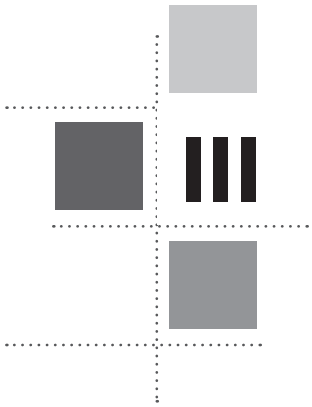


Comprehensive Function-Based and Person-Centered Assessments

STANDARDS ADDRESSED IN THIS SECTION

I. B. Positive behavior support (PBS) practitioners adhere to the following basic assumptions about behavior:

1. Challenging behavior serves a function.
2. Positive strategies are effective in addressing the most challenging behavior.
3. When positive behavior intervention strategies fail, additional functional assessment strategies are required to develop more effective PBS strategies.
4. Features of the environmental context affect behavior.
5. Reduction of challenging behavior is an important—but not the sole—outcome of successful intervention; effective PBS results in improvements in quality of life, acquisition of valued skills, and access to valued activities

I. E. Practitioners of PBS understand the following legal and regulatory requirements related to assessment and intervention regarding challenging behavior and behavior change strategies:

1. Requirements of IDEA with respect to PBS
2. The purpose of human rights and other oversight committees regarding behavior change
3. Works within state/school/agency regulations and requirements

(continued)

V. A. Practitioners understand the importance of multielement assessments, including the following:
1. Person-centered planning
2. Quality of life
3. Environmental/ecology
4. Setting events
5. Antecedents and consequences
6. Social skills/communication/social networks
7. Curricular/instructional needs (e.g., learning style)
8. Health/biophysical

V. B. Comprehensive assessments result in information about the focus individual in at least the following areas:
1. Lifestyle
2. Preferences and interests
3. Communication/social abilities and needs
4. Ecology
5. Health and safety
6. Problem routines
7. Variables promoting and reinforcing challenging behavior, including the following:
   a. Preferences/reinforcers
   b. Antecedents
   c. Setting events
   d. Potential replacement behavior
8. Function(s) of behavior
9. Potential replacement behaviors

V. C. Practitioners who apply PBS conduct person-centered assessments that provide a picture of the life of the individual, including the following:
1. Indicators of quality of life comparable to same-age individuals without disabilities (e.g., self-determination, inclusion, friends, fun, variety, access to belongings)
2. The strengths and gifts of the individual
3. The variety and roles of people with whom they interact (e.g., family, friends, neighbors, support providers) and the nature, frequency, and duration of such interactions
4. The environments and activities in which they spend time, including the level of acceptance and meaningful participation; problematic and successful routines; preferred settings/activities; the rate of reinforcement and/or corrective feedback; and the age appropriateness of settings, activities, and materials
5. The level of independence and support needs of the individual including workplace, curricular and instructional modifications, augmentative communication and other assistive technology supports, and assistance with personal management and hygiene
6. The health and medical/biophysical needs of the individual
7. The dreams and goals of the individual and his or her circle of support
8. The barriers to achieving the dreams and goals
9. The influence of this information on challenging behavior

V. D. PBS practitioners conduct functional behavior assessments that result in the following:
1. Operationally defined challenging behavior
2. The context in which challenging behavior occurs most often

3. Identification of setting events that promote the potential for challenging behavior
4. Identification of antecedents that set the occasion for challenging behavior
5. Identification of consequences maintaining challenging behavior
6. A thorough description of the antecedent behavior consequence relationship
7. An interpretation of the function(s) of behavior
8. Identification of potential replacement behavior

V. E. PBS practitioners conduct the following indirect and direct assessment strategies:
1. Indirect assessments: file reviews, structured interviews (e.g., person-centered planning), checklists, and rating scales (e.g., MAS)
2. Direct assessments: scatterplots, anecdotal recording, ABC data, and time/activity analyses
3. Summarize data in graphic and narrative formats

V. F. PBS practitioners work collaboratively with the team to develop hypotheses that are supported by assessment data:
1. All assessment information is synthesized and analyzed to determine the possible influence of the following on the occurrence or nonoccurrence of challenging behavior:
   a. Setting events (or establishing operations)
   b. Antecedents/triggers
   c. Consequences for both desired and challenging behaviors
   d. Ecological variables
   e. Lifestyle issues
   f. Medical/biophysical problems
2. Hypotheses statements are developed that address the following:
   a. Setting events
   b. Antecedents
   c. Consequences for both desired and challenging behaviors
   d. Function(s) challenging behavior serves for the individual

V. G. PBS practitioners utilize functional analysis of behavior as necessary on the basis of an understanding of the following:
1. The differences between functional assessment and functional analysis
2. The advantages and disadvantages of functional analysis
3. The conditions under which each approach may be conducted

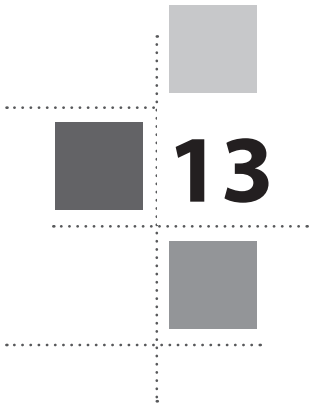
Section III includes four chapters that examine person-centered assessment and function-based assessment. The authors build on content presented in previous sections and the extensive literature that supports these approaches and their use as part of comprehensive positive behavior support (PBS)planning and implementation. The reader will learn about a wide variety of approaches to the assessment of challenging behavior, but a common thread across all four chapters is on methods for collaboratively understanding the purpose of the behavior and providing evidenced-based strategies that ultimately increase quality of life for the person of concern. Each of the chapters in this section provide case examples that help illustrate major points and end with discussion questions to help the reader reflect on content learned.

