no foreknowledge of items that were delineated in the action plan, no quantifiable data could be gathered regarding activities related to the goals prior to the initial planning meeting. Data gathered from the weekly check-in sheet were graphed based on percentage of action plan steps that received any attention and the percentage completed that week.

Changes within and between phases and comparison across students were initially noted through visual analysis as described in Kennedy (2005). Visual analysis was used prior to shift to intervention phase for each student, to ensure that enough data were accrued to ascertain the baseline rates and to ensure that changes were observed at three distinct points in time.

Quality of life data were analyzed by comparing the means of the surveys across time. Because there was not a large enough sample to look at growth modeling for this study, simple comparisons were made between time A and time B, time B and time C, and time A and time C. PCP Fidelity data were reported as well; utilizing percentage of steps completed and percentage of steps that included the student.

CHAPTER III

RESULTS

Fidelity of Implementation

Prior to presentation of the data, a thorough examination of the fidelity of the implementation is necessary. There were two measures of fidelity as part of the study. The first examined the fidelity of the person-centered planning session. In order to be able to claim that person-centered planning occurred, a checklist was utilized during the session to ensure that components were present and that the student was an active participant in the process. The second fidelity measure ensured that aspects of performance feedback were part of each follow-up meeting.

Fidelity of person-centered planning. During the initial person-centered planning meetings, data were collected to ensure that each of the sections of the plan was discussed and that the student was involved in each one of these sessions, as required for the plan to be considered person-centered in nature (see Appendix A). As can be seen in Table 1, of the four plans developed as part of this study, all but Aaron's planning session included all eight components and 100% of the completed components involved the student. The only section left incomplete was Aaron's Dream section, which was not completed during the planning session due to time constraints.

Aaron's team worked on items related to the Dream section during the meeting prior to reaching the Dream page and began work on this section before having to close the meeting due to scheduling constraints. The facilitator noted her awareness of this omission and asked the teacher, student, and parent to finish the dream page together. Follow-up indicated that Aaron did work on this initially with the teacher and then with

input from his mother. The teacher finished getting information from Aaron during the baseline phase and compiled a Dream page.

Table 1

Fidelity of Implementation of Person-Centered Planning Sessions

Feature	Maggie	Aaron	Vanessa	Olly
Relationship map	2	2	2	2
Strengths and gifts	2	2	2	2
What is important to	2	2	2	2
What people need to know	2	2	2	2
Works and doesn't work	2	2	2	2
Work experiences	2	2	2	2
Dreams	2	0	2	2
Action plan	2	2	2	2

Note. 0= Not completed, 1 = Yes, but without student, 2= Yes, with student.

Fidelity of performance feedback. The second fidelity measure examined the implementation of performance feedback sessions. Each of the sessions was completed with the use of the performance feedback form that can be seen in Appendix C. Each team received 3-4 feedback sessions. These were all completed with 100% fidelity in that each action plan step was reviewed with each of the necessary components covered. Each of the teams received a final feedback session to update and prepare the plan for continued use following the conclusion of the study.

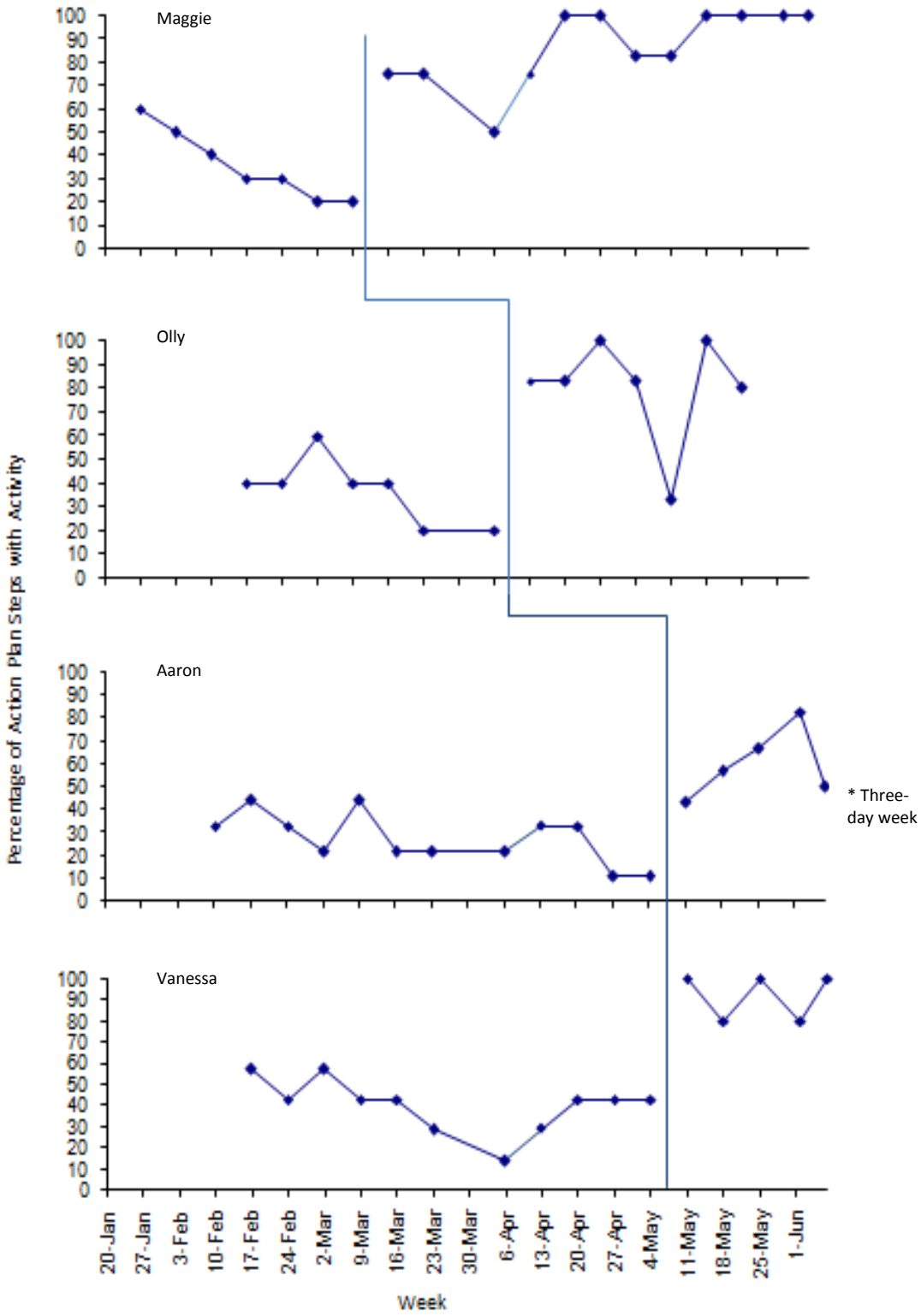
Dependent Variables

There was one primary dependent variable used in the study. This was the percentage of the person-centered plan action plan steps that were reported as receiving activity each week. This was analyzed utilizing the concurrent multiple baseline as described below. A secondary dependent variable measured the completion of action plan steps per week for the baseline and intervention phases. This will be described in mean percentage per week for each phase below. In addition, there were three applications of the Schalock and Keith (1993) Quality of Life Questionnaire for each student. These results are also described herein, with totals for each section prior to person-centered planning, prior to intervention, and at the conclusion of the study.

