The Butterfly's Struggle

Planning Now Is the Greatest Act of Love

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For Lauren —

who has always known exactly who she is, even when the world didn't know what to do with her.

And for every parent who has ever sat in a meeting and thought: this plan says nothing about my child.

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Introduction

Why Didn't Anyone Tell Me?

I've sat across from thousands of parents over the past thirty-five years. In the agency, Parents Helping Parents, Inc., resource fairs and school gyms, in regional center waiting rooms and living rooms that smelled like coffee and worry. And I can tell you with certainty: the look on their faces is always the same.

It's not grief, exactly. It's something more specific. It's the look of someone who has been handed a map written in a language they don't speak, for a place they didn't plan to visit, and told: good luck. The services are over there. The eligibility criteria are somewhere in that pile. The IPP is due in six weeks. Sign here.

I know that look. Because for the first years of my daughter Lauren's life, I wore it too.

Lauren is in her forties now. She is funny. She is particular about music and food and the people she lets into her world. She has strong opinions and a great laugh. She is, in the language I have spent my career trying to normalize, a whole person — not a collection of deficits, not a list of diagnoses, not a file in a filing cabinet.

But the systems that were meant to serve her did not always see that. And learning to make them see it — to insist on it, to document it, to hold it steady in every meeting and every plan — that has been the work of my life.

This book is the map I wish someone had handed me at the beginning.

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It is not a technical manual. There are plenty of those. It is not a policy guide, though we will talk about policy when we need to. It is a

conversation — the kind I have been having for thirty-five years with parents and professionals who are trying, with everything they have, to build a life that actually fits the person they love.

Person-centered thinking and planning — PCT — is the framework at the heart of everything in this book. I learned it from the best in the field: Michael Smull, John O'Brien, Jack Pearpoint, Nathan Ory, Claudia Bolton. I have been a member of The Learning Community for Person-Centered Practices for twenty years, a certified trainer for ten. But I want to be honest with you about something:

I did not learn PCT in a classroom. I learned it because of Lauren. Because she needed someone to fight for a different kind of plan. Because I needed a language for what I already knew was true: that what matters most cannot be captured in a checkbox.

That language — that framework — is what I am handing you now.

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The title of this book comes from a keynote I give called The Butterfly Cycle. The metaphor is not accidental. Butterflies do not emerge from the cocoon because someone on the outside pulls them out. They emerge because of the struggle — because the effort of breaking through is exactly what builds the strength they need to fly. When we short-circuit that process, trying to make it easier, faster, less painful, we rob the butterfly of the very thing that makes flight possible.

Our children are not butterflies waiting to be freed. They are already flying — in their own way, on their own schedule, toward a life we may not have imagined for them. Our job is not to manage their emergence. Our job is to know them well enough to plan around what they already are.

That is what this book is about.

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Each of the four parts maps to one stage of the cycle. We begin in the egg — with your story, with my story, with the moment the path diverged from the one you expected. We move through the caterpillar stage, where we do the patient, essential work of learning to see. We spend time in the chrysalis, in the hard and necessary work of future planning — the part most parents postpone until the crisis comes. And we end, as the butterfly always does, in the open air of a life that fits.

At the end of every chapter, you will find a reflection question and a single action step. I am not asking you to do everything at once. I am asking you to do one thing. And then another. And then another.

That is how plans get built. That is how lives change.

Let's begin.

— Trudy Marsh Grable Saratoga, California

PART ONE

The Egg

Where it all begins

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Chapter 1

Lauren and Me

> *"The moment you realize your child needs a different kind of advocate, and that you are already becoming one."*
>
> *— Trudy Marsh Grable*

She was not the child I expected. I say that not as a confession but as a fact — and as the starting point of everything that matters in this book. Because no parent of a child with significant support needs gets the child they expected. You get the child you get. And then, if you are lucky, you get to spend the rest of your life figuring out what an extraordinary thing that is.

Lauren was diagnosed before the language was kind. Before "developmental disability" or “intellectual disability” replaced words I will not repeat here. Before person-centered planning existed as a field. Before I had any framework for what I was feeling or what to do about it.

What I had was stubbornness. A deep suspicion that the professionals in the room did not know my daughter the way I did. And a growing fury that the plans they wrote for her had almost nothing to do with who she actually was.

Those three things — stubbornness, suspicion, and fury — turned out to be exactly the right equipment.

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I spent over thirty years at Parents Helping Parents, a family resource center in Santa Clara County that served tens of thousands of families navigating the disability services system. I came to it because I needed help. I stayed because the need spoke to me.

