

The Origins of “Best Practices” in the Principle of Normalization and Social Role Valorization

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Abstract Wolfensberger’s Social Role Valorization (SRV), and its predecessor, the principle of normalization, are acknowledged as having a major positive impact in human services over the last 30+ years. Some direct service applications, techniques, and approaches derived from SRV (or normalization), or at least concordant with these, have been called “best practices.” However, many human service professionals, recipients, and others who seek out and implement these “best practices” do not acknowledge or perhaps understand their connection/relationship to normalization or SRV. These connections are illustrated through examples of “best practices” in the areas of individualization, autonomy and rights, and relationship supports. Also illustrated are drawbacks to pursuing these connections in isolation from SRV, including that the “best practice” dynamic in our field may create barriers to people learning and practicing more fully in their efforts to address complex issues that impact people who are vulnerable. The authors conclude by recommending that when authors conceptualize a “best practice” that is a fragment of, or actually based on the normalization principle or SRV, then the authors should acknowledge this connection, and when practices engendered by normalization and SRV are promoted as “best practices,” their foundation in normalization and SRV be clearly noted.

Keywords: best practices, intellectual disabilities, social role valorization normalization, Wolfensberger

INTRODUCTION

Many human service schemes and approaches have been referred to as “best practices,” or such variants as “promising practices,” “exceptional practices,” “evidence-based practices,” “outcome-based practices,” and “preferred practices.” Presumably, a “best practice” holds considerable advantage over other potential approaches, or the mere implementation of it is considered to be the “best practice,” as opposed to doing something else or doing nothing. In this article, we deal not with the crucial question of whether something called a “best practice” actually is best, or even valid, but with the fact that some meritorious “best practices” are derived from, inspired by, or congruent with the principle of normalization (Bank-Mikkelsen, 1969; 1980; Nirje, 1969; Wolfensberger, 1970; 1972b; 1984; 1999) or Social Role Valorization (SRV) (Wolfensberger, 1983; 1984; 1985; 1991; 1992; 1998; 2000) but without being referenced to either. In the article, their connections to Wolfensberger’s normalization principle and its successor, SRV, are explored, both in general and via specific examples, and some important reasons why pursuing them apart from SRV is less fruitful and sometimes confusing are identified. We close by offering some recommendations with respect to these issues.

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A General Comment on the Nature and Importance of Normalization and SRV

If an award were given for the single most important intellectual development in the field of human service in the past 100 years, normalization and SRV would have to be among the top contenders. In fact, recognitions along these lines were given. In a poll of leaders in the area of intellectual disabilities, Wolfensberger’s (1972a) book on normalization was selected as the most influential book in the field since 1940 from among 11,330 books and articles, and his 1983 article introducing SRV (Wolfensberger, 1983) as the 17th most influential publication in the field (Heller et al., 1991). In 1999, Wolfensberger was selected by the National Historic Preservation Trust on Mental Retardation as one of 36 parties that had the most impact on mental retardation worldwide in the 20th century. Wolfensberger was identified in 2004 and again in 2008 in the Institute for Scientific Information Web of Science database as the author of the most frequently cited article in *Mental Retardation* (i.e., Wolfensberger, 1983), the journal of what is now the American Association on Intellectual and Developmental Disabilities (*Personal communication, 21 July 2008, from William E. MacLean, Jr.*). In 2008, Wolfensberger’s work on normalization and SRV was identified by *Exceptional Parent Magazine* as one of “the 7 wonders of the world of disabilities” (Hollingsworth & Apel, 2008).

