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# Self-Determination / Person-Centered Planning: Improving Individuals with Intellectual Disabilities Post-Secondary Outcomes through the Use of Person-Centered Planning the Foundations of Self- Determination in Early Childhood

Cathie Kotten

St. Cloud State University, gertsyanna@comcast.net

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## **Self-Determination**

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### **Person-Centered Planning: Improving Individuals with Intellectual Disabilities Post-Secondary Outcomes through the Use of Person-Centered Planning the Foundations of Self-Determination in Early Childhood**

by

Cathie Kotten

A Starred Paper

Submitted to the Graduate Faculty of

St. Cloud State University

in Partial Fulfillment of the Requirements

for the Degree

Master of Science in

Child and Family Studies

May, 2018

Starred Paper Committee:  
JoAnn Johnson, Chairperson  
Fati Zarghami  
Jerry Wellik

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### **Dedication**

These papers are dedicated to my husband, Dale, for his constant support, encouragement, and patience throughout this process.

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## Chapter 1: Introduction

Mazzotti, Kelley, and Coco (2015) stated that self-determination has historically been defined as “a combination of skills, knowledge, and beliefs that enable a person to engage in goal-directed, self-regulated, autonomous behavior” (p. 244). Wehmeyer and Schwartz (1998) defined self-determination as “people controlling their own destinies” (p. 76). Ankeny and Lehmann (2011) stated that self-determination includes five major components: knowing yourself, valuing yourself, planning, acting, and experiencing outcomes and learning.

Self-determination is a combination of attitudes and abilities that lead people to set goals for themselves and to take the initiative to reach these goals (Ankeny & Lehmann, 2011; Brotherson, Cook, Erwin, & Weigel, 2008; Wehmeyer & Avery, 2013). Self-determination is about being in charge of one’s own life; however, it is not necessarily the same thing as self-sufficiency or independence. It means making your own choices, learning to effectively solve problems, and taking control and responsibility for one's life (Wu & Chu, 2012). Practicing self-determination also means experiencing the consequences of making your own choices.

The development of self-determination skills is a process that begins in early childhood and continues throughout one's life (Heller et al., 2011). Although it plays a significant role in an adult’s life, it will not emerge at adolescence or young adulthood if it is not supported in early childhood (Brotherson et al., 2008).

Self-determination is important for all people (Zhang, 2005), but it is especially important, and often more difficult to learn, for young people with disabilities (Ankeny & Lehmann, 2011). Self-determination skills are most effectively learned and developed by practicing them (e.g., making choices and setting goals). Students with disabilities should be

given ample opportunities to use their self-advocacy, decision-making, and socialization skills well before they leave high school to prepare themselves for working and living in their community.

### **Research Questions/Focus of Review**

Students with disabilities who are self-determined are more likely to succeed as adults (Heller et al., 2011). Schools that provide high-quality transition programs work to build self-determination skills into their practices. However, promoting self-determination should not begin in high school. Families play a key role in nurturing and supporting early development of self-determination (Brotherson et al., 2008).

In this starred paper, I looked to examine the role early childhood plays in self-determination. More specifically, I intended to gather information on the specific models of self-determination and values associated with self-determination. Thus, in this literature review I sought to answer the following questions:

1. How can families foster and develop self-determination in early childhood?
2. What variables impact the development of self-determination?

### **Literature Search Description**

I utilized the St. Cloud State University electronic library system to collect information for this study. In searching for academic journals, I used the ERIC database, unless I was unable to obtain any material. I would then access LibSearch. My initial search for articles included the combined search terms “self-determination” and “early childhood.” References from accessed literature were also utilized. Search filters were utilized to limit searches within academic journals and peer-reviewed sources.

## **Importance of the Topic**

Many discussions refer to self-determination as important to adolescents and adults. The literature supports that even though young children cannot become fully self-determined, the roots for becoming a self-determined adult are established in early childhood (Erwin et al., 2016). Thus, the purpose of my paper was to develop an understanding of how self-determination can be supported in early childhood by families and professionals and the variables that impact self-determination. This research is important because children who are self-determined demonstrate better in-school and post school outcomes (Zhang, 2005). In completing this research, my goal is to develop a critical understanding of how self-determination can lead to better outcomes for students with disabilities.

## **Definition of Terms**

*Autonomy* is described as being governed by oneself (Burk-Rogers, 1998).

*Choice* is described as selecting between alternatives based on individual preferences (Palmer et al., 2012).

*Culturally Aware Partnership* is defined as a condition where families and professionals have a mutual understanding of self-determination within the context of the families' culture (Palmer et al., 2012).

*Curriculum* is defined as a long term course of study (Joyce & Weil, 1980).

*Engagement* is described as the amount of time children spend interacting with their environment in a developmentally and contextually appropriate manner (McWilliam & Casey, 2008).

***Family-Professional Partnerships*** are defined as equal collaborative relationships that benefit the family and professional as well as the child through mutual agreement to defer to each other's judgment and expertise (Turnbull, Turnbull, Erwin, Soodak, & Shogren, 2011).

***Hope*** has been defined as a goal-directed thinking in which people perceive that they can produce routes to desired goals and the requisite motivation to use those routes (Morningstar et al., 2010).

***Human Agency*** is described as the capacity of human beings to make choices and to impose those choices on the world (Walker et al., 2011).

***Intervention*** is defined as any action, activity, or circumstance intending to result in improved or enhanced self-determination (Walker et al., 2011).

***Mediating Variables*** are defined as variables that have a causal relationship with outcome variables.

***Moderating Variables*** are defined as variables that refer to characteristics of people (i.e., race, ethnicity, gender, initial skill level) that impact their response to intervention.

***Practitioner*** professionals who will likely have opportunities to promote self-determination during the early childhood years (Erwin, Brotherson, Palmer, Cook, Weigel, & Summers, 2009).

***Self-Determination*** is described as the ability to define and achieve goals based on a foundation of knowing and valuing oneself (Ankeny & Lehmann, 2011).

***Volition*** is described as the capability of conscious choice, decision, and intention.

## **Chapter 2: Review of Literature**

Overall, self-determination is considered an adult construct that has roots in early child development (Erwin et al., 2009; Erwin et al., 2016; Palmer & Wehmeyer, 2003; Palmer et al., 2012; Wu & Chu, 2012). Young children may not have a fully established belief system. They are, however, aware of the things that make them curious, bring them joy, make them feel safe, comfortable, and bring them pleasure (Erwin et al., 2016). In this paper, I first discuss what self-determination is and its importance. Secondly, I discuss the foundational skills needed to become self-determined. Then, I present strategies for becoming self-determined. Next, I discuss culture and self-determination. Finally, I discuss models of self-determination.

### **What Self-Determination is and Why it is Important**

Self-determination is considered to be about personal agency or control, and is related to the quality of an individual's life (Erwin et al., 2016). Wehmeyer et al. (2007) posited that self-determination is the capacity of humans to override other determinants, or causes of their behavior, to allow them to act based on their own will or volition (Wu & Chu, 2012). Stated another way, self-determined people know what they want and how to get it. Arellano and Peralta (2013) indicated that self-determination is a basic human right which, to develop, demands contextual opportunities as well as individual skill.

Several researchers have suggested a strong link between enhanced self-determination skills and better in-school and post-school outcomes for students with and without disabilities (Zhang, 2005). Turner (1995) suggested that individuals who achieve successful living and career outcomes have better self-determination skills than those who do not reach the same level of success (Zhang, 2005).

As related to early childhood, self-determination is described as a child being able to express preferences, make choices, having a sense of autonomy, and being able to exert some control over their environment (Erwin et al., 2009). It is also reflective of the idea that young children need consistent and multiple opportunities, along with responsive environments to build their self-confidence and competence to learn decision-making, problem-solving, and other important life-long skills (Erwin et al., 2016). Providing instruction and opportunities in self-determination is important to improve post-school outcomes of students with disabilities (Morningstar et al., 2010). If families plant the seeds of self-determination in early childhood, it can prepare children to take a more active and positive role in their own well-being (Erwin et al., 2015). Self-determination is known to foster positive academic, social, and other important outcomes for older students with disabilities which will lead to a desired life of their choosing (Erwin et al., 2016).

Wu and Chu (2012) explained that early childhood is an important part of the development of cognitive, language, social, and social-emotional skills. Therefore, self-determination needs facilitation and instruction in order to help adolescents build the foundations for future transition success. Self-determination not only addresses the learning needs of young children with special needs, it also promotes independence (Wu & Chu, 2012).

Self-determination may also assist children with disabilities access the general education curriculum (Wu & Chu, 2012). Having children with disabilities involved not only with the general education curriculum, but the community at large in the same way as their peers without disabilities, is something families and practitioners desire. For over 20 years, researchers and law makers have come to recognize that the construct of self-determination is an educational

practice that helps to improve the post-school outcomes of students with disabilities (Ankeny & Lehman, 2011). Developing self-determination skills during early childhood can build self-determined capabilities in young children to last throughout their lifespan (Wu & Chu, 2012).

Research demonstrates that family-practitioner partnerships are critical to understanding and promoting the foundations of self-determination in the early years (Erwin et al., 2016).

Arellano and Peralta (2013) proposed that for people with intellectual and development disabilities, their family is the natural support environment in increasing control over their own lives.

### **Foundational Skills Needed to Become Self-Determined**

Children need assistance to develop foundational elements prior to becoming self-determined (Erwin et al., 2016; Palmer et al., 2012; Wu & Chu, 2012). Some of these behaviors include: (a) self-regulation, (b) expressing and making choices, (c) problem solving, (d) engagement with others, and (e) setting and reaching goals (Erwin et al., 2016; Palmer et al., 2012; Wu & Chu, 2012).

### **Self-Regulation**

Self-regulation is often thought of as a cornerstone of early childhood development and is linked to later academic success (Palmer et al., 2012). Palmer et al. defined self-regulation as having control over one's own behavior and emotions, the use of cognitive (thinking) processes, and engaging in prosocial behaviors.

Some examples of foundations of self-determination for kindergartners learning how to self-regulate their behavior might be to remain calm when feeling distressed, or being able to take their coats off and put them on independently (Erwin et al., 2016). Self-regulation is the

way children are able to process and respond to stimuli from their environment through the management and control of their emotions, behavior, and attention within the contexts and interactions provided by and engaged in with others (Palmer et al., 2012).

Palmer et al. (2012) argued that self-regulatory behavior begins in infancy when a baby begins to calm him/herself for a brief period time and begins to have a rudimentary sleep/wake cycles usually established by 3 months of age. By 2 years old, children are more socially responsive and associate with other children and adults in a more positive manner (Palmer et al., 2012).

For young children who have disabilities, the origins of difficulties with self-regulation may be the result of a combination of behavior challenges and sensory preferences. Research supports that the relationship of self-regulation is linked to the development of later self-determination (Palmer et al., 2012). Palmer et al. stated that the ability of a child to calm themselves and manage their impulses is needed to make choices, filter out distractions, and avoid sensory overload, and is an important factor in learning to engage appropriately with activities.

### **Making Choices**

Wehmeyer (1995) stated that choice-making is a process of selecting between alternatives based on individual preference (Palmer et al., 2012). Choice-making is a skill related to self-determination that can be nurtured in early childhood. During early childhood, choice-making can be nurtured and supported by children pointing, signing, or verbalizing a preference for a drink, snack, or toy (Palmer et al., 2012). When young children are taught how to identify, select, and initiate choice-making opportunities, they are more likely to become

adults who independently make choices (Jolivette, Peck-Stichter, Sibilsky, Scott, & Ridgley, 2002).

In their study to assess the knowledge and attitudes of parents about the concept of self-determination and to identify the strategies they used to promote self-determination in disabled children, Arellano and Peralta (2013) found that those with greatest limitations appear to be given the least opportunities to develop an awareness of personal identity or control of regulation of their environment of making choices (Arellano & Peralta, 2013).

Working with Jen Meinert in completing my birth-to-3 student teaching, I observed the children were always given choices. I had the opportunity to interview her about this practice. She explained that having children make choices was a good way to elicit language and engage them as part of a communication dyad (personal communication, September, 25, 2017). Jolivette et al. (2002) contended that choice-making is also effective in increasing appropriate social and academic behaviors. Research has demonstrated that providing choices can reduce problem behavior and increase appropriate behaviors and thus the social competence of individual (Jolivette et al., 2002).

