Preparation of this report was supported by a grant from the Minnesota Department of Human Services. The content does not necessarily reflect an official position of the Minnesota Department of Human Services or the University of Minnesota.


The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status or sexual orientation.
SOME NOTES ON USING THIS MANUAL

We have seen that for both people who know little about Person-Centered Planning, and for those who have been using the methods and ideas for a long time, the search for greater understanding, power, and quality in the process is never-ending. There are many manuals already available on how to facilitate Person-Centered Plans. This manual was prepared not to duplicate information already available, but rather to improve the quality of person-centered plans that are being conducted.

This manual was prepared as part of a two-year training project on Person-Centered Planning funded by the Minnesota Department of Human Services and conducted by the Institute on Community Integration, University of Minnesota. This training was one part of a five-year demonstration project called Performance-Based Contracting, to determine the usefulness of personal outcomes as a method of determining service quality.

This manual is intended to be used as a resource in training programs on Person-Centered Planning. For those who have already had some or much training and experience in these processes, we also intend this manual to be useful in improving the quality of facilitation.

Most of the information contained herein uses the foundation of Personal Futures Planning. We recommend that if people wish to use Essential Lifestyle Planning or PATH (Planning Alternative Tomorrows with Hope) that they participate in the specific training programs developed for those methods, which each start with a 3-day facilitator training.

Some of the manuals which we recommend, in conjunction with specific training workshops, for specific how-to methods include:

PERSONAL FUTURES PLANNING

Capacity Works: Finding Windows for Change Using Personal Futures Planning, Beth Mount Communitas, Inc., The Community Place, 730 Main St., Manchester, CT 06040.

WHOLE LIFE PLANNING


ESSENTIAL LIFESTYLE PLANNING

Listen to Me! USARC/PACE, 410 Mason Suite 105, Vacaville, CA 95688.
Supporting People with Severe Reputations in the Community. Michael Smull & Susan Burke Harrison, National Association of State Directors of Developmental Disabilities Services, 113 Oronoco St., Alexandria, VA 22314.

PATH


OTHERS


ACKNOWLEDGEMENTS

The material herein was developed as part of the Performance Based Contracting Demonstration Project, a project operated by the Minnesota Department of Human Services with waivers and a training grant from the federal Health Care Financing Administration. Five agencies providing residential care in intermediate care facilities participated in this project.

The Minnesota State Department of Human Services contracted with the University of Minnesota’s Institute on Community Integration to provide training about Person-Centered Planning for two years to these provider agencies, the local Arc’s, and staff of other agencies involved in the Performance-Based Contracting project. Fifty-three people participated in facilitator training and sixteen people participated in facilitator instructor training.

We have to thank all of the facilitator trainees, focal people, and support circle members for their contributions to this project and this material:

- The staff of the Minnesota Department of Human Services’ Division for Minnesotans with Disabilities, especially Jan Kooistra and Theresa Mustonen.

- The staff, families, and persons served by ACR Homes, Bristol Place, Nekton, Heartland Homes, and New Directions.

- The people from other agencies who participated in the training project, including: Arc-Anoka Ramsey, Arc-Hennepin, Arc-Bemidji, Arc-St. Louis County, Hennepin County Developmental Disabilities Division, and Rise.

We also must thank the people from and with whom we have learned so much about Person-Centered Planning. We have reprinted material from many different people and sources, and wish to thank these people for their generosity, sharing of resources, and guidance:

Marsha Forest  
Debbie Gilmer  
Beth Mount  
Connie O’Brien  
John O’Brien  
Jack Pearpoint  
Michael Smull
Acknowledgements also go to the following people, from whom we have learned everything we know about Person-Centered Planning. Reprint permission has been obtained from the following people:

- Boggs Center, University Affiliated Program of New Jersey at UMDNJ for the material on pp. 27, 28, 29, and 32, reprinted from *Building Person-Centered Support, Part One – Vision and Ideals*, 1991. This material may not be reprinted without permission of the UAPNJ.


- Beth Mount, for material on pp. 21 and 22, reprinted from *Person-Centered Planning: Finding Directions for Change Using Personal Futures Planning*, 1997, and the material on pp. 78-79 reprinted from *Capacity Works*. The Person-Centered Planning manual can be ordered from:

  Dr. Beth Mount  
  Graphic Futures, Inc.  
  25 W. 81st St., 16-B  
  New York, NY 10024  
  (212) 362-9492
FACILITATORS MANUAL

CONTENTS

1. Introduction And Background .........................................................................................................................................1

2. Preparation Checklists...............................................................................................................................................9

3. Qualities Of A Facilitator........................................................................................................................................14

4. Group Or Circle Constitution..................................................................................................................................19

5. Facilitating A Plan..................................................................................................................................................25

6. Improving The Quality Of Plans ............................................................................................................................34

7. Evaluating The Quality Of A Plan..............................................................................................................................36

8. Follow Along Meetings/ Implementation Of The Plan.............................................................................................48

9. Difficult Group Members And Challenging Situations..............................................................................................50

10. Music And Graphics.............................................................................................................................................61

11. Articles And Resources..........................................................................................................................................67

12. Person-Centered Planning Resource Materials ........................................................................................................72
1. INTRODUCTION AND BACKGROUND
INTRODUCTION

Person-Centered Planning has been developed and evolved over the last fifteen-twenty years. Today the term is used to refer to a number of different styles of planning, all of which share fundamental values. In this section we provide an overview of the fundamental concepts and principles underlying this approach to planning. Some of the leaders in the initial and on-going development of Person-Centered Planning and its growth include Beth Mount, John O’Brien, and Connie O’Brien. Some of their central ideas are contained in the next few pages.

Other leaders include Michael Smull and Susan Burke-Harrison, who developed a particular style of Person-Centered Planning called Essential Lifestyle Planning. ELP was initially designed for people with challenging behavior, but has been used in many applications. Marsha Forest and Jack Pearpoint were central in developing MAPS, initially used with planning school inclusion, and they have also developed a style of planning called PATH (Planning Alternative Tomorrows with Hope).

This section provides an overview of the fundamental concepts, values, and principles underlying all Person-Centered Planning approaches. These ideas and values are probably the most important part of the process. One can master a technical style, but if the “heart and soul” of the process are missing, it is not Person-Centered Planning.
According to John O’Brien and Herbert Lovett in *Finding a Way Toward Everyday Lives*, “the term, Person-Centered Planning, refers to a family of approaches to organizing and guiding community change in alliance with people with disabilities and their families and friends.” They also state that each approach to Person-Centered Planning has distinctive practices, but all share a common foundation of beliefs:

- The person at the focus of planning, and those who love the person, are the primary authorities on the person’s life direction.

- The purpose of Person-Centered Planning is learning through shared action. People who engage in Person-Centered Planning may produce documentation of their meetings, proposals, contract specifications, or budgets. These are only footprints: the path is made by people walking together.

- Person-Centered Planning seems to change common patterns of community life. Segregation, devaluing stereotypes, and denial of opportunity for people with disabilities are common. Person-Centered Planning stimulates community hospitality and enlists community members in assisting focus people to define and to work toward a desirable future.

- In order to support the kinds of community changes necessary to improve people’s chances for a desirable future, virtually all existing human service policies and agencies will have to change the ways they regard people, the ways they relate to communities, the ways they spend money, the ways they define staff roles and responsibilities, and the ways they exercise authority.

- Honest Person-Centered Planning can only come from respect for the dignity and completeness of the focus person.

- Assisting people to define and pursue a desirable future tests one’s clarity, commitment, and courage. Person-Centered Planning engages powerful emotional and ethical issues and calls for sustained search for effective ways to deal with difficult barriers and conflicting demands. Those who treat Person-Centered Planning simply as a technique and those who fail to provide for their own development and support will offer little benefit to the people they plan with.
Beth Mount comments on the dichotomies between system-centered and person-centered ways of thinking about an individual’s future in her 1992 sourcebook “Person-Centered Planning: Finding Directions for Change Using Personal Futures Planning”:

### HOW DO WE THINK ABOUT AND PLAN FOR THE FUTURE?

Person-centered change challenges us to discover and invent a personal dream for people, to craft a pattern of living that increases people’s participation and belonging in community life.

<table>
<thead>
<tr>
<th>From SYSTEM-CENTERED</th>
<th>Toward PERSON-CENTERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan a lifetime of programs</td>
<td>Craft a desirable lifestyle</td>
</tr>
<tr>
<td>Offer a limited number of usually segregated program options</td>
<td>Design an unlimited number of desirable experiences</td>
</tr>
<tr>
<td>Base options on stereotypes about persons with disabilities</td>
<td>Find new possibilities for each person</td>
</tr>
<tr>
<td>Focus on filling slots, beds, placements, closures</td>
<td>Focus on quality of life</td>
</tr>
<tr>
<td>Overemphasize technologies and clinical strategies</td>
<td>Emphasize dreams, desires, and meaningful experience</td>
</tr>
<tr>
<td>Organize to please funders, regulators, policies, and rules</td>
<td>Organize to respond to people</td>
</tr>
</tbody>
</table>

O’Brien and O’Brien’s “five valued experiences” (Framework for Accomplishment, 1989) also lead to other questions on which to focus in developing a more desirable future:

**COMMUNITY PRESENCE:**
How can we increase the presence of a person in local community life?

**COMMUNITY PARTICIPATION:**
How can we expand and deepen people’s friendships?

**VALUED ROLES:**
How can we enhance the reputation people have and increase the number of valued ways people can contribute?