Percentage of Action Plan Steps with Reported Activity

Figure 2 shows percentage of action plan steps with some reported activity at each observation opportunity for students in baseline and intervention phases. The concurrent multiple baseline effects are compared within students across phases and across students to determine whether a functional relation is demonstrated. Visual analysis considers changes in level, trend, and variability of data within and across phases, as well as immediacy of effect at the phase change, overlap of data across phases, and similarity of data patterns across similar phases. In addition, for a multiple baseline design visual analysis also considers the stability of data in non-intervened series when an effect is demonstrated in other series above in the design. For changes in reported activity with regard to action plan steps, an effect is demonstrated for four of four students at three points in time.

Figure 2. Multiple Baseline Graph



Visual Analysis of Multiple Baseline Data

Baseline for Maggie showed an initial rate of 60% of action plan steps with some reported activity. This steadily dropped throughout the baseline phase. There was a noticeable downward trend with no point of ascent throughout the baseline. For the last two weeks of baseline, the teacher reported approximately 20% of action plan steps were receiving activity. He reported that some were not a good fit with the classroom, while others were either completed (with no replacement action plan steps) or were no longer of interest.

Intervention phase for Maggie showed an immediacy of effect. The initial data points were higher than any in the baseline and, except for a short drop for one week, climbed to 100% of action plan steps with reported activity each week. The teacher reported a better contextual fit for the student and the classroom during this time period.

Olly's teacher engaged in activities related to the action plan steps at approximately 40% per week initially during baseline phase. Week three saw a small spike to approximately 60% of action plan steps with reported activity. After this point, the data show a steady downward trend for the following four weeks. During the last two weeks, 20% of action plan steps were still receiving activity. Many of the others were completed with no follow-up step development.

The intervention phase saw an immediacy of effect that is apparent through visual analysis. During the first week, the team noted a number of action plan steps that were no longer suitable or had been done with no work on the overarching goal since their completion. The first two weeks, the teacher reported activity that was at an 83% rate. At week three, the teacher reported 100% of action plan steps with some activity. Week

four also saw an 83% reported activity rate. At week five, there was a dramatic drop in the reported activity rate. The teacher reported that Olly no longer wanted to engage in the person-centered plan activities as well as other school activities. The final two weeks of intervention phase saw a return to higher rates of reported activity as the teacher attempted to engage the student in activities. Note that this intervention phase ends prior to the others as the student then completed minimum requirements for graduation and left school.

Olly's parent was approached about continuing working on items in the action plan and willingness to receive weekly brief phone calls as the person-centered plan was developed such that the teacher or parent could implement the action plan (though our primary interest was in teacher behavior and not parent behavior). The parent initially agreed, but was unreachable in the following weeks. Olly, though he had left the high school, expressed willingness to continue with the study and attend a final meeting at the school with the team. He did so in person and the parent was present via teleconference for the meeting. There was final quality of life data and social validity data collected, though multiple baseline data collection halted after week 14.

Vanessa's teacher engaged in activities related to the action plan at 57% during the first week of baseline. This dropped to 43% in the following week and then back to 57% for week three. After week three, visual analysis shows a steady decline in reported activity related to the action plan steps for five weeks. After this period, the teacher reported an increased percentage of activity, leveling off again at 43% of action plan steps with activity before implementation of the intervention.

Following intervention phase, the teacher reported data that showed 100% completion in the first week. This reported activity rating dropped to 80%, then back to 100%. While there was some variability, the data remained at 80% or higher throughout the intervention phase. There was no overlap between percentage of reported activity during the baseline phase and intervention phase.

The final team began baseline at 33% of action plan steps with reported activity. Though the teacher's reported activity increased to 44% in week two and reached this point again in week five, the following five weeks saw decreased reported activity, with the final two weeks in baseline at 11% of action plan steps with activity. The intervention phase saw an initial reported activity rate of 43% with an increasing trend as the intervention phase went on. The student finished school a week early, so there was no data point for the final week, though the teacher engaged in activities for 83% of the action plan steps in the preceding week. Visual analysis showed a definite change in trend from baseline to intervention phases.

Overall, there was a strongly decreasing trend for all students during the baseline phase for all students, indicating less reported activity with the passage of time following the meeting. Only one team saw any increase in reported activity during baseline, and increase in percentage of action plan steps with reported activity did not reach the level that was observed in the beginning of baseline and remained steady soon after the increase. There was an immediacy of effect that accompanied change to intervention for all four students. Most students saw a consistently high level across intervention phase. There was minimal overlap between baseline and intervention phase for all students. All

of these factors indicate a strong functional relation between the implementation of the intervention and the reported activity with regards to action plan steps.

Percentage of Action Plan Steps Completed Per Week

Completion of action plan steps was documented along with engagement in action plan steps for each data collection period. Though the completion percentage is largely dictated by the nature of the action plan step – some items can be completed within a day while others, due to how they are written, may take many months to complete – the inclusion of this data provides a more complete picture of the activities that occurred for the four participant teams in the study.

When examining percentage of action plan steps completed, Maggie had no more than 10% of action plan steps completed in any one week of data collection during baseline (M = .057). During intervention phase, there was much more variability, but a higher mean (M = .199) of items completed each week. Olly had one week of 40% action plan steps completed during baseline, but averaged a little more than 11% (M = .114) items completed during baseline. The mean completion of activities per week was approximately double (M = .224) during the intervention phase. Because of the nature of Aaron's action plan steps, few were completed during the course of the study. Baseline saw some completion (M = .046) and none of the action plan steps were considered completed during intervention phase (M = .000). Vanessa's action plan steps were completed at a rate of about 5% per week during baseline (M=.052). During the intervention phase, the mean rate of completion of action steps by Vanessa's team was approximately 21% (M = .212).

Description of Individual Planning and Reported Activity

Due to the individualized nature of person-centered planning, it is prudent at this juncture to describe each planning process, the resulting action plan, the team responses to the items delineated on each resulting action plan, and the qualitative changes that occurred as a result of structured team meetings and performance feedback with regards to the person-centered plan and the linked action plan. These narratives will be presented for each of the four students.

Maggie's action plan. Maggie's person-centered planning team included Maggie, her mother, her uncle, and her lead teacher. Maggie's person-centered plan initially included action plan steps that focused on increasing job experience in areas of interest, engaging in a news reading program to increase reading skills, practicing for the community college entrance exam, creating a resume, collecting contact information for people that she would like to maintain contact with following high school, and collection of photos of important people, places, and activities. The plan also included a component for preparation for a driving test, which was an aspiration of hers, but the teacher declined to participate in this action plan step.