Crosser (2007) argued that one of the best ways for a young child to develop a sense of autonomy is to make choices. When a toddler is able to make limited, authentic choices, they are building confidence in themselves. Making these choices also gives them a feeling of being in control as they start learning to self-regulate their own behavior. This will help eliminate the child's need to get control in negative ways (Crosser, 2007).

Crosser (2007) explained that authentic choices mean that the child's choice is real and it matters. We must respect the choice the child makes. For example, if a child is offered the

choice of coloring or reading a book and they choose to read a book, they must be permitted to read the book. Never offer something that the adult does not want or intend to be a choice. Reasonable limits need to be set. A child can be overwhelmed by too many options. When two or three options are presented, the child's choice can be honored (Crosser, 2007).

Playtime is a great opportunity to offer choices. Children can be offered choices of activities they can do such as blocks, puzzles, or dramatic play. Using developmentally appropriate curriculum, such as *The Incredible Years Dinosaur Social Skills and Problem-Solving Child Training Program* (Webster-Stratton & Reid, 2004) helps to build emotional competence (Crosser, 2007).

Crosser (2007) posited that the best way to teach children to make choices is to start when they are young with choices that have little consequence; for example, it will not matter if they choose to wear a red or a blue shirt. The act of making that choice teaches them that their choices have consequences. If they choose to wear the blue shirt, they then wear the blue shirt and cannot exchange it for the red one. Children must learn how to live with the consequences of their choices. This is how they begin to learn to think about their decisions and be prepared to live with the consequences of their decisions (Crosser, 2007; Palmer et al., 2012).

Palmer et al. (2012) contended that children who have disabilities are not as likely as their typically developing peers to express preferences unless they are prompted. Children with disabilities are also less likely to be offered choices due to perceptions of limited capacity. Therefore, families and professionals must be more intentional to support choice-making for children with disabilities.

Jolivette et al. (2002) posited that two factors must be considered when incorporating opportunities to make choices into intervention, activities, routines, and curricula. First, teachers of young children must carefully design how opportunities to make choices will be infused into the curricula based on the areas of “content selection” (needs of child relative to the educational environment). Then, teachers of young children must also carefully assess what is developmentally appropriate for the young child in terms of type of choice, frequency of opportunities to make choices, and number of options offered through choice. A visual representation is provided in Appendix C.

### **Problem-Solving**

Problem-solving is the ability to use information to generate and implement solutions (Palmer et al., 2012). Agran, Blanchard, Wehmeyer, and Hughes (2002) indicated that there are generally four steps in the problem-solving process (as cited in Palmer et al., 2012). The first step is to identify there is a problem. The second step is to identify possible solutions to the problem. Next is noting potential obstacles to solving the problem. Finally, identifying effects to each solution.

### **Engagement**

Palmer et al. (2012) argued that engagement is one of the most important tasks related to the development of self-determination. Erwin and Brown (2013) suggested that “supporting children’s active and meaningful engagement in the world is perhaps one of the most important tasks related to the development of self-determination” (p. 80).

Engagement has been operationalized by McWilliam and Casey (2008) as “the amount of time children spend interacting with their environment in a developmentally and contextually

appropriate matter: (as cited in Palmer et al., 2012). Palmer et al. (2012) noted there are two steps in the developmental sequence of engagement. The first step is non-engagement. Non-engagement is defined as unoccupied behavior, undifferentiated attention, or unsophisticated forms of engagement (Palmer et al., 2012). In the second step, it is noted that across time focused attention becomes more differentiated and leads to constructive, encoded, symbolic, and persistence, suggesting engagement at more sophisticated levels. For example, you would expect a kindergartner to use constructive engagement more often than a preschooler (Palmer et al., 2012). Erwin et al. (2009) argued that skills necessary to relate socially to others begin at home. They begin by inviting friends to play and also sharing space and activities with family members. Engagement may be one of the most important ways of nurturing the aspects of self-determination (Erwin et al., 2009).

### **Setting and Reaching Goals**

Focus on the foundations of self-determination while children are young has many advantages (Palmer et al., 2012). First, a systematic approach to develop skills leading to self-determination encourages significant adults to provide young children with practice and guidance in needed skills (Palmer et al., 2012). Secondly, there is time during early childhood to practice and refine skills (i.e., engagement and self-regulation) needed to become self-determined (Erwin et al., 2016; Palmer et al., 2012). Earlier introduction of concepts related to self-determination may prevent overdependence, a low sense of self-efficacy, and external locus of control (Palmer et al., 2012). Finally, learning opportunities can easily be infused into the developmental structure of early childhood to support the acquisition of skills needed for self-determination (Palmer et al., 2012).

## **Strategies for Becoming Self-Determined**

For young children with disabilities, it will take intentional adult actions from family members and practitioners for these early foundation skills to develop (Erwin et al., 2016). Examples include intentional and consistent adult cues to elicit choice, direct engagement, and promote self-regulation and environmental material, or allowing for accommodations that provide access to choices or settings that will reduce distractions and are conducive to engagement and self-regulation (Palmer et al., 2012).

Stetsenko and Ho (2015) posited that through play, children are actually working to become free and authentic persons with a self-determined individuality. They want to be individuals that are unique in a world that they share with others. This interplay between freedom, self-determination, and social belonging (or relationality) along with its obligation to others, is at the base of human becoming (Stetsenko & Ho, 2015).

Families and practitioners will want to consider presenting options for materials or activities, opportunities for the child to participate or refuse to participate in an activity, and choices within an activity such as: location, the time an activity begins and ends (Palmer et al., 2012). Choosing clothes for the day or preferences of games they want to play are also strategies that assist in the development of self-determination (Palmer et al., 2012). Families also employ strategies that develop self-determination by offering simple choices, providing visual supports to enable self-regulation, as well as arranging the environment to make it possible for the young child to practice these skills such as placing toys and clothing choices on a low shelf (Palmer et al., 2012)

Erwin et al. (2016) described a 4-step process and the key features of a process they call the Foundations Intervention. The Foundations Intervention process is both a transparent and collaborative process that promotes specific foundational skills of self-determination for a young child in both home and school routines and enhances the collaboration between family and professional in making decisions. The fact that it is a transparent process and directly involves families as partners, makes it unique. The Foundations Intervention target population was young children who have disabilities or are at risk for disabilities between the ages of 3 and 5 and enrolled in inclusive preschool settings (Erwin et al., 2016). Working with a facilitator, the family and professional follow four basic steps of the Foundations Intervention: (a) *Assessing* the child's routines at home and school to find specific opportunities to target the foundational skills of self-determination; (b) *Select* target strategies for the child at home and school; (c) *Try It* both at home and school to see if the strategy works; and (4) family and professionals *Reflect* together to discuss what is working and next steps (Erwin et al., 2016).

Hogansen, Powers, Gennen, Gil-Kashiwabara, and Powers (2008) (as cited in Wu & Chu., 2012) pointed out that teachers and schools should involve children in creating their transition plans. They should also allow them to participate in extracurricular activities and general education, help them make career plans, provide internship opportunities on the basis of their career interest, and teach self-determination self-advocacy independent living and mentorship skills.

### **Culture and Self-Determination**

Wehmeyer et al. (2011) contended that culture provides the lens through which we view, interpret, and find meaning in the world in which we live. Culture shapes our perceptions,

behaviors, and defines our sense of reality. Culture is the learned and shared knowledge that specific groups use to generate their behavior and interpret their experience of the world. It is made up of our beliefs about reality, how people should interact with each other, what they “know” about the world, and how they should respond to the social and material environments in which they find themselves. Culture is reflected in religions, morals, customs, technologies, and survival strategies of individuals. Cultural also affects how we work, parent, love, marry, and understand health, mental health, wellness, illness, disability, and death (Wehmeyer et al., 2011). What is self-determined behavior in one cultural context may vary from other contexts, but as a construct self-determination itself must be the same across cultures (Wehmeyer et al., 2011).

Culturally responsive partnerships can then best be understood as families and practitioners sharing a mutual understanding of self-determination within the context of a particular family’s culture and values (Erwin et al., 2016). Research indicates that a culturally responsive partnership works to facilitate foundation skills that develop self-determination (Palmer et al., 2012). Palmer et al. argued that a critical requirement for optimal development of self-determination foundation skills for young children with disabilities is a strong and culturally aware family-professional partnership. Efforts to promote self-determination must be culturally relevant and address efforts that promote self- (versus other) determination in ways that emphasize the values, beliefs, and practices associated with the individuation process (Wehmeyer et al., 2011).

Wu and Chu (2012) argued that parents who come from culturally and linguistically diverse backgrounds are less likely to talk about goal setting with their children who have disabilities. Children with disabilities from low socioeconomic status families are more likely to

have limited self-determination skills. The degree to which children perform self-determination behaviors is related to their opportunities to be involved in making decisions and in their transition plans (Wu & Chu, 2012).

Parents of culturally diverse children report that special education teachers have “colored eyes.” This means that they see things only from their own perspectives and do not understand the cultural values of others (Wu & Chu, 2012). It is indicated that a strong family-professional partnership leads to mutual trust and support for both family and school culture, a coordinated effort to embed complementary activities into routines at home, school, and community, effective communication between families and professional service providers, and an increased sense of competence and confidence for both family and professional (Palmer et al., 2012).

Families are the key people in the child’s life. Palmer et al. (2012) indicated that it is the families and the care givers who will make decisions each day regarding the types of experiences and learning opportunities their children will have. Families create opportunities to practice choice, engagement, self-regulation, and other foundational skills of self-determination. Understanding if and how the concept of self-determination is intertwined with a family’s values and culture is the first step in understanding the support families desire (Erwin et al., 2009). Wu and Chu (2012) posited that children with disabilities performance of self-determined behaviors are strongly influenced by their parents’ understanding, practice, and reinforcement of such behaviors.

Cultural differences are evident in both the performance and styles of self-determination skills of children with disabilities (Wu & Chu 2012). Self-determination has a common meaning across cultures but will be operationalized uniquely within and across various culture belief

systems (Palmer et al., 2012). Milestones of independence vs interdependence may be different from family to family. Wu and Chu (2012) argued that individualistic cultures will emphasize that children with disabilities have the right to maximize their potential, rather than depending on a teacher or parent to play a major role in the process. Parents from different cultural backgrounds indicate they cannot get sufficient supports from professionals during the transition process, are frequently not involved in creating their children's IEP's, and are not aware of how to promote self-determination skills in their children with disabilities. There is a need for parent training that should be addressed. How a professional provides services to his or her students and maintains positive partnerships with parents are important factors in creating a successful transition plan (Wu & Chu, 2012).

Erwin et al. (2009) suggested that considering the specific characteristics of the child and home can also affect self-determination (Can the child move freely through the home?; Does the child have ways to their communicate needs; Is the family's home accessible?; and Is the family able to make physical modifications in the living space?). Honoring a family's culture, values, and characteristics begins with open conversations about how the family defines quality of life and then how the concept of self-determination for a child fits within the family's characteristics and definition of quality of life (Erwin et al., 2009).

Professionals need to make an effort to become more aware of family values when working with children with disabilities and their families. Building cultural sensitivity and the competence for intercultural skilled dialogue is an urgent need for professionals. Strategies professionals can use to involve young culturally linguistically diverse children with disabilities in making their transition plans: (a) build up knowledge and sensitivity about different domains

of cultural diversity; (b) provide bilingual meetings and use native language information and materials; (c) select a convenient meeting time and location; (d) before the meeting conduct a home visit and provide an overview of the meeting; (e) encourage parents and children to express their cultural values related to disability as well as preferences expectations and opinions about placement and teaching methods; (f) set up goals with children and parents ensuring the goals are related to children's life experiences religious beliefs and cultural values of the family; and (g) understand cultural value patterns, such as gestures and eye contact (Wu & Chu., 2012).

### **Models of Self-Determination**

Joyce and Weil (1980) defined a model of teaching as “a plan or pattern that can be used to shape curriculums, to design instructional materials, and to guide instruction in the classroom and other settings” (p. 1). Models make up a basic technique of teaching, are designed to increase student learning, and assist teachers in becoming more effective (Joyce & Weil, 1980). In the following sections I will discuss specific models related to becoming self-determined.

### **Self-Determined Learning Model of Instruction**

Palmer and Wehmeyer (2003) described the *Self-Determined Learning Model of Instruction*. This model is designed to provide teachers with a model of teaching that allows the students to self-direct the instructional process and, at the same time, enhance their self-determination. The Self-Determined Learning Model is based on the key foundational skills needed to become self-determined, self-regulated problem solving, and research on student directed learning. *The Self-Determined Learning Model of Instruction* is appropriate for students with and without disabilities across a wide range of content areas and, allows teachers to engage

students in learning by increasing their opportunities to self-direct their learning (Palmer & Wehmeyer, 2003).

