YEAR TWO • YEAR TWO • YEAR TWO • YEAR TWO •

Student Resource Guide

Direct Support Professional Training

California Department of Education

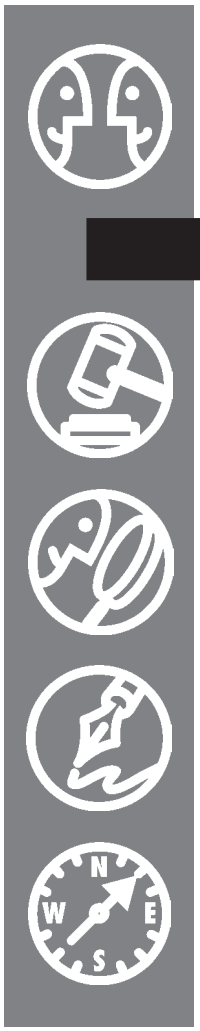
AND THE

Regional Occupational Centers and Programs

IN PARTNERSHIP WITH THE

Department of Developmental Services

UPDATED JANUARY 2004



Student Resource Guide, Year 2

Acknowledgements

The Department of Developmental Services (DDS) and the California Department of Education (CDE) would like to extend their appreciation to the many people and organizations throughout the state of California and across the nation who contributed their time and expertise to the initial development and revision of the Direct Support Professional Training. Special thanks are extended to:

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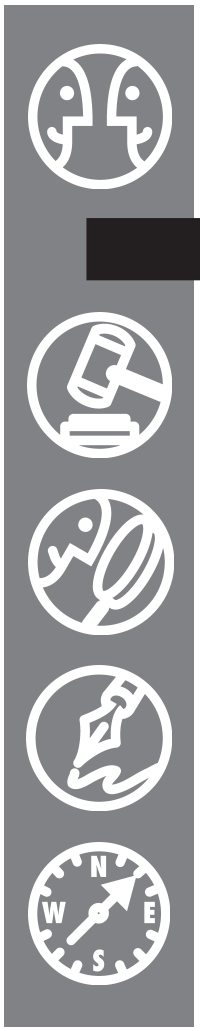
- The Department of Education's Regional Occupational Centers and Programs (ROCP) for their extraordinary commitment to implement this testing and training program. Special thanks and acknowledgement to the local ROCP coordinators and trainers who piloted the revised material.

Dedication

To everyone who is committed to improving the quality of life for individuals with developmental disabilities.



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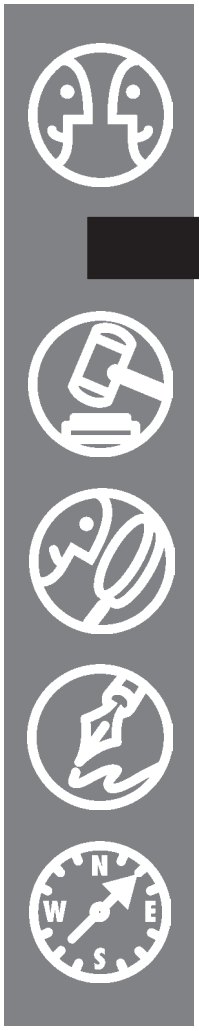

Student Resource Guide, Year 2

Introduction

In 1998, the California Legislature established the Direct Support Professional (DSP) Training Program. The purpose of this program is to enhance quality of care for individuals with developmental disabilities living in licensed Community Care Facilities by ensuring core competencies or skills for all Direct Support Professionals. Upon successful completion of each of the two required 35-hour training segments, you will receive a Direct Support Professional Certificate.

The Department of Developmental Services has engaged the California Department of Education's Regional Occupational Centers and Programs (ROCP) to provide the training in local communities. Each participating ROCP has established an Advisory Committee to assist in meeting community needs.

This Student Resource Guide includes extensive information in each of the training sessions including; expected outcomes, key words, in-class activities, practice and share, session review questions/answers, skill checks and additional reference and resource materials. These materials are to assist you, the Direct Support Professional, in meeting the challenges of your work.

This training is designed to provide the most current knowledge, ideas and resources as well as inspire your creativity and passion for your work. You are encouraged to use this opportunity for personal and professional development to expand your capacity to provide quality services and supports.

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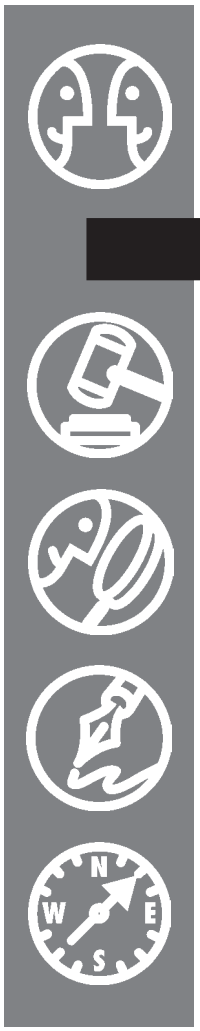
Dedication

To everyone who is committed to improving the quality of life for individuals with developmental disabilities.



Student Resource Guide

1. Making Choices

Student Resource Guide: SESSION 1

Making Choices

OUTCOMES

When you finish this session, you will be able to:

- Identify reasons for supporting individuals to make choices.
- Identify strategies to support individuals to make choices.
- Describe possible non-verbal responses to choice-making opportunities.
- Describe how to honor and respect an individual's choices.
- Identify choices that should be addressed during the person-centered planning process.
- Identify how to make ethical responses to situations you encounter in your work.
- Demonstrate awareness of your own attitudes and beliefs about others and how this impacts your work.

KEY WORDS

Approach behavior: An action that implies a preference such as smiling, reaching for, leaning toward, or looking at a particular item.

Avoidance behavior: An action that implies a particular choice is not preferred such as turning away from the item, pushing an item away, or frowning.

Choice: A statement of preference. Individuals with developmental disabilities have a right to make choices including where and with whom to live, the way they spend their time each day and with whom, what to do for fun, and plans for the future.

Choice opportunity: A situation that provides an individual with the opportunity to choose between two or more activities, foods, and so on. Choice opportunities must be provided in a way that each individual understands.

Ethics: Rules about how people think they and others should behave.

Preferences: Choices that the individual makes about where and with whom to live, the way they spend their time each day and with whom, what to do for fun, and plans for the future.

Preferences: Likes and dislikes.

About the Training

The DSP training is 70 hours of training which is designed to be completed over a two-year period, 35 hours in each year. Each 35-hour training consists of eleven 3-hour class sessions and one 2-hour final test session. In Year 1, you learned about:

- The Direct Support Professional.
- The California developmental disabilities service system.
- The Individual Program Plan.
- Risk management: principles and incident reporting.
- Environmental safety.
- Maintaining the best possible health.
- Dental health.
- Medication management.
- Communication.
- Positive behavior support.

In Year 2, you will learn more about these topics, as well as:

- Making choices.
- Person-centered planning.
- Nutrition and exercise.
- Strategies for successful teaching.
- Life quality.

If you wish to review materials from Year 1 and do not have a Student Guide, you may go to www.dds.ca.gov and review the sessions on-line.

Homework

You will not have written homework in this training; however, you will be asked to practice newly acquired skills in the course of your daily work. You will share your experiences with the class at the beginning of each session.

Quizzes

At the end of each session, you will have a short quiz. The quiz questions are multiple choice. We will review the answers together in class.

Skill Checks

Skill checks are opportunities for your instructor to observe you demonstrating new and important skills. Year I training had skill checks on gloving procedures and assisting with the self-administration of medication. This year, you will repeat the skill check for assisting with the self-administration of medication because it is such an important skill. You must pass this skill check in order to pass the training.

Test After Training

The final test consists of 36 multiple-choice questions. The questions on the final test will be drawn directly from the quizzes.

"Individuals"

As a reminder, individuals with developmental disabilities will be referred to as "individuals" throughout this training. You may be used to calling the people you work with "consumers" or "clients," or some other name. We chose to use the term "individuals" to help remind you to always treat each person you support as an individual with unique interests, abilities, preferences, and needs.

Word of Caution

Before we start the training, it is important to note that this workbook does not replace the professional advice of doctors, lawyers, and other experts. This training is based on what is widely considered to be the preferred practice of the field. However, policies and procedures differ from facility to facility. You will be expected to familiarize yourself with your facility's particular policies and procedures.

It is possible that some practices in your facility may differ from preferred practices that you learn in this training. What should you do? These types of ethical considerations will be explored throughout the training. However, never risk your health and safety, or that of individuals, to do something for which you feel unqualified. It is always okay to ask for help.

DSP Training for a Better Quality of Life

In Year I you learned that recognition of the DSP is key to providing quality services. In 1998, a requirement for Direct Support Professional Training was added to the Lanterman Act. The purpose of the DSP training is to promote the health, safety, and well-being of people with developmental disabilities and to enhance your skills, which will lead to a better quality of life for people with developmental disabilities. A better quality of life for people with developmental disabilities will likely lead to a more rewarding professional life for you!

In Year I you learned that "quality of life" means different things to different people. However, in general, people experience a high quality of life when they

- Are able to make choices and their choices are encouraged, supported and respected.
- Have close, supportive relationships with friends and family.
- Live in a home that is comfortable to them.
- Participate in activities they find enjoyable.
- Have access to health care and have the best possible health.
- Are treated with respect and are safe.
- Are satisfied with their lives.

DSP Toolbox

Whether you are working independently or with a team, you will need a set of "tools," basic skills and knowledge, to help you successfully meet the daily challenges of your job. Just as a carpenter cannot do a job without a hammer and nails, a DSP cannot provide the best possible support to individuals without DSP tools. Tools in the DSP Toolbox are:

Ethics: enable the DSP to make decisions based on accepted rules and behaviors.

Observation: enables the DSP to look for people and places that could affect an individual's health and well-being.

Communication: enables the DSP to exchange information in a variety of ways.

Decision Making: enables the DSP to choose the best course of action with the information at hand.

Documentation: enables the DSP to note important information about individuals and events.

Ethics

One of the hardest tools to understand and learn how to use is ethics because different people have different ethics. Ethics are rules about how people think they and others should behave. Those rules are influenced by a variety of factors including culture, education, and the law.

TIPS

The National Alliance of Direct Support Professionals (NADSP) recognized that DSPs encounter situations that require ethical decision making everyday. NADSP developed a Code of Ethics to help DSPs make professional, ethical decisions that benefit the individuals they support. Following is a condensed version of the NADSP Code of Ethics (for the entire Code of Ethics, see Appendix 1A):

1. *Advocacy:* As a DSP, I will work with the individuals I support to fight for fairness and full participation in their communities.
2. *Person-Centered Supports:* As a DSP, my first loyalty is to the individual I support. Everything I do in my job will reflect this loyalty.
3. *Promoting Physical and Emotional Well-Being:* As a DSP, I am responsible for supporting the emotional, physical, and personal well-being of individuals receiving support while being attentive and energetic in reducing their risk of harm.
4. *Integrity and Responsibility:* As a DSP, I will support the mission of my profession to assist individuals to live the kind of life they choose. I will be a partner to the individuals I support.

DSP Toolbox (continued)

5. *Confidentiality:* As a DSP, I will protect and respect the confidentiality and privacy of the individuals I support.
6. *Fairness:* As a DSP, I will promote and practice fairness for the individuals I support. I will promote the rights and responsibilities of the individuals I support.
7. *Respect:* As a DSP, I will respect the individuals I support and help others recognize their value.
8. *Relationships:* As a DSP, I will assist the individuals I support to develop and maintain relationships.
9. *Self-Determination:* As a DSP, I will assist the individuals I support to direct the course of their own lives.

It is expected that DSPs will use this professional Code of Ethics when faced with difficult decisions, even if these ethics differ from their own.

ACTIVITY

Making Ethical Decisions

Directions: After watching the video, split into small groups. Read the condensed version of the NADSP Code of Ethics on pages S-4 and S-5.

Observation

Observation is noticing change in an individual's health, attitude, appearance, or behavior.

TIPS

- Use your senses of sight, hearing, touch, and smell to observe signs or changes.
- Get to know the individual so you can tell when something changes.
- Get to know the individual's environment and look for things that may impact an individual's and other's safety and well-being.

Communication

Communication is about understanding and being understood.

TIPS

- Listen carefully to what is being communicated through words and behavior.
- Repeat back what was communicated to confirm understanding.
- Ask questions to gain a more complete understanding.
- Be respectful.

DSP Toolbox (continued)

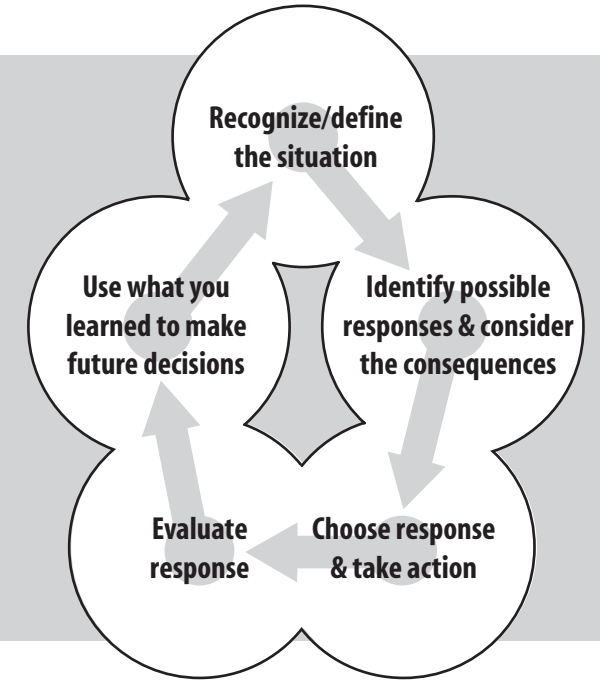
Decision Making

Decision making is about choosing the best response to a situation with the information that is available to you. Decision making is an ongoing process.

TIPS

- Recognize/define the situation.
- Identify possible responses and consider the consequences.
- Choose a response and take action.
- Evaluate how your response worked. Were the consequences positive? If not, what could have made it work better?
- Use what you learned to make decisions in the future.

DECISIONMAKING LOOP



Documentation

Documentation is a written record.

TIPS

- The DSP is required to keep consumer notes for the following important, non-routine events in an individual's life: medical and dental visits, illness/injury, special incidents, community outings, overnight visits away from the home, and communications with the individual's physician.
- Do not document personal opinions, just the facts (i.e., who, what, when, and where).
- Be specific when describing behaviors.
- Record what the person actually says or describe non-verbal attempts to communicate.
- Describe the event from beginning to end.
- Be brief.
- Use ink.
- Do not use White Out® to correct mistakes. Cross out the error and put your initials next to it.
- Sign or initial and date.

Opening Scenario

Marissa likes to stay up late to watch television. However, Martha, the administrator, has decided that all individuals living in the home should go to bed by 9:00 p.m. Martha says that having everybody in bed at the same time makes life easier for the staff. Each night after dinner, Marissa's mood sours and she treats other individuals and staff disrespectfully. She resists getting ready for bed when Mary, the DSP, asks her to do so. Contrary to the administrator's intentions, the 9:00 p.m. bedtime and Marissa's resulting behavior is making Mary's life harder. Marissa tells Mary that she feels upset about the bedtime rule. It relaxes her to stay up late and watch funny television shows. Now that she has to go to sleep at 9:00 p.m., she lays in bed awake and feels anxious.

The Importance of Making Choices

There are many reasons why making choices is important for the individuals that you support. Most importantly, making choices increases an individual's daily enjoyment. All of our lives are more enjoyable if we choose the things we do.

Making choices is important because it:

- Increases an individual's participation in important activities such as work duties, leisure activities, and school events.
- Helps to combine reinforcers with teaching strategies to help make learning new skills easier and more fun for learners.
- Makes it less likely that challenging behaviors will occur.

▶ **Making choices increases an individual's participation in important activities such as work duties, leisure activities, and school events.** Research shows that people are much more likely to engage in activities of their own choice rather than in activities that were chosen for them.

