In Response

Compatibility of Person-Centered Planning and Applied Behavior Analysis

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In response to Osborne (1999), the aims and practices of person-centered planning (PCP) are compared to the basic principles of applied behavior analysis set forth by Baer, Wolf, and Risley (1968, 1987). The principal goal of PCP is social integration of people with disabilities; it qualifies as a socially important behavior, and its problems have been displayed sufficiently. However, social integration is a complex social problem whose solution requires access to system contingencies that influence lifestyles. Nearly all of the component goals of PCP proposed by O'Brien (1987b) have been reliably quantified, although concurrent measurement of outcomes such as friendship, autonomy, and respect presents a formidable challenge. Behavioral principles such as contingency and contextual control are operative within PCP, but problems in achieving reliable implementation appear to impede an experimental analysis.

Key words: person-centered planning, applied behavior analysis, new paradigm, community inclusion, countercontrol

Could applied behavior analysis adopt a procedure that would put it out of business? This concern was recently articulated by Osborne (1999) in reaction to a paper by S. Holburn (1997) that promoted the adoption of person-centered planning (PCP) by residential behavior analysts as an antidote to their eroded power and as a way to rediscover the proper subject matter of our field. The appeal was consistent with Kunkel's (1987) call for behavior analysts to venture into new methodological territory to pull behavior analysis out of a deepening rut. However, Osborne likened the adoption of PCP to a killer mutation, because in carrying out the approach "it appears that one must relinquish the fiber, bone, and guts of behavior analysis" (p. 51). His main argument was that PCP does not meet the criteria for being *applied*, *behavioral*, and *analytic*. The goal of the present paper is to evaluate the com-

patibility of PCP and applied behavior analysis by comparing PCP to the dimensions of *applied*, *behavioral*, *analytic*, *conceptual*, and *technological*, as presented by Baer, Wolf, and Risley (1968, 1987).

PCP AND THE NEW PARADIGM

The philosophy and methods of PCP are ubiquitous in today's developmental disabilities community. Although this popular approach rose to prominence rapidly, it is derived from the social inclusion movement for people with mental retardation that was articulated in the principle of normalization (Nirje, 1969), introduced in America by Wolfensberger (1972) and later recast as social role valorization (Wolfensberger, 1983). Now, the inclusion movement is advocated through the more contemporary and encompassing notion of the new paradigm in developmental disabilities (Bradley, 1994). Like the normalization principle and the new paradigm in developmental disabilities, PCP is a counteraction to cultural forces, including bureaucratic systems that impede inclusion. How-

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ever, unlike these theoretical frameworks, PCP offers procedures for achieving social inclusion and complementary objectives.

In the context of the new paradigm, the social inclusion movement is bolstered by interrelated notions of enriched quality of life (Schalock, 1996), self-determination (Deci & Ryan, 1985; Wehmeyer, Kelchner, & Richards, 1996), and consumer empowerment (Bradley, 1994). To a person who is outside of the developmental disabilities community, these constructs and aspirations might sound like vague slogans, but they all imply a shift in power in favor of the person who receives services and away from those who provide the services. Person-centered planning can be employed explicitly to facilitate this countercontrol. Endorsements of PCP from a behavioral point of view can be found in Risley (1996) and S. Holburn (1997).

The blending of ideology and strategy has made PCP the zeitgeist in developmental disabilities. It now appears in rule-governed form in agency mission statements, procedure manuals, and government regulations, and in some states, it is law (A. A. Schwartz, Jacobson, & Holburn, 2000; Wagner, 1999). Various forms of PCP have emerged, including lifestyle planning (O'Brien, 1987b; O'Brien & Lovett, 1992), personal futures planning (Mount, 1992, 1994; Mount & Zwerneck, 1988), the McGill action planning system (Vandercook, York, & Forest, 1989), essential lifestyle planning (Smull & Harrison, 1992), planning alternative tomorrows with hope (Pearpoint, O'Brien, & Forest, 1993), and whole life planning (Butterworth et al., 1993). These are long-term group efforts in which members develop a vision of a desirable future for an individual and work toward its accomplishment. Based on the assumption that people with disabilities should enjoy life in the community, PCP seeks to reduce social isolation, promote friendships, and increase autonomy, competence, and respect. These goals

or values apply whether the planning group is working towards inclusion for an adult in a neighborhood, a teenager in a regular job, or a child in an integrated classroom.