Chapter 13, "Integrating and Building on Best Practices in Person-Centered Planning,

Wraparound, and Positive Behavior Support to Enhance Quality of Life," describes how person-centered planning and wraparound services are provided within the context of PBS. The authors illustrate the integration of these strategies by sharing a model called life outcomes through integrated systems (LOTIS) that embeds this discussion within a three-tiered model of PBS. Chapter 14, "Conducting Functional Behavior Assessments," provides a historical and research basis for understanding functional behavior assessment and includes numerous examples of its application in applied settings. In addition, the authors review a variety of indirect and direct observation methods for collecting functional assessment data. Chapter 15, "Using Functional Behavior Assessment Data," extends the discussion started in Chapter 14 by focusing on strategies for summarizing functional assessment data; focusing on strategies for examining data, including data that are unclear or inconsistent; and outlining a process for the development of hypothesis statements that support intervention planning and implementation. Finally, Chapter 16, "Conducting Functional Analyses of Behavior," provides a concise history of the use of functional analysis and then describes a wide variety of innovative applications of this approach in both home and school settings.

Randall L. De Pry

Integrating and Building on Best Practices in Person-Centered Planning, Wraparound, and Positive Behavior Support to Enhance Quality of Life



Rachel Freeman, Matt Enyart, Kelcey Schmitz,
Pat Kimbrough, Kris Matthews, and Lori Newcomer

Person-centered planning (PCP) refers to a set of assessment and action-planning processes that are used to improve the quality of life (QOL) of children and adults with disabilities across home, work, and community settings (Claes, Van Hove, Vandevelde, Fan Loon, & Schalock, 2010). PCP is a collaborative, strengths-based process that results in the identification of goals for establishing positive relationships, building community participation, and facilitating self-determination of individuals with a variety of abilities. The purpose of PCP is to assist individuals in designing their current preferred lifestyles, creating a vision for a meaningful future, and making a positive social contribution to society.

Wraparound planning, another person and family-centered strategy, was developed in the 1980s during the same time period as PCP. This approach was first designed to provide person-centered and family-centered planning for children and youth with emotional and behavioral disorders (Stroul & Friedman, 1986). Wraparound planning is a process that builds on an individual's and family's strengths and establishes a set of natural and community supports and services for a child or young adult in order to improve his or her life outcomes (Winters & Metz, 2009). The wraparound process was developed as a response to expert driven, deficit-based models that placed children in categorical services irrespective of the unique needs of each individual child. Wraparound planning has been implemented collaboratively within the context of schoolwide positive behavior support (SWPBIS) efforts across the United States (Eber, Hyde, & Suter, 2011).

Positive behavior support (PBS) is an applied science that shares the historical time line and evolution of both PCP and wraparound planning. The term *PBS* refers to a set of strategies that are used to assist individuals across the lifespan in increasing their self-determination and QOL while

eliminating or decreasing the occurrence of problem behaviors and the future likelihood of those behaviors (Carr, 2007). Essential features of PBS include evidence-based practices that incorporate the principles of behavior, biomedical and physiological interventions, and value-based practices that fit the needs of the individual and his or her team and the tenets of systems-change implementation (Carr et al., 2002). A goal of PBS is to encourage social and communication-based solutions and redesign environmental settings that are associated with problem behavior.

The purpose of this chapter is to describe how both PCP and wraparound assessment strategies are used within the context of PBS. In the last section of the chapter, we propose a model teams can use to integrate the assessment and measurement of QOL outcomes using PCP, wraparound, and PBS. Although the Association for Positive Behavior Support (APBS) has embedded PCP within their PBS individual standards of practice, both PCP and wraparound are also considered strategies that are independent of PBS with a rich publication history (Holburn & Vietze, 2002). Therefore, an introduction to PCP and wraparound planning is shared in this chapter before discussing how all three of these strategies may be integrated when supporting individuals with challenging behavior.

PERSON-CENTERED PLANNING

PCP creates a foundation from which an individual, with assistance from his or her team, gradually builds a satisfying and meaningful life. Feedback from individuals and the people who are important in their lives guides the PCP process. The PCP planning team makes a commitment to meet collaboratively with an individual as he or she begins to take a leading role in making decisions about his or her current and future lifestyle preferences. A facilitator works with the individual and family to prepare for the meeting and provides guidance during each step of PCP. PCP is a meeting process that occurs over an extended period of time, starting with an individual and his or her team establishing an initial vision or dream for the future (Holburn, Gordon, & Vietze, 2007).

Traditional planning methods have often focused on placing individuals into already existing services and supports. In PCP, there is an emphasis on first assessing what is needed and then creating tailored services and supports that will meet the individual's needs. The team identifies a person's vision for the future and then brainstorms ways in which to achieve that vision. Over time, PCP is modified and updated as an individual has new life experiences. New PCP team members may be added while others are no longer needed. These changes are based on an individual's stage of life, developmental growth, new routines and settings experienced, and new dreams and preferred lifestyles that are identified.

TYPES OF PERSON-CENTERED PLANNING STRATEGIES

There are many forms of PCP available, each one containing helpful tools and strategies. Common forms of PCP include the McGill Action Planning System (MAPS; Vandercook, York, & Forest, 1989), essential lifestyle planning (Smull & Burke Harrison, 1992), and the PICTURE method (Holburn et al., 2007). Although there are some differences across these PCP models, most strategies include common characteristics and outcomes that are expected no matter what particular organizational approach is used. Table 13.1 contains a list of these common value-based statements and assumptions that are evident in effective person-centered and wraparound planning processes. Clearly stated values documented during meetings helps create a unified vision and assists the team in maintaining a focus on important outcomes.

Visual graphics convey information about a person via pictures or images in PCP meetings. This assists the team in articulating an emerging vision without the use of complex verbal interactions. Although the types

Table 13.1. Value-based characteristics of person-centered planning

Essential characteristics of person-centered and wraparound planning
1. Individuals and family members are encouraged to direct meetings and select team members.
2. Meeting length, location, and processes are tailored to the preferences of the individual and family.
3. Assessment and goal development focus on strengths and team-based problem solving.
4. The team identifies natural supports, rather than overrelying on existing services.
5. Interventions focus on community based services that help individuals make valuable contributions to society.
6. Choice making and the expression of self-determination are embedded in meetings.
7. Goals include creating a positive future as well as a preferred lifestyle.
8. Interagency collaboration is valued, with attention to service coordination.
9. Services are provided to the individual and family in an unconditional manner.
10. Developing and maintaining significant relationships with others are important parts of life.