▶ **Making choices helps the DSP to combine reinforcers with teaching strategies to help make learning new skills easier and more fun for learners.** Reinforcers are positive consequences that motivate individuals to learn new skills. Because every individual is different, the reinforcers that motivate him or her also differ. Reinforcers include such items as CDs, magazines, and clothing; preferred activities such as going to the mall or watching a movie; and praise and positive feedback. Reinforcers can also be money that leads to the purchase of an item or activity that the individual enjoys. Reinforcers will be discussed in more detail in the sessions on successful strategies for teaching.

▶ **Individuals will be less likely to exhibit challenging behaviors if they make their own choices.** Individuals usually have fewer challenging behaviors when they enjoy themselves. Making choices increases their enjoyment. In the sessions on positive behavior support we will explain how making choices reduces challenging behaviors.

Limited Opportunities to Make Choices

Most of us take choices for granted. For individuals with disabilities though, and especially individuals with severe disabilities, making choices cannot be taken for granted. Surveys and observations have shown that many individuals with disabilities make very few choices in their lives. It is the DSP's responsibility to support individuals in making choices during the course of their daily routine.

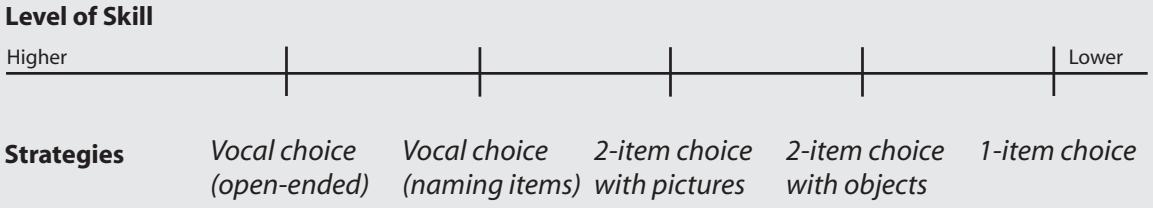
Strategies for Offering Choices

To support an individual in making meaningful choices, you must provide opportunities for making choices in a way they can understand. Choice opportunities are situations that provide an individual with a choice between two or more items or activities. As with all of us, different individuals have different skills for making choices. For example, some individuals can make a choice simply by answering a question such as, "What do you want?" Those individuals have higher level choice-making skills; that is, they have significant communication and related skills to make a choice in this manner. If an individual is not capable of using such skills, you must use different strategies to offer choice opportunities.

DSPs need a variety of strategies to provide meaningful choice opportunities for individuals with different choice-making skills. The following table illustrates some strategies.

Figure 2.1

Strategies for Supporting Individuals with Different Levels of Choice-Making Skills



You may need to try a variety of strategies before an individual is able to understand the choices. For example, you might begin by asking the individual during leisure time in the evening, "What would you like to do?" This is an open-ended vocal choice. If the individual does not seem to understand, you might then ask, "Would you like to look at a magazine or listen to your radio?" (vocal choice, naming items). If the individual still does not understand, you might ask the same question while showing the individual one index card with a picture of a magazine and another index card with a picture of a radio (two-item choice with pictures). If this strategy fails, you might actually show the individual a magazine and radio, and

prompt the individual to point to what she or he wants (two-item choice with objects).

For individuals who do not have the skills to say or point to something they want, you must provide a choice opportunity in an easier way. In this case, you can offer the individual a magazine (one-item choice). Use your observation tool to see how the individual responds to the magazine to determine if the individual wants the item.

No matter what strategy is selected, it is important to give the individual time to respond based on his or her ability. Some of us take longer to think than others.

ACTIVITY

Choosing Strategies for Supporting Individuals with Different Levels of Choice-Making Skills

Directions: *Read the following scenario. Column one identifies choice-making skills for three different individuals. In column two, write down how you would offer breakfast choices based on each individual's choice-making skills. Refer to Figure 2.1 on page 8 if you need help. Your answers will be shared with the class.*

Scenario:
You work during the morning shift and it is your responsibility to provide breakfast. You made pancakes and eggs because it was what was planned on the menu and the individuals enjoyed those foods in the past.

Choice-Making Skills	***Describe how you would offer the choice:***
Example: *John has very good verbal skills.*	*I would ask John an open-ended question such as, "What would you like to eat for breakfast?"*
Diana has severe disabilities. She is unable to say or point to things that she wants.	
Ed has some verbal skills, but seems confused when asked open-ended questions.	

Approach, Avoidance, and Neutral Behavior

What clues might determine an individual's preference? When you present a one-item choice, observe the individual to see if he or she approaches or avoids the item. An approach behavior might include smiling, reaching for, leaning toward, or looking at the item. When an individual approaches an item in this manner, you should give the item to the individual.

Instead of approaching an item presented, an individual might avoid the item. Avoidance behavior usually involves turning away from the item, pushing the item away, or frowning. When an individual avoids an item, you should remove it and present another item. Sometimes a person may not approach or avoid an item.

Lack of approach or avoidance is called neutral behavior. If an individual shows neutral behavior you should allow the individual to sample the item; that is, make sure the person knows what is being offered by touching, looking at, tasting, or using the item. Present the item again to check for approach or avoidance. If neutral behavior occurs the second time, the item should be removed.

Special Considerations When Providing Choices

Keep in mind the following tips when providing choices to individuals. First, it is important to look for individual choice-making behaviors when presenting two items or activities. For example, some individuals tend to always pick something that is presented on their left side. For this reason, it is important to change the side on which you present the items. For instance, when presenting a choice between looking at a magazine and listening to the radio, change the side on which you present the magazine and radio each time.

You should also be aware that the manner of presenting choices could improve an individual's choice-making skills. That is, if you provide many choices in a consistent manner, you can actually teach choice-making skills.

Respecting Choices

When providing individuals with a choice opportunity, it is essential that you respect and honor the individual's choice by:

- Ensuring in advance that you have the resources and time to provide the individual with his or her choice.
- Giving the individual the chosen item or activity.

Of course, choices may be limited based on the resources at hand. For example, you cannot offer an individual orange juice for breakfast if there isn't any orange juice in the house.

Identifying Choice Opportunities in Daily Routines

Think about the choices you made after getting up this morning. These choices may have involved getting out of bed or sleeping longer, what to have for breakfast, where to have breakfast, with whom to eat breakfast, and how to dress for the day.

Some choices involved how to do an activity, such as take a shower or a bath. Other types of choices involved when to do an activity, where to do an activity, and with whom to do the activity. We make many types of choices everyday to make our days more enjoyable. The same holds true for the individuals with whom you work. You should try to build as many choices as possible into the daily routines of the individuals you support.

Supporting Major Lifestyle Choices

The choices described so far revolve around an individual's daily routine. It bears repeating that supporting individuals in making choices during their daily routine can increase the daily quality of life.

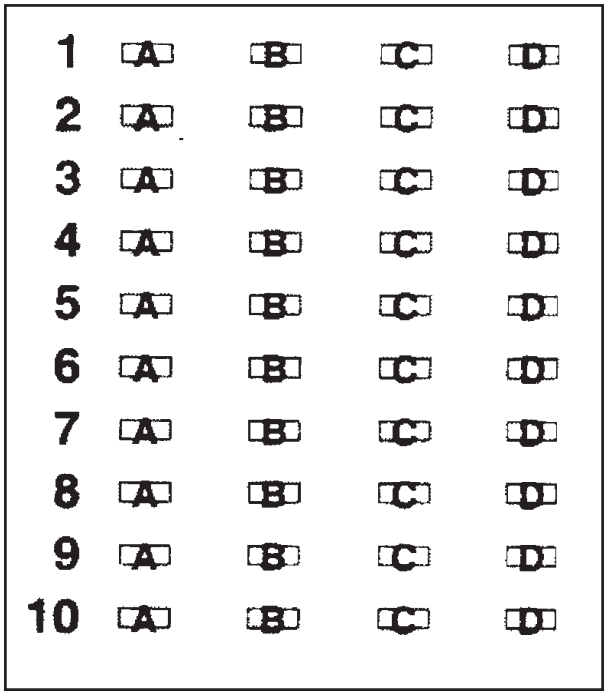
Other types of choices can affect an individual's long-term quality of life. These are choices about major lifestyle changes such as where and with whom to live and what job to do. We can help individuals make choices that may have a profound impact on their lifestyle by making sure our supports and services are person centered. As you will recall from Year I, person-centered planning is the process of focusing on supporting people with disabilities in making their own choices for everyday and major lifestyle decisions.

Following the principles and practices of person-centered planning as much as possible enables you to support individuals in having control over their lives. Control means choosing how one lives, and choosing how one lives makes life much better for everyone. You will learn more about person-centered planning in Session 2.

PRACTICE AND SHARE

Think about an individual who you support. Select one of their daily routines (for example, their routine when they get up in the morning or go to bed). Consider what choices you offer that individual during that routine now. Then consider what additional kinds of choice opportunities could be created during that routine. Be prepared to discuss your thoughts at the beginning of the next class.

Making Choices



1. **Making choices during an individual's day-to-day activities:**
   A) Should not be done.
   B) Is a waste of time.
   C) Increases life enjoyment.
   D) Will make an individual lazy.

2. **Two important reasons for supporting individuals in making choices are:**
   A. Increases challenging behavior and reduces activity participation.
   B. Increases activity participation and reduces challenging behavior.
   C. Reduces challenging behavior and decreases activity participation.
   D. Identifies reinforcers for teaching and decreases activity participation.

3. **Which of the following provides the best opportunity for you to honor and respect an individual's choice-making skill?**
   A) Tell the individual you do not have the item she or he chose.
   B) Give the individual an item you chose.
   C) Ask the individual to make another choice.
   D) Provide the individual with the item they chose.

4. **Asking the individual what she or he wants to do is:**
   A) A way you can provide choices to an individual.
   B) Not a very good idea.
   C) Going to create challenging behaviors.
   D) The last step in a task analysis.

5. **If you ask an individual what they would like to do and they do not respond with a choice, you should:**
   A) Tell the individual to forget you ever asked.
   B) Ask the individual to choose between two specific options.
   C) Ask the individual the same question, the same way again.
   D) Give the individual something you would like to have.

6. **Enjoyment of life, reducing challenging behavior, and increasing participation in activities are:**
   A) Good mottos to live by.
   B) Reasons for supporting individuals in making choices.
   C) Regulations found in the Lanterman Act.
   D) Reasons you make decisions for individuals.

7. **Turning away, pushing aside, or frowning when an item is placed in front of an individual is called a(n):**
   A) Approach behavior
   B) Neutral response
   C) Interesting reaction
   D) Avoidance behavior

8. **When an individual displays a neutral behavior when given a choice situation you should:**
   A) Excuse the individual from the table.
   B) Let the individual touch, taste, look at, or use the item.
   C) Give the individual what you like best.
   D) Give the individual what you think she or he really wants.

9. **If you offer an individual the option to take a bath or a shower you have:**
   A) Taken too much time for bathing activities.
   B) Promoted a choice opportunity during a daily routine.
   C) Increased the opportunity for a challenging behavior.
   D) Completed the morning task analysis for bathing.

10. **Supporting people with disabilities in making choices for major lifestyle changes is called:**
    A) Scheduling a doctor's appointment.
    B) Planning activities you like.
    C) Person-centered planning.
    D) An Individual Program Plan (IPP).

Appendices

Appendix 1A /NADSP Code of Ethics

National Alliance of Direct Service Professionals (NADSP) Code of Ethics

Advocacy

As a DSP, I will advocate with the people I support for justice, inclusion, and full community participation.

Interpretive Statements

As a DSP, I will:

- Support individuals to speak for themselves in all matters where my assistance is needed.
- Represent the best interests of people who cannot speak for themselves by finding alternative ways of understanding their needs, including gathering information from others who represent their best interests.
- Advocate for laws, policies, and supports that promote justice and inclusion for people with disabilities and other groups that have been disempowered.
- Promote human, legal, and civil rights of all people and assist others to understand these rights.
- Recognize that those who victimize people with disabilities either criminally or civilly must be held accountable for their actions.
- Find additional advocacy services when those that I provide are not sufficient.
- Consult with people I trust when I am unsure of the appropriate course of action in my advocacy efforts.

Person-Centered Supports

As a DSP, my first allegiance is to the person I support; all other activities and functions I perform flow from this allegiance.

Interpretive Statements

As a DSP, I will:

- Recognize that each person must direct his or her own life and support and that the unique social network, circumstances, personality, preferences, needs, and gifts of each person I support must be the primary guide for the selection, structure, and use of supports for that individual.
- Commit to person-centered supports as best practice.
- Provide advocacy when the needs of the system override those of the individual(s) I support, or when individual preferences, needs, or gifts are neglected for other reasons.
- Honor the personality, preferences, culture, and gifts of people who cannot speak by seeking other ways of understanding them.
- Focus first on the person and understand that my role in direct support requires flexibility, creativity, and commitment.

Promoting Physical and Emotional Well-Being

As a DSP, I am responsible for supporting the emotional, physical, and personal well-being of the individuals receiving support. I will encourage growth and recognize the autonomy of the individuals receiving support while being attentive and energetic in reducing their risk of harm.

Appendix 1A /NADSP Code of Ethics (continued)

Interpretive Statements

As a DSP, I will:

- Develop a relationship with the people I support that is respectful, based on mutual trust, and that maintains professional boundaries.
- Assist the individuals I support to understand their options and the possible consequences of these options as they relate to their physical health and emotional well-being.
- Promote and protect the health, safety, and emotional well-being of an individual by assisting the person in preventing illness and avoiding unsafe activity. I will work with the individual and his or her support network to identify areas of risk and to create safeguards specific to these concerns.
- Know and respect the values of the people I support and facilitate their expression of choices related to those values.
- Challenge others, including support team members such as doctors, nurses, therapists, co-workers, and family members to recognize and support the rights of individuals to make informed decisions even when these decisions involve personal risk.
- Be vigilant in identifying, discussing with others, and reporting any situation in which the individuals I support are at risk of abuse, neglect, exploitation, or harm.
- Consistently address challenging behaviors proactively, respectfully, and by avoiding the use of aversive or deprivation intervention techniques. If these techniques are included in an approved support plan, I will work diligently to find alternatives and will advocate for the eventual elimination of these techniques from the individual's plan.

Integrity and Responsibility

As a DSP, I will support the mission and vitality of my profession to assist people in leading self-directed lives and to foster a spirit of partnership with the people I support, with other professionals, and with the community.

Interpretive Statements

As a DSP, I will:

- Be conscious of my own values and how they influence my professional decisions.
- Maintain competency in my profession through learning and ongoing communication with others.
- Assume responsibility and accountability for my decisions and actions.
- Actively seek advice and guidance on ethical issues from others as needed when making decisions.
- Recognize the importance of modeling valued behaviors to co-workers, persons receiving support, and the community at-large.
- Practice responsible work habits.

Confidentiality

As a DSP, I will safeguard and respect the confidentiality and privacy of the people I support.

Interpretive Statements

As a DSP, I will:

- Seek information directly from those I support regarding their wishes in how, when, and with whom privileged information should be shared.
- Seek out a qualified individual who can help me clarify situations where the correct course of action is not clear.
- Recognize that confidentiality agreements with individuals are subject to state and agency regulations.
- Recognize that confidentiality agreements with individuals should be broken if there is imminent harm to others or to the person I support.

Appendix 1A/NADSP Code of Ethics (continued)

Justice, Fairness, and Equity

As a DSP, I will promote and practice justice, fairness, and equity for the people I support and the community as a whole. I will affirm the human rights, civil rights, and responsibilities of the people I support.

Interpretive Statements

As a DSP, I will:

- Help the people I support use the opportunities and the resources of the community available to everyone.
- Help the individuals I support understand and express their rights and responsibilities.
- Understand the guardianship or other legal representation of individuals I support, and work in partnership with legal representatives to assure that each individual's preferences and interests are honored.

Respect

As a DSP, I will respect the human dignity and uniqueness of the people I support. I will recognize each person I support as valuable and I will help others understand their value.

Interpretive Statements

As a DSP, I will:

- Seek to understand the individuals I support today in the context of their personal history, their social and family networks, and their hopes and dreams for the future.
- Honor the choices and preferences of the people I support.
- Protect the privacy of the people I support.
- Uphold the human rights of the people I support.
- Interact with the people I support in a respectful manner.
- Recognize and respect the cultural context such as religion, sexual orientation, ethnicity, and socioeconomic class of the person supported and his or her social network.
- Provide opportunities and supports that help the individuals I support be viewed with respect and as integral members of their communities.