Connections between SRV or normalization and some “best practices” in the human service fields There is doubt that many popular SRV-congruent “best practices” were separately invented

in their own right because their basic concepts seem to have been clearly preconceived and predeveloped in other contexts. A number of them owe much of their basic theoretical roots and conceptual credibility to the Scandinavian normalization principle, and both Wolfensberger’s principle of normalization, as well as SRV, from which they emerged as organic outgrowths. It is true that something that came chronologically after another was not necessarily derived from it. However, the evidence for derivation mounts when: (1) the first thing is not only the first thing, but truly paradigmatic, high level, complex, comprehensive, and widely influential (as was Wolfensberger’s normalization and as is now SRV); (2) when the individuals who subsequently initiated the second thing were first trained in—and practiced—the first thing (i.e., Wolfensberger’s normalization or SRV); and especially (3) when the second thing is very similar to, or an elaboration of, an explicit component of the first thing. So, even if one were to disagree that a “best practice” was normalization and/or SRV derived, or that it was in fact preceded and subsumed by SRV and normalization, could one not at least acknowledge the obvious congruency between the certain elements—but not the whole—of normalization or SRV?

Three strong indicators of congruency are the following: (1) some service practice domains (“ratings”) in both the Program Analysis of Service Systems (PASS) (Wolfensberger & Glenn, 1969; 1973; 1975) and Program Analysis of Service Systems Implementation of Normalization Goals (PASSING) (Wolfensberger & Thomas, 1983; 2007) tools for the evaluation of human services against normalization and SRV criteria, respectively, have titles that are nearly identical to the names given to some approaches that were later referred to as “best practices”; (2) there are great similarities between some “best practices” and the core “themes” of SRV (Race, 1999; Wolfensberger, 1995; 1998), each one of which is expansive and laden with guidance toward the good things in life (Wolfensberger, Thomas, & Caruso, 1996); and (3) some “best practices” are nearly exclusively oriented to the address of particular ones of the common “wounds” of devalued people that are a fundamental part of SRV teaching (Wolfensberger, 1998—but taught long before 1998). Below, follow specific illustrations of such connections in several categories or genres of SRV-congruent “best practices.”

Various individualization-oriented “best practices” The notion of individuation of service is especially and explicitly prominent in what PASS (Wolfensberger & Glenn, 1969; 1973; 1975), based on normalization, and later PASSING (Wolfensberger & Thomas 1983; 2007), based on SRV, had to say about personal competency enhancement, and the constructs of service relevance, service potency, the developmental model, and model coherency of services (Wolfensberger, 1998). In PASS, as early as the second (1973) edition, individualization was one (but highly weighted) of 50 service ratings; in PASSING, it is the concern of two of the 42 service quality ratings. Quite a few “best practices” are built on the idea of individualization of processes around specific people, such as all of the many so-called individual funding, individual or “independent” living, and individual service planning schemes, including “person-centered planning.”

Lyle O’Brien and O’Brien (2002) present an extensive chronology of how normalization and PASS influenced person-centered planning. They note (p. 25) that to “. . . understand

person-centered planning as a systematic way to generate an actionable understanding of a person with a developmental disability as a contributing community member, and we can identify eleven distinct and mostly related approaches that developed during what we think of as its formative period: 1979 to 1992.” The first intensive, practicum-based training in the application of the principle of normalization through PASS was held in 1973, a few years before the person-centered planning movement began. Furthermore, O’Brien and O’Brien state that “the community of practice that shaped all of the earliest approaches to person-centered planning functioned between 1973 and about 1986 among people from across North America who shared a passion for understanding and teaching how the principle of normalization might be applied to improve the quality of services to people with developmental disabilities” (p. 27).

They go on to say, “This community of practice grew up among people who found PASS a powerful way to understand the relationship between disability, service policy and practice, and community life” (p. 33).

Various autonomy and rights-oriented “best practices” Long before such “best practices” as “empowerment,” “self-determination,” “choice,” “consumer-directed service models,” and other rights-oriented service measures and approaches arrived on the scene, they were prefigured in the concept of supporting adaptive autonomy and rights espoused by, and incorporated into, normalization and PASS, and later also into SRV and then PASSING. Bengt Nirje, one of the fathers of normalization (and thus a grandfather of SRV), was a pioneer more than 35 years ago in writing on, and setting up, the concept of “self-determination” by and or for people with intellectual disabilities but within the context of normalization (Nirje, 1972), and yet many people nowadays think that self-determination is a much more recent idea. However, Nirje’s original ideas were contextualized and communitized, tied to social relationships and integration, and not yet imbued with an ideology of radical individualism and decommunitization (for a more detailed discussion of SRV in relation to “empowerment,” see Wolfensberger, 2002).