Adapted from Eber and Nelson (1997) and Kincaid and Fox (2002).

of PCP strategies differ, the main outcomes expected of PCP processes are similar (Kincaid & Fox, 2002). These outcomes include 1) increasing the person's participation in the community, 2) identifying new and enhancing existing meaningful relationships, 3) expanding the opportunity for an individual to express and make choices, 4) creating a dignified life based on mutual respect, and 5) developing team skills and areas of expertise in order to improve QOL (Kincaid, 1996). Figure 13.1 shows an example of a document used to gather information during a PCP meeting.

One of the first steps involved in the PCP process is to schedule a meeting individually with the focus person. The length and format of PCP meetings are adjusted to meet the needs of each individual. Facilitators may adjust the ways in which they guide a team through the PCP process based on the unique characteristics of each person. The length of time allocated for meetings, the types of collaborative activities used, and the ways in which individuals participate in the process are modified to meet the needs of each person. An individual's age, interests, team members, and other unique characteristics guide the PCP development.

For example, Clark and Hart (2009) describe how the PCP process was modified to meet the needs of young adults with emotional and behavioral disorders. Some youth are not interested in participating in meetings with older adults asking them a lot of personal questions. To address this problem, Clark and Hart describe the importance of first establishing an unconditional positive relationship between a young person and one adult mentor called a *transition facilitator*. The transition facilitator is a young adult who works on a one-to-one basis with the youth to gather details related to PCP. Together, the transition facilitator and the young person present the young person's PCP assessment and ideas for implementation to family members, service providers, educators, and other team members in a series of smaller meetings.

It is important to consider the types of PCP meeting environments and interaction processes that will increase the level of comfort and enjoyment for both the individual and his or her team. The length of the meetings; locations; themes addressed; and the inclusion of food and drinks, music, and other individualized touches can set the stage for success.

Because of the individualized nature of PCP and the subjective characteristics of the process, there has been a great deal of debate about the role of evaluation and measurement of PCP goals (Bambara, Lohrmann, & Brown, 2002). The subjective nature of what constitutes an "ideal" QOL makes evaluation a challenging task. Some professionals question the contribution that

Figure 13.1. Visual example of a person-centered plan (PCP).

measurement systems make in PCP since there is a strong emphasis on the subjective experience throughout in the planning process (O'Brien, 2002). Other professionals in the field do advocate for the use of evidence-based evaluation methods in both QOL and PCP (Holburn et al., 2007). These strategies help provide a way to evaluate how effective the planning processes are in making significant changes in an individual's life. However, a review of PCP studies conducted by Claes and her colleagues (2010) reported only moderate evidence for the efficacy of PCP. Further research and evaluation related to QOL and PCP are needed in order to demonstrate the effectiveness of this type of planning process.

Quality of Life and Person-Centered Planning

Most people in today's society are familiar with the basic definition of the phrase *quality of life* (Schalock & Verdugo, 2002). Since the earliest times in history, human beings have searched for happiness, a sense of well-being, and the "good things" in life (Evans, 1994). QOL refers to the extent to which a person is achieving self-selected major life goals in home, school, work, and community settings. Other features of QOL include the degree to which a person achieves ideal health and wellness and optimal life experiences. Although there are many different definitions of QOL, the literature suggests that QOL is the same for individuals with and without disabilities (Lyons, 2010). Leading QOL experts believe that the way in which QOL is conceptualized, assessed, and measured is universal and should be applied to the general population (Schalock, 1996; Turnbull & Brunk, 1990).

Researchers studying QOL break down the concept into domains (Schalock, Brown, et al., 2002). Although the names given to these different domains vary, there is a great deal of similarity across the different terms that are used. The eight QOL domains described in Table 13.2 are used for identifying multiple measures that will comprehensively evaluate QOL. Wraparound planning uses the same concept of domains in a slightly different manner. The next section describes wraparound and the domains used in the implementation process.

WRAPAROUND PLANNING

Parents of children and adults with mental health needs and challenging behavior are often expected to communicate with

Table 13.2. Quality of life (QOL) domains and associated indicators

Domain	Common QOL indicator
Emotional well-being	Enjoyment of life Self-concept Stress levels
Interpersonal relations	Quality/number of interactions with others Quality/number of relationships with others Informal and formal supports for relationships
Material well-being	Financial status Type and preference for employment Quality of housing
Personal development	Educational opportunities Personal competence at home/school/work/community Performance in important activities
Physical well-being	Health status Activities to encourage exercise, stimulation, and relaxation Leisure activities: quality and number
Self-determination	Autonomy: Extent to which person has control over important life experiences Opportunities for decision making every day Goals and personal values acknowledged, followed, and respected by others
Social inclusion	Community integration and participation Community roles that bring respect and social equity Social supports necessary for community involvement
Rights	Extent to which person experiences fair and equitable treatment in the home and community Extent to which legal supports are available

Adapted from Schalock and Verdugo (2002).

numerous service systems, including juvenile justice, children and family services, special education, mental health, and developmental disabilities. When these services are not coordinated, parents must make their way through additional meetings, duplicative paperwork, and multiple plans of support written about and for their children. Families have historically faced these types of fragmented and disconnected services (Knitzer, 1982). Systems of care meetings and wraparound planning were created in response to these challenges to assist families who were advocating for their children (Winters & Metz, 2009).

The complex task of service coordination across human and education agencies can be achieved via systems-level meetings, referred to as systems of care (SOC) meetings, implemented at local, regional, and/or state levels (Kutash, Duchnowski, & Lynn, 2006). These SOC meetings include team members representing administrators, state professionals, agency directors, commissioners, as well as the individual (e.g., family, advocates). In fact, in many states, SOC and wraparound planning are now viewed as essential processes for the effective delivery of services to children with emotional and behavioral challenges across child welfare, mental health, education, special education, and juvenile justice settings (Clark & Clark, 1996).