*The Self-Determined Learning Model of Instruction* was initially developed for adolescents. Its focus is on personal interests and selecting goals. It has been adapted for younger students. The implementation of the model includes a three-phase instructional process. Each phase presents a problem that must be solved by the student. Phase I: Set a Goal. The problem for the student to solve in this phase is: What is my goal? Phase II: Take Action. The problem for the student to solve in Phase II is: What is my plan? Phase III: Adjust Goal or Plan. The problem the student must solve in Phase III is: What have I learned? The student solves each problem by posing and answering four questions in each phase (Palmer & Wehmeyer, 2003).

Agran and Wehmeyer (1999) and Bransford and Stein (1993) explained that construction of *The Self-Determined Learning Model of Instruction* is based on theory within the problem-solving and self-regulation literature. The literature reviewed suggests a means-end, problem-solving sequence must be followed for a person's actions to produce results and satisfy their needs and interests (as cited in Palmer & Wehmeyer, 2003). Students will be taught to solve a sequence of problems to construct a means-ends-chain, or a causal sequence, that moves them from where they are to where they want to be (Palmer & Wehmeyer, 2003). Students answering the questions will: (a) identify the problem; (b) identify potential solutions to the problem; (c) identify barriers to solving the problem; and (d) identify the consequences of each solution with teacher facilitation. Younger students are able to answer the questions as they proceed

through the model because teachers adapt the questions to meet the understanding and developmental needs of the student (Palmer & Wehmeyer, 2003).

Palmer and Wehmeyer (2003) indicated that problem-solving and goal-setting are important components of becoming self-determined. In their study, 14 teachers who implemented the *Self-Determined Learning Model of Instruction* reported that goal attainment of students who were supported in using the model was average, or slightly, above what was expected by teachers (who determined the original outcomes). Most students exceeded expectations than failed to achieve them. The *Self-Determined Learning Model of Instruction* was effective for younger as well as older students. Limitations of the study included time to learn the model, educational supports that are implemented through the model, and the need to maintain daily contact with younger students (Palmer & Wehmeyer, 2003).

### **Emergent Model**

Brotherson et al. (2008) interviewed 30 families of young children with physical and mental disabilities, and the families' homes were observed in a systematic manner. An Emergent Model was developed which examined both family and home contexts, and the influence of these contexts on the strategies that families chose to use to support self-determination. The Emergent Model is based on the idea that if families choose to give their children more opportunities to practice self-determination skills at home, greater self-determination will develop across the child's life span (Brotherson et al., 2008). This particular model illustrates a powerful relationship between family and home contexts and the self-determination strategies used by families (Brotherson et al., 2008). The Emergent Model is comprised of four major components. A visual representation is provided in Appendix A.

### **Conceptual Model of Intervention**

Walker et al. (2011) described a conceptual model of intervention. Also referred to as a “social-ecological” approach to promote self-determination. The conceptual model is a 5-level model that is based on the interaction of the individual and their environmental factors and also identifies social mediator variables (i.e., social effectiveness, social capital, social inclusion). It is believed that these social mediator variables are able to successfully influence a person’s efforts to become self-determined (Walker et al., 2011).

A social-ecological model for intervention is one that emphasizes the interactions between the person and their environment specific variables. It also accounts for notable changes in human behavior and increased human performance. Different from traditional models, intervention within a social-ecological approach is shared between enhancing the capacity of the person and changing the expectations or characteristics of the environment (Walker et al., 2011).

The social-ecological approach is grounded in a conceptual foundation of self-determination as a form of human agentic behavior. The first level describes person-specific and environment specific variables that are derived from theory and research as related to self-determination. The second level of this model identifies types, or classes, of person specific and environment specific intervention practices that are important as derived from theory and research. The third and fourth levels of the model illustrate the mediating variables identified that will likely impact the efficacy of intervention practices listed within the second level. The final level details the expected outcomes from interventions to promote self-determination using

the social ecological approach (Walker et al., 2011). A visual representation of the model is provided in Appendix B.

### **Early Childhood Foundations Model for Self-Determination**

Palmer et al. (2012) described this model as one based on the assumption that young children with disabilities benefit from a partnership between the important adults in their lives who provide a supportive, stimulating, and coordinated environment between inclusive classrooms and home. The Foundations Model establishes the premise that basic foundational skills for developing self-determination later in life require young children who have disabilities gain skills in: (a) choice-making and problem; (b) self-regulation; and (c) engagement (Palmer et al., 2012).

Palmer et al. (2012) proposed three critical components to their model: (a) opportunities for expressing and making choices; (b) self-regulation; and (c) engagement. These are interactive and not discrete and separate elements. These are why and what of the Foundations Model. The outer component shows a process for optimal and intentional development of the three foundation component constructs. This is referred to as the how, and it is a strong and culturally aware family-professional partnership (Palmer et al., 2012).

### **Chapter 3: Summary and Conclusions**

Researchers and policy-makers have long recognized self-determination as an educational practice that improves the post-school outcomes of students with disabilities (Ankeny & Lehmann, 2011). It is generally agreed that self-determination continues to evolve over a person's life. Self-determination does not just happen. Children need to be taught specific skills related to becoming self-determined and have many opportunities to practice these skills in a safe and nurturing environment. In this starred paper I reviewed the literature that examined how families and professionals are able to support the development of self-determination in early childhood.

#### **Advantages of Focusing on Self-Determination in Early Childhood**

Two of the studies that I reviewed discussed the advantages of focusing on Self-Determination in early childhood. Palmer et al. (2012) indicated that focus on foundations of self-determination while children are young has many advantages: (a) a systematic approach to develop skills leading to self-determination encourages parents and adult care-givers to provide young children with practice and guidance in needed skills; (b) there is time during early childhood for young children to practice and refine their abilities before becoming independent; (c) earlier introduction of concepts related to self-determination may prevent overdependence, a low sense of self-efficacy, and external locus of control; and (d) learning opportunities can easily be infused into the developmental structure of early childhood to support the acquisition of skills needed for self-determination. Brotherson et al. (2008) states that self-determination will not automatically emerge at adolescence or young adulthood if it is not nurtured and supported

early in life. The main barrier to becoming self-determined is in the form of human decision or action, the imposition of another person's will, and not the physical environment (Walker et al., 2011).

### **The Importance of Partnerships, Parents, and Professionals**

Four of the studies that I reviewed for this stated paper focused on the importance of the partnership that is created between parent and professional. It is the partnership between parents and professionals that makes coordination between home and school possible. This partnership is necessary in order to provide consistent adult cues, environmental accommodations, and any other needed support (Palmer et al., 2012).

Wu and Chu (2012) stated that research indicates that self-determination can enhance the quality of life for young children with special needs and their families, and that the home environment is the most critical place for young children to improve their self-determination skills. Through their literature review they found that both areas (young children and culture) support the influence of family values on self-determination. Families and practitioners play an important role in fostering such skills due to young children that have special needs not displaying the competence of self-determination as easily as typically developing peers. In particular, promoting self-determination in the home environment should be encouraged because young children spend the majority of time at home with their families (Wu & Chu., 2012).

Young children with disabilities start to develop a range of critical skills, such as engagement and self-regulation that will be needed throughout their lives. Family-practitioner partnerships have been critical to understanding and promoting the foundations of self-determination during the early years. Routines-based interventions can be adapted to the

preferences of the family by encouraging a parent, or primary caregiver, to identify the routine and activities most appropriate for and preferred by the child. Advantages of home-school dual focus are to yield more efficient use of adult's time, provide more opportunities for both children and adults to practice the intervention(s), and generalize the foundations skills across the setting most familiar to the child (Erwin et al., 2016).

Based on their findings, Arellano and Peralta (2013) argued that it can be concluded that parents need more explicit knowledge on self-determination to clarify its meaning. This means setting up more egalitarian collaborative partnerships with professionals to promote agreement on the expectations of both sides and work to avoid over protection (Arellano & Peralta., 2013).

Kalyanpur and Harry (1999) described five steps that professionals can take to achieve successful partnerships with young children with special needs from culturally and linguistically diverse families... (as cited in Wu & Chu, 2012). The steps that can be take are as follows:

1. Identifying your own cultural values and assumptions of a student's difficulties or recommendation for service.
2. Discovering similarities and differences between your cultural values and the families.
3. Respecting any identified differences and fully explain professional assumptions to families.
4. Developing the most effective way to provide services for the child through discussions and collaboration.
5. Asking open ended questions.

Erwin et al. (2009) argued that children need practice in order to acquire confidence and competence in making their own decisions, solving problems, and identifying preferences. Promoting self-determination in young children is an intentional and ongoing process. Professionals need to understand that children can acquire elements of self-determination in their early years and share this with families. This is an important first step in becoming self-determined in later years (Erwin et al., 2009).

The most prevalent use of the term “self-determination” has been in a political context in referring to the rights of people of a given country to determine their own political status and to self-govern, and, subsequently, by groups of people defined by features other than geographic boundaries who have adopted the theme of the right to self-determination regarding self-governance as a principal theme of the civil rights and empowerment movements (Wehmeyer et al., 2011).

## Chapter 4: Position Statement

In the concluding chapter of this Starred Paper I seek to describe my personal opinion that is influenced by the answers to my Starred Paper research questions:

1. How can families foster and develop self-determination in early childhood?
2. What are other variables that impact the development of self-determination?

I also discuss why this is important to me as an educator working with young children with disabilities, and any implications for practice.

I chose to do my Starred Paper on this topic because I believe helping young children, especially those with disabilities. Becoming self-determined is an important part of what we do as an Early Childhood Special Educators. I am of the opinion that if we can help children become self-determined we can improve their post-secondary outcomes. As a professional, I believe in the importance of partnering with parents to foster self-determination skills in young children.

Before conducting research for this Starred Paper, I would have told you that helping young children become independent is important. However, after completing my research review I can explain the independence and self-determination are not exactly the same thing. Through my research I have gained some valuable insights that will not only enhance my ability to assist young children to develop self-determination, but also how I can partner with parents. The first insight I have gained is, that it is not just the professional working with children that can foster self-determination skills. Parents and caregivers must also nurture self-determination skills in the home. Families can help their child develop self-determination skills by partnering with the professionals to learn strategies that foster self-determination in young children.

Secondly, even though self-determination develops over a person's life, the seeds of self-determination must be planted in early childhood. In doing so, families and professionals are preparing young children to take a more active and positive role in their own well-being. Parents can start fostering self-determination by teaching their child to make simple, yet authentic, choices, involving them in chores, and teaching them how to set and reach goals.

Lastly, there are inevitably going to be variables that will impact the development of self-determination. It is imperative that Early Childhood Special Educators or Early Interventionists consider a child's culture when considering self-determination. We need to hear and respect what the family wants and expects. The family's social economic status is also a variable that can impact the development of self-determination. While one family might be able to make modifications needed to the home to allow for independent movement, another might not. A family might live in an area where they do not feel it is safe for their child to play outside, or they may live in an apartment and do not have that option. Furthermore, a child's disability level will impact their development of self-determination. In general, the more severe the disability the less likely a child will be taught the necessary skills to become self-determined.