In those years I saw what happens when families are given tools and language and community. I saw what happens when they are not. The difference was not in the complexity of the child's needs. The difference was almost always in whether someone had sat down with the family — not to explain the system, but to listen to the person first.

That is where PCT came in. And that is where this book begins.

Reflect + Act

Think about the moment you realized the systems around your loved one were not built for who they actually are. What did you know then that no one in the room seemed to understand?

One step: Write down three things about your person that no form has ever captured. Keep this list. We will come back to it.

Chapter 2

The Exhaustion of Proving What You Already Know

> *"For decades, I've sat across from parents who are exhausted. Not just from the caregiving — though that is its own marathon — but from the paperwork, the waiting, the proving."*
>
> *— Trudy Marsh Grable, Thoughts Not Lost blog*

There is a particular kind of tired that families in the disability system carry. It is not the tired of sleepless nights, though there are plenty of those. It is the tired that comes from being required to prove, over and over again, something you have known in your bones since your child was an infant.

The proving never ends. Prove the disability is real. Prove it is severe. Prove it is permanent. Prove your child cannot do the thing the form requires them to do. Prove it again next year. Prove it to this new caseworker who has never met your family. Prove it to the school. Prove it to the regional center. Prove it to In Home Support Services. Prove it to Social Security.

And underneath all that proving, carry the knowledge that the forms were not designed for your child. That the questions assume a kind of disability that is not the disability your child has. That the entire apparatus was built for efficiency, not for people.

I am not telling you this to make you angrier. You do not need my help for that. I am telling you this because naming the exhaustion is the first step to protecting yourself from it.

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Here is what I have learned: the antidote to the proving game is documentation so thorough, and a portrait of your person so vivid and well-organized, that the system has to work harder to ignore you than to help you.

A person-centered support plan is not paperwork. It is armor.

When Lauren's plan accurately described who she was — what she loved, what she could not tolerate, what a good day looked like, what support she actually needed — it became much harder for anyone to replace that portrait with their own assumptions. The plan became the record. And the record had her name on it.

That is what we are building in this book. Not bureaucratic compliance. A portrait.

Reflect + Act

Where in the system do you feel most required to prove what you already know? What would it feel like to walk into that meeting with documentation so clear that the burden shifted?

One step: Identify one meeting or process coming up in the next three months. We will build preparation tools for it before this book is done.

Chapter 3

What Person-Centered Actually Means (And What It Doesn't)

> *"Person-centered is not a form. It is not a meeting format. It is not a box you check before the IPP. It is a way of seeing."*
>
> *— The Learning Community for Person-Centered Practices*

I have been in rooms where "person-centered" was used as an adjective for a process so compliance-driven, so paperwork-heavy, so administrator-friendly, that the person it was supposed to center had left the conversation before it began.

I want to be clear about what person-centered thinking actually is, so we do not spend this guide talking past each other.

Person-centered thinking is not a philosophy that lives on a poster. It is a set of specific, learnable skills and tools — developed over decades by practitioners including Michael Smull, Helen Sanderson, John O'Brien, and many others — that change how we listen, how we document, and how we plan.

At its core, person-centered thinking rests on a single, deceptively simple distinction: the difference between what matters to a person and what matters for a person.

"What matters to" is the person's voice. It is what they love, what they need, what brings them alive, what they cannot do without. It is often invisible in traditional plans.

"What matters for" is what supporters, clinicians, and family members know the person needs to stay healthy, safe and valued — even if the person would not choose it themselves.

Both matter. Neither cancels the other. But when plans are built only on "what matters for" — which is almost always the default — we end up with documents that describe a patient, not a person.

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A professional who truly practices PCT does not arrive at a meeting with a plan already written. They arrive with questions. They leave knowing more about the person than when they walked in. They write the plan after listening — not before.

A parent who understands PCT does not simply respond to the questions on the form. They bring their own portrait. They say: before we talk about goals and objectives, let me tell you who this person is.

That is the shift this book is trying to support in you. Whether you are a parent, a professional, or both — and many of us are both — the tools in these chapters will help you listen differently, document differently, and plan around what actually matters.

Reflect + Act

For the person you support: if you had to answer "what matters to them" honestly — separate from what matters for their safety — what would you write?

One step: Start a simple two-column list: "What matters TO" and "What matters FOR." Do not edit it. Just write.