**PROMOTING CHOICE:**
How can we help people have more control and choice in life?

**SUPPORTING CONTRIBUTION:**
How can we assist people to develop more competencies and contribute their unique gifts?
Beth Mount has also described the differences in images of the future in traditional program plans compared to futures that are worth working for. The images of a future worth working for can result only from a more person-centered process.

**CONTRASTING IMAGES OF THE FUTURE**

<table>
<thead>
<tr>
<th>CHARACTERISTICS OF TRADITIONAL PROGRAM PLANS:</th>
<th>CHARACTERISTICS OF A POSITIVE FUTURE WORTH WORKING FOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals focus on specific negative behaviors of the focus person to change or <strong>decrease</strong>.</td>
<td>Images of the future contain specific, concrete examples of positive activities, experiences, and life situations to <strong>increase</strong>.</td>
</tr>
<tr>
<td>The plan identifies program categories and <strong>service options</strong> that are often <strong>segregated</strong>.</td>
<td>Ideas and possibilities reflect specific <strong>community</strong> sites and settings and valued roles within those settings.</td>
</tr>
<tr>
<td>Many goals and objectives reflect potentially <strong>minor</strong> accomplishments that can be attained within existing programs without making any changes.</td>
<td>Some ideas will seem far out, unrealistic, and impractical, and will require <strong>major</strong> changes in existing patterns such as: funding categories, service options, how people (and staff) spend their time, shared decision making, where people live and work, etc.</td>
</tr>
<tr>
<td>These plans will <strong>look similar</strong> to the plans and ideas written for other people.</td>
<td>These plans will really reflect the <strong>unique</strong> interests, gifts, and qualities of the person, and the unique characteristics, settings, and life of the local community.</td>
</tr>
<tr>
<td>These plans will probably not even mention personal relationships or community life.</td>
<td>These ideas will emphasize creative ways to focus on the development and deepening of <strong>personal relationships</strong> and community life.</td>
</tr>
</tbody>
</table>

In “What We Are Learning About Circles of Support,” by Mount, Ducharme, and Beeman (1989), three types of planning for people with disabilities are contrasted. This comparison is on the next three pages. The type most “true” to original concepts of Person-Centered Planning are Circles of Support. Such circles often require sustenance outside of formal systems. Some more traditional and formal teams have tried to adapt themselves to operate according to more person-centered principles, and their efforts and style are represented in the column called “Person-Centered Teams.”
# A Comparison of Three Types of Planning for People with Disabilities

<table>
<thead>
<tr>
<th>Traditional Planning</th>
<th>Person-Centered Teams</th>
<th>Circles of Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose of the Planning Meeting</strong></td>
<td><strong>Purpose of the Planning Meeting</strong></td>
<td><strong>Purpose of the Planning Meeting</strong></td>
</tr>
<tr>
<td>To coordinate services across disciplinary lines.</td>
<td>To establish a common vision for all participants.</td>
<td>To establish and support a personal vision for an individual. To build community support and action on behalf of the focus person.</td>
</tr>
<tr>
<td>To clarify staff roles in the implementation of training programs.</td>
<td>To discover information needed to focus organizational change.</td>
<td></td>
</tr>
<tr>
<td><strong>Composition of the Team</strong></td>
<td><strong>Composition of the Team</strong></td>
<td><strong>Composition of the Team</strong></td>
</tr>
<tr>
<td>Professionals and specialists</td>
<td>Professionals, direct service workers. May include focus person and family.</td>
<td>Focus person and his spokesperson, family, friends, and associates. May include some human services workers.</td>
</tr>
<tr>
<td><strong>Where Does the Team Meet?</strong></td>
<td><strong>Where Does the Team Meet?</strong></td>
<td><strong>Where Does the Team Meet?</strong></td>
</tr>
<tr>
<td><strong>How Often Does the Group Meet?</strong></td>
<td><strong>How Often Does the Group Meet?</strong></td>
<td><strong>How Often Does the Group Meet?</strong></td>
</tr>
<tr>
<td>Once a year with quarterly reviews.</td>
<td>Major investment in initial sessions. Quarterly or monthly reviews.</td>
<td>Once a year with many sub-meetings in between for ongoing problem solving.</td>
</tr>
<tr>
<td>WHO INITIATES THE MEETING FOR WHAT PURPOSE?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TRADITIONAL PLANNING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Leader initiates to meet requirements of regulations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PERSON-CENTERED TEAMS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizational change agent initiates to find new directions for the organization.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CIRCLES OF SUPPORT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus person or spokesperson initiates to reach goals they are unable to accomplish working alone.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHAT MOTIVATES PEOPLE TO ATTEND THE MEETING?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRADITIONAL PLANNING</strong></td>
</tr>
<tr>
<td>Avoidance of punishment by regulators. Interest in coordination of departmental units.</td>
</tr>
<tr>
<td><strong>PERSON-CENTERED TEAMS</strong></td>
</tr>
<tr>
<td>Interest in organizational innovation and finding new directions for focus person.</td>
</tr>
<tr>
<td><strong>CIRCLES OF SUPPORT</strong></td>
</tr>
<tr>
<td>Voluntary commitment by people who are interested in helping someone they care for.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NATURE OF THE IMAGES FOR THE FUTURE:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRADITIONAL PLANNING</strong></td>
</tr>
<tr>
<td>Goals will fit within existing program options.</td>
</tr>
<tr>
<td><strong>PERSON-CENTERED TEAMS</strong></td>
</tr>
<tr>
<td>Goals will reflect new program models and options yet to be developed.</td>
</tr>
<tr>
<td><strong>CIRCLES OF SUPPORT</strong></td>
</tr>
<tr>
<td>Vision will reflect desire of focus person and family.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROLES OF MEMBERS AND BOUNDARIES FOR ACTION:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRADITIONAL PLANNING</strong></td>
</tr>
<tr>
<td>Members have specific roles and clear boundaries for action. Plans do not change roles or boundaries. Members act within formal existing organizational channels of authority.</td>
</tr>
<tr>
<td><strong>PERSON-CENTERED TEAMS</strong></td>
</tr>
<tr>
<td>Members roles will change based on new directions. Old boundaries for action may be changed to allow for new action. Plans may change roles and create new agendas for action. Members create new channels and connections to accomplish their goals.</td>
</tr>
<tr>
<td><strong>CIRCLES OF SUPPORT</strong></td>
</tr>
<tr>
<td>Participant roles are constantly changing based on tasks. Boundaries for action are defined by personal vision and commitment of group members. Members use informal networks and contacts to open doors in community.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRODUCT OF AN EFFECTIVE GROUP MEETING:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRADITIONAL PLANNING</strong></td>
</tr>
<tr>
<td>Completed forms, paperwork. Specific goals to use to evaluate program effectiveness.</td>
</tr>
<tr>
<td><strong>PERSON-CENTERED TEAMS</strong></td>
</tr>
<tr>
<td>An agenda for organizational change. A shared understanding of new directions for change.</td>
</tr>
<tr>
<td><strong>CIRCLES OF SUPPORT</strong></td>
</tr>
<tr>
<td>Commitments to action by community members. Significant quality of life changes for the focus person.</td>
</tr>
<tr>
<td><strong>TRADITIONAL PLANNING</strong></td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td><strong>ROLE OF HUMAN SERVICE WORKER:</strong></td>
</tr>
<tr>
<td>Set all direction. Organize all activity. Coordinate direct service worker activities.</td>
</tr>
<tr>
<td><strong>ROLE OF COMMUNITY MEMBER:</strong></td>
</tr>
<tr>
<td>Not involved in the process.</td>
</tr>
<tr>
<td><strong>ROLE OF PERSON WITH A DISABILITY:</strong></td>
</tr>
<tr>
<td>Comply with the plan.</td>
</tr>
</tbody>
</table>

From: *What are We Learning About Circles of Support* by Beth Mount, Bat Beeman, and George Ducharme. Available from Communitas, P.O. Box 374, Manchester, Connecticut 06040.

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2. PREPARATION CHECKLISTS
CHECKLIST FOR PERSON-CENTERED PLANNING
MEETING PREPARATION

PRE-WORK FOR THE FACILITATOR TO DO OR ENSURE IS DONE BY PERSON
COORDINATING THE MEETING PRIOR TO THE MEETING:

- What are the right processes for the person, the team/support circle and the person’s situation?
- Is there a committed champion who will make sure the plan remains alive?
- Has the planning process been discussed with the support circle members? Do they have information on the process and time requirements?
- Have circle members had input to the decision about the planning process?
- Have you discussed with the person coordinating the meeting which parts of which process will be used, how to address the current issues, etc.?