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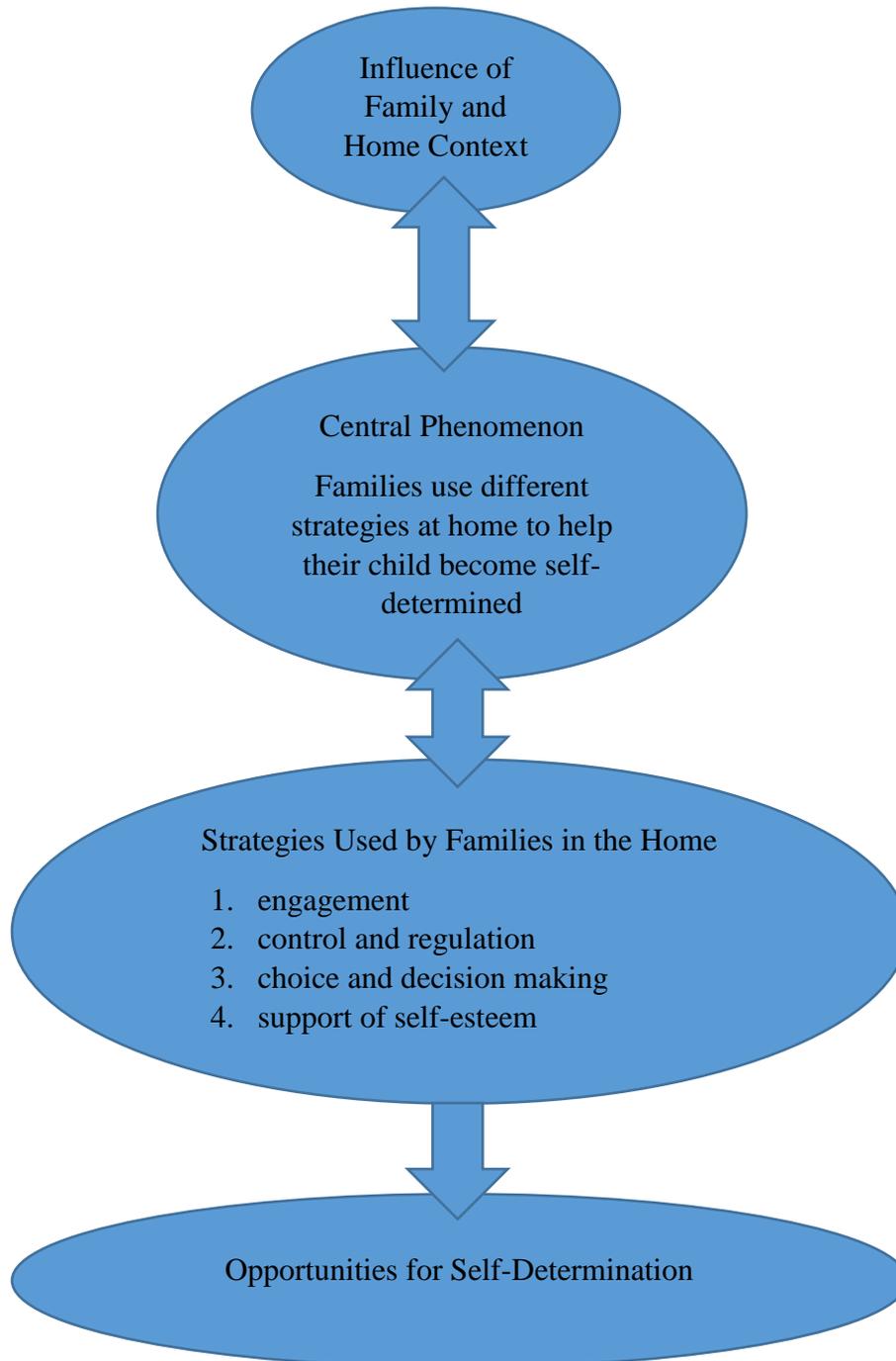
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## Appendix A

### Process by which Families Provide Opportunities for Self-Determination in the Home

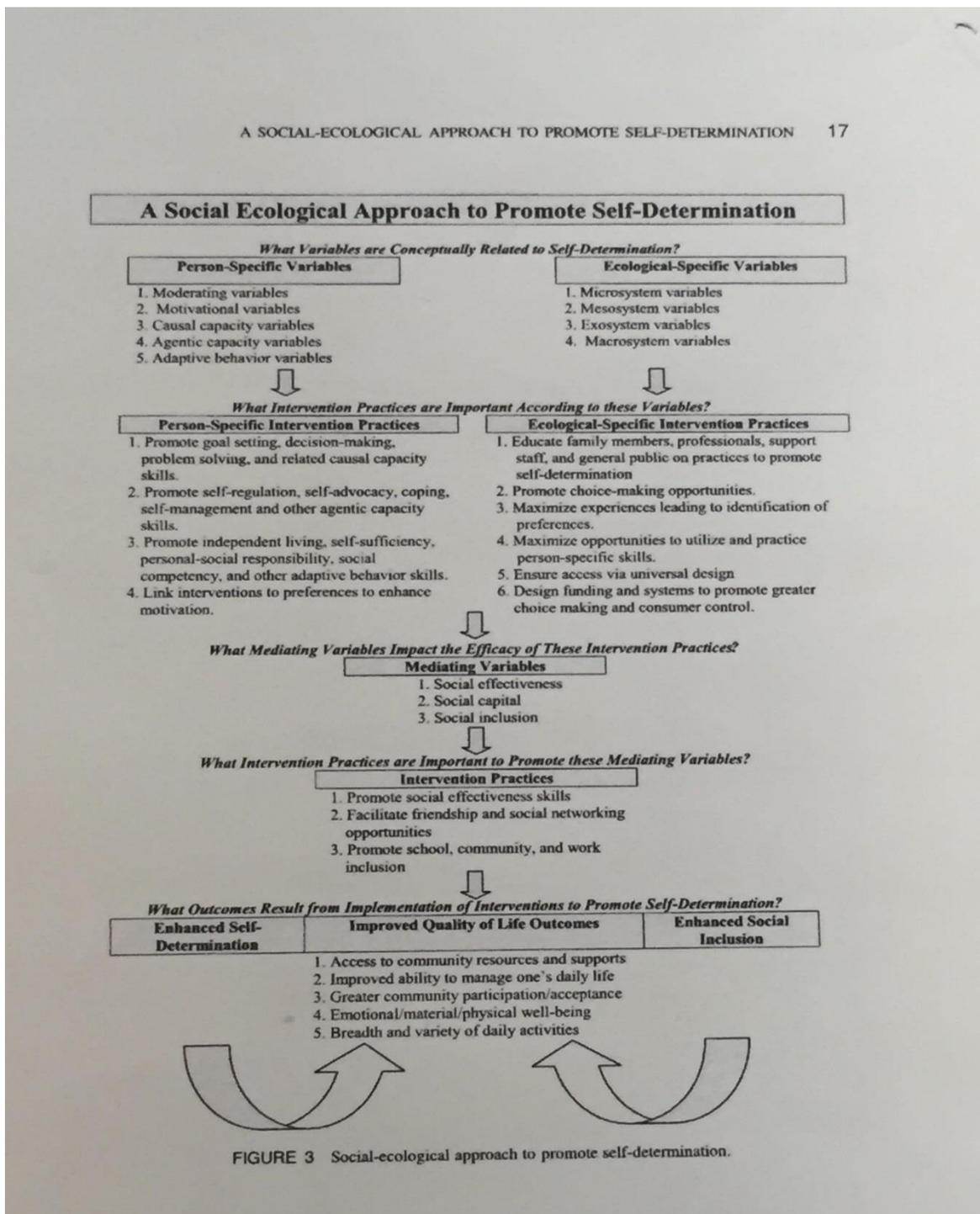
(Adapted from Brotherson et al., 2008)



## Appendix B

### A Social-Ecological Approach to Promote Self-Determination

Printed with permission from Walker et al. (2011)



**Person-Centered Planning: Improving Individuals with Intellectual Disabilities  
Post-Secondary Outcomes through the Use of Person-Centered Planning  
the Foundations of Self-Determination in Early Childhood**

by

Cathie Kotten

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Starred Paper Committee:  
JoAnn Johnson, Chairperson  
Fati Zarghami  
Jerry Wellik

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## Chapter 1: Introduction

Most professionals will think of transition as preparing a student with disabilities, or focus person, for life after high school. Podvey, Hinojosa, and Koenig (2013) posited that transition is a process for the focus person and their families, rather than a singular event that happens on the day a child first attends a new program. Children with disabilities present with unique situations and challenges for their families and professionals. They will make the same transitions as their peers without disabilities as they progress through school; however, they will require much more planning, thought, meeting, and discussions between educational professionals and families (Mauro, 2017).

One thing that I learned from my 18 years of teaching children with disabilities at the high school level, is that they do not want to be seen as, or treated differently, from their peers without disabilities. They not only want to participate and engage in the same activities as their peers without disabilities, they also want to establish friendships with them. Wolfensberger (1972) referred to this as the principle of normalization. It is this principle that has led to the development of a process called person-centered planning (Holburn, Jacobson, & Vietz, 2000).

Person-centered planning had its beginning about 20 years ago (Rasheed, Fore, & Miller, 2006). Person-centered planning is defined as listening and learning from the focus person about what their goals and dreams are for their life (Rasheed et al., 2006). The hallmark of the person-centered planning process is that it places the focus person, along with their family and friends, front and center of making goals and dreams become a reality (Rasheed et al., 2006). When a person cannot speak for him or herself, those with the most intimate knowledge them should

provide most information with regards to determining activities, environments, and relationships that should be emphasized and supported (Schwartz, Jacobson, & Holburn, 2000).

The government has mandated programs, beginning at birth, that work to prevent educational and developmental delays as children with disabilities will make at least four transitions through school (Mauro, 2017). Transition from early intervention services to preschool is the first of the many transitions that children with disabilities and their families will make. One goal of transition planning is to ease the stress that parents are sure to feel through the transition process by working to ensure that services and supports are not disrupted because of changes in location and personnel. Person-centered planning is also important as the family transitions their child from preschool to kindergarten, the second major transition (Fox, Dunlap, & Cushing, 2002). A child with disabilities must also transition from kindergarten to elementary school, from elementary school to secondary school, and finally into adult services. These transitions not only have specific issues and problems that need to be resolved and discussed, but will impact the child and their family (Mauro, 2017).

In the state of Minnesota, it is mandated that during the ninth grade, a student's IEP will address their needs for transition from school services in the areas of post-secondary education, employment, and community living (Office of the Revisor of Statutes, 2015). This is accomplished by each student with a disability receiving a transition evaluation. Evaluation results are then documented as part of an evaluation report. Current and secondary transition needs, goals, and instructional and related services are written to meet the student's transition needs, and considered by the IEP team along with annual academic needs, goals, and objectives, and related services and documented in the IEP.

### **Research Questions/Focus of Review**

In this starred paper, I looked to examine the role person-centered planning plays in improving a student's post-secondary transition outcomes. More specifically, I intended to gather information on the specific practices of person-centered planning and how they can be used to improve educational, social, and transitional outcomes for individuals with disabilities and their families. Thus, in this literature review I sought to answer the following questions:

3. How can person centered-planning better support students with disabilities post-secondary transition outcomes?
4. How can person-centered planning be used to enhance the development of a student's IEP and promote partnerships between educational professionals and families?

### **Literature Search Description**

I utilized the St. Cloud State University electronic library system to collect information for this study. In searching for academic journals, I used the ERIC database, unless I was unable to obtain any material. I would then access LibSearch. My initial search for articles included the combined search terms: "person-centered planning" and "early childhood." References from accessed literature were also utilized. Search filters were utilized to limit searches within academic journals and peer-reviewed sources.

After reviewing the literature I collected, I wanted to include more specific methods of person-centered planning that would be more pertinent to early childhood special education, so I add "McGill Action Planning System." "Planning Alternative Tomorrows with Hope," "special education transition," and "person-centered planning and the IEP" to my search.

## Definition of Terms

***Bioecological Systems Model.*** A model based on the work of Uri Brofenbrenner, is also known as the Ecology of Human Development. This model describes four domains that drive children's development: person domain, process domain, time domain, and contextual domain. The contextual domain includes four interactive systems in which a person must function: microsystem, mesosystem, exosystem, and macrosystem (Podvey et al., 2013).

***Early Intervention*** is defined as very young children who experience developmental delays in social and emotional development and their families and are eligible for services under Part C of the 1997 amendments to the Individuals with Disabilities Act (Idea) (Fox et al., 2002).

***Facilitator*** is an individual who guides the planning group with several core principles or values, which include community inclusion, personal autonomy, making a social contribution, and building relationships (Holburn, Jacobson, Vietze, Schwartz, & Sersen, 2000)

***Family Centeredness*** is described as supports provided and facilitate the family of a child with a disability to intervene affectively with the child (Fox et al., 2002).

***Family-Professional Partnerships*** is described as professional(s) working in close association with parents and other family members (Fox et al., 2002).

***Focus Person*** is described as the individual for whom transition planning occurs and who decides the planning team composition and those who plays a role in his or her life (Schwartz et al., 2000).

***The McGill Action Planning System (MAPS)*** is a planning process that placed a primary emphasis on the integral involvement of learners with disabilities in the school community. The seven key questions that comprise the MAPS process provide a structure that assists teams of

adults and children to creatively dream, scheme, plan, and produce results that will further the inclusion of individual children with disabilities in the activities, routines, and environments of their same-age peers in their school communities (Vandercook, York, & Forest, 1989).