Some of the action plan steps for Maggie were determined to be long in duration, noted in the plan to last for the school year (e.g., practicing for the community college entrance exam), while others were intended to be accomplished within the span of a few weeks (e.g., collecting friends' contact information). Though some of the short-term action plan steps were completed within the specified time frame, there was no action on the part of the team to review the goals outlined in the plan and ascertain suitable next

steps for Maggie. Therefore, when these action plan steps were completed, there was no further action towards the goal during the baseline phase.

Some of the items that were determined to not be contextually relevant or that were deemed unsafe or unsuitable by other team members (e.g., practicing for the driving test) also saw no further attention during the baseline phase. During intervention phase, the team revisited these action plan steps and came up with alternatives that fit Maggie's goals and were acceptable by all team members. In the case of the driving test, an agreed upon next step was reviewing road signs and street safety. In this way, Maggie's aspirations, as defined by the person-centered plan, were honored in a way that felt comfortable with all team members. There was nothing that was deemed impossible, just clear benchmarks that Maggie needed to show proficiency in prior to moving to a closer approximation of the overarching goal.

Data collection for Maggie occurred each Friday afternoon in both baseline and intervention phase. The majority of the data collection occurred via phone contact with the teacher, although there were four weeks of data collection in-person at the classroom. The format of questions remained the same throughout, as was the case with all participants.

Aaron's action plan. Aaron's team was the second team to receive their written action plan steps and, therefore, the second team to enter baseline data collection. Aaron's team included the teacher, his mother, his grandmother, and his county caseworker. Aaron's original action plan included goals for increased home safety skills (addressing his desire to spend time alone in the home), pursuing more work experience at desired job placements, collecting addresses and phone numbers of friends for

continued connection following high school, and skills for addressing needs on community outings.

This last goal, Aaron's need for support around communication of needs when accessing community outings, posed a distinct challenge throughout the course of the year. He was not comfortable discussing the topic with the team or in private, though he was also not comfortable with the support that he was currently receiving with regards to community outings and personal needs. This had been an issue in the past, Aaron had often declined going on outings if he wasn't sure that the support was there or that the proper facilities would be available. He was also embarrassed to discuss this issue with anyone on the outing.

The initial plan, as written in the action plan step, was to develop a script that Aaron was comfortable in relaying to those who might support him in the community. While all team members agreed that this was a decent solution to the current obstacle, Aaron was reportedly quite reticent to engage in any discussion related to talking to others about bathroom concerns. This was one of the items that saw little progress until the intervention phase. At that time, the team reconvened and discussed alternatives. The team worked on developing non-verbal signals that Aaron could use at one point. Later in the process, the team developed a scripted card option – one that provided Aaron with the means to communicate all of the necessary information without any action that was deemed aversive by Aaron.

Data collection for Aaron occurred each Friday afternoon in both baseline and intervention phase. There were two weeks of data collection in-person at the classroom. The remainder of the data collection occurred via phone contact with the teacher.

Vanessa's action plan. Vanessa had the largest person-centered planning team. She was in foster care support, but her family, though they lived in another town, remained very much involved. The team was comprised of Vanessa, her foster provider, a favorite staff (the daughter of the foster mother), her biological mother, her uncle, the county caseworker, and her teacher. Vanessa was primarily concerned with home living options, vocational options, and social options following her departure from the transition program.

Vanessa's initial action plan steps included increasing cooking skills, visiting different supported employment locations, and increasing budgeting skills. Several of the items were completed soon after commencing with the action plan, but the team did not reconvene to examine next steps that were aligned with her goals until intervention phase. Reported activity slowed as the baseline phase continued, though there was a slight increase several weeks prior to the intervention phase. This reported activity remained steady in the three weeks preceding change to intervention phase at 43% of items with activity. There was no discussion of amending the other action plan steps.

Vanessa's teacher implemented 100% of action plan steps in the first week of intervention phase and remained at 80%-100% throughout the remaining weeks of intervention. The team examined follow-up for action plan steps and developed replacement steps for several items that had been completed with no further action or that were no longer valid for Vanessa.

Olly's action plan. Olly's team consisted of Olly, his mother, and his resource room teacher. He was very willing to be part of the person-centered planning, but was not eager to remain in high school. Much of the conversation at the person-centered

planning meeting revolved around steps that he needed to take and safeguards to ensure that he successfully graduated from high school. Olly's primary concern revolved around plans for living and work in the coming year. Olly stated that he had no need for other social support and provided many examples of past and present social opportunities during the meeting. His family was concerned about his eligibility for services following high school, as he was at the cusp for developmental disability services and had not completed eligibility testing. Olly's action plan included steps for determining eligibility, examining qualifications for jobs that he was most interested in, research into further schooling options, and development of additional scaffolding to help him track requirements for graduation. Discussion around jobs was particularly contentious, as his mother felt that he had unrealistic aspirations, with dream jobs of firefighter, boxer, and personal trainer. She did concede that he could research more about these in order to decide if he was qualified to pursue these directions.

Several of the action plan steps for Olly were less intensive and could be completed in shorter duration than others. The smaller steps received more attention immediately following receipt of the plan. Olly later expressed concern that he was unsure about his direction following high school and realized that his aspirations might not be a suitable match at the moment. He also spoke of some trepidation with finding out about support services as he did not want to think of himself as having a disability. Olly's team completed several objectives early in baseline, without discussion of next steps. Some others were determined not to be a good fit for Olly or for the setting. None of these were replaced or modified during baseline. Prior to intervention, there was little

reported activity with regards to the action plan steps that were put in place with the original plan.

At the beginning of the intervention phase, Olly expressed interest in being done with school as soon as possible, though he stated that he did want to continue his participation with the study. The team modified vocational research to other areas of interest that might have opportunities. He also began to get some experience in a local gym, with which the teacher reported that he showed some affinity. Olly expressed interest in discontinuing a couple of the previous goals as well. At approximately week five of the intervention phase, the teacher reported that Olly was done with his requirements for graduation and was not coming to school or staying at school consistently. There was a large decline in the action plan steps that received attention that week. The following week saw a marked improvement, as the teacher attempted to engage with Olly in each of the action plan steps, though Olly declined to follow-through with the majority. At the following week's structured meeting, the teacher informed me that Olly had gotten the required signatures to leave school and graduate early.

Olly stated that he was done working with the teacher and would not be attending class anymore, but would be willing to come back for a final meeting with the person-centered planning team. His mother was approached about being the primary implementer of action plan items, as the person-centered plan steps are developed for implementation by different team members as warranted by the step. She initially agreed to work on this with Olly and to make herself available for follow-up, but was unreachable in the following weeks. All members were present for the final meeting of the study.

Quality of Life Inventory

Results of the Quality of Life Inventory are presented in Table 2. For each of the students, the teacher was a primary informant along with the student participant. In T1, Olly's mother and Aaron's mother served as additional primary informants respectively. Aaron's mother was also a primary in T3. Also in T3, Vanessa's foster provider served as a primary informant for her survey.