THE FACILITATOR SHOULD BE RESPONSIBLE FOR ENSURING THE FOLLOWING:

- Has the meeting preparation been a coordinated effort? Either clear or ensure that the different members (person served, residence, day program/employment, case manager, family, etc.) have been cleared regarding the meeting format and who will do that.

- Is this meeting serving as meeting the annual or any other requirements? Are circle members learning whether this is a separate or the only process? If necessary, set a meeting time separate from the annual meeting to help team members have a different frame of mind and to think outside the service system box. If Person-Centered Planning formats are going to be used as a substitute for annual or other requirements, ensure that the case manager, day program, and residence are all clear about the formats that will be used.

- Has the residence coordinated with the day program that the format is that of a “circle” group process, not one agency “doing their part,” then another agency “presenting their part” during the meeting (including/especially if this process is used for annuals or other meetings required by one of the agencies involved)?

- Who will facilitate, record, etc., during different parts of the meeting?

- Is the meeting location comfortable and does it meet the space requirements needed (for instance, where will posters be hung?)

- Have preparations been coordinated with the focus person? Have invitations been sent to all the members the person wants? Have people been invited who are beyond the traditional team and who can help the person identify a desirable future? Is the focus person comfortable about the process?

- Is there a welcoming environment (food, flowers, balloons, candles, etc.)?
• Do you have paper, markers, tape, etc.?
• Do any ground rules need to be set for the circle?
• Are there any topics, words, or phrases to avoid?

AT THE MEETING:

• Help the focus person decide where they want people to sit, if possible. Does the seating arrangement ensure that everyone is included and no one appears more important?
• Ask about timelines, times people need to leave.
• Set up ground rules. Use them.
• Will breaks be needed? How often?

AT THE END OF THE MEETING:

• How will copies of what has been done get to people who need them?
• When will the next meeting occur?
EXAMPLES OF GROUND RULES

GROUND RULES FOR ESSENTIAL LIFESTYLE PLANNING

1. Be respectful
2. No jargon
3. No fixing
4. No obsessing
5. Have fun

GROUND RULES FROM PATH

1. The right people are here
2. It begins when it begins and ends when it ends
3. Do what you need to do to be here
4. Whatever happens is the only thing that could have happened
5. Do unto others…
   If #5 doesn’t work, TEXAS RULE: Be nice or GET OUT

LISTEN (really listen)

ASK (for what you want, assistance for help to pursue questions)

CONTRIBUTE (when moved)
Introductory MAPS learning checklist

I have...

_____ Watched the Shafik’s MAP video

**Read…**

_____ All my life’s a circle, pp. 1-28
_____ Action for inclusion
_____ What’s really worth doing
_____ From behind the piano

_____ Answered the sequence of MAPS questions reflectively, for myself, with facilitation, and provided the facilitator/recorder with feedback.

_____ Facilitated another person in answering the MAPS questions, and received feedback on my facilitation.

_____ Made a graphic record of another person answering the MAPS questions and received feedback on my recording.

_____ Developed a set of notes for myself on “What I want to review before I facilitate a MAP.”

_____ Made agreements with at least two other people who will support my practice with MAPS by encouraging me and debriefing with me.

_____ Identified a family I will approach to be my partners in taking the next step by allowing me to facilitate a MAP with them.

---

Introductory PATH learning checklist

I have...

_____ Watched the Introductory PATH training video.

**Read…**

_____ All my life’s a circle, pp. 29-43
_____ PATH Workbook

_____ Been a PATHfinder on an issue that matters to me, and provided the facilitator and recorder with feedback (i.e., I have had my own PATH done)

_____ Facilitated another person’s PATH, and received feedback on my facilitation.

_____ Acted as a graphic recorder for another person’s PATH and received feedback on my recording.

_____ Developed a set of notes for myself on “What I want to review before I facilitate a PATH.”

_____ Made agreements with at least two other people who will support my practice with PATH by encouraging me and debriefing with me.

_____ Identified a person or group I will approach to be my partners in taking the next step by allowing me to facilitate a PATH with them.

---

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3. QUALITIES OF A FACILITATOR
LEVELS OF COMMITMENT TO PERSON-CENTERED PLANNING

EMBRACE
SUPPORT
BELIEVE
NEUTRAL
YES BUT
TRAITS OF A PERSON-CENTERED PLANNING FACILITATOR

QUALITIES/DECLARATIVE – THE WHAT

A GOOD FACILITATOR:

1. Believes in the Person-Centered Planning philosophy
2. Holds a true understanding of the assumptions of Person-Centered Planning
3. Is committed to the Person-Centered Planning process
4. Supports the Person-Centered Planning process
5. Understands and implements the logistical techniques of Person-Centered Planning, including:
   - Supporting the focus person
   - Inviting appropriate group members
   - Fostering a welcoming environment that supports creativity
   - Graphics skills
   - Group facilitation skills
6. Fosters commitment and support from members of the support circle to the Person-Centered Planning process and the action plan
7. Uses humor!

A GOOD FACILITATOR IS:

8. Non-Judgmental
9. A Good Listener
10. Self-Confident
11. Flexible
12. Genuine
13. Hospitable
PROCEDURES AND PROCESS – THE HOW

A GOOD FACILITATOR:

1. Knows how to facilitate a person-centered plan.
2. Uses pacing to move the Person-Centered Planning process along at a rate that works for the focus person and the circle of support.
3. Uses good listening skills.
4. Uses team work to enhance the effectiveness of the Person-Centered Planning process.
5. Resolves any conflict constructively.
6. Uses consensus building.
7. Fosters the self-determination of the focus person so the person-centered plan is created by and with them and not for them.
8. Builds relationships with the members of the circle of support so they will participate in the work of the action plan on an ongoing basis.
9. Helps the group CELEBRATE successes and accomplishments, and grieve over upsets and breakdowns.
4. GROUP OR CIRCLE CONSTITUTION
GROUP OR CIRCLE CONSTITUTION

A Person-Centered Planning circle is not the same as a person’s interdisciplinary “team.”

One of the best ways to determine who should be in a circle is for the facilitator to sit down with the focus person (and/or their representative, if needed) and draw a relationship map. The first questions to ask would be “Who are your best friends?” “Who do you love the most?” “Who loves you the most?” Then the facilitator can fill in the rest of the map with the person and/or their representative.

The facilitator can also ask about community places the focus person goes to, and who they see there. The facilitator can actively seek out who are community members who can be invited to join the person’s circle.

Once the map is complete, the facilitator asks the person who they would like to have participate in this planning. Then together they figure out how these people should be invited to come to the planning meeting.
INTER-VISIONARY TEAM

A planning group that is true to the principles of Person-Centered Planning does not come together because of professional roles and requirements. A Person-Centered Planning group is constituted of people who want to contribute their time and talents because they care about the particular focus person and want to work for change.

AN IDEAL PERSON-CENTERED PLANING GROUP CONSISTS OF A VARIETY OF PEOPLE AND ROLES:

*Family members.* - provides a historical perspective, strong alliance with the focus person

*Homemaker* – is the guardian of hospitality for the circle

*Personal assistants* – are responsible for day-to-day responsiveness to the person

*Warrior* – focuses on immediate and long-range actions to help implement the plan

*Teacher* – provides information and skills to the circle to help implement the plan

*Community builder* – may have many connections, invites and brings others into the circle and
  the person’s life, both to strengthen the circle and help in implementing the plan

*Administrative ally* – can see and advocate for administrative changes that might be needed both
  for this focus person and for long-term change

*Mentor* – can provide information, guidance and insight that will help in long-term change

*Benefactor* – may assist in providing what’s needed for long-term change

*Spiritual advisor* – renews the faith of the person and the group over time

*Facilitator* – provides focus, keeps the process going, keeps the group focused on and clear
  about the vision and action to implement it

A Profile of an Ideal Person-Centered Planning Group

The beautiful Maori proverb from the Aboriginal people of New Zealand sums up for us the meaning of the concept of support circles.

“What is the greatest and most precious thing in the world? I say to you. Tis people, tis people, tis people.”

When people come to our workshops they often ask us to “do” circles. Our answer is that you don’t “do” circles, you live circles. The “circle of friends” exercise is a useful and creative tool. But a circle is not a casual tool. A circle is the result of building committed relationships. “When people say to us, “We did a ‘circle’ and it didn’t work” we know that they have missed the point. It is like saying “I did life and it didn’t work.”

Circles are life support systems. They can make the difference between life and death for any human being. We know this not because we have used circle building outside our own lives, but because in several points of crisis both personally and professionally we had to “walk our own talk.” i.e. call together our friends to literally save our own lives.

