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Staff and Family Perspectives Regarding Person Centered Care for Adults With Intellectual Disability

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Walden University

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Tasrina Khan

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Walden University

2019

Abstract

Staff and Family Perspectives Regarding Person Centered Care for
Adults With Intellectual Disability

by

Tasrina Khan

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Educational Psychology

Walden University

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Abstract

Individuals with intellectual disabilities often require additional support in performing daily activities as compared to individuals without intellectual disabilities. New York's Office for Developmental Disabilities developed the eight hallmarks of person centered planning to help individuals with intellectual disabilities understand the options available to them regarding care and support and to advocate for themselves and their rights.

Researchers have yet to articulate how guardians and professional care providers of individuals with intellectual disabilities experience person centered planning in day habilitation. Thus, using a qualitative phenomenological approach, 5 direct care staff and 5 guardians of individuals with intellectual disabilities were interviewed to understand their perspectives on the 8 hallmarks of person centered planning. The conceptual framework of this study was Piaget's theory of constructivism and Bandura's theory of social learning. I used the Colaizzi method for phenomenological analysis. Following that I used the NVivo 11 qualitative data analysis software package for finding common themes. The results of this study showed that guardians and professional care providers desired more communication and training about the 8 hallmarks of person centered planning to provide the greatest benefit to individuals with intellectual disabilities. Implications for further training of staff and families, and tracking the outcomes of the eight hallmarks of person centered planning for quality of life in clients could result in policy changes for the frame of care offered to people with intellectual disability.

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Dedication

I would like to show my appreciation of my success to my parents who have always prompted me to strive to my fullest potential. They taught me to stand on my own feet and not depend on others. My sisters have always intervened during my stressful moments. A big thank-you to my husband who had to deal with my complaints but supported me during the process of writing my dissertation. I am grateful to have a strong support system to have come so far in my education.

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Chapter 1: Introduction to the Study

Problem Statement

Individuals with intellectual disabilities require significant support from their professional care providers and guardians. New York State Office for People With Developmental Disabilities (NYS OPWDD; n.d.c) developed a pioneering initiative in day-habilitation programs help provide sufficient amount of educational support to individuals with intellectual disabilities. Each individual with intelletucal disability in the program functions differently; thus, educational planning requires individual support. In this study, I investigated the perceptions of guardians and professional care providers regarding use of the eight hallmarks of person centered planning with individuals with intellectual disabilities.

The NYS OPWDD (n.d.b) provides services for individuals with developmental disabilities, intellectual disabilities, cerebral palsy, Down syndrome, autism spectrum disorders, and other neurological impairments. The services consist of group home placement, advocacy, education, and day-habilitation programs. The staff at NYS OPWDD helped develop academic criteria for individuals with developmental disabilities in New York (NYS OPWDD, n.d.b). In day habilitation, educational structure consists of an individual's schedule, consistency in daily plans, and individualized plans (Hemmings, Underwood, Tsakanikos, Holt, & Bouras, 2008). Individuals with intellectual disabilities are assigned to work with professional care providers and use the

eight hallmarks in their daily schedule (Hemmings, Underwood, Tsakanikos, Holt, & Bouras, 2008).

The eight hallmarks of person centered planning are guidelines for increasing the independence of individuals with intellectual disabilities (NYS, OPWDD, n.d.b). As outlined in Appendix A, the eight hallmarks of person centered planning consist of the following actions: (a) advocate for the rights of individuals with intellectual disabilities, (b) prevent social discrimination, (c) promote self-determination, (d) develop independence, (e) encourage participation, (f) motivate self-interest and individual preferences, (g) budget for activities and services, and (h) reinforce satisfaction of person centered planning (NYS OPWDD, n.d.b.). The eight hallmarks of person centered planning are essential, as they require professional care providers to address key factors that lead to positive outcomes for individuals with intellectual disabilities.

With the eight hallmarks of person centered planning, the day-habilitation program objective focuses on the outcomes of the individuals rather than the program goals (NYS OPWDD, n.d.b.). The NYS OPWDD designed the eight hallmarks of person centered planning to help individuals with intellectual disabilities in day-habilitation programs understand the choices they can make based on opportunities available to them (Taylor & Taylor, 2013). Day- habilitation programs follow guidelines of the eight hallmarks of person centered planning, personalizing each individual's schedule based on his or her cognitive functioning level. The activities, their planning, and their evaluation,

are designed to help individuals with intellectual disabilities receiving the quality of life they deserve (Madsen, Peck, & Vala, 2016).

In the educational field, guardians' observations and opinions are significant and can provide support to individuals with intellectual disabilities because guardians can make necessary changes in individuals' home environments based on their needs. By attending to the unique needs of individual with intellectual disabilities, their educational environments and overall life outcomes of individuals can be affected in ways that suit the individuals (McNicholas et al., 2017). However, many individuals with intellectual disabilities face difficulties in communicating their needs and desires with their guardians and professional care providers (Boehm, 2017). Often, guardians and professional care providers must assist individuals with intellectual disabilities in meeting their needs and desires, as well as communicating them (Boehm, 2017). Thus, effective communication between professional care providers and guardians can improve the quality of life of individuals with intellectual disabilities by increasing guardians' and professional care providers' understanding of and ability to help meet individuals' needs (McNicholas et al., 2017).

Effective communication is established through participation of professional care providers, guardians, and individuals with intellectual disabilities. This participation can improve communication about individuals' activities. Professional care providers and guardians must develop a good relationship with individuals to provide effective treatment. The best way to understand individuals with intellectual disabilities is to relate

to the individuals by assessing their goals and motivations while approaching their concerns and how they have encountered problems (Hardman, Drew, & Egan, 2014). The objective of day-habilitation programs and the eight hallmarks of person centered planning is to understand communication problems to improve their educational growth of individuals with intellectual disabilities .

According to Matsumoto and Hwang (2016), establishing effective communication can lead to educational success for individuals with intellectual disabilities. Effective communication occurs when the teams discuss any changes with the individuals, and then a proactive plan can be drawn for them to prevent issues. Therefore, professional care providers must establish continuous communication with guardians to ensure the development of quality educational settings for individuals with intellectual disabilities. Training of staff and family is crucial when implementing interventions for individuals with intellectual disabilities (McNicholas et al., 2017). Guardians and professional care providers of individuals with intellectual disabilities must understand protocols and standards for care (Taylor & Taylor, 2013). These protocols and guidelines ensure safety, well-being, and success in interventions and day habilitation.

Guardians must give consent for any treatment or intervention for individuals with intellectual disabilities (NYS OPWDD, n.d.c.). Respect for cultural diversity creates a sense of trust and understanding among all parties. Professional care providers must also respect the culture and religion of individuals with intellectual disabilities and their

guardians and learn to communicate with them accordingly (McNicholas et al., 2017). This creates a sense of trust and understanding among all parties. Language barriers are also a concern for professional care providers. Individuals with intellectual disabilities and their guardians may feel that professional care providers do not relate to or understand them because of language differences, which can lead to guardians and individuals not engaging in professional care and day habilitation ((McNicholas et al., 2017).

The biggest concern for professional care providers is that treatments are not harmful to patients. Regarding treatment and day habilitation for individuals with intellectual disabilities, it is important to individualize treatments because individuals may face different challenges or have different symptoms (NYS OPWDD, n.d.c.). Treatment should also be evidence based (NYS OPWDD, n.d.c.). However, there are times when there are no current developed treatments are available and professional care providers must try experimental options. With experimental treatment, guardians must decide whether to proceed or end treatment. Therefore, effective communication among professional care providers, guardians, and individuals with intellectual disabilities can help all parties understand and determine best treatment options.

Professional care providers include day-habilitation coordinators, nurses, and direct care support staff. Day-habilitation coordinators monitor and guide program staff to maintain communication and provide proper and effective care to individuals with intellectual disabilities. Thus, the eight hallmarks of person centered planning

helped program staff and program coordinators communicate effectively with each other, with guardians, and with individuals with intellectual disabilities to ensure proper educational programs and services are provided based on individuals' needs (Hanga, DiNitto, Wilken, & Leppik, 2017; NYS OPWDD, n.d.b; see Appendix A).

According to Taylor and Taylor (2013), person centered planning gives individuals with intellectual disabilities opportunities to develop their abilities to communicate their needs and desires. However, there is no existing research that provides a qualitative understanding of the perceptions of guardians and professional care providers regarding the person centered approach for individuals with intellectual disabilities. This is a significant gap because, according to Taylor and Taylor, the perceptions of guardians and professional care providers can influence and benefit the design of educational plans for individuals with intellectual disabilities. Guardians' and professional care providers' perceptions of educational plans and practices are important because guardians and professional care providers spend time with and understand the needs and desires of individuals with intellectual disabilities.

Purpose of the Study

The purpose of this qualitative phenomenological study was to explore professional care providers' and guardians' perceptions of the eight hallmarks of person centered planning for working with individuals with intellectual disabilities. Person centered planning is an established method for supporting individuals with intellectual disabilities as they develop communication skills (Taylor & Taylor, 2013). Researchers

have yet to articulate how guardians and professional care providers of individuals with intellectual disabilities experience the person centered approach when working with these individuals. Researchers use phenomenological approaches to understand the common experiences that individuals have with a phenomenon (Hussein, Hirst, Salyers, & Osuji, 2014). Using a phenomenological approach provided insight into the shared experiences of guardians and professional care providers of individuals with intellectual disabilities regarding person centered planning.

Background

Most individuals with intellectual disabilities are admitted to a day-habilitation program starting at the age of 21. Admission to day-habilitation programs is based on individuals' behaviors, performance abilities, and environments. These factors are calculated in individuals' treatment plans to help them reach goals and achieve or increase independence (NYS OPWDD, n.d.b). Individuals are then placed into groups based on their cognitive levels, which can be mild, moderate, severe, or profound disability (Hemmings, Deb, Chaplin, & Mukherjee, 2013). Day-habilitation administrators also assess individuals based on behavioral needs.

Individuals with intellectual disabilities often need more care and support than nondisabled individuals. According to Webber, Bowers, and Bigby (2010), the care individuals receive affects their quality of life and performance of daily living skills, which is especially true of individuals with intellectual disabilities. The individuals receive evaluation of performance levels those with a lot of support show improvement in

their skill set. Webber et al. also indicated that social interactions with care providers influence providers' understanding of individuals with intellectual disabilities. Thus, guardians' and professional care providers' lack of knowledge of individuals' needs causes difficulties in planning treatment for them. The person centered approach focuses on understanding and getting to know individuals with intellectual disabilities to provide services tailored to them for increasing independence and quality of life.

Individuals using person centered planning advocate for individualizing treatment plans based on individuals' needs (Spassiani et al., 2016; Taylor & Taylor, 2013). Day-habilitation programs are designed to foster positive attitudes and better the daily lives of individuals with intellectual disabilities. In day-habilitation, individuals engage in daily activities based on their needs and desires.

Community exposure is necessary for individuals with intellectual disabilities to avoid seclusion from the world, enabling individuals with intellectual disabilities to engage in their communities rather than limit themselves or be limited by their disabilities. This helps individuals with intellectual disabilities expand their independent growth and individuality by engaging and participating in community interactions. Day-habilitation programs allow for more community exposure for individuals with intellectual disabilities, as group homes often perpetuate seclusion (Baum, 2012). NYS OPWDD instituted goals and standards for group homes and day-habilitation programs to increase community exposure for these individuals (NYS OPWDD, n.d.b.). Both group homes and day-habilitation programs were designed to foster positive attitudes and uplift

the daily lives of individuals with intellectual disabilities (Grandin, 2013). In these settings, individuals engage in daily routine activities based on their needs and desires. The NYS OPWDD (n.d.b) designed goals such as minimal restrictions to be set in both residential and day-habilitation setting regulations.

According to Taylor and Taylor (2013), the goal of person centered planning for those with intellectual disabilities is to help them understand choices they can make. Taylor and Taylor found that guardians and professional care providers felt it was easier to make choices for individuals with intellectual disabilities than asking their preferences, which can cause the individuals to have loss of independence and receive care that is based on their care providers rather than themselves. Guardians and professional care providers also found the person centered approach challenging to implement and that there was a lack of training regarding it (Taylor & Taylor, 2013).

Despite the challenges of implementing person centered planning, Glicksman et al. (2017) emphasized the importance of protecting the rights of individuals with intellectual disabilities, including their rights to independence and goal achievement. The researchers focused on individuals meeting their person centered goals and overcoming necessary challenges and concluded that, with appropriate support from guardians and professional care providers, individuals with intellectual disabilities can achieve their long-term goals. However, these individuals may face more difficulties in goal attainment when the care and support they receive is not individualized to their own needs through person centered planning.

Hanga et al. (2017) examined each of the eight hallmarks of person centered approach in providing care and support to individuals with intellectual disabilities. In person centered planning, individuals with intellectual disabilities are involved in their own activity planning, determining their lifestyles, and receiving the necessary support for independence (NYS OPWDD, n.d.d.). These aspects of person centered planning can lead to increased quality of life for individuals with intellectual disabilities through engagement in decision making and focus on individualized needs and desires. Hanga et al. found that each of the eight hallmarks educate individuals with intellectual disabilities on their rights of making choices, including making decisions about their lives and day-habilitation programs.

One of the primary goals of the eight hallmarks is to increase and ensure the safety of individuals with intellectual disabilities' living and work environments. Hanga et al. (2017) advocated for educating individuals with intellectual disabilities on their rights and on their individual health reports, raising individuals' awareness of their disabilities and needs. Educating individuals with intellectual disabilities on their health reports, with a goal of and specific needs can also increase their understanding of their rights and available treatment options (Hanga et al., 2017). Furthermore, when Hanga et al. investigated the importance of parental and professional satisfaction on the approach, they found that involving the team to educate individuals about their abilities developed a better support system for individuals with intellectual disabilities.