Table 2

Descriptive Statistics for Quality of Life Inventory at Three Points in Time

	Competence/ Productivity			Empowerment/ Independence			Social Belonging/ Community Integration		
Student	*T1*	*T2*	*T3*	*T1*	*T2*	*T3*	*T1*	*T2*	*T3*
Maggie	24	25	27	21	21	22	24	26	26
Olly	23	20	21	21	23	23	22	23	24
Aaron	23	22	25	26	27	27	21	22	21
Vanessa	24	24	19	19	21	19	18	21	23

Note. T1 = Prior to baseline, T2 = Following baseline, T3 = Following intervention.

Overall, these results show minimal change in quality of life across administrations. All students scored in a similar range across domains in the inventory. One of the students reported much higher levels of independence than others, though this level remained mostly constant throughout the course of the study. Changes that occurred across measurements can not be directly linked to the administration of person-centered planning, nor the implementation of action plan steps with structured follow-up and performance feedback.

Social Validity

In addition to qualitative feedback, the teachers responded to a short six-question survey regarding social validity of the person-centered planning process and intervention. The results of this survey can be seen in Table 3. All questions had a mean score that fell between "Agree" and "Strongly Agree," with the exception of the fourth question ("I think that follow-up meetings helped to shape the action plan to fit the context of the classroom"). Some of the teachers, when discussing this aspect of the intervention, did not have issue with the contextual fit of the action plan steps, though this was a factor with Maggie's plan, as her teacher stated that he did not agree with implementation of some steps of her plan in his room. This was addressed in the action plan by modifying the action plan steps to reflect the goals and maintain relevance in the classroom setting.

Table 3

Social Validity Survey Questions for Teachers

Survey Question	Mean Score
I think that the Person-Centered Planning process was helpful in finding supports that matched the student's preferences	4.3
I think that the follow-up meetings helped me to engage in tasks related to the action plan	4.3
I think that follow-up meetings helped to shape the action plan to currently reflect preferences and performance of the student	4.0
I think that follow-up meetings helped to shape the action plan to fit the context of the classroom	3.7
I think that I would be more likely to refer to the Person-Centered Plan when there are structured meetings and feedback	4.3
I think would be willing to use person-centered planning with structured follow-up meetings in the future	4.7

Note. 5=Strongly Agree, 4=Agree, 3=No Preference, 2=Strongly Disagree, 1=Strongly Disagree

CHAPTER IV

DISCUSSION

The previous chapters discussed the implementation of person-centered planning first without follow-up meetings and performance feedback and then with these additional interventions with four dyads of students and teachers. There were two major research questions addressed in this study. They were as follows:

1) Is there a functional relation between the use of person-centered planning with the implementation of structured meetings utilizing performance feedback and engagement in activities identified by the student's PCP action plan?

3) Is there a change in the description of the student's quality of life with the implementation of the person-centered planning process and with structured meetings utilizing performance feedback?

As discussed in the previous chapter, visual analysis was utilized to ascertain the existence of a functional relation, assessing changes in level, trend, and variability, as well as immediacy of effect, degree of overlap, and similarity of data patterns across multiple presentations of the intervention (Horner et al., 2005). Based on Horner et al.'s standard of three documentations of change in behavior at three different points in time, a strong functional relation was demonstrated between implementation of the performance feedback meetings and reported activity on action plan steps for all students in the study. There was not a noticeable effect of these meetings on percent of completion of action steps; however, as noted in the prior description, the duration of activity needed for completion was quite varied for each action plan step. The ones that required shorter duration were typically completed in one or two weeks. Descriptive data also revealed

little effect on quality of life as measured by the Schalock and Keith scale. These results and their implications will be discussed in this chapter.

Effect of Performance Feedback on Engagement.

One might expect that following implementation of structured meetings with performance feedback, there will be a marked increase in level and decrease in variability of implementation, as those engaged in implementing the intervention will receive feedback regarding performance as well as suggestions for improvement. The data indicated that both occurred with the students in this study. In three of the four teams, engagement in action plan steps remained high throughout intervention phase. Though meetings were every two weeks and measurement occurred every week, there was an effect that remained high in the weeks in which there was no meeting.

There were two overarching themes that presented themselves with each of the participants in this study and show some promise for future investigation in order to improve implementation of person-centered supports. These themes were a) motivation to engage in activities related to the action plan steps, and b) change in contextual relevance and team initiative to update the plan and action plan in accordance with these changes.

Motivation to engage in action plan steps. When developing the study, it was hypothesized that the teams would begin with a fairly large percentage of activity as anecdotal evidence suggests that person-centered planning teams are initially energized by the proceedings and engage in activities related to the person-centered plan. This was seen in most of the participants in this study, though none of the baselines began quite as high as the mean scores during the intervention phase. We also hypothesized a

decreasing trend as weeks and months went by. Though the longest baseline phase in the study was twelve weeks, not including holidays, this trend can be seen to some degree in each of the students. With implementation of performance feedback meetings, teachers increased levels of activity on action steps to above the highest levels shown with PCP alone and generally sustained the increased levels.

Initiative to amend and update the plan. One of the overarching themes witnessed in all participating teams was the lack of initiative to alter the plan once items were not seen as a contextual fit, nor the initiative to reconvene and update action plan steps as items are completed or abandoned. Each of the four students that were the focus of person-centered planning had, in his/her action plan, steps that were not deemed viable by team members that were charged with facilitating activity related to these steps. It appears that in these cases, these plan steps would have received no more attention and there would have been no modification of the action plan to find other action plan steps that were aligned with the goals of the plan without performance-feedback meetings.

Perhaps more importantly as it relates to person-centered planning, several of the plans had action plan steps that were determined to no longer be of interest to the student. This is not uncommon to this population of students in their final year of high school or transition program, as they determine future directions vocationally, socially, and with regards to future living situation. One example was seen in Olly's person-centered plan and associated action plan. He decided, after engaging in steps related to vocational goals, that the vocations that he initially sought were no longer a priority for him. Though teachers reported that the student was no longer interested in a particular aspect of the action plan, there was no action to revisit this and the goal remained part of the

person-centered plan until intervention. This highlights an important aspect of the follow-up and performance feedback intervention as it applies to person-centeredness of the plan.

Some of this inattention may be due to the time frame of the study. Many other plans utilized in the school are updated one time per year. The data for all four teams indicated a significant improvement in reported activity related to goals when the team was consistently meeting and reviewing action plan steps during intervention phase. A longer duration of baseline might show some team initiative in replacing and modifying objectives without the structured biweekly feedback sessions, but there was no indication of that activity during the months that the four participating teams were in baseline phase.

In addition, each of the teams saw a steady decreasing trend in the percentage of reported activity steps completed. While some of this was due to the aforementioned lack of contextual fit of action plan steps, the initial higher level might be seen as immediate effect of the planning session. With increased time from the PCP meeting, there was less action related to the action plan steps. One of the teachers stated at one point that he felt that very little would be done with regards to the action plan if not for the performance feedback meetings and the need to report. This last remark also alludes to a potential limitation with regards to the data collection, which will be addressed later in this section.

