MARCH 2018

Changes in the Field Regarding Personal Support Plans

Authors: Robert L. Schalock, James R. Thompson, and Marc J. Tassé
Authors’ Note

This White Paper discusses six recent changes in the field of intellectual and developmental disabilities that establish the parameters of a systematic approach to personal support plans.
Overview

The concept of personal support plans and the role of support-related information in the development, implementation, review, and evaluation of support plans has changed significantly since the June 2008 publication of *Relating the Supports Intensity Scale to Individual Support Plans*, an American Association on Intellectual and Developmental Disabilities (AAIDD) white paper. Six of these changes directly impacted the development of this white paper. They involve an increased focus on the person and their human and legal rights, the prevalence of systems thinking and logic models, an understanding of the elements of a system of supports, the increased use of information and assistive technology, the emergence of support teams, and the emphasis on conducting outcomes evaluation and establishing evidence-based practices.

The collective impact of these changes is reflected in the definition of a personal support plan (PSP) and its components. A PSP is a systematic approach to the provision of a system of supports that is tailored to the individual’s strengths and needs and that facilitates the attainment of the individual’s personal goals and the enhancement of the person’s well-being. The components of the systematic approach are: understanding the person, understanding the person’s support needs, developing the PSP, implementing the support plan, reviewing the support plan, and evaluating the results.
Changes in the Field Since the Previous White Paper

Focus on the Person and Their Rights
Over the last decade, there has been an increased recognition of the human and legal rights of people with disabilities, which includes an emphasis on self-advocacy, self-determination, inclusion, and empowerment (Mostert, 2016; Nussbaum, 2011; Pazey, Schalock, Schaller, & Burkett, 2016; Shogren & Turnbull, 2014; Verdugo, Navos, Gomez, & Schalock, 2012). This increased focus on the person and their rights and expanding valued roles has influenced the terminology, as what was previously referred to as an individual support plan is increasingly now called a personal support plan (PSP). This new terminology emphasizes that the plan developed and implemented is the person's plan.

Systems Thinking and Logic Models
The second change has been the use of systems thinking and logic models to integrate and align the components of a PSP. Systems thinking focuses on the multiple systems that affect human functioning and integrates the microsystem (individual and family), mesosystem (organization and community), and macrosystem (society and culture) into the plan. A logic model involves the plan's inputs (personal goals and assessed support needs), throughputs (plan development, implementation, and review), and outcomes (evaluation of results). The advantages of using a logic model as an integrative/alignment framework for personal plans is that it articulates the operative relations and logical sequence among components, and enables all stakeholders to understand what must be done to achieve valued outcomes (Schalock & Luckasson, 2014; Schalock & Verdugo, 2012). Examples of systems thinking and logic models in reference to using SIS-related information in supports planning can be found in Thompson et al. (2015, 2016).

System of Supports
The third change has been to better understand the components of a system of supports. These components involve professional interventions, inclusive environments, and specific support strategies (Schalock, Luckasson, Tassé, & Verdugo, in press). The three components and their associated elements are summarized in Table 1.
TABLE 1
Components and Elements of a System of Supports

<table>
<thead>
<tr>
<th>Component</th>
<th>Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Interventions</td>
<td>• Dietary/nutritional&lt;br&gt;• Medical/surgical&lt;br&gt;• Prosthetics&lt;br&gt;• Parenting/staff/teacher development&lt;br&gt;• Educational support strategies&lt;br&gt;• Environmental accommodation&lt;br&gt;• Employment&lt;br&gt;• Community engagement&lt;br&gt;• Policy reform&lt;br&gt;• Rights affirmation</td>
</tr>
<tr>
<td>Inclusive Environments</td>
<td>• Environments that support peoples’ growth and development and accommodate psychological needs related to autonomy, competence, and relatedness&lt;br&gt;• Examples include supported employment, supported living, inclusive education</td>
</tr>
<tr>
<td>Support Strategies</td>
<td>• Natural supports&lt;br&gt;• Technology&lt;br&gt;• Prosthetics&lt;br&gt;• Education across the lifespan&lt;br&gt;• Reasonable accommodation&lt;br&gt;• Dignity and respect&lt;br&gt;• Personal strengths/assets</td>
</tr>
</tbody>
</table>

This better understanding of the elements of a system of supports has been accompanied by strength-based models of intellectual disability (ID) and strength-based approaches to supports planning and delivery. Key ideas associated with a strength-based model of ID include: (a) ID is understood as a state of functioning characterized by a significant and chronic mismatch between a person’s competencies and the demands of settings and activities associated with participating in an inclusive society, (b) understanding people with ID through a social-ecological lens draws attention to peoples’ unique strengths and support needs instead of their deficits, and (c) supports are resources and strategies that bridge the gap (i.e., address the mismatch) between personal competency and environmental demands (Thompson, Shogren, & Wehmeyer, 2017). Key ideas associated with a strength-based approach to supports planning and delivery include: (a) rather than focusing on deficits in functioning, it is important to understand the demands of age-appropriate and inclusive environments where people with and without ID live, learn, work, and play; and (b) based on an understanding of the demands of these inclusive environments, the supports that are needed to enhance human functioning and valued outcomes can be identified and implemented (Shogren, Wehmeyer, Schalock, & Thompson, 2017).
Information Technology

