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Running head: COLLABORATING WITH YOUTH TO MAKE ACTION PLANS

Introducing a Person-Centered Planning Tool for Youth in Residential Group Homes:
Collaborating with Youth to Develop Future Action Plans

by

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Abstract

This project describes the current treatment environment of one residential group home for youth with emotional and behavioral problems, in the Midwestern United States, and describes how to use Making Action Plans (MAPS), a person-centered planning tool, as a method to address some of the current and future needs of youth in residential group homes. This project addresses the need to empower a vulnerable youth population by planning for their futures with a supportive circle of family, and staff. Included in this project is an adapted user's guide to facilitate the use of the Making Action Plans (MAPS) person-centered planning process in a residential group home.

Keywords: Making Action Plans, person-centered planning, residential group homes

Chapter 1

Introduction

Setting the Context

For close to two years, this researcher worked and lived, in a residential group home, heretofore referred to as “The Home,” with emotionally disturbed youth, placed there for various child and family issues. The researcher has learned firsthand how children are transitioning in and out of care, what tools are currently used to help youth in transition, and to explore the nature of children in residential group homes.

Placing parties work with caseworkers at The Home to coordinate services for youth, visitations, and act as a point of contact. They inform caseworkers of parents’ progress in completing their services and make sure to pass on critical information about visitations. Caseworkers along with caregivers and youth create initial treatment plans of service and review plans every six months with the child and caregiver. Service plans are the driving factor in the treatment for the children placed in The Home. However, most plans seem to lack specific, measurable goals. Typically, they are deficit-based goals, formed by looking at the child’s unacceptable behaviors for the past few months or weeks. Long term life planning based on strengths, and interests are not the norm.

Children are living life day by day, going to school, having counseling visits, and home visits with the expectation that planning will happen closer to graduation. Caregivers in this environment see children leave care to uncertain futures, without clear goals, without support, or high school diplomas.

Seeing a child age out of care without a solid life plan is tragic. Many youth transitioning out of foster care and residential group homes are likely to leave without clear goals for the

future or the support from parental relationships. Envisioning the future is a critical part of helping break the cycle of negative outcomes for youth in these programs. Building collaborative relationships through planning the future with youth will help them envision a future (Reid & Ross, 2005).

Given this context, the researcher saw the need to provide the children and staff of The Home with a tool for engaging a group of people to deeply get to know a child's history, strengths, interests, and fears to guide the child to thinking about and planning for his or her future after exiting The Home.

Purpose of Project

The purpose of this project was to introduce a person-centered planning tool, Making Action Plans (MAPS), to The Home to assist youth while in care and as they transition from care to independent living, family reunification, or other placements. MAPS (Falvey, Forest, Pearpoint, & Rosenberg, 2002; Villa, Thousand, & Nevin, 2010) is a planning process that nurtures self-determination in youth. As Villa and colleagues (2010) note, "research suggests that students who are self-determined become adults who can enjoy an enhanced quality of life, because they have an increased likelihood of being able to manage, advocate for, and receive services as an adult" (p. 140).

Definition of Terms

Childhood Trauma. When children experience life-threatening events or a threat to the lives of their loved ones occurs, the child experiences trauma. Traumas quickly internalize in the mind. These external events happen suddenly and are emotionally overwhelming to the point that a child's internal and external resources are inadequate to cope.

Making Action Plans (MAPS). The MAPS planning process helps identify the dreams

and goals of a person, and develop a support plan to achieve those dreams. MAPS was originally designed to support individuals with disabilities and their families.

Person-Centered Planning (PCP). Person-centered planning is an evidence-based practice designed to assist someone in planning his or her life. PCP acts on the dreams and goals of a person. It empowers individuals with disabilities, and has value among other sections of society.

Residential Group Home. A residential group home is a private facility, for children or young people who cannot live with their families. Government agencies or relatives place residents in the home for a variety of reasons. Some homes work with people with chronic disabilities or mental disorders. Typically, there are six to eight residents in a home and a trained caregiver is there twenty-four hours a day.

The Sanctuary Model ®. The Sanctuary Model ® is an approach for creating or changing an organizational culture. The model is theory-based, trauma-informed, and evidence-supported. The model has a clear and structured methodology to approach the whole culture of an organization.

Chapter 2

Review of Literature

Childhood Trauma

In 2009, Child Protective Services determined 700,000 children nationally were maltreated, that these children had experienced traumas in the form of abuse, neglect, removal from the biological family or by witnessing violence (Kramer, Sigel, Conners-Burrow, Savary, & Tempel, 2013). Adding to the original trauma and exacerbating attachment issues is the act of removing a child from his or her biological parents (Taussig, 2002). Stott and Gustavsson (2010) found that in Arizona youth in foster care had been in care on the average for over 3 and three-quarter years, with an average of 8.02 placements, which means that when they eventually age out of care they will have moved about every six months.

As an adult, it might not seem logical that a child would prefer to be in an abusive or neglectful situation with his parents. However, children know and love their parents and struggle with separation. Some research suggests placement changes and behavior problems intertwine and compound issues when children exhibit behavioral problems and are reassigned to different facilities. It takes a trauma-informed staff to help youth in care develop the coping skills necessary to function independently (Steele & Kuban, 2008).

Risk Factors Associated with Childhood Trauma

Researchers looking at childhood traumas observe increased risky behaviors in adulthood, particularly smoking, alcoholism, and depression (SL Bloom & Sreedhar, 2008). Being in this trauma informed environment means caregivers ask, “What has happened to you?” rather than “What is wrong with you?” and by asking this question caregivers can access the child’s background and family history to understand and empathize with the child (SL Bloom &

Sreedhar, 2008). Many studies describe the desperate predicament youth in care are facing in the nation, the low levels of graduation, high numbers of unemployment, drug abuse, and teen pregnancy (Zetlin & Weinberg, 2004). Descriptive research to assess the readiness of youth in Washington state's substitute care system found some youth were prepared for independence while others lacked skills and, therefore, faced and experienced future difficult times (English, Kouidou-Giles, & Plocke, 1994).

Care Services' Mission

Residential group homes, foster care, and treatment centers often fall under a broad category called group care which encompasses different types of placements and treatment services (James, 2011). These care facilities attempt to address the needs of children and break the cycles of abuse and neglect. Whether children are in a residential group home or with a foster family, both placements present the same challenge, developing in youth the skills they need to function independently in the future (English et al., 1994). All require theoretical frameworks and tools to develop the self-efficacy and self-advocacy skills of the youth who end up there.