*Person Centered Planning* is described as an approach to build partnerships between families and professionals (Chambers & Childre, 2005). It has also been defined as a process that is focused entirely on the interests of an individual with disabilities and always keeps them first (Rasheed et al., 2006).

*Planning Alternative Tomorrows with Hope (PATH)* is described as an individual transition planning process (Kueneman & Freeze, 1997).

*Transition* is described as the process that provides a bridge between two settings to which children must function and interact in (Podvey et al., 2013).

*True Directions* is described as a multicomponent tool that uses specifically designed forms for families, students, and other various team members in order to maximize participant involvement and to capitalize on relevant information all key players have to offer (Chambers & Childre, 2005).

### **Importance of the Topic**

The importance of my research for this paper is that it gives educational professionals needed information on implementing person-centered planning as an alternative to traditional means of transition planning. Poor transition experiences can weaken the mesosystem of the focus child and create conflict between environments, potentially compromising positive outcomes for the child (Podvey et al., 2013).

Podvey et al. (2013) reported that parents feel a strong bond with professionals during early intervention services. However, as their child transitions to preschool services, parents are no longer the direct recipients of services and often feel left out of the loop with the key players in the day-to-day provision of services for their child. Podvey et al. use the term “outsiders” to describe how parents feel as they experience their child’s transition from early intervention services to preschool services.

Historically, students with intellectual and developmental disabilities have experienced poor post-secondary outcomes. Students with intellectual and developmental disabilities are not as likely to be meaningfully employed after high school, they are less likely to attend postsecondary education programs, and are not as likely to live independently (Hagner, Kurtz, Cloutier, Arakelian, Brucker, & May, 2012; Mazzotti, Kelley, & Coco, 2015; Sabbatino & Macrine, 2007).

The purpose of my paper was to develop an understanding how person-centered planning not only enhances the family–professional relationship, but how it can be incorporated in the student’s Individual Education Plan (IEP). In examining the existing data, I also hope to develop an action plan that will enhance my current procedures for transitioning students with disabilities.

## Chapter 2: Literature Review

### Overview

Federal law supports the transition of students with disabilities. The Individuals with Disabilities Act of 1997 (IDEA) mandates that transition services be included in a student's IEP when they reach age 16, or younger, if deemed appropriate by the IEP team. It is indicated in the literature that transition planning is often done too late in the child's education, is too narrowly focused, and has far too little student and parent involvement (Kueneman & Freeze, 1997). In addition to a smooth transition from school to work or between service systems, a well-coordinated transition plan is a way that young people can take control over their own futures and exhibit self-determination (Whitney-Thomas, Shaw, Honey & Butterworth, 1998). A written plan will ensure that all relevant people will be involved in the process, a framework for the transition process exists, and roles and responsibilities are clearly defined (Fox et al., 2002). Appl, Hoffman, and Hughes (2015) posited that the goal of transition planning is ensuring children's success in their next environment.

In 2004, the Individuals with Disabilities Education Improvement Act (IDEIA) was enacted. This law mandates that special educational services are to be provided for children with disabilities from birth to age 21. Early Childhood Special Education services are provided under two parts of IDEIA. Part C of IDEIA is designed to provide a family-centered focus in early intervention until children reach the age of 3. At the age of 3, Part B services then provide needed school-based services. These two different parts of the same law cover early intervention and school-based services. IDEIA 2004 provides an outline of formal processes for transition within the early intervention system. It is the process of transition that bridges the two settings in

which children are expected to function and is an important construct to study in early childhood (Podvey et al., 2013).

### **Models of Person-Centered Planning**

Person-centered planning is used as a general term to describe a variety of models for empowering individuals with disabilities and their families (Rasheed et al., 2006). Everson (1996), Steere, Wood, Pancsofar, and Butterworth (1990), and Stineman, Morningstar, Bishop, and Turnbull (1993) argued that person-centered planning models have emerged in response to the need for both, coordinated transition planning and self-determination for young people with disabilities (as cited in Whitney-Thomas et al., 1998). Person-centered planning is aligned closely with recent trends in developmental disabilities services that emphasize self-determination, community inclusion, and individualized supports (Holburn, 2002).

Although each model varies in detail, they are all considered person-centered planning because they maintain the same five basic criteria: (1) they invite support, (2) important community connections are created, (3) expectations are envisioned (4) problems are solved and (5) progress is always celebrated (Rasheed et al., 2006).

The most common forms of person-centered planning used today are Personal Futures Planning, Life-Style Planning, the McGill Action Planning System, or MAPS, Essential Lifestyle Planning, and Planning Alternatives Tomorrows with Hope, or PATH. The next section of this starred paper provides a more detailed description of some of these more commonly used person-centered planning models. I included models in this section that are not only commonly used, but appropriate for Early Childhood Special Education providers.

## **True Directions**

The True Directions model is a lesser known model, but one that I believe is appropriate for Early Childhood Special Education providers. Childre (1998; 2004) designed the True Directions model in an effort to combine person-centered planning ideals with IEP requirements. True Directions is meant to be a model that is easily accessible to practitioners and families in schools. Described as a multicomponent tool, True Directions is comprised of specifically designed forms for the family, student, and team members in order to maximize the involvement participants and capitalize on information they have to offer. A variety of forms are available to the practitioner, so that they are able to meet the diverse needs of the families and students they serve.

Chambers and Childre (2005) created each of the “True Directions” team forms with a unique and individual purpose. “Life Connections” forms show who makes-up the child’s social and support network. This will show the team if the child has established friendships or if their support is mainly family members. The “Community Survey” will give the team information as to what places in the community the child and their family visit. The “Now” helps the team to identify the child’s present level of performance across settings. Information from “What Works” acknowledges practices or strategies that are currently effective, or have been effective, for the child and their family. “Dreams” forms is a way for all team members, parents and family, the child, and service providers to share their hopes and desires for the child. “Goals” forms assists with the identification of IEP goals based on information provided by the team members. Finally, the “Where, Who, and When” identify where services will take place, and clarifies roles and responsibilities of each and every team member. Forms can be adapted and

modified to meet unique needs of individual children and families (Chambers & Childre, 2005). The team then uses the information obtained in these forms as a basis for developing the student's IEP.

### **McGill Action Planning System (MAPS)**

MAPS is a planning process that places primary emphasis on the inclusion of students with disabilities in regular education settings (Vandercook et al., 1989). MAPS was developed and designed in order to provide structure in assisting planning teams of both children and adults to dream, plan, and produce results that further inclusion of students with disabilities into the activities, routine, and environments of their same-age peers in school (Vandercook et al., 1989). The assumptions underlying and guiding the MAPS process include: (a) integration, (b) individualization, (c) teamwork and collaboration, (d) flexibility (Vandercook et al., 1989). According to Rasheed et al. (2006), the goal of MAPS is to assist the focus person to develop a plan that meets their specific needs when it enlists and coordinates the efforts of the people willing to provide supports for people with disabilities. If MAPS occurs in the spring of the year, the planning will focus in part on the next school year. Regular educators must have some history of interaction with student. MAPS should be scheduled only after the student with disability has been a regular class member for at least several weeks. This will allow peers who take an interest in the student to be identified.

### **Planning Alternative Tomorrows with Hope (PATH)**

PATH was developed by Jack Pearpoint and Marsh Forest in 1992. PATH is a process that focuses on "future building" rather than "problem-solving." PATH is a celebratory, student (pathfinder), and family-centered event to which educators and other professionals come as

invited guests. The purpose of PATH is to plan with the pathfinder and not to plan how professionals will deal with him or her. PATH is focused on the pathfinder's abilities, the positive possibilities, and the creative innovations along with the committed support needed to overcome potential barriers and fears. PATH has a strong emphasis on the pathfinder making choices, taking initiative, accepting responsibility, and learning from his or her own failures and achievements. The pathfinder and long-term supporters (family and close friends) do most of the talking and decision-making.

Family and professional participants attend the meeting to support the pathfinder. At the meeting, the pathfinder and his or her supporters are assisted by two facilitators: a "process facilitator" who looks after time and pace and assists the participants through the steps in the PATH process and a "graphic recorder" who captures words and images of pathfinder and other participants on paper. The job of both facilitators is to empower the group in the interests of pathfinder. The use of a graphic recorder is a very important element in PATH. The use of graphics is helpful in case of visual impairment or a need to refocus to task. The graphic recorder uses key words, symbols, and colorful drawings to record the progress of meeting. The graphic content is intended to reduce the intimidation factor at meetings by shifting focus from individuals to plan, illustrating how team is building plan and recording plan clearly for all to see (Kueneman & Freeze, 1997).

Thirty-six parents and 36 teachers were interviewed by Kueneman and Freeze (1997). These 70 individuals were parents or teachers of high school students with mental, severe physical, and multiple disabilities who received PATH transition planning as part of the Manitoba Transition Project. Eighty-nine percent of parents and teachers thought PATH process

was different from Individual Transition Planning or IEP meetings they had previously experienced. Seventy-five percent of parents thought it was better, 11% said it was the same, and 14% had no opinion. Eighty-nine percent of teachers thought the PATH process was better, 3% thought it was worse, and 8% had no prior experience with ITP or IEP meetings (Kueneman & Freeze, 1997).

Parents and teachers reported that they liked PATH because: (a) transition plans were developed at PATH meeting, (b) roles and responsibilities of participants were clearly established, (c) the use of a graphic record helped to keep people's attention, convey information and develop a common plan, (d) the meeting was very focused and people did not stray off topic, (e) the planning progressed from present to future in clear steps, (f) neutral perspectives of facilitators promoted effective interactions and a team approach, (g) planning was positive, realistic, and action oriented, and built involvement and commitment in the participants, (h) goals were based on each student's dream for future, (i) planning was student and family centered, (j) goals were comprehensive and focused on priority concerns, and (k) action plans were concrete with objectives, timelines, responsible people, and resources stipulated.

Kueneman and Freeze (1997) explained that there are eight steps along PATH process. A visual representation of these eight steps is included in Appendix A.

### **Lifestyle Planning**

Rahseed et al. (2006) described Lifestyle Planning as a process that includes family members, service providers, and friends of the focus person. Describing a desirable future for the focus person, creating a schedule of activities and supports necessary to move toward the desired outcome, and accepting responsibility for using available resources and dealing with the

reality of those resources and supports that are not available are the three planning activities are part of the Lifestyle Planning process.

Basic questions addressed by Lifestyle Planning center around five themes, identified as outcomes, and are essential for achieving an acceptable quality of life. These outcomes, referred to as accomplishments include: (a) community presence, (b) choice, (c) competence, (d) respect, and (e) community participation. Lifestyle Planning places emphasis on action steps taken to eradicate problems that may obstruct accomplishment of plans.

### **Personal Futures Planning**

Rasheed et al. (2006) described Personal Futures Planning as another model that focuses on future outcomes. Personal Futures Planning contains many of same concepts as Lifestyle Planning. Lifestyle Planning and Personal Futures Planning are used most often for adults with disabilities. Personal Futures Planning focuses on the presence and participation of the focus person at home, work, and in the community. Mount (1997) described it as an ongoing process of social change. Effectiveness of the plan depends on support group of concerned people who make the plan a reality by learning to solve problems, build community, and change organizations over time. Personal Futures Planning focuses on discovery where wisdom of group is highly valued. Success depends on the voluntary commitment of participants, especially the focus person.

### **Essential Lifestyle Planning**

Rasheed et al. (2006) asserted that Essential Lifestyle Planning was developed from efforts to assist people to move from institutions into community services and settings. Essential Lifestyle Planning is described as a process that focuses on gathering information about the focus

person's values and preferences from the focus person and family members, friends, and institution staff who know focus person. This information is used as a basis for a request for proposal from service providers, and eventually incorporated into a contract between the service system and provider who chooses to assist the focus person. A facilitator directs the entire process to ensure the focus person has a secure and effective base of service agent.

### **Contrasting Models of Person-Centered Planning**

Some models focus more on work with adults (Vandercook et al., 1989). Some models are future orientated (Rasheed et al., 2006).