Research Questions

Research Question 1 (RQ1): How do professional care providers and guardians of adults with intellectual disabilities perceive effectiveness of the person centered approach as described by the eight hallmarks for assisting individuals with intellectual disabilities?

Subquestion1 (SQ1): What challenges do professional care providers and guardians of adults with intellectual disability face when using the person centered approach as described by the eight hallmarks for assisting individuals with intellectual disabilities?

Sub-Question 2 (SQ2): What training did professional care providers and guardians of adults with intellectual disability receive on the person centered approach as described by the eight hallmarks for assisting individuals with intellectual disabilities?

Sub- Question 3 (SQ3): How is effectiveness identified and described by professional care providers and guardians of adults with intellectual disability using the eight hallmarks?

Conceptual Framework

The conceptual frameworks of this study were Piaget's (1963) theory of constructivism and Bandura's 1977 theory of social learning (Bandura, 2011). Both theories demonstrate the effect of environment on individuals, and thus were used in this study to understand aspects of person centered planning, which is also dependent on

individuals' environments. In his theory of constructivism, Piaget explored how an individual is influenced by his or her environment. Often, when individuals with intellectual disabilities are frustrated and cannot express themselves, they engage in maladaptive behaviors such as physical aggression, self-injurious behaviors, verbal aggression and property destruction (Taylor & Taylor, 2013). This frustration is often caused by a lack of effective communication between them and their guardians or professional care providers, or between their guardians and professional care providers. According to Piaget, individuals associate their experiences and ideas with their surroundings. Thus, individuals' surroundings affect their developmental progress. Both Bandura's and Piaget's theories explain the importance of environment affecting growth of individuality.

Social learning theory indicates that learning occurs through close contact with and imitation of others and is influenced by both environmental and psychological factors. In his work on human agency in social cognitive theory, Bandura (2011) proposed that there is reciprocal determinism between humans and their environments, with the contributions of both affecting motivation and behavior. He also posited that though environments influence humans, there are also cognitive processes that aid or hinder learning, namely self-efficacy. According to Bandura, the belief in an individual's ability to perform a task or accomplish a goal affects the effort they are willing to put forth to accomplish it.

The person centered approach is developed based on individuals' needs, which often include a consistent and positive environment to reduce their maladaptive behaviors (Gutman et al., 2010). The objective of the eight hallmarks of person centered planning is to modify the surroundings of individuals with intellectual disabilities based on their educational needs, as environment affects individuals' personal development (NYS OPWDD, n.d.b.). Guardians and professional care providers of individuals with intellectual disabilities also influence their development.

According to Bandura (2011), developing a positive environment can lead to increased effectiveness of learning, including learning and developing positive behaviors. Positive environments can increase individuals' educational performance (Bandura, 2011). Such environments also help individuals develop positive behaviors (Bandura, 2011). Thus, individuals with intellectual disabilities would benefit greatly from positive environments in which professional care providers demonstrate positive attitudes, clear communication, use of verbal promotion, praise, and small group sessions (Gutman et al., 2010). With the appropriate support, individuals' engagement in daily activities can reduce maladaptive behaviors.

The eight hallmarks of person centered planning promote a positive environment through good attitudes, clear communication, verbal praise, and small groups for those working with individuals with intellectual disabilities (Hardman et al., 2014). Appropriate support through the eight hallmarks of person centered planning helps to reduce maladaptive behaviors in individuals with intellectual disabilities, including self-injurious

behavior, physical aggression, and verbal aggression. A significant environmental factor for individuals with intellectual disabilities is the vested involvement of all key stakeholders within the individuals' lives to provide them with a higher quality of life. Involvement of guardians and professional care providers can increase advocacy and motivation for individuals with intellectual disabilities (Hardman et al., 2014).

Piaget (1963) and Bandura (2011) posited that environmental factors can affect individuals' educational performance. They also discussed the importance of the people, such as guardians and professional care providers, who partake in the lives of individuals with intellectual disabilities, which indicates that guardians' and professional care providers' involvement helps with the individuals' development (Bandura, 2011; Piaget, 1963). Guardians and professional care providers offer support necessary for individuals with intellectual disabilities to accomplish their goals based on the person centered approach. These supports can include professional care providers meeting with guardians to discuss the performance of individuals with intellectual disabilities (NYS OPWDD, n.dd.). When these supports are in place, individuals with intellectual disabilities understand the support and motivation present in their environment, which helps reduce maladaptive behaviors and improve quality of life (Grandin, 2013).

Nature of the Study

The nature of this study was qualitative, and I used a phenomenological design. Researchers who conduct qualitative research use the subjective narrations of participants to collect data and obtain results (Merriam & Tisdell, 2016). Qualitative researchers

sometimes use descriptive statistics (i.e., mean, mode, median, standard deviation, and frequency) to show a visualization of data (e.g., demographic data); however, qualitative researchers do not use inferential statistics (i.e., measures of central tendency or measure of spread) to obtain results (Sheperis et al., 2017). In phenomenological studies, researchers interpret the perceptions and experiences of a small sample of participants to describe a phenomenon (Merriram & Tisdell, 2016). In this research study, the phenomenon I explored was the perceptions of professional care providers and guardians from three day-habilitation programs for individuals with disabilities. Each of the three day-habilitation sites follows the eight hallmarks of person centered planning. As a design, phenomenology is both descriptive and interpretive. The objective of phenomenological researchers is to describe the phenomenon in detail and minimize external factors.

I collected data for this research study using one-on-one semistructured interviews with the professional staff and guardians of adults with intellectual disabilities. I recruited guardians, professional team managers, nurses, and direct care support staff of the day-habilitation sites to participate in the study. These interviews explored experiences of staff and guardians in following the eight hallmarks of person centered planning (NYS OPWDD, n.d.b.) for adults with intellectual disabilities. This study may also help develop an understanding of guardians' and professional care providers' perceptions of the eight hallmarks of person centered planning and the well-being of individuals with intellectual disabilities.

Definitions

Antecedent-behavior-consequence data (ABC data): A method of data collection used to understand why individuals engage in a problematic behavior (Hardman et al., 2014).

Intellectual disability: A delay in individuals' cognitive and adaptive behaviors that affect their social lives (Cooper, Heron, & Heward, 2007).

Maladaptive behavior: Challenging behaviors that individuals engage in, such as physical aggression, verbal aggression, self-injurious behaviors, and property destruction (Hardman et al., 2014).

Eight hallmarks of person centered planning: A method of education and habilitation planning that helps provide a set of guideline created by NYS OPWDD to evaluate the rights of individuals with intellectual disabilities by focusing on the decisions of the individuals (Taylor & Taylor, 2013).

Assumptions

In this study, I investigated the perceptions of guardians and professional care providers regarding use of the eight hallmarks of person centered planning. My assumption was the data provided by participants were honest and accurate. I also assumed that my guided interview questions would elicit the data that I intended.

Limitations, Scope, and Delimitations

There are limitations to every study. The participants available for this study were limited in number and not all of the professional care providers and guardians wanted to

participate in the study. According to Klenke (2008), the number of participants can affect the results and conclusions of a research study. Results from this research cannot be assumed as generally applicable to settings other than the one under study. The use of the eight hallmarks in day habilitation is currently limited in the field of intellectual disability, and differences may exist among those who are using the system.

Volunteers, including professional team managers, nurses, and direct care support staff of the day-habilitation sites, as well as guardians of individuals attending day-habilitation sites, were offered the opportunity to participate in the study. Five members from the professional team and five guardians were sought for participation, as this number of phenomenological interviews on a topic generally reaches the point of saturation for research data themes. The individuals with intellectual disabilities were not directly involved in the research. The key data sources for this study came from facilities of a pioneering habilitation center for adults with intellectual disabilities in New York City.

Significance of the Study

The significance of understanding the perspectives of guardians and professional care providers of individuals with intellectual disabilities regarding the eight hallmarks of person centered planning was in understanding how this approach is implemented and experienced by professional care providers and guardians. There was a positive correlation between professional care providers' and guardians' involvement with an individual's education and the individual's educational outcomes. However, existing

research does not include the perceptions of professional care providers and guardians regarding the eight hallmarks of person centered planning. This is significant because guardians and professional care providers are responsible for education planning for individuals with intellectual disabilities, but without understanding their experiences with person centered planning, it cannot be determined how effectively the eight hallmarks are being implemented.

In this study, I interviewed guardians and professional care providers to examine their perceptions on the eight hallmark of person centered planning in day-habilitation programs for individuals with intellectual disabilities. The results from this study may allow guardians and professional care providers to express their perspectives on this approach. The results of this study may also benefit guardians and professional care providers of individuals with intellectual disabilities by demonstrating the perceived benefits of the eight hallmarks of person centered planning and potentially promoting increased training for its implementation in the individuals' environments.

Summary

This chapter consisted of an overview of the significance of the eight hallmarks of person centered planning. The objective of this study was to investigate the perceptions of guardians and professional care providers of individuals with intellectual disabilities regarding use of the eight hallmarks of person centered planning. The background section provided an overview of the importance of support and environment for individuals with intellectual disabilities, as well as the need for person centered planning (Taylor &

Taylor, 2013). The purpose of this study was to understand perceptions of staff, parents, and guardians regarding implementation and use of the eight hallmarks of person centered planning. In Chapter 2, a detailed review of existing and relevant literature to this topic will be provided.

Chapter 2: Literature Review

Introduction

The purpose of this study was to explore the experiences of guardians and professional care providers in assisting intellectually disabled individuals by using the eight hallmarks of person centered planning. The eight hallmarks used in day-habilitation programs. Professional care providers and guardians must work together to develop educational programs for individuals with intellectual disabilities. I conducted a phenomenological qualitative study to explore the perceptions of guardians and professional care providers regarding the eight hallmarks of person centered planning for individuals with intellectual disabilities at a day-habilitation organization in New York City.

Historical impetus for the eight hallmarks of person centered planning lies in the Willow Brook State School in Staten Island, New York, which was open from 1947 until 1987 (NYS OPWDD, n.d.a.). The institution was designed to provide education and care for individuals with intellectual disabilities. The school was residential and isolated from the community, which limited societal interactions for individuals with intellectual disabilities at the school ((NYS OPWDD, n.d.a.). This social isolation at Willow Brook enabled care providers at the school to abuse and harm residents, as the practices within Willow Brook were not known to outsiders until reporters went to the Willow Brook State School with hidden cameras to expose how the individuals were abused (Madsen et al., 2016). The videos showed individuals were food deprived and did not have blankets,

and staff were kicking and hitting them. After the discovery of negligence, the school was shut down in 1987 ((NYS OPWDD, n.d.a.). The individuals were moved into group homes and day-habilitation programs, which were required to be integrated into communities. This integration led to the eight hallmarks of person centered planning.

The objective of an educational setting is to provide sufficient services to help students learn and develop skills in their daily lives. The Willow Brook State School failed to provide services necessary for individuals with intellectual disabilities ((NYS OPWDD, n.d.a.). Because of Willow Brook, advocacy for deinstitutionalization has become significant for individuals with intellectual disabilities (Madsen et al., 2016). Community exposure is necessary for individuals with intellectual disabilities to avoid social isolation and to help protect their individual rights. After the closure of Willow Brook, group homes and day-habilitation programs were designed to foster positive attitudes and uplift the daily lives of individuals with intellectual disabilities (Grandin, 2013). In these settings, individuals engage in daily routine activities based on their needs and desires. Similar goals were set in both residential and day-habilitation setting regulations as designed by the NYS OPWDD (n.d.c.).

Researchers have asserted that perceptions of guardians and professional care providers can influence the quality of life of individuals with intellectual disabilities (Bazzano et al., 2015; Boehm, 2017). When guardians and care providers are consistently exhausted, overworked, or stressed, it negatively affects the quality of care they can provide to individuals with intellectual disabilities (Bazzano et al., 2015). There is little

research, however, on the perceptions of guardians and professional care providers regarding the eight hallmarks of person centered planning. Therefore, it was my intent to explore the experiences of guardians and professional care providers in assisting intellectually disabled individuals using the eight hallmarks.

Preview Major Sections of the Chapter

The current study was conducted to understand the perceptions of the professional care providers and guardians of individuals with intellectual disabilities regarding the eight hallmarks of person centered planning. The following sections include discussion and review of scholarly literature pertaining to individuals with intellectual disabilities and care provided to them. The sections of this chapter will underline the key aspects of this study, including individuals with intellectual disabilities, guardians and care providers of individuals with intellectual disabilities, the eight hallmarks of person centered planning, and day-habilitation programs.

Literature Search Strategy

I conducted the literature search using the Walden University Library database. The databases included ProQuest dissertations, PsycInfo, and EBSCO; each was used to review existing research on person centered approaches to provision of care for individuals with intellectual disabilities, and involvement of professional care providers and guardians of these individuals. The following search terms were used in conducting a search for relevant literature: *person centered approach, intellectual disability,*

guardians' and professional care providers' involvement, education, and day habilitation.

Conceptual Framework

The theoretical foundation for this study was Jean Piaget's (1963) theory of constructivism and Albert Bandura's (2011) theory of social learning. Constructivism allows for exploration of how an individual is shaped and formed by his or her environment (Piaget, 1963). Thus, constructivism is a helpful framework in understanding how environmental factors can reduce maladaptive behaviors in individuals with intellectual disabilities and the kinds of environments that should be created for them. Social learning theory proposes that learning occurs through close contact with and imitation of others and is influenced by both environmental and social factors (Bandura, 2011).