Issues of Transition from Care to Family and Adulthood

Aging out of care is one of the biggest challenges a youth will face. Leaving care at some point and transitioning to adulthood provides youth an opportunity to look back at the preparation and successes of the past as well as the needs and fears of the future. While some youth seem able to move on in life, ready to tackle the challenges of school, work, or family, others seem stuck, unable to cope with the challenges of life without additional support (Barth, 1990).

Some researchers ask why youth are unable to move forward after years in care and many services. Childhood trauma can be linked to poor functioning, cognitive deficits, and a variety of

psychiatric conditions in adulthood (Bücker et al., 2012). Partially because of these effects, one can see that imagining a safe, prosperous future can be difficult for youth in care.

In his professional staff training regarding the Sanctuary Model, this researcher learned about predominant theories of brain and moral development. Namely, neurons are thought to realign rapidly in a child's brain, because of its elasticity. Therefore, every life experience (positive and negative) has an effect on the neurological development, values, beliefs, and habit. It is thought that by the age of 10, given a child's cumulative influential early and ongoing life experiences, a child's value system is set. The brain becomes less elastic and more hardwired as a child ages. Generally, a 10-year-old child is expressive, cooperative, and usually a good problem solver. If, however, a child has experienced trauma in the form of abuse, neglect, or removal from family, as most of the children at The Home have, then that child is more likely to have poor emotion management, behaviors that appear to be dysfunctional, and have an increased focus on looking for dangers.

When youth feel desperate about their future, undesired consequences are often the result. Some youth leave care abruptly by; reuniting with questionable relatives, personally discharging themselves out of care prior to graduation, some might become pregnant or runaway and leave care. Children are facing these tragic situations every day in America. Youth in care must be empowered to make decisions about their placement and destiny (Stott & Gustavsson, 2010).

Self-Determination

Self-determination is characterized as a basic human right involving respect, dignity, and choice (Villa, Thousand, & Nevin, 2010). The lack of self-determination among many youth at the Home presents a challenge. Childhood traumas, inconsistent parental involvement, multiple placements, and other factors play a negative role on the way children see themselves and their

futures. Respect, dignity, and choice are critical for one to experience a more satisfying quality of life. MAPS, engages youth and their circle of support to consider what they know about the person's strengths and dreams for the future. Learning self-determination skills as soon as possible can promote many beneficial outcomes for youth in care. Skills like choice and decision making, goal setting and attainment, problem solving, self-evaluation and management, self-advocacy, planning for their futures, responsible relations with others, and self-awareness are all beneficial in promoting self-determination.

Person-Centered Planning

In the mid-1980s, the person-centered planning approach emerged as a way to understand the experiences of people with developmental disabilities, to support them in a more respectful way (Snell & Brown, 2011). This approach is vastly different from other models where the focus of control is on the interdisciplinary team. In person-centered planning, the focus of control is on the person with the disabilities and their family rather than what the results of a standardized assessment may indicate. Essentially, there are five goals in a person-centered planning activity; an individual will be present and participate in community life, they will gain and maintain satisfying relationships, individuals will express preferences and make choices in everyday life, they will have opportunities to fulfill respected roles and live with dignity, and individuals will continue to develop personal competencies (Snell & Brown, 2011). Among person-centered planning tools, MAPS is one way that will guide individual's circle of support to identify the areas of life that will allow the person reach these five goals.

The Making Action Plans (MAPs) Process. MAPS (Falvey, Forest, Pearpoint, & Rosenberg, 2002; Shepherd Furney, Carlson, Salembier, Cravedi-Cheng, Blow, n.d.; Villa, Thousand, & Nevin, 2010) is a person-centered futures planning process that takes the dreams

and goals of individuals, and builds a way to attain them and make them reality. MAPS engages the person's circle of support, (family, teachers, friends, classmates) to discuss and reveal what they know about the person's strengths and interests for the purpose of creatively planning for the future (Villa et al., 2010). Conducting MAPS is a valuable investment of time and resources. The event can be conducted practically anywhere that is comfortable for the focus person and the support circle.

Chapter 3

Methodology

Setting: History of “The Home”

For over 50 years, a residential group home in the Midwest United States, referred to hereafter as “The Home,” has accepted children and provided for their needs. Growing from one home to twelve, this unique facility works to heal the wounds of troubled children and families through Christian values, the Sanctuary Model®, and a dedicated trauma informed professional staff. In those 50 plus years, more than 4,000 children have experienced life at The Home. Many consider it their only childhood home and family. The length of time a child spends in care depends on many things. While some children spend a short period at The Home, some children spend their entire childhood in care.

Non-government groups such as church groups, motorcycle clubs also support the youth. Mentors include university personnel, private business owners, retired educators and business people. The Home also raises money through auctions, donations from businesses and individuals, churches, and its foundation. The state provides money to the Home when there is a state placement.

Subjects: Placement of Youth in The Home

Reasons for placement of a child at The Home vary on a case-by-case basis and are as diverse as the population. A variety of parties place children in the Home for a number of reasons. Child Protective Services (CPS) is legally obligated to investigate every report they receive. However, some reports with no real foundation do not warrant an investigation. Those cases usually close without a removal of the children. CPS attempts to disprove allegations as much as possible in an attempt to keep children with their families. So not every investigation

ends in a removal of children. CPS works with parents to visit the children as much as possible, works to reunite families that follow the service plan, and accommodates transportation for children to visits. The Home's caseworkers and caregivers coordinate with CPS to accommodate family visits.

Another placing agency is the Juvenile Justice Department (JJD). The department may need to place children in care after a certain amount of time spent in a facility. Typically, children from the JJD are on probation, have completed a certain amount of time locked up in a detention center, and do not want to return there. A child from JJD may have a rough home life as well, which causes reunification problems. The Home encourages youth to stay in care when the alternative is less than ideal. For the most part, children want to go home, to be with family and the familiar surroundings of their home.

A third way that children come into care is through private placement. A family member that finds it too difficult to care for a child may apply for placement. An interview is scheduled and several team members ask questions and make placement determinations. Some children have diagnosed disabilities such as learning disabilities or disorders that challenge a parent's abilities to cope. Attention Deficit Hyperactivity Disorder (ADHD), anger, and depression are typical among children in care (Barth, 1990).