Table 13.1 summarizes the most common values and characteristics that are reported in the wraparound and PCP literature. To implement wraparound effectively, teams must address a wide range of natural and formal supports involving different practitioners, teams, organizations, and systems (Bruns, Sather, Pullman, & Stambaugh, 2011). During the wraparound process, the team assesses a child's social strengths and the family's needs across a variety of life domains (Table 13.3). The common life domains assist teams during the assessment process by prompting

Table 13.3. Wraparound life domains

- Family support (information about strengths and needs)
- Legal (the extent to which anyone in the family is involved in judicial proceedings and/or custody-related actions)
- Health/medical (the person's health status and medications, their family's health and wellness needs, and extent to which access to medical assistance is available)
- Safety (the degree to which individual family members are not in danger)
- Behavioral needs (the quality and frequency of positive social behaviors used in families)
- Educational/vocational (family access to education and jobs, transition to work supports)
- Social/recreational (access to positive social groups, meaningful family interactions)
- Emotional (ability to express feelings among family members, experience of emotional well-being, access to counseling/psychological support)
- Cultural (cultural knowledge of family and larger community)
- Spiritual (ability to access and experience spiritual leadership, mentorship, and growth)
- Substance abuse (the extent to which chemical substances are used within the family unit)

Adapted from Vandenberg and Grealish (1996).

discussion about supports and services across home, recreation, education, and/or work settings and financial, emotional, cultural, physical, and spiritual well-being. Whereas in traditional planning, children are placed in already existing services and systems, wraparound planning provides teams with an opportunity to think differently about the supports that meet the child's and family's needs (Eber, Nelson, & Miles, 1997). The goal of wraparound is to assist the individual in living an independent, fulfilling, law-abiding, and constructive life in the community using formal and informal supports.

Systems of care and wraparound facilitators recommend that definitions of the wraparound process be reported in a manner that allows an individual and his or her team to evaluate the fidelity of implementation (Walker & Petr, 2011). *Fidelity of implementation* refers to the evaluation of whether key features of an intervention are actually implemented in the manner intended. Measurement tools are available for guiding team problem solving and evaluating wraparound fidelity (Bruns, Suter, & Leverentz-Brady, 2008).

The evaluation of wraparound planning as an evidence-based practice is still in a relatively early stage. In fact, researchers have reported challenges in documenting wraparound outcomes that are similar to those expressed by their PCP colleagues. While there is research reporting the efficacy of wraparound (Suter & Bruns, 2009), more studies are needed to establish wraparound planning as an evidence-based practice (Bruns et al., 2010). In the next section of the chapter, the integration of wraparound and PCP are described within the context of PBS.

INTEGRATING PERSON-CENTERED PLANNING, WRAPAROUND, AND POSITIVE BEHAVIOR SUPPORT PLANNING

PCP and wraparound models have unique strengths and tend to use slightly different strategies to empower individuals and their families. Since each child or adult is unique, we believe that there are times when a combination of PCP and wraparound strategies can be useful. For instance, a child with emotional and behavioral disorders may be part of a family in which English is a second language for some family members. The visual strategies and tools used in PCP (see Figure 13.1 for an example) can provide a way for the team to avoid language barriers by communicating via visual pictures and drawings instead of relying only on the use of the English language or on the use of translators during assessment and action planning.

PCP or wraparound is often integrated with PBS in situations where an individual is in need of intensive supports due to problem behaviors that are severe or chronic in nature (Kincaid & Fox, 2002). There are a number of benefits associated with integrating PCP and wraparound into PBS. The implementation of person-centered strategies helps the team emphasize the focus person's and the family's strengths throughout each meeting. Implementing PCP or wraparound before more intensive behavior support planning helps ensure the team is focusing on improving an individual's QOL throughout the PBS process. A facilitator can use the information from person-centered or wraparound planning to unify a team that has become distracted or off task by reviewing the positive outcomes that everyone agreed on during person-centered or wraparound planning.

Individuals who benefit from PBS often engage in problem behaviors that serve a communicative need or function. When person-centered approaches are implemented, problem behaviors may decrease naturally because an individual's needs are being met via QOL goals (Smull, 2002), making a PBS plan unnecessary. One of the great benefits of starting PBS with a person-centered approach is that a great deal of information about the environmental events preceding problem behaviors and the consequences maintaining problem behavior can be gathered (Moore et al., 2007). This information is documented in an FBA (Chapters 14 and 15; O'Neill et al., 1997).

Bambara and Knoster (2009) describe two types of FBA information that are gathered: 1) broader contextual information about an individual's preferences, social and communication-based strengths, health, history, and goals and overall aspects of his or her QOL; and 2) specific details used to pinpoint the variables that occasion and maintain problem behavior. Person-centered or wraparound planning provides a systematic way in which teams can gather the larger contextual details while simultaneously contributing to the information regarding specific details related to problem behavior. We believe that integrating the best elements of PCP, wraparound, and PBS provides teams with the ability to tailor the assessment and planning processes for the unique needs of each individual and his or her team in a more synergistic manner.

The timing and order in which PCP, wraparound, and PBS is implemented varies across facilitators, providing training and technical assistance tailored to the needs of each person receiving support. For instance, some people describe PBS as a process that is used as part of the person-centered or wraparound-planning process. Once the person-centered or wraparound plan begins, the team chooses to focus on behavior as one of the life domains that need to be addressed. In this case, PBS begins after PCP or wraparound has already begun. On the other hand, Bambara and Knoster (2009) describe PCP as something that is included within the PBS process as "another avenue for gathering broad information about a student" (p. 33). PBS is identified first as a need, and person-centered strategies are then included in the planning process.

The differences in timing can be influenced directly by the needs of an individual and his or her family. For instance, a child or adult may already have a person-centered or wraparound plan in place when life circumstances lead to the occurrence of problem behavior. If an individual is experiencing challenges within his or her life that have resulted in the occurrence of problem behavior, we recommend that, when possible, PCP or wraparound occurs prior to the PBS plan.