PART TWO

The Caterpillar

Learning to see

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Chapter 4

The Most Important Distinction You Will Ever Learn

We have already introduced it, but it bears a chapter of its own: the distinction between what matters to a person and what matters for them. Because once you truly internalize it — once it becomes the lens through which you read every plan, sit in every meeting, write every goal — you cannot unsee it.

Let me give you a real example, with details changed to protect privacy.

A woman in her thirties — I will call her Maria — had a plan that listed as her primary goal: "Maria will increase tolerance of community activities." The plan noted that she "frequently refuses to leave her home" and that this was a behavior to be addressed.

When I sat with Maria and her family and we talked about what she loved — really loved, not what she was supposed to love — a different picture emerged. Maria loved cooking. She loved specific music, loud, and she would not apologize for it. She loved her sister's children. She did not love loud, unpredictable public spaces. She did not love being rushed.

The plan that had been written for Maria was built entirely on what the system wanted her to do differently. There was not a single line about who she was.

When we rewrote it around her — around her love of cooking, her connection to her family, her need for predictability and quiet — Maria's "refusal behaviors" did not disappear. But they made sense. And the people supporting her began to design her days around what she loved, not around overcoming what she avoided. The result was a life with more room in it.

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That is what the to/for distinction does. It does not eliminate the safety concerns or the support needs. It contextualizes them — inside a full picture of a person who has preferences, pleasures, and a right to a life that makes sense for her.

In your planning work, every time you notice yourself about to write a goal that starts with "will increase tolerance" or "will reduce" or "will comply" — stop. Ask: whose voice is this? Is this what the person would want for themselves, or is this what the system needs from them?

Sometimes the answer is both, and that is fine. But you need to know the difference.

Reflect + Act

Look at any existing plan for the person you support. Count the goals. How many are written from the person's voice ("[Name] wants...") versus the system's voice ("will increase/reduce/comply")?

One step: Choose one goal and rewrite it from the person's perspective. What does this person actually want? Start there.

Chapter 5

The One Page Profile: A Portrait, Not a File

> *"It fits on one page because that is all anyone will read in a crisis."*

Here is the truth about long support plans: in a crisis — a hospital visit, a new staff member's first day, a change in living situation — nobody reads them. They are too long. They are written in a language that requires training to decode. They live in a binder that lives on a shelf.

The One Page Profile was developed to address this problem. It is exactly what it sounds like: one page. Three sections. Designed to be read in two minutes by anyone who needs to support a person, even if they have never met them.

The three sections are: what people appreciate about me, what matters to me, and how best to support me.

That's it. No diagnoses required. No clinical language. No goals or objectives. Just the person — in enough detail that a stranger could treat them with dignity.

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I have created and seen One Page Profiles taped on refrigerators, kitchen cabinets, sent to emergency responders, pinned to hospital room walls. I have seen them used as the foundation of meetings for a person that made it feel human. I have seen families weep when they realized, for the first time, that someone had written down exactly who their person was — and that it fit on one page.

The tool is simple. Building it takes time, because it requires real listening. And that is the point. The One Page Profile is not a document you fill out. It is a discovery process. The document is just the artifact.

You will find a free, fillable One Page Profile tool at PersonCenteredPlans.org. I encourage you to start there — not at the end of this book, but now. Fill it in online. Print it. Or, make your own. Ask the person to fill in their own version if they are able. Compare them.

What you learn in that comparison will teach you more than any chapter I could write.

Reflect + Act

If you handed the One Page Profile for your loved one to someone who had never met them, would that person be able to treat them with dignity and support in an emergency?

One step: Go to PersonCenteredPlans.org and start filling it in today. Download the completed One Page Description (Profile) tool.

Chapter 6

Circles of Support: Who's Really in the Room?

"Plans are only as strong as the relationships behind them."

One of the most powerful exercises in person-centered planning is drawing a circle of support. It sounds almost childishly simple. You put the person's name in the center. Then you draw rings around them — the people closest, then a little further out, then acquaintances, then paid supporters and professionals.

And then you look at what you have drawn. Really look.

For many adults with developmental disabilities, the inner rings — the ones reserved for intimate relationships, deep friendships — are nearly empty. What fills the outer rings, the rings that should be reserved for professionals and service providers, is where all the relationships live. A person whose circle is mostly paid supporters is, in a very real sense, a person who is largely alone.

This is not anyone's fault. It is the result of systems that have historically segregated people with disabilities from the communities they live in. But naming it is the first step to changing it.

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Building a plan without mapping the circle is like building a house without a foundation survey. You might get away with it for a while. But you are building on assumptions.