Various relationship-oriented “best practices” An idea deeply embedded in normalization and SRV is the importance of positive, close, enduring, and especially voluntary (i.e., unpaid), personal relationships between valued and devalued people. Such relationships tend to have significant benefits for both parties: the potential to enhance devalued persons’ status and perception in the eyes of others, the valued social roles they acquire or that get attributed to them, and thus their general life experience and conditions, and ultimately the dignity that is accorded to them. Often, all this also results in growth of the devalued party. This notion of the importance of valued relationships between people is so much a part of SRV that it may be thought of as a kind of SRV meta-theme, intimately connected to its ultimate aspiration for the good things in life (Wolfensberger et al., 1996). Practically every component of SRV theory has something to say about such relationships, including the devastating impacts on a person of never having had them, or of losing them; the ways to pursue and maintain them; and the benefits that can come from them.

Correspondingly (and also subsequently), there have evolved a number of “best practices” that are also specifically aimed at

eliciting, promoting, and/or supporting relationships between valued and devalued people, although not necessarily tied to an overall SRV strategy or role valorizing approach, but often as either a single-path solution to a single-target issue, or as a panacea. Among these relationship-oriented "best practices" are "circles of support" (Perske, 1988; Pierpont & Snow, 1998), "mentoring," and "natural supports." In fact, Wolfensberger pioneered such measures, not only by means of normalization (and later SRV), but also via his founding at the same time of the Citizen Advocacy helping form (e.g., Wolfensberger, 1972a; Wolfensberger & Zauha, 1973), which is totally focused on supporting such relationships. Most of the other early pioneers in the "circles of support" practice were people who had been trained in normalization and had long and committed experience with trying to put normalization and later SRV concepts into practice. One can easily trace multiple points of connections between SRV or normalization and these relationship-based concepts: (1) the importance of interpersonal identification between valued and devalued people; (2) the pedagogic power of imitation, via modeling and interpersonal identification; (3) the importance of personal social integration and valued social and societal participation; and (4) the address of people's heightened vulnerability by means of the so-called conservatism corollary of SRV.

Some major drawbacks to pursuing SRV-derived "best practices" in isolation from SRV As commendable as a "best practice" may be, it almost certainly will have some drawbacks. This brings us to why it is problematic to promote SRV-congruent "best practices" apart from SRV.

Narrowing of vision, scope, and conceptual resources It is helpful to recall that SRV is a very high-order schema built on a well-established body of empiricism in fields such as sociology, psychology, and education (e.g., Lemay, 1995; Osburn, 2006; Wolfensberger, 1984; 1985). Even SRV-congruent "best practices" with very positive features are narrower in scope and balance of address. This reality is over and above their inherent limits, either in concept or in practice or both (see, for example, Kendrick, 1997; 2004; Wilson & Reed, 1999; Wolfensberger, 2002). They may address possibly some aspect(s) of either image or competency (the two dominant avenues to valued social roles), but rarely both, and almost always only on the level of the individual, although sometimes also of the family, and in only one or a few areas of need.

This issue is also apparent in the "cafeteria" approach some people have to SRV, picking only one or a few small pieces they like, leaving behind all the other crucial SRV elements. Kendrick (2001, pp. 6–7) comments on this picking-and-choosing problem: "... some SRV adherents have unduly emphasized one element of the theory that appealed to them and ignored others. For instance, some people emphasize its emphasis on individual change and ignore its extensive address of change at the community and systems level. Others have emphasized only one feature of SRV considerations such as choice, rights, inclusion, social image transformation, and so on, without properly grasping that the theory has always argued for the balancing of multiple 'well-being' related considerations, particularly as issues are played out in terms of the specific needs and identity of each person concerned."

The fullness of SRV thus remains undisclosed to people who get exposed only to the favored element but not to the rest of SRV.