PERSON-CENTERED ASSESSMENT AND INFORMATION GATHERING

The assessment and information gathering that occurs within PCP and wraparound can be improved when facilitators consider in advance: 1) the types of preparation and information that is needed prior to the first meeting, 2) details related to an individual's unique personal and cultural characteristics,

3) information about the focus person's QOL strengths and needs, and 4) the family context as well as the larger environmental and social contexts in the person's life.

Person-Centered Meeting Preparation

Early preparation by the individual facilitating the person-centered meetings can increase the effectiveness of the PCP or wraparound plan. In fact, the success of the facilitation process relies in large part on early preparation. Team meetings are more likely to be tense when problem behaviors are occurring in one or more settings. Emotional responses such as frustration, anger, and anxiety can impede progress when the facilitator is attempting to help the team focus on positive strengths. Separate meetings composed of the facilitator and individual participants before the PCP or wraparound process allows everyone to express his or her concerns or anxiety about certain topics. This, in turn, provides the facilitator with information that can be used for problem solving and early training opportunities that can be explored before or at the first meeting.

The most effective facilitators come to meetings prepared to share engaging stories that help individuals and their teams personally identify with key person-centered values and concepts (Table 13.1). It can be challenging to assist team members in identifying meaningful and unified goals in situations where one or more team members may disagree. The cultural norms for individual team members may vary, and these cultural variations may result in differences of opinion about how to proceed with problem solving (Carr, 2007). Diffusing tension, encouraging people to "think outside of the box," and assisting individuals to creatively explore ideas while they suspend personal beliefs or judgments are a few examples of skills that an effective facilitator cultivates over time. The following story provides an example of one facilitator's assessment strategies that were implemented before the first meeting and how the facilitator used the information to explore the underlying meanings related to the child's dream.

Andrew

Andrew, a young man with an intellectual and developmental disability living in the community, was about to experience his first integrated wraparound and PCP meeting. Andrew was beginning the planning process as a first step in PBS. Since Andrew moved to his new job, his problem behaviors had increased. At home, Andrew refused to get out of bed in the morning. He was in danger of losing his job because he was late to work almost every day. Andrew was responding to requests at work by mumbling how stupid work was while turning away from the person making the request. The team began the planning process by learning more about Andrew across each of the wraparound life domains.

Andrew's facilitator, Jackie, had spoken to Andrew and other team members before the first integrated PCP and wraparound meeting. In those preparatory meetings, Jackie learned that Andrew hated his current job and had already told a number of people that his real dream is to become an astronaut. Andrew's work coach and his mother are concerned about reinforcing this dream. They are worried about the possibility that Andrew will end up disappointed. Andrew's teacher and mother believe it is unlikely that Andrew will become an astronaut since he uses a wheelchair due to paralysis in his legs. Jackie came prepared for Andrew's meeting with a number of stories about other individuals who shared their dreams. She first explained how dreams that initially appear unattainable can be broken down into the key features or elements that are desirable to the focus person. Jackie asked Andrew a number of questions about his dream in order to explore what that dream meant to him: What do you like the most about being an astronaut? What do you think it would be like to be an astronaut? Andrew responded by saying that, to him, being an astronaut represents freedom and the excitement of the unknown. Andrew indicated that he loves airplanes and the idea of flying. However, he isn't necessarily interested in learning to fly a plane. Andrew wants to visit places that are really different from his home. By focusing on the meaning of the dream, the team was able to design a

long-term plan addressing the core features of what being an astronaut represented to Andrew. Andrew and his team used the information to design an implementation plan that included looking for new jobs that would incorporate the key features that Andrew described. The team began investigating jobs that involved travel, tourism, and working at a nearby airport.

Assessing the Individual

The goal of assessment is to collect details about the focus person's social and communication strengths, history, experiences, living conditions, physical health, important routines, opportunities for self-determination, and future life aspirations. A person's strengths are emphasized while his or her special needs are considered from a positive point of view. Assessment at the individual level helps identify strategies for encouraging empowerment, providing more opportunities for choice and self-determination, expanding relationships, and designing informal and formal supports that meet the needs of the focus person and the family. Once individualized information is gathered, the next step is to assess how this information is related to the person's and family's QOL.

Understanding Quality of Life

To fully understand and ultimately measure each QOL domain, *indicator measures* are needed. Indicators in each of the eight domains described in Table 13.2 allow teams to address specific evaluation measures that operationally define QOL. The operationally defined QOL domains provide the foundation for a personalized measurement of an individual's QOL (Schalock, 2010). Schalock and Verdugo (2002) reviewed more than 20,900 published articles in order to identify the most commonly used indicators for each of the eight domains. Table 13.2 summarizes common QOL indicators.

Most researchers encourage those interested in QOL assessment to measure domains using multiple methods that include both qualitative and quantitative forms of data (Lyons, 2010). Interviews with the focus person, direct observation of social behaviors and communication, Likert-type rating scales that assess constructs such as well-being and empowerment, and team satisfaction surveys are all examples of measures that are used to evaluate QOL. There are hundreds of QOL evaluation instruments available (Schalock & Verdugo, 2002). Some tools assess an individual and/or team member's perceptions of well-being and satisfaction, while other assessments are tailored to address a particular QOL domain (Cummins, Lau, Davey, & McGillivray, 2010).

When individuals with more severe disabilities cannot communicate their opinions directly using interview or survey methods, it may be necessary for other people to share their observations of a focus person's QOL as a "proxy measure." Schalock and his colleagues (2007) recommend that in situations where a person cannot participate directly in the QOL assessment, two individuals are asked to respond on that person's behalf *as if they were the person.* The idea is to help the individuals participating in the assessment to think about the question not from their own viewpoints but through the eyes of the person they are representing. Including multiple viewpoints helps to increase the likelihood that an individual's QOL is assessed in a more accurate manner. The average of these two responses is used for the final summary score. Direct observation measures of individual behavior, simplification of the instructions and response formats, and using self-advocates trained to be surveyors are also ways in which we can evaluate QOL (Bonham et al., 2004).