Flannery, Slovic, and Bigaj (2001) argued that the previously described tools do not always work well for every individual and in every environment. Special education teachers, school administrators, rehabilitation counselors, families, and other personnel noted that Personal Futures Planning and MAPS were primarily useful for individuals with developmental disabilities or that it took too long to prepare and facilitate meetings, or the focus person expressed a desire to have shorter meetings with fewer people. These comments support the identified need for additional tools, and that it is essential to know key and essential features of person-centered planning models, not just procedures. Flannery et al. introduced and discussed four new person-centered planning tools: I Have a Dream, Dream Cards, Good Experiences, and The Other Way. These tools were found to be useful for planning, and also in assessing the focus person's preferences, interests, strengths, support needs, accommodations, and resources (Flannery et al., 2001).

## **Basic Steps of Person-Centered Planning**

While each model of person centered planning has its own unique style, each shares common components (Flannery et al., 2001; Vandercook et al., 2001; Whitney-Thomas et al., 1998). The first, and primary component, is that person centered planning jointly places people who are most significant in the life of a person with a disability along with the focus person in order to help plan a better lifestyle which is based upon person's interests, aptitudes, and predilections. They are empowered and provide direction they want the planning to go in, and they choose who will be involved in their planning process.

There are four basic steps to the success of person centered planning (Flannery et al., 2001; National Center on Secondary Education and Transition, 2004; O'Brien, 1987; Rasheed et al., 2006; Whitney-Thomas et al., 1998).

The first step is to: **choose a facilitator**. The role of the facilitator is to record information from team members onto flip chart paper so that a complete picture of the focus person is developed. Rasheed et al. (2006) and Hagner, Helm, and Butterworth (1996) further explained the role of the facilitator as leading meetings by changing topics as needed, keeping the team focused on specific topics, writing and summarizing comments made, and keeping track of time. The facilitator should act as a coordinator who allows the focus person to guide their own meeting and express their thoughts. The facilitator will ask all team participants for their ideas, request further comments, and perhaps most importantly prompt the focus persons' participation in the discussion (Rasheed et al., 2006). The facilitator sets up the ground rules (Rasheed et al., 2006). Hagner et al. (1996) clarified the person-centered planning ground rules as: (a) remembering

everyone's participation as equally important, (b) keep all planning components positive, and (c) do not set boundaries in the "dreaming process."

The second step in the person-centered planning process is to: **organize, or design the planning process** (National Center on Secondary Education and Transition, 2004; Rasheed et al., 2006). An initial meeting to develop the personal profile usually occurs several days before the planning meeting so the participants have time to reflect on what is to be shared. A personal profile is the personal story of the focus person. The personal profile includes the focus person's likes and dislikes, strengths and gifts, and needs. In other words, what makes them unique (Flannery et al., 2001; Whitney-Thomas et al., 1998). Critical life events, medical concerns, job or volunteer history, and the important relationships in the focus person's life may also be shared. The focus person, their parents, and family may share most of this information. Information gained during this process is used to develop support strategies which are designed to optimize the focus person's success in the general education and community settings (Rasheed et al., 2006). Consideration of the focus person's strengths, interests, and dreams are central to the planning process and they form the basis for understanding the focus person and determining their educational needs (Chambers & Childre, 2005; Flannery et al., 2001).

Parents, families, and the focus person will develop a list of people they want to invite to their meeting. The invitees then become the focus person's planning team. Team members are selected based on their knowledge of the focus person and their family; their ability to make the process happen; their connections with the community; and their connections with adult service providers (Flannery et al., 2001; National Center on Secondary Education Transition, 2004;

Rasheed et al., 2006). Team members can be neighbors, friends, and family members who are willing to assume key roles in the planning process (Rasheed et al., 2006; Vandercook et al., 1989). All team members, including focus person and family, are expected to be actively engaged during the meeting and contribute to the planning process (Chambers & Childre, 2005; Whitney-Thomas et al., 1998). Community and family members often provide fresh perspectives on strengths and interests of individuals. These team members often have ideas about potential resources for jobs, housing, transportation, classes to take, and other opportunities in the school or community. They may volunteer to help the focus person reach his or her goals by suggesting priorities and steps to accomplish stated goals (Flannery et al., 2001).

With the assistance of the facilitator, the focus person identifies a date and time for the initial meeting and other follow-up meetings. A place that will be the most convenient for everyone, especially for the focus person and their family, must be determined (National Center on Secondary Education Transition (2004); Hagner et al., 2012). Strategies that might increase the participation of the focus person, will be discussed (National Center on Secondary Education Transition, 2004). Hagner et al. (2012) described some of these strategies as having informal meetings between the facilitator and focus person prior to planning to develop rapport, allowing the focus person to take breaks during the meeting as needed with a summary of discussion held during their absence provided, allowing the focus person to listen-in and interject from another room or the other end of the room, allowing the focus person to take notes that can be read to the team or posted onto the flip-chart paper, using an assistive communication device or a thumbs up/thumbs down for key ideas and conclusions; and allowing for distant participation via “Skype” or “Facetime.”

A decision as to what person-centered model will be used (PATH, Essential Life Planning, MAPS, or any other chosen process) will be made in the organizing and designing the planning process step (National Center on Secondary Education Transition, 2004).

The third step in person centered planning is: **Holding the meeting: Implementing the person-centered planning process.** With the assistance of the facilitator, the focus person leads the team in a discussion around their dreams for the future and how they can get there. The meeting is always to take a positive tone. This is accomplished by team members focusing on the strengths and abilities of the focus person, rather than their disability (Chambers & Childre, 2005; Holburn, 2002; O'Brien, O'Brien, & Mount, 1997; Rasheed et al., 2006; Whitney-Thomas et al., 1998).

The facilitator records the information from the participants on flip chart paper. This creates a visual representation, or map, of who the focus person is. These maps include the focus person's history, routines, relationships, community participation, likes and dislikes, available choices and what their goals are. Themes then emerge from these maps which guide the team in creating a desirable future lifestyle for the focus person (Flannery et al., 2001; Holburn, 2002). The emphasis of this planning process is on settings, services, supports, and routines available in the community rather than those designed specifically for individuals with disabilities (Hagner et al., 1996). The team brainstorms strategies that will assist the focus person in achieving these lifestyle changes and also acknowledges obstacles and opportunities in making the vision a reality (Holburn, 2002; National Center on Secondary Education Transition, 2004).

Team members volunteer for specific tasks, resulting in an action plan (Flannery et al., 2001; Holburn, 2002; National Center on Secondary Education Transition, 2004; Rasheed et al.,

2006). Action plans identify what is to be done, who will do it, when the action will happen, and when you will meet again. Action plans will also identify steps that can be completed within a short time. The effectiveness of the action plan depends on the ability of the team to support the focus person, and make the plan a reality by problem-solving, building community, and change organizations over time (Whitney-Thomas et al., 1998). Schwartz et al. (2000) specified that action plans need to focus on achieving specific outcomes. These outcomes must address factors related to quality of life such as housing, daily living activities, relationships, transportation, self-determination in resource utilization, access to health care, privacy, respect, and personal growth. The use of community, generic, and natural supports should be increased over past levels, and goals related to increasing self-advocacy and choice making should also be present in the action plan.

The fourth, and final, step of person centered planning is: **Planning and strategizing at the follow-up meetings** (National Center on Secondary Education Transition, 2004). The team works the action plan between meetings (National Center on Secondary Education Transition, 2004; O'Brien, 1987). This requires persistence from the team members. There is a need to periodically bring the team back together to discuss what is working, what is not, and make necessary revisions (National Center on Secondary Education Transition, 2004; O'Brien, 1987). Each member of the team is given a list of five to ten concrete steps to follow before the next meeting. A timeline for the next meeting is established, and successes are always celebrated (National Center on Secondary Education Transition, 2004; O'Brien, 1987).

### **Person-Centered Planning Meetings vs. Traditional IEP Planning Meetings**

Federal law mandates that a child with a disability must have their IEP reviewed and revised at least annually (IDEA). With the reauthorization of IDEA in 1997 there came specific requirements for students with disabilities and their families to become full-fledged participants on IEP teams. Greater involvement from children with disabilities (along with their parents or guardians), and more effective transition plans that accurately reflect the child's preferences were part of the new requirements. This change signaled a movement from the traditional IEP planning meeting to a more person-centered planning approach (Keyes & Owens-Johnson, 2003). Person-centered planning is a more reflective and creative approach than the traditional more systematic and structured approach (Rasheed et al., 2006). The focus person, and the others, look for the heart of the "dream" and find the pieces that will be achieved including "non-negotiables" (Flannery et al., 2001).

Person-centered planning incorporates values based with knowledge that each and every individual has unique capacities and skills. Different from the traditional approach, it focuses on a positive vision for the future of the focus person that is based on his or her strengths, preferences, and capacities for acquiring new skills, and abilities (Holburn, 2002; Rasheed et al., 2006). Stated another way, person-centered planning focuses on what the focus person can do rather than what they cannot do.

The person-centered planning process places people with disabilities in a position to make autonomous decisions regarding their own lives and increase their community presence to include current and new sights (Burk-Rogers, 1998; Rasheed et al., 2006). Person-centered planning is a way of proceeding and relating with a person and is not as much of a formal

process (Marrone, Hoff, & Helm, 1997). Person-centered planning also differs from traditional planning because it adopts a more reflective and creative approach rather than being systematic and structured (Rasheed et al., 2006).

Even though the literature supports the use of person-centered planning, it has been used minimally at the school level. According to Chambers and Childre (2005), there are a number of reasons for this. The first being that person-centered planning meetings, in general, take place separately from formal educational or adult service plans. Person-centered planning often results in a disconnect between the planning at the meeting and the IEP meeting. The person-centered planning approach also omits many aspects of the legal requirements addressed in the IEP meeting. Lastly, the person-centered planning approach also calls for the use of resources not easily obtained by public school personnel.

Rasheed et al. (2006) explained that in traditional service-centered planning methods, it is the professionals who define and control services and assign learners to services based upon their disability label, eligibility requirements, and funding or policy restraints. Traditional transition planning tends to establish goals that are already part of existing programs. Traditional planning is too often designed to fit the focus person into a particular program even if it is not what they need. In person-centered planning, the focus person's wants and needs are either matched to existing services, existing services are changed, or new services are created (Rasheed et al., 2006). Holburn (2002) posited that person-centered planning reallocates power away from those who provide services and towards those who receive services (as cited in Rasheed et al., 2006).

Rasheed et al. (2006) postulated that participation in person centered planning is voluntary and requires a long-term commitment. Where as in traditional meetings, members are

required to be present. Often reactive in nature, traditional IEP team meetings are often held because there is a crisis, a problem is about to become a crisis, or the crisis has just ended and it is time to assess the damage. Reactive participation by the team members is often reflected in the pessimistic attitudes of the team members who are participating solely because they are required to, not because they want to (Rasheed et al., 2006).

Person-centered planning requires change and flexibility among school professionals, community support agencies and their personnel, and parents from the traditional manner in conducting planning process for people with disabilities (Rasheed et al., 2006). In traditional system-centered meetings, the focus persons input on their goals for the next year are overshadowed and become secondary to opinions set forth by instructors, counselors, psychologist, and other professionals attending the meeting (Rasheed et al., 2006). Person-centered planning meetings focus on strengths and capacities, rather than deficits, of both individual with disabilities and their support systems (Rasheed et al., 2006).

Schwartz et al. (2000) provided examples of the changes brought about by person-centered planning as compared to traditional IEP planning. These changes include: (a) defining the capacities and preferences of consumers (in contrasts to strengths and limitations, (b) including family, community members, and direct support staff at meetings (to enhance their influence upon decision making), (c) building friendships and community connections (which is considered basic to well-being), and (d) focusing on global quality of life and life satisfaction (in addition to growth and development).

There is a flexibility of the person-centered process that is not allowed in traditional IEP planning. Person-centered planning teams adapt to the demands imposed by changing status and

character of focus person's plan. Changes in team process, and roles of particular team members as the focus person's social network expands. Person-centered planning is characterized as being open to creative solutions and innovative thinking, and as having the capability to avoid the types of disagreements and other aspects of group process that tend to inhibit team progress (Schwartz et al., 2000).

### **Using Person Centered Planning in Writing the Individual Education Program (IEP)**

How can person-centered planning be used to enhance the development of a student's IEP and promote partnerships between educational professionals and families? School officials are responsible for ensuring that their staff understand that the procedural requirements for the IEP contained in IDEA and provide staff development opportunities whenever necessary. Staff should be provided with opportunities to learn how to conduct IEPs with person-centered planning methods. School staff should offer explicit opportunities for students with disabilities and their families to use their dreams to build better IEPs. Specific IEP goals and objectives are derived from assessing the abilities of student in regular classes and other typical school and community environments (Keyes & Owens-Johnson, 2003). Person-centered planning should be used as part of 3-year reevaluation, or at the very least preschool to elementary, middle to high school, high school to adulthood transitions (Vandercook et al., 1989).