One example is glossing over or omitting the facts SRV conveys about the lamentable state of societally devalued people. SRV provides a compelling analysis of the common de-valorizing, role-degrading, and wounding life experiences of societally devalued people (e.g., more recently, in Wolfensberger, 1998). Once people are exposed to this analysis, they tend to have a much better appreciation of the real and actual life situations and risk status of devalued persons, and in our opinion, such an exposure is essential to formulating effective measures to address this wounding, which is the point of teaching about these common wounding experiences in SRV training (see, e.g., Neuville & Smith, 2009). However, some people engaged in "best practices" are silent about social devaluation and some or all of its wounding manifestations. Others may identify one or two specific wounding patterns (e.g., "labelling" or "exclusion") that are directly addressed by their "best practice," but without ever explicitly articulating or teaching about or addressing the others, which is tantamount to depreciating their importance, relevance, or even existence.

Disproportionate and decontextualizing emphasis on a single "best practice" When an SRV-congruent "best practice" is disconnected from a larger conceptual schema, it is often invested by its practitioners with a disproportionate amount of importance, even displacing other valuable, or higher order, service technologies, and is almost bound to result in the provision of incomplete, imbalanced, and/or incoherent service measures, and is a disservice to such wounded persons. For instance, the "best practice" of "home ownership" may be for many devalued people the fulfillment of an improbable dream, but it may not be the best practice for those who need a true home more than they need "home ownership." Or, people may get so fixated on the technology of carrying out a "best practice" behavioral intervention strategy, such as "gentle teaching" (Hobbs, 1993) with a person that they forget such crucial matters as enhancing the imagery that surrounds that person, eliciting and supporting (other) adaptive relationships with the person, or supporting the person in valued social roles. Relatedly, any decontextualization of an alleged "best practice" also opens the door to the mentality that if one employs a "best practice," then one does not need to do much else; after all, one is already doing the best.

Entropy, distortion, and perversion of good things SRV as a whole is not immune to entropy and distortion, but one may believe it is resistant to formalization, a major source of these. One reason bureaucratic systems are less likely to find SRV attractive is that it is both complex to learn and challenging to implement. However, fragmented and isolated pieces of normalization and SRV are more vulnerable to degradation because they are easier to manipulate by formal structures. Even good human service concepts often get perverted or distorted. Typically, their doom is sealed when they get snatched up and legitimized by the service super-system and its regulations, funding stipulations, and other power structures. This is especially likely to happen if a practice is perceived as popular, easy to implement, and having whole-scale transferability and applicability. The problem is that these institutionalizing processes almost always deaden the spirit of such a practice and the joy of doing it. It is virtually certain to get deformed, distorted, or perverted, and to end up a soulless

mandate and formalistic practice being implemented fruitlessly by uncomprehending practitioners. This is what clearly and quickly happened, for example, with the important SRV (and normalization) subprinciple of individualization, referred to earlier. It was appropriated by service systems practically everywhere (e.g., Holburn & Vietze, 1999), quickly objectified into required formulaic "individual service plans," or ISPs, and recapitulated in many permutations, such as individual education(al) plans, individual family service (or support) plans, individual rehabilitation plans, and so on—often spit out in multiples by computers. Coinciding with the spread of mandated individual planning was the separate but related development of "person-centered planning," also derived from the idea of individualization, and practiced under a number of variations and names (for a detailed history of its development, see Lyle O'Brien & O'Brien, 2002). It quickly became seen in some places as a "system-change" technology and in others as a cost-saving mechanism. However, in the process, the spirit and intent of individualization got lost (see, e.g., Kendrick, 2004; 2006); in essence, it became coerced and regimented individualization, which even some "person-centered planning" founders and practitioners have decried as being in reality system-imposed paperwork and procedures applied to individuals. Another example of an institutionalized "best practice" is that of so-called "inclusion," at least certain species of which are degraded forms of what in SRV terms is called "personal social integration and valued social and societal participation." Some "inclusion" is, in reality, legally enforced but unwanted and resented physical presence of the intended beneficiaries coupled with de facto social isolation, nonparticipation, and friendlessness.