That is why in our work with professionals we do not start with the “others” – not with the recipients of service, not with the students, but with the participants themselves. We ask them the reflective question, “Who is in my life? In a crisis who would I call? And the most scary question of all – who would come?”

We have learned from the health and resilience literature that very few people can survive any major life crisis without the support of friends and family. This data has reinforced our initial feelings that building circles around everyone is a matter of life and death. It is not frivolous. It is not “the soft stuff.” It is the core. Unless we build this foundation of support the rest of what we do may fall in disarray in the long run.

We know. Just this summer 1995, Marsha went from health to major cancer surgery overnight. Now she is healing thanks to dear friends who rallied around and helped us survive this crisis. We’re on a full and exciting work schedule again. We reached out not simply by phone, but used the most updated e-mail systems. We were surrounded immediately by healing and hopeful messages, calls, music, prayers, and wishes from all over the globe.

We are here today to tell the tale. Circles are not just for someone else. Circles are for all of us.

Crisis also hit two other major players at the Center and Press. Shafik Assante had a recurrence of his cancer, but he too has rallied back after radiation, chemo treatments and the love and support of his circle. Shafik is convinced that all our work in inclusion shrinks tumors. We are grateful he is back at full speed.

And Judith Snow went to the San Francisco TASH conference and ended up in the hospital with pneumonia. The circle gathered led by Richard Rosenberg, Jay Klein, Joe Wykowski, and Martha Leary. Judith was surrounded and supported. Best of all, according to Judith, was being flown home to Toronto in her own private white shiny Lear Jet (medivac). She “cloud surfed” and saw the stars on a bright night at 41,100 feet.

She is well, thriving in her doctoral program at OISE and coming over for a spaghetti dinner to celebrate health and friendship. We are taking care of Jack to make sure he stays healthy.

We live the circle. It is a life giver for us all. We are here today to tell the tale. Circles are not just for “someone else.” Circles are for all of us.

“What is the greatest and most precious thing in the world? I say to you, Tis people, tis people, tis people!”
Reprinted with permission from *Inclusion News*. 
CHARACTERISTICS OF EFFECTIVE TEAMS

Ask yourself whether your team has these characteristics:

- There are mutually set team goals
- There is an understanding and commitment to the goals
- There are clearly defined, non-overlapping member roles
- Development and creativity is encouraged
- Decisions are based on facts, not emotions or personalities
- Meetings are efficient and task oriented (to the extent that the individual at the focus feels comfortable)
- Discussion involve all members
- Minutes of meetings are promptly distributed
- Members listen to and show respect for one another
- Problem solving vs. blaming characterizes the action
- Frequent feedback is solicited on the process
- Members are kept informed
- Members take pride in their membership
- There is a free expression of feelings and ideas
- Members cooperate and support one another
- There is tolerance for conflict with an emphasis on resolution
- Members enjoy spending time with one another

Adapted from Conway Quality, Inc. (1994). *Team Leader & Facilitators Workshop* (p. 183).

Reprinted with permission of the *Center for Community Inclusion*, University of Maine, (1995)
5. FACILITATING A PLAN
FACILITATING A PLAN

This section provides details of the two initial meetings of Personal Futures Planning:

1. The Personal Profile
2. The Futures Planning/Visioning meeting

Once these two meetings are completed, the circle meets regularly to implement the plan.

Further explanations of the maps are contained in Person-Centered Planning: Finding Directions for Change Using Personal Futures Planning, available from:

Dr. Beth Mount
Graphic Futures, Inc.
25 W. 81st. St., #16-B
New York, NY 10024
FACILITATING A PLAN --

PERSONAL PROFILE MEETING

The Personal Profile provides an opportunity for the facilitator, the person who will be the focus of the plan, and invited friends and guests to create an overview description of the current life of the person. The personal profile can help the facilitator and others:

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• Get to know the person and listen to their views on life.

• Develop a shared appreciation of the gifts and capacities within this person, as well as the barriers and struggles they face.

• Value and include the perspective of family members, direct service workers, friends, and other people who may often be excluded from a planning process.

• Strengthen the voice of the people by clarifying their interests and desires, and naming the things that prevent them from expressing these things.

• Establish a record of how things are now for future reflection.

• Translate human service jargon by finding a common language.

• Discuss values, options, and feelings in an informal situation.

The facilitator uses a number of frameworks (illustrated on the following pages) to help describe a person’s life. The basic frameworks describe opportunities and reveal clues to build on in the future. Optional frameworks provide additional information when needed. These maps are completed during a small meeting with the focus person and others or through an individual interview process.

(Individual maps are described more fully in “Person-Centered Planning: Finding Directions for Change Using Personal Futures Planning”)

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DISCOVER OPPORTUNITIES: THE PERSONAL PROFILE

BASIC FRAMEWORKS:

Relationship Map: Identifies opportunities for personal support and assistance.

Places Map: Describes the pattern of current daily life.

Background Map: Provides an overview of the life experiences of the person and family.

Preferences Map: Describes personal preferences, gifts and interests, as well as conditions to avoid.

Dreams Map: Describes ideas about personal dreams and desires for the future. Determines time frame for work.

Hopes and Fears: Describes how people feel about the opportunities and obstacles they see to making things happen.

OPTIONAL MAPS:

Choices Map: Describes decisions made by the person and decisions made by other people. Clarifies needs for personal assistance.

Health Map: Describes conditions that promote or threaten health.

Respect Map: Describes personal characteristics that can create barriers to community acceptance.

Other: Other maps invented by the facilitator to help describe the patterns in a person’s life.

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QUESTIONS FOR REFLECTION AND DRAWING THEMES

After each map is complete, the facilitator should reflect on the main themes about the person’s life revealed in this particular map. Is the facilitator clear about what needs to be brought out in later parts of the meeting, especially the vision? Is the group clear? Does the facilitator need to draw out particular themes or issues for the group, either in the way a map is drawn or in the discussion?

1. RELATIONSHIP MAP

- What are the main patterns and themes in the relationships network?
- What areas of relationship are missing? What would be important to build?
- Are there old friends or acquaintances from the past, with whom the focus person would like to reconnect?
- Are there friends or acquaintances from the community that can be invited to join the planning circle?
- Where could community members who would like to get to know this person be found?

2. PLACES MAP

- What are the main patterns and themes in the Places map?
- Are there areas that are missing?
- Does the focus person tend to go many places in a small group?
- Is the person really sharing community places, or just visiting them like a tourist?
- How can the person’s use of community places be utilized to strengthen their community membership?

3. HISTORY/BACKGROUND MAP

- As you draw the map, can you graphically portray some of the themes – for instance, many places lived in a short time, separation from family, etc.?

After the map is complete, review:

- Does the group really understand how this person’s life has been?
- How would you have felt at different times, if this had been your life?
- What is your and the group’s understanding of what is important to this person, given his or her history?
- What are some of the main themes of his/her life?
- Are there additional things you need to find out about his/her life?

4. PERSONAL THEMES

- What works? Interests, gifts, talents
• What doesn’t work? Look for themes that will be important in building the Vision for the Future. For example, if the person doesn’t like loud noises or people telling him what to do, what will be important in where he/she should live?
FUTURES PLANNING MEETING

The planning meeting provides the occasion for people to gather to clarify a vision for the future, choose a focus for getting started, and organize making it happen. The planning meeting has four basic steps.

1. To develop images of the future shared by all.
2. To brainstorm a number of strategies for bringing the ideas discussed during the vision session into reality.
3. To identify opportunities and acknowledge obstacles in the implementation process.
4. To help group members make commitments to take action.
QUESTIONS FOR REFLECTION ON QUALITY OF VISION

VISION MAP

Does the vision reflect a life as belonging to the services system, or is the vision one in which the person has a life equal to other community citizens?
Is the vision a community life or a services system life?
Is it a life inside the services system with some activities in the community?
Is the foundation for the vision a life as a typical community member?

Are different parts of the vision distinguished?:

1. Work/meaningful activity

- What types of community jobs could you see the person doing?
- Does the vision reflect an individualized job, based on the person’s interests and gifts, versus an enclave?
- If a job would not be the right expression for the person, are there meaningful activities described that support the person in contributing their unique gifts and talents and supports them in being seen as a valued community member?

2. Home

- What would this person’s own home, their own place, be like?
- Does this vision reflect an individualized home with the support needed, versus a small group living situation?
- If the person could live with anyone, who would they want that to be? (If that vision is to live with family or someone else that it’s not possible to live with, can the group identify the important elements of that preferred situation – for instance, a loving family, a young, energetic, caring person, etc.)
- What are their intimate relationships like – are they married, or in a relationship with a significant other? Do they have opportunities for sexual and romantic intimacy?

3. Friends/relationships

- Does the vision include a wide variety of relationships?
- Are there community members who would like to have this person as a friend, fellow club member, etc.?