PCP AND BEHAVIOR ANALYSIS

The defining characteristics of applied behavior analysis were presented and discussed in two widely accepted articles by Baer et al. (1968, 1987). Below, some of the similarities and differences of PCP and applied behavior analysis are examined in the context of these basic principles.

Applied

According to Baer et al. (1968), the label *applied* is determined by "the interest society shows in the problems being studied" (p. 92), and it can be evaluated by the question "how immediately important is this behavior or these stimuli to this subject?" (p. 93). In addition, applied research is confined to examining socially important behaviors, "in their usual social settings" (p. 92). These criteria are applicable to PCP. Most directly, PCP entails ascertaining what would make a person's life better based on that person's interests and preferences, and subsequently figuring out how to make that happen. More immediately, the planning group identifies aspects of the person's life that need to be changed at once and takes steps to effect those changes swiftly (Mount, 1992; O'Brien, 1987b; Pearpoint et al., 1993).

Because PCP promotes social inclusion, its endeavors typically focus on (a) the transition to a community neighborhood, job, or classroom; (b) improving life in those settings; or (c) both of the above. These aims are consistent with the "usual social settings" as the locus of applied behavior analysis. They are compatible with the criteria of applied behavior analysis as taking place outside of the laboratory, and also are consistent in the sense that

the noninclusive setting of the institution, sheltered worksite, or segregated classroom is not as common today for a person with a developmental disability. Nowadays, more applied behavior analysts are practicing outside such settings.

In the follow-up article by Baer et al. (1987), the discussion of *applied* revolves about the meaning of social problems, defined roughly as behaviors that result in counteractions sufficient to generate solutions. More important, social problems require sufficient display or explanation to garner public attention and support of constituent decision makers that are necessary for the countercontrol. Using these criteria, PCP is *applied* in several respects, but because its originating circumstances differ greatly from applied behavior analysis, it employs countercontrol differently. Person-centered planning emerged as a direct counteraction to traditional service models in developmental disabilities (O'Brien & Lovett, 1992), sometimes referred to as *system-centered* approaches. By describing the deficiencies of system-centered approaches and presenting PCP as their antithesis (Mount, 1992, 1994), PCP is offered as a solution. This subversive format is common in promotional materials and presentations. It exposes the problem that many systems arranged to help people with disabilities have paradoxically and sometimes intransigently blocked access to community life, personal growth, and a better quality of life. The problem is explained in positive, nontechnical language that carries the usual mentalistic implications, but it has wide appeal.

Applied behavior analysis, like PCP, was developed to improve the lives of people in their natural environment, but it was not predicated on an indictment of existing structures and systems. It was a logical and hierarchical extension of mostly operant, laboratory-based procedures to benefit people in institutions, schools, and other sectors of our society. Compared to PCP, applied behavior analysis was adopted

more gradually, by a larger base, and was supported by repeated demonstrations that science works. Although applied behavior analysis is scientific in its approach, the importance of marketing was recognized soon after its establishment (Hopkins, 1970), and it continues to be an important theme as applied behavior analysis expands (e.g., Bailey, 1991).

While PCP uses countercontrol to promote its adoption, countercontrol is also operative within the PCP process itself. The facilitator incites countercontrol by illuminating the failings and incapacities of the available conventional interventions. Some of this is evident through *mapping*, a technology in which social problems are displayed literally and inspirationally. Mapping consists of displaying, on large pieces of paper, the important elements of the person's history, repertoire, aspirations, and current conditions. The maps tell the life story of the person and are effective in motivating and generating solutions. The counteraction evoked through PCP often contains the zeal of correcting a social injustice, and many endeavors involve public networking and lobbying for local system change.

Thus, PCP is an attempt to improve important aspects of a person's life, and the person is often portrayed as a victim of an inadequate system. Countercontrol is fundamental to the marketing of PCP in the developmental disabilities community and during the planning process itself. Person-centered planning has displayed its goals and problems so pervasively in the developmental disabilities environment that they have become synonymous with the new paradigm in developmental disabilities. Today, one is hard pressed to encounter a discussion about community inclusion without allusion to PCP.