Relationships

As a DSP, I will assist the people I support to develop and maintain relationships.

Interpretive Statements

As a DSP, I will:

- Advocate for the people I support when they do not have access to opportunities and education to facilitate building and maintaining relationships.
- Assure that people have the opportunity to make informed choices in safely expressing their sexuality.
- Recognize the importance of relationships and proactively facilitate relationships between the people I support, their family, and friends.
- Separate my own personal beliefs and expectations regarding relationships (including sexual relationships) from those desired by the people I support based on their personal preferences. If I am unable to separate my own beliefs or preferences in a given situation, I will actively remove myself from the situation.
- Refrain from expressing negative views, harsh judgments, and stereotyping of people close to the individuals I support.

Appendix 1A/NADSP Code of Ethics (continued)

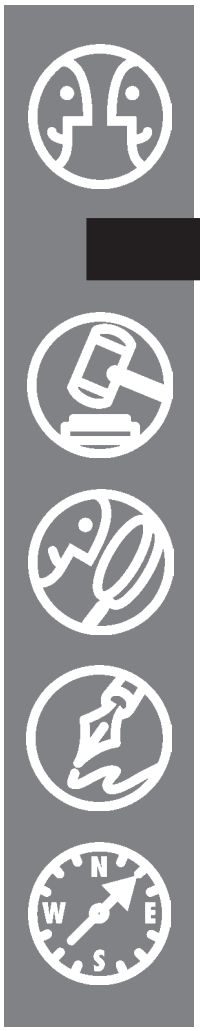
Self-Determination

As a DSP, I will assist the people I support to direct the course of their own lives.

Interpretive Statements

As a DSP, I will:

- Work in partnership with others to support individuals leading self-directed lives.
- Honor the individual's right to assume risk in an informed manner.
- Recognize that each individual has potential for lifelong learning and growth.



Student Resource Guide

2. Person-Centered Planning

Student Resource Guide: SESSION 2

Person-Centered Planning

OUTCOMES

When you finish this session, you will be able to:

- Describe your role as a team member.
- Identify ways to support meaningful goals for individuals.
- Demonstrate how to work as a team member in person-centered planning processes.

KEY WORDS

Goals: A list of things that are important to the individual and that he or she want to do or accoomplish in the future. Goals reflect the individual's needs and preferences.

Individual Program Plan (IPP): An agreement required by the Lanterman Act, between the individual and the Regional Center that lists the individual's goals, objectives, and the services and supports needed to reach those goals. The IPP is developed by the planning team based upon the individual's needs and preferences.

Objectives: What an individual wants to accomplish. Objectives must be specific, time-limited, stated in measurable terms, and related to the individual's goals and needs.

Person Centered: The individual with the developmental disability is the most important person in both planning for and providing services.

Person-Centered Planning: A process for learning about things that are important to the individual and reflect the individual's needs and preferences (goals). This includes the type of services and support needed to help the person reach his or her goals. The individual, his or her family, friends, and people who know and care about the person (including DSPs) work together to identify things the individual likes to do (preferences), things he or she does well (strengths and capabilities), things he or she wants to do (hopes and dreams) and things that get in the way (barriers).

Planning Team: A group of people, including the individual with disabilities, the regional center service coordinator, and others who know and care about the individual, who come together to plan and support the needs and preferences of the individual.

Regional Center: A group of 21 centers throughout California, created by the Lanterman Act, that help individuals with developmental disabilities and their families find and access services. Regional centers purchase necessary services included in the Individual Program Plan.

Review Date: A pre-determined time period when a goal or a plan will be looked at to see if progress has been made and if anything needs to change.

Service Coordinator: An individual who works with individuals and families to find and coordinate needed services and supports.

Services and Supports: Assistance necessary for the individual to lead the most independent and productive life possible, based on the individual's wants, needs, and desires.

The Person-Centered Planning Process

What is Person-Centered Planning?

The Lanterman Developmental Disabilities Services Act says that regional centers must use person-centered planning to support the different ways that people choose to live. Person-Centered Planning is a way to learn about things that the individual

- Wants to do in the future (hopes and dreams).
- Likes to do (preferences).
- Does well (strengths and capabilities).
- Chooses to do in the next year or so (goals).
- Will need help with to get from here to there (services and supports).
- May think will get in the way (barriers).

"Person-Centered Planning provides strategies to increase the likelihood that people with disabilities will develop relationships, be part of community life, increase their control over their lives, acquire increasingly positive roles in community life and develop competencies to help them accomplish these goals. Person-centered planning helps to clarify and implement these ideals one person at a time."

Adapted from *It's Never Too Early, It's Never Too Late*, by Beth Mount and Kay Zwernik

The planning team, including the individual, family members, friends, the regional center service coordinator, and other people who know and care about the person (including DSPs), works to learn about the individual's hopes and dreams, preferences, strengths and capabilities, goals, barriers, and needs for services. The team then develops a plan with the individual.

The Lanterman Act requires that an Individual Program Plan (IPP) be developed for every individual. The IPP is based upon the results of the person-centered planning process. It is an agreement between the individual and the regional center that lists the individual's goals and objectives, and the services and supports needed to reach those objectives. The IPP includes goals, objectives, and plans.

- **Goals** are results that are important to the individual and reflect the individual's needs and preferences. For example:

  I want to spend time with my boyfriend, Richard.

- **Objectives** are specific, time-limited, stated in measurable terms, and related to the individual's goals. For example:

  Once a week I will spend two to three hours with Richard at his or my home, or someplace that we want to go together.

- **Services and Supports** are ways to assist and help the individual to lead the most independent and productive life possible, based on the individual's wants, needs, and desires.
  For example:
  Shirley, a DSP at my home, will help me arrange time with Richard and will provide transportation and other support I may need.

The Person-Centered Planning Process (continued)

The IPP protects the individual's right to make choices. According to the Lanterman Act, the individual has a right to make choices about:

- Where to live and with whom.
- How to spend time each day; for example, day program, at work, or for fun.
- With whom to spend time; for example, visiting friends and family.
- Hopes and dreams for the future; for example, to have a job or save up for a special vacation.

Person-centered planning helps support the choices that people make about their lives. We will next discuss ways DSPs may participate in this important process.

The Person-Centered Planning Team

It takes a team working together to do person-centered planning. By law, team members must include the individual with a developmental disability; family members if someone is younger than18 years old; a guardian or conservator if the person has one; and the regional center service coordinator or someone else from the regional center. The individual might invite other people to participate in the team meeting such as family members, DSPs, a doctor, psychologist, nurse, or speech therapist.

Everyone on the team should know the individual. As a DSP, you may be asked to be a member of a person-centered planning team. It's important to remember these five responsibilities of the planning team:

- Get to know the individual.
- Find out what's important to him or her.
- Support the individual's choices.
- Figure out ways to make those choices a part of everyday life.
- Identify services to support those choices.

One of the first steps to effectively participate as a team member who supports an individual's goals, desires, and needs is to be an active listener. The following activity assists the DSP in improving active listening skills.

ACTIVITY

Listening to Individuals

Directions: Break into small groups. On the flip chart paper provided, write down the answers to the following questions based upon the video you watched earlier.

What did I hear that's important to _____?

What are other questions I could ask to learn what is important to _____?

ACTIVITY

Making Choices

Directions: Break into small groups. Each group will be given an index card with some choices that must be made. Discuss the choices as a group. Next, record your group's choices and your reasons for making them.

Choice 1:
Why did the group make this choice?

Choice 2:
Why did the group make this choice?

Choice 3:
Why did the group make this choice?

In person-centered planning, it is important to figure out individual preferences and offer choices based on those preferences. The DSP can use many tactics to make person-centered planning successful.

The Role of the Direct Support Professional in Person-Centered Planning

Getting to know the individual is at the core of person-centered planning. The best way to get to know someone is to spend time together. You can talk, listen, and observe to learn what is important to the individual. The DSP is often in the best position to obtain this information.

When an individual cannot speak for him or herself, it's important for the DSP to spend more time observing activities in the home; for example, meal time, outings, and free time. The DSP should also observe how people respond to them. Do they use smiles, frowns, shrugs, and eagerness? This will help you learn what people like and do not like as well as with whom they like to spend time.

If someone is new to the home or it's difficult to figure out an individual's preferences from the beginning, it's important to write down preferred items and activities; for example, foods at meal time or free time activities.

You will also want to ask others. If family, friends, or day program staff are available, remember to ask them questions about preferences; for example, "When does he seem to be the happiest?" or, "Where are her favorite places to go?"

Finally, you may find additional information about preferences in the individual's record. If the record includes a summary of a person-centered planning session, you should find a list of likes, dislikes, and preferences.

As you learn about an individual's preferences, it's important to communicate these findings to other staff and to the person-centered planning team. You might do this at staff meetings, team meetings, on a staff log, or in progress notes. This helps create more opportunities for favorite activities and other relevant items to be included in daily routines. It also helps the team develop more person-centered services and supports.

What Can Be Learned From Behavior?

How would someone's behavior tell you that he or she wanted something? When you offer a choice of foods for dinner, he or she might point to a preferred food. Or, if you mention that you are going to the park and someone gets into the van, that would tell you that the person likes something about the activity, such as riding in the car or playing Frisbee in the park.

Sometimes it's easier to figure out what a person doesn't like. For example, someone might spit out food or push away a staff person who is trying to help. Imagine that you don't have words to describe your feelings.

What are some other ways that you would let someone know that something was making you unhappy?

Teamwork and Working With Families

Teamwork and working with families is a very important part of person-centered planning and is a key to success for individuals with developmental disabilities. In addition to the individual, the planning team will likely include family members, consultants, health professionals, regional center staff, and support staff. Since you may participate on a planning team for someone you work with and support, it's important to know some basics about teams and how they work best.

Below are some facts about teams**:**

- Teams include co-workers, families, the regional center, and other community agencies.
- Trust is the basic element for success.

Teamwork is about sharing, cooperating, and helping each other. An effective team values everyone's contributions and works toward a common goal. When people work together as a team, they usually get better results.

Many experts say trust is basic to successful teamwork. Trust takes time. It is dependent upon people getting to know each other to see if they say what they mean and do what they say, and if they contribute to the work of the team in a positive way.

Besides trust, other values that support teamwork are:

- Open, honest communication
- Equal access to information
- A focus on a goal

Team Members' Roles

Everyone has an important role to play on the person-centered planning team. Individuals with developmental disabilities and their families, of course, have a big part to play. As team members, they talk about their choices, hopes, and dreams and what services and supports they need to be successful.

DSPs may help individuals talk about their choices, hopes, and dreams and provide information to the team about what they have seen and heard. Most importantly, DSPs provide services and supports that help individuals work toward their goals. Regional center service coordinators help write the person-centered IPP and locate services and supports when needed.

Communication with Families

Families communicate valuable information to the DSP and the team about the preferences, likes, and dislikes of an individual. Following are useful tips to encourage successful communication with families.

- **Regular Contact**
  It's important to encourage contact with family members whenever possible.

- **Communicate First and Often**
  Early and ongoing communication is important to building a good relationship with family members. Often, the first contact between a DSP and a family member involves a problem. This is a frustrating way for a family member to start a relationship with a relative's caregiver.

- **Be Positive**
  The relationship between families and DSPs should be positive. It should be seen as a chance to work together to serve the best interests of the individual.

- **Use Different Methods to Communicate**
  Speaking with family members and writing them notes are just two methods of communicating with families. Be creative and practical!

- **Be Honest**
  Honesty in your interaction with families is very important. Sometimes this can be very difficult, especially when the information may be difficult for the family to accept. Learn how to best approach family members.

- **Be an advocate**
  DSPs have a dual role. Not only are you responsible for the day-to-day care of the individuals you serve, you are also their advocate. This is probably one of your most important functions because it involves serving the best interest of those with whom you work. At times, being an advocate involves working together with family members on behalf of the individual. At other times, it involves advocating on behalf of the individual in matters on which the family might disagree.

- **Share What You Learn**
  When family members share important information, make sure to share it with other DSPs. Remember, you all work together to support the individual.

- **Show You Care**
  Your genuine concern for the individual, as well as for their family members, will serve you well. Sharing observations with family members and asking for their input will go a long way in maintaining positive communication.

- **Be Sensitive**
  Be sensitive to the individuals you support even if you may not be enthusiastic about the involvement of their families. Adults who do not have a guardian or conservator have a right to decide how much family involvement they want. This may be something you can help with.

Source: Terri Niland, a DSP from Maryland.

Let's examine an IPP and find ways to be supportive team members. The role of the DSP is to review the information in each individual's IPP and to be aware of what should or should not be done to best support each individual's needs and goals.

The Role of the Direct Support Professional in Implementing IPPs

Most importantly, the DSP is responsible for implementing the IPP. Often, the services and supports that an individual needs to reach their goals are provided by the DSP. For this reason, you must be familiar with the IPPs for each person in the home, and know what their goals and objectives are and what your responsibilities are to assist the individual in achieving them. The IPP should tell you who is to do what by when.

You must know where each individual's record is kept, read and be familiar with the IPP, and work with the administrator and other DSPs in the home to provide necessary services and supports identified in the IPP.

Read this partial IPP. What is the goal? What is the objective? What is the plan? Who will do what and by when for the individual? What does the DSP do to support the goal?

The following is an example of an IPP for Eric.

Eric wants to see his friend play baseball. The DSP will help him by finding out when and where the games are scheduled and at least once a week, provide for or arrange transportation for Eric to go to the game with him.

Goal:
I want to go and watch our friend, John, play on the local baseball team.

Objective:
Helen and I will go to John's baseball game once a week throughout the season (April to July).

Service and Support Plan:
Everett, a DSP in the home where I live, will check the weekly schedule to make sure we go at the right time, provide or arrange for transportation, and accompany me to the game.

Eric's objective was an example of fairly simple IPP. Now we will look at an example of a more complicated IPP. Please turn to Kwan's IPP in Appendix 2-A.

The DSP's Role In Assessing Progress on the IPP

Each IPP has a review date, a predetermined time period when a goal or a plan is looked at to see if progress has been made and if any changes are needed. Often, the IPP will require that the DSP (or responsible person) write down observations or keep a record of what was done to implement the plan. This information should be shared with other staff and be reviewed by the regional center service coordinator, the individual's planning team, and others involved in the individual's health, safety, and quality of life.

Sometimes the IPP objectives or plans aren't helping the individual achieve his or her goal. Sometimes the original plan needs to be changed and you are in a good position to identify when there are problems. If you see that something in the plan is not working, it is your responsibility to let others know.

The DSP's Job in Assessing the Quality of Services

A form entitled, "Looking at Service Quality" may be found in Appendix 2-B. It was adapted from a tool that the Department of Developmental Services offers to service providers as a way to look at services and identify opportunities for improvement. The tool assists you in asking questions, such as the following, about the quality of a person's life in the areas of choice, relationships, lifestyle, health and well-being, rights, and satisfaction:

Do I know the hopes and dreams of each person I support?

Do I know the goals in each person's IPP?

Have the individuals I support made progress in reaching a goal in the past year?

Do I provide opportunities for individuals to have choices in their daily life?

Does each person in the home have opportunities to spend time with their friends?

Does each person have someone to talk to in their primary language?

Does each person get to do activities in the community?

Does each person have access to needed health services?

Does each person know his or her rights?

Do I and others treat people with dignity and respect?