4. Contribution in Community Life

- Does the vision include valued social roles?
- What community members have or should have the opportunity to appreciate this individual’s unique gifts and talents?
6. IMPROVING THE QUALITY OF PLANS
### IMPROVING THE QUALITY OF QUESTIONS

<table>
<thead>
<tr>
<th>Contrast these questions with…</th>
<th>More vision-oriented, community-life questions and approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group understanding of the person’s past:</strong></td>
<td></td>
</tr>
<tr>
<td>How did that feel – hard?</td>
<td>How does/did that feel….</td>
</tr>
<tr>
<td>(of circle): If you had gone through those experiences, how would you feel?</td>
<td></td>
</tr>
<tr>
<td><strong>Ideal home:</strong></td>
<td></td>
</tr>
<tr>
<td>Do you want to live with (a specific person)?</td>
<td>If you could live with anyone, who would you most like to live with?</td>
</tr>
<tr>
<td>Which of the people here would you like to live with?</td>
<td>Where would you most like to live? If you could live anywhere, where would that be?</td>
</tr>
<tr>
<td>(Person says they want to live with a specific staff person, family member, etc.). That’s not going to happen, so who else would you like to live with?</td>
<td>What is it about that person that you really like? (Have group think about what that person provides – where could someone else like that be found?)</td>
</tr>
<tr>
<td><strong>Ideal work/job:</strong></td>
<td></td>
</tr>
<tr>
<td>Do you want a community job?</td>
<td>If we saw… at work, what kind of job could we see him/her doing?</td>
</tr>
<tr>
<td>What kind of community job do you want?</td>
<td>(Take a list of interests/gifts) What are all the places where people do anything with these interests? Where are all the places/people who would like to receive those gifts?</td>
</tr>
<tr>
<td>(after group has listed) Which of those would be most exciting to you/interest you the most?</td>
<td></td>
</tr>
<tr>
<td>That kind of job wouldn’t work out, what about…?</td>
<td>If… were going to have that kind of job, what kind of support would he/she need? What would have to be there to make it successful?</td>
</tr>
</tbody>
</table>
7. EVALUATING THE QUALITY OF A PLAN
EVALUATING THE QUALITY OF PERSON-CENTERED PLANNING

AREAS OF PLANNING TO EVALUATE

This section contains five checklists, which a trainer can use to evaluate the quality of the planning which participant trainees complete and to identify areas for additional training:

1. Understanding and application of the PHILOSOPHY, ASSUMPTIONS, AND BELIEFS of Person-Centered Planning.
   - See the checklist "How Person-Centered is YOUR Person-Centered Planning"

2. PROCESS used in conducting Person-Centered Planning
   - See the two checklists on PROCESS REVIEW

3. CONTENT of Person-Centered Planning and skills in creating an action plan
   - See the checklist on REVIEW OF CONTENT AND ACTION PLAN

4. Monitoring the ongoing FOLLOW-ALONG, IMPLEMENTATION, AND REVISION of the person-centered plan and person-centered action plan.

   The plan may change as part of the life process. Was the plan implemented as written? How were changes incorporated and addressed?
   - See the checklist on FOLLOW-ALONG AND IMPLEMENTATION
HOW PERSON-CENTERED IS YOUR PERSON-CENTERED PLANNING?

Please take a moment to answer the following questions to determine the person-centeredness of your planning.

- Did the individual choose this person-centered process to assist in their planning (was an array of options presented in a clear and understandable fashion)?
- Did the individual select who they wanted to assist in their planning?
- Did the individual select who they wanted to facilitate their planning?
- Did the individual make the invitations?
- Does the planning group include non-paid community members?
- Did the individual choose when and where to have the planning/meetings?
- Did the individual determine in what life areas planning would occur?
- Did the dreams and desires of the individual form the foundation for the process?
- Did the individual and the people who know him/her the best and love him/her the most contribute the most?
- Was/is the process positive and respectful?
- Were the strategies used to gain the individual's perspective respectful?
- Did the process identify and build upon the individual's gifts and talents?
- Was an ideal home for this individual identified?
- Were ideas for an ideal job or community contribution for this individual generated?
- Were other images of a desirable future identified?
- Does the vision/plan identify ways to assist the individual:
  - expand and deepen their network of relationships?
  - contribute to community life?
  - expand the number and type of valued social roles they experience?
  - increase their experience of choice, control, and self-determination?
- Were the strategies and supports identified that are likely to cause the individual upset and frustration?
- Did the group identify others to invite to join the circle, especially community members?
- Are all the planning meetings flexible and dynamic?
- Is the individual participating in all phases of the process?
- Does the individual have a formal role in the quality assurance?

Adapted from Final Report of the Person Centered Planning Pilot (1995), Center for Community Inclusions, Maine's UAP, University of Maine
# EVALUATION OF PERSON-CENTERED PLANNING PROCESS REVIEW

<table>
<thead>
<tr>
<th>Facilitator Evaluation</th>
<th>Reviewer Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the facilitator/s use current best practices strategies in facilitating the person-centered plan? Give examples.</td>
<td></td>
</tr>
<tr>
<td>2. Was pacing used effectively to move the Person-Centered Planning process along at a rate that worked for the focus person and their circle of support? Give examples.</td>
<td></td>
</tr>
<tr>
<td>3. Were good listening skills used? Give examples.</td>
<td></td>
</tr>
<tr>
<td>4. Was teamwork used to enhance the effectiveness of the Person-Centered Planning process? Give examples.</td>
<td></td>
</tr>
</tbody>
</table>
5. Were conflict resolution methods used when needed? Give examples.

6. Was consensus building used to promote the work of the support network? Give examples.

7. Was the self-determination of the focus person fostered so the Person-Centered Plan is created by and with the focus person and not for them? Give examples.

8. Were relationships built with members of the circle of support so they will, on an on-going basis, participate in the work of the action plan? Give examples.

9. Did appropriate celebrations occur? Give examples.
# PERSON-CENTERED PLANNING PROCESS REVIEW

Name of focus person:  

Name of facilitator:  

Name of facilitator:  

Name of reviewer:  

Date of review:  

E=Excellent  
G=Good  
N=Needs work/Not yet  

<table>
<thead>
<tr>
<th>GREAT</th>
<th>GOOD</th>
<th>NEEDS WORK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

1. **Degree to which facilitator/s created a welcoming environment for group participation?**  
   
   Reviewer's observations and comments on strategies used by facilitator/s.  
   
   ________________________________________________________
   
   ________________________________________________________

2. **Degree to which the facilitator/s created and fostered an environment that supports, nurtures and empowers the active participation of the focus person?**  
   
   Reviewer's observations and comments on strategies used by facilitator/s.  
   
   ________________________________________________________
   
   ________________________________________________________
3. Degree to which the facilitator/s created and fostered an environment that supports, nurtures and empowers the active participation of all members of the support network? [_____  _____  _____]  
Reviewer's observations and comments on strategies used by facilitator/s.

4. Does the facilitator/s elicit from the support network a perspective of what makes sense for this unique person? [_____  _____  _____]  
Reviewer's observations and comments on strategies used by facilitator/s.

5. Degree to which the facilitator/s assisted the support network listen to, value and create a vision for the focus person? [_____  _____  _____]  
Reviewer's observations and comments on strategies used by facilitator/s.

6. Follow-along meetings. Degree to which the facilitator/s assisted the support network implement and follow-through on the vision for the focus person? [_____  _____  _____]  
Reviewer's observations and comments on strategies used by facilitator/s.
7. Are there particular skill areas the facilitator/s could strengthen?

8. Comments:
# EVALUATION OF PERSON-CENTERED PLANNING
## REVIEW OF CONTENT AND ACTION PLAN

Name of focus person: 

Name of facilitator: 

Name of facilitator: 

Name of reviewer: 

Date of review: 

E=Excellent  
G=Good  
N=Needs work/Not yet

<table>
<thead>
<tr>
<th>Facilitator Evaluation</th>
<th>Reviewer Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A positive view of the focus person's gifts and capacities?</td>
<td></td>
</tr>
<tr>
<td>2. The preferences and interests of the focus person?</td>
<td></td>
</tr>
<tr>
<td>3. The focus person's unique personality?</td>
<td></td>
</tr>
<tr>
<td>4. Critical issues in the focus person's life (for example, health, safety, physical assistance, reputation, etc.)?</td>
<td></td>
</tr>
<tr>
<td>5. An accurate reflection of the focus person's vision for the future</td>
<td></td>
</tr>
<tr>
<td>6. A vision that stretches beyond system alternatives?</td>
<td></td>
</tr>
<tr>
<td>7. A vision for the future rich enough to call the group to action?</td>
<td></td>
</tr>
</tbody>
</table>
AFTER PARTICIPATING IN PERSON-CENTERED PLANNING MEETINGS