Theoretical Context: The Home's Sanctuary Model® and Trauma-Informed Approach to Care

Regardless of the placing party, the goals for treatment include a service plan for the child, counseling, psychiatrist, psychologist visits, and prescription medications if needed. The children receive substitute care from trauma informed caregivers, in a comfortable middle-class home. Reunification with family is the goal whenever possible. If a child feels safer in The

Home than returning to his or her family, he or she may stay until ready to reunite or stay until he or she ages out of care. The Home considers a child's physical, emotional and psychological safety when transitioning a child in and out of care.

The Home accommodates approximately 45 children, ranging in ages from newborn to 18 years of age. The Home has been following The Sanctuary Model®, a theory-based, trauma-informed, evidence-supported, whole culture approach that has a clear and structured methodology for creating or changing an organizational culture. This model is not a specific intervention but is a full system approach that develops a culture with seven characteristics:

1. Non-Violence
2. Emotional Intelligence
3. Social Learning
4. Shared Governance
5. Open Communication
6. Social Responsibility
7. Growth and Change

These characteristics support the treatment environment to help injured clients heal from the effects of their interpersonal traumas (Sandra Bloom & Sreedhar, 2005). Prior to using The Sanctuary Model®, the Home managed behaviors and privileges of youth using a point card system. While some of the current staff used the point card system, only a few youth had the opportunity to experience it. Most of those involved with the old point cards are pleased to move toward the Sanctuary Model® with its commitments and tools.

Therapeutic Care Context: Caregivers and Services Provided to Youth at The Home

Working and living with the children are the caregivers, a married couple, who may have

children of their own. Coming from different backgrounds, educational levels, and life experiences allows each set of caregivers to develop the family structure as it holds first to the state requirements of children care and then to Christian values and the Sanctuary Model®.

While in care at The Home, youth receive many services from a variety of agencies. Youth have caregivers, a caseworker, academic tutors, counselors, office staff, a number of volunteers, and perhaps one or more sponsors. Youth in care often work with a CPS caseworker, occasionally a Juvenile Probation officer. Some youth have Court Appointed Special Advocates (CASA) that work to defend the rights of children.

The treatment environment provides many opportunities for youth such as a public school education, extracurricular activities such as sports, band, and showing animals in Future Farmers of America, a consistent church experience, fishing and hunting trips, and work experiences on and off campus. Twice a week youth attend tutoring for additional academic support. On average, youth meet with a counselor on a weekly basis, to help the healing process from traumas. Afforded by the local university is an equine therapy program where youth gain experience and confidence by riding horses and talking with college students. Youth receive medical, dental, and vision care as needed, paid by Medicaid. The Home or the state provides clothing allowances for all the children.

MAPs Implementation Context: Transition of Youth Out of The Home

Typically, but not always, at the Home, children stay in care, until the parents or relatives are able to receive them and provide care. If there are no relatives able to provide adequate care, then a child may remain in The Home's custody until he or she ages out of care or adopted. In this group home there are success stories of family reunification, adoption, placement with foster families, and aging out of care. But there also are many stories of children leaving care abruptly

to uncertain situations, changing placement to a higher level of treatment, running away, or returning to family members that become overwhelmed with the challenges of raising the child. When young adults leave care prior to graduation, the likelihood of dropping out is high, increasing the likelihood of an unbroken cycle of poverty, drug and alcohol abuse, and incarceration.

Procedure for Developing and Introducing the MAPS Process at The Home

During the first few months of research at the Home, through many contextual observations of the youth, and training in the Sanctuary Model ®, the researcher realized the dire circumstances many youth were facing, and the challenge to address them was obvious. By living with the youth, the researcher gained immediate experience into the lives of youth in care. Many of the children had experienced multiple caregivers and placements, they had experienced failed adoptions, death and/or incarceration of parents, neglect and abuse and many other traumatic events. Learning about their pasts, their current method of coping, and how they envisioned their future provided the motivation to research the outcomes for youth in care. Daily the researcher witnessed the outward expression of the effects of childhood traumas. Working with the youth, caseworkers, and other staff on a daily basis reinforced the importance to understand the challenges this population was facing.

Having a small window of time to make a positive impact in the lives of youth was one of the biggest challenges in this project. In the best of circumstances, teenage years are tumultuous for the average family. In a residential group home, caregivers may have little knowledge of the child's past increasing the potential for volatility, and uncertainty for the future. Through ongoing conversations, the researcher learned how youth came to be at the Home. Hearing about

previous caregivers, their memories of summer vacations, and hunting trips were some of the brighter moments of the research. Some children had gone through extremely challenging life experiences and were now on the verge of transitioning from care with only a vague idea about what their future held. Observing how several youth left The Home to uncertain placements, was disheartening. During conversations with the administration at The Home, the researcher expressed how The Home could do a better job of empowering youth to envision their future, and in supporting youth in transition.

Having experienced the effects of MAPS in the lives of other youth crystallized the idea of the research and for implementing a person-centered planning tool. The researcher introduced the idea of developing and using, MAPS, a futures-planning procedure with many people on The Home campus. Namely, the researcher spoke with the Vice President of Children's Services, the Chief Operating Officer, the Chief Executive Officer, Caseworkers, other caregivers, and several of the youth in care to highlight the need for youth to be empowered and the use of the MAPS person-centered planning process to do so. These conversations revealed that, at the time, what members of The Home community considered a successful placement and transition was vague and varied from person to person at the Home.

After researching the current life planning process, and some discussions with staff, the picture became clear that youth were following the statistics found in much of the research. Youth were dropping out of school, becoming pregnant, using tobacco and other substances, and the youth were preoccupied with the present rather than building their futures. It was observable, the youth were coping with life the way they knew how, and their behaviors indicated that they seemed stuck even to the point that one youth verbalized his future would be incarceration. After understanding how treatment plans were developed, and what constituted goals it was clearer

that the current planning process needed updating.

From the literature reviewed, the dreams and goals of youth are being ignored or not even solicited, their skills to cope with the future were lacking, and the childcare system is producing dismal results. What seems lacking is an urgency to revise the life planning process, and the day-to-day activities of those involved in the child's life. The Home is a busy place; many people are involved in coordinating activities that happen every day, school, and extracurricular activities, counseling, caring for animals, and attending church, but much of this activity comes from the historical program in place, not from the dreams of the child. These activities are just the current program in place, an attempt to keep the children busy and out of trouble.