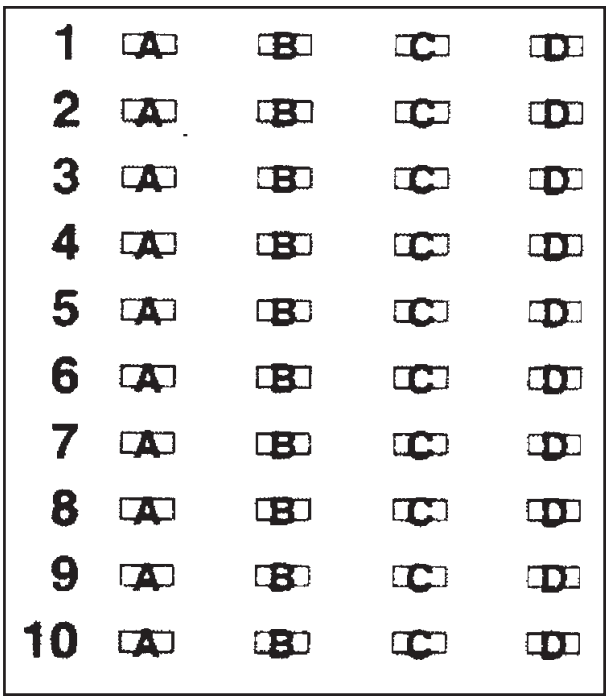
The DSP's Job in Assessing the Quality of Services (continued)

These are just a few questions that you might ask to assess the quality of services that you and others in the home provide. You and others will want to review the answers to these questions as a way to assess the quality of services you provide. Remember, a better quality of life for people with developmental disabilities will likely lead to a more rewarding professional life for you!

PRACTICE AND SHARE

When you return to the home in which you work, ask yourself the above questions for just one individual that you support and be ready to share the answers at the beginning of the next class.

Person-Centered Planning



1. **Ethics, Observation, and Decision Making are among the core skills and knowledge that make up the:**
   A) Title 17 Regulations
   B) DSP Toolbox
   C) IPP Team
   D) Lanterman Act

2. **Because making ethical decisions sometimes involves making very difficult and uncertain decisions, the National Alliance of Direct Support Professionals (NADSP):**
   A) Will make ethical decisions for a member over the phone, free of charge.
   B) Developed a written Code of Ethics for use as a guide.
   C) Recommends DSPs try to avoid making ethical decisions when working with individuals.
   D) Provides a vast collection of past ethical decisions in the "DSP Toolbox" that is distributed to all members of the organization.

3. **"Self-Determination" refers to:**
   A) The right of individuals to have whatever they want.
   B) The individual's ability to make decisions that affect the future direction of their lives.
   C) The responsibility of the DSP to see that individuals are doing things which make the people around them happy.
   D) All of the above.

4. **In a situation in which the ethics adopted by the DSP profession differ from the DSP's personal ethics, the DSP should:**
   A) Seek the opinions of people who are not DSPs.
   B) Follow the profession's ethics instead of their own.
   C) Do whatever the majority of DSPs at the home think is right.
   D) Follow their own ethics instead of the profession's.

5. **Of the following, the DSP's most important responsibility when serving as a member of an individual's planning team is to:**
   A) Focus on the individual's hopes and dreams for the future.
   B) Focus realistically on the individual's most important limitations.
   C) Make sure the individual shows up on time to the planning meetings.
   D) Keep spending on services and supports as low as possible.

6. **The requirement that an Individual Program Plan (IPP) must be developed for each individual was established in the:**
   A) California Planning Commission Act.
   B) United States Constitution.
   C) Americans with Disabilities Act.
   D) Lanterman Act.

7. **Which of the following is a right that is guaranteed to individuals in the Lanterman Act?**
   A) The right to decide how they will spend their time.
   B) The right to have enough income to provide for their hopes and desires.
   C) The right to be supported by family and friends.
   D) The right to special disabled discounts at stores.

8. **Which member of an individual person-centered planning team is usually responsible for writing up the IPP document and locating services?**
   A) Family member.
   B) Regional Center Service Coordinator.
   C) DSP.
   D) Individual.

9. **Usually, the DSP's most important responsibility in the person-centered planning process is to:**
   A) Provide the services and supports called for in the plan.
   B) Keep the plan updated whenever an individual's needs change.
   C) Call emergency meetings of the planning team.
   D) Make sure family members understand what the plan requires.

10. **When the DSP asks herself whether an individual they work with is being treated with dignity and respect, the DSP is:**
    A) Taking on a responsibility that really belongs to others.
    B) Checking on the quality of life of the individual.
    C) Interfering with the individual's right to privacy.
    D) All of the above.

Appendices

Appendix T-1

Copy each set of instructions for the Activity on page S-4 in Student Resource Guide.

Group 1 Instructions

As a group, decide which choice to make. Record your group's choice and your reasons on the Choice Making Activity Sheet on page S-4 in Resource Guide.

1. Make two choices of where you might like to go for lunch in the next few days. Your choices are Burger King, McDonald's, Taco Bell, and/or Subway. Why did you choose those two?
2. On an evening out with a friend, make a choice of whether you would rather go bowling or play pool? Why did you choose this activity?
3. Choose whether you would rather watch the news or soccer on T.V. tonight? Why did you choose that program?

Group 2 Instructions

As a group, decide which choice to make. Record your group's choice and your reasons on the Choice Making Activity Sheet on page S-4 in Resource Guide.

1. If you could go anywhere you wanted for lunch for the next couple of days, what two places would you choose to go? Why did you choose these places?
2. If you could go anywhere you want for a fun evening out with a friend, where might you choose to go? Why did you choose as you did?
3. What would you likely choose to watch on T.V. tonight? Why would you choose this program

Everyone's Regional Center (ERC)

Individual Program Plan (IPP)

Date of IPP Meeting: **4/1/04**

IDENTIFYING INFORMATION

Kwan Louise Wang	F	4/18/58
Name	Gender	Date of Birth

1421 High View Street, Roseland, CA 90375 (405)677-9535
Current Address Phone

English Community Care Facility, Service Level 4
Primary Language Residence Type

Betsy Helpful (405)546-9203
Service Coordinator Phone

IPP MEETING PARTICIPANTS

Kwan Wang, Phone (405)677-9535

Judy Wang, mother and conservator, Home Phone (405)391-2537; Cell (405)636-2452

John Wang, brother, Home phone (310)372-3610

Martha Green, administrator of the Green home, Phone (405)677-9436

Mimi Rosales, direct support staff at the home, Phone (405)677-9535

Armand Garcia, Hillside Day Program counselor, Phone (405)638-4423

Betsy Helpful, ERC service coordinator, Phone (405)546-9203

FAMILY INFORMATION

Family Members

Judy Wang (Mother and Conservator) 76711 S. San Pedro Street, Roseland, CA 90375
Home Phone (405)391-2537; Cell (405)636-2452

John Wang (Brother) 525 Avenida Esplendida, Ripart, CA 90275

Home Phone (310)372-3610

Consumer/Family Concerns and Priorities

Kwan has a boyfriend, Robert, with whom she enjoys spending time. She would like support to be able to spend good, quality time with Robert. Kwan enjoys animals and has a pet bird. Someday, she would like to have more than one bird. In the meantime, Kwan would like to find more ways to be around animals, especially birds. She would also like a job since she wants to save money for her dream trip to Disneyland and to buy more clothes and CDs. Kwan also enjoys spending time with her mother and brother. She and her mother get together once a week for shopping and other activities. She doesn't see her brother as often, since he lives 50 miles away.

Individual Program Plan (IPP)

Kwan's mom wants Kwan to be happy in her new home. She is concerned that Kwan's fairly complicated medical needs are taken care of properly. She wants to continue to take a very active part in Kwan's life. She loves her daughter very much and wants to do what is best for her. Kwan's brother is concerned that Kwan's wheelchair needs to be replaced and wants to see Kwan get a new one as soon as possible. He also wonders if there isn't something that could help Kwan communicate more effectively, as it is very hard to understand her.

MEDICAL INFORMATION

Health Insurance: Medi-Cal (467)963-5738; Medicare (467)963-5738

(Father deceased)

Medications

- Tegretol 200 mg QID (four times a day, 7:00 a.m., 12:00 p.m., 5:00 p.m., 10:00 p.m.) with food for seizures.
- Colace 250 mg q AM (every morning) with a large glass of water for constipation.
- Milk of Magnesia 30 cc q 3rd day (every third day) with no bowel movement.
- OsCAL 1500 mg qd (every day) for prevention of osteoporosis.
- Lotensin 20 mg q AM, (every morning) for hypertension.
- Fluorigard 15cc mouthwash after toothbrushing AM and PM for oral health.
- PF 35 sunguard and lip balm to protect from sunburn to be applied if Kwan is to be in the sun for more than 15 minutes.

Health Providers

Primary Care Physician

Dr. Ubeewell, 7922 Spirit Street, Pleasantville, CA 90375 Phone: (405)391-8511

Neurologist

Dr. Nicely, 12 Fair Oaks Drive, Suite 3, Roseland, CA 90375 Phone: (405)333-7272

Gynecologist

Dr. Young, 12 Fair Oaks Drive, Suite 14, Roseland, CA 90375 Phone: (405)333-6789

Dentist

Dr. Y Nocaries, 12 Whitten Way, Pleasantville, CA 90375 Phone: (405)696-3372

Audiologist

Dr. Hearless, 1434 Hayes Way, Suite 200, Pleasantville, CA 90375

Phone: (405)333- 4536

Health Status

Height: 5 feet Weight: 120 pounds

Individual Program Plan (IPP)

Eligible Diagnosis: Spastic Quadriplegia Cerebral Palsy, Severe Mental Retardation. Mixed Seizure Disorder

Chronic medical conditions/special health issues: Kwan had a right hip fracture with pinning in 1998. She currently has a seizure disorder, hypertension (diagnosed in 2003), chronic constipation, and moderate hearing loss in the left ear (diagnosed in 2002). She has doctor's orders for a therapeutic diet (high fiber for constipation and no coffee or added salt for hypertension). In addition, she cannot eat tomatoes or tomato products.

Allergies: Kwan is allergic to tomatoes and tomato products. They give her hives. She is also sensitive to the sun and sunburns easily.

Equipment: Wheelchair, shower chair, adaptive spoon.

Hospitalizations: No hospitalizations in the past year.

Mental Health Issues: N/A

Immunizations: Kwan had a flu shot and pneumovax in September 2003.

NATURAL SUPPORTS

Kwan's mother and brother are both very close to Kwan and want to do as much to support her as they are able. Her mother visits Kwan once a week. Every fourth week she takes her shopping at the local mall. She goes with Kwan as often as she can to doctor visits. Kwan spends Thanksgiving and Christmas holidays with her mother and family. Kwan's boyfriend, Robert, is also an important source of support and fun.

WHAT PEOPLE NEED TO KNOW ABOUT KWAN

Kwan is a friendly and happy person who gets along well with others. She has a good sense of humor and likes to be with people and do fun things. Kwan enjoys her close relationship with her mother and brother. Kwan likes birds, especially her yellow parakeet Pete. She also loves having her nails polished and going shopping with her mom. Kwan likes watching TV, especially the Disney Channel. Kwan is able to express some of her needs verbally; however, when she is very excited, her speech is very difficult to understand. She hears best with her right ear. Kwan uses a wheelchair and needs assistance with most things. Kwan has very fair skin and is sensitive to sun.

HOPES AND DREAMS

Kwan enjoys spending time with Robert and would like more opportunities to be with him. Kwan loves her bird. She would like to someday work in a pet shop or someplace where there are lots of birds. She likes the water and would like to learn to swim. The thing that would make her happiest in the world would be to go to Disneyland with Robert.

Individual Program Plan (IPP)

CONSUMER/FAMILY SATISFACTION WITH SERVICES

Kwan likes her new home. The staff are nice, and she likes spending time with them, but she would like to have more friends and to spend more time with Robert. Kwan's mother, who is also her conservator, is happy with Kwan's new home as well.

FINANCIAL SITUATION

Benefits: Kwan receives SSI in the amount of $670 a month with an additional $90.00 for personal and incidentals (P&I). In addition, Kwan receives SSA in the amount of $270 a month. Her mother is her representative payee. She also maintains a bank account for Kwan. Kwan uses her P&I to purchase personal items, clothes and pet supplies for Pete and for weekly activities as needed.

LEGAL STATUS

Kwan's mother is her limited conservator and, as such, is authorized to sign for Kwan's medical care, handle her finances, and make decisions about where she lives.

INDIVIDUAL PROGRAM PLAN AREAS

HOME

Current Status: On January 6th this year (2004), Kwan moved to her new home, a level 4, owner-operated CCF. Martha Green is the owner and administrator. Kwan had to move because her previous service provider became seriously ill. Kwan likes her new home and particularly likes Mimi Rosales, one of the staff. It also helped that her previous roommate moved with her. There is one staff for every three individuals in the home at all times. In the morning and evening there is one additional staff. Kwan's mom was worried about the move, but is now satisfied that the new home is working for Kwan. Being able to keep her bird was one of the reasons she and her mom chose the Green home.

Goal

Kwan wants to live in a safe, comfortable, home that meets her needs and supports her choices and preferences.

Objective 1

1. The Green home will continue to provide Kwan with a safe and supportive living environment through 4/30/05.

Plans

1. Green home staff will provide services and supports for Kwan as described in Kwan's IPP and with consideration for Kwan's unique needs and preferences.
2. Martha Green, Administrator, will prepare a quarterly summary of activities and outcomes related to implementation of individual IPP objectives for which the facility is responsible.

3. ERC will continue to provide monthly payment at the Level 4 rate (minus the SSI and SSA amount) to the Green home for Kwan. Kwan's ERC service coordinator (SC) will visit Kwan once every three months or more frequently as needed to monitor the implementation of Kwan's IPP and Kwan and her mother's continued satisfaction with the services.
4. As representative payee, Kwan's mom will continue to provide monthly payment for Kwan to the Green home for the total amount of the SSI and SSA payments.

Objective 2

Kwan's staff will receive initial training prior to working with Kwan and ongoing yearly training in First Aid, CPR, and proper transfer and lifting procedures for Kwan.

Plans

1. Martha will contact the Red Cross and schedule staff training.
2. Staff will provide Martha with a certificate of completion of training to be maintained in their personnel file.

PERSONAL CARE

Current status

Kwan likes to wear nice clothes, make-up, and have her nails polished. Kwan uses an adaptive spoon to eat, but otherwise needs to be assisted with all her needs. She enjoys long showers. Kwan is unable to stand and pivot to transfer from her wheelchair. Kwan's wheelchair needs replacement. It is 8 years old, and the upholstery is ragged and the frame wobbly. The brakes were recently repaired.

Goal

Kwan wants to look nice, be comfortable and be treated respectfully by staff whent they are assisting her. She wants to do things as independently as possible. She needs a new wheelchair.

Objective 1

Kwan will maintain good oral health, healthy skin, and will be assisted to dress and groom herself appropriately for the occasion and the season through 4/30/05.

Plans

1. Home staff will provide complete assistance to Kwan with bathing, dental care, dressing, toileting, grooming (including makeup) with concern for her privacy and dignity and provide Kwan with opportunities for choice throughout her daily routine. Staff will schedule extra time for Kwan's shower.

2. Home staff will assist Kwan to floss Kwan's teeth once a day and brush with an electric toothbrush twice a day. They will assist Kwan in using Flourigard as prescribed after each brushing.
3. Home and day program staff will assist Kwan to shift position in her wheelchair once every 2 hours. Home staff will assist Kwan to transfer from her wheelchair to a beanbag for an hour each night at home while she is watching her favorite TV program or listening to music.
4. Both home and day program staff will assist Kwan to apply sunscreen, lip balm, and a hat each time she is in the sun for any extended length of time (more than 15 minutes).

Objective 2

Kwan will be supported to eat as independently as possible through 4/30/05.

1. Home and day program staff will ensure that Kwan has her adaptive spoon when eating and will provide partial assistance and verbal prompts to guide Kwan to eat as independently as possible.

Objective 3

Kwan will get a new wheelchair by 10/1/04.

Plans

1. Kwan's SC will arrange for Jacquie Ohanesian, CRT, at First Care Equipment, (405)696-4651, to assess Kwan's wheelchair. ERC will fund the assessment.
2. Within two weeks of the completed assessment, the service coordinator will schedule a meeting with Kwan, her mom, and Martha Green to discuss the results of the evaluation and write an IPP addendum for the purchase of the wheelchair. If Medi-Cal will not approve the purchase of the recommended wheelchair, ERC will purchase.