Circles of support also reveal who needs to be at the table. Not the meeting table — the life table. Who in this person's community knows them? Who would show up if things got hard? Who could show up, if we made the invitation?

Sometimes the circle reveals people who have drifted — a childhood friend, a neighbor, a faith community. Sometimes it reveals that the work of the next year is not about services at all. It is about connection.

A plan that does not address isolation is not a complete plan. Full stop.

Reflect + Act

Draw the circle for your loved one. What do you see? What do you wish you could change about it?

One step: Identify one person in the outer rings — a professional or service provider — who has become a genuine presence in your loved one's life. Write them a note. Tell them what that means.

Chapter 7

How to Have the Conversation You've Been Avoiding

"The hardest conversations are usually about love."

Every parent I have ever worked with has a conversation in their head that they are not having in life. Sometimes it is with the regional center. Sometimes it is with a sibling who does not carry the same weight. Sometimes it is with the person themselves.

And often — more often than people admit — it is a conversation about the future. About what happens when the parent is no longer there. About money, and housing, and who will know the person well enough to advocate for them the way you do.

We will spend all of Part Three on that conversation. But first, I want to talk about the smaller conversations — the ones in IPP meetings, in provider reviews, in family disagreements about care — because avoiding those is what makes the bigger ones impossible.

Here is the principle I come back to: say the hard thing early. Not cruelly. Not without preparation. But early. Because the longer you wait, the more loaded the conversation becomes, and the harder it is to have the version that leads somewhere useful.

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In person-centered practice, we talk about "working through disagreement with the commitment to the person in the center." This means that when supporters and family members disagree — and they will — the question that breaks the impasse is always: what does the person want? What would honor who they are?

Sometimes that question has a clear answer. Sometimes it does not. But asking it changes the room.

I have sat in meetings that were heading toward crisis — a planned change in housing, a dispute about a staff member, a disagreement about a medical decision — where someone asked that question and the entire conversation shifted. Not because there was suddenly an easy answer. But because everyone remembered who we were there for.

Keep that person in the room. Even when they cannot be present. Especially then.

Reflect + Act

What is the conversation you are avoiding? What would it take to have a version of it — not the perfect version, just a beginning?

One step: Write down the one thing you most need the people supporting your loved one to understand. Then plan to say it out loud at the next opportunity.

PART THREE

The Chrysalis

I won't be here forever

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Chapter 8

The Question That Changes Everything

"What happens when I'm gone?"

Most parents of adults with disabilities know exactly when they first thought this. Some know the day, the time, the chair they were sitting in. It is the moment the future stopped being abstract. The moment the question arrived with weight.

What happens to my child when I am gone?

It is not a morbid question. It is the most loving question a parent can ask. And the fact that so many parents ask it privately, in the dark, rather than out loud, in a plan — that gap is one of the greatest vulnerabilities in the entire disability services system.

Because here is what I know after thirty-five years: crises are survivable when there is a plan. When there is a document that says who this person is, what they need, who to call, what their wishes are, what their resources are, and what their community looks like. And crises are devastating — not always, but often — when that plan does not exist.

The planning I am describing in Part Three is not the same as an IPP or a support plan. It is future planning. Legacy planning. The documentation of everything you know about your loved one and everything you want the people who come after you to know.

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I want to acknowledge something before we go further: this work is hard. Not logistically — logistically, it is manageable. It is hard because doing it requires you to imagine your own absence. It

requires you to hold two truths at once: that you plan to be here for a long time, and that the most loving thing you can do is prepare for the possibility that you will not be.

The parents who have done this work tell me, almost universally, that finishing it brought relief they did not expect. Not because the fear went away. But because they had done the thing they knew they needed to do. They had honored their person. They had made the path a little clearer for whoever comes next.

That is the chrysalis. The hard work that makes the next thing possible.

Reflect + Act

If something happened to you tomorrow, who in your loved one's life would know what you know? What would be lost?

One step: Write down the three things that only you know about your loved one that the system has never documented. That is where this section of your plan begins.

Chapter 9

Benefits, Trusts, and What Families Must Know

"The benefits are foundational. Without them, everything else is harder."

This is not a legal or financial advice chapter. I am not a lawyer or a financial planner, and I want to be clear about that. What I am is someone who has watched families lose access to critical benefits because no one told them the rules — and I am not willing to let that happen to you without at least handing you a map.

Social Security benefits — SSI and SSDI — are often the financial foundation of a person's adult life when they have a developmental disability. They determine eligibility for Medi-Cal in California which is Medicaid in other states. They set the floor under supported living, day programs, and community access. Getting them right, and protecting them, matters enormously.