THE ROLE OF CONTEXT: ASSESSMENT OF ORGANIZATIONAL AND SOCIAL SYSTEMS IN PERSON-CENTERED PLANNING AND WRAPAROUND

Although QOL assessment is applied at the individual level, to fully understand an

individual's experience, one must gather information about what Bronfenbrenner (1986) called the *microsystem* (the immediate family, home, and work place), the *mesosystem* (the neighborhood, organization, and greater community), and *macrosystem* (the overall cultural, sociopolitical, and economic context). This assessment is considered essential since a systems assessment of home, school, and community settings provides information that can be used to prevent or reduce the frequency of an individual's problem behavior (Freeman et al., 2002).

Bronfenbrenner (1986) described the family systems approach as a way in which to view dynamic family interactions. When an individual within a family is engaging in problem behaviors, knowing more about these dynamic interaction patterns can result in interventions for increasing or decreasing the likelihood that these problem behaviors will continue. Family members form a set of available systems and subsystems for serving the needs of each person. As the most proximal system for an individual, each family has interdependencies, special routines, and cultural patterns. This information is used to ensure that the interventions selected are a "good fit" for the individuals implementing the PBS plan.

Families are "nested" in their larger community subsystems. A number of varying smaller subsystems are "nested" within an entire community. Formal community subsystems include educational services, early childhood organizations, and governmental services. Informal community subsystems may include religious organizations, extended family units, neighbors, and recreational groups (Freeman et al., 2009). The information gathered about community systems assists teams in designing natural supports for individuals within home, school, work, and community settings. PCP or wraparound goals are set to allow an individual to make a meaningful contribution to his or her community.

Assessing the Microsystem

Assessing the microsystem includes interviews with the family to learn more about their strengths, needs, and unique cultural characteristics. A survey given to family members to evaluate overall family QOL is a helpful way to conduct an environmental assessment, especially prior to PBS planning (Smith-Bird & Turnbull, 2005). At school, reviewing a child's individualized education program (IEP) during the person-centered meeting assists team members in learning more about educational activities that could be generalized and practiced both at home and in the community.

Assessing the Mesosystem

Assessing the mesosystem level involves gathering information about the neighborhood in which an individual lives, the services available within the community, and the opportunities to participate in communal activities. Community mapping activities (Freeman, Hearst, & Anderson, 2008) can help team members assess the formal services that are available, the informal ways in which individuals in the community come together, and opportunities for spiritual connections and camaraderie. These details can be extremely helpful when the team is ready to start building natural supports around an individual person and address important goals implemented in the community. Interventions to increase community involvement and assist the individual in contributing to society in a meaningful way can only occur when an individual and his or her team knows the neighborhood and larger social network.

Assessing the Macrosystem

Teams facilitating PCP or wraparound need to assess state- and national-level resources and policies. At times, these national or statewide services are implemented in isolation with partner agencies that are unaware

of resources that are available for individuals and their families. In some states, training opportunities or additional resources offered by one agency are not known by individuals from other agencies. Teams actively assessing the macrosystem level may discover resources that will assist an individual or his or her family.

Many states are now implementing three-tiered PBS models (Barrett, Bradshaw, & Lewis-Palmer, 2008; Muscott, Mann, Gately, Bell, & Muscott, 2004) that are based on a public health prevention model for disease control (Gordon, 1983). Three-tiered PBS strategies are currently implemented in schools, alternative settings for children and youth in early childhood, and juvenile justice settings, as well as in organizational settings that support adults with disabilities. Although there are variations in the application of this prevention model based on the unique person and systems variables that are present in each type of organization, most PBS efforts include the following: Tier 1 or universal interventions for teaching important social skills and behavioral expectations to all children or adults within a system, reinforcing individuals for appropriate behaviors, and increasing consistent responses to minor problem behaviors by individuals within the system; Tier 2, including both targeted and group interventions that are used to increase the intensity of social-skills teaching and reinforcement for individuals at risk for engaging in more serious problem behavior who do not respond to universal interventions; and Tier 3, or intensive, individualized systems and planning for individuals who engage in chronic or severe problem behavior that puts them at risk for exclusion from their home or community (Walker et al., 1996).

Many trainers encourage the use of PCP or wraparound planning, especially at the third, most intensive and individualized level of the PBS process (Freeman et al., 2006). Three-tiered implementation efforts within a given region should be investigated as part of the broader contextual assessment during the PCP or wraparound and PBS plan for individuals who engage in problem behavior. The stage of implementation these organizations have reached provides information about how much training will be needed to support an individual's team effectively. Information about the level of implementation within a setting is used by the facilitator as part of a contextual fit assessment regarding the values, skills, and resources of team members. The next section of this chapter describes a tool and process that teams can use to assess family, school, work, and community systems and how an individual's QOL is addressed across these settings.

PROBLEM SOLVING USING PERSON-CENTERED PLANNING, WRAPAROUND, AND POSITIVE BEHAVIOR SUPPORT

Life Outcomes Through Integrated Systems

The life outcomes through integrated systems (LOTIS) wheel is a tool teams can use to integrate PCP or wraparound with PBS for a child or adult. The purpose of this informal assessment tool is to prompt the individual and his or her team during the planning process to engage in discussion related to 1) QOL outcomes across each domain, 2) the degree to which organizations supporting an individual are implementing three-tiered PBS, 3) interagency service coordination and collaboration related to an individual's plan, and 4) environmental settings important to the person and his or her family. The LOTIS wheel is an interactive tool that is constructed in a manner that allows for dynamic assessment and problem solving. The individual for whom person-centered and PBS approaches are being assessed can be seen in the middle of Figure 13.2, with an arrow pointing from the person toward the outside of the wheel. In Figure 13.2, when the circle is turned, the arrow points to *school/work, home,* or

community settings. The outer circle moves as well, with the arrow in Figure 13.2 pointing to each of the QOL domains in turn. In Figure 13.2, the arrow is pointing from the person to the environmental setting *school/work* and the QOL domain of *personal development (PD)*. The next step is to move the LOTIS wheel in a clockwise fashion so that a new domain is introduced, in this case *social inclusion (SI)*, while the arrow still points to *school/work*. Once all domains are discussed in the *school/work* setting, the arrow is moved clockwise to the *home* setting, and the domains are moved again accordingly. Teams use the LOTIS wheel to prompt discussions related to QOL domains across each setting in an individual's life.

