

Purpose

This brief summarizes the existing research about the efficacy of person-centered planning (PCP). The intention of the brief is to examine the evidence and implications for professionals in utilizing PCP with individuals with intellectual disabilities and developmental disabilities (ID/DD).

Summary

PCP is well regarded as a positive individualized approach for individuals with ID/DD to plan for transitions and a future of one's choosing based on personal preferences and abilities. However, the featured review establishes there is minimal research to substantiate the approach as an empirically supported practice, and illustrates the need for more rigorous research.

Implications

Considering the growth of self-directed services and their integration into policy, it is essential that professionals, families and others who support individuals with disabilities are aware of the challenges and potential benefits of PCP as an approach to service planning.

Person-Centered Planning: An Empirically Supported Practice?

By *Jacy Farkas*

Introduction

Person-Centered Planning (PCP) emerged out of a desire to serve the interests of individuals with disabilities by first changing the way we think about disability. It is choosing to think about and focus on the strengths, abilities and aspirations of the person with the disability rather than making decisions that are guided by a list of deficiencies and/or impairments. At the core of PCP is the belief that all people have the right and responsibility to exercise freedom of choice in their own lives.

PCP is an individualized approach that helps a person discover what he/she really wants. It intentionally moves away from an approach geared toward fixing or solving problems, to one focused on providing opportunities, avenues for self-actualization, personal freedom, meaningful interdependence, and community involvement. Ultimately, PCP adheres to a set of principles that value self-determination and personal dignity. The three major aspects necessary for successful planning are: a) participation of the individual with a disability in the planning process, b) development of natural supports, and c) implementation and follow-up (NCSET & PACER Center, 2004).

The recent Centers for Medicare and Medicaid Services' (CMS) final rule amends the regulations for home and community-based services (HCBS) programs nation-wide to enhance quality services and to add protections for individuals receiving them. The policy changes reflect the efforts to promote individual choice and control in the delivery of services and managed care for people with disabilities. HCBS will require service planning developed through a self-directed PCP process that addresses health and long-term services and support needs.

Featured Review

PCP is considered best practice, but not necessarily an empirically supported practice. Despite there being a large amount of literature advocating the use of PCP, little quantitative evidence exists that indicates PCP improves quality of life outcomes for people with ID/DD (Robertson et al., 2005). PCP has been utilized since the 1980s; however, an analysis of existing research (Claes, Van Hove, Vandeveld, van Loon & Schalock) identified only fifteen published articles between 1996-2006 wherein PCP was implemented with individuals with ID/DD and empirical findings on its efficacy were reported. The research designs of the included studies varied greatly (only four studies featured control groups), with few consistent measures across the studies. The



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review included data collected on 594 adults and 30 children with ID/DD, with a range of 1-328 subjects among the studies. The reviewers concluded, "Overall, this planning has a positive, but moderate, impact on personal outcomes for this population" and that the body of evidence "is weak with regard to criteria for evidence-based research" (Claes et al., 2005, p. 432). It is important to note that there are significant methodological challenges to studying the efficacy of PCP. The nature of the planning process itself is individualized and multiple methods can be used to craft a plan; no two plans will or should look the same. The skills and knowledge of facilitators vary. The implementation of the plan is dependent on the individual and his/her team. Planning teams vary in composition, which may or may not include family, indi-

viduals and systems of care. There are also a limited number of trained facilitators available and it is often difficult to obtain large sample sizes for research. While it may be challenging, there is a clear need for more empirical research in this area. With the implementation of the new HCBS requirements, there may be more opportunities to conduct relevant research on the efficacy of PCP.

Implications for Practice

PCP can serve a variety of functions and address any or all aspects of a person's life. Proponents of PCP suggest that a person-centered plan can function as a foundational plan that can be easily translated to a variety of service plans, especially when successful cross-systems collaboration is present (e.g., Individual Education Plans and Individual Support Plans). Successful

development and implementation of a person-centered plan is dependent on the active participation and coordination by all team members and across service systems. This is easier said than done, especially in a climate of limited resources, large caseloads, and variance of knowledge and commitment among professionals and families. However, when successful, this process and implementation has the potential to reduce costs and enhance collaboration across systems, in addition to being a roadmap for a desired future and meaningful life based on an individual's preferences. All states have five years to be in compliance with the new HBCS regulations. Attention to the current and evolving empirical evidence will be essential to determine the impact PCP has on the quality of life for people with ID/DD. 

About the Author

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Abstracted From

Claes, C., Van Hove, G., Vandeveld, S., van Loon, J., and Schalock, R.L. (2010). *Person-Centered Planning: Analysis of Research and Effectiveness. Intellectual and Developmental Disabilities*, 48(6), 432-453.

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Resources

Sonoran University Center for Excellence in Disabilities (UCEDD). *A Person-Centered Arizona: an information and resource site for person-centered thinking, planning and practices.* <http://person-centeredaz.org>

National Developmental Disabilities Network. *HCBS Advocacy: Information for advocates about the new home and community-based services rules.* <http://hcbsadvocacy.org/>


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Bridge Briefs are a publication of the Institute for Human Development (IHD). The IHD is a research and training program located at Northern Arizona University and part of a national network of University Centers for Excellence in Developmental Disabilities (UCEDD).

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