A few things I want every parent reading this to know:

First: if your adult child does not yet have a genetic diagnosis, and their disability has an unclear etiology, ask for a referral to a medical geneticist. Whole exome sequencing and chromosomal microarray testing have advanced dramatically. A named genetic syndrome — even one identified decades after childhood — can qualify for the SSA's Compassionate Allowances program, which can reduce a benefits determination from one to two years to ten days.

Second: if your child receives SSI (Supplemental Security Income), they cannot have more than $2,000 in countable assets in their own name. A third-party Special Needs Trust (SNT) is the tool that allows family members to leave resources for their loved one without

disqualifying them from benefits. Every family needs to understand this before they write a will.

Third: for California families, Proposition 19 changed the rules for property inheritance in ways that can significantly affect families with a member who has a disability. If your plan involves leaving a home, talk to an attorney who understands both estate law and public benefits before you finalize anything.

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I cannot resolve these questions for you. But I can tell you that they have answers — good answers — when you have the right team around you. A special needs attorney. A benefits counselor through your regional center or a nonprofit like FCSN. A financial planner who understands public benefits.

Building that team is not a luxury. It is part of the plan.

Reflect + Act

Does your loved one have a Special Needs Trust, or a plan for one? Do you have an attorney who understands public benefits? If not, what is the first step to getting there?

One step: Call your regional center and ask for a benefits counselor referral. Or contact your local Special Needs Alliance chapter. Do it this week.

Chapter 10

Building Your Team Before You Need Them

"The time to find a good doctor is not when you are sick."

When I started Journey of Choice — the parent-directed supported living agency I founded and ran for fourteen years — I learned something that has stayed with me ever since: the difference between a family that could navigate a crisis and one that could not was almost never about money or resources. It was about relationships. It was about whether, when things got hard, there were people who already knew the person — and already knew the family.

Building a team is not the same as hiring staff. It is the work of creating a community of people who are genuinely invested in your loved one's life. Some of those people will be paid. Many of the most important ones will not be.

I am talking about the neighbor who has known your family for twenty years. The faith community that has watched your child grow up. The former teacher who still asks about them. The friend who remembers what your person was like before a particular hard period. These people are part of the team, even if there is no job description.

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For the paid side: if you are in California, parent-directed supported living services allow families to hire, train, and supervise their own support staff, with agency backup. This is not the right model for every family. But for families who want to maintain close oversight of who is in their loved one's life — and how — it is a model worth understanding.

I built Journey of Choice because I wanted that for Lauren. Because I wanted to make the decisions, not just approve them. Because I knew that the people who would serve her best were the ones who were chosen carefully, trained specifically, and held accountable to her — not to an agency's staffing model.

That conviction is still with me. And if it resonates with you, I want you to know: there is a path. It requires work. But it exists.

Reflect + Act

Who are the five people in your loved one's life who would show up in a crisis — whether or not they are paid to? Who do you wish was on that list?

One step: Write a letter of appreciation to one person on that list. Not because anything is wrong. Because they deserve to know what they mean.

PART FOUR

The Butterfly

A life that fits

Chapter 11

Stories from the Plans

"When the plan finally tells the truth about a person, something in the room shifts."

I want to share some stories. The names and details have been changed, but the essences are real. These are composites of the planning work I have done over three decades — moments when the tools in this book made a visible difference.

Thomas came to his first person-centered planning meeting in a quiet conference room, with his mother beside him and a stack of documents on the table that described him almost entirely in terms of what he could not do. He did not make eye contact during the opening. He had been through many meetings like this one.

By the end of that session, the room knew that Thomas loved trains — not casually, but with the depth of someone who has organized a significant portion of his inner life around a subject. They knew he was funny when he was comfortable. They knew he needed time to think before he responded, and that the people who had always assumed he was not paying attention had simply not learned to wait.

His plan, when it was written, was built around who Thomas was. His goals connected to things he actually wanted. His support was described in terms of what worked for him, not what was standard.

That plan did not fix the system. The system is still imperfect and underfunded and difficult to navigate. But it changed what Thomas experienced of the system. And that is not nothing. That is, in fact, quite a lot.

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Priya's mother had spent years in the planning meetings, but always felt that she was the only one in the room who really knew her daughter. "The plans were about compliance," she told me. "They were about what Priya was supposed to do differently. They were never about who she is."

When we built a plan together that started with who Priya was — her love of bright colors, her deep sensitivity to music, her relationship with her grandmother, her remarkable memory for faces — the people reading it responded differently. They asked different questions. They listened differently.