By learning new coping skills, the hope is youth will learn to cope in more socially acceptable ways in their future; they will be able to self-regulate their emotions, and control their behaviors. These are not terrible things in and of themselves, but they are not necessarily person-centered, and do not necessarily develop self-determination. The challenge to improve the outcomes for youth in residential group care is real, and MAPS is one way to empower youth and improve their current and future lives.

Developing the Handbook

To develop this handbook a series of events and steps took place. The first event was the introduction to MAPS as a candidate in the mild-to-moderate educational specialist teacher credential program at California State University, San Marcos. Having heard about the ability of MAPS to inspire students and their families motivated the idea to adapt the process for other individuals, those without the label of disabled. The coursework presented by Professor Jacque Thousand, and the individuals she brought to class was convincing. Secondly, the idea of youth in foster care came to mind while taking a multicultural class in the same credential program.

Hearing statistics about students in San Diego County was staggering. Remembering the feeling of dread after hearing those awful stories about what was happening on a daily basis led to the belief that teachers need more understanding about where their students are coming from.

Thirdly, the process continued when the opportunity arose to work in a residential group home in the Midwestern United States. Once there, the observations started and it became apparent that many of the youth in care were experiencing issues at home and school, conditions qualifying them Special Education, remediation, Response to Intervention (RTI) and other modifications to their education. All this revealed a great need. Some time had passed and after seeing some youth on campus, age out of care with no solid plan for their future deepened the concern.

Continuing to learn about the facility through training and observations was critical to address what was happening. Discovering the effects on the brain that trauma has, was another piece that crystallized the idea that this population has great needs for support at the Home, and at school.

During this time while in the research method's class a preliminary search of scholarly articles on the topics; youth in foster care, outcomes of youth in care, and sanctuary, took place.

Deciding to take a leave of absence from the program, investing a year at the Home, to the Sanctuary Model®, the children, the processes there and to support other caregivers provided time for immersion into the culture. Once readmitted to the education program, the research of literature resumed, combining articles with a more complete experience of the Home gave ample context to the key issues to address, and presented MAPS as a viable and appropriate solution.

Once this connection happened, the idea to produce a handbook congealed. Reviewing documentation about MAPS led to the work *Making Dreams Happen: How to Facilitate the MAPS Process* written by Katie Shepherd Furney who adapted the original authors' work *Action for Inclusion*. The next step was to follow the example of this adapted manual in its systematic

manner, analyzing the challenges youth in residential group homes face, making recommendations as needed and providing insights from a caregiver's perspective.

Chapter 4

Results

The manual which is the product of this project is s entitled *Collaborating with Youth to Make Action Plans: A Manual Introducing a Person-Centered Planning Tool for Youth in Residential Group Homes – Collaborating with Youth to Develop Future Action Plans*. The manual appears in Appendix A. This adapted manual introduces Making Action Plans (MAPS), a person-centered planning tool, for implementation in a residential group home setting. It is a tool for caregivers, caseworkers, and staff to support the current and future needs of this unique and vulnerable population. The manual outlines the purpose, the process, and benefits of MAPS, it explains how to prepare for and conduct MAPS, and includes a completed example of a MAPS product for a student

The first section, What is MAPS?, describes the MAPS process and its underlying values and beliefs. In short, the process is comprised of a series of five questions for an individual to reflect on, their **history, dreams and goals, fears, Who Is? characteristics, and current and future needs and plans**. The originators of the MAPS process want individuals with disabilities to have more freedom in the way they live their lives. A set of the values and beliefs that encourages choice, respect, and dignity are included in this section.

In the next section, Why Do a MAPS?, are some of the benefits for completing MAPS in a residential group home. Placement unpredictability for youth in care means children do not know where they are going to be in the future. MAPS shows a direction of where the child wants to go, regardless of the uncertainty of their circumstances.

Preparing to Complete a MAPS is the third section in the manual, it describes in detail how a facilitator would prepare for completing MAPS, identifying youth to participate, ideas to

gain acceptance of the MAPS process, team building, and other ideas to have a successful MAPS.

Section five and six are important for facilitating MAPS. They detail how to conduct MAPS, making team introductions, reviewing ground rules, and then describe how to guide the team through the five steps of MAPS. This is the fun part of the MAPS process, where the team shares and dreams for the future.

In the next to last section is an example of one completed MAPS for a young man, in the 7th grade. The final section presents references and resources.

Chapter 5

Discussion

Summary of Project

This project describes the current treatment environment of one residential group home for youth with emotional and behavioral problems, in the Midwestern United States, and describes how to use Making Action Plans (MAPS), a person-centered planning tool, as a method to address some of the current and future needs of youth in residential group homes. This project addresses the need to empower a vulnerable youth population by planning for their futures with a supportive circle of family, and staff. Included in this project is an adapted manual to facilitate MAPS in a residential group home.

Limitations

There were several limitations to this project. First, as this was an ethnographic research project, the researcher immersed himself and consequently his family into the environment and culture of the Home. This immersion process produced a unique working relationship with his spouse and young daughter, as they were involved in the work of the Home and much of the same activities of the program. Balancing these relationships with family and the youth in the Home presented a obstacles for the researcher, his spouse and their biological child. Often segregating their child from play or events with youth was the only way to provide ample protection from potentially harmful individuals.

A second limitation in this research was the underestimated learning curve and time needed for the Sanctuary Model®. Having little hands-on experience in the model's commitments and language presented a need to learn another component of the Home's culture. This was valuable for the researcher, but was an unexpected commitment of time.

Another limitation to consider is the untested product in this environment. MAPS is a tested product in other environments, however this residential group home has not yet experienced. Experiencing the success of MAPS could motivate the Home to change the way it conducts their initial treatment plans, and improve the outcomes for some of the youth.

Next Steps

Suggestions for future steps include, training residential group home staff and administration in Person-Centered Planning approaches, specifically MAPS, having staff review literature on the outcomes of youth in care, and ways to improve those outcomes, and developing plans to implement the MAPS process for youth in care.

Conclusion

Raising children is an uncertain thing;
success is reached only after a life of battle and worry.

Democritus (460 BC-370 BC)

In conclusion, as an educational researcher this research project was rewarding and enlightening. Trusting the process of educational research in the beginning stages was not easy. Now, looking back on the past three years, the picture is clearer, the journey has just begun, and more research needs to happen. On a personal level, this project was extremely challenging and ultimately very rewarding. Having lived my entire life on the West Coast, only visiting other parts of the country, limited my perspective. This ethnographic research opportunity provided me a chance, to experience the hospitality of the Midwest and the uniqueness of the Home, and all the positive aspects of what is happening there inspired hope for the future. Working closely, with a dedicated group of good-hearted people, growing and changing together through the Sanctuary Model®, and worshipping together produced many lifelong friendships and memories.