Behavioral

Baer et al. (1968) suggested that a society would be interested in applications of behavior analysis if they contributed to the well-being of the so-

ciety by addressing "socially important behaviors such as retardation, crime, mental illness, or education" (p. 91), and later acknowledged that the analysis of complex social problems requires the analysis of "lifestyles in recognition of their systemic nature" (Baer et al., 1987, p. 323). If one can assume that social integration of people with disabilities fits into this list of socially important behaviors, and if such integration constitutes a complex social problem, then one can assume that social integration of people with disabilities is a socially important *behavior* worthy of a behavior analysis that probably will also require an examination of lifestyles and the systems in which they occur.

What then, *is* the behavior of community inclusion and other goals of PCP? A fair way to address this question is to examine the five essential accomplishments of PCP (O'Brien, 1987b), in light of the behavioral standards that behavior is what someone does and that it should be reliably quantifiable for analysis (Baer et al., 1968, 1987). The first accomplishment is *community presence*, the condition of being in an ordinary place, such as a typical neighborhood or an integrated classroom, a condition that is necessary but not sufficient for community inclusion. An example of assessing community presence was provided by Kennedy, Horner, Newton, and Kanda (1990), who recorded types and frequencies of community activities and the level of staff support required for each activity. Kennedy et al. developed a checklist consisting of items such as "use a fast food restaurant" and "go to a movie," behaviors that are quantifiable as large response classes, but as part of a broad inventory, their constituent units are undefined, so we cannot be sure what people actually do in using a fast food restaurant or in going to a movie. More specificity is provided by investigations that deconstruct and quantify components of community behavior, such as crossing intersections (Vogelsburg & Rusch, 1979).

These examples would seem to illustrate another essential accomplishment, *community participation*, although this category pertains to the person's network of community friends and allies and emphasizes the importance of long-term personal relationships, particularly with people who are neither paid assistants nor peers with disabilities. Here, O'Brien (1987b) is referring to a verbal community rather than a physical community environment. The behavior of relating has long been a subject of applied behavior analysis, and when operationalized, it qualifies as accessible behavior. For example, Tremblay, Strain, Hendrickson, and Shores (1981) devised an observation procedure for recording 10-s segments of typical preschoolers' interaction sequences comprising 13 types of social initiations followed by a response emitted within 3 s of the initiation. Brief interactions were also measured by Krantz and McClannahan (1993), who established peer initiations of children with autism in socially segregated classrooms, and by McGee, Almeida, Sulzer-Azaroff, and Feldman (1992), who increased reciprocal peer interactions of children with autism in socially integrated classrooms. Relating behavior of longer duration was recorded by Kennedy, Horner, and Newton (1989), who examined the frequency, type, and durability of community social interactions by adults with severe disabilities lasting at least 15 min with people who were either not paid or were not coresidents. In the McGee et al. study, a measure of friendship was provided through peer sociometric ratings used to assess social validity. A variety of social interaction measures for investigators who are interested in increasing the network of friends are presented in a special issue the *Journal of Applied Behavior Analysis* (Vol. 25, No. 2) on improving social competence.

The next essential accomplishment of PCP is *choice*, a phenomenon which has also been reported frequently in the applied behavior analysis literature.

O'Brien (1987b) defines choice roughly as autonomy in making decisions about everyday matters, such as what to eat, as well as more significant matters, such as where to live. An example of making food choices in the community was provided by Cooper and Browder (1998). They used a delay procedure to teach adults with severe disabilities a five-step routine for purchasing fast food. Each step comprised an opportunity to make a choice, "defined as touching, pointing, or moving to one object to indicate a selection" (p. 253). An example of teaching people how to choose where to live in community homes was provided by Faw, Davis, and Peck (1996). These investigators ascertained home-related preferences of adults with mental retardation using forced-choice photograph selections depicting scenes such as a room with one bed or two beds and a person smoking in the home versus a home with a no-smoking sign posted. Participants then were taught to evaluate simulated and actual homes using a 31-step task analysis supplemented with a preference booklet and an evaluation worksheet. The studies by Cooper and Browder and Faw et al. are among many in the applied behavior analysis literature that have investigated choice, and they demonstrate that making choices is an accessible behavior that can be analyzed behaviorally.