Constructivism Theory

According to Piaget (1963), the theory of constructivism promotes learning to construct information based on individuals' perceptions and understanding. In constructivist theory, people develop ideas as they are presented. The theory of constructivism indicates that educators' presenting information clearly is critical in ensuring learners develop knowledge properly (Al-Huneidi & Schreurs, 2012). Classroom setting and curriculum affect students' learning (Grandin, 2013). For example, students learn more effectively when they are performing hands-on activities. Competency learning includes identifying behavior and acquiring knowledge, skills, and

abilities necessary for successful job performance or daily activities (Grandin, 2013). Additionally, constructivism guides educators to set expectations for each student and train them to navigate successfully real-world situations. Piaget (1963) explored that the key factors of constructivism are teacher and environment, which affect individuals' learning.

A significant environmental factor for individuals with intellectual disabilities is the vested involvement of all key stakeholders within their lives. Guardians' involvement in education and education programming helps with individuals' educational and developmental progress (Hemmings et al., 2013). Thus, professional care providers and guardians must work together to provide the support necessary for an individual to accomplish his or her goals (Grandin, 2013). To facilitate this, day-habilitation coordinators prepare meetings with guardians to discuss individuals' performance. These levels of involvement among the team of care providers results in reduction of maladaptive behaviors among individuals with intellectual disabilities (Singh et al., 2009). Thus, teamwork can support the eight hallmarks of person centered planning in educational plans for individuals with intellectual disabilities and reduce their maladaptive behaviors.

All individuals have variations of cognitive functioning. Cognitive abilities determine functioning and mental processing, including perception, attention, and memory (Grandin, 2013). Environment plays a critical role in evaluating factors associated with memory and learning. Individuals with intellectual disabilities face

challenges and difficulties in social functioning and abilities, which can affect their daily lives (Wehmeyer, 2013). Further, these individuals often require support from guardians and professional care providers to develop an effective learning environment. These individuals can also display aggressive behaviors and, thus, environmental structure is necessary, as it gives individuals with intellectual disabilities control over their environment and provides them with helpful environmental and social guidelines (Wehmeyer, 2013). Day-habilitation coordinators, psychologists, and guardians are responsible for creating an effective learning plan for individuals with intellectual disabilities. These individuals require team support to accomplish their long-term goals of becoming independent (Bandura, 2011).

When professional care provider engage in direct observation it provides a better understanding of individuals' needs in their environments. McWilliams (2016) argued there should be a better understanding of individuals based on their environments. Constructivism focuses on ways in which individuals' views are affected by opportunities provided to them. These opportunities influence the decisions individuals with intellectual disabilities make. McWilliams argued that when something new happens, each person in the situation perceives it differently and then shares it with others. The individuals become the creators of their own knowledge. In order for this process to become successful, the individual would need to ask questions to comprehend what they are learning, and then assess the material. Constructivism takes into account to the environmental needs the individual has and how the individual learns from their

environment (Al-Huneidi & Schreurs,2012). Taking feedback from professional care providers and guardians can help individuals and further develop their learning environments.

Psenka, Kyoung-Yun, Okudan Kremer, Haapala, and Jackson (2017) explored the significance of constructivism in an educational environment. Their approach focused on giving the learner more power to alter their education on combining the mentor and student's ideas. Over time, results was indicated that the individual with intellectual disabilities would learn from the tools, strategies, and activities from the environment, which shapes the individual. The results show environmental factors were a critical factor for the person. Studying the person's environment helps understand the person's behaviors.

Social Learning Theory

According to Bandura (2011), individuals are observant, and ideas modeled to them are perceived and learned uniquely. People are influenced by their parents, family members, social media, friends, and teachers. The people surrounding an individual influence his or her environment and behaviors (Bandura, 2011). In early development and on to adulthood, individuals observe and imitate those around them.

Individuals with intellectual disabilities can adapt to environments by learning and mirroring the behaviors of others in those environments. Social learning theory emphasizes the strengths of learning by repeating and imitating other people (Bandura, 2011). The specific design of an environment allows individuals with intellectual

disabilities to adapt to it (Bandura, 2011). Once individuals feel secured emotionally, physically, and socially, they can develop as individuals and learn to do things independently. Individuals with intellectual disabilities can develop self-confidence and skills necessary to successfully complete tasks depending on their environments (Amiot, & Sansfaçon, 2011). Thus, showing the connection of environmental factors on individuals' development would be beneficial in understanding how best to serve this demographic. Social learning theory allows for better understanding of environmental factors such as education, environment, and culture, which affect individuals' educational growth (Bandura, 2011).

Past researchers have used the theory of social learning to help promote education and team involvement for individuals with intellectual disabilities. Weyns et al. (2017) conducted a study using social learning theory and found that teachers' behaviors in the classroom affected the development of their students. A sample of 570 children were selected for the study. Weyns et al. concluded that students responded much better to positive classroom environments than to reprimanding behaviors from their teachers. Individuals who display disruptive behaviors are often removed from classrooms because other learners may model the same behaviors after observing them. It is then the educator's responsibility to create and foster a classroom environment that is beneficial to individuals both with and without disruptive behaviors. Professional care providers and guardians participating in the lives of individuals with intellectual disabilities can develop an effective educational plan for the individuals. Thus, guardians' and professional care

providers' perceptions of the eight hallmarks of person centered planning can affect their use of this approach in developing educational plans.

Positive environments can lead to increased effectiveness of learning environments and increased education performance among students (Bandura, 2011). Individuals with intellectual disabilities need positive environments consisting of positive attitudes, clear communication, verbal promotion, praise, and small group sessions (Gutman et al., 2010). With the appropriate support, engagement in daily activities can reduce maladaptive behaviors, which include self-injurious behavior, physical aggression, and verbal aggression among individuals with intellectual disabilities. The support system of guardians and professional care providers can improve the quality of services provided to these individuals, as attentive guardians and care providers frequently enroll individuals with intellectual disabilities in therapeutic services, coordinate care with one another, are active in determining the best classroom environments for the individuals, and advocate for family-centered care (Marshall, Tanner, Kozyr, & Kirby, 2015). However, while much research has been conducted on the appropriate environment for educating individuals with intellectual disabilities (Gutman et al., 2010; Marshall et al., 2015), there is a gap in the knowledge pertaining to the perceptions their guardians and care providers have regarding their education.

Theory Discussion

Both theories focus on the significance of environment in cognitive development. The benefit of using social learning theory and constructivism for the framework of this

study is that both theories allow for exploration of environmental factors that affect the development of individuals with intellectual disabilities. Individuals' surroundings are important in teaching and creating growth opportunities for them. Individuals with intellectual disabilities can achieve independence when guardians and professional care providers work together to provide individuals with appropriate care and beneficial environments for learning and development.

Gap in the Literature

Based on the literature research conducted for this study, there is a positive correlation between professional care providers' and guardians' involvement with the education and educational outcomes of individuals with intellectual disabilities. However, existing research does not incorporate the perceptions of professional care providers and guardians regarding the eight hallmarks of person centered planning. This is significant because guardians and professional care providers are responsible for education planning for individuals with intellectual disabilities, but without understanding their experiences with person centered planning, it cannot be determined how effective the eight hallmarks are or how likely day-habilitation programs are to implement them. Thus, the findings of this study may fill the gap in existing research by highlighting guardian and professional care provider perceptions of person centered planning and lead to greater understanding of the uses of the eight hallmarks in caring for individuals with intellectual disabilities.

Literature Review Related to Key Variables and/or Concepts

Historical Context

History of Intellectual Disabilities. The NYS OPWDD has various factors incorporated in daily plans for individuals with intellectual disabilities. The goal of day habilitation is to provide support for individuals with intellectual disabilities (NYS OPWDD, 2015). Individuals with intellectual disabilities have deficits in language, reasoning, memory and learning, visual perception, auditory reception, idea production, cognitive ability, and knowledge and achievements (Grandin, 2013). Understanding individuals' specific needs and deficits helps professional care providers properly care for the individuals. Thus, the objective of various assessments is to place the individuals in suitable day-habilitation programs (Finucane, 2012). Further, the feedback received from professional care providers and guardians can lead to advancement in educational planning for individuals with intellectual disabilities.

Milestones. There has been a revolution in providing and treating individuals with intellectual disabilities regardless of their disability. In 2010, the term *mental retardation* was changed to *intellectual disability* in settings such as day habilitation and residential and clinical services (NYS OPWDD, n.d.a). This change was done to display positivity toward individuals with intellectual disabilities. The NYS OPWDD continues to advocate for and motivate individuals to engage in activities that benefit them in achieving independency. To accomplish this, they encouraged person centered approaches to care provision (NYS OPWDD, n.d.c.). Understanding the perceptions of

guardians and professional care providers may contribute to improved societal change for the intellectually disabled population and those who support them.

Person centered Planning

Person centered planning was designed to help individuals with intellectual disabilities access equal opportunities as nondisabled people. In person centered planning, individuals with intellectual disabilities are assessed to determine their needs and wants (NYS OPWDD, n.d.c.). Person centered planning allows individuals to explore options available to them in day habilitation. Factors of person centered planning include activities important to the individual, how support affects the individual's development, and building relationships to improve social interactions (NYS OPWDD, n.d.c.).

Day-habilitation programs. Day-habilitation programs consist of activities to provide individuals with intellectual disabilities with educational, social, and vocational support to progress their social and intellectual skills. Professional care providers are assigned to individuals with intellectual disabilities in small groups to work on the goals in their habilitation plan consisting of self-help, socialization, retaining information, and adaptive skills (McNicholas et al., 2017). This program is developed in educational form for adults, so they can achieve sufficient services based on their needs. The education system has been reevaluated at intervals over the last century (McNicholas et al., 2017). Education programs provided to individuals were not tested appropriately because of a weak support system, and providers were not educated in working with individuals of intellectual disability. This has since changed to provide more necessary support.

McNicholas et al. (2017) found that, across the United States and District of Columbia, there were inconsistencies in definitions of intellectual disability. Without a clear and consistent definition, professional care providers cannot provide individuals with intellectual disabilities with the necessary support. Differences in definitions of intellectual disability can be problematic because care provided to these individuals is dependent on how their disabilities are defined by day-habilitation programs. Therefore, there is not a standardization of care provision for individuals with intellectual disabilities (McNicholas et al., 2017). However, many day-habilitation programs have implemented person centered planning approaches to care provision for these individuals, which focuses on individuals' needs and creating a care plan specific to them, rather than following standardized care suggestions based on the programs' definitions of intellectual disabilities (NYS OPWDD, n.d.d.).

Behavioral interventions. Behavioral interventions are created for individuals with intellectual disabilities to reward positive behaviors. Behavioral interventions aim to decrease individuals' maladaptive behaviors. Each behavioral intervention is created specifically for each individual, which follows the eight hallmarks of person centered Planning. Often, individuals with behavioral concerns work towards behavioral goals based on rewards they desire. The significance of a behavioral intervention is to teach individuals ways to properly handle or react to different situations.

There are many factors that contribute to the engagement and disengagement of certain behaviors. Often, behavior has a reward, benefit, or consequence (Matson, Neal,

& Kozlowski 2012). The engagement or avoidance of a behavior depends on what the individual is hoping to accomplish or achieve (Matson et al., 2012). Individuals with intellectual disabilities have deficits in thinking, academic learning, and planning, and these deficits can result in behavioral outbursts such as verbal aggression, physical aggression, and self-injurious behaviors (Bisconer et al., 2006; Grey & McClean, 2007; Singh et al., 2009; West & Kaniok, 2009).

Individuals who engage in severe maladaptive behaviors require behavioral modification techniques to help reduce their outbursts. Several researchers (Bisconer et al., 2006; Grey & McClean, 2007; Singh et al., 2009; West & Kaniok, 2009) have demonstrated that professional care providers often lack the necessary understanding to properly help individuals with intellectual disabilities when they engage in maladaptive behaviors.

Baum (2012) discussed the differences between punishment and reinforcement and the variations of both regarding behavior development. Reinforcements include positive and negative: Positive reinforcement is the addition of a pleasant outcome after display of desired behavior, and negative reinforcement is the removal of something unfavorable after display of desired behavior (Baum, 2012). Punishment can also be positive or negative: Positive punishment is the addition of an unfavorable consequence to decrease an unwanted behavior and negative punishment is the removal of a favorable situation in response to unwanted behavior (Baum, 2012). Baum recommended that reinforcement measures are standardized and used to modify behaviors among

individuals with intellectual disabilities who display maladaptive behavior (Baum, 2012).

Before beginning reinforcement behavioral interventions, behavioral intervention specialists at day-habilitation centers work with individuals to develop a person centered plan to work towards their goals (Baum, 2012). The environment in the day-habilitation program must be structured to help reduce maladaptive behaviors while teaching professional care providers the importance of person centered planning and environmental factors. Maladaptive outbursts can happen at various times throughout the day; therefore, the perception of the professional care providers and guardians must help reduce maladaptive behaviors (Cooper et al., 2007). Behavioral interventions must be based on person centered planning in day habilitation, and professional care providers following the eight hallmarks of person centered planning can help ensure interventions are successfully carried out to benefit individuals with intellectual disabilities.

A functional behavior assessment (FBA) is used to evaluate and understand the reasoning or purpose for a behavior. The FBA is for individuals with cognitive or communication disabilities (Lewis, Hatton, Jorgenson, & Maynard, 2017). Behavior analysts use FBAs to develop strategies and interventions to solve or treat behavioral issues (Lewis et al., 2017). The assessment covers all aspects of behavior such as social, cognitive, and environmental factors (Lewis et al., 2017). The FBA is used to understand individuals before developing a treatment plan based on their behaviors. Using FBAs is also a form of person centered planning, as it encourages professional care providers to

work together with individuals with intellectual disabilities to design goals for reducing maladaptive behaviors.