COMMUNICATION

Current status

Kwan is a friendly and happy person. She has a good sense of humor and likes to be with people. Kwan is able to express some of her needs verbally; however, at times when she is very excited, her speech is very difficult to understand. An audiogram done in 2002 revealed a moderate left ear hearing loss. No hearing aid was recommended. Kwan hears best when people direct their speech directly at her or towards her left ear. Her brother is concerned that there may be some way to assist her to communicate more effectively.

Goal

Kwan will be supported to communicate as effectively as possible.

Objective 1
Kwan will be evaluated for use of augmentative communication strategies and devices by 10/1/04.

1. Kwan's SC will arrange for Liz Speakeasy, Speech Therapist, to assess Kwan for use of augmentative communication. The speech therapist will assess Kwan in different environments and situations. Medi-Cal will fund the assessment.
2. Within two weeks of the completed assessment, the service coordinator will schedule a meeting with Kwan, her mom, and Martha Green to discuss the results of the evaluation and write an IPP addendum for the purchase of any necessary augmentative communication device.
3. Home staff will follow any plans developed by by the Speech Therapist.

FAMILY, FRIENDS and FUN

Current Status
Kwan lives with three other women close to her age. Kwan likes visiting with her mother and brother, especially during the holidays. Her mother and brother visit her often. Kwan has told Mimi Rosales that she wants to spend more time with her new friend, Robert. Her life's dream would be to go to Disneyland with Robert. She also loves having her nails polished and going shopping with her mom. Kwan especially enjoys shopping for clothes, make up, and jewelry. Kwan likes watching TV, especially the Disney Channel. In February, Kwan attended a Valentine's Day Party. She is very proud of the picture taken of her at the party that shows how pretty she looked in her red dress. Her mom framed it.

Goals
Kwan wants to see family and Robert on a regular basis, make more friends, and participate in more community activities.

Objective 1
Martha and her staff will provide support for Kwan to participate in fun activities of her choice in her local community at least once a week.

Plans
1. At Kwan's request, home staff will support her to arrange and coordinate visits with Robert.
2. As pre-arranged with Kwan's mom, home staff will arrange for Dial-A-Ride to take Kwan to and from the mall to meet her mother for shopping.
3. Staff will assist Kwan in exploring additional community activities that interest her, for example, Audobon Bird Society activities.

Objective 2

By October 1, 2004, Kwan's plan for going to Disneyland will be developed.

Plans

1. Kwan's mom will develop a budget and help Kwan save money for a Disney trip.
2. Mimi Rosales volunteered to help Kwan arrange the trip, perhaps to coincide with a National Self-Advocacy Conference being held in Anaheim in September 2005.

HEALTH

Current Status

In late January of this year (2003), Kwan was diagnosed with high blood pressure. Medication has brought her blood pressure down to 132/86. The doctor ordered a diet with no coffee or added salt. Kwan continues on her high fiber diet. She is allergic to tomatoes and tomato products. Although she is on stool softeners and laxatives she continues to experience chronic constipation. Kwan's gums bleed easily as a result of the gingivitis. Seizure frequency is reduced to about two to three *grand mal* seizures per year. Seizures last 1–2 minutes. Seizures sometimes are noted to be in association with episodes of severe constipation.

Kwan's last visit to her primary care physician, Dr. Ubeewell, was 5/14/03. Her blood pressure was within normal range. Kwan is to return every three months or more frequently as needed. Kwan's last visit to her neurologist, Dr. Nicely, was 7/12/02. Her serum blood level for Tegretol and TSH was normal. She is to return yearly or more frequently as needed. Lab work needs to be done prior to visit (call doctor for order). Kwan last saw her gynecologist, Dr. Young, on 1/30/03. Dr. Young works with the Adult Special Disabilities Clinic at University Hospital, and Kwan feels very comfortable. She has an examining table which makes transfer from her wheelchair easy. She had a breast exam and Pap smear on the same date and a mammogram on 3/22/03. Findings were normal for both. Kwan is to return for a yearly breast exam, pap smear, and mammogram (Bay Area Breast Center). Kwan went to her dentist, Dr. Nocaries, on 2/28/03. She had two small cavities that were filled, and her teeth cleaned. She is to return two times a year. She saw Dr. Hearless, her audiologist, on 2/15/03. Dr. Hearless diagnosed moderate hearing loss in her left ear. She is to return once a year for follow-up audiogram.

Goal

Kwan will be supported to have the best possible health.

Individual Program Plan (IPP)

Objective 1

Kwan will receive ongoing medical and dental care and age- and gender-appropriate health screenings through 4/30/05.

Plans

1. Martha will make all necessary medical and dental care appointments.
   Martha will make appointments on the following schedule:
   Primary Care Physician: Dr. Ubeewell, last visit 5/14/04; return quarterly or more frequently as needed.
   Neurologist: Dr. Nicely, last visit 7/12/02; return yearly or more frequently as needed, and call doctor for lab order prior to yearly visit.
   Gynecologist: Dr. Young, last visit 1/30/03; last Pap smear 1/30/03; last mammogram 3/22/03; return for yearly Pap smear and mammogram.
   Dentist: Dr. Nocaries, last visit 2/28/03; return two times a year.
   Audiologist: Dr. Hearless, last visit 2/15/03; return once a year for follow-up audiogram.
2. Kwan's mother wants to accompany her to her yearly neurologist appointment, her twice-yearly dental appointments, and her yearly audiogram appointment.
3. Martha or a home staff member will accompany Kwan to all medical and dental appointments, provide necessary information, document all visits and the outcome in Kwan's notes, and follow doctor's recommendations. Martha will notify Kwan's mother of any scheduled appointments, as well as any changes in Kwan's health, such as illness, injury, and any hospitalization or ER visit.
4. Martha and both home and day program staff will keep and share a record of Kwan's seizures. If the frequency or duration of seizures increases, Martha will call Dr. Nicely.
5. Martha will ensure that home staff are trained to safely assist Kwan with medications and that staff document each dose.
6. Martha will provide the day program with a pharmacy-prepared and labeled bottle of Tegretol for Kwan's midday dose. Armand Garcia will ensure that day program staff who assist Kwan are trained to safely assist her and that they document each dose.
7. On at least a quarterly basis, Kwan's ERC SC will review Kwan's ongoing notes, seizure log, bowel log, medication, and other health records for any changes or special incidents to ensure appropriate response.

Objective 2

Staff will follow menu plan and therapeutic diet developed by Green home dietician through 4/30/05.

Plans

1. Dietician to review menus with Kwan and her mother to incorporate Kwan's food preferences.
2. Martha will coordinate menus with Kwan's day program.
2. To help prevent constipation and maintain good health, staff at Kwan's home and day program will offer Kwan water throughout the day.
3. Home and day program staff will keep and share a daily record of Kwan's bowel movements. On every third day without a bowel movement, home staff will assist her to take the prescribed dose of Milk of Magnesia and document in Kwan's medication log. If she has no bowel movement on the next day, home staff will call Dr. Ubeewell.

EDUCATION/WORK/DAY ACTIVITY

Current Status

Since her move to the Green home, Kwan has attended Hillside Day Program, 73468 Southside Lane, Roseland CA 90375, telephone (405)696-1173. The program has a one-to-three staff ratio to support individuals who use wheelchairs, like Kwan. Kwan's activities include music appreciation, artwork, and a class on current events. Kwan has a longer lunchtime so that she doesn't have to hurry. She also gets additional assistance to help her while she is eating. She has made several friends at Hillside and has a special new boyfriend Robert. She enjoys the half-hour bus trip to the Center since Robert is on the bus, and they sit together. Kwan likes water and has expressed a desire to swim in a pool. Kwan likes birds and has expressed a desire to work in a pet shop someday where there are lots of birds.

Goal

Kwan wants to expand her daytime activities to include swimming and more community activities including someday working in a pet shop.

Objective 1

Kwan will be supported during the day to achieve her education/work and community activity goals through 4/30/05.

Plans

1. ERC will continue to fund Hillside Day Program for Kwan. Kwan's ERC SC will visit Kwan at the day program at least once every six months or more frequently as needed to review Kwan's IPP and Kwan and her mother's satisfaction with services.

2.. Dave Chauncey at New Horizon Bus Services, 5567 Studebaker Circle, Roseland, (405)333-2056, will provide transportation to and from the day program five days a week. Dave will ensure that all drivers are trained in First Aid and correct tie- down procedures for wheelchairs. ERC will fund the transportation service.

Objective 2

Given doctor's approval, Kwan will swim at least twice a week at a community pool through 4/30/05 or as long as Kwan continues to enjoy swimming.

Plans

1. Within the next month, Martha will make an appointment for Kwan with Dr. Ubeewell to discuss her desire to swim. Kwan's mom will accompany her.
2. Following instructions from Kwan's doctor, day program staff will make arrangements for and support Kwan to swim at least twice a week.

Objective 3

Given day program staff support, Kwan will participate in at least one community activity a week that is related to an area of her interest through 4/30/05.

Plans

1. Day program staff will help Kwan to find community groups with an interest in birds and support Kwan in becoming involved.
2. Day program staff will take Kwan on weekly visits to a local pet store, bird aviary, and other places where Kwan can share her interest in birds.
3. Martha will collaborate with Kwan's day program to ensure she is supported by home staff to swim and engage in more community activities.

I certify that I have participated in the development of the IPP and give permission for the plan to be carried out. I further understand that, if changes occur before the scheduled Annual Review of this plan, I may contact the Regional Center to discuss any needed modifications to the plan.

The Everyone's Regional Center Complaint and Appeal Process have been explained to me. I have been informed that I will receive a copy of this plan.".

"I approve the continuation of my current service coordinator".

Signature	Relationship	Date
Signature	Relationship	Date

Looking at Service Quality

Adapted from Department of Developmental Services (1999)

As you read each of the following statements, think about the services for people who live in the home where you work. What do you think about those services and supports most of the time?

	Yes	Could Be Improved	No
CHOICE			
We know each person's likes, dislikes, and needs.	❑	❑	❑
Individual choices and preferences are a part of each person's daily life.	❑	❑	❑
If individuals cannot communicate, there is someone who helps speak for that person such as a family member or advocate.	❑	❑	❑
We all know the goals in each person's Individual Program Plan.	❑	❑	❑
Each individual has opportunities for making choices everyday; for example, when to get up, what to wear, and what to eat.	❑	❑	❑
Each individual has opportunities for making major life decisions.	❑	❑	❑
Training and support in choice and decision making is provided for individuals as needed.	❑	❑	❑
RELATIONSHIPS			
Individuals make contact with family, friends, and community members on a regular basis.	❑	❑	❑
Individuals have opportunities to meet new friends.	❑	❑	❑
People have a choice of who to spend time with and where.	❑	❑	❑
People have the support they need for having contacts with family, friends, and community members.	❑	❑	❑
People have the support they need to make new friends and to develop caring relationships.	❑	❑	❑
Someone is available and willing if an individual wants to to talk about relationship difficulties; for example, problems with boyfriends or girlfriends.	❑	❑	❑

	Yes	Could Be Improved	No
LIFESTYLE			
Each individual has a method of communication and someone to talk to (in their same language).	❑	❑	❑
Each person has adaptive devices or equipment as needed; for example, a communication device, wheelchair, special eating utensils.	❑	❑	❑
Each individual has opportunities for learning things that lead to greater independence.	❑	❑	❑
Each person has opportunities for completing everyday life activities on his or her own or with support.	❑	❑	❑
We know the religious or cultural preferences of each person and honor those preferences.	❑	❑	❑
Each individual participates in everyday community activities with other community members.	❑	❑	❑
HEALTH and WELL-BEING			
The home is accessible and safe for each person who lives there.	❑	❑	❑
Each person has opportunities to exercise.	❑	❑	❑
Individuals are provided with health care to meet their needs.	❑	❑	❑
We all know about the medications (and side effects) used by each individual.	❑	❑	❑
Information about safe sex, drugs, and/or alcohol abuse is provided if needed.	❑	❑	❑
Each person knows what to do in an emergency or there is someone to help him or her in an emergency.	❑	❑	❑
RIGHTS			
Each individual is safe from abuse, neglect, or exploitation.	❑	❑	❑
Each person knows his or her rights and responsibilities and is supported in learning about them.	❑	❑	❑
Individuals speak up for themselves or receive training or support in speaking up for themselves.	❑	❑	❑
Individuals have training or support on what to do if harmed by someone else.	❑	❑	❑
Individuals are treated with respect by those who work with them and by others in the community.	❑	❑	❑

SATISFACTION	Yes	Could Be Improved	No
Individuals are satisfied with the services and supports they receive in the home.	❑	❑	❑
Friends and family of the individual are satisfied with the services and supports we provide.	❑	❑	❑
The individuals we support have opportunities to tell us if they are not satisfied.	❑	❑	❑
We are satisfied with the services and supports we provide.	❑	❑	❑
In general, the people we support are happy with their lives.	❑	❑	❑

Looking at Service Quality

As a group, figure out the number of **Yes, Could Be Improved** or **No** for each section (for example, CHOICE).

		TOTALS	
CHOICE	_____	_____	_____
RELATIONSHIPS	_____	_____	_____
LIFESTYLE	_____	_____	_____
HEALTH and WELL-BEING	_____	_____	_____
RIGHTS	_____	_____	_____
SATISFACTION	_____	_____	_____

*Now, below, write the three areas with the highest **yes** numbers:*

*Next, write down the area with the highest **could be improved** and **no** numbers:*

What are some ways you can think of to improve services in that area?

Student Resource Guide

3. Medication Management

Cautionary Statement

The material in this module is not intended to be medical advice on personal health matters. Medical advice should be obtained from a licensed physician. This module highlights medication. This module does not cover all situations, precautions, interactions, adverse reactions, or other side effects. A pharmacist can assist you and the doctor with questions about medications. We urge you to talk with pharmacist, nurses and other professionals (e.g. dietitians) as well, to broaden your understanding of the fundamentals covered in this module.

Student Resource Guide: SESSION 3

Medication Management

OUTCOMES

When you finish this session you will be able to:

- Demonstrate how to provide assistance to individuals who self-administer medication.
- Identify resources about medications that individuals are taking.
- Describe different categories of medications.
- Identify the Five Rights of assisting an individual with self-administration of medication.
- Identify the difference between "prescription" and "over-the-counter" medications.
- Identify key information on prescription medication labels.

KEY WORDS

Allergic Reaction: A reaction caused by an unusual hypersensitivity to a medication (or insect stings or certain foods).

Anti-Convulsant Medication: Medications prescribed to control seizure activity in individuals with epilepsy.

Documentation: The written recording of events, observations, and care provided.

Drug: A word often used interchangeably with the word medication.

Generic Name: The name given to a drug by the federal government.

Medications: Substances taken into the body (or applied to) for the purpose of prevention, treatment, relief of symptoms, or cure.

Medication Error: Any time the right medication is not taken as prescribed.

Medication (Drug) Interactions: The result, either desirable or undesirable, of drugs interacting with themselves, other drugs, foods, alcohol, or other substances such as herbs or other nutrients.

KEY WORDS

Ophthalmic: Referring to the eyes.

Otic: Referring to the ears.

Over-the-Counter (OTC) Medications: Includes all non-prescription medications such as aspirin, antihistamines, vitamin supplements, or herbal remedies.

Pharmacy: The practice of preparing and dispensing drugs. The physical building where drugs are dispensed is also referred to as a pharmacy or drug store.

Pharmacist: A licensed individual who prepares and dispenses drugs and is knowledgeable about a drug's contents.

Physician/Doctor: An individual licensed to practice medicine. For the purpose of prescribing medications only, the term is interpreted to mean any health care professional authorized by law to prescribe drugs: physician, dentist, optometrist, podiatrist, nurse practitioner, physician's assistant. A nurse practitioner or physicians assistant that write prescriptions are acting under the supervision of the individual's physician.

Prescription Medications: Medications that must be ordered by a physician or other licensed health care professional with authority to write prescriptions such as a dentist or nurse practitioner.

PRN Medication: An abbreviation (pro re nata) that means "as needed." A PRN medication is any prescription or non-prescription medication that is to be taken as needed.

Psychotropic Medication: Central nervous system drugs, which affect a person's thinking or feeling.