The essential accomplishment of PCP that is the most difficult to quantify is *respect*, a construct that might be viewed as a "behavioral reality not yet analyzed as such" (Baer et al., 1987, p. 315). However, the definition of respect offered by O'Brien (1987b) suggests that a behavior analysis of this goal might not be as formidable as it seems. Accordingly, "Respect is having a valued place among a network of people and valued roles in community life" (p. 179). This definition appears to contain quantifiable components. A valued role in community life might be achieved through developing functional employment skills (e.g., Bellamy,

1988; Wehman, 1981), the value of which might be assessed through a variety of social validity measures (I. S. Schwartz & Baer, 1991; Wolf, 1978). Having a valued place among a network of people appears to be a condition accessible through the judgments of others, such as with a sociometric analysis similar to that employed in the McGee et al. (1992) peer interaction study, which is described in detail by Asher, Singleton, Tinsley, and Hymel (1979).

The final essential accomplishment set forth by O'Brien (1987b) is *competence*. The assessment and modification of competence have been demonstrated so frequently in the applied behavior analysis literature as to be axiomatic and require no examination here.

Thus, four of the five essential accomplishments of PCP as set forth by O'Brien (1987b)—*community presence*, *community participation*, *choice*, and *competence*—have been shown to be directly observable and reliably quantifiable target behaviors. The goal of *respect*, as defined above, does not appear to be out of reach of an applied behavior analysis. These five accomplishments are themselves components of the broader goal of social inclusion of people with disabilities (the end to which they are said to be essential). Taken altogether, they constitute a complex social problem, the type that applied behavior analysts increasingly confront today in making socially important changes in people's lives. According to Baer et al. (1987), such problems are not as delineated as those of our past; they are more complicated because they require changes in patterns of behavior and analyses of systems in which they occur. This challenge appears to be consistent with O'Brien's (1987b) contention that full community inclusion will require changes in the organization and management of services, resources, and community opportunities.

Analytic and Conceptual

Baer et al. (1968) maintained that to be *analytic*, one must demonstrate that certain events are responsible for certain behaviors using a convincing experimental design; to be *conceptual*, one must relate the procedures to behavioral concepts and principles. The two topics were discussed separately in the 1968 article, but later, Baer et al. (1987) noted that these topics should be discussed together because it was becoming increasingly clear that for a discipline to be properly analytic, it is necessary to know *how* and *why* the methods worked. Thus, to be analytic, an intervention should be both convincingly effective and theoretically sensible.

To be convincingly effective, one must demonstrate control over the behavior. However, applied research is subject to the constraints of social settings, and unlike laboratory research, it often cannot obtain full control of relevant variables. Thus, applied research is usually concerned with whether or not the experimenter has shown enough control for believability (Baer et al., 1968). In applied behavior analysis, the most common methods for demonstrating believability are repeated applications of the intervention in either a reversal design or multiple baseline design. To demonstrate the effects of PCP, it would not be feasible to repeatedly apply and withdraw the intervention through a reversal design, but it seems that it could be implemented 1 subject at a time, using a multiple baseline design. It also seems feasible to apply PCP to the target behaviors in cumulative fashion, thus creating a multiple baseline design across responses. Using the latter design, one might measure community presence, community participation, and respect over time under baseline conditions and evaluate changes as PCP is applied cumulatively across responses. In either of these multiple baseline designs, systematic changes in responding

would imply that PCP is a reliable experimental variable.

A formidable challenge is to simultaneously assess the large response classes that constitute the target behaviors of PCP. However, it is difficult enough to implement a complex intervention that requires some form of system alteration (Mount, 1992; O'Brien, 1987a; Smull & Harrison, 1992), let alone concurrently measure outcomes such as friendship, autonomy, and respect. Nonetheless, such measurement is more of a practical than a conceptual challenge, and we now have a rapidly improving behavioral observation technology that permits tracking of multiple complex responses (Thompson, Felce, & Symons, 2000). It is conceivable that applied behavior analysts will one day be assessing large response classes (lifestyles) and altering metacontingencies (system events), all at the same time. However, to illustrate that PCP can be applied experimentally, it is enough to instantiate just one essential accomplishment of PCP and observe it while PCP is applied repeatedly across individuals.