The use of person centered-planning should complement the focus person's IEP. Vandercook et al. (1989) indicated that engaging in the person-centered planning process results in clearer sense of mission and greater sense of teamwork. The MAPS process is particularly useful in assisting teams to identify priority environments and activities and to identify student

needs that can be addressed in those settings. Specific IEP goals and objectives are derived from assessing the abilities of student in regular classes and other typical school and community environments. Schwartz et al. (2000) indicated that in using the person-centered planning model, teachers may develop goals and objectives by combining the information gathered from traditional means with information gathered during the person-centered planning meeting. Having a knowledge of the person-centered planning process allows teachers to have an additional method of monitoring goals and objectives to gauge whether services are effective for the focus person (Schwartz et al., 2000).

Keyes and Owens-Johnson (2003) suggested that person-centered planning models be used to develop collaborative, goal-oriented IEPs because of their ability to resolve many common complaints, including the exorbitant amount of paperwork and time spent in planning and implementing IEPs compared to the reciprocal outcomes.

Miner and Bates (1997) argued that when person-centered planning methods are used, teachers often realize a more effective way to utilize their time, especially once they experience the improved outcomes and better family-professional partnerships (as cited as in Keyes & Owens-Johnson, 2003).

Keyes and Owens-Johnson (2003) suggested that school officials provide teachers with opportunities to learn how to conduct IEPs aligned with person-centered planning models. The following recommendations also offer practical suggestions to help teachers revise and improve their methods of IEP writing. First, begin every IEP meeting by describing the strengths, gifts, and talents of the focus person. This can be done by sharing an example or two of how the student's life has touched others' lives. Second, planning for increased student levels of

responsibility in developing and implementing their own plans. For example, prepare the student before the meeting by having them attend their meeting with written information that may assist them in identifying dreams for the future, provide them with written agenda to follow, and develop steps for students to follow so that eventually they are writing their own “to do” list. Next, develop a checklist to use at IEP meeting so that everyone understands the interrelatedness among goals, dreams, needs, nightmares, and plans. Illustrate on paper the necessary links with resources-personnel and financial-especially as they relate to transition. Finally, involve peers and members from the focus person’s community (when mutually agreed upon) to demonstrate the value in interdependence for all team members. Encourage the focus person to invite friends, family members, or others in his or her circle of support, especially those not paid. Explain how one of the goals of good transition planning is to link people and goals.

### **Increasing the Participation of the Focus Person**

It is imperative the focus person participates in their meeting in order for person-centered planning to achieve its mission of capitalizing on their personal visions and goals (Whitney-Thomas et al., 1998). The most important reason for using person-centered planning is that the focus person is an active participant who understands and is, therefore committed to the planning process and the implementation of the action plan (Flannery et al., 2001). For youth with disabilities to be active participants in the person-centered planning process, it is necessary for them to have tools and knowledge to be able to discuss their strengths, needs, goals, disability, and necessary supports and accommodations (Mazzotti et al., 2015). Mazzotti et al. (2015) found that when individuals with intellectual disabilities are taught to use a Self-Directed Summary of Performance, there is an increase in participation in their planning meeting. This

increase of participation supports that a summary of academic and functional performance could be one tool used by the focus person to enhance their participation in their planning meetings.

The chosen facilitator is tasked with working with the focus person to brainstorm strategies that will help keep them engaged. Whitney-Thomas et al. (1998) also discussed seven behaviors are known to increase participation of the focus person. The first of these is speaking directly to the focus person and directing questions at them. Second is verifying. Verifying means validating or confirming any answers, responses, and suggestions made by the focus person and others. It is also checking in with the focus to make sure he or she is understanding the conversation. This presents an opportunity for the facilitator or other team members to draw the focus person back into the discussion if they have become quiet or withdrawn. The more comfortable students become as participants, the longer and more detailed their contributions become. The third behavior is speaking at the focus person's language level or phrasing things so that they understand. If the conversation becomes too abstract, the focus person may become withdrawn. Things then need to be rephrased in a way the focus person understands. This is one reason professional authority and technical language are not prominent at meetings (Rasheed et al., 2006). Wait time is the fourth behavior discussed. Wait time is allowing enough time for the focus person to respond. A fifth behavior discussed is using accommodations to support the focus person's understanding and communication that were more likely to elicit their participation. Some of these accommodations included the use of visuals or auditory cues, assistive technology, or any other concrete technique that increased the focus person's understanding and participation. The next behavior discussed was following the focus person's lead. The facilitator, and other team members, should respond to the focus person's direct or

indirect request to change the topic or to discuss a specific topic in more detail. Finally, the last behavior discussed is setting and maintaining a positive tone. This effectively increases the participation of the focus person. Setting and maintaining a positive tone is accomplished through affirming the contributions of the focus person, making eye contact, nodding, and respecting personal space.

Data collected on 10 students who actually participated in Whole Life Planning demonstrated that participation also seemed to increase when the topics and conversations were more concrete and the focus person had direct experience with the topic or he or she perceived the relevance to their daily lives and that parents and guardians of students who used person-centered planning participated in IEP meeting twice as much as control group (Whitney-Thomas et al., 1998).

### **Positive Outcomes in Using Person-Centered Planning**

There have been a number of positive outcomes for participants using the person-centered planning process. Literature has shown that both students and families reported higher levels of satisfaction with the person-centered planning approach rather than the traditional IEP approach. Parents, or guardians participate more in their child's IEP meeting, and are better prepared for IEP meetings after participation in a person-centered planning process prior to the IEP meeting (Chambers & Childre 2005).

Flannery et al. (2001) indicated that parents, students, and teachers were more satisfied with person-centered planning meetings. Teachers felt that the person-centered planning process provided structure for family, increased student involvement, and allowed for better understanding of family and the focus person's goals. Both the focus person and their parents

found that person-centered planning meetings provided the support necessary to reach their goals and dreams for the future. It was also indicated that there was a significant increase in the perception that the meetings included a discussion on the perceptions of the student's vision (post-school outcomes), interests, preferences, and strengths (Flannery et al., 2001).

Rasheed et al. (2006) reported that person-centered planning has some unanticipated outcomes that the focus person, their family, and team members may experience. Some of the advantages described are an overall improved quality of life, increased satisfaction with work, living, or social situations, and improved positive effects for people beyond the focus person (Whitney-Thomas et al., 1998).

Friends and family reported feeling as if they are having a more direct input into their child or friend's lives when they participate in person centered planning meetings. Relationships also are reported improved because the focus person has become more goal oriented and it is easier for friends and family to join in and help them accomplish their goals (Rasheed et al., 2006). During person-centered planning, the focus is more one on one. This increases its potential to diversify opportunities for persons with disabilities. Families also assume more active roles in developing the IEP and in the transition process. (Rasheed et al., 2006).

In a literature review of 15 studies, Claes, Van hove, Vandeveldel, Van Loon, and Schallock (2010) found that the use of person-centered planning was associated with improvement in the focus person social networks, closer contact with family and friends, or greater involvement and engagement in group activities. Person-centered planning was also noted to result in positive benefits in the area of community involvement. Improvement in the focus person's social networks, community involvement, and issues are determined to be related

to the planning process (involvement of focus person or his or her family, improved communication, teamwork, along with the development of larger vision).

These findings mainly emphasized the importance of teamwork and the integral involvement of person and his or her family (Claes et al., 2010).

In a three-component intervention involving 47 youth who had Autism Spectrum Disorders (ASD), Hagner et al. (2012) found that if they were offered group training sessions for them and their families, person-centered planning, and follow-up assistance the youth themselves had significantly higher expectations for their future, their parents had higher expectations for their child's future, and vocational decision-making ability also increased.

### **Challenges in Using Person-Centered Planning**

There is currently no broadly accepted definition of person-centered planning (Claes et al., 2010; Holburn, 2002; Rasheed et al., 2006; Schwartz et al., 2000). This is perhaps one of the biggest challenges in using the person-centered planning process. Schwartz et al. (2000) suggested that the lack of a clear definition of person-centered planning results in confusion regarding the principles, models, and desired outcomes of the process. One potential reason for a lack of one clear definition of person-centered planning could be that various proponents of person-centered planning emphasize different elements of the process, outcomes, or reference criteria in describing what they do, what their goals are, and whether or not planning results are being achieved (Schwartz et al., 2000). A clear definition of person-centered planning is needed to determine whether various organizations have effectively implemented person-centered planning with fidelity and are achieving its outcomes. A universally accepted definition of person-centered planning could also be used to assist in determining whether professionals' and

organizational practices are aligned with the essential features of person-centered planning approaches. Personnel would also be able to communicate more effectively with each other, consumers, and family members regarding the desired processes and outcomes, expectations, roles, and mutual responsibilities, and roles of team members and other interested parties can be clarified (Schwartz et al., 2000).

There are also a series of challenges discussed in the literature. Rasheed et al. (2006) discussed that some person-centered planning approaches are used with only certain populations. There are limited choices for planning teams because funds are tied to a particular program rather than the focus person. Caseloads are big and there is a lack of advocacy training for individuals and families. The focus person's expectations are being raised too high with no path for reaching certain goals, creating false hope. The long-range thinking involved with person-centered planning, may completely overshadow short-term methods and strategies to be placed into immediate action.

Potential pitfalls in the use of person-centered planning were also discussed by Holburn (2002). Coordinating and sequencing the numerous components of person-centered planning can be burdensome. There tends to be a procedural drift toward conventional planning approaches following initial enthusiasm. Competing responsibilities and interests may interfere with the necessary long-term involvement of team members to make person-centered planning successful (Holburn, 2002).

A qualitative study done by Hagner et al. (1996) that entailed following three participants over a 6-month period as they participated in person-centered planning, found discrepancies between the theory of person-centered planning and reality. There were reported inequalities in

participation, especially less participation of community friends in the process. There was some degree of negativity in what is often touted as a process focused in a positive way on dreams and gifts of the focus person. Only partial control of planning by focus person was reported. This was demonstrated by the focus person's own views being sometimes ignored or reinterpreted and pace and tone of meeting being dictated by others. Complexities involved in role of facilitator such as leading meeting discussions by suggesting when it was time to change to a new topic, reminding the group to return to the topic at hand, writing and summarizing comments, and keeping track of time were also reported (Hagner et al., 1996).

Institutional barriers such as a lack of time, support, and training, which prevent their active involvement with the transition (Podvey et al., 2013). Absence of critical relationships and social isolation might be counter-productive in the person-centered planning process. Too much optimism in person-centered planning process may lead to unrealistic goals, unsuccessful outcomes, or unrealized expectations (Claes et al., 2010).

### **Importance of Family-Professional Partnerships**

The aim of person-centered planning is to tap into the knowledge others have about the focus person to assist with resources and to support them in reaching his or her goals (Flannery et al., 2001). Holburn (2002) stated "more specifically, the goals of person centered planning are to reduce social isolation and separation, establish friendships, increase opportunities to engage in preferred activities, develop competence, and promote respect" (p. 250).

McWilliams, Maxwell, and Sloper (1999) affirmed that family-professional partnerships are recognized through research, and supported through legislation as critical components contributing to the positive development of children with disabilities (as cited in Chambers &

Childre, 2005). Chambers and Childre (2005) stated that generating quality services for young children is challenging when the children and their families are not central to the planning process. There is a clear need for family-professional collaboration that supports child success through development of child goals that are based on family values, priorities, and concerns (Chambers & Childre, 2005).

Fox et al. (2002) asserted that families bring the essential context and an intimate knowledge of the child, and that professionals contribute technical knowledge, rich experience with other children and families, and valuable information about available resources. Families engaged in a close relationship with professional partners, will receive assistance in assessing appropriate services and supports needed. A process that would most likely be more frustrating and difficult if families did have these relationships (Fox et al., 2002).