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Appendix A

Collaborating with Youth to Make Action Plans
A Manual Introducing a Person-Centered Planning Tool
for Youth in Residential Group Homes:
Collaborating with Youth to Develop Future Action Plans

Collaborating with Youth to Make Action Plans

A MANUAL

Introducing a Person-Centered Planning Tool
for Youth in Residential Group Homes:
Collaborating with Youth to Develop Future Action Plans

by
Robert J. Campbell

Adapted from:

Shepherd Furney, K. with Carlson, J., Salembier, G, Cravedi-Cheng, L., Blow, S.
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Using a Personal Futures Planning Model to Develop IEP/Transition Plans.*
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Introduction

A goal without a plan is just a wish.

Antoine de Saint-Exupery

French writer (1900 - 1944)

Purpose

The purpose of this manual is to provide the caregivers, caseworkers, and support staff of a residential group home, with a person-centered planning tool for the current and future needs of youth in care. This manual is part of a two-year ethnographic study set in a residential group home in the Midwestern United States, and a review of literature regarding person-centered planning, and the plight of youth in care. The process of MAPS (Making Action Plans) is a person-centered planning process that helps individuals and their circle of support attain desirable goals and dreams for the life of the youth. Marsha Forest, John O'Brien, Judith Snow, and others originally developed the MAPS process, as a way to support individuals with disabilities. The process is suited for people of all ages, regardless of their unique physical or mental abilities, but this manual will focus implementing MAPS into a residential group home. Using the MAPS process gives the support team a clearer picture of what that individual wants for his or her life. When youth age out of care they should have an idea of where they are going in the future. Too often, the child care system fails this vulnerable population, while participating in a person-centered plan will empower them (Croke & Thompson, 2011).

This manual explains the different components of MAPS and the justification for why MAPS is important from the literature. What MAPS allows the team to do is look down the road in the life of the youth and determine what the youth wants to accomplish and what the needs are for this individual to attain his dreams. As caregivers understand, the opportunity to make a positive impact in the life of a child is often a short window of time. At an early age, children's value systems are set, and there is uncertainty of long-term placement for youth in care, leaving

caregivers to do what they think, and feel best for the child. Many youth will not be ready, they will have gaps in development, unresolved traumas, and lack skills to move on in life when they leave care (Samuels & Pryce, 2008).

Content

This manual contains background information on MAPS; person-centered planning, the rationale for conducting the process, an example of a completed MAPS, descriptions and guidelines for each of the steps, notes on conducting follow-up MAPS, and suggestions for ways to tailor MAPS to a residential group home.

Considerations

MAPS meetings will look and feel different based on the individual and that is all right, however; one thing should always be the same, team members must remain true to the values of the process. The creators of MAPS encourage adaptations of the process to meet the needs of the individual being “mapped”. The potential to help youth, their families, and the Home is great if the MAPS event produces the dreams and creates a feasible plan for the child’s future. Things to consider before attempting the MAPS process are, open mindedness, the spirit of person-centered planning, which is an underlying belief in the youth, and working together to support the youth along their journey.

What is MAPS?

The Process

The MAPS process contains a series of five steps, in which individuals reflect and answer questions about their, **history, dreams and goals, fears, characteristics, and current and future needs**. These questions can be challenging to answer for many youth in care. Researchers claim few youth are consulted about their plans and many youth express feelings of hopelessness, confusion, and ambivalence about their futures (Stott & Gustavsson, 2010). A MAPS event works to eliminate these feelings and replaces them with hope and power for the future.

Establishing the youth as the captain of the MAPS team is vital to the spirit of the process. Being the captain empowers a youth and will set a tone for the meeting. The point of person-centered planning is to explore and plan for the dreams of the youth. Selecting a support team for youth in care can present unique challenges. Many youth are not close to family members, having had multiple placements and no sense of belonging (Stott & Gustavsson, 2010).

Gaining participation from caseworkers, caregivers, educators, and counselors may be more realistic for many youth in care. The MAPS team should represent a circle of support, people important to the youth that have knowledge of their strengths and talents. A caseworker or caregiver, acting as a coordinator, assists youth in selecting and inviting people to the MAPS meeting.

Team members join for about an hour and provide insight to the group at each of the steps. The group produces ideas and a designated recorder illustrates the thoughts on large pieces of chart paper for the entire group to see. The illustrations provide a record that leads to a vision

for the youth's hopes and dreams. Sharing and building a vision for the life of the youth is powerful as it turns ideas into concrete steps to those dreams. After completing MAPS, the team will ensure the goals of the youth have a developed plan for attainment through follow-up meetings.

Underlying Values and Beliefs

Having the freedom to decide for oneself is an underlying belief of the MAPS process. The authors of the process set the values and beliefs around the idea that schools, and communities are composed of people, all people, with or without disabilities. All of us are integral in the success of each other. On a MAPS team, there are no experts; members provide their valuable and unique perspectives for the benefit of the child. Identifying the child's strengths and gifts make the MAPS process different from traditional, professional-driven planning models. MAPS reaffirm the values of inclusion, collaborating with youth and self-determination.

Why Do a MAPS?

Benefits

One of the many reasons to have a map is to know where you are going. When we take a trip to an unfamiliar place, we have a GPS, a map, or we get help to get there. Without these tools, we just wander around. In much the same way as a driver on a trip without a map, youth in care wander without a plan for their future. They may have dreams, or goals, but without a plan to get there, they are simply wishing for things to happen. Another reason to create a plan is the uncertainty of permanency in placements. This issue makes MAPS even more important. MAPS is specific for the child and is transferable to any placement in the event they move. Sadly, many

children will experience multiple placements as a consequence of their behaviors (Newton, Litrownik, & Landsverk, 2000).

The MAPS process brings team members together with a common goal of solving problems. This purpose builds as each member assumes responsibility for the vision of the child's future. In a residential group home, the staff is often reacting to and dealing with the results of traumas. When children exhibit learned coping skills, they can appear as dysfunctional behaviors. These behaviors take the attention from children behaving acceptably and redirect it into other areas. The shared purpose of the MAPS goals provides the team with a common goal to see clearly through the disruptive behaviors and to realign quickly to the goals of the MAPS.