"For the first time," her mother said, "I felt like they saw her."

That is the goal. Not a perfect system. A plan that tells the truth. A room that, for a moment, sees the person.

Reflect + Act

When was the last time someone in a meeting truly saw your loved one — not the diagnosis, not the behaviors, not the file?

One step: Tell that story to someone who needs to hear it. A new parent. A professional in training. Someone who is where you were at the beginning.

Chapter 12

What I Know Now

A letter to every parent starting this journey

Dear parent,

You are not lost. You are in a hard place, which is different.

I know it does not feel different. I know that the stack of forms on your kitchen table and the meeting you are dreading next Tuesday and the conversation you cannot figure out how to start — I know all of it feels like being lost. Like the path disappeared somewhere between the diagnosis and the present moment, and no one handed you a new map.

I am handing you one now. It is not perfect. No map is. But it is built from everything I have learned in thirty-five years of sitting in rooms with families who were exactly where you are — and finding their way through.

Here is what I know:

You know your person better than any professional in any meeting. That knowledge is not a nice-to-have. It is the most important clinical information in the room. Do not let anyone make you feel otherwise.

Planning is an act of love. Not paperwork. Not compliance. Every time you sit down to document who your person is — what they love, what they need, what brings them alive — you are doing something that matters. You are saying: this person is real, and complex, and worth knowing. You are saying it in a form that will outlast the meeting.

The system is navigable. It is not fair, and it is not kind, and it was not designed with your person in mind. But it is navigable. There are

tools. There is language. There is a community of families who have walked this path and will walk it with you if you let them.

You do not have to do this alone. Please do not try.

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I think about Lauren as I write this. About everything she has taught me. About the way she has shaped not just my heart but my entire professional life. About the thousands of families I have sat with because of her, and the ways their children have taught me things I could not have learned any other way.

She did not set out to be my compass. She set out to be herself. And that has been enough — more than enough — to make everything I have done worth doing.

Whatever compass brought you to this book, I hope it leads you somewhere good. I hope this book helped, even a little. I hope the next meeting goes better than the last one. I hope you find, in the work of knowing your person deeply and planning for them wisely, some of the peace that comes from doing the thing you were always going to have to do.

I am with you. This community is with you.

Now go plan.

With love and forty-two years of stubbornness,
Trudy Marsh Grable
Saratoga, California
personcenteredplans.org

Resources & Next Steps

Free planning tools (One Page Profile, Peace of Mind Planner, multilingual versions):

PersonCenteredPlans.org

Courses and workshops with Trudy:

PersonCenteredPlans.org/courses

Trudy's blog — Thoughts Not Lost:

trudygrable.blogspot.com

The Learning Community for Person-Centered Practices:

tlcpcp.com

SSA Compassionate Allowances Program:

ssa.gov/compassionateallowances

Parents Helping Parents:

php.com

Special Needs Alliance (find an attorney near you):

specialneedsalliance.org

About the Author

Trudy Marsh Grable has spent more than thirty-five years at the intersection of family advocacy and person-centered practice in California's developmental services community.

She is a credentialed Person-Centered Thinking Trainer through The Learning Community for Person-Centered Practices, where she has been a member for twenty years. She spent three decades at Parents Helping Parents, one of California's largest family resource centers, in roles spanning IT, fund development, and community services leadership — including as Director of Person-Centered Planning Programs.

As Executive Director of Journey of Choice, a parent-directed supported living agency she founded, Trudy spent fourteen years supporting families who wanted direct involvement in hiring, training, and overseeing the people who supported their loved ones. She also founded The BFF Project, a person centered approach to forming friendship around common interests and facilitated it for seven years.

Trudy is the parent of three adult daughters and a grandmother. Her daughter Lauren, who has lifelong support needs, has been the compass of her career and her deepest teacher.

She is the recipient of the Heart of PHP Award (Parents Helping Parents, 2021), the Service Above Self Legacy Award (San Andreas Regional Center, 2021), and a commendation from Santa Clara County Supervisor Susan Ellenberg for her COVID-era community service (2022).

Trudy lives in Saratoga, California. She paints watercolors, makes jewelry, and facilitates a monthly family support group for parents of adults with developmental disabilities.

Her work — including free planning tools, courses, and multilingual resources — is available at PersonCenteredPlans.org. She offers courses to assist others in understanding Person Centered approaches and how to develop a person centered support plan. You can reach her at pcptrudy@gmail.com.