Quality of Life Ratings

The intention of person-centered planning, unlike other interventions intended to alter specific behavior or increase aptitude in a specific domain, is a more general quality of life orientation. Because of this intended consequence, the Schalock and Keith Quality

of Life Inventory seemed to be a fitting secondary measure. When examining the outcomes, there was a small increase in domains for most of the students, but the changes were not substantial enough or closely connected with the intervention to warrant any claims of the intervention's affect on the scores. The same variability could be seen between beginning baseline and end of baseline as could be seen between end of baseline and end of intervention, with some anomalous ratings. Overall, the implementation of the survey, while aligned with a proposed secondary outcome of person-centered planning, saw several challenges that warrant further discussion.

First, the questions did not necessarily reflect specific areas that are being addressed by the person-centered plan (e.g., having a key to the house, ability to have pets, ability to date or marry, how the person is treated by neighbors). Some of these topics were addressed indirectly by some plans (dating and marriage came up in several person-centered planning meetings), but were not necessarily included as action plan items.

Secondly, items in the inventory that might be affected by the person-centered plan implementation might also be affected by a number of other variables. This could be seen in Olly's scores. As he left high school, he anecdotally reported more anxiety about his future direction and feeling less support from his family. While two of the sections remained steady or increased slightly, his Competence/Productivity score decreased with each measurement. He referred to events outside of the person-centered planning and action plan implementation when answering questions in that section.

Third, the repeated measures can be skewed depending on make-up of the individuals answering with the student. The inventory states that if the student is known

not to have adequate receptive or expressive communication skills, others who know the student well can help to answer the questions. In the case of Vanessa's assessments, the foster provider helped to answer questions in the final administration (along with the teacher, who had been the primary responder along with the student for the first two administrations). The foster provider's view of Vanessa's outlook was very different from her teacher's reports (e.g. she felt that Vanessa felt that she had more problems than other people and felt less successful than other people).

Lastly, the quality of life measure is not written as an instrument that would be sensitive to repeated measures over a shorter time period. Many of the items in the inventory changed very little for each student over the three administrations, including those who completed the surveys with a six month gap between the first administration and the last administration. Follow-up in another year might yield very different results, though for three of the four students, the primary setting during the day will be very different and would most likely affect responses to the interview.

Alignment of Action Plan Steps with Person-Centered Plan Goals

Each person-centered plan has eight component parts at a minimum, including the action plan. Throughout the course of the action planning, some of the topics that arise during these component parts are addressed directly and indirectly by action plan. Other information remains in the plan itself, to be addressed by future action plan steps or as a profile of the student's preferences for future employers, advocates, and support professionals. One might speculate that the inclusion of this information, even if not directly addressed by action plan during initial implementation, might affect quality of life

Limitations

Data collection. As noted earlier in this section, the process of data collection could alter the behavior that it is intending to measure. There are two potential issues that present themselves in the particular procedure employed in this study. First, as noted by one of the teachers (when referring to the follow-up meetings, though the statement could be applied to the data collection sessions), the feeling of needing to report work accomplished motivated his behavior prior to the meeting. Secondly, and not independent from the previous issue, it is possible that the teacher's report was embellished in order to present information that the interviewee feels is more desired by the interviewer.

Though both of the above are potential dangers with verbal report data, it should be noted that this process of data collection was used in both baseline and intervention phases and there was still a notable difference in responses between phases. In addition, the data collection was set up to minimize these risks by asking for specific reports of activity and not just whether or not there was activity. Also, data collectors were trained to follow the script and not to respond to responses with any sort of comment that might be noting approval of the reported activity that occurred or lack thereof.

Though verbal report cannot be considered as precise a measurement as direct observation, direct observation was not an option for gaining precise measurement of the dependent variables. The challenge with direct observation, as noted prior, is that activity related to the action plan steps could occur at any time during the school day – or even prior to or at the end of the day – and that some of the action plan steps required only short duration action. For direct observation to occur, the step would need to be set up

such that activity occurred at a specific time each week or, if not, there would need to be continuous observation in order to note with any accuracy if activity occurred. A data collector could be present for several hours during a week and still have a high probability of missing action that occurred in relation to any given action plan step. Therefore, verbal report was the most efficient and effective means for data collection.

Written report via email distribution was also considered as a viable means of data collection, though it seemed more likely with this method that the teacher would embellish information or simply copy and paste responses from the previous week. This worry was confirmed in a conversation with one of the teachers, who admitted that he would most likely submit the same form with the same responses each week if he was asked to submit an email report of activity.

Similar length of baseline. Another limitation of the study is the similar length of baseline for the first two students who entered intervention phase. Though the intervention occurred three weeks apart and the graph represents a concurrent baseline, both Olly and Maggie's baseline phases were seven weeks in duration. One might argue that there is an unaccounted for variable that would trigger change in behavior eight weeks into the process. This threat is minimized as the other two students both had much longer baselines without similar changes and because of the immediacy of effect with all four students at the time of intervention. There is no other apparent reason for the change, though this remains a limitation.

The increased trend in the last team's baseline does occur at the same time that Olly's team moved into the intervention phase. This seems to be unrelated as the two teams were located in different schools and towns. There was no other apparent

extraneous variable that might have affected both teams' action with regards to action plan steps.

Previous experience with person-centered planning. None of the classrooms involved in this study were currently using person-centered planning, however the teachers were all aware of its use and of the principles that drive person-centered thinking and planning. Some had received person-centered plans and were part of the planning process for students in past years. The district had also used person-centered planning to some extent, though it was not currently in use with this population.

Measurement of varied plans. A final limitation that should be noted is the varied nature of action plan steps, both between subjects and within subjects. The single subject methodology intends to demonstrate effect by keeping all variables constant and changing from baseline activity to intervention activity at at least three points in time across participants. When examining activities related to person-centered planning, by definition, plans will be highly individualized and any similarity between one plan and another is only because of shared interests. Also, the action plan is developed to be dynamic and alterable as items are completed or as preferences change. Therefore, the actual items being implemented (and therefore being measured) are not the same for every student in baseline and for every student in intervention. In addition, the individual steps might differ within subject at different points during baseline and intervention. This difference is unavoidable. However, the format of the plan, the process of determining the action plan, and the process for structuring follow-up and data collection were held constant as much as possible, allowing for as much consistency as possible within a person-centered framework.

Implications for Research

The study was the first to examine the use of structured follow-up and performance feedback with person-centered planning. Though the results of this small sample indicate some promising data regarding the potential benefit of the use of performance feedback with person-centered planning, both in updating action plan steps and implementation of these steps, this should serve as preliminary research into the topic. Single-case methodology emphasizes the need for both direct and systematic replication. There is room to expand both the number of students experiencing the intervention and the duration of intervention. The latter may be especially useful in determining impact of person-centered planning with associated supports, as many of the potential benefits of long-range planning may not be seen in the first several months or even year of implementation. This longer duration would also potentially see more change in the quality of life survey results, though there would also be (as there was here) a number of extraneous variables that might also affect these results.

This study only included four teams, which allowed for the acquisition of much qualitative as well as quantitative data, as well as intensive intervention for the students. A potential next step for research would be replication of the efficacy of the feedback intervention, followed by implementation of a larger randomized control group design. This might help not only to gain more quantitative information with less variability based on student and nesting factors, but also help to ascertain the social validity of an intervention with less outside presence and scaffolding. Such a design could be implemented with a randomly chosen sample of qualifying students. A portion of this sample could then also receive the structured meetings with performance feedback, with

ongoing data collection for all students. A larger sample would lend itself to increased sensitivity of the quality of life measure as well.