Eight Hallmarks of Person Centered Planning

The eight hallmarks focus on person centered planning to meet the personal goals of individuals with intellectual disabilities (NYS OPWDD, n.d.b). The eight hallmarks of person centered planning were developed to guide professional care providers in implementing person centered planning appropriately and efficiently. Each of the eight hallmarks focuses on individuals with intellectual disabilities and the people who advocate for and contribute to their educational planning. Individuals' schedules are based on their own choices, interests, and capabilities. The eight hallmarks of person centered planning focus on revisiting and evaluating planning to ensure individuals are receiving effective and individualized care. The eight hallmarks are used as indicators to rate performance levels of individuals with intellectual disabilities in day-habilitation programs.

The eight hallmarks of person centered planning focus on understanding individuals' needs. NYS OPWDD (n.d.b.) stated the eight hallmarks are the most efficient way to practice person centered planning. The eight hallmarks were designed as an outline to help professional care providers evaluate if individuals with intellectual disabilities are working toward their goals. The eight hallmarks of person centered Planning include participation and planning, interests and preferences, interpersonal

relationships, community support, decision making, routine planning and commitment, funding for activities and services, and the individual's satisfaction.

Through the eight hallmarks, individuals with intellectual disabilities are involved in their activity planning, deciding how they want to live, and acquiring the support necessary to achieve their goals and independence (NYS OPWDD, n.d.b.). Individuals being engaged in their own planning helps them develop a sense of responsibility and accomplishment. Another part of the decision-making process in the eight hallmarks is making choices in health care and wellness, which affect individuals' quality of life. Teaching a person to use knowledge that they learn about health care helps promote independence. In addition, this creates motivational aspiration for individuals to further learn and grow.

The planning process of care provision for individuals with intellectual disabilities is important as it requires addressing essential support items that can lead to positive outcomes for the individuals. With the eight hallmarks, day-habilitation programs have begun to shift focus to the individuals' outcomes rather than the program goals (NYS OPWDD, n.d.b.). Individuals with intellectual disabilities should have plans that include activities of their choice and a support system that will provide motivation, safety, and stability. Further, there should be a strong personal relationship between the professionals and clients, which helps the growth of individuals with intellectual disabilities (Reinders, 2009). The quality of services provided to them affects their performance. The results of the research indicate that positive interactions with individuals with intellectual

disabilities helps professional care providers better understand their needs (Reinders, 2009).

The eight hallmarks of person centered planning focus on individuals, guardians, and professional care providers being aware of the individuals' needs and working together to develop plans for providing care that best serve them. The care individuals receive affects their quality of life and performance, and their interactions with professional care providers and guardians should contribute to the fulfillment of the individuals' needs (Webber et al., 2010). However, there is often a lack of knowledge regarding the needs of individuals with intellectual disabilities, which can cause difficulties in planning treatment and achieving positive outcomes. This can sometimes stem from a lack of education or training regarding intellectual disabilities (Webber et al., 2010). Thus, many day-habilitation programs provide training to professional care providers regarding the eight hallmarks of person centered planning, which helps increase guardians' and professional care providers' understandings of individuals with intellectual disabilities and increase positive outcomes for individuals.

The eight hallmarks of person centered planning were introduced to day-habilitation programs to help individuals with intellectual disabilities understand the choices they could make based on the opportunities available to them (Taylor & Taylor, 2013). However, implementation of the eight hallmarks was challenging, as program staff and guardians had previously made choices for the individuals and did not feel that individuals could make their own choices because of their disabilities (Taylor & Taylor,

2013). Further, at the onset of implementation of the eight hallmarks of person centered planning, professional care providers had not received training on proper practices, and thus resisted or incorrectly implemented the approach. When investigation was conducted, NYS OPWDD (n.d.b.) noted a need for training in the eight hallmarks approach among professional care providers and began to develop and provide training sessions.

The eight hallmarks of person centered planning help teach individuals with intellectual disabilities the importance of safety in their living and working environment (Hanga et al., 2017). Hanga et al. (2017) advocated for educating individuals with intellectual disabilities on their rights to access and understand their medical records. Allowing individuals with intellectual disabilities to be more informed and active participants in their health care in this way can also encourage them to take on more active roles in other aspects of their lives (Hanga et al., 2017). Additionally, increasing their understanding of their own health can lead to their engagement in deciding what health care options to pursue, leading to increased autonomy and independence.

The eight hallmarks of person centered planning are also used to increase individuals' understanding of their learning and learning environment. Flunger et al. (2017) examined the significance of person centered planning in an educational environment, with the primary focus being to examine students' behavior. The results showed that students' engagement in person centered planning correlated with their completion of homework assignments. In education settings, person centered planning

such as the eight hallmarks gives accountability and responsibility to students, which can increase their academic success.

Most day-habilitation programs in New York State follow the eight hallmarks of person centered planning in their daily schedules (NYS OPWDD, n.d.b.). The eight hallmarks of person centered planning (see Appendix A) are implemented in individuals' plans to help meet personalized needs and desires (Matson, 2009). Research shows there is a significant lack of activities being offered to individuals with intellectual disabilities in day-habilitation programs (Zijlstra & Vlaskamp, 2004). For instance, Zijlstra and Vlaskamp (2004) found that in a group home of 160 individuals with intellectual disabilities, individuals were not engaged in activities, which demonstrates a lack of person centered planning. The eight hallmarks benefit individuals with intellectual disabilities and day-habilitation programs by including individuals in the planning process for their daily activities, leading to increased engagement and avoiding situations like Zijlstra and Vlaskamp observed, which are detrimental to individuals' development.

Prior to the development of person centered planning and the eight hallmarks, day-habilitation programs' standard services were based on professional care providers' ideas. Individuals with intellectual disabilities were assigned to programs and expectations for their development were developed by the program (Glicksman et al., 2017). Day-habilitation programs have changed significantly with the introduction of the eight hallmarks and now expectations for individuals' development are based on goals set by the individuals (NYS OPWDD, n.d.b.).

Professional Care Providers and Guardian's Involvement

Professional care providers are responsible for designing appropriate schedules for individuals with intellectual disabilities. To accomplish this, it is important for professional care providers to work with individuals and their guardians, as guardians understand the needs and behaviors of individuals in a different way than providers do (NYS OPWDD, n.d.b.). For proper care and planning for individuals with intellectual disabilities, care providers should have a cohesive understanding of the individuals in the day-habilitation program as well as their other environments (Taylor & Taylor, 2013). Professional care providers and guardians together can provide the support necessary for the individual to accomplish their goal (NYS OPWDD, n.d.b.). Professional care providers prepare and design meetings with guardians to discuss individuals' performance in day habilitation. Through team involvement in provision of care, individuals with intellectual disabilities experience wider support and often experience reductions in maladaptive behaviors and increased growth and cognitive development (Taylor & Taylor, 2013).

Support provided professional care providers and guardians affects individuals' performance in day-habilitation programs. Guardian involvement may change throughout individuals' lives and development. Guardians are responsible for being involved in the lives of individuals with intellectual disabilities and acquiring help to support them (Wehmeyer, 2013). Guardians often develop effective communication to interact with individuals with intellectual disabilities based on the communication style of the

individual, and thus often are more easily able to communicate with individuals as compared to professional care providers (Glicksman et al., 2017). Because of this, collaboration between guardians and professional care providers benefits individuals with intellectual disabilities by allowing for easier communication with individuals, which can then allow for person centered planning.

The support and encouragement individuals with intellectual disabilities receive from their guardians and professional care providers can affect their development and goal attainment. According to Fiske (2014), students will not demonstrate any interest in education if there are no motivators, and this would reflect on their performance.

Additional factors can inhibit learning and goal attainment among individuals with intellectual disabilities, such as self-efficacy (Raboteg-Saric & Sakic, 2014) and self-determination (Finucane, 2012). Guardians' and professional care providers' involvement in individuals' lives can help mitigate deterrents from education for individuals with intellectual disabilities, as well as encourage positive learning behaviors (Amiot & Sansfaçon, 2011). Thus, guardians and professional care providers need to provide support to individuals to help them meet their goals.

Educator self-efficacy and self-determination affect students' attitudes by creating a positive atmosphere. Teachers who successfully engage students in learning materials can increase students' educational outcomes (McKeachie & Svinicki, 2014). Professional care providers are often educators for individuals with intellectual disabilities, and thus

their involvement in individuals' daily planning can also lead to increased positive outcomes.

Summary

The eight hallmarks of person centered planning are used to provide understanding of the needs of individuals with intellectual disabilities to guardians and professional care providers (Hanga et al., 2017). Guardians' and professional care providers' involvement in educational planning can increase individuals' development and success in goal attainment (Hanga et al., 2017). Thus, guardians and professional care providers need to be trained in the eight hallmarks of person centered planning so that they may effectively integrate them when providing care to individuals with intellectual disabilities (Raboteg-Saric & Sakic, 2014).

Constructivist theory (Piaget, 1963) and social learning theory (Bandura, 2011) were the framework for this study and enabled me to establish the significance of environment on learning and development. The eight hallmarks of person centered planning (NYS OPWDD, n.d.b.) are often used in day-habilitation programs for individuals with intellectual disabilities and, thus, understanding the effect of that environment through the use of these theories may prove beneficial. Further, understanding the perceptions of guardians and professional care providers regarding the eight hallmarks will also reflect the environment experienced by individuals with intellectual disabilities (NYS OPWDD, n.d.b.).

Based on the research in Chapter 2, guardians and professional care providers help individuals with intellectual disabilities achieve goals and positive outcomes (NYS NYSOPWDD, n.d.b.). Individuals with intellectual disabilities, guardians, and professional care providers all contribute to person centered planning in day-habilitation programs (Taylor & Taylor, 2013). Therefore, understanding the perceptions and experiences of guardians and professional caregivers with the eight hallmarks of person centered planning structure can be beneficial in determining how best to provide care for individuals with intellectual disabilities.

Chapter 3: Research Method

Introduction

The purpose of this qualitative phenomenological study was to explore professional care providers' and guardians' perceptions of the eight hallmarks of the person centered approach to treating adults with intellectual disabilities. This chapter includes description of the methods and procedures that I used to investigate guardians' and professional caregivers' perspectives on this approach. I also provided a clear explanation of the data analysis that I used in this research study.

Research Design and Rationale

Research Questions

There is one overarching question and three subquestions that this qualitative phenomenological research study addressed:

Research Question 1 (RQ1): How do professional care providers and guardians of adults with intellectual disabilities perceive effectiveness of the person centered approach as described by the eight hallmarks for assisting individuals with intellectual disabilities?

Sub-Question1 (SQ1): What challenges do professional care providers and guardians of adults with intellectual disability face when using the person centered approach as described by the eight hallmarks for assisting individuals with intellectual disabilities?

Sub-Question 2 (SQ2): What training did professional care providers and guardians of adults with intellectual disability receive on the person centered approach as described by the eight hallmarks for assisting individuals with intellectual disabilities?

Sub- Question 3 (SQ3): How is effectiveness identified and described by professional care providers and guardians of adults with intellectual disability using the eight hallmarks?

Research Tradition

I used a qualitative research approach and a phenomenological design in this research study. Qualitative researchers use different methods to study the perceptions and experiences of others in social settings (Merriam & Tisdall, 2016), which is what I sought to do by examining the experiences that guardians and professional care providers have with the eight hallmarks of person centered planning. Qualitative researchers often rely on small sample sizes, because they are less interested in the generalizability of the findings to the larger population, as in this study, with a small, specific study population. Qualitative researchers play an active role in the research process as, without the researcher, the data do not exist, and researchers have flexibility to adjust the research design based on the progress of the research (Merriam & Tisdell, 2016).

Quantitative researchers use data to make predictions, to determine cause and effect, or to show distributions of attributes within populations (Merriram & Tisdell, 2016). Mixed-methods research designs consist of both qualitative and quantitative

methods (Haight & Bidwell, 2015). Researchers who conduct mixed-methods studies may use both inferential and descriptive statistics as well as narrations from participants to obtain results (Haight & Bidwell, 2015). I did not collect quantitative data to make predictions or determine cause and effect in this research study. Therefore, a quantitative research design, appropriate for my research study, nor was a mixed-methods design.

Qualitative researchers use several types of research designs. The four most commonly used qualitative research designs are ethnography, grounded theory, case study, and phenomenology (Merriam & Tisdell, 2016). These research designs require different approaches for collecting, analyzing, and interpreting data, and are identifiable based on the data collection and the particular theoretical perspective utilized in the research (Patton, 2015).

In ethnography, researchers study a group of people and their culture. The ethnographic research design is used to collect data from a whole group through the observation of rituals and practices of daily life in an environment and culture. Following that, ethnographers analyze the data along with their observations.

In grounded theory, researchers aim to develop theory at the end of the study. Grounded theory research moves systematically between sampling, data collection, and analysis, and data are used for theory building (Patton, 2015). More and more participants are analyzed continuously test the theory that researchers are developing, and this continues until data saturation is reached. Data collection begins with an idea in mind,

and then researchers develop the research question as data collection and analysis proceeds.

Case study designs help researchers study a whole phenomenon vis-à-vis a selected part of the study. In a case study, researchers study a contemporary person, event, community, or organization experiencing a specific issue (Yin, 2014). A case study helps researchers gather multiple sources of data through direct observation and interviews.