The extent to which systems-change efforts are implemented in schools, family support organizations and family environments, or in the community are addressed within the LOTIS model using colors associated with a tiered prevention process. The red, yellow, and green areas within each setting in Figure 13.2 are meant to prompt a discussion by the individual and his or her team about the types of tiered prevention-based strategies that are implemented in each of the areas of an individual's life. Organizations implementing a three-tiered prevention model often use colors to represent the different tiers (e.g., green is associated with primary prevention, yellow with secondary prevention, and red with tertiary prevention). It is important for a team to know whether an organization supporting an individual is only just beginning to implement three-tiered PBS strategies. Many of the staff members may not be aware of the key features of PCP, wraparound, or PBS for individual students when organizations are new to PBS. During the early implementation stages, more training will be needed for the staff members within an organization, in order to support the interventions implemented within an individual PBS plan.

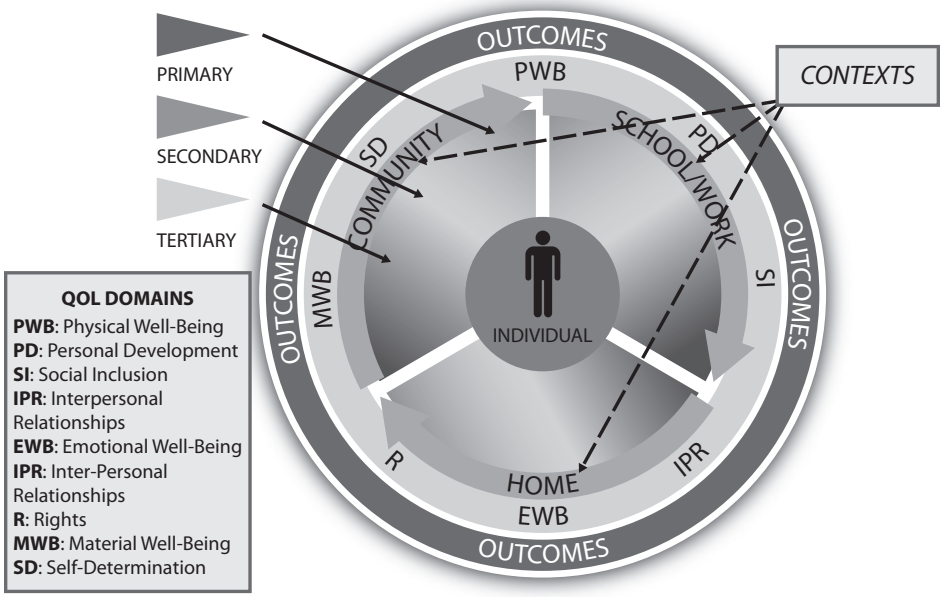


Figure 13.2. Life outcomes through integrated systems (LOTIS) wheel.

For example, if a child in special education is participating in a PCP and PBS plan at a school implementing SWPBIS, it is important for the child and his or her team to discuss the schoolwide social expectations for all students and how the child's problem behavior is related to the school's expectations. The assessment includes the extent to which the child is participating in the social-skills instruction that occurs as part of primary prevention for all students. Teams should assess whether the child is receiving opportunities to practice the social expectations along with his or her peers and whether any additional instruction is needed. This additional training and support for the student while learning the school's expectations can be included in the child's IEP. Clear guidelines for implementing instruction within the IEP will help provide the structure needed to support both the child as well as his or her teachers. Writing social-skill goals linked to primary prevention also provides the SWPBIS team with another source of data for decision making and evaluation.

Teams implementing primary and secondary prevention often begin teaching school staff members how to facilitate simple FBA procedures. Each PBS plan implemented within a school provides an opportunity for expanding the experience and knowledge of PBS across more school personnel. If a child beginning the PBS process attends a school that is implementing all three prevention tiers, the school may have a larger number of staff who are familiar with PCP, wraparound, and PBS. In this scenario, school team members may volunteer to lead training and technical assistance efforts for key interventions within a student's PBS plan.

The LOTIS wheel stimulates discussion related to the broader assessment of an individual's life. The purpose of the LOTIS is to begin gathering lifestyle information that can be included in a person-centered or wraparound plan or as part of FBA. At the planning stage, the LOTIS may be used to evaluate the status of the planning processes with respect to the QOL domains.

We recommend that the team identify the most important QOL domains that need immediate attention using the LOTIS wheel to discuss each area of an individual's life. QOL assessment and evaluation measures should then be used to address these domains via indicators and outcomes to assess the success of each goal. A time line for addressing other QOL domains not yet measured can be recorded in the meeting minutes with the date of the follow-up meeting (e.g., within 6 months, 1 year) to review the remaining domains. Short- and long-term action plans for measuring all QOL domains will ensure that an individual's QOL is comprehensively evaluated.

As an individual grows older and develops more sophisticated social and communication skills, the importance of any one QOL domain may shift. Teams can use the LOTIS wheel to prompt a review of QOL domains and make corresponding adjustments to formal and informal support systems.

John

John was a 14-year-old boy in special education who engaged in inappropriate interactions with others and off-task behavior while in his classes. Anita, the school psychologist, met with John and his mother to gather information, create a list of who to invite to the first meeting, and better understand John's dreams for the future. John and Anita then had lunch together at school the next day to talk about the first meeting. Anita asked John where he wanted his meeting to occur, and they discussed how to ensure the meeting was fun and exciting. John chose the computer lab at school as the meeting location. With assistance from his art teacher, John made brightly colored postcard invitations with images of computers, and he distributed these invitations to his team. Anita met with John's English and math teachers and the school librarian, one of John's favorite people at school, who also assisted in the computer lab. Pam, the school counselor, met with two of John's peers.