There are numerous forms of performance feedback that could have been utilized with or without the structured team meetings, in written and oral forms. One could examine the performance feedback component, isolating this variable from the structured team meetings. The structured team meetings do allow for facilitating changes in the action plan however, as the teacher could not unilaterally amend action plan step(s), even if the overarching goal remained unaltered. As it is a person-centered plan, the student needs to be an active participant in sessions that affect the plan, as well as the advocate and other team members' attendance. Therefore, the feedback might serve to prompt activity and identify next steps, but could not be used as a substitute for team follow-up.

Frequency of meeting is another factor that could be examined. The intervention phase included biweekly meetings. Anecdotally, the teachers noted that this additional allotment of time and scheduling was not logistically challenging, though in the case of this study, only one student in each class was receiving the intervention. Future research could examine the social validity of engagement in this frequency of structured meeting for multiple students. Future research could also examine the ability to maintain such frequency over a longer period, as the longest intervention phase lasted 12 weeks and only six total team meetings. Given that the increased rate remained high throughout intervention for this team, it might be possible to implement these meetings at a much lower frequency and still see continued higher rates of activity.

In addition, there are measures that have not yet been developed, which would be helpful in verifying the validity and effectiveness of the process and intervention. First,

there is no current measure that identifies the degree to which the action plan reflects and encompasses all of the aspects of the person-centered plan. While each of the action plan steps were derived from conversations that occurred in the previous seven sections of the person-centered plan, it is possible that there are other important features of the plan that were not included in action planning.

Secondly, the measurement examines implementation of items derived by the action plan. There is no method to ascertain the alignment of all activities to the person-centered plan. It is possible for a teacher to engage to some degree in all action plan steps, yet spend the majority of time on activities that are antithetical to the goals established in the plan. One would assume that information gathered in the plan is taken into account when establishing a range of supports and activities, but this would remain an assumption without more precise measurement techniques. This would most likely involve a much more laborious data collection process, which would be applicable in research settings and less so in applied settings.

Third, the person-centered planning process and follow-up was implemented with one student in each classroom. While the variety of settings adds to the external validity of implementation of such a practice with a single student, it does not speak to the ability of teachers to implement and maintain person-centered plans for multiple students in a single classroom. The process is time-consuming and there is some question whether it can be maintained with multiple students in a classroom or school.

Finally, there is some consideration of whether the behavior noted with the students here would be transferred to other students and whether this behavior will continue without the presence of the researcher. The intervention was run with the

assistance of outside resources (the educational services district representative and researchers). With this scaffolding, there were measurable changes in fidelity of implementation. The question remains whether the behavior will continue for longer periods of time or with next year's students.

Implications for Practice

There are several implications for application of person-centered planning and performance feedback in schools and other venues, as indicated by the results of this study. While, as noted, there is some value seen in the use of person-centered planning approaches, there is currently little research indicating the change in support provider behavior when the plan is implemented. Both the data herein and anecdotal report point to increased activity with regard to action plan steps when follow-up meetings with performance feedback are included as part of the process.

As noted in the implications for research, one of the challenges with practical implementation is the involvement of the researcher in the process. Person-centered planning should never be considered a one-time act, and this idea is underscored by the declining reported activity throughout baseline with the participants of this study. The person-centered planning process would need to be implemented with an internal system for regular meeting and performance feedback in order to have relevance in every day application. Teams could be developed, similar to those established with Positive Behavior Intervention and Support and academic support, in order to provide these checks and maintain fidelity with implementation of person-centered plans. Such implementation could be considered an implication for research as well as practice, as such a self-contained system was not a part of this study.

One of the notable implications of this study was the varied breadth and complexity of action plan steps that were developed. There is a need for development of action plan steps that are both negotiable and measurable. Some action plan steps for these students were written in a manner that sets up little opportunity for completion, as well as less prescription for initial activity needed to work on the step. These were most likely set up in this manner as the plans were developed in an environment in which teams would seldom, if ever, reconvene. Therefore there needed to be larger, overarching action plan steps that would require a school year or more to complete. More frequent team meetings allow for action plan steps that prescribe short-term goals that are attainable within the span of weeks rather than months or years.

This study was implemented specifically with students of transition age and designed to be implemented primarily by teachers. However, person-centered planning was first developed for use in residential settings and application of structured team meetings with performance feedback could be applicable in these settings, as well as other settings (e.g. supported employment, family homes and foster care settings), in order to both increase adherence to the plan and fidelity of implementation, as well as to allow for changes that create a more dynamic and more person-centered document. Person-centered planning with additional performance feedback, structured follow-up, and other scaffolding can also be implemented with a variety of age groups. Though there are some limitations to personal choice for young children, elements of person-centered planning and action planning can be and have been utilized with this population as well.

While ideas that permeate person-centered planning had been established since Perske (1972) wrote about the need for individuals to have greater input and control in

their supports, there is still much work to be done in both implementation of person-centered support and planning and in understanding the ramifications of plans that are implemented with fidelity and adequate adherence to the goals identified by the student. This is a challenging endeavor, as investigation in person-centered planning does not lend itself to identification and tracking of one discrete variable. As studies are published in locations where person-centered planning is utilized in large enough segments that group effects can be shown, there is still little evidence to show how person-centered planning can be applied with fidelity and the implications of poor application versus strict adherence and dynamic response to changes. This will continue to be a struggle as the variables are individualistic and change with the maturing and changing priorities of the student.

This study attempted to find a method to both measure ongoing adherence to the plan and describe the changes in both support and outcomes attributed to this adherence. There is no way to completely parse out person-centered support from actions that have no person-centered orientation, which makes the task even more daunting. One might argue that, prior to baseline phase, all of the students in this study had some person-centered support as their Individualized Education Plans are personalized and not the same as others in the same classroom or school.

Despite this challenge, those who participated in person-centered planning sessions, both here and in other studies, note that there are qualitative changes that occur when person-centered planning is implemented with fidelity. As the planning session is just the beginning and not the end of the road for person-centered support for each of these students, there is a need to find ways in which to both qualitatively improve

procedures and outcomes and ways in which to validate these measures and outcomes through assessment and analysis of quantifiable data. This study might help to illuminate one facet of this support and provide a starting point for future research and improved implementation.

APPENDIX A

FIDELITY OF IMPLEMENTATION CHECKLIST

Fidelity of Implementation Checklist: Student ID:_____

Personal Futures Planning Date:_____

First Session O Second Session O

Core component	Completed	Partially Completed	Not completed	Participation of student and/or advocate	
Relationship				Yes O	No O
Strengths/Gifts				Yes O	No O
Important To the Person				Yes O	No O
What People Need to Know				Yes O	No O
Works/Doesn't Work				Yes O	No O
Work Experiences				Yes O	No O
Dreams				Yes O	No O
Action Plan				Yes O	No O

Notes:_____

_____

_____

_____

APPENDIX B

WEEKLY CHECK-IN SHEET

Weekly check-in sheet

Student #:_____ **O** Teacher **O** Parent Date:_____

"Hello. I'm calling to check in on the person-centered plan."