I considered the merits of these previous research designs but selected a phenomenological design for this research study. Phenomenological research designs allow researchers to explore the common experiences surrounding a phenomenon that participants have encountered. The objective of phenomenological researchers is to describe the event in detail and minimize any external factors (Hussein et al., 2014). Phenomenology is both descriptive and interpretive. For this research, I examined the perceptions of guardians and professional care providers for individuals with intellectual disabilities regarding the eight hallmarks of person centered planning. Therefore, a phenomenological design was the best suited for my research study.

Role of the Researcher

In phenomenological research, interviews help researchers understand the participants' experiences of a phenomenon. The interviewer becomes the instrument of the research study (Onwuegbuzie et al., 2012). The interviewer takes note of the verbal and non-verbal communication of participants and utilizes interactive and communication

microskills in the data collection process. I collected data in the form of one-on-one semistructured interviews with professional care providers and guardians of adults with intellectual disabilities.

I asked guardians of day-habilitation participants and professional care providers, such as the team manager, nurse, and direct-care support staff of the three day-habilitation sites to participate in the study. As the researcher, I did not have a preexisting relationship with the participants of the study nor the organization, thus limiting bias in the data collection process.

Methodology

Participant Selection Logic

Participants for this research study came from two sample populations. This research study included at least five professional care providers from the professional teams, which included the team manager, nurse, and direct-care support staff. The staff were employed full time with the company and worked daily with individuals with intellectual disabilities. This research study also included at least five guardians who were involved in the decision making on behalf of the individuals with intellectual disabilities (see Appendix B).

I gave equal opportunity to the direct care staff and parents who were involved with individuals with intellectual disability to participate in the research study. I presented information regarding the research during the staff meeting in each location. To recruit guardians, I gathered e-mail addresses of guardians from the agency and e-mailed

possible participants a recruitment flyer that outlined the purpose of the study, what participants would be asked to do if they consented to participate, and a copy of the informed consent form. The flyer also had my direct contact information so that possible participants could contact me with questions or concerns that they might have had about the research study. I used purposive sampling for both direct-care staff and guardians, selecting participants based on particular characteristics as described above. Following this, I contacted volunteering participants via telephone to schedule appointments for interviews. I identified each candidate with a number so their identity could remain anonymous. In a qualitative phenomenological study, five to 25 participants are typically required to saturate the data (Onwuegbuzie et al., 2012); therefore, interviews continued until saturation was met.

Instrumentation

My goal in this research study was to understand the perceptions that guardians and professional care providers have of the eight hallmarks of person centered planning for individuals with intellectual disabilities and what they have experienced regarding this approach (Onwuegbuzie et al., 2012). Interviewing the participants helped provide an idea of their perceptions of eight hallmarks of person centered planning. The semistructured interviews focused on the eight hallmarks of person centered planning. A semistructured interview helps researchers provide a guideline to address concerns of the research study. I developed the interview protocol based on the emphasis on the eight hallmarks of person centered planning: the importance of planning and making decisions,

people's routines and supports based on their interests, people's support system involvement, and satisfaction of people's services. The interview questions focused on the framework of themes as described by Onwuegbuzie et al. (2012).

Procedures for Recruitment

I obtained initial verbal consent from the executive program director to proceed with the research, and they requested that the company's name remain anonymous in the research publication. I obtained a letter of agreement to submit to the Walden University Institutional Review Board and, after obtaining Institutional Review Board approval, I requested dates of the staff meetings and obtained permission to attend these meetings from the management team. I presented the research study at the staff meeting and provided the staff with a description of the study and initial request for participation. I notified potential guardian participants of the research study by e-mail and provided them with a description of the study and my goals as the researcher. I e-mailed all potential participants a copy of the informed consent form, which further outlined the research goals and what was expected of them if they decided to participate, including procedures for conducting this research ethically and their rights as participants. They had ample time to review the informed consent form, a minimum of 1 week, and to ask me any questions that they had or have me address any concerns. I asked volunteering parents and guardians to e-mail me a response that stated that they consented to participate. Arrangements for interview times that were convenient to the participants were made by e-mail.

I conducted the interviews in the private clinical offices at each of the locations. The participants were given availability of the times they could come to the clinical office in Location 1, Location 2, or Location 3 to conduct the interview. The time slot was reserved, and privacy was ensured to avoid any ethical issues.

Procedures for Participation

The participants came to the clinical room on the dates of their appointment. After reviewing the purpose of the study and what was expected of them and gaining informed consent for participation, I began the interviews. At any given time, if the participant wished to stop the interview, they were able to do so. If they chose to opt out of the research project entirely, they could do that as well, and all data collected from them to that point were destroyed. At the end of the interviews I thanked them for their time and provided them with an opportunity to reflect on their experience with me. I arranged to follow up with them for member checking after all interviews were transcribed so they could ensure their interview captured what they wished to convey. If they did not wish to make an appointment at the end of their interview, I let them know that I would follow up with them via e-mail within two weeks.

Procedures for Data Collection

I used semistructured interviews (Appendix B) to collect data for this research study. I interviewed professional caregivers and parents of individuals with intellectual disability to examine their perceptions and satisfaction of the person centered approach in day-habilitation settings. The sample for these interviews was at least five professional

care providers and at least five guardians from the three day-habilitation sites targeted for this research study. I labeled each interview with a code that corresponded to the day-habilitation site, the group, and the participant. For example, the first participant from Site 1 was coded Site 1-Prof-1. I also observed the participants while they answered questions, making careful notes about their nonverbal communication during the interview.

Data Analysis Plan

I transcribed all interviews for data analysis, and then uploaded them into NVivo to analyze them. I also transcribed and imported my interview notes into NVivo for coding and analysis. I used the NVivo 11 qualitative data analysis software package to help me analyze these data. Using such software helps researchers develop a quicker system for finding common themes in the interviews (Gravetter & Wallnau, 2013). The software allows researchers to keep all documents in one page, which helps in tracing back to ideas. Although the software helps organize data, researchers must conduct critical analysis of the qualitative data components.

I followed the Colaizzi (1978) method of phenomenological data analysis to analyze the data for this research study. According to the Colaizzi method, the researcher reads the interviews thoroughly to find connections between the participants' experiences of the phenomenon and how these relate to the phenomenon. Then the researcher tries to find common definitions in the responses. The researcher verifies that the research protocol was maintained, and that the answers relate to the original questions asked. The

interpretation is conducted in batches to identify themes. The researcher is responsible for finding validation and avoiding repeating themes. After that, the themes are developed into a detailed description.

Issues of Trustworthiness

Researchers have the responsibility of presenting study results accurately (Patton, 2015). In qualitative studies, the accuracy, or trustworthiness, of the data comes from credibility, dependability, transferability, and confirmability. When taken together, these four aspects of trustworthy research ensure that the study is replicable, accurate, and that the results are supported by the data.

Credibility

Credibility of a research study means that the research accurately reflects participants' experiences (Thomas & Magilvy, 2011). I ensured the credibility of this study in two ways. First, I recorded and transcribed the interviews and had participants review those transcripts via the process of member checking. This established that the transcripts accurately reflected what participants said. Second, I used research reflexivity, through which I documented and reflected on the ways in which my own thinking about the research study might have influenced the data collection and analysis. I did this throughout the entire research process, especially after each interview was completed and during the member-checking process. Doing so at these points ensured that I recognized when the data were saturated, and no new ideas were emerging from more interviews.

Dependability

A research study's dependability has to do with the documentation of data collection and analysis procedures and ensuring that these are reliable (Thomas & Magilvy, 2011). I established dependability of this research study by maintaining complete documentation of the data analysis process. This documentation included the step-by-step procedures for the data collection and analysis. I also compared the analysis to the data that I collected to test the strength of the analysis. Part of phenomenological data analysis includes the constant comparison of emerging codes and themes, which ensures that the codes are captured by the themes and also that the themes encapsulate those codes relevant to understanding the lived experience of participants.

Transferability

A research study is transferable when its findings can be applied in different contexts (Thomas & Magilvy, 2011). I used thick description to describe the context of the study and data. I also ensured that I had a sufficient sample such that I reached data saturation, where the information that I obtained from participants was redundant.

Confirmability

When a reviewer of a research study can confirm its findings, a study is confirmable. I establish confirmability by providing evidence to substantiate my claims and provide a detailed description of the methodology that I used in this study. This includes a detailed description of the data that I collected and how they connect with my own researcher reflexivity, as well as the development of the themes in the analysis. I

also describe the final outcomes and interpretation in sufficient detail such that an independent researcher could follow all steps, from collection to analysis to findings and interpretation. My discussion of the limitations of this research study also establish confirmability.

Ethical Procedures

I received initial verbal confirmation to conduct this research at the not-for-profit agency with a request of not releasing the agency's name in the study. There were no interactions with the vulnerable population of individuals with intellectual disabilities. Informed consent was received from the agency as well as from each volunteering participant. I provided possible participants with informed consent forms explaining the research process and their rights as participants in this research study. If any participants felt uncomfortable during the interview process they had the right to terminate the interview, for any reason, at any time, with no consequences, and any data already collected from them were destroyed. At no time was any personal information released. I did not collect demographic information, such as name, date of birth, or diagnosis for this study. This was a company request. All data that I collected were stored in a locked filing cabinet within the clinical office to preserve confidentiality. Minimal risk occurs when researchers ensure that participants are safe from harm during the research. I ensured their comfort by providing a quiet place to conduct the interviews and asking them at various points during the interview if they needed a break.

Summary

I designed this research study to address the goal of the research, which is to understand the perceptions of guardians and professional care providers of individuals with intellectual disabilities regarding the eight hallmarks of person centered planning. In this chapter, I have outlined this research design and methodology. This was a qualitative phenomenological study, and I collected data from participants through interviews. I made every effort to ensure that I conducted this research ethically and with no harm to participants.

Chapter 4: Results

Introduction

The purpose of this qualitative phenomenological study was to explore professional care providers' and guardians' perceptions of the eight hallmarks of person centered planning for working with individuals with intellectual disabilities. One primary goal of professional care providers who use the eight hallmarks is to increase and ensure the safety of individuals with intellectual disabilities living and working environments. I developed the following research questions for this study:

Research Question 1 (RQ1): How do professional care providers and guardians of adults with intellectual disabilities perceive effectiveness of the person centered approach as described by the eight hallmarks for assisting individuals with intellectual disabilities?

Sub-Question 1 (SQ1): What challenges do professional care providers and guardians of adults with intellectual disability face when using the person centered approach as described by the eight hallmarks for assisting individuals with intellectual disabilities?

Sub-Question 2 (SQ2): What training did professional care providers and guardians of adults with intellectual disability receive on the person centered approach as described by the eight hallmarks for assisting individuals with intellectual disabilities?

Sub- Question 3 (SQ3): How is effectiveness identified and described by professional care providers and guardians of adults with intellectual disabilities using the eight hallmarks?

In this chapter, I will review the data collection process and the findings from this research study. This will include a discussion of the demographic information and evidence of trustworthiness, I also present the results in this chapter. Each section provides the importance of the research study's findings.

Setting

I selected a specific agency as the research setting and site because all day-habilitation programs within this agency use the eight hallmarks of person centered planning. The agency oversees all day- habilitation sites used in this study. I am employed by the agency where I conducted my research, though I am not directly involved with the day-habilitation program sites. Potential participants may have known me in my agency role as the clinical supervisor for some of the behavioral intervention specialists. To mitigate this conflict of interest, I informed participants through recruitment flyers and informed consent that their participation was strictly voluntary and that there would be no repercussions if they did not wish to participate in the study or if they wished to withdraw from the study at any time. Furthermore, my current and past supervisees were not eligible to participate in the study for purposes of avoiding any conflicts of interest. I did not follow up individually with individuals after initial group recruitment efforts to avoid appearing as though I was singling people out for

recruitment. I informed all potential participants that they should reach out to me if they wished to participate.

Demographics

The participants of the study consisted of seven women and three men. There were five guardians of adults with intellectual disability, of which four were women and one was a man, I also interviewed five professional care providers who work full time in the day-habilitation setting, of which three were women and two were men. The professional care providers consisted of middle and lower level administrators who interact with individuals with intellectual disability on a daily basis. The guardians were from middle-class to lower-class homes.

Data Collection

Interviewing the participants helped provide an idea of their perceptions of the eight hallmarks of person centered planning. The semistructured interviews focused on the eight hallmarks of person centered planning. A semistructured interview helps researchers provide a guideline to address concerns of the research study. I developed the interview protocol based on the eight hallmarks of person centered planning: These eight hallmarks include: (a) advocate for the rights of individuals with intellectual disabilities, (b) prevent social discrimination, (c) promote self-determination, (d) develop independence, (e) encourage participation, (f) motivate self-interest and individual preferences, (g) budget for activities and services, and (h) reinforce satisfaction of person

centered planning (NYS OPWDD, n.d.b). Five guardians and five professional care providers participated in interviews for the study.

I requested dates of the staff meetings and obtained permission to attend these meetings from the management team. I presented the research study at the staff meeting and provided the staff with a description of the study and initial request for participation. I notified potential guardian participants of the research study by e-mail and provided them with a description of the study and my goals as the researcher. I e-mailed all potential participants a copy of the informed consent form, which further outlined the research goals and what was expected of them if they decided to participate. This form included the procedures for conducting this research ethically and their rights as participants. Participants had ample time to review the informed consent form, a minimum of 1 week, and to address any questions or concerns that they had. I asked interested professional care providers and guardians to e-mail me a response that stated that they consented to participate. I made arrangements via e-mail for mutually convenient interview times with participants.

I conducted the interviews in the private clinical offices at three day-habilitation locations. The participants were given availability of the times they could come to any of the three clinical offices to conduct the interview. The time slot was reserved, and privacy was ensured to avoid any ethical issues. I posted a sign on the door that stated “do not disturb,” and the door was locked to protect participants’ privacy.