Side Effects: Effects produced by a medication other than the effect for which it was prescribed. Side effects may be desirable or undesirable, predictable or unpredictable, or harmless or dangerous. Sometimes side effects, such as a severe allergic reaction, can be deadly.

Trade/Brand Name: The name given to a medicationby the manufacturer.

The Benefits and Risks of Medications

Although medications can make you feel better and help you get well, it is important to know that all medications, both prescription and over-the-counter, have risks as well as benefits.

The benefits of medicines are the helpful effects you get when you use them, such as controlling seizures, lowering blood pressure, curing infection, or relieving pain. The risks of medicines include the chance that something unwanted or unexpected could happen to the person taking the medication. Following are several types of medication risks:

- The possibility of harmful interactions between the medicine and a food, beverage, vitamins and herbal supplements, or another medicine.
- The chance that the medicine may not work as expected (have the intended effect) and that it may cause additional problems or have a side effect.
- The possibility that there may be a medication error. Medication errors are preventable events that may cause or lead to inappropriate medication use or harm to the user.

The Food and Drug Administration evaluated nationwide reports of fatal medication errors that it received during a fiveyear period and found that the most common types of errors involved administering an improper dose (41%), giving the wrong drug (16%), and using the wrong route of administration (16%). Errors were caused by a lack of skill and/or knowledge and communication errors.

Ways to Lower Risks and Help People Obtain Benefits of Medication

There are may things that you can do to lower the risks of medications for the individuals you are assisting, including talking to the doctor and pharmacist, learning about the medication, reading the label and following the doctor's orders, being aware of and avoiding possible drug or food interactions, monitoring for side effects and knowing and practicing medication safety when assisting with self administration.

Talk to the Doctor and Pharmacist

Before the doctor writes the order for a medication, make sure that he or she knows about other medications being taken by the individual and any allergies or sensitivities. Tell him or her about anything that could affect the person's ability to take medication; for example, difficulty swallowing.

Rather than simply letting the doctor write the order and send you and the individual on your way, ask questions and write down the answers. Find out what drug is being ordered and why. Find out how the drug should be taken and make sure you understand the directions. For example:

- Does three times a day mean eight hours apart or at meal times?
- Are there any medications, foods, or beverages that the individual should avoid?
- Are there any side effects that might occur and what should you do about them?

Ask the pharmacist all of the same questions. Check those answers against the ones you wrote down when you talked to the doctor. If anything is unclear, ask again. Ask the pharmacist for a copy of the medication information sheet and have him or her go over it with you (Appendix 3-A, Sample Medication Sheet). If you still have questions when you get home, don't hesitate to call the doctor or pharmacist. It is best to be cautious if you are unsure about anything.

When talking to the doctor and the pharmacist, use the Medication Safety Questionnaire (Appendix 3-B) and make sure that you get all the questions answered. Write down the answers and keep the information in the individual's record.

Know About Prescription and Over-the-Counter Medications

Remember that in a licensed community care facility, all medications—including prescription and over-the-counter—must be ordered by a doctor.

Make sure you know

- The brand name and the generic names of each medication.
- What the medication looks like; how to store it properly; and when, how, and how long to use it.
- How and under what conditions you should stop using it.
- What to do if a dose is missed.
- What the medicine is supposed to do, any side effects or interactions, and if any tests or monitoring is needed. Again, using the Medication Safety Questionnaire will help you get answers to all of your questions. Other sources of information include medication reference books from your local library or book store. Web sites such as Safemedication .com or rxlist.com also provide medication information.

Read the Label and Follow the Five Rights When Assisting

When preparing to assist with medication, there are several things the DSP should do to minimize medication risks:

- Always prepare medication in a clean and well lighted area.
- Allow plenty of time (to avoid rushing) and stay focused.
- Prepare and assist in a quiet place, to minimize distractions.

When assisting with self-administration of medication, make sure you

- Understand the directions on the label.
- Check, double check, and triple check that you have the right person, right medication, right dose, right time, and right route (the "Five Rights").
- Always keep medications in their original, labeled container.

Only one DSP should be assisting an individual with medications at any given time and that DSP should be allowed to focus only on the medications.

Record Each Medication Dose

Record each dose at the time the medication is taken by the individual—not before and not hours later.

Use a Medication Log (Appendix 3-C) to document the date and time, and to initial for each dose of medication the DSP assisted with. Also record any medication errors; for example, a missed dose.

The DSP can use the sample Medication Log provided in this Session (or ask the pharmacist to provide a medication administration record form). The Medication Log includes key information about the individual, including any known drug allergies, and information about the individual's medications, including the name of the medication, dose, times to take the medication, and how it should be taken. It is advised that pre-made pharmacy labels containing all of the medication information be placed on the Medication Log, along with pre-made warning labels. Whenever a prescription is changed, you must update the Medication Log.

Avoid Interactions

Before starting any new medications, determine if interactions are possible with other medications, vitamins, herbal supplements, beverages, or foods. It is not uncommon for two or more medications to interact causing unwanted side effects. An example of this would be when iron or penicillin is given with an antacid. The antacid prevents the iron or penicillin from being absorbed in the stomach. Follow the doctor's instructions for use.

It is a good idea to use the same pharmacy for all of your medication needs. In this way the pharmacist who fills each prescription will have a record of all medications prescribed for the individual and be able to more readily identify any possible drug interactions.

Observe for Intended and Unintended Effects

Examples of unintended effects, often called side effects, are when a medication makes an individual feel nauseated, confused, dizzy, or anxious; causes a rash; or causes a change in a bodily function such as appetite, sleep pattern, or elimination. Your responsibility is to know the medications; intended and unintended side effects of medication(s) each individual is taking; and to consistently and accurately observe, report, and record any change in the normal daily routine, behavior, ways of communicating, appearance, physical health, and general manner, or mood of the individual. Physical and behavioral changes that are due to possible side effects of a medication are often difficult to sort out. Interpretation (deciding the meaning) of an observed side effect is the responsibility of the individual's doctor.

Know When to Get Help

Some individuals have severe, life-threatening allergies to medications, especially penicillin. The allergic reaction is sudden and severe and may cause difficulty breathing and a drop in blood pressure (anaphylactic shock). If an individual has had a severe allergic reaction to a medication (or insect stings or food), he or she should wear an identification bracelet that will tell health professionals about the allergy.

Call 911 immediately to get emergency medical care if signs of a severe allergic reaction develop, especially soon after taking a medication. Signs of an allergic reaction include:

- Wheezing or difficulty breathing.
- Swelling around the lips, tongue, or face.
- Skin rash, itching, feeling of warmth, or hives.

Some individuals have a severe allergy to insect stings or certain foods. If an individuals shows any of these same signs of a severe allergic reaction soon after eating a food or being stung by an insect, call 911 immediately to get emergency medical care. When in doubt, always err on the side of caution and report the incident.

Know Safe Medication Practices and Requirements for Assisting with Medication

In California, Community Care Licensing regulations are very specific regarding requirements for assisting with medications. Some regulations are different based on the age of people living in the home and the home's licensing category; for example, Adult Residential Facility or Small Family Home. Specific information on these regulatory requirements is included in the Community Care Licensing Division's *Self-Assessment Guide, Medications Booklet*, September 2002, found in Appendix 4-E, Year 1, Session 4.

Medication Labels

The following information will help you to correctly read a medication label.

Medications have both a generic name and a trade name. A drug's generic name is given by the federal government. A medication's trade or brand name is given by the manufacturer. For example, acetaminophen is the generic name for Tylenol; Tylenol is the trade name. The prescribing doctor may order the medication by either name. The pharmacy label may show either name as well.

Each prescribed medication must be kept in its original container with the pharmacy label affixed. Careful reading of the label is critical to ensuring medication safety. The information on the pharmacy medication label includes

- Pharmacy/pharmacist name and address
- Prescription number or other means of identifying the prescriber (used in requesting refills)
- Individual's name
- Prescriber's name (doctor)
- Name of medication
- Strength (Dose)
- Directions for how to use the medication
- Manufacturer
- Quantity (for example, number of pills or other measurement of the amount of the prescription)
- Date the prescription was filled
- Expiration or discard date
- Number of refills remaining

The following is an example of a typical medication label:

ABC Pharmacy
1017 25th St., Sacrametno, CA
Dr. Diaz

RX 10387 6/15/05

JACOB SMITH
TAKE 1 TABLET ORALLY AM FOR SEIZURES (8AM)

TEGRETOL 400 MG
#30 TABLETS
EXPIRES: 06/02/06 REFILLS: 2

MFG: MANY MEDICATIONS, INC
FILLED BY: BRS

Label Warnings

Medication containers may also have separate warning labels affixed by the pharmacist that provide additional information on the use of the medication; for example, "Medication should be taken with plenty of water." Other warnings include

- For external use only.
- Do not take dairy products, antacids, or iron preparations within one hour of this medication.
- Finish all medication unless otherwise directed by prescriber.
- May cause discoloration of the urine or feces.
- May cause drowsiness or dizziness.
- Take medication on an empty stomach one hour before or two hours after a meal unless otherwise directed by your doctor.
- It may be advisable to drink a full glass of orange juice or eat a banana daily.

Never "scratch out," write over, or change a drug label in any way. Instead, return to the pharmacy to have the container relabeled. Any change to a prescription required a doctor's written order that must be filled by a pharmacist.

Medication Labels (continued)

Medication Label Abbreviations

The following abbreviations and symbols are commonly used on medication labels. To read and understand medication labels, the DSP must be familiar with these abbreviations and symbols.

- Rx = Prescription
- OTC = Over-the-Counter
- PRN = when necessary, or as needed
- Qty = quantity
- q (Q) = every
- qd = daily
- b.i.d. (BID) = twice a day
- t.i.d. (TID) = three times a day
- q.i.d. (QID) = four times a day
- h. = hour
- h.s. (HS) = hour of sleep (bedtime)
- tsp. = teaspoon (or 5 ml)
- Tbsp. = tablespoon (3 tsps or 15 ml)
- oz = ounce
- gr. = grains
- mg. = milligrams
- GM, gm. = grams (1,000 mg)
- gr. = grains
- Cap = capsule
- Tab = tablet
- A.M. = morning
- P.M. = afternoon/evening
- D/C or d/c = discontinue

ACTIVITY

Filling in a Medication Safety Questionnaire

Directions: Split into small groups. Using the sample Tegretol® medication label below and the medication Information sheet (Appendix 3-B) to fill in the answers on the Medication Safety Questionnaire. on page S-8.

ABC Pharmacy
1017 25th St, Sacramento, CA
Phone: 000-000-0000, Fax: 000-000-0000
Dr. Diaz
Rx: 10387
JACOB SMITH 06-15-05
TAKE ONE TABLET ORALLY AM FOR SEIZURES (8AM)
TEGRETOL 400 MG
#30 TABLETS
EXPIRES: 06/02/06 Refills: 2
MFG: MANY MEDICATIONS, INC.
Filled by: BRS

ACTIVITY

Medication Safety Questionnaire

Name			
Brand: _____ Generic: _____	Dose (e.g., mg) and form (e.g., tabs)	When to take each dose?	For how long?

1. What is the medication supposed to do?

2. How long before I will know it is working or not working?

3. What about serum (blood) levels? Other laboratory work? How often? Where? Standing order?

4. If the individual misses a dose, what should I do?

INTERACTIONS?

5. Should this medication be taken with food? ☐ Yes ☐ No

   At least one hour before or two hours after a meal? ☐ Yes ☐ No

6. Are there any foods, supplements (such as, herbs, vitamins, minerals), drinks (alcoholic, for example), or activities that should be avoided while taking this medication?

   ☐ Yes (Which ones?) _____

   ☐ No

7. Are there any other prescription or over-the-counter medications that should be avoided?

   ☐ Yes (Which ones?) _____

   ☐ No

SIDE EFFECTS? IF SO, RESPONSE?

8. What are common side effects?

9. If there are any side effects, what should I do? How do I know whether to take the individual to emergency, call the doctor right away, or make an appointment to see the doctor?

10. If the drug is being prescribed for a long period of time, are there any long-term effects?

Common Categories of Medication

Drugs are classified into categories or classes with other medications that affect the body in similar ways. Thousands of medications are available on the market. Many drugs, because of their multiple uses, can be found in more than one category. Some common categories of medications used by individuals with developmental disabilities include:

- Anti-convulsants
- Antibiotics
- Pain medications
- Topical ointments or creams
- Psychotropic medications, which include anti-depressants and anti-psychotics

Anti-Convulsants or Anti-Seizure Medications

Seizures can be treated by medications. Medications prescribed to control seizure activity in individuals with epilepsy are often referred to as anti-convulsants.

The type of seizures an individual has determines which anticonvulsant the physician prescribes. It is very important for you to provide accurate information to the physician on the symptoms of the person's seizure so that the most appropriate medication can be prescribed.

Prior to the discovery of Dilantin in 1938, bromides and barbiturates, such as Phenobarbital, were about the only drugs available to treat seizures. Today many less sedating medications are used to treat epilepsy. Some of the more common anti-convulsants are Depakene, Tegretol, Neurontin, Lamictal, Topamax, and Keppra.

According to a 1995 study cited by McGowan and McGowan in *Assessing Health Risk in Developmental Disabilities*, one anti-convulsant drug controls seizures acceptably in about 70% of new cases; two-drug therapy controls seizures in another 10% of individuals, and three-drug therapy controls seizures in another 5%.

Many anti-convulsants, when taken with other drugs in the same or different categories, interact; that is, affect the amount and usefulness or impact each other.

Some anti-convulsants deplete vitamins so the person may need a multi-vitamin supplement and extra folic acid. Be sure to ask the physician or pharmacist. The physician may not think about this nutritional issue unless you bring it up.

A number of prescription and OTC medications, such as anti-psychotics, Ibuprofen, as well as alcohol and illicit drugs such as cocaine and amphetamines, may lower the "seizure threshold," or increase the likelihood of a seizure.

Most anti-convulsants have central nervous system effects including effects on thinking (especially Phenobarbital). Effects include dizziness, sedation, mood changes, nervousness, or fatigue.

Common Categories of Medication (continued)

Common Side Effects

- Sleepiness, lethargy, cognitive impairment, altered gait, seizure breakthrough, and memory loss are typically related to the dosage.
- Stomach upset (especially with Tegretol and Depakote), diarrhea, gum growth and swelling (with Dilantin), weight gain, and hair loss or growth.
- Liver or kidney dysfunction, hyperactivity, aplastic anemia, allergic response.

To obtain this information, talk to the prescribing doctor and the pharmacist who fills the doctor's order. Also ask the pharmacist for a copy of the medication information sheet and have him or her review it with you. Other sources of information include medication reference books from your local library or bookstore. Web sites such as Safemedication.com or drugconsult.com also provide medication information. Make sure that you know the answers to all of these questions before you assist an individual in taking a medication.

Psychotropics and Psychiatric Disorders and Medications Used for Treatment

Psychiatric disorders may involve serious impairments in mental or emotional functioning, which affect a person's ability to perform normal activities and to relate effectively to others.

Many individuals with developmental disabilities who also have a psychiatric disorder are treated with psychotropic medications alongside other interventions.

Psychotropic medications are central nervous system drugs that affect a person's thinking or feeling. Following is information on three classifications of psychiatric disorders for which individuals might take medication.

1. **Mood Disorders**

   Two main types of mood disorders are

   a. *Depression* (lasting two or more weeks), which can mean feelings of hopelessness or even self-destruction; for example, not wanting to eat or get out of bed in the morning.

   Anti-depressants are used to treat depression. Anti-depressant medications include

   - Tofranil
   - Norpramin
   - Wellbutrin
   - SSRIs (selective serotonin reuptake inhibitors—a new class of medications) include
     - Luvox (fluvoxamine)
     - Paxil (paroxetine)
     - Prozac (fluoxetine)
     - Zoloft (sertraline)

   b. *Bi-polar Disorder*, also called Manic Depression, is often marked by extremes in mood, from elation to deep despair and/or manic periods consisting of excessive excitement, delusions of grandeur, or mood elevation.

   Lithium is used to treat bipolar disorders. Taking this drug requires close monitoring with frequent blood tests.