"Have there been any changes made to the action plan since our last discussion?"

If Yes: "Tell me what changes have been made in the plan."

_____

"Has the team convened in the last week?" **O** Yes **O** No

"Tell me what has occurred over the last week in regards to (state goal #1)."

Goal:_____ **O** No progress **O** Some progress **O** Goal completed

"Tell me what has occurred over the last week in regards to (state goal #2)."

Goal:_____ **O** No progress **O** Some progress **O** Goal completed

"Tell me what has occurred over the last week in regards to (state goal #3)."

Goal:_____ **O** No progress **O** Some progress **O** Goal completed

"Tell me what has occurred over the last week in regards to (state goal #4)."

Goal:_____ **O** No progress **O** Some progress **O** Goal completed

"Tell me what has occurred over the last week in regards to (state goal #5)."

Goal:_____ **O** No progress **O** Some progress **O** Goal completed

If necessary:

"Tell me what has occurred over the last week in regards to (state goal #6)."

Goal:_____ **O** No progress **O** Some progress **O** Goal completed

"Tell me what has occurred over the last week in regards to (state goal #7)."

Goal:_____ **O** No progress **O** Some progress **O** Goal completed

"Tell me what has occurred over the last week in regards to (state goal #8)."

Goal:_____ **O** No progress **O** Some progress **O** Goal completed

"Thank you very much for taking the time to share this information. Good bye."

APPENDIX C

FEEDBACK SESSIONS AGENDA

Feedback Sessions Agenda Date of Meeting:_____

Team members:_____

_____

Action Step #	Description	Progress	Potential Roadblocks	Next Steps	Team Member/ Target Date

APPENDIX D

QUALITY OF LIFE SURVEY

QUESTIONS	ANSWER ALTERNATIVES			RECORD SCORE HERE
	3 POINTS	2 POINTS	1 POINT	
SATISFACTION				
1. Overall, would you say that life:	Brings out the best in you?	Treats you like everybody else?	Doesn't give you a chance?	_____
2. How much fun and enjoyment do you get out of life?	Lots	Some	Not much	_____
3. Compared to others, are you better off, about the same, or less well off?	Better	About the same	Worse	_____
4. Are most of the things that happen to you:	Rewarding	Acceptable	Disappointing	_____
5. How satisfied are you with your current home or living arrangement?	Very satisfied	Somewhat satisfied	Unsatisfied or very unsatisfied	_____
6. Do you have more or fewer problems than other people?	Fewer problems	The same number of problems as others	More problems than others	_____
7. How many times per month do you feel lonely?	Seldom, never more than once or twice	Occasionally, at least 5 or 6 times a month	Frequently, at least once or twice a week	_____
8. Do you ever feel out of place in social situations?	Seldom or never	Sometimes	Usually or always	_____
9. How successful do you think you are, compared to others?	Probably more successful than the average person	About as successful as the average person	Less successful than the average person	_____
10. What about your family members? Do they make you feel:	An important part of the family	Sometimes a part of the family	Like an outsider	_____
			TOTAL SCALE SCORE — SATISFACTION	( )

Questions	Answer Alternatives			Record Score Here
	3 Points	2 Points	1 Point	
EMPOWERMENT/INDEPENDENCE				
21. How did you decide to do the job or other daily activities you do now?	I chose it because of pay, benefits, or interests	Only thing available or that I could find	Someone else decided for me	_____
22. Who decides how you spend your money?	I do	I do, with assistance from others	Someone else decides	_____
23. How do you use health care facilities (doctor, dentist, etc.)?	Almost always on my own	Usually accompanied by someone, or someone else has made the appointment	Never on my own	_____
24. How much control do you have over things you do every day, like going to bed, eating, and what you do for fun?	Complete	Some	Little	_____
25. When can friends visit your home?	As often as I like or fairly often	Any day, as long as someone else approves or is there	Only on certain days	_____
26. Do you have a key to your home?	Yes, I have a key and use it as I wish	Yes, I have a key but it only unlocks certain areas	No	_____
27. May you have a pet if you want?	Yes, definitely	Probably yes, but would need to ask	No	_____
28. Do you have a guardian or conservator?	No, I am responsible for myself	Yes, limited guardian or conservator	Yes, I have a full guardian	_____
29. Are there people living with you who sometimes hurt you, pester you, scare you, or make you angry?	No	Yes, and those problems occur once a month or once a week	Yes, and those problems occur every day or more than once a day	_____
30. Overall, would you say that your life is:	Free	Somewhat planned for you	Cannot usually do what you want	_____
		TOTAL SCALE SCORE — EMPOWERMENT/INDEPENDENCE		( )

Questions	Answer Alternatives			Record Score Here
	3 Points	2 Points	1 Point	
SOCIAL BELONGING/ COMMUNITY INTEGRATION				
31. How many civic or community clubs or organizations (including church or other religious activities) do you belong to?	2-3	1 only	None	_____
32. How satisfied are you with the clubs or organizations (including church or other religious activities) to which you belong?	Very satisfied	Somewhat satisfied	Unsatisfied or very unsatisfied	_____
33. Do you worry about what people expect of you?	Sometimes, but not all the time	Seldom	Never or all the time	_____
34. How many times per week do you talk to (or associate with) your neighbors, either in the yard or in their home?	3-4 times per week	1-2 times per week	Never or all the time	_____
35. Do you have friends over to visit your home?	Fairly often	Sometimes	Rarely or never	_____
36. How often do you attend recreational activities (homes, parties, dances, concerts, plays) in your community?	3-4 per month	1-2 per month	Less than 1 per month	_____
37. Do you participate actively in those recreational activities?	Usually, most of the time	Frequently, about half the time	Seldom or never	_____
38. What about opportunities for dating or marriage?	I am married, or have the opportunity to date anyone I choose	I have limited opportunities to date or marry	I have no opportunity to date or marry	_____
39. How do your neighbors treat you?	Very good or good (invite you to activities, coffee, etc.)	Fair (say hello, visit, etc.)	Bad or very bad (avoid you, bother you, etc.)	_____
40. Overall, would you say that your life is:	Very worthwhile	Okay	Useless	_____
	TOTAL SCALE SCORE — SOCIAL BELONGING/COMMUNITY INTEGRATION			

APPENDIX E

EXAMPLE PERSON-CENTERED PLAN

Aarons

Person Centered Plan

1/13/2012

The people in Aarons life……..