The fourth change has involved the increased use of information technology to facilitate knowledge on demand and assistive technology to enable people with ID to participate in settings and activities in ways that they otherwise could not. The essential idea in knowledge on demand is that support teams have ready access to information related to the pattern and intensity of the person’s support needs and specific elements of a system of supports that can be aligned to the respective support need(s). This knowledge can be assessed using internet-enabled devices, including mobile devices (Materia et al., 2016).

In reference to assistive technology, the challenge is to not focus solely on devices, but rather on how technology might actually be used by a person and how individuals can be taught to use it effectively (Thompson et al., 2017). In that regard, a unique process that aligns well with a strength-based approach to supports planning and delivery is the Student-Environment-Task-Tools (SETT) framework (Zabala, 2016). The SETT framework emphasizes the need for a support team to explore the individual’s relative strengths and limitations, analyze the environments in which the person needs to use the technology, identify tasks the individual needs to perform in the environment, and then select the tools (i.e., assistive technologies) based on their capacity to support the person effectively and efficiently.

Support Teams

The fifth change has been the role that education or support teams play in the PSP process (Schalock & Luckasson, 2014; Schalock et al., in press). The support team focuses on developing “wrap-around supports” and is composed of the person for whom the plan is being developed, members of the individual’s family, a supports coordinator, educators, direct support staff, and other relevant professionals.

A support team must be involved, informed, organized, accountable, and empowered. As they express these characteristics, it is important that the team distinguishes between a personal plan and a compliance plan. In reference to this distinction, Herpes, Buntinx, Schalock, van Breukelen, and Curfs (2016) recently reported data based on the analysis of support plans in the Netherlands. Their results indicate that only a small proportion of what is called a “supports plan” actually relates to personal goals, assessed support needs, and specific elements of a system of supports. The majority of the analyzed plans’ contents related to a summary of the person’s deficits and the organization’s compliance with specified rules and regulations. This combining of supports with compliance plans undoubtedly contributes to the general finding that most individual plans are quite long, generally filed immediately after development, are not well understood or available to those involved in its development and implementation, and reviewed every 3 months (Schalock & Verdugo, 2012). To overcome this ineffective and inefficient process, many organizations now use a one- or two-page user-friendly PSP format, such as My Support Plan, Plan-at a Glance, Family Role in the Personal Support Plan, or Teacher/Support Staff Role in the Personal Support Plan (Schalock & Luckasson, 2014).
Outcome Evaluation and Evidence-Based Practices

The sixth change has been an increased emphasis on establishing evidence-based practices and conducting outcome evaluation. Outcome evaluation allows practitioners and researchers to assess the degree to which personal goals, positive changes, or benefits have been achieved. The outcome variable used in the assessment also provides a dependent variable in determining the relation between specific elements of a system of supports and the assessed outcome (Gomez & Verdugo, 2016).

Evidence-based practices are practices for which there is a demonstrated relation between specific supports and measured outcomes (Schalock, Gomez, Verdugo, & Claes, 2017). In reference to the PSP, a demonstrated relation is inferred if there is substantial evidence that the outcome (i.e., goal, change, benefit) is caused by the specific support employed, it has been demonstrated that the specific support employed clearly leads to the desired outcome, or there is a significant correlation between a specific support and the assessed outcome.

Implementation fidelity is essential to both conducting outcome evaluation and establishing evidence-based practices. Implementation fidelity involves ensuring that the PSP is implemented as originally envisioned and developed by the support team.

In summary, there have been significant changes in the IDD field since AAIDD’s previous white paper on support plans was published in 2008. These changes have involved an increased focus on the person and his or her legal and human rights, the use of systems thinking and logic models, a better understanding of the elements of a system of supports, an increase use of information technologies, the utilization of education and support teams, and an increased emphasis on outcome evaluation and evidence-based practices. There are three personal support plan principles, which follow:

---

Personal Support Plan Principles

1. The person owns their personal plan, which is a supports plan and not a compliance plan for a provider agency or for people paid to support the individual in achieving his or her life goals.

2. A personal support plan is based on personal goals and assessed support needs, integrates what is important to the individual with what is important for the individual, addresses what should stay in place (i.e., maintained) and what needs to change (i.e., acquired or modified), and provides wrap-around supports through implementing elements of a system of supports.

3. The user-friendly personal plan is developed, implemented, reviewed, and evaluated by an education or support team that aligns personal goals, support needs, specific elements of a system of supports, and anticipated valued outcomes.
References