<table>
<thead>
<tr>
<th>Facilitator Evaluation</th>
<th>Reviewer or Group Member Evaluations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Do you feel a sense of promise and hope?</td>
</tr>
<tr>
<td></td>
<td>2. Do you feel like you know the focus person?</td>
</tr>
<tr>
<td></td>
<td>3. Do you have enough information to support the focus person?</td>
</tr>
<tr>
<td></td>
<td>4. Do you know what to do to support the focus person?</td>
</tr>
<tr>
<td></td>
<td>5. Is it easy for the focus person and circle of support to understand the plan (e.g., no jargon)?</td>
</tr>
<tr>
<td></td>
<td>6. Do you feel that the vision/plan will assist the focus person to:</td>
</tr>
<tr>
<td></td>
<td>a. Deepen and expand their network of relationships?</td>
</tr>
<tr>
<td></td>
<td>b. Contribute to community life?</td>
</tr>
<tr>
<td></td>
<td>c. Expand the number and types of valued social roles?</td>
</tr>
<tr>
<td></td>
<td>d. Increase the presence of the focus person in local community life?</td>
</tr>
<tr>
<td></td>
<td>e. Increase the focus person’s experience of choice, control and self-determination?</td>
</tr>
<tr>
<td></td>
<td>7. Has the facilitator and circle of support assisted the focus person to discover a dream beyond their current living and work situation?</td>
</tr>
<tr>
<td></td>
<td>8. Do you think the action plan will help the focus person reach their vision for the future?</td>
</tr>
<tr>
<td></td>
<td>9. Is the action plan logical, easy to use, and implement?</td>
</tr>
<tr>
<td></td>
<td>10. Does the plan prioritize support being provided by non-paid community members?</td>
</tr>
<tr>
<td></td>
<td>11. How did you feel after participating in the person-centered planning process?</td>
</tr>
</tbody>
</table>
## EVALUATION OF PERSON-CENTERED PLANNING
### REVIEW OF FOLLOW-ALONG AND IMPLEMENTATION MEETINGS

Name of focus person:  
Name of facilitator:  
Name of facilitator:  
Name of reviewer:  
Date of review:  

<table>
<thead>
<tr>
<th>Facilitator Evaluation</th>
<th>Reviewer (or Group Member) Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Was the plan since the last meeting implemented as written?  
Give examples.

2. Was the plan revised to address any changes that occurred with the focus person and their circle of support?  
Give examples.

3. Were the changes incorporated and addressed in an updated action plan?  
Give examples.

4. Were the changes addressed in a timely manner?  
Give examples.

E= Excellent  
G= Good  
N= Needs work/Not yet
5. Were ongoing relationships built with the circle of support so they will, on an ongoing basis, participate in the work of the action plan? Give examples.

6. Were actions referred against the long range vision? Were action steps identified toward the long range vision?

7. Did the group identify others to invite to join the circle?
8. FOLLOW ALONG MEETINGS/IMPLEMENTATION OF THE PLAN
FOLLOW-ALONG MEETINGS -- IMPLEMENTATION OF THE PLAN

Many people think that Person-Centered Planning consists of the first couple of meetings. The first meeting or two is often very exciting and filled with possibility and hope, then that possibility and excitement die once the work gets challenging. Also, sometimes the initial vision is not powerful enough, perhaps consisting solely of more activities the person would like to do. Once these are started, the group may lose energy because it seems like there’s nothing more to accomplish.

Michael Smull, one of the developers of Essential Lifestyle Planning, has noted, “Don’t plan with someone if you are not going to implement.” (1996)

“Maintaining the commitment of a group of people over time is one of the most challenging requirements of the futures planning process. Do not underestimate the hard work required to bring a group of people together to solve problems again and again over time. Do recognize that inviting people to work together in a constructive manner toward a positive vision is one of the most important responsibilities of an effective facilitator.” (Mount, 1992, p. 40)

It makes a difference to touch base or meet with a key person from the circle ahead of time and align on what needs to be covered at each particular meeting.

Some questions for a facilitator to review during and after follow-up meetings include:

1. Is the vision poster clearly posted at each and every meeting? Are the actions proposed and being taken being referenced against this vision?

2. Should the vision be revised --was it not strong enough initially, or have the person’s life circumstances changed such that it should be redone?

3. Is there progress being made on more easily achievable goals? Is there a sense of accomplishment?

4. Is there progress also happening on the larger, more difficult parts of the vision that might take more substantial change to fulfill? Are at least small steps happening toward those?

5. How can the planning circle expand? Who else can be invited in, especially community members?

6. At the end of each meeting, is a time set for the next get-together? Does this time frame make sense in terms of what people have committed to do, that will still maintain energy? (Note that if there are many human services staff attending they might think in terms of quarterly or semi-annual blocks of time, rather than looking at what really makes sense.)
9. DIFFICULT GROUP MEMBERS AND CHALLENGING SITUATIONS
EXAMPLES OF GROUND RULES
FOR TEAM MEMBERS

- Encourage participation from all members
- Use active listening
- Be open to being influenced
- Don’t fear judgment by others
- Maintain focus on the planning process
- Encourage diversity in points of view—be open minded—and avoid jumping to conclusions
- Don’t permit side discussions
- Make building the team a strong priority
- Recognize, appreciate and value team member’s efforts
- Reach consensus at the meeting so the team is ready to move forward on realizing the plan after the meeting is over
- Don’t allow team members to pull rank—leave titles at the door—everyone is a valued member
- Resolve issues so everyone is clear
- Reach conclusion or decisions on each issue and avoid deferral when possible (unless specific issues/areas are on upcoming agenda)
- Manage conflict effectively
- Don’t permit personal attacks
- Seek first to understand and then to be understood
- Allow the facilitator to facilitate the meeting
- Each and every team member takes responsibility for the meeting’s effectiveness
- Try new roles—be open to learning—take risks
- Have fun!

Adapted from: Conway Quality, Inc. (1994). Team Leader & Facilitators Workshop (page 13-14)
STRATEGIES FOR INTERVENING
HANDLING DIFFICULT SITUATIONS

• At the beginning of each meeting, review the team’s values and guidelines
• Do a process check at the end of the meeting to review the team’s adherence to their values and guidelines
• Ask leading questions to guide the team back to the issues at hand
• Make little or no reference to the person when redirecting
• Take a “time out” to discuss group problems and reestablish guidelines
• Treat all problems as group problems
• Deal directly with a seriously offending member in a way that does not disrupt the meeting (e.g., before or after the meeting)
• Only when other strategies have failed should you deal directly with the seriously offending member in the presence of the team.


STRATEGIES FOR INTERVENING
TIPS FOR THE FACILITATOR

When to intervene:

- Inappropriate behavior
- Off topic or off process discussions
- Emotional or personal discussion
- Stuck on a process issue (or systems issue) that needs to be sent to the “brokering” system for resolution
- Help is requested

When not to intervene:

- Good discussion, even if longer than planned (use your judgment—remember it is important to stay on task and time)
- Off topic discussion, but good prospects for relevancy
- Team is not doing what you expected, but is making progress
- If intervention backs an individual into a corner

Adapted from: Conway Quality, Inc. (1994). Team Leader & Facilitators Workshop (page 13-14)

HANDLING DIFFICULT SITUATIONS
DEALING WITH PROBLEM BEHAVIOR

1. Latecomer, early leaver, “flutter”

Do: Check to ensure start and end times were clearly communicated; reinforce value of their participation; resolve persistent issues in private; observe “100-mile rule”

Don’t: Confront publicly; waste groups time recapping

2. Broken record (keeps bringing up the same point)

Do: Demonstrate that ideas have been heard by paraphrasing or listing on flip charts; get agreement that ideas have been heard; ask to rephrase.

Don’t: Ignore, permit to go unchecked

3. Doubting Thomas (constantly puts down everything; negative)

Do: Agree to non-evaluation of ideas for a set period of time, encourage use of constructive differing.

Don’t: Ignore or permit to go unchecked.

4. Headshaker (non-verbally disagrees in a dramatic and disruptive manner)

Do: Acknowledge apparent lack of agreement; probe for reasons and understanding

Don’t: Let it bother you.

5. Dropout (non-participating member, doesn’t say anything; reads or doodles)

Do: Try to draw into conversation; ask opinions directly regarding issues that likely are of interest/importance; if unresponsive, ask why in private.

Don’t: Confront or make uncomfortable in public.
6. Whisperer (constantly holds side conversations)

Do: Ask for one meeting at a time; position yourself near whisperers; stop talking until group is silent; ask if they had some input regarding the point at hand; seat apart.

Don’t: Ignore, talk over

7. Loudmouth (talks to much, too loud, dominates meeting)

Do: Reduce intensity by moving closer to them; direct questions or requests for comments to others; use formal brainstorming; use as scribe; address privately if necessary.

Don’t: Be bullied.

8. Attacker (launches personal attacks on you or others)

Do: Act as mediator, separate ideas from person; physically position yourself between attacker and target; turn issue back to attacker for positive suggestions.