School/Other

-Wendy (teacher)

-Mr. Bob

Justin

Chase

Rassmuss

Cheyenne

Morgan

Emily

Community

-Melissa at the Teen Center

-Rotating staff at the teen center

-Dusty at the Bowling Alley

Home/Family

-Mom, Riley, Ryan, Dylan, Dad

-Cousins Kaylynne

-Sister Sarah in CA

-Uncle Joe, Aunt Jill, Aunt Apeksha

-Grandma and Grandpa

-Cats Chloe and Stitch

-Michael ("he's like a brother")

Who is Aaron? (from the people who know and love him)

Funny		Generous- gives things to others	Charming	
Polite	Thankful to others often…. Tells people when he appreciates what they did		Has a great love of animals	Has a great smile
Willing to work and earn money		Determined-when he knows what he wants, he'll work hard for it		Makes friends really easily
Kind to other kids	Will cheer others up when they are down	Respects others and their boundaries- knows when to back off and give space		

What is most important to Aaron

$$$Money$$$

- Finding money in vending machines
- Having money in his pocket
- Saving his, and spending others money
- Getting paid for his work
- Shopping for something specific- planning ahead. "I usually go looking for something specific, if I don't find it-I don't buy anything"

Friends

- Spending time with friends before school-during lunch and after school
- Staying at the Teen Center after school, until it closes at 6 pm.
- NOT having his time with friends interrupted.
- Going to Football games, bowling, playing video games, talking about trading cards

Cooking/Love of Food

- Loves to cook! (cookies, breakfast bars and more
- Having the support to take the Cooking/Culinary Arts class
- Talking about what he is learning in class at home
- Eating out-working with Happy Friends, cooking, anything and everything related to creating and eating food.

Being able to stay at home alone

- Not feeling like he has to be baby sat or watched.
- "I usually just watch T.V."
- Having his own space when he wants and needs it.

What is most important to Aaron

Family Events and Fun

- Holidays with the family
- All of the holiday traditions
- Pumpkin carving
- Going to the Lake
- Going out to eat (Chuckie Cheese, Izzy's)
- Going to the movies
- Any family event where there is food is a good family event!

- Having a clear definition between home and school-Deliberately keeping School and Home separate, unless he initiates talking about something from one to the other.

A Dignified approach to the bathroom

- Always knowing where it is –staying close
- Not having his issues or support needs discussed in front of other people
- Having enough time for bathroom routines, and no pressure to go fast.

Playing Video Games

- On the Play station, Wii or Nintendo DS
- Playing with his brothers, friends or alone
- Grand Theft Auto!

- Going to Sporting or other School events when he can hang out with his friends (not interested if there are no friends going)

What Works?

- Letting him try things on his own
- Saying things in a short sweet, concise way.
- Giving him clear cut time frames
- Routines…Consistency….
- Giving him a warning ahead if time when things are going to be different
- ASKING for cooperation, rather than demanding it
- Talking with Aaron in private if there are issues are problems that have to be dealt with
- Having support people who are clear and direct with their directions
- Using his well developed sense of humor to help ease tension, learn new things and build flexibility.
- Being able to go up the chain of command, hearing information, expectations, rules, consequences reinforced from "higher ups"

What Doesn't work?

- Telling him what to do. Demands in general.
- Correcting him or demanding compliance in front of other people
- Going on and on about a topic….. He'll tune out or shut down.
- Trying to sugar coat things-he needs to hear the truth, the whole truth and nothing but the truth. Don't be mean, but don't downplay either.
- Expecting him to go somewhere without identifying all of the necessary bathroom information with him first.
- Rushing him when he needs to get stuff done (bathroom, dressing, work tasks)
- Rushing him anytime.

Job History-Work Skills

- ***Library-Teen Area***
  Straightening, cleaning, doing book discards

- ***Food Share-***

Packaging, re-packaging, measuring. Water plant and weed garden.

- ***Happy Friends –***

Measure, mix, cook, bake, wrap, delivery

- ***Humane Society-***

Socialization with cats.

- ***School jobs –***

Recycling pops can, recycling paper, Library

What people need to know and do to support Aaron

- Aaron needs to know where the restroom is every place he goes. He will deliberately stay close to the restroom and is likely to refuse to go places where he does not have quick access. There is a physical reason for this-he does not get the signal that he has to go until it is almost happening. Always have him go before leaving the house or school-always allow extra time for the bathroom routine.
- Make sure Aaron always knows in advance how much time he has to get ready and use the restroom.
- He is very private and very sensitive about this issue and it creates a tremendous amount of stress for him. Help him by quietly and privately pointing out where restrooms are, and giving him as much time in the bathroom as he needs.
- Aaron goes to bed really early, and does not appreciate loud evening activities that interrupt his sleep.
- Aaron has a tendency to shut down when things are difficult, he is faced with new people, tasks involving writing, or days where he cannot go to someplace preferred (like the teen center) You'll know he is shutting down when he stops talking, his face changes, he puts his pencil down. To help him get out of it: Break down the expectation, give him a clear time frame, and offer motivators when his regular activities are not happening.
- You can use Aarons' sense of humor to help him through times of stress-joke around with him to break the ice, break the tension or help him relax.
- Generally-if you need to send something home to Mom-don't send it with Aaron unless it has something to do with something he cares about-she wont get it otherwise.
- If you want to get the best out of him at work, schedule it so work does not interfere with his social life.
- He still gets a lot of support from his Mom to wake up and get through his morning routine.

What people need to know and do to support Aaron

- Aaron really can only maintain his attention, focus and interaction for a certain amount of time. After an hour or so of constant work or interaction, you will lose him. Give him a good healthy break if you really need his time and attention longer than that.
- He is very frugal when he is spending his own money and will make careful purchases to protect the bottom line. If he is spending someone else's money, he's likely to go for the best of the best if allowed.
- He doesn't like being interrupted or bothered when he is in the middle of a task or activity, playing a game or times where he is concentrating.
- Aaron would like to spend more time at home by himself-doesn't like feeling like he has to be watched. His Mom has big concerns about safety: Would he know what to do in an emergency? Know who to call? Would he initiate asking for help in a timely manner? At all?
- Money is a huge motivator and can be used to increase time, attention and dedication…the bigger the payoff the higher the motivation.
- Aaron is a person who likes and needs time alone. You can tell he needs this when he gets quiet, begins to ignore people, and will get "growly" with others if he's trying to focus on something else. He often needs prompts to ask to be left alone, or to tell people he's had enough socializing.
- When he is happy, and laughing and comfortable socially, you can see it on his face, and hear it in his voice.

The Dream

- We ran out of time and Aarons attention before we were able to complete this part. Help Aaron think about life after school…….
- Where and how does he want to live? With whom?
- What would he like to do for work?
- What community activities does he want to be involved with?
- What support will he need? Who/how would he like support from?
- What does he still want to learn? To Master? To do?
- Where would he like to go?
- What does he want to avoid?

Action Plan

What	Who	When
Talk to Counselor about career assessment of preferences	Wendy	Feb 15
Complete Vocational inventory	Wendy	March 1
Identify job location and complete application	Wendy and Aaron	Feb 15
Help develop resume of job skills and experiences	Wendy and Aaron	June
Identify safety issues to begin to teach	Wendy	Feb 1
Set up wallet with emergency contact information and numbers	Wendy and Aaron	Feb 1
Implement safety curriculum with help from CLP	Wendy	March 1
Develop scripts for special circumstances (space, bathroom)	Wendy and Aaron	March 1
Create phone book of friends and important contacts	Wendy and Aaron	Graduation

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