An additional benefit of the MAPS process is the way it relates to the child's service plan. Children in this residential group home attend an initial service plan meeting upon admission. The caseworker, child, and caregiver meet and discuss areas for growth and change over the next several months. The MAPS process takes into account the youth, his needs and interests. This process aligns with the federal legislation and the Individuals with Disabilities Education Act (IDEA). Many youth in out of home care qualify for special education services. MAPS provide educators with valuable information for an Individualized Education Program (IEPs) and transition plans. These benefits help the team focus on the long-term goals rather than short-term problem behaviors, and deficit planning. In follow-up MAPS, members can celebrate accomplishments and revisit the goals ahead.

Preparing to Complete a MAPS

Along with assigning the youth as the captain of the team, one person, either a caregiver or a caseworker, will have the responsibility of coordinating the MAPS meeting. Establishing the vision of the youth will be the focus for the team while the youth is in care. This MAPS

coordinator or the coordinator will prepare for the MAP and use this manual as a guide to facilitate the meetings.

Identifying Youth to Participate

Coordinators can identify youth in the Home they believe would benefit most from a MAPS. This selection process will look somewhat different in a residential group home than in a school. Ideally, every child at the Home would engage in a MAP as soon as possible. Prioritizing the youth in care could help the selection process. Many high school aged youth would benefit right away from having a MAPS, and eventually, conducting MAPS as part of the admission process into the Home would be ideal. Youth aging out of the child welfare system often have little idea of what to do following graduation and are in desperate need of self-advocacy skills. A high percentage of youth that age out of care lack a high school diploma (Barth, 1990; Stott & Gustavsson, 2010).

Gain Acceptance of the MAPS Process

Approaching potential candidates for MAPS is the next step for the coordinator. Benefits of the MAPS process, describing the process, examples of completed MAPS, and testimonials of youth with in-progress MAPS, all will support the acceptance of the MAPS process. Encouraging youth to dream for a brighter future is the goal of MAPS, but at times, this task seems like an uphill battle. Overcoming youth's feelings associated with the nature of unpredictable and unreliable relationships will present a unique challenge for the coordinator in residential group homes (Stott & Gustavsson, 2010). Gaining acceptance for MAPS from the parents may also be tricky. Some families take pride in their dysfunctional situations, seeming content to dim their child's future, others will gladly participate, and some will not be able to attend. Coordination of the family, the youth and other support staff is critical for a full picture of

the youth, but sometimes impossible. Completing MAPS without the parents or the child is an exception to the process and never the norm. Coordinators make every effort to hold to the underlying beliefs of MAPS ensuring all perspectives are included.

Put Together a Team of People

Identifying other potential team members is the coordinator's next step. Parents, counselors, educators, friends of the youth all can provide unique insight for the group. Inviting siblings, grandparents, neighbors and extended family encourages a deeper knowledge of the youth. At the Home, youth may consider inviting a sponsor, a C.A.S.A. volunteer, a college mentor or even a youth ministry leader to the MAPS. Team members consist of people the youth and family know and trust. If the captain of the team is not comfortable with the person, the MAPS will not be true to the beliefs and values. A large group allows for a wide variety of perspectives, however; the priority is for the youth and family to speak comfortably about the youth's life. An alternative option would be to complete a MAPS with a smaller group, then present the completed plan to the larger group.

Choose a Fun Place and Select a Time

A residential group home is a busy place, and scheduling another meeting seems impossible. Determining a great time and place to conduct the meeting based on the needs of the youth and family is the next step for the coordinator. The youth's home could be a good place to conduct the MAPS or a neutral place that can facilitate the number of people expected to attend. Setting aside at least 1 to 1.5 hours to complete the MAPs is ideal. Coordinators will want ample time to introduce team members, complete the MAPs, take a break, and plan for future meetings and activities. Coordinators can complete a MAPs in as little as 45 minutes to an hour if

members are unable to dedicate the longer times. When selecting a time for holding the MAPS, the time that works best for the most people is acceptable.

Identify Roles for Completion of the MAPS

In preparation of MAPS, the coordinator designates a facilitator, a recorder, a timekeeper, and possibly a summarizer. A facilitator has knowledge of the MAPS process, is able to describe each step, feels comfortable with problem solving, and builds consensus. Facilitators find it helpful to learn about the group's communication styles beforehand. Knowing how family members feel about sharing and working together assists the facilitator to help the group meet the goal. Ultimately, clarifying the youth's dreams and guiding the team's planning efforts is the most important role of the facilitator.

Recorders for the MAPS will write down the brainstorming ideas for each of the five steps in the process. A quick ear and hand are critical for this role, as the ideas from members often come quicker as the meeting starts to warm up. An artistic ability enhances the finished record, but the recorder does not have to be a Picasso.

The third role is the timekeeper. Before starting the meeting discuss with the group the allotted time for the whole meeting, the steps, and any follow-ups. Discussions can often go deep during a MAPS, this is okay, as a group just decide how much time to allow. The process has no mandatory time limits, but acknowledging other's valuable time and commitments shows respect.

At the conclusion of the "Who is..." step, someone summarizes the first four steps of the MAPS refreshing the group's ideas before the final step of the MAPS process, specific needs. This role of summarizer is optional if there are no volunteers, the facilitator will do it. Teams often assign someone as a food provider, for this event. Food providers are critical, as they help

lighten the mood, bring the group together, and possibly eliminate the scheduling conflict of dinner and work.

In considering members for these roles, think about who will complete the task, and have the time to attend the entire meeting. Coordinators should assign the roles of facilitator and recorder ahead of time to individuals familiar with the MAPS process. A facilitator can be a summarizer if necessary, and timekeeping roles can be good for youth and family to increase participation. Caregivers in residential group homes may want to give input, but not want to be a facilitator as this would preclude them from giving input during the brainstorm steps of MAPS.

Bring Materials

The materials for conducting MAPS are basic; at least five pieces of flip chart paper or poster board, an easel, tape, markers, and food are all a team needs to have great MAPS.

Conducting the MAPS

Making Introductions to MAPS and One Another

The facilitator on the day of the MAPS meeting starts making introductions among the team members so they get to know one another and their unique relationship to the youth. After the introduction to one another, the facilitator will briefly describe the purpose and five steps of the MAPS process, the roles of the team members, and a timeline for completing the process. If necessary, the facilitator will establish a timekeeper and summarizer role at this time.