I planned to use a digital voice-activated recorder, but five participants were reluctant to be audio recorded during their interviews. Based on the number of participants refusing, instead of audio recording participants, I wrote their answers to the interview questions and made notes on what was said during these interviews in a word processing program on my computer. This was done to maintain consistency across the study. During data analysis and review I was only able to retrieve my notes rather than listen to recorded interviews. My data consisted solely of my notes during the interview. I transcribed all the statements that participants gave in their interviews to the best of my ability, but did not have access to direct quotations from which to draw my analysis.

There was the possibility that staff and guardians might discuss sensitive topics related to the individuals with intellectual disabilities. If participants seemed uncomfortable at any time, I stopped the interview and asked them if they would like to take a break or stop the interview altogether. Two participants became emotional when discussing their children. The interviewees were willing to continue, and none showed other signs of distress. I labeled each interview with a code that corresponded to the day-habilitation site, the group, and the participant. The interviews approximately took 45 minutes to 1 hour.

Data Analysis

To analyze the data generated in the data collection phase of this research study I used the Colaizzi (1978) method for phenomenological analysis. I used the NVivo 11 qualitative data analysis software package to assist with this, as it allows researchers to

develop a systematic approach for finding common themes (Gravetter & Wallnau, 2013). This software does not conduct qualitative data analysis; rather, it is a program that helps researchers organize data.

I began the data analysis by following Colaizzi's steps, the first of which was reading and reviewing all interview notes and noting connections between how participants experienced the phenomenon and the phenomenon itself. In the next step, I searched for common definitions in the responses. To do this, I coded passages of text in the interview notes and gave them brief, descriptive names. For example, Guardian 1 stated that their adult child enjoyed cooking and is working on their cooking skills at the day-habilitation facility, and so I coded this as *individualized goals*. I used *individualized goals* because it reflected that this day-habilitation client was working on this cooking skill based on his/her enjoyment of cooking, and this term was broad enough to encompass any type of individual goal or skill a day-habilitation client was working toward. I examined all passages in the interview notes in the same way until all interviews were coded.

After this coding of all meaningful passages, I began grouping them together based on common definitions. All coded extracts with the code *individualized goals* were placed together into a group, as were other similarly coded extracts. In the following step, I searched through these common groups to see if any code were further or addressed similar aspects of the phenomenon. If any common groups shared similar sentiments, I collapsed these into a larger overarching theme. This analysis yielded the thematic

structure presented in Table 1.

Table 1

Relationship Between Research Subquestions, Themes, Supporting Themes, and Codes

Research Subquestion	Themes emerging	Supporting themes	Codes comprising themes
1: What challenges do professional care providers and guardians of adults with intellectual disabilities face when using the person centered approach as described by the eight hallmarks for assisting intellectually disabled individuals?	Person centered approach at facility is not fully realized	1A. Desired more planning meetings 1B. Lack of focus on individual choices and goals	-Meetings held twice a year -Meetings should be more frequent -Two meetings a year are not enough -Activities should be based on individual interests -Goals must be individualized -Individuals should be given choices of activities -Supports should be individualized -Community inclusion must be tailored to individual
2: What training did professional care providers and guardians of adults with intellectual disabilities receive on the person centered approach as described by the eight hallmarks for assisting intellectually disabled individuals?	Knowledge of person centered approach	2A. Training	-Lack of formal training on eight hallmarks -Awareness of eight hallmarks -Lack of training at day-habilitation facility
3: How is effectiveness identified and described by professional care providers and guardians of adults with intellectual disability using the eight hallmarks?	Efficacy of the person centered approach	3A. Focus on the individual 3B. Expression of desires and emotions	-Individuals select activities -Vocational tasks toward skill building -Individuals could be given more choices of activities -Individuals express emotion -Individuals exhibit undesired behaviors

Results

Three themes emerged through the Colaizzi method of data analysis: person centered approach at facility is not fully realized; knowledge of person centered approach; and efficacy of person centered approach. Each of these themes contained supporting themes. In this section, I discuss the results, organized by theme and supporting theme.

Theme 1: Person centered Approach at Facility is Not Fully Realized–

Subquestion 1

Theme 1 emerged in response to research SQ1: What challenges do professional care providers and guardians of adults with intellectual disability face when using the person centered approach as described by the eight hallmarks for assisting individuals with intellectual disabilities? In this theme, participants spoke of the obstacles to using the person centered approach and its eight hallmarks when providing care for the intellectually disabled persons in their lives. This was particularly the case at the day-habilitation facility, where some of the eight hallmarks were implemented but were not fully effective, as opposed to in the private homes of guardian participants. This theme contained two supporting themes: desire for more planning meetings and lack of focus on individual choices and goals. I created these two supporting themes based on participant data that indicated the challenges of implementing person centered planning.

Supporting Theme 1A: Desire for more planning meetings. Guardian participants described the frequency of planning meetings for their adult children with

intellectual disabilities and indicated their desire for more frequent meetings, which led to the creation of this supporting theme. According to four of the guardian participants, the day-habilitation center holds planning meetings for clients every 6 months. Four of the 5 guardian participants expressed that they would like to see more frequent or some greater level of involvement in planning for their adult children with intellectual disabilities.

Guardian 1 stated that meetings should be more frequent because often not everyone on the planning team is able to make it to meetings, so not all perspectives are included. This participant believed that team discussion was very important, and more meetings would benefit his/her adult child. Guardian 2 also cited the twice-yearly team planning meetings, but because she/he felt it important that his/her adult child was satisfied with services and supports, meetings should be more frequent.

Guardian 4 was concerned that his/her child continued working on the same goals for the last 5 years and believed that with more frequent planning meetings, his/her child would be able to advance.

Guardian 5 suggested that she/he be more involved in decision making with the team because the meetings twice a year were not enough for adequate planning.

Supporting Theme 1B: Lack of focus on individual choices and goals. This supporting theme was created based on statements by three care provider participants indicating that, though individualized programming was a facility goal, this did not always occur as desired. Additionally, statements that four of the guardians made indicated that individuals with intellectual disabilities lacked input into their daily

activities, such as time spent in the community. Three care provider participants were concerned that staff at the day-habilitation facility did not focus their planning as much as they should on clients' goals.

Professional Care Provider 2 believed the center was disorganized and this led to lack of individualization of programming. Care Provider 2 said that the goals for clients seemed the same for all clients, and that clients often had no choice in what they would be doing that day. This lack of individualized goals and choices led to antisocial or undesirable behaviors and bad days for clients, observed Care Provider 2.

Professional Care Provider 3 believed that clients were able to focus on their goals but with the caveat that this was only possible with ample support and advocacy. The more advocates the client had, the more the client would be able to set and meet their goals.

Professional Care Provider 4 also shared that the clients' goals must be part of daily and long-term decision-making processes. However, Professional Care Provider 4 noted that activity planning at the day-habilitation facility happened before clients arrived, and so clients were unable to be part of the decision-making process. This participant also believed that activity planning should include options and choices for clients.

Four guardian and two professional care provider participants also noted that one of the cross-functional aspects of the eight hallmarks, community inclusion and support, could be improved upon at the day-habilitation facility.

Guardian 2 stated that she/he often does not agree with the decisions made by day-habilitation staff, especially when it comes to accessing the community. While this participant's adult child does go outside some, more often the child stays at the facility because of behavioral outbursts when in the community. This participant felt there was no reason for these behavioral outbursts to keep the individual inside and wanted to be notified when this happens.

Guardian 3 reported that his/her adult child wanted to go outside more often, and this guardian believed this was something the facility should be working toward.

Guardian 4 wanted to see his/her adult child engage with the community more often and get outside unless there was inclement weather. Guardian 4's child enjoys activities like bowling and this participant would like to see his/her child be able to go on more outings like bowling.

Guardian 5 reported that his/her adult child comes home from the day-habilitation facility and complains about the limited options available to him/her at the program. Guardian 5 also shared feeling that his/her adult child has outgrown the day-habilitation facility because of the lack of individualization, and so his/her child does not attend frequently anymore.

Professional Care Provider 2 shared that the day-habilitation coordinator plans the schedule each day, so professional care providers follow that schedule. Sometimes this means that clients are not interested in the group community activities that are planned, which can lead to antisocial and undesirable behaviors. Professional Care Provider 2 felt

that the clients should have more input into their community access activities and decisions.

Professional Care Provider 4 said that though clients go outdoors every day, the activities they engage in are usually the same, leading to dissatisfaction on the clients' part. Professional Care Provider 4 also felt community activities should be catered to the client and this would promote individualization of programming.

Theme 2: Knowledge of Person centered Approach–Subquestion 2

Theme 2 addressed research SQ 2 What training did professional care providers and guardians of adults with intellectual disability receive on the person centered approach as described by the eight hallmarks for assisting individuals with intellectual disabilities? In Theme 2, guardian and professional care provider participants shared their personal knowledge of the person centered approach. Their knowledge came from training they received or, in the absence of training, other ways they learned of the person centered approach. Participants also shared what they knew of the eight hallmarks of person centered planning. Three supporting themes led to the creation of this theme: training, aspects of approach, and practiced despite training.

Supporting Theme 2A: Training showed all five guardians expressed that they had little-to-no training on the person centered approach to assisting individuals with intellectual disabilities. In the absence of this formal training, they used other methods to learn about the approach, as indicated in responses such as that of Guardian 1 or Professional Care Providers 2 and 4. Their statements comprise this supporting theme.

Guardian 1 spoke of belonging to a support group for parents of children with intellectual disabilities where parents can learn about the concepts of the person centered approach.

Guardian 2 was unaware of the person centered approach being used at the day-habilitation facility and had received no training.

Guardian 3 said the approach was unclear to him/her and had received no training.

Guardian 4 had received no training on the person centered approach.

Guardian 5 had a bit of an idea as to what the person centered approach entailed and stated that she/he was aware that the goal was to focus on the individual when planning for their care and include the individual in these decisions.

Professional care providers had more knowledge of the person centered approach to assisting individuals with intellectual disabilities than did guardians, with 3 of 5 describing aspects of this in their work practices. None of the five participants described receiving training in the approach at the day-habilitation facility.

Professional Care Provider 1 was not taught the person centered approach by the day-habilitation facility but had prior knowledge of the approach from school.

Professional Care Provider 2 had not received training from the day-habilitation facility and was unfamiliar with the person centered approach. Professional Care Provider 2, despite receiving no training, described how individuals' hopes, activities, and strengths should be incorporated into their care planning.

Professional Care Provider 3 had received no training on the person centered approach at the facility and was also unaware of what the system was and what it entailed.

Professional Care Provider 4 said that she/he received training at new-hire orientation but did not receive specific training on the person centered approach to caring with individuals with intellectual disabilities. This participant was unable to describe or explain the person centered approach but did articulate the ways in which professional care providers and facilities could include individuals with intellectual disabilities in their own care planning, community access, and goal setting.

Professional Care Provider 5 stated there was no training available to help him/her understand the person centered approach. Furthermore, this participant felt that the facility was not implementing this planning system for individuals at the day-habilitation program.

Theme 3: Efficacy of the Person centered Approach–Subquestion 3

Theme 3 addressed SQ3: How is effectiveness identified and described by professional care providers and guardians of adults with intellectual disabilities using the eight hallmarks? In this theme, guardian and provider participants spoke of the ways in which clients at the day-habilitation facility were focused on as individuals and how they were involved in their own planning. Participants shared the positive aspects of the person centered approach at the day-habilitation facility.

Supporting Theme 3A: Focus on the individual. In this supporting theme, guardian and care provider participants shared their perspectives on the importance of focusing care on individuals with intellectual disabilities. All 10 participants were aware of the significance of focusing on the individuals when planning for the care of individuals with intellectual disabilities. Though 8 of the 10 participants stated they were not fully aware of the eight hallmarks for person centered planning, they could articulate the ways in which the facility could, and did, focus on the clients and their goals and desires when planning.

Guardian 1 believed that the use of the eight hallmarks at the day-habilitation facility was excellent because using this allowed staff to provide care for his/her adult child in an individualized manner.

Guardian 2 shared that once each week, there are group activities and his/her adult child is able to select which one she/he wishes to take part in that week. This participant believed doing this demonstrated the person centered approach as it allowed for individual choice.

Guardian 3 discussed the factors that should be catered to through the person centered approach. This participant felt that there should be individual programs for his/her adult child to work toward meeting new goals, and that his/her child should be involved in deciding which goals to work on.

Guardian 4 believed that his/her adult child was able to have a say in the activities and goals s/he was working on, regardless of the child's disability. Guardian 4 was aware

that family members, friends, and staff should support the child's decision-making and not make decisions for the child.

Guardian 5 wanted to see more focus on the individual at the day-habilitation facility. This participant knew that the person centered approach emphasized the importance of the individual in their planning and programming, and so wanted to see the day-habilitation program emphasize this even more.

Professional Care Provider 1 said that clients at the day-habilitation facility take part in different vocational activities and life skills that are tailored to their unique needs and goals. However, this participant also shared that many activities are the same for clients and repetitive in nature, so this participant felt there could be more focus on the individual when planning these activities.

Professional Care Provider 2 also mentioned that within the constraints of a preplanned daily schedule at the day-habilitation facility, providing options of activities for clients was important for helping them make individual choices. This participant expressed the desire to see greater communication regarding the individual clients' decisions and wants.

Professional Care Provider 3 believed that clients' opportunities and experiences should be maximized based on their individual interests, because this would help clients achieve their goals. This participant believed that activities like purchasing lunch assists clients with developing individual money management skills.