To examine the *conceptual* soundness of PCP, one must consider whether PCP procedures make theoretical sense. Given that PCP was developed to improve the lives of people in the natural environment, can its putative accomplishments be explained by behavioral principles? It has been argued elsewhere that PCP is a radically behavioristic approach (S. Holburn, 1997). Here, two basic behavioral principles that are central to the philosophy and practice PCP are highlighted: (a) the use of contingency throughout the process, and (b) the recognition that important life improvements require significant contextual modifications.

At the outset, the approach of identifying what would make a person's life better based on what that person wants to do, then figuring out how to make that happen, has a behavior-analytic ring to it (see Risley, 1999). Conversely, what people ultimately want, as derived from a behavioristic

perspective, has a person-centered flavor. For example, consider Baum's (1994, p. 241) behavioral account of what people want. Based on Skinner's writings, Baum deduced that people basically want to be happy, which they tend to report when they (a) are free of aversive consequences and threats, (b) exercise choices that lead to positive reinforcement, (c) experience nonexploitative relationships, and (d) receive equitable reinforcement in comparison with others in the culture. These conditions are conceptually consistent with the person-centered goals of social integration, friendship, autonomy, competence, and respect.

The attainment of such goals through PCP requires the arrangement of contingencies, many of which interlock with fiscal, civic, organizational, and professional functions. Therefore, facilitators often recruit team members who are actively involved in the community and who have influence with people in authority (Mount, 1994; O'Brien, O'Brien, & Mount, 1997). Although explicit reference to the term *contingency* and other behavioral terminology is usually avoided in planning meetings (nontechnical language is encouraged), contingencies are embedded throughout the PCP process. Early on, the contingency stage is set by colorfully mapping the person's interests, preferred activities, dislikes, and so forth, which suggest personally reinforcing and aversive events, as well as the conditions under which they occur. Reid, Everson, and Green (1999) showed that 75% of mapped preferences were empirically confirmed using an approach-avoidance assessment. A gross exposition of the person's history, current circumstances, and abilities emerges and sets the occasion for creating a vision of a more desirable life situation. More detail is added to the vision as the person samples new conditions and activities during the planning process. Essentially, the vision is a story about the future, perhaps a verbal antecedent or a rule; the task of the planning group is to design an environ-

ment that will select the behavior of the person in the story. In volunteering to help bring about the supports and services to make the vision a reality, group members tend to get involved in new activities themselves, many of which interlock with agency and community systems. At follow-along meetings, the group reinforces accomplishments and adjusts strategy.

Although it is clear that changes in lifestyle require systemwide changes (Baer et al., 1987), applied behavior analysts typically have not had access to system or cultural contingencies (Himadi, 1995; Reppucci & Saunders, 1974), and thus we have had little or no impact on making important contextual changes. But applied behavior analysts who participate in interventions that seek organizational change will become empowered to attack the problems of lifestyles if they truly gain access to these larger independent variables. For example, a PCP endeavor that results in a new living and working environment replete with positive reinforcers and devoid of certain aversive events may also have substantially altered establishing operations and discriminative stimuli associated with problem behavior. Such broad environmental change permits analysis of conditions under which interventions have maximal and minimal effectiveness. More important, a PCP team that can influence organizational contingencies has the potential to deliberately *manage* those conditions. As stated by Baer et al. (1987), "clarifying contextual controls is not enough: If we want widely effective interventions, we will have to manage these contextual controls" (p. 318).

Technological

A convincing experimental demonstration of PCP through a multiple baseline design implies that its procedures can be clearly specified and consistently applied. Indeed, any experimental analysis requires that the techniques comprising the independent

variable be completely described for reliable implementation and subsequent replication (Baer et al., 1968). Is PCP sufficiently precise to constitute an independent variable? Presently, two obstacles are hindering replicability: The first is operationalizing the process; the second is faithful implementation.

An immediate problem is lack of a clear, consensual definition of what precisely is meant by person-centered planning; this has resulted in confusion about its principles and methods (A. A. Schwartz et al., 2000). For examples, there are differences of opinion about the extent to which the consumer should control the process, the composition of the group, the particular components that are emphasized, the degree to which PCP is conducted within organized service settings, and the degree to which natural (unpaid) support is used (O'Brien & Lovett, 1992). By design, PCP is meant to be a flexibly and broadly applied. Thus, PCP authors suggest variations in application, depending on the circumstances under which it is applied. In addition, as a given approach "matures" over the years, its techniques tend to change. Such procedural variation might be adaptive in some situations, but it also contributes to imprecise application, which no doubt explains much of the wide-scale misimplementation of PCP today, as depicted by O'Brien et al. (1997).

