



PBS Practice

The purpose of the series on PBS Practices is to provide information about important elements of positive behavior support. PBS Practices are not specific recommendations for implementation, and they should always be considered within the larger context of planning, assessment and comprehensive support.

Group Action Planning and PBS

Over the past 15 years, individuals with disabilities, their families, and significant others in their lives have experienced substantial changes in how people with disabilities are viewed. These changes have involved a shift away from perceptions based on deficits and limitations as well as significant changes in how supports are identified and provided. Person-centered planning is a strengths-based approach used to enhance the quality of life of persons with disabilities. It is a process created to listen to the visions of individuals and their families, and then to create lifestyle supports to enable those dreams to be achieved. Person-centered planning approaches go by different names but all share a common philosophical base and all address similar themes. Some of these approaches are Planning Alternative Tomorrows with Hope (PATH), Lifestyle Planning, Personal Futures Planning, and Essential Lifestyle Planning.

Group Action Planning (GAP) is a person-centered planning process developed by University of Kansas researchers, many who have family members with a disability and problem behavior. GAP provides the opportunity for persons with problem behavior to be supported by a unified, reliable alliance that includes the focus person, family members, friends and professionals. Beach Center research has demonstrated the critical importance and positive impact of “reliable allies” in person-centered planning. Like other person-centered approaches, GAP helps individuals and their families envision the best possible outcomes for the focus person and helps bring their vision to fruition. GAP members commit to accomplishing, monitoring and adjusting those goals that provide continuous, ongoing support to focus individuals and their families.

The GAP process involves: (1) inviting people from the individual’s natural network who can be helpful to participate in the planning process; (2) choosing a facilitator who connects well with others, makes people feel valued, sets a positive tone, helps keep comments relevant, and is willing to assign tasks; (3) involving the focus person and family as much as possible; (4) emphasizing information based on personal knowledge (vs. professional “knowledge”); (5) fostering dynamic dreams for the future, directed and controlled by the focus person and family; (6) brainstorming solutions to problems that encourage everyone’s input and that are fueled by high expectations, and (7) continuously celebrating progress made by the team.

Example

David is a 13-year old African-American youth who attends an inner-city school. His mother and father divorced when he was three. David has lived with his father since 1997. His father tries his best to provide a supportive home but irregular work hours make it hard to spend time together. David’s paternal grandmother lives next door and is important in his life. The neighborhood where David lives is rough and unsafe. David has had several physical and verbal confrontations with neighborhood kids. His father is concerned for David’s safety and worried that his son will get involved in a gang. As a result, David spends lots of time indoors and has little contact with peers after school. He provokes fights on the bus and when walking home to gain peer attention. When David talks on the phone with friends, he often fabricates stories and gossips about classmates. This gets him in further trouble. David has many academic and behavioral challenges, including difficulty listening, following instructions and completing tasks. His teachers describe him as friendly to them but controlling, manipulative, and verbally aggressive with peers.

Based on the strengths and closeness of David's family and his needs for individual-level support, the PBS school team decided to pursue the GAP process. David's initial GAP meeting took place on a Saturday in his paternal grandmother's home. David, his father, grandmother, an aunt and uncle, and a cousin attended. David's GAP facilitator and PBS school team coordinator were also there. Each person described their relationship with David and personal hopes for his future. His challenges in school and at home were then described. Discussing David's behavior problems helped everyone learn more about their origins and possible functions, as well as what they looked like in different settings. Gaining a better understanding of his difficult behaviors through his family's eyes was essential in designing the necessary supports to assist him at school and at home. After reviewing his challenges, the facilitator initiated discussion of David's strengths. This strengths-based approach shifted the focus away from how David and his friends "needed to change" to what he did well. Following the family's description of his strengths (e.g. cooks, good sense of humor, concern for family's well-being), David opened up and discussed his own fears about his isolation, lack of "real" friends, academic problems, and his parents' divorce. David's goals were to get better grades, lose weight, get in better shape and spend more time with peers. At times David's and his father's hopes and dreams conflicted, yet GAP members supported David's desires and discussed how to help him make them a reality, given his family's expectations. After exploring differences of opinion, the team reached consensus on David's future goals. The facilitator then discussed various strategies for how each person might help make these goals a reality for David, in their roles as "reliable allies." Strategies include a daily behavior sheet to track David's academic performance, helping him monitor his diet and sleep, positive incentives for improvements, and enrollment of David in a community youth program. By the end of 7th grade, David's father reported less verbal and physical fights with neighborhood kids and better adherence to eating, exercise and sleeping goals. Although David still had some problem behaviors in school, it was clear that individual-level PBS incorporating the GAP process enabled David to make progress that was not able to be accomplished through universal and group PBS only.

Frequently Asked Question

How is person-centered planning related to IEPs/IHPs and Behavior Support Plans/ BIPs?

Person-centered planning and formal, federally-mandated individualized planning processes are not mutually exclusive. Advocates for person-centered planning do not see these approaches as replacing formal IEP/IHP planning. Nor is it their goal to "institutionalize" person-centered planning so that it becomes mandatory. Person-centered planning is a process by which teams can identify goals and develop strategies for both IEPs/IHPs and Behavior Support Plans/BIPs. Person-centered planning can add depth and structure to PBS plans. All individualized service plans should be driven by a vision of a successful lifestyle for the focus individual with challenging behaviors. No goal, benchmark or short-term objective should be written, nor any activity proposed, that does not clearly relate to a desired future for the person.

Other Resources

Blue-Banning, M., Turnbull, A.P., & Pereira, L. (2000). Group Action planning as a support strategy for Hispanic families: Parent and professional perspectives. Mental Retardation, 38(2), 262-275.

Kincaid, D. (1996). Person-centered planning. In L.K. Koegel, R.L. Koegel & G. Dunlap (Eds.), *Positive behavioral support: Including people with difficult behavior in the community* (pp. 439-465). Baltimore, MD: Paul H. Brookes Publishing.

Turnbull, A. P., Blue-Banning, M. J., Anderson, E. L., Turnbull, H. R., Seaton, K. A., & Dinas, P. A. (1996). Enhancing self-determination through Group Action Planning: A holistic emphasis. In D. J. Sands & M. L. Wehmeyer (Eds.), *Self-determination across the life span: Independence and choice for people with disabilities* (pp. 237-256). Baltimore, MD: Paul H. Brookes Publishing.

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