Several potential barriers to creating effective partnerships with families and the development of meaningful IEP's are presented in the literature. Meetings are primarily held at the professionals' convenience and are also typically led by the professionals (Keyes & Owens-Johnson, 2003). Families are placed in the role of passive recipients of information, seemingly overwhelmed by experience and agree to the school's proposed goals and objective (Rasheed et al., 2006). Professionals prepare the IEP document before the planning meeting. This practice is contrary to recommended practices and legal guidelines. Assessment information shared at the IEP meeting is often formal and focused on the focus person's deficits. Informal types of assessments, such as play-based assessments, observations, and family interviews that would often provide greater insight into the focus persons strengths and interests, are not considered. Finally, traditional IEP meetings seldom account for cultural or linguistic differences between

the family and professional (Chambers & Childre, 2005). Kueneman and Freeze (1997) indicated that researchers have suggested that parents often may feel intimidated, inadequately informed, abandoned, unheard, frustrated, unprepared pessimistic, or uncertain about the future. Transition programs uncoordinated, unrelated to the students' and their families' wishes, and lacking in breadth, creativity, and accountability (Kueneman & Freeze, 1997). The clear assumption of person-centered planning is that traditional planning has not fostered sufficiently productive relationships between paid service providers and unpaid support resources nor has it served to maximize the community inclusion of the focus person (Hagner et al., 1996). Literature consistently confirmed that many families experience anxiety and stress as a child transitions from one system to another (Podvey et al., 2013).

### **Culture and Person-Centered Planning**

Rasheed et al. (2006) indicated that students with disabilities, especially those with language and cultural differences, are prime targets for unequal representation at traditional meetings. This unequal representation may be due to differences in cultural values and beliefs. Different ethnic and cultural backgrounds need coaching to become more active participants in planning. Understanding and integrating cultural influences is often accomplished very well using person-centered planning models that are more understandable and relevant to all people (Flannery et al., 2000).

### **Chapter 3: Summary and Conclusions**

In summary, the use of person-centered planning as model for professionals and families to develop relationships is based on the belief that individuals with disabilities has many strengths and capacities. It also emphasizes what is important to the focus person as well as providing support for them to be active participants in planning process and achieve their vision for the future (Flannery et al., 2001). In this starred paper, I reviewed literature that provided information on person-centered planning models, implementing person-centered planning as an alternative to traditional means of transition planning, and the different models of person-centered planning.

Chambers and Childre (2005) contended that children's life outcomes are affected by the services they receive across their school years. It is also critical that educational services are meaningful for children and their families and learning opportunities are incorporated beyond school. There is a clear need for family-professional collaboration that supports a child's success through development of goals that are based on family values, priorities, and concerns (Chambers & Childre, 2005). Ideally, planning teams that are established during the preschool years serve multiple purposes. The team is responsible for planning the focus child's program, coordinating home, preschool, and/or childcare center efforts, and monitoring behavioral, cognitive, social, and emotional development (Fox et al., 2002).

#### **Transition Planning Deficiencies**

Kueneman and Freeze (1997) stated that there are five deficiencies in the transition services of secondary schools for students with cognitive and severe disabilities. The first one being inequitable student access to guidance and career counseling. Second, inadequate

professional training of school personnel in transition planning and programming. Third, inadequate parent and student involvement in the transition and planning process. Next, inequitable student access to high school programs due to inflexible eligibility criteria, assessment practices, policies, and timetables. Finally, inequitable student access to cooperative work education programs. In general, traditional transition programs are uncoordinated, unrelated to the students' and their families' wishes, and lacking in breadth, creativity, and accountability (Kueneman & Freeze, 1997).

### **Attributes of Person-Centered Planning**

I reviewed several articles pertaining to specific models of person-centered planning. While each model has its own unique style, they all share common components. In person-centered planning the focus person is placed at the center of the planning process. The focus person is responsible for setting the priorities and dreams as the vision for what they want for their future is set. This means their participation in the process is paramount. Kueneman and Freeze (1997) suggested that the focus person may feel intimidated by people and process. They may have been dissuaded from participating in the past because professionals, or parents, think they will be bored, disturbed, or confused. The focus person may feel that the meeting is a way for parents and professionals to decide what to do with them and how to do it. These must be avoided if the focus person is going to fully participate in their planning meeting (Kueneman & Freeze, 1997).

All team members, including the focus person and family members, are involved as voluntary contributors in the planning process. The focus person is allowed to choose who they

want to be at their meeting. The team members are invited guest (O'Brien, 1987). A big part of this process involves a long-term commitment from the team members.

A positive and proactive view of the focus person is taken by focusing on strengths and abilities rather than their disability. The focus person's strengths, interests, and dreams are central to the process and form the basis for understanding the student and determining educational needs. Current educational plans and goals developed are viewed as a stepping stone for reaching dreams and plans for the future (Chambers & Childre, 2005; Kueneman & Freeze. 1997; Rasheed et al., 2006; Vandercook et al., 1989).

Person-centered planning uses an open-ended system of gaining information about the focus person. This could be using forms, or simply answering questions. Trained facilitators will assist the focus person in organizing their meeting. A graphic organizer is created along with an action plan (Chambers & Childre, 2005; Holburn, 2002; Kueneman & Freeze. 1997; O'Brien, 1987; Rasheed et al., 2006; Vandercook et al., 1989; Whitney-Thomas et al., 1998).

The focus person being a part of their community is an important aspect of person-centered planning (Holburn, 2002; Mazzotti et al., 2015; Rasheed et al., 2006; Vandercook et al., 1989). For younger children the focus of person-centered planning is inclusion in the mainstream setting (Chambers & Childre, 2005; Vandercook et al., 1989). Another focus of person-centered planning is on the personal relationships with peers that do not have disabilities (Vandercook et al., 1989). Access to community participation is known to promote the belief that regardless of the disability, children should be able to interact in community environments. The perspective that their child belongs in the community helps families maintain a normalized, balanced lifestyle (Fox et al., 2002).

### **Positive Outcomes in the Person-Centered Planning Process**

A number of positive outcomes for participants in a person-centered planning process have been reported in the literature. Both students and families reported higher levels of satisfaction with a person-centered planning approach than with traditional IEP meetings. Parents or guardians also report feeling better prepared for their child's IEP meeting and their participation is greater (Chambers & Childre, 2005; Kueneman & Freeze, 1997).

Podvey et al. (2013) interviewed six families receiving early intervention services. The first interview took place before child's first day in their preschool program and focused on learning how the families entered transition. The families reported feeling unprepared or underprepared for the transition in general, and believed few professionals took adequate time to prepare them for the transition. It is noted that all professionals working with families could devote more time, energy, and effort in helping families with early childhood transition. If parents feel integral to decision-making process rather than feeling like passive recipients of programs written by school personnel, they might be more inclined to take lead in initiating and insisting on regular communication with various school personnel (Podvey et al., 2013).

Keyes and Owens-Johnson (2003) stated that when educators use person-centered planning methods, they have opportunities to design questions that respect the unique qualities of the individuals or their families, such as ethnicity, disability, race, gender, class, culture, language, and sexual orientation. In using person-centered planning methods, teachers are not bound by the values of the institution but are free to concentrate on the focus person's goals and those of his or her family and friends. Questions such as, "What is your story?" or "What are your non-negotiables?" form the basis of the information gathering processes known to person-

centered planning because answers defined the student and his or her needs. The exact wording or order of the questions was not important. Focus, instead, shifted to the way in which questions were asked and whether the team was able to use the answers to create supportive, strength-based IEP goals (Keyes & Owens-Johnson, 2003).

## **Chapter 4: Position Statement**

As a high school special education teacher for 18 years, I prepared several students to transition from high school to adulthood. The overall purpose of my paper was to develop an understanding of how person-centered planning not only enhances the family–professional relationship, but how it can be incorporated in the students Individual Education Plan (IEP). In doing the research, I had also hoped to develop an action plan that would enhance my current procedures for transitioning students with disabilities.

In my review of the literature, I examined the role person-centered planning plays in improving students’ post-secondary transition outcomes. More specifically, I intended to gather information on specific models of person-centered planning and how they can be used to improve outcomes for individuals with disabilities and their families.

The person-centered planning process is a vastly different approach, almost completely opposite, from traditional method of transition planning (Rasheed et al., 2006). While, secondary transition planning is the process of preparing students with disabilities for life after high school, person-centered planning is an approach that emphasizes building partnerships between families and professionals (Chambers & Childre, 2005). All models of person-centered planning prioritize bringing together people whom are involved in the focus person’s life to help to create a vision for that individual’s future, and help organize needed resources or support networks to make that vision a reality.

Reflecting on what I have learned in completing my research, I believe that in using a person-centered planning model, we are better able to support students with disabilities, and their families, with their post-secondary transition outcomes. Using the person-centered process will

not only result in a clearer sense of direction for planning, but allow for a greater sense of teamwork.

Individuals with disabilities and their families will face multiple challenges in defining and creating a network of supports in order to live a life they choose. There is no easy path to navigate the maze of educational, medical, and community supports. Person-centered planning is designed to help these individuals, families, and professionals begin the process of navigating the complex issues that arise when planning for transitions.

It is my belief that this is the best process for families and professionals to use. Especially if started when children make their first transition for early intervention to preschool. Families are provided more support. Families are key for getting information and assisting in writing a transition plan that will be successful for the child and the family.

I may not be able to incorporate every part of person-centered planning in my practice. I can start to work my action plan by gathering information using open-ended questions. I will also encourage parents to invite others to the IEP meeting who they feel know their child well. I can also start recording information on large paper that everyone is able to see, thus creating a visual record. My most important job would be to keep the child and family first.

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## Appendix A

### 8 Steps of Person-Centered Planning

#### *Step 1: Dreams for the Future*

- What are your strengths and goals?
- What are your worries and concerns?
- What support do you need?
- What barriers may you face along your PATH?
- Where do you want to live after graduation?
- Where do you want to work after graduation?
- How much independence do you want?
- What health and safety needs do you have?
- What are your fitness, sports, recreation, and leisure interests?
- What are your education and training preferences and needs?
- What is the lifestyle you would like to have?
- What opportunities are available to the pathfinder within the home, in community, and at school?

#### *Step 2: Goals*

- The pathfinder and other planning participants imagine that the dream has already been achieved.
- The team describes changes that would have to be made for the dream to come true as if it had already happened.
- These changes are then stated as goals to be achieved within a specific timeframe.

### ***Step 3: Now***

A description of what is happening now that would likely lead to the goals recorded in Step 2 is provided. Every area of the pathfinder's life is brought into focus.

These areas include:

- Academic learning
- Communications
- Extra-curricular activities
- Career exploration
- Vocational training
- Work education
- Social skills development
- Peer relationships
- Health, sexuality, and fitness
- Leisure
- Lifestyle
- Self-determination

### ***Step 4: Enroll***

- A list of some of the people, programs, activities and other resources that could be enrolled to achieve student goals is generated by the pathfinder and supporters.
- These are drawn from wide perspective of the pathfinder's life such as:
  - home
  - school
  - community
  - work
  - leisure

### ***Step 5: Strengthen***

- Skills needed to achieve the desired and written goals were recognized by the pathfinder and his or her supporters.
- The pathfinder may need to learn new skills or arrange new supports.
- In this step, it is helpful to identify:
  - new knowledge the student or supporter needed most
  - new skills student or supporter needed to develop
  - relationships the pathfinder or supporter needed to maintain or develop
  - resources and supports needed by pathfinder or participants to play their respective roles in reaching goals set in Step 2
  - the pathfinder safety and health needs that must be met
  - the pathfinders' needs in areas such as self-concept, maturation, and self-determination

### ***Step 6: Action Plan for 3-6 Months***

- most important steps that needed to be taken over short term are stated by the pathfinder and participants
- to ensure compliance and facilitate follow-up, short-term action plans stated:
  - specific objectives
  - a time-line for each objective
  - outcomes expected
  - individuals responsible for ensuring each outcome
  - how achievement of each outcome would be monitored, measured and reported

### ***Step 7: Action Plan for Next Month***

- the first steps to be taken by pathfinder and supports were reviewed
- this step involved a clear assignment of:
  - exactly whom, will have done what by when
  - record keeping duties
  - reporting procedures

*Step 8: Commitment to the First Step*

- involves the pathfinder reviewing first steps he or she would take to fulfill action plan
- the following questions were addressed:
  - What is the biggest barrier to your taking this step?
  - Who will support you in taking this step?
  - How will you enlist their support?

## **Appendix B**

### **Common Implementation Errors**

i. Eight implementation errors (O'Brien, 1987)

1. A general lack of mindful planning and reflection
2. Mandated meeting attendance
3. Planning by team members who have little experience with or knowledge about person
4. Omitting crucial participants such as immediate family members
5. Proceeding with process at unnatural tempo
6. An absence of real problem-solving
7. Planning in agencies that are not committed to significant change
8. Focusing on system-oriented objectives instead of essential principles to guide the process