Don’t: Let group attack the attacker.

9. Interpreter (always speaks for other people)

Do: If interpreter has interrupted speaker, jump in quickly and allow speaker to finish; if speaker has finished, ask if interpreter’s interpretation is accurate.

Don’t: Allow interpreter to go unchecked.

10. Gossiper (introduces hearsay and gossip into meeting)

Do: Ensure information is germane to the issue then verify immediately. Defer the issue until facts are obtained.

Don’t: Act on unsubstantiated gossip.

11. Know it all (uses their credentials to argue their points)

Do: Acknowledge expertise and insist on alternative points of view; emphasize why issue is being considered by group.

Don’t: Give in, let know-it-all belittle other perspectives.
12. **Backseat Driver (keeps telling you what you should be doing)**

**Do:** Ask for suggestions then get agreement from group and act immediately, exchange roles if appropriate.

**Don’t:** Let it bother you.

13. **Interrupter (starts talking before others are finished)**

**Do:** Jump in and allow speaker to complete their thought; be impartial and fair; include in process check for listening.

**Don’t:** Allow to continue.

14. **Teacher’s Pet (constantly seeks facilitator’s approval rather than focusing on content)**

**Do:** Encourage them to speak to others in group; break up contact; turn evaluation questions back to them or group.

**Don’t:** Allow them to become dependent on you.

Adapted from: Conway Quality, Inc. (1994). Team Leader & Facilitators Workshop (page 13-14)
COMMUNICATION GUIDELINES: STRATEGIES FOR FACILITATORS

1. Clarify
   • Get agreement on the issue before debating it
   • Ask others what they mean in terms that you and others understand

2. Probe
   • ask questions to explore issues in more depth

3. Communicate your requirements
   • tactfully and clearly let others know what information you need and how you would like them to respond

4. Keep the discussion moving
   • acknowledge others’ points of view while remaining focused on the objective

5. Bring listeners into the discussion
   • be brief and concise
   • ask listeners for their reactions; appreciate their input

6. Explore how others feel
   • probe and clarify reactions
   • appreciate openness

7. Summarize key points periodically

8. Be supportive
   • demonstrate interest in others’ input and encourage participation by making it comfortable for all

Adapted from: Conway Quality, Inc. (1994). Team Leader & Facilitators Workshop (p. 82).
WHAT IS CONSENSUS?

CONSENSUS IS:

Finding a proposal or idea or solution that is acceptable enough that all members can support it—live with it—buy into it; no member opposes it.

CONSENSUS IS NOT:

- a unanimous vote
- a majority vote
- everyone totally satisfied

CONSENSUS REQUIRES:

- time
- active participation
- skills in communicating—listening, conflict resolution, facilitating
- creative thinking and open-mindedness

Adapted from: Conway Quality, Inc. (1994). *Team Leader & Facilitators Workshop* (page 13-14)

CONSENSUS DECISION MAKING GUIDELINES

• Clearly state what you are trying to decide

• Decide as a team how you are going to approach the problem/decision

• Listen to what others are saying—paraphrase and question team members to ensure clarity

• Involve everyone in the discussion—draw out the silent members!

• Explore choices

• Encourage differences to clarify issues

• Always strive for the “best” answer

• Yield only to positions that have objective and sound foundations—do not allow the individual as the center of the team or yourself as the facilitator to be bulldozed!

• Be suspicious of quick solutions

• Avoid voting, averaging, and coin flips

• Move on and return to difficult items at another time

Adapted from: Conway Quality, Inc. (1994). Team Leader & Facilitator Workshop (p. 75).

CONSENSUS CHECKLIST

Did each team member give his/her opinion?

Did each idea presented receive comments and consideration?

Did members who disagreed with the decision express their concerns, reservations, feelings before the decision was adopted?

Is any team member hesitant to actively support the decision adopted?

Adapted from: Conway Quality, Inc. (1994). *Team Leader & Facilitator Workshop* (p. 76).

10. MUSIC AND GRAPHICS
MUSIC

Music is a powerful tool that can be used to enhance the creativity and set the tone of a person-centered planning gathering. When planning a person-centered gathering identify with the focus person if they would like music played during their gathering. Identify with the focus person the type of music they would like to hear and if there are specific times they would like the music played.

The following is a list of favorite music used by Marsha Forest and Jack Pearpoint.

MUSICAL RESOURCES

We are frequently asked for how to get the music we use at our workshops. We are pleased to provide the information. We love the atmosphere set by the following tapes:

- Anything by Carlos Nakai and his Native American Flute Music is wonderful. Our two favorites are the tapes "Journeys" and "Changes."
- Another popular tape is "Baka Beyond Spirit of the Forest." (Rykodisk).
- "Outback" is also on the Rykodisk label.

Create your personal list of favorite music.

1.
2.
3.
4.

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GRAPHIC ORGANIZING, RECORDING, OR COMMUNICATION

Graphic organizing, recording, or communication is a creative tool that allows you to capture and integrate large quantities of information in small amounts of space. The type of information that can be captured through graphics is endless. The information that is captured is recorded in colorful graphics and short phrases. Graphic organizing, recording, or communication is a tool that can be used in many settings and applications. Through these methods, group members of all ages and abilities are empowered to share their knowledge, thoughts, and experience in order to identify and record information.

Facilitators, in order to enhance their skills should:

- Practice-Practice-Practice!!!
- Continue to learn about graphic recording
- Develop their personal log of graphic symbols that can be used when facilitating Person-Centered Planning
- See the examples of graphics in this section
EXAMPLES OF GRAPHICS

People

Sitting

Money

Friction

Celebrate

Party

Presentation

Community

City/Town

Future

Dream Path

Home

Friends

Love

Idea

Barrier

Time

Airplane/

Trip/Travel

65
RECOMMENDED READING ABOUT GRAPHICS

Beyond Words: A Guide to Drawing Out Ideas
by Milly R. Souneman
Ten Speed Press
P.O. Box 7123
Berkeley, CA 94707

Graphic Facilitation
I See What You Mean
Fundamentals of Graphic Language
by David Sibbet
The Grove Consultants International
832 Folsom St., Suite 810
San Francisco, CA 94107
Tel: 800-49GROVE or 415-882-7760
Fax: 415-543-2021

Inclusion Press Publications and Videos
Inclusion Press International
24 Thorne Crescent
Toronto, Ontario M6H 2S5 Canada
Tel: 416-658-5363
Fax: 416-658-5067
www.inclusion.com

Mapping Inner Space
And
MAPS, MINDSCAPES, AND MORE (Video)
Zephyr Press
P.O. Box 66006-W
Tucson, AZ 85728-6006

Open Space Technology
Harrison Owens: Abbott Publishing
7808 River Falls Drive
Potomac, MD 20854

The Fifth Discipline
by Peter Senge, Doubleday, 1990
11. ARTICLES AND RESOURCES
PERSON-CENTERED PLANNING: MYTHS, MISCONCEPTIONS AND MISUNDERSTANDINGS

By Angela Novak Amado, Ph.D.

As part of the Performance-Based Contracting demonstration project, the University of Minnesota’s Institute on Community Integration is conducting training about Person-Centered Planning, a family of approaches used instead of or in addition to more traditional interdisciplinary planning. Person-Centered Planning focuses on a person’s gifts, capacities, and personal dreams, and utilizes a circle of committed friends, family, and community members to help realize those dreams and assist people with disabilities in moving toward full citizenship.

As facilitators are strengthening their skills through participation in the training program, we are learning with each other, with those who developed these approaches, and with communities in other states where such approaches are used. In this article, some of the typical misconceptions about Person-Centered Planning are described. These misconceptions and misunderstandings are barriers to the full power of the process for organizational and community change.

Misconception 1: “We’re already doing it.”

Since 1985, there has been training in Minnesota on Person-Centered Planning, with several projects funded by the Minnesota Governor’s Planning Council as well as other initiatives. Many people have attended anything from one-hour sessions to year-long facilitator training programs.

Several different concepts have become incorporated into both formal planning processes and other meetings. Persons who have used ideas based upon these approaches and principles, as well as people who have attended little or no training, sometimes say, “We’re already doing Person-Centered Planning,” or “We’ve been doing it for years.” Almost everyone these days claim they’re doing it. These beliefs can interfere with expansion of the quality and depth of the process, as well as interfering with more significant change for persons with disabilities, the organizations, which support them, and the communities in which they live.

Part of the difficulty is that people use the term “Person-Centered Planning” to refer to a large range of different planning practices. When someone says, “We’re doing Person-Centered Planning,” it’s hard to say exactly what is happening. In addition, this term is used when people are implementing some but not all of the processes that make Person-Centered Planning unique. Some people have said they do “Person-Centered Planning” if the person with disabilities attends the meeting. Other people think it means asking the person what they want, and then trying to fulfill on their desires. Still others think it means listing the person’s strengths, or talking about positive things. The scope of this type of planning, as envisioned by the people who designed it in the early 1980’s, is much larger. In addition, all Person-Centered Planning approaches are characterized by five elements (O’Brien & Lovett, 1996) that have been identified as common and fundamental to all approaches:

...
• The person at the focus of the planning and those who love the person are the primary authorities on the person’s life direction. The essential questions are “Who is this person?” and “What community opportunities will enable this person to pursue his or her interests in a positive way?”