2. **Schizophrenia**

   Schizophrenia can mean hallucinations and sensory misperceptions; delusions (strange ideas or false beliefs, including paranoia); distorted misinterpretation and retreat from reality; ambivalence; inappropriate affect; and bizarre, withdrawn, or aggressive behavior.

Common Categories of Medication (continued)

Major Tranquilizers are used for schizophrenia, anxiety, and severe behavior problems.

These include

- Haldol (haloperidol)
- Mellaril (thioridazine)
- Proloxin (fluphenazine)
- Risperdal (risperidone)
- Serentil (mesoridazine)
- Thorazine (chlorpromazine)

3. **Anxiety Disorders**

Anxiety disorders are typified by tension, fear, apprehension, discomfort, and distress. Two main types of anxiety disorders are

a. Generalized Anxiety Disorder

b. Obsessive-Compulsive Disorder

Anti-anxiety medications are used to treat anxiety disorders and include

- Buspar (buspirone)
- Librium (chlordiazepoxide)
- Valium (diazepam)
- Xanax (alprazolam)

Common Side Effects Associated With Psychotropic Medications

Medication	*Examples*	*Side Effects*
SSRIs (selective serotonin reuptake inhibitors)	Prozac, Paxil, Zoloft, Luvox, Celexa	Stomach upset, sleeping problems, behavioral problems
Tricyclic anti-depressants	Anafranil, Elavil, Tofranil, and Norpramin	Constipation, dry mouth, dizziness
Other anti-depressants	Desyrel, Serzone, Remeron	Sleepiness, dizziness, dry mouth
Stimulants	Ritalin, Dexedrine, Cylert	Insomnia, loss of appetite, mood changes
Neuroleptics/antipsychotics	Haldol, Risperdal, Mellaril	Sedation, weight gain, movement problems, restlessness
Mood Stabilizers	Lithium	Memory problems, thirstiness, shakiness
Anxiolytics	Valium, Xanax, Ativan	Sedation, unsteadiness, disinhibition

Source: *Psychotropic Medications in Person with Developmental Disabilities*, by Dr. Bryan King.

Five Rights

Following the Five Rights is basic to medication safety. The DSP needs to be sure he or she has the

1. Right person
2. Right medication
3. Right dose
4. Right time
5. Right route

When assisting an individual to take medication, you must read and compare the information on the medication label to the information on the medication log three times before the person takes the medication. By doing so, you are helping to ensure that you are assisting the right person with the right medication and dose at the right time and in the right way (route). Never assist a person with medication if the container has no label!

If, at any time, you discover that any of the information does not match, stop. You may have the wrong person; you may be preparing the wrong medication in the wrong dose at the wrong time; or the person may be about to take the medication in the wrong way. Think through each of these possibilities and decide what to do. If you are unsure, you may need to get help. Ask another DSP or the administrator. In some situations, you may need to call the doctor or pharmacist.

Check the Five Rights three times by reading the medication label and comparing it to the information on the medication log as follows:

✔ **First Check**

When you remove the medication from the storage area.

✔ **Second Check**

When you remove the medication from the original labeled container.

✔ **Third Check**

Just before you assist the individual to take the medication.

▶ 1. Right Person

Read the name of the person for whom the medication is prescribed on the medication (pharmacy) label. When assisting an individual with any medication, it is essential that you know the person. If uncertain of an individual's name or identity, consult another staff member who knows the individual before assisting with self-administration of any medication. Stay with the individual until you are certain that he or she has taken the medication.

▶ 2. Right Medication

After you have verified that you have the right person, read the name of the medication on the medication label. To make sure you have the right medication for the right person, read the label three times and compare it to the information on the individual's medication log.

▶ 3. Right Dose

Read the medication label for the correct dosage. Be alert to any changes in the dosage.

- Question the use of multiple tablets providing a single dose of medicine.
- Question any change in the color, size, or form of medication.
- Be suspicious of any sudden large increases in medication doses.

▶ 4. Right Time

Read the medication label for directions about when and how often the medication should be taken. Medication must be taken at a specific time or times of the day.

You need to know:

- How long has it been since the individual took the last dose of medication?
- Are foods or liquids to be taken with the medication?
- Are there certain foods or liquids to avoid when taking the medication?
- Is there a certain period of time to take the medication in relation to foods or liquids?
- Is it the right time of day, such as a.m. or p.m.?
- What time is a medication to be taken that is ordered for once a day? In the morning? At noon? At dinner time?

This can be confusing. Usually when a medication is ordered only once a day, it is given in the morning. It is best to check with the doctor or pharmacist for instructions.

▶ 5. Right Route

Read the medication label for the appropriate route or way to take the medication. In the case of pills (tablets, capsules, etc.), liquids, under the tongue (sublingual), or between the teeth and cheek (buccal), the right route is "oral." This means that the medication enters the body through the mouth. Other routes include oral inhalers; nasal sprays; topical, which includes dermal patches or ointments to be applied to the skin; eye drops (ophthalmic); and ear (otic) drops.

Note: Other more intrusive routes, such as intravenous administrations, intramuscular or subcutaneous injections, rectal and vaginal suppositories, or enemas are only to be administered by a licensed health care professional.

In some cases, an individual living in an Adult Residential Facility may take their own medication without assistance. If an adult is to self-administer an injectable medication (for example, insulin for diabetes), a physician must provide a written statement that the individual is capable of doing so and there must be a health care plan specific to that individual. In all cases, the medication must be properly stored in a locked cabinet.

If you have any doubt as to whether the medication is in the correct form as ordered or can be self-administered as directed, consult with the prescribing physician or your pharmacist.

Additional Pointers When Assisting with Tablets and Capsules

1. Pour (or punch out if bubble pack) the correct dose into the bottle cap and then into the container used for holding the tablets or capsules. It is recommended that you use a separate disposable paper cup as the container for each medication. If too many pills pour out, return the pills from the bottle cap into the container. If using a bubble pack, punch out the covered dose. It's important for you to work with only one person at a time and complete the task with that person before assisting another.
2. Always provide a glass of water and recommend to the person that he or she tilt their head forward slightly and take a small sip of water before placing the pill in the mouth. This might make swallowing easier as throwing the head back may increase the risk of choking. If pills are not taken with liquids the medication can irritate the throat and intestinal tract and may not be correctly absorbed.

Some medications must be taken with food and other special instructions may be required. Once again, ask the doctor or pharmacist and read any warning labels.

Additional Pointers for Assisting With Medication in Liquid Form

1. Check the label to see if the medication should be shaken.
2. Remove the cap from the bottle and place it upside down on the work surface.
3. Be sure to use a calibrated cup or spoon when assisting individuals with taking teaspoons or tablespoons of a liquid medication. Regular eating spoons (metal or plastic) are not accurate and should never be used. If no measuring device is available, check with your pharmacist or physician to determine exactly how the medication should be measured.
4. Locate the marking on your calibrated medicine cup or other measuring device for the ordered amount. Keeping your thumbnail on the mark, hold the cup at eye level and pour the correct amount of medication.
5. Place the cup on a flat surface to pour and measure.
6. Pour the medication away from the label to prevent staining same with any spills.
7. If too much liquid is poured, do not return it to the bottle—discard it.
8. Double check that the amount matches the amount indicated on the label.
9. Wipe the lip of the bottle with a clean, damp paper towel before replacing the cap.
10. If any liquid spills on the outside of the bottle, wipe with a clean paper towel.
11. Provide water after the liquid has been swallowed. Again, check the pharmacy label for any special instructions.
12. Wash the calibrated measuring device with warm water and air dry on a paper towel.
13. If the person has difficulty taking liquid medications, give the individual a straw to use to decrease spillage and bad taste.
14. If the individual has difficulty drinking an adequate amount of water or swallowing liquids, ask the doctor if he or she can take the medication with
    - Jell-O that is semi-liquid or jellied.
    - Apple juice or other "medication-compatible" juice thickened with cornstarch or other thickening agent.

Other Types of Medications

When assisting an individual with other types of medications such as topical creams and ointments, eardrops, nose drops, or eye drops, consult with the prescribing physician and the pharmacist for specific self-administration procedures.

PRACTICE AND SHARE

Think about the individuals you support and the medications they take. Pick one medication and learn about the possible side effects.

Session 3 Quiz

Medication Management

1	A	B	C	D
2	A	B	C	D
3	A	B	C	D
4	A	B	C	D
5	A	B	C	D
6	A	B	C	D
7	A	B	C	D
8	A	B	C	D
9	A	B	C	D
10	A	B	C	D

1. **Aspirin, vitamin supplements, and herbal remedies are examples of:**
   A) Under-the-Table Medications.
   B) Over-the-Counter Medications.
   C) Prescription Medications.
   D) Transcendental Medications.
2. **"PRN" Medications:**
   A) May be prescription or non-prescription medications.
   B) Have few or no side effects.
   C) Are stored away from other drugs to prevent dangerous drug interactions.
   D) Have to be recorded in the Medication Log only the first time they are used.
3. **Most medications have two names because one name is given by the company making the medication and the other name is given by the:**
   A) Pharmacist.
   B) Physician, Dentist, or Nurse Practitioner.
   C) Federal government.
   D) Community Care Licensing.
4. **When the DSP gives the right dose of the right medication to the right person at the right time and through the right route:**
   A) Side effects that harm the individual will not occur.
   B) The DSP is aware of and observes all of the "Five Rights."
   C) The medication will work exactly as the doctor expects it to.
   D) There is still a good chance the DSP had made a medication error.
5. **Medication errors are reported on the medication log:**
   A) Only if they are very serious.
   B) At the end of the workday.
   C) Before they occur, if time permits.
   D) Not before they occur, but not hours later.

6. **An individual with a seizure disorder should always or usually avoid all of the following, except:**
   A) Amphetamines.
   B) Multivitamin supplement.
   C) Alcohol.
   D) Cocaine.

7. **It is okay to disguise or hide medications in the person's food:**
   A) Only if the DSP is certain the person will never notice.
   B) As a special fun activity, such as on Halloween or April Fool's Day.
   C) At no time.
   D) Only after making sure tablets are completely crushed to a fine powder.

8. **Aspirin, vitamin supplements, and herbal remedies are examples of:**
   A) Under-the-Table medications.
   B) Over-the-Counter medications.
   C) Prescription medications.
   D) Transcendental medications.

9. **What should a DSP do if a person takes medications that were not prescribed for them?**
   A) Immediately notify the doctor of the person who took the wrong medication.
   B) Wait until the next time before giving the medications to the right person, so that the medications will not be used up before they should be.
   C) Get the person who took the wrong medication to vomit (throw up) as soon as possible.
   D) Do a one-time switch by giving the person who did not get their medications the other person's medications.

10. **When packaging a dose of medication for the person to take when away from the facility, the DSP must make sure the following information is written on or contained in the package:**
   A) The person's name and the name of the medication.
   B) The DSP's name and the phone number of the facility.
   C) The doctor's name and the address of the pharmacist.
   D) The "Five Rights."

Appendices

Appendix 3-A

Guidelines for Assisting with Self-Administration of Medication

1. There must be a written, dated, and signed **physician's order** in the individual's record **before a DSP can assist** the individual with self-administration of any medication, prescription, or over-the-counter medication.
2. **Only one DSP** should assist an individual with medications at any given time. That DSP should complete the entire process. Never hand a medication to one individual to pass on to another.
3. **Always wash your hands** before assisting an individual with self-administration.
4. The DSP should **always prepare medication in a clean, well-lit, quiet area.** Allow plenty of time, avoid rushing, and stay focused. Check the Five Rights by reading the Medication Label and comparing to the Medication Log three times before the individual takes the medication.
5. **To avoid errors, it is recommended that the medications be set up immediately before assisting an individual with self-administration of medications.** While Community Care Licensing regulations permit the set up of medications up to 24 hours in advance, there are many potential problems with this practice, including the possibility of the wrong individual taking the wrong medication and wrong dose at the wrong time.
6. **DSPs should ask for help from the prescibing doctor or pharmacist** if he or she is unsure about any step in the preparation of, assistance with, or documention of medications.
7. **Medication should never be disguised** by putting it in food or liquid.
8. **The DSP should always ask the physician (and pharmacist) to give the medicine in the proper form for the individual based on the individual's needs and preferences.**

   For example, one individual may have difficulty swallowing capsules and prefer liquid medication, while another may prefer capsules.
9. **Tablets should never be crushed** unless the prescribing physician has given specific directions to do so. **Capsules should not be opened** and their contents emptied out. Controlled release tablets can deliver dangerous immediate doses if they are crushed. Altering the form of capsules or tablets may have an impact on their effectiveness by changing the way an individual's body absorbs them.
10. **Read the medicine warning label, if any. It will give you important information about how the medication should be taken.**

ASK! ASK! ASK!

CHECK! CHECK! CHECK!

Appendix 3-B

Tegretol (Carbamazepin) Information Sheet

What is carbamazepine?

- Carbamazepine is a drug that affects the nerves and brain. It works by decreasing impulses in nerves that cause seizures and pain.
- Carbamazepine is used to treat seizures and nerve pain such as trigeminal neuralgia and diabetic neuropathy.
- Carbamazepine may also be used for purposes other than those listed in this medication guide.

Who should not take carbamazepine?

- Do not take carbamazepine without first talking to your doctor if you have ever had an allergic reaction to a tricyclic antidepressant; have taken a monoamine oxidase (MAO) inhibitor in the past 14 days; or have a bone marrow disease or a history of bone marrow suppression.

Before taking carbamazepine, tell your doctor if you have:

- kidney disease;
- liver disease;
- heart disease;
- a low level of red blood cells in your body (anemia); or
- glaucoma.

You may not be able to take carbamazepine, or you may require a dosage adjustment or special monitoring during treatment if you have any of the conditions listed above.

- Do not take this medication without first talking to your doctor if you are pregnant or breast-feeding a baby.

How should I take carbamazepine?

- Take carbamazepine exactly as directed by your doctor.
- Take each dose with a full glass of water.
- The Tegretol, Tegretol XR, and Epitol brands of carbamazepine should be taken with food.
- Do not crush, break, or chew any extended- release (Tegretol XR) formulations of carbamazepine. Swallow them whole. They are specially formulated to release slowly in the body.
- The tablet coating of the Tegretol XR formulation is not absorbed in the body and may be found in the stool.
- Your doctor may want you to have blood tests during treatment with carbamazepine. It is important for your doctor to know how much carbamazepine is in your blood and how well your liver is working. A complete blood count (CBC) and liver function (SGOT) should be checked 1-2 months after Tegretol is started. Thereafter levels should be checked every six months or so.
- It may take a few weeks or longer before you feel the full benefit of carbamazepine.
- Carry or wear a medical identification tag to let others know that you are taking this medicine in the case of an emergency.
- Do not stop taking carbamazepine even if you feel better. It is important to continue taking carbamazepine to prevent your seizures from recurring.
- Grapefruit and grapefruit juice may interact with carbamazepine. The interaction could lead to potentially adverse effects. You should discuss the use of grapefruit and grapefruit juice with your doctor. Do not increase or decrease the amount of grapefruit products in your diet without first talking to your doctor.
- Avoid prolonged exposure to sunlight. Use sunscreen and wear protective clothing
- Store carbamazepine at room temperature away from moisture and heat.

What happens if I miss a dose?

Take the missed dose as soon as you remember. However, if it is almost time for the next dose, skip the missed dose and take only the next regularly scheduled dose. Do not take a double dose of this medication.

What happens if I overdose?

- Seek emergency medical treatment.

Symptoms of a carbamazepine overdose include irregular or decreased breathing, muscle twitches, restlessness, seizures, tremors, slurred speech, staggering walk, dizziness, large pupils, back- and- forth motion of the eyes, nausea, vomiting, and decreased urine production.

What are the possible side effects of carbamazepine?