Review the Ground Rules

Reviewing five brief ground rules beforehand establishes a positive person-centered focus, typical of the MAPS process.

1. In each of the steps the facilitator will begin asking the youth to respond first, followed by the parents, and then other family members. Once the core members, those closest to the

youth answer, other members are free to respond in a random order. This rule ensures the purpose of the MAPS, hearing the youth's ideas, and members closest to him first.

2. The recorder will use each member's actual words to the greatest extent possible. Recording is a neutral role. Members can add, change, or delete ideas, incorrectly recorded. Members realize the information is public and can delete things they deem inappropriate.
3. People need to feel safe when they share their thoughts and ideas. Members have the right to skip specific questions, or stop if they wish. Information on the MAPS is subject to removal if the members feel it is inappropriate.
4. Expressing ideas in a positive way is an important ground rule team members are encouraged to follow. When the need to convey negative information arises, the facilitator may ask for a positively stated idea instead. The goal is to make an action plan, by focusing on the strengths and interests of the youth, rather than their limitations and deficits.
5. Patience in the process is vital. Members must wait until the last step before evaluating the specific ideas. A variety of creativity and freethinking happens in the first four steps. Even ideas that seem to conflict are permitted on the pages. Allowing debates in the meeting, changes the purpose and momentum of the MAPS. Facilitators will redirect members to the rules if it seems to get off track.

Guiding Team Members Through the Five Steps

After all the preparation, instructions, and planning for the MAPS, it is time to guide the team through the five questions, specifically, the *history, dreams and goals, fears, Who is? characteristics, and current and future needs and actions* for the individual in focus.

Step 1: History

The facilitator asks the youth and family to describe the youth's personal history. Beginning with the personal history creates a clearer picture of contributing people, and events that have helped shape the youth's past. This step is not an in-depth account of every event that has happened, but rather highlights about the youth in school, at home, and in their circle of friends. Youth in residential group care, will most likely have confidential and/or painful events that emerge during this or any of the steps. Care in handling this information is critical. If the youth is stuck on where to begin with history, the facilitator may suggest a few direct questions to jumpstart the process. Questions about the youth's first experiences at school, if they have brothers and sisters, and, who their friends were when they were younger, can help the group get a clearer picture about the past. After the youth and family respond, the facilitator opens the question for discussion to the rest of the group. Most people will have learned something new about the child in this step.

Step 2: Dreams

This second step encourages the team to dream about the possible future. Often, youth in care are stuck in survival mode; this means they are constantly reading the current situation, looking for dangers and this inhibits their inability to think about the future. Envisioning a brighter future, dreaming about what the future looks like and feeling good about your goals is a luxury for many youth in care. This is an important step to discuss both short-term and long-term possibilities for the future. Following the guidelines, the facilitator asks the youth first about his dreams for the future, then the family, and lastly the rest of the group contributes their ideas. Four areas to consider dreaming about are employment/or training, education, independent living, and community participation. Keeping this step open-ended allows the team to consider

many options. It is important to respect and recognize any anxiety among the team when discussing this step. This is a powerful step of MAPS, to use in developing transition plans, treatment plans, and even Individualized Education Plans (IEP) for some youth. The facilitator may need to prompt the brainstorming at this point. Questions that help the youth dream about jobs, and college or where they will be in five years in the future can elicit some wild and crazy dreams. These dreams may appear out of reach, but judging dreams at this point is not the goal. Facilitators may need to remind the team that the future is bright and this step is for exploring a direction and possibilities.

Step 3: Fears

The third step, fears, is about what the individual and group sees as barriers to the realization of the dreams. As the youth verbalizes his fears and the group becomes aware of them, those fears may start to lose their power in the mind of the youth. Fears can occupy the mind of many youth in care, and they can include many people or circumstances. The uncertainty of placement, the instability of family and friends, and new schools can generate fears. Facilitators will remember that this step may produce uncomfortable emotions, and the individual has the right to pass at this point. After this step, it is a good idea to take a short break to allow the team to refresh emotionally.

Step 4: Who is?

In step four, the facilitator encourages the youth and team members to share about strengths, likes and dislikes, skills, and favorite things to do. This step builds a fuller profile of who this person is. Often youth placed in emergencies come to caregivers without many details of their past. This lack of information can create tension and problems for those involved. In this step, the group discovers more information about the child. Team members can use the

information later in the process to identify activities and resources to meet the youth's current or future needs. When friends share about the individual, other team members have a chance to appreciate the youth from a different perspective. During this step, facilitators should remind the group to remain objective, to state characteristics respectfully, and stay on the positive side of the person's characteristics.

Step 5: Needs and Action Plan

The team begins the final step by reviewing and prioritizing the information collected so far. A summarizer or the facilitator reviews the main ideas from each of the previous steps, helping the team fine tune the focus of the direction and vision of the MAPS. Important details and ideas are brought to the forefront of the minds of team members, as they begin listing activities and opportunities the youth will need currently and in the future to move toward the dreams and avoid the fears or nightmares. Youth in residential group homes have unique family circumstances, but those situations should not become the focus of the team. Providing a direction for the life of the youth in care is the primary objective.

Prioritizing information from the previous steps to develop goals and activities is the next step for the team. The group must decide whether this happens at the MAPS meeting or a future meeting. After establishing the dates and times to meet again the facilitator can ask the members how for comments and feelings about the process. Additional strategies for the team include assignment of activities, reminding members of their discussions, and members' most critical needs. In the first strategy, team members choose one activity to accomplish before the next meeting. In the second strategy, team members have a copy of each step of the MAPS to remind them of their discussions and have the opportunity to think about ideas before the next meeting. The facilitator may end the meeting by asking the members to identify the most critical need for

the youth. After spending this time to complete MAPS, the group should feel good. The facilitator should remind members that it is an investment into the future and encourage them for a job well done. This concludes the five steps of the MAPS process.

A MAPS Example for a 7th Grader

The MAPS process is such a personal and useful tool helping an individual think of his or her life beyond school and home. Understanding that a MAPS meeting can help guide someone to his or her future gives meaning to the process beyond the meeting, potentially extending far into the person's life. The sample MAPs presented here is for Lawrence, a pseudonym for a student for with the author of this manual had student and parent permission to share the content of the meeting. Photos of MAPs charts for each step also are included.