Professional Care Provider 4 shared that many activities that occur at the day-habilitation facility can be individualized for the clients, and these promote personal growth and achieving individual goals. This participant also stated that by accessing the community, clients could work on individual skills like daily living and meaningful employment.

Professional Care Provider 5 noted that clients were involved in planning meetings with staff and guardians where they are able to set goals for themselves.

Supporting Theme 3B: Client expressions of desires and emotions. One way that guardians and providers were able to discern how effective the person centered approach was at the day-habilitation facility was through the clients and adult children themselves. All five guardians and 4 of the 5 providers discussed how clients and adult children expressed themselves, their likes and dislikes, and their desires. Their statements comprise this supporting theme.

Guardian 1 said that his/her adult child was very expressive and discussed the day's activities each night when s/he returned home from the day-habilitation center. Guardian 2 also stated that his/her adult child came home from the facility and discussed the activities that s/he did that day.

Guardian 3 described his/her adult child as being very expressive, and often came home and reported that s/he stayed indoors during the day and wanted to go outside more often.

Guardian 4 described having a very expressive adult child who often communicated his/her desire for more activities to engage in.

Guardian 5's adult child returned home from the day-habilitation facility and complained of the limited options available for him/her to engage in at the center.

Four providers also shared the ways in which clients they work with express their desires. Professional Care Provider 1 stated that clients express their emotions all the time, and that this is often dissatisfaction with the limited or repetitive outings and activities available to them at the facility.

Professional Care Provider 2 said that when nonverbal clients were unable to articulate their desires, they may have an undesirable behavioral incident to communicate to staff. Clients were also described as using physical gestures to communicate.

Professional Care Provider 4 said that clients often discuss their frustration with the available activities at the day-habilitation center.

Professional Care Provider 5 said that on days when clients' individual desires are met at the day-habilitation facility, clients tend not to have behavioral episodes. However, when clients' individual wishes are not met, staff may experience pushback from clients and clients may act out to express their frustration.

Summary

Chapter 4 presented the findings from this research study. Guardians and professional care providers of individuals with intellectual disabilities shared their perspectives on the eight hallmarks of the person centered approach approach to planning

for individuals with intellectual disabilities. While all participants expressed little-to-no formal training on the person centered approach, they articulated the importance of many of the concepts of the eight hallmarks, particularly for individuals when accessing the community and planning for goals and skill-building.

Guardians appreciated that the day-habilitation facility used this approach, but wanted more input into the lives of their adult children at the facility. To do this, they wanted more frequent team meeting sessions to plan goals for their adult children. They also wanted to see their adult children taken into the community more frequently.

Professional care providers recognized that the day-habilitation facility was supposed to implement practices described by the eight hallmarks but did not always do this. They noted that many activities were repetitive and not individualized for the clients at the facility, which was not part of the person centered approach. They shared that clients expressed themselves and their frustration at the lack of options and activities available to them at the facility.

In Chapter 5, I will interpret these findings in light of the current research on the eight hallmarks of the person centered approach and make recommendations for further research.

Chapter 5: Discussion, Conclusions, and Recommendations Introduction

Discussion

The purpose of this qualitative phenomenological study was to explore professional care providers' and guardians' perceptions of the eight hallmarks of person centered planning for working with individuals with intellectual disabilities. Person centered planning is an established method of supporting individuals with intellectual disabilities as they develop community function and communication skills (Taylor & Taylor, 2013). However, researchers have yet to articulate how guardians and professional care providers of individuals with intellectual disabilities experience the eight hallmarks of person centered planning.

Researchers use phenomenological approaches to understand the common experiences that individuals have with a phenomenon (Hussein et al., 2014). Thus, using a phenomenological approach in this study provided insight into the shared experiences of guardians and professional care providers of individuals with intellectual disabilities regarding person centered planning. The purpose of understanding the eight hallmarks of person centered planning is to teach individuals the process of developing independence through educating and providing individuals experiences on choices and options available to them regarding their health and care. The results of this study may assist with modifying the programing and planning for individuals with intellectual disabilities to improve functionality and quality of life by providing the individuals with individualized programming choices. At times, day-habilitation programming diverges from person

centered practice with preplanned goals and activities, which causes individuals to not have the opportunity to decide on their own goals and activities.

The conceptual framework of this study was Piaget's (1963) theory of constructivism and Bandura's 1977 theory (Bandura, 2011) of social learning. Both theories demonstrate the effect of environment on individuals and were used in this study to understand aspects of the eight hallmarks of person centered planning, which is also dependent on individuals' environments. These theories highlighted the ways molding and creating environmental structure affects individuals. This relates to the eight hallmarks of person centered planning, which demonstrated that environmental changes can improve individuals' quality of life.

The following RQ and SQs guided this study:

Reasearch Question 1 (RQ1): How do professional care providers and guardians of adults with intellectual disabilities perceive effectiveness of the person centered approach as described by the eight hallmarks for assisting individuals with intellectual disabilities?

Sub-Question1 (SQ1): What challenges do professional care providers and guardians of adults with intellectual disability face when using the person centered approach as described by the eight hallmarks for assisting individuals with intellectual disabilities?

Sub-Question 2 (SQ2): What training did professional care providers and guardians of adults with intellectual disability receive on the person centered

approach as described by the eight hallmarks for assisting individuals with intellectual disabilities?

Sub- Question 3 (SQ3): How is effectiveness identified and described by professional care providers and guardians of adults with intellectual disabilities using the eight hallmarks?

The findings of this research study were based on the perception of professional care providers and the guardians of adults with intellectual disabilities on the eight hallmarks of person centered planning. There were three themes that emerged from the analysis. According to Taylor and Taylor (2013), the perceptions of guardians and professional care providers can influence and benefit the design of educational plans for individuals with intellectual disabilities. Guardians' and professional care providers' perceptions of educational plans and practices are importantly informed by their experiences and observations over time for understanding the needs and desires of individuals with intellectual disabilities.

Interpretation of Findings

The following section will discuss the themes in relation to the literature. Three themes emerged from the results of the study: person centered approach at facility is not fully realized; knowledge of person centered approach; and efficacy of the person centered approach. In this section, I discuss these findings by theme and corresponding subtheme in relation to the body of literature on the eight hallmarks for person centered planning.

Theme 1: Person centered Approach at Facility is Not Fully Realized–

Subquestion 1

In this theme, participants spoke of the obstacles to using the person centered approach and its eight hallmarks when providing care for the intellectually disabled persons in their lives. This was particularly the case at the day-habilitation facility, where some of the eight hallmarks were implemented but were not fully effective. This theme contained two supporting themes: desire for more planning meetings and lack of focus on individual choices and goals. These two supporting themes emerged from participant data that indicated the challenges of implementing person centered planning. The eight hallmarks of person centered planning were designed to help individuals with intellectual disabilities in day-habilitation programs understand the choices they can make based on opportunities available to them (Taylor & Taylor, 2013). Day-habilitation programs follow guidelines of the eight hallmarks of person centered planning, personalizing individuals' schedules based on their cognitive functioning level. The activities, their planning, and their evaluation, are designed to help individuals with intellectual disabilities receive the quality of life they deserve (Madsen et al., 2016). The results show the participants want individuals with intellectual disabilities to participate in the eight hallmarks of person centered planning in supporting their daily activities and choices. Results indicated many times the eight hallmarks of person centered planning was not implemented properly, leading to effects upon the individuals with intellectual disability.

Supporting Theme 1A: Desire for more planning meetings. Guardian participants described the frequency of planning meetings for their adult children with intellectual disabilities and indicated their desire for more frequent meetings. This desire for more planning meetings, led to the creation of this supporting theme. According to guardian participants, the day-habilitation center holds planning meetings for clients every 6 months. Guardian participants expressed that they would like to see more frequent or some greater level of involvement in planning for their adult children with intellectual disabilities.

Professional care providers must work with individuals and their guardians, as guardians understand the needs and behaviors of individuals in a different way than providers do (NYS OPWDD, n.d.b.). For proper care and planning for individuals with intellectual disabilities, care providers should have a cohesive understanding of the individuals in the day-habilitation program as well as their other environments (Taylor & Taylor, 2013). As expressed by guardian participants in this study, more frequent meetings and communication about their adult children's goals and performance at day-habilitation facilities would help facilitate this important working relationship and foster an environment in which individuals with intellectual disabilities can actively pursue their goals and interests.

According to Taylor and Taylor (2013), for proper care and planning for individuals with intellectual disabilities, care providers should have a comprehensive understanding of the individuals in the day-habilitation program as well as their other

environments. In order to accomplish this, it is important for professional care providers to work with individuals and their guardians, as guardians understand the needs and behaviors of individuals in a different way than providers do (NYS OPWDD, n.d.b.). The results of the study show that guardians would like to communicate more with professional care providers to improve the lives of their children with intellectual disabilities.

Supporting Theme 1B: Lack of focus on individual choices and goals. This supporting theme was created based on statements by three care provider participants indicating that, though individualized programming was a facility goal, this did not always occur as desired. Additionally, statements that four of the guardians made indicated that individuals with intellectual disabilities lacked input into their daily activities, like time spent in the community. Three care provider participants were concerned that staff at the day-habilitation facility did not focus their planning as much as they should on clients' goals. The support and encouragement individuals with intellectual disabilities receive from their guardians and professional care providers can affect their development and goal attainment.

According to Fiske (2014), students will not demonstrate any interest in education if there are no motivators, and this would reflect on their performance. Additional factors can inhibit learning and goal attainment among individuals with intellectual disabilities, such as self-efficacy (Raboteg-Saric & Sakic, 2014) and self-determination (Finucane, 2012). The research results show guardians would like their children to have choices of

daily activities, as this can be a motivator for them to learn and grow. Following the eight hallmarks of person centered planning can also help develop individualized planning to help provide choices and improve the quality of life of individuals with intellectual disability.

Theme 2: Knowledge of Person centered Approach–Subquestion 2

In Theme 2, guardian and professional care provider participants shared their personal knowledge of the eight hallmarks of person centered planning. Their knowledge came from training they received or, in the absence of training, other ways they learned of the person centered approach. Participants also shared what they knew of the eight hallmarks of person centered planning approach.

The eight hallmarks of person centered planning help teach individuals with intellectual disabilities the importance of safety in their living and working environment (Hanga et al., 2017). Hanga et al. (2017) advocated for educating individuals with intellectual disabilities on their rights to access and understand their medical records. Allowing individuals with intellectual disabilities to be more informed and active participants in their health care in this way can also encourage them to take on more active roles in other aspects of their lives (Hanga et al., 2017). Additionally, increasing their understanding of their own health can heighten their engagement in deciding what health care options to pursue, leading to increased autonomy and independence.

The results of the study indicate training is necessary in the areas eight hallmarks of person centered planning. With appropriate training, the professional care providers

would be able to incorporate the eight hallmarks of person centered planning and understand the importance of the approach. This would help improve the quality of life for individuals with intellectual disability.

In Supporting Theme 2A: Training, the guardians expressed that they had little-to-no training on the person centered approach to assisting individuals with intellectual disabilities. In the absence of this formal training, they used other methods to learn about the approach. Care providers had more knowledge of the person centered approach to assisting individuals with intellectual disabilities than did guardians, with 3 of 5 describing aspects of this in their work practices. None of participants described receiving training in the approach at the day-habilitation facility.

Training of staff and family is crucial when implementing interventions for individuals with intellectual disabilities (McNicholas et al., 2017). Guardians and professional care providers of individuals with intellectual disabilities must understand protocols and standards for care (NYS OPWDD, n.d.b.). These protocols and guidelines ensure safety, well-being, and success in interventions and day habilitation. Lack of training can affect the quality of the services being provided.

Results show that insufficient training was provided for professional care providers and guardians. This may be one reason why individuals who attended the day-habilitation facilities were unable to receive the quality of services they and their guardians expected. Training on the eight hallmarks of person centered planning can help improve services being provided at the day-habilitation facility.

Theme 3: Efficacy of the Person centered Approach–Subquestion 3

In this theme, guardian and provider participants spoke of the ways in which clients at the day-habilitation facility were focused on as individuals and how they were involved in their own planning. Participants shared the positive aspects of the person centered approach at the day-habilitation facility. Involving the individual and focusing on their person's choices helps with educational planning. The eight hallmarks of person centered planning consist of the following actions: (a) advocate for the rights of individuals with intellectual disabilities, (b) prevent social discrimination, (c) promote self-determination, (d) develop independence, (e) encourage participation, (f) motivate self-interest and individual preferences, (g) budget for activities and services, and (h) reinforce satisfaction of person centered planning (NYS OPWDD, n.d.b.).

The eight hallmarks of person centered planning are essential as they require professional care providers to address key factors that lead to positive outcomes for individuals with intellectual disabilities. With the eight hallmarks of person centered planning, the day-habilitation program objective becomes focusing on the outcomes of the individuals rather than the program goals (NYS OPWDD, n.d.b.).

Results from my study showed participants both desire and require training on the eight hallmarks of person centered planning. However, participants also had some understanding of the eight hallmarks of person centered planning approach based on their own research on the topic. Results indicated formal training is necessary to improve the quality of life of individuals with intellectual disability within the person centered frame.

Supporting Theme 3A: Focus on the individual. In this supporting theme, guardian and care provider participants shared their perspectives on the importance of focusing care on individuals with intellectual disabilities. All 10 participants were aware of the significance of focusing on the individuals when planning for the care of individuals with intellectual disabilities. Though 8 of the 10 participants stated they were not fully aware of the eight hallmarks of person centered planning, they could articulate the ways in which the facility could, and did, focus on the clients and their goals and desires when planning.