Anita learned that John's mother was single and that John spent a great deal of time with his

Uncle George. George worked in the technology field and was instrumental in introducing John to computers. Uncle George offered to work with John to create a PowerPoint presentation for the meeting that highlighted John's preferences. Working with Uncle George on the presentation provided John with an opportunity to talk about his dreams with someone else before the first meeting.

On the day of the event, John and George operated the projector to display the presentation and record major messages. Anita used another computer to write down goals and actions. The team started the meeting by discussing John's strengths and needs using the wraparound life domains in Table 13.3. During the next part of the meeting, John chose school as the first setting and personal development (PD) using the LOTIS wheel (Figure 13.2). The team reviewed the wraparound strengths and needs that had been documented earlier in the meeting and identified goals related to PD. Anita documented John's goal to explore the possibility of a career in software programming. Actions included visiting George's business and investigating whether any odd jobs might be available as a way to learn more about the organization. The math teacher shared how her class was related to John's future job interests and highlighted particular learning objectives that could be applied directly to software programming. The team moved on to each QOL domain on the LOTIS wheel as it applied to John's education before going to the next setting.

In addition to being the school counselor, Pam was also the SWPBIS coach. She shared information about SWPBIS efforts occurring at the school and described how the schoolwide social expectations were being taught to all students in the school. The team discovered that John did not have a chance to practice the expectations with his general education peers because he was attending a special education class when the instruction was presented to the students across the school. This led to a discussion about how to ensure all students have the same experiences learning the school's expectations. Pam volunteered to bring this issue to the SWPBIS team. When John moved the LOTIS wheel to the home setting, Pam shared how the same social expectations at school could be used within family settings and the community. John's mother and uncle suggested to John that, as a family, they work on social expectations at home. Pam offered to assist the family with this process.

Later, during a discussion about safety, John's mother expressed concern that John was unsupervised after school because she couldn't leave work until early in the evening. The team discussed the different afterschool activities that were available throughout the week. John's friend mentioned some free computer classes at the public library and said that his parents were taking him to the library after school twice a week. Anita recorded in the meeting minutes that John's mother would check to see if her son could accompany his friend to the library. Since a number of students were signed up for the public library class, Pam offered to contact the library and discuss how the computer class might incorporate the school's expectations. George offered to pick John up after school 2 other days during the week. This left only 1 day during the week that John was unsupervised. The team wrote down that everyone would continue to look for possible supervised activities for that particular day.

Universal Interventions and Person-Centered and Individualized Planning Systems

Schools and other organizations supporting individuals with disabilities are now expected to provide services that expand personal outcomes (Schalock & Verdugo, 2012). The focus on creating effective person-centered environments for individuals with disabilities has led to an expansion of the use of strategies such as PCP and wraparound planning. These planning processes are no longer considered strategies at the fringes of service systems; they have become important, often publicly funded, processes (Smull & Lakin, 2002).

PCP in particular is a process that has been of benefit to a wide range of individuals—not just people who engage in problem behaviors. For adults with disabilities living in residential and community settings, person-centered strategies can help ensure that everyone has a chance to experience making meaningful choices, living independently, and contributing to

society in ways that build respect within the community. Since the implementation of person-centered strategies may reduce the need for more intensive interventions (e.g., PBS plans), we recommend that PCP be considered as a way to support individuals with disabilities across schools and other organizations implementing PBS.

Unfortunately, in many cases, only one educator or service provider attends a person's PCP meeting on behalf of a school or organization. Therefore, only one person within a system may be aware of the goals and activities within a person's plan. If the staff member attending the PCP is not involved in his or her schoolwide or organization-wide team problem solving, the possibility for integrating universal PCP goals into a plan may be lost. Strategies for encouraging integrated planning across support systems for an individual with a disability require communication and service coordination.

Earlier we described how a team might integrate social expectations for all students within a school into a child's IEP. Children with disabilities often need additional opportunities to learn and practice new skills. The IEP provides a way in which primary prevention can be integrated into supports for children receiving special education services. The LOTIS wheel is a tool that can be used to address these communication issues by creating a structure for discussing broader microsystem-, mesosystem-, and macrosystem-level issues and by systematically addressing both QOL and environmental assessment within an interdisciplinary and interagency team context.

Ongoing Assessment and Problem Solving

Fidelity-of-implementation strategies allow professionals to document the important features of PCP, wraparound, and/or PBS interventions and evaluate the extent to which full implementation is occurring (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005). Fidelity of implementation for each type of planning process (e.g., PCP, wraparound, PBS, or an integrated combination of these planning strategies) should be directly connected to the APBS standards of practice. QOL is a global construct that is influenced by a great many variables within an individual's life. Some QOL measures may be directly related to the person-centered process, while others may be linked to a student's IEP or PBS plan.

PBS plans contain both direct and indirect QOL measures, since interventions often involve 1) direct observation of social and communication behaviors, 2) documentation of physical health and wellness variables, and 3) environmental interventions related to decision making, self-determination, predictability, or other important QOL issues. The goal of the team is to make sure that the QOL domain indicators are discussed and relevant evaluation measures are established across the settings in an individual's life.

CONCLUSION

Education and human service professionals are constantly faced with the challenge of providing intensive and long-term person-centered supports with limited time and resources. As a result, the pressure to coordinate services across different educational and organizational settings while conducting in-depth QOL assessment can be challenging. New tools and strategies are needed that will allow team members to "work smarter, not harder" by integrating QOL assessment, action planning, and outcome measures across PCP, wraparound strategies, and PBS plan evaluation. State and regional systems that foster a common language across agencies may be able to provide more effective service coordination for children and adults with disabilities (Smull & Lakin, 2002). Data, systems, and practices are needed to encourage interagency dialogue; communication strategies that are braided across PCP, wraparound, and PBS; as well as other evidence-based interventions. Combining the strengths of each

implementation effort will result in more effective services for individuals with and without disabilities.

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