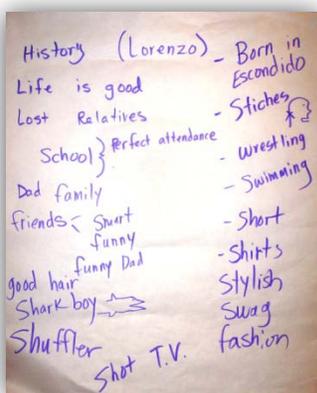
At the time of this MAPS meeting Lawrence was a 12-year-old, seventh grade boy. Lawrence is talented and hardworking and who has dedicated parents who are educators. For this MAPS, Lawrence, his father and nine fellow classmates generated ideas for each of the five MAPS steps at Lawrence's school.

Step 1: History

In this step, the facilitator asked several questions of the student.

1. How would you describe your life up to now?
2. What people have been important?
3. What has happened to you so far that is important to you?

Figure 1. Photo of the MAPs History Poster Page



Responses from the student and the team included the following.

My life is good right now though I have lost relatives in the past, important people in my life are my dad, family and friends. Team members contributed bits of history that were important in Lawrence's life, such as an incident that required stitches, where Lawrence was born, and attributes about his desire to be physically active.

Step 2: Dreams

In the Dreams step, team members are encouraged to dream big dreams about the near and more distant future for Lawrence.

Questions asked by the facilitator were:

1. What are your hopes and dreams for the future?
2. What would you like to do as a career?
3. How do you see yourself contributing to the community?
4. What are your educational goals?
5. What is your wildest dream?

Figure 2. Photo of the MAPS Dreams Poster Page



Dreams Lawrence identified include doing better in school, specifically earning a 4.0 G.P.A. and doing better in math. He wants to go to college, live in New Mexico, and be a professional swimmer as well as being President of the United States of America. His father cares only that Lawrence is happy in life. Friends contributed their ideas and dreams which included staying out of gangs, no stealing, being rich and becoming a businessman.

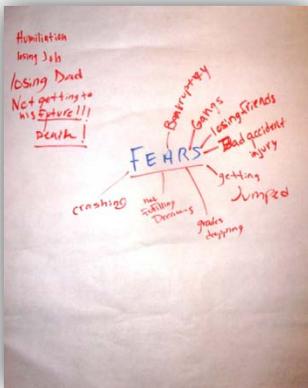
Step 3: Fears

When asked about questions about what fears each member had for the student revealing information came forth.

Facilitator questions were:

1. What do you not want to happen in your life?
2. What worries you most about your future?
3. What do you think will stand in the way of what you want?

Figure 3. Photo of the MAPS Fear Poster Page

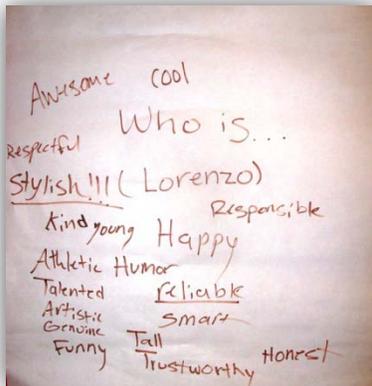


The student responded with humiliation as his number one fear, losing his job, dad, and not getting to his future were other fears the student has. Injury, bad grades, gangs, and losing friends were fears addressed by his peers.

Step 4: Who Is?

In step 4, the team had a great time describing who Lawrence is. This was definitely an encouraging time for the student to hear what his peers think about him, which they might otherwise say out loud.

Figure 4. Photo of the MAPS “Who Is?” Poster Page

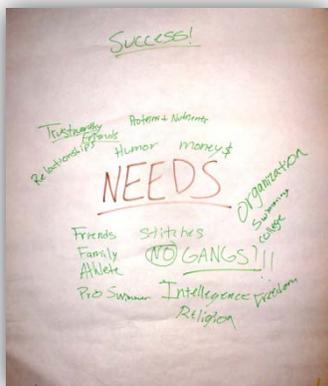


The facilitator asked the student to describe himself and his response was kind and young. During this time, his peers were anxious to share their thoughts about whom they consider Lawrence to be. When it was their turn to describe Lawrence, his peers used words such as, awesome, cool, funny and tall. Others used words that described his character of being trustworthy, respectful and responsible. The facilitator’s comments in regards to step 4, were genuine, talented and artistic.

Step 5: Needs and Action Plan

In this fifth step, the team tried to envision what Lawrence will need for realizing his dreams by using his strengths and background and what it would take to avoid realizing the fears he has.

Figure 5. Photo of the MAPS Needs Poster Page



After reviewing the previously charted steps, the members concluded Lawrence should focus on his athletic dreams while pursuing his academic goals. Lawrence's desire to become a professional swimmer, attend college, and live in New Mexico were all critical parts of the Needs section. Actual needs included relationships, money, organization skills, friends, family and his religion.

Following the completion of the MAPS is the development of a written plan of action. Some educators use the MAPS for writing an Individual Education Program (IEP) plans and the Individualized Transition Plans for a student eligible for special education services. The use of MAPS to develop goals and plan for transitions would be ideal for youth in care. The information gathered through the MAPS process can be turned into goals, which team members then commit to implement. A short version of MAPS completed annually can provides feedback on what has been accomplished since the planning in the previous year and set the occasion to formulate goals for the year to come.

In this final step, Lawrence's team examined all of the previous pages and identifies what actions can be taken to move Lawrence toward his dreams and avoid fears, using

Lawrence's strengths and history. Outcomes from the MAPS included the setting of goals and an action plan the focused upon Lawrence doing better in school, pursuing athletics, staying close to family and friends, and living in New Mexico after school. These outcomes translate into goals of attending college, becoming a professional swimmer, and moving to New Mexico when finished with high school. In order for Lawrence to accomplish his goals, it was suggested that Lawrence continue to maintain the study habits he had developed along with training in swimming. He would seek out other swimmers and model his lifestyle after theirs. For his goal of living in New Mexico, Lawrence has relatives there that he sees on a regular basis, so he is encouraged to pursue those relationships and investigate the community to determine future needs of housing, employment, athletics, and education. Attending college is a strong goal for Lawrence. His parents both being college graduates and teachers are more than happy to support Lawrence in his college endeavors.

As far as what Lawrence was doing several months after the MAPs meeting, he was maintaining strong grades. He was competing in swimming competitions and visiting with family in New Mexico regularly. With support of family and friends, his desire to attend college seems likely to become a reality. In the interim, Lawrence has gathering information on college programs in New Mexico, Arizona and California to determine entry requirements and the sports programs available.

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