If you experience any of the following serious side effects, contact your doctor immediately or seek emergency medical attention:

- an allergic reaction (difficulty breathing; closing of your throat; swelling of your lips, tongue, or face; or hives);
- liver damage (yellowing of the skin or eyes, nausea, abdominal pain or discomfort, severe fatigue);
- chest pain, high blood pressure (headache, flushing), or congestive heart failure (shortness of breath, swelling of ankles);
- numbness or tingling in the hands, feet, arms, or legs;
- body or muscle jerks;
- confusion, slurred speech, or fainting;
- continuing headache, hallucinations, or depression;
- severe nausea or vomiting;
- back- and- forth movements of the eyes;
- blurred or double vision; or
- decreased urination.
- Rarely, carbamazepine may cause serious blood problems. Notify your doctor immediately if you develop any of the following symptoms, which may be early signs of potential blood problems: fever, sore throat, rash, sores in the mouth, easy bruising, or red or purple bruising.

Other, less serious side effects may be more likely to occur. Continue to take carbamazepine and talk to your doctor if you experience

- mild nausea, vomiting, diarrhea, constipation, or decreased appetite;
- dry mouth;
- impotence; or
- joint or muscle aches or pains.

Side effects other than those listed here may also occur. Talk to your doctor about any side effect that seems unusual or that is especially bothersome.

What other drugs will affect carbamazepine?

- Carbamazepine can interact with many other medicines and many medications may affect your condition. Do not take any other prescription or over- the-counter medicines or herbal products without first talking to your doctor or pharmacist.

Where can I get more information?

Your pharmacist has additional information about carbamazepine written for health professionals that you may read.

Appendix 3-C

Medication Safety Questionnaire

Name			
Brand: _____ Generic:_____	Dose (e.g., mg) and form (e.g., tabs)	When to take each dose?	For how long?

1. What is the medication supposed to do?

2. How long before I will know it is working or not working?

3. What about serum (blood) levels? Other laboratory work? How often? Where? Standing order?

4. If the individual misses a dose, what should I do?

. . . . . .

INTERACTIONS?

5. Should this medication be taken with food? ☐ Yes ☐ No

   At least one hour before or two hours after a meal? ☐ Yes ☐ No

6. Are there any foods, supplements (such as, herbs, vitamins, minerals), drinks (alcoholic, for example), or activities that should be avoided while taking this medication?

   ☐ Yes (Which ones?) _____

   ☐ No

7. Are there any other prescription or over-the-counter medications that should be avoided?

   ☐ Yes (Which ones?) _____

   ☐ No

. . . . . .

SIDE EFFECTS? IF SO, RESPONSE?

8. What are common side effects?

9. If there are any side effects, what should I do?

10. If the drug is being prescribed for a long period of time, are there any long-term effects?

Appendix 3-D

Medication Log

Facility Name _____ Address _____ Phone Number _____

Name: _____ Insurance: ❑ Medi-Cal ❑ Medicare ❑ Insurance No. _____

Drug/Strength/Form/Dose	Hour	Month & Year (MM/YY) _____ & Date _____																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Primary Care Physician: _____ Pharmacy: _____

Staff Signatures & Initials: _____for _____ _____for _____ _____for _____

notes: • *Staff initials date and time medication is taken*
• *If medication is taken at another location, use:*
D= Day Program R= Relative or friend's home E= Elsewhere

Allergies:

Errors and Omissions

Date	Time	Medication Involved	Description of what happened (How discovered, effect upon person, sequence of events and individuals)	Who was notified, e.g. Doctor, Administrator, Emergency Services, etc.	Initials

Appendix 3-E

Assisting Individuals with Self-Administration of Tablets, Capsules, and Liquid Medications

SKILL CHECK #1

Directions

Partner with another member of the class. Each partner should have a Skill Check #1 Worksheet. Using the Worksheet, practice all the steps in this skill. Have your partner check off each step you correctly complete (PARTNER CHECK). When you are comfortable that you are able to correctly complete all the steps without using the Worksheet, ask the teacher to complete the Teacher Check.

Reminders for Assisting With Self-Administration

- **Always** store medication in a locked cabinet and/or refrigerator.
- **Never** leave medication unattended once it has been removed from the locked storage area.
- **Always** check for known allergies.
- **Always** read the medication label carefully and note any warning labels.
- Assist only with medication from labeled containers.
- Assist only with medication that you have prepared.

HELPFUL HINT

- When completing this skill check, remember that you are checking the **Five Rights three times** by reading the medication label and comparing it to the Medication Log.
- The first check is when you remove the medication from the locked storage area or storage container.
- The second check is when you remove the medication from its original labeled container.
- The third check is just before you assist the individual with self-administration.

COMPETENCY: Each student is required to complete Skill Check #1 Worksheet, Assisting Individuals With Self-Administration of Tablets, Capsules, and Liquid Medications, with no errors.

_____

TEACHER

_____

STUDENT

_____

DATE

Appendix 3-E

Assisting Individuals with Self-Administration of Tablets, Capsules, and Liquid Medications

Scenario: The time is 8:00 a.m. The date is the day of the class. The DSP is assisting Jacob Smith with self-administration of medication.

Please initial each step when completed correctly

STEPS	Partner Check	Teacher Check: Attempt #1 Date	Attempt #2 Date	Attempt #3 Date
1. Help the individual whom you are assisting to wash his or her hands.				
2. Wash your hands.				
3. Get the Medication Log for the individual you are assisting.				
4. Gather supplies:				
▸ The labeled medication storage unit with the medication containers				
▸ Paper cups for tablets and capsules, plastic calibrated measuring cup, or medication spoon for liquid				
▸ Glass of water				
▸ Tissues				
▸ Pen				
5. As you take each medication container from the individual's storage unit, read the medication label and compare to the Medication Log for the:				
▸ Right individual				
▸ Right medication				
▸ Right dose				
▸ Right time (check the time on your watch orclock)				
▸ Right route				

Appendix 3-E (continued)

Assisting Individuals with Self-Administration of Tablets, Capsules, and Liquid Medications

STEPS	*Please initial each step when completed correctly*			
		Teacher Check		
	Partner Check	Attempt #1 Date	Attempt #2 Date	Attempt #3 Date
6. Again, as you prepare the medications, read the medication label and compare to the Medication Log for the:				
▸ Right individual				
▸ Right medication				
▸ Right dose				
▸ Right time (check the time on your watch/clock)				
▸ Right route				
7. For tablets or capsules, pour the correct dose into the lid of the container and then into a small paper cup.				
8. For bubble packs, push tablets/capsules from the bubble pack into a small paper cup.				
9. For liquid medication, pour the correct dose into the plastic measuring cup held at eye level.				
▸ View the medication in the cup on a flat surface.				
▸ Pour away from the medication label to avoid spills.				
▸ If any spills on the bottle, wipe away.				
or				
When using a measuring spoon:				
▸ Locate the marking for the dose.				
▸ Hold the device at eye level and fill to the correct dosage marking.				
▸ Pour away from the medication label to avoid spills.				
▸ If any spills on the bottle, wipe away				

Appendix 3-E (continued)

Assisting Individuals with Self-Administration of Tablets, Capsules, and Liquid Medications

STEPS	*Please initial each step when completed correctly*			
		Teacher Check		
	Partner Check	Attempt #1 Date	Attempt #2 Date	Attempt #3 Date
10. Talk with the individual you are assisting about what you are doing and about why he or she is taking each medication.				
11. Again, just before putting the medication within the individual's reach, read the medication label and compare to the Medication Log for the:				
▸ Right individual				
▸ Right medication				
▸ Right dose				
▸ Right time (check the time on your watch/clock)				
▸ Right route				
12. Place the medication within the individual's reach.				
13. Offer a glass of water.				
14. Make sure that the individual takes the medication and drinks water.				
15. Record that the individual took his or her medication by initialing the date and time in the proper box on the Medication Log.				
16. Return the medication containers and bubble pack to the individual's storage unit. As you do so, read the labels to check that the individual's name on the medication container label is the same as the name on the storage unit.				

Certification

This is to certify that

_____

(Name of student)

correctly completed all of the steps for Assisting Individuals with Self-Administration of Tablets, Capsules, and Liquids.

_____

Teacher Signature Date

*Comments*_____

_____

_____

_____

_____

When Assisting with Self-Administration of Medications, You Must Ensure That:

- The Right person
- Receives the Right medication...
- In the Right dose...
- At the Right time...
- By the Right route...

Medication Log

Molina Family Home | 123 Main Street, Any City, CA 90000 | (123) 456-7890

Facility Name | Address | Phone Number

Name: Jacob Smith Insurance: ☑ Medi-Cal ☐ Medicare ☐ Insurance No. OOO111

Month & Year (MM/YY) June 04 & Date

Drug/Strength/Form/Dose	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ABC Pharmacy 1017 25th St., Sacramento, CA Phone 123-456-0789 Fax 123-456-0780 Rx: 10387 Dr. Diaz Patient: Jacob Smith 6/15/05 Tegretol 400 mg #30 tablets Take 1 tablet orally every AM for seizures (8 am) Expires: 6/02/06 Filled by: BRS Mfg: Many Medications Refills: 2																																
ABC Pharmacy 1017 25th St., Sacramento, CA Phone 123-456-0789 Fax 123-456-0780 Rx: 10484 Dr. Anderson Patient: Jacob Smith 6/04/05 Amoxicillin 250 mg #30 capsules Take 1 tablet orally every 8 hours for 10 days for bronchitis (8 am, 4pm, 12 am) Expires: 7/01/06 Filled by: BRS 1 Mfg: Many Medications Refills: 0																																
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: 000-000-0000 Fax: 000-000-0000 Rx: 10484 Dr. Anderson Patient: Jacob Smith 06/04/05 Liquid: TAKE 5cc EVERY SIX HOURS FOR COUGH (2AM, 8AM, 2PM, 8PM) Discard by: 07/01/06 Filled by: BRS QTY: 100CC Refills: 0 RUBYTUSSIN																																

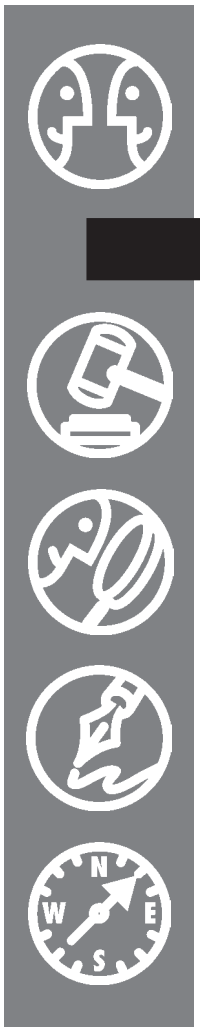
Primary Care Physician: Dr. Diaz Pharmacy: ABC Pharmacy

Staff Signatures & Initials: _____for _____ _____for _____ _____for _____

notes: • *Staff initials date and time medication is taken*
• *If medication is taken at another location, use:*
D= Day Program R= Relative or friend's home E= Elsewhere

Allergies: None

Appendix 3-F



Student Resource Guide

4. Preventive Health Care and Advocacy

Student Resource Guide: SESSION 4

Preventive Health Care and Advocacy

OUTCOMES

When you finish this session, you will be able to:

- Identify components of a healthy lifestyle.
- Identify components of a typical preventative physical examination.
- Identify best practices for making a medical appointment.
- Identify best practices for supporting an individual in preparing for a medical appointment.
- Document telephone contact and visits with doctors or other health care providers.
- Identify ways to be a health care advocate for individuals.

KEY WORDS

Advocacy: Helping people help themselves.

Health History: A document that has both medical history and current information about an individual's unique health care needs.

Mammogram: An X-ray or ultrasound used to detect suspicious lumps, tumors, or cysts in the breasts.

Preventive Health Care: Assessment of risk; be proactive, starting at a young age, to prevent delays in potential treatment or to manage conditions.

PSA: A prostate cancer blood-screening test.

Sexually Transmitted Disease (STD): Infections passed from person to person through sexual intercourse, genital contact, or contact with fluids such as semen, vaginal fluids, or blood.

Materials in Session 4 and 5 have been adapted with thanks from Expressions of Wellness, developed in 200 by South Central Los Angeles Regional Center with funding from a Department of Developmental Services Wellness Initiative Grant.

A Healthy Lifestyle

As a DSP, part of your job is to help individuals achieve the best possible health. Healthy people live longer, have an improved quality of life, and experience less injury and illness. Adopting a healthy lifestyle is central to aging well and maintaining independence while maximizing quality of life. In Year I of the training, you learned about healthy habits. Those healthy habits are all part of a healthy lifestyle.

What do we mean when we say "healthy lifestyle?" According to the United States Department of Health and Human Services, a healthy lifestyle consists of the elements that follow.

Healthy Eating

Obesity and being overweight have become national epidemics. Making healthy eating choices could be a family or individual priority. One way to eat healthy is to remember "five a day." Eat at least five servings of fruits and vegetables each day. Choose foods high in fiber and low in fat. When eating out, choose "Heart Healthy" or "Light" items from the menu. In the next session we will examine healthy eating more closely.

Physical Activity

Regardless of an individual's present level of fitness, it can be improved with a mild to moderate increase in activity. Fitness goals should focus on cardiovascular endurance, strength, and flexibility. Talk to a doctor before starting an exercise program. In the next session you will learn more about physical activity and hear some ideas to help individuals become more active.

Mental Stimulation

What does mental stimulation have to do with a healthy lifestyle? Our mental state can affect physical health. Keep learning new things. Go places you never have been before. Meet new friends. Play games. Keep up on current events. Read or watch the news and other educational programs.

Not Smoking

If you don't smoke, don't start. If you do, consider quitting or, at least, cutting down. A variety of new aids are available for smokers who are trying to quit. Consult with your doctor. If you do smoke, be respectful of others.

A Healthy Lifestyle (continued)

Active Social Engagement

Just as in mental stimulation, social engagement can improve quality of life. Staying home alone and being sedentary contributes to other health problems such as overeating, isolation, or depression. Contribute to your community. Get out and enjoy life.

Maintain a Safe Environment

A safe environment can contribute to a healthy lifestyle in many ways. For example, a fall in the home can lead to lifelong health problems. Check your home frequently for dangers such as tripping hazards, exposed wiring, or burned out light bulbs. Use a smoke detector and change the batteries. Prevention is the number one priority.

Social Support

We all need help at times. Maintaining a network of social support is vital to mental and physical health. Teachers, social workers, and regional center case managers can provide social support. They have access to resources that help people maintain their independence such as transportation, social services, respite and child-care, and other social supports. Friends, family, and co-workers are other sources of social support.

Regular Health Care

Routine health care starting in infancy and continuing throughout life is critical for maintaining a healthy lifestyle. This includes dental care and hearing and vision screenings. If the cost is a problem or if you don't know where to go to find resources, talk to your regional center service coordinator. We will discuss resources later in this session.

In this session we will focus on learning about regular preventive health care and how to advocate for individuals.

ACTIVITY

Healthy Lifestyles

Directions: Think of your own activities during a typical day, fill in an activity that corresponds with each element of a healthy lifestyle in the first column. If you don't have an activity for the category, write down what you could do in the second column.

Elements of a Healthy Lifestyle	***Activity***	***What could you do differently?***
Healthy Eating		
Physical Activity		
Mental Stimulation		
Not Smoking		
Active Social Engagement		
Maintaining a Safe Environment		
Social Support		
Regular Health Care		

Preventive Health Care

Persons with developmental disabilities may be at increased risk for conditions that can relate to the disability. For example, there is a greater risk of pressure sores for people who may have limited mobility. This is preventable as are many other risks. It is very important to practice preventive health care. Preventive health care is when you assess for risk and are proactive, starting at a young age, to prevent, delay or manage conditions.

Preventive Health Care and the IPP

All Community Care Facilities must ensure that each person has access to all needed medical and dental services and that their health care needs are met. Each person's Individualized Program Plan (IPP) should specify how frequently preventive routine physical examinations and other routine health care are to be obtained. The IPP should also include activities that contribute to an overall healthy lifestyle and other types of supports an individual may need to maintain the best possible health. The planning team's decision for what to include in the IPP will be based on the recommendations of the person's doctor, the individual's current health status, family history, age, gender, skills, abilities, and needs. Good care depends upon the coordinated, effective teamwork of all people involved in the individual's health care.

Routine Examinations

A complete physical examination and accompanying lab work provides important information on a person's health status. It also provides useful information against which subsequent test results can be compared. The primary care doctor should complete Physician's Report for Community Care Facilities, found in Appendix 4-A, upon conducting a physical examination.

Routine physical examinations should include:

- An