• Person-Centered Planning aims to change common patterns of community life. It stimulates community hospitality and enlists community members in assisting focus people to define and work toward a desirable future. It helps create positive community roles for people with disabilities.

• Person-Centered Planning requires learning through shared action, collaborative action, and fundamentally challenges practices that separate people and perpetuate controlling relationships.

• Honest Person-Centered Planning can only come from respect for the dignity and completeness of the focus person (as he/she is).

• Assisting people to define and pursue a desirable future tests one’s clarity, commitment and courage.

Instead of stating “we’re already doing it,” people who have worked most closely with person-centered processes are more likely to say, “This is what we’re seeing…,” “This is what we’re learning right now…,” “What we’re currently struggling with is…” Being person-centered is not a destination or a final state that one can achieve; it is not similar to being male, a brunette, or licensed. As Marsha Forest, Jack Pearpoint & Judith Snow (1996) have noted, “When people say to us ‘we tried it and it didn’t work,’ we know they have missed the point. It is like saying ‘I did life and it didn’t work.’

Misconception 2: Being “person-centered” means asking the person “What do you want?”

“Listening to a person” means much more than paying attention to the words given in response to the question “What do you want?” Developers of the Person-Centered Planning methods have called this expanded listening: “listening beneath the surface,” listening to the unsaid,” and “listening with a third ear.” Responses to the question “What do you want?” from a person labeled as having a developmental disability, who has lived much of his/her life with decisions made by others, can be shaped by many things that are unrelated to what the individual really desires. These include: lack of experience, lack of trust, communication limitations, pleasing people in authority, fear, and complacency.

Person-Centered Planning methods are based on a group of thoughtful, committed people working together to craft ideas that will create a life of meaning, a life of community contribution, a life that makes sense, and a life as a full citizen of the community. Such crafting goes far beyond “what do you want?,” and is just as critical for someone who does not use words to communicate as one who does. It means asking very different questions to assist a group in figuring out what a desirable lifestyle would be, and envisioning what an individual’s life might become.

Misconception 3: Person-Centered Planning methods are a new and different way to have interdisciplinary team meetings or annuals.

A Person-Centered Planning approach means that meetings do not look like business as usual, with one agency after another presenting their information and “plans” for the focus person. At a Person-
Centered Planning gathering, people who love and care about the person work together to design a vision for the individual’s life. Each person who attends speaks as an individual who cares about the person, not as a representative of an agency, and expresses what they can personally do to make the focus individual’s vision a reality.

Very few “Person-Centered Planning” meetings taking place in Minnesota include anyone other than the focus person, their paid staff, and family. If our goal is to not only create a vision with the focus person, but also effectively support them in making that dream come true, we will need to focus on doing a better job at inviting non-paid community members into the lives of people with disabilities. This includes finding and nurturing the caring of ordinary citizens, inviting them to come to a person’s gatherings and to assist in moving the person’s life forward.

Misconception 4: “Person-Centered Planning” is a different kind of planning process (one that uses colorful charts and drawings) that can be undertaken in a vacuum without significant organizational change.

Many, but not all Person-Centered Planning methods, use colorful wall posters and drawings to help group members stimulate creative thinking, draw upon powerful imagery, promote the generation of ideas outside of traditional service system answers, and assist the understanding of all circle participants. While many facilitators use these approaches in the initial planning, there are hundreds of rolled-up posters sitting unused in closets, car trunks, and basements.

For many individuals, Person-Centered Planning has to come to mean the substitution of more fun, relaxed, positive meetings for more formal ones. Such meetings have often led to positive outcomes for persons with disabilities—more control and choice in their everyday life, greater participation in the community, and more acquaintances and friends who are not disabled. At the same time, however, the outcome has often looked like nothing more than an improved life inside a typical group home, waiver-funded home, or day training program, with perhaps more brief forays into community life. “Person-Centered Planning” meetings which have gone on for a number of years look like more discussions of activities the person might like, rather than examining the larger issues of a person controlling their own life and having a home, housemates, and job best suited to them. Many features of people’s lives still look much the same. People’s lives are still controlled by an agency that is supposed to be supporting them to lead the lives they desire. People still live in a “client world” rather than a “citizen’s world.” Although more people now live in 4-bed homes than 15-bed homes, they still live in buildings owned by others, in places that are not their own, and with roommates they had no choice in selecting. “Going home” means visiting family on weekends or holidays, rather than having a sense of one’s own home (indeed, some group home residents have openly indicated they live in the house of the agency director, that the “home” isn’t “theirs”). Although more people participate in supported employment, the majority still work in segregated programs, making little money doing work not suited to their interests. Most people in their life, whether called “friends” or not, are people who are paid to be there.

As Beth Mount (1994), one of the developers of Personal Futures Planning, describes the process:

“Personal futures planning is much more than a meeting; it is an ongoing process of social change. The effectiveness of a plan depends on a support group of concerned people who make a dream
reality by learning to solve problems, build community, and change organizations together over time. The focus of change is moved away from the person with a disability toward change in social roles, responses, and existing organizational structures...Personal futures planning can be a helpful tool when it is used selectively to support long-range change in organizational cultures...However, it can easily become another empty ritual if used as a quick fix without appreciation for the complex tasks of changing environments and creating a context for friendships.” (p.97). “Organizational change is an integral part of personal futures planning. *Almost every personal futures plan that is true to the person challenges the existing organizational process and structure in some way.*” (p.100). “The most common breakdown in the futures planning process occurs when people place too much emphasis on the initial meetings and do not value, plan and invest in the ongoing process of follow-up...The first several meetings are powerful...but then comes the hard work of making the ideas a reality and slogging through the details, obstacles, and frustrations of implementation...The most common problem of personal futures planning occurs when the individual planning process is detached from the effort to change existing organizational structures, processes, and cultures.” (pp. 102-103).

The process itself can only go so far, and then becomes frustrating if more significant organizational changes are not undertaken. Many Minnesota agencies have or are “bumping up against” these limits, and have the opportunity to undertake resolving these barriers, including inviting the community into people’s lives. As this project continues for another year, we’ll be working together on addressing possible resolutions.

References:


12. PERSON-CENTERED PLANNING
RESOURCE MATERIALS
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Other Things to Read on Person-Centered Planning

PATH: A Workbook for Planning Positive Possible Futures. Uses an eight-step process to help people figure out life goals; build strengths; include others in a personal support network; and develop a commitment to action. This booklet was written by Marsha Forest, John O’Brien, and Jack Pearpoint and is printed by Inclusion Press. You can find out about where to order by contacting Jack Pearpoint at the Center for Integrated Education and Community, 24 Thome Crescent, Toronto, Ontario, Canada, M611 2S5, (416)658-5363 or Fax (416)658-5067.

Person Centered Planning: How do we know when we are doing it? An overview on a variety of approaches to person centered planning and what is common to all of them. This booklet also contains a list of resources and a checklist for looking at your planning approach. You can obtain a copy from: Oregon Transition Systems Change Project, Oregon Dept. of Education, Office of Special Education, Salem, Oregon (503)378-3598.

It’s Never Too Early, It’s Never Too Late! The goals of Personal Futures Planning are to: help someone develop a picture of what the future will look like for him or her; to build a circle of people who will help support that picture or plan; and to take some first steps. For more information on how to use Personal Future Planning you can get a copy of this booklet by Beth Mount and Kay Zwernik (1988) from the Governor’s Planning Council on Developmental Disabilities, 300 Centennial Building, 658 Cedar Street, St. Paul, Minnesota 55155, (651)296-4018 or Fax (651)297-7200.

My Life Planner; Letting Go; Dream Deck. The Planner and Letting Go provide a variety of activities to assist people with developmental disabilities and family members in planning for the future and figuring out more about their preferred lifestyles, interests and preferences. The Dream Deck is a visual approach to finding out more about preferred activities and interests. For information on purchasing these and other great documents, contact Emily Curtis or Milly Dezelsky at New Hats, Inc. PO Box 5756, Salt Lake City, Utah 84157-7567, (801)268-9811.

MAPS (Making Action Plans). MAPS helps bring together the key people in someone’s life to develop a support plan. A MAPS get-together is usually hosted by two people, one who helps guide the meeting and one who records what happens on a chart paper on the wall. For more information on how to use the MAPS process, you can find out about available texts, videotapes, and training by writing to Marsha Forest and Jack Pearpoint at the Center for Integrated Education and Community, 24 Thome Crescent, Toronto, Ontario, Canada M611 2S5 (416)658-5363 or Fax (416)658-5067.
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