Decontextualization Because SRV is firmly grounded in empiricism, the more distanced an SRV-derived "best practice" is from SRV, the more likely it is to lose this groundedness. Some contemporary "best practices" in human services are even derivations of derivations of SRV. For instance, the contemporary insistence on using "people first" language can be said to have derived from the normalization (Wolfensberger, 1972b) call for positive forms of imaging, personal address, and labeling practices, which got transmuted through "self-advocacy" and other elements of the "disability rights" movement (for a more detailed SRV discussion of this and other language issues, see Wolfensberger, 1997).

Also pertinent here is that some "best practices" seem to materialize "out of thin air" with no history or explanation given as to how they came to be. Or, an idea originally embedded in normalization and SRV is taken on with new fervor and given a new twist that obscures the connection to SRV and normalization and is perhaps even antagonistic to it. The contemporary orientation to "self-determination," mentioned earlier, is an example of this.

If "best practices" derived from normalization and SRV theories are distanced from their contexts, they are highly likely to become what Kendrick (2001) has called "theory fragments." Even in a short period of time, the original intent of a "best practice" can get lost through processes of co-optation by uninitiated adherents or (unrecognized) opponents. Some people who early on promoted a specific SRV-congruent element that eventually broke off into a narrow "best practice" have written on how difficult it is to control its appropriation by others and of how their original meanings and intents can be so changed as to no

longer be what they meant them to be. The notion of "person-centered planning" has been thusly appropriated (see Holburn & Vietze, 2002; O'Brien, O'Brien, & Mount, 1998). Actually, much the same thing also happened to normalization (see Osburn, 2006; Wolfensberger, 1980; 1999). SRV is certainly not invulnerable to it as well; safeguarding against such degradation is one reason for the existence of the North American Social Role Development, Training, and Safeguarding Council (Thomas, 1994), and for its "Trainer Formation Model" (SRV Development, Training & Safeguarding Council, 2005, 2006).

Some general recommendations related to the above discourse In light of all the above, several suggestions present themselves as basic considerations for those who disseminate SRV-derived, SRV-congruent, or SRV-inspired "best practices."

First, what is most important, of course, is that a service practice or any form of service to another be a moral act on the part of the server. Whether it actually is cannot be answered by SRV or science but only by highest order moralities or religions.

Second, when an author writes about a "best practice" that is a clear fragment of, or actually based on the normalization principle or SRV, then the author ought to properly acknowledge and explain this connection.

We readily acknowledge that SRV is conceptualized on such a comprehensive plane and so rooted in empiricism that a vast number of specific practice elements based on it, might be called "best practice." We acknowledge as well that SRV itself is clearly and basically derived from other and earlier adaptive theories, principles, ideas, and bodies of evidence in the empirical domain, as unequivocally explained in the SRV literature and in training by qualified SRV trainers and teachers (e.g., see Wolfensberger, 1999).

We also recommend that when practices engendered by normalization and SRV are promoted as "best practices," their debt to normalization and SRV be clearly explicated. In fact, all service practices should reference themselves to any other congruent bodies of theory; after all, this is a normative scholarly practice (perhaps even a "best practice").

DISCUSSION

The "best practice" dynamic in our field may encourage people not to engage in more extensive learning of theories/principles that address the complex issues that impact people with a disability and or who are vulnerable. Professionals in the field of human services may all too often use a single practice (i.e., a "quick fix," "silver bullet") to address the complex needs and situations of a person when a broader and more extensive approach and thinking is more realistically required. For some people, an element, rather than the whole, of normalization or SRV often becomes the disengaged subject of their concentration: they study it in special depth, develop ways to interpret or teach it, and bring it to bear in the lives of people who are vulnerable. Also, some do not necessarily call their approaches "best practices," but others do (e.g., see O'Brien & Towell, 2003). The limited resources and time that agencies have available to train staff may be a reason why "best practice" approaches are so desirable. However, historically, it was the very investment in more comprehensive and

cohesive training and learning experiences—in essence laying a foundation for better understanding how to act—that prepared workers for the major change in human services from institutional to community services. It is likely that a similar in-depth learning approach and culture will be required to address the needs of people now in the community whose lives are not as meaningful as they or their families would like them to be.

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