There are probably as many definitions of PCP as there are brands of PCP. However, hypothetically, the absence of a single method of PCP should hinder a person-centered planner no more than the absence of a single method of teaching hinders a teacher. The types of PCP listed earlier share common assumptions and values, but they employ different strategies, parts of which are well defined. For example, positive futures planning (Mount, 1992), lifestyle planning (O'Brien, 1987b), and planning alternative tomorrows with hope (Pearpoint et al., 1993) are packages that delineate sim-

ilar statements of philosophy and purpose, but they employ different preplanning activities and checklists, curriculum-like formats, instructions on facilitating the group display and use of materials, ground rules, sequence of tasks, problem solving strategies, and follow-up and review activities.

Assuming that it is possible, although difficult, to accurately identify and describe the techniques that make up a particular form of PCP, the next challenge is to faithfully implement a comprehensive, long-term process that requires the arrangement of interlocking organizational contingencies and frequent adjustment in designing an individual's environment in accordance with a vision of a more desirable future. For such a complicated and extended intervention, it is important to assess treatment integrity by observing adherence to the prescribed techniques. However, it is often difficult to arrange critical components of the process, such as a technically skilled facilitator or the availability of certain participants for meetings (C. S. Holburn & Vietze, 1998). Implementers often are unable to acquire sufficient administrative support (Mount & Zwernick, 1988), find resources for implementing new ideas (C. S. Holburn & Vietze, 1999), or defer competing responsibilities that may interfere with sustained involvement of team members (C. S. Holburn & Pfadt, 1998). These latter impediments are not surprising in view of the fact that the principles and goals of PCP are presented as antithetical to those of traditional service systems. They indicate that PCP does not guarantee access to important contextual variables and system contingencies that are usually necessary to make significant changes in a person's life.

In short, even if PCP can be operationalized, faithful implementation is threatened by a scarcity of ingredients for an approach that is likely to run counter to prevailing agency practices. It appears that many agencies are interested in developing more person-centered services but are unable to ap-

ply the techniques of PCP as prescribed by its founders. To satisfy the criterion of *technological*, PCP would probably have to become less complex, more system-friendly, or both. There can be no evidence for the assertion that such modifications would dilute *true* PCP and compromise its effectiveness if *true* PCP cannot be reliably applied and assessed in the first place.

CONCLUSION

Person-centered planning is a popular approach in the developmental disabilities community. Its philosophy and goals epitomize the new paradigm in developmental disabilities, and its basic premise of community inclusion is consistent with the mission of applied behavior analysis of improving lives in the natural environment. The present comparison reveals that many PCP goals have already been quantified, and that contextual modification and contingency are central to the PCP process. An experimental demonstration of PCP could be achieved through a multiple baseline design across persons or responses, but only if the process is repeated reliably; at this time, it does not appear that PCP can be implemented with enough precision and fidelity to satisfy that criterion.

Although PCP and applied behavior analysis share many features, PCP has been presented as an antibehavioral approach by some of its proponents (e.g., Lovett, 1985, 1996); similarly, behavior analysts might acknowledge the ambitious goals of PCP as worthy objectives, but believe that they are antithetical to a behavior analysis (e.g., Osborne, 1999). The present comparison suggests that PCP is compatible with the *applied*, *behavioral*, and *conceptual* dimensions of applied behavior analysis, but it does not fully meet the *analytic* or *technological* requirements established by Baer et al. (1968, 1987). Otherwise stated, both applied behavior analysis and PCP use procedures based on established principles to provide meaningful outcomes that can be

measured; however, an evaluator who subjects PCP to the rigors of an applied behavior analysis will not know with certainty what is responsible for outcomes that followed the introduction of PCP.

In keeping with its antibureaucratic sentiment, PCP seems to resist standardization. However, eventually, a behavior analysis of PCP will probably occur. When that happens, both PCP and ABA should be enhanced by the analysis. If an analysis shows that PCP can bring about its putative goals, or even better, if the analysis can improve upon the process, applied behavior analysis will enrich its interaction with consumers and advance the goals of its discipline.

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