In the educational field, guardians' observations and opinions are significant and provide support to individuals with intellectual disabilities because guardians can make necessary changes in individuals' home environments based on their needs, which can also affect educational environments and outcomes of individuals with intellectual disabilities (McNicholas et al., 2017). Many individuals with intellectual disabilities face difficulties in communicating their needs and desires with their guardians and professional care providers (Boehm, 2017). Often, guardians and professional care providers must assist individuals with intellectual disabilities in meeting their needs and desires, as well as communicating them (Boehm, 2017). Thus, effective communication between professional care providers and guardians can improve the quality of life of individuals with intellectual disabilities by increasing guardians' and professional care providers' input. Results from this study showed that guardians requested more meetings for their adult children. This would facilitate greater communication, which is one of the

key factors for improving the lives of individuals with intellectual disabilities.

Supporting Theme 3B: Client expressions of desires and emotions. One way that guardians and providers were able to discern how effective the person centered approach was at the day-habilitation facility was through the clients and adult children themselves. All five guardians and 4 of the 5 providers discussed how clients and adult children expressed themselves, their likes and dislikes, and their desires. Their statements comprise this supporting theme.

According to Taylor and Taylor (2013), person centered planning gives individuals with intellectual disabilities opportunities to develop their abilities to communicate their needs and desires. It becomes significant to promote eight hallmarks of person centered planning, in which one of hallmarks focuses on choices and emotions, which helps show individualization.

Results indicated there is variation in perceptions of the eight hallmarks of person centered planning, but that it would be effective if appropriately implemented in day-habilitation programs. This study's exploration of perceptions of person centered planning showed guardians wanted more involvement in individuals' lives, which would help planning their education. Researchers have shown that effective communication is established through participation of professional care providers, guardians, and individuals with intellectual disabilities (Spassiani et al., 2016; Taylor & Taylor, 2013).

Participation can improve communication about individuals' activities. Professional care providers and guardians must develop a good relationship with

individuals to provide effective treatment. Participant care providers identified that day-habilitation facilities were supposed to implement the eight hallmarks of person centered planning but did not always do so. There was no information available why this was occurring. They noted that many activities were repetitive and not individualized for the clients at the facility, which is not part of person centered planning.

Findings in Relation to Theoretical Base

Piaget's (1963) theory of constructivism and Bandura's 1977 theory of social learning (Bandura, 2011) were the frameworks guiding this study. Guardian and professional care provider participants stated individuals may react in an aggressive manner when they could not go to desired places or participate in preferred activities. Results of this study showed that when individuals with intellectual disabilities were frustrated and could not express themselves, they engaged in maladaptive behaviors such as physical aggression, self-injurious behaviors, verbal aggression, and property destruction. This frustration was reported as often caused by a lack of effective communication between them and their guardians or professional care providers, or between their guardians and professional care providers.

Social learning theory indicates that learning occurs through close contact with, and imitation of, others and is influenced by both environmental and psychological factors (Bandura, 2011). Bandura (2011) also posited that though environments influence humans, there are also cognitive processes that aid or hinder learning, namely self-efficacy. The environment of the individual influences decision-making processes and

affects performance. Positive environments can lead to increased effectiveness of learning environments and increased education performance among students (Bandura, 2011).

The results of this study demonstrated that individuals were affected by environmental factors such as nonperson centered planning, or when they were given little-to-no choice in their daily routines. Individuals with intellectual disabilities need positive environments consisting of positive attitudes, clear communication, verbal promotion, praise, and small group sessions (Gutman et al., 2010). With the appropriate support, engagement in daily activities can reduce maladaptive behaviors among individuals with intellectual disabilities.

Limitations of the Study

This study contained several limitations. First, study participants were limited in number and drawn from one geographic location; therefore, the results may not be generalizable to other populations. According to Haight and Bidwell (2015), results of a study in one setting may not be generalized to others and more research in different settings may be necessary.

In addition, five participants were reluctant to be audio recorded during their interviews. Based on the number of participants that declined to be recorded, I wrote their answers to the interview questions and made notes on what was said during these interviews in a word processing program on my computer. This was done to maintain consistency across the study. I transcribed all the information offered to the best of my

ability, but did not have access to direct quotations from which to draw my analysis. I had to rely solely on my notes and was not able to retrieve the direct quotes from interviews to use in my data analysis and review. According to Sheperis et al. (2017), recording interviews allows researchers to rewind and listen multiple times to retrieve information. The researcher is also able to listen to tone, pitch, and speed of the sentence. At times, during interviews it becomes necessary to include particular quotes, which in my case was difficult because I was writing participants' answers as they spoke and spent a significant amount of time doing so to capture more detail, which was helpful. I was able to use the information collected from the notes I took to conduct my data analysis.

Further, ethical considerations of working with a vulnerable population like individuals with intellectual disabilities meant that I was limited to include only those individuals' guardians and professional care providers as participants. This meant that I could not gather data directly from those individuals with intellectual disabilities or hear their perspectives on the eight hallmarks of person centered planning. The use of the eight hallmarks of person centered planning at day-habilitation facilities is currently limited in the field of intellectual disability, and differences may exist among those who access the disability care system.

Finally, the literature review process presented a limitation. When conducting the literature review, I found that despite the ample research on eight hallmarks of person centered planning, there was a lack of research into people's perspectives regarding this approach to care. This presented a limitation in the current research study because there

was little in the body of literature on the subject with which to compare my study's findings.

Recommendations for Further Research

The eight hallmarks of person centered planning are essential in day-habilitation programs, as they require professional care providers to address key factors that lead to positive outcomes for individuals with intellectual disabilities (Matson, 2009).

Researchers might work to develop surveys based in person centered approaches of care, enabling parents to give regular feedback to providers. Future researchers may focus on developing methods to track training on the eight hallmarks of person centered planning for professional care providers at day-habilitation facilities to help improve the lives of individuals with intellectual disabilities (NYS OPWDD, n.d.b.). Parents and guardians should also be trained during their child's orientation to the day-habilitation program, and the impact of this should be studied. Additionally, because the current research study was limited in geographical scope, future research should focus on understanding the perspectives of guardians and professional care providers of individuals with intellectual disabilities in other geographic regions and in other day-habilitation facilities.

Implications for Practice

When evaluating care programs for individuals with intellectual disabilities, guardian and professional care provider perspectives on such programs, like the eight hallmarks of person centered planning, are important. Guardians' and professional care providers' perspectives on the eight hallmarks of person centered planning are important

because these perspectives may be used to make necessary changes in individuals' home environments based on their needs, which may also affect their educational environments and outcomes (McNicholas et al., 2017). This is especially the case when individuals with intellectual disabilities lack the ability to verbalize or otherwise communicate their feelings about their care programming. The findings from this qualitative phenomenological research study have several implications for practice and positive social change.

Guardians and professional care providers both spoke of the lack of training on the eight hallmarks of person centered planning available at the day-habilitation facilities. An orientation on the eight hallmarks of person centered planning should be provided to guardians and before the individual with intellectual disabilities begins attending day-habilitation. Professional care providers should be trained on the approach as well. Following this, a quarterly review should be completed to examine if the eight hallmarks of person centered planning are being applied in the curriculum. This will benefit both professional care providers and guardians and will assist them with providing appropriate person centered care to those individuals with intellectual disabilities. This will benefit both professional care providers and guardians to improve the lives of individuals with intellectual disability within the framework of person centered care and learning.

Guardians' reported they would like to have frequent meeting rather than semiannual meetings. One way that day-habilitation facilities could facilitate greater communication with guardians would be through weekly reports about the performance

of their adult children while attending these facilities. In addition, facility directors could facilitate guardian requests for meetings to discuss performance of their adult children. According to Taylor and Taylor (2013), for proper care and planning for individuals with intellectual disabilities, professional care providers should have a cohesive understanding of the individuals by maintaining a stable communication with guardians. Improving communication between both parties would also help individual's quality of life.

The eight hallmarks of person centered planning provides a way for day-habilitation facilities to guide individuals with intellectual disabilities to make safe choices within their living and working environment (Hanga et al., 2017). However, my findings showed that the day-habilitation facilities lacked focus on individual's choices and goals. According to Taylor and Taylor (2013), the goal of the eight hallmarks of person centered planning for those with intellectual disabilities is to help them understand choices they can make. Individuals with intellectual disabilities should take part in their planning meetings to discuss goals and interests they have in their educational planning. Professional care providers can then implement these goals and interests into their educational planning, thereby benefitting individuals with intellectual disabilities and improving their quality of life. In day habilitation, individuals engage in daily activities based on their needs and desires; therefore, including their feedback during meeting and educational planning and support social changes in the NYS OPWDD agency (n.d.d.).

Guardians' and professional care providers' involvement in the lives of individuals with intellectual disabilities encourages positive learning behaviors, which is

an area where individual-level social change can happen. Greater communication about the goals and needs of individuals with intellectual disabilities should happen during meetings and planning time. This would encourage greater individualization of programming for individuals with intellectual disabilities and provide them greater opportunities for control over their own lives. Providing the findings of the current study to the day-habilitation facilities could improve the lives of individuals with intellectual disabilities.

Conclusion

The purpose of this qualitative phenomenological study was to explore professional care providers' and guardians' perceptions of the eight hallmarks of person centered planning for working with individuals with intellectual disabilities. Results indicated a variation in perceptions of the eight hallmarks of person centered planning, but that this approach could be effective if appropriately implemented in day-habilitation programs. Professional care providers indicated that the eight hallmarks of person centered planning is not currently implemented to its fullest potential in day-habilitation programs. Thus, the results of this study may serve to inform day-habilitation program leaders about how to better implement the eight hallmarks of person centered planning.

Future researchers should explore the perceptions of guardians and professional care providers on the eight hallmarks of person centered planning in different settings. The results of future research should be compared to the results of this study to gain further understanding of the perception of the eight hallmarks of person centered

planning in working with individuals with intellectual disabilities. With additional research on person centered planning perception, day-habilitation programs may better employ the eight hallmarks of person centered planning to the benefit of individuals with intellectual disabilities.

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Appendix A: Eight Essential Hallmarks of Person Centered Planning

1. The person and people important to him or her are included in lifestyle planning, and have the opportunity to express preferences, exercise control and make informed decisions. Indicators include:
 - a. The person and advocates participate in planning and discussions where decisions are made.
 - b. A diverse group of people, invited by the person, assist in planning and decision making.
2. The person's routine and supports are based upon his or her interests, preferences, strengths, capacities and dreams. Indicators include:
 - a. The person's dreams, interests, preferences, strengths, and capacities are explicitly acknowledged and consequently their plan drives activities and supports.
 - b. Supports are individualized and do not rely solely on preexisting models.
 - c. Supports result in goals and outcomes that are meaningful to the person.
3. Activities, supports, and services foster skills to achieve personal relationships, community inclusion, dignity and respect. Indicators include:
 - a. The person has friends and increasing opportunities to form other natural community relationships.
 - b. The person has a presence in a variety of typical community places. Segregated services and locations are minimized.
 - c. The person has the opportunity to be a contributing member of the community.
 - d. The person can access community-based housing and work if desired.
 - e. The person is an engaged member within their community.
4. The person uses, when possible, natural and community supports. Indicators include:
 - a. With the person's consent, the support of family members, neighbors and co-workers is encouraged.

- b. The person makes use of typical community and generic resources whenever possible.
5. The person has meaningful choices, with decisions based on his or her experiences. Indicators include:
- a. The person has opportunities to experience alternatives before making choices.
 - b. The person makes life-defining choices related to home, work and relationships.
 - c. Opportunities for decision-making are part of the person's everyday routine.
6. Planning is collaborative, recurring, and involves an ongoing commitment to the person. Indicators include:
- a. Planning activities occur periodically and routinely. Lifestyle decisions are revisited.
 - b. A group of people who know, value, and are committed to serving the person remain involved.
7. The person's opportunities and experiences are maximized, and flexibility is enhanced within existing regulatory and funding constraints. Indicators include:
- a. Funding of supports and services is responsible to personal needs and desires, not the reverse.
 - b. When funding constraints require supports to be prioritized or limited, the person or advocates make the decisions.
 - c. The person has appropriate control over available economic resources.
8. The person is satisfied with his or her activities, supports, and services. Indicators include:
- a. The person expresses satisfaction with his or her relationships, home, and daily routines.
 - b. Areas of dissatisfaction result in tangible changes in the person's life situation.

Source: New York State Office for People With Developmental Disabilities. (n.d.). Eight essential hallmarks of person centered planning Retrieved from https://opwdd.ny.gov/opwdd_services_supports/person_centered_planning/essential-hallmarks

Appendix B: Interview Protocol

1. Professional care providers

- a. Briefly, how would you describe the person centered system of care for clients in day habilitation here?
- b. What training have you received on providing the person centered system of care for your clients in day habilitation here?
- c. How do you go about including clients, and those people important to your clients, in planning and decision-making?
- d. How often do the clients engage in activities that incorporate community inclusion and how does it affect their quality of life?
- e. In what ways do you believe that incorporating community inclusion impacts your clients' quality of life?
- f. How, and how often, do the clients express their viewpoints toward activities, supports, and services?

2. Parents/Guardians

- a. Briefly, how would you describe the person centered system of care for your child in day habilitation here?
- b. What forms of training have you received on the person centered system of care for your child?
- c. Tell me about your participation in planning and decision-making with your child and the facility providers.
- d. In what ways are opportunities and experiences provided for your child that incorporate community inclusion, regardless of his or her disability?
- e. Describe your level of involvement in the community inclusion planning at your child's day habilitation program and how this inclusion impacts his or her quality of life.

f. How, and how often, does your child express his or her viewpoints toward activities, supports, and services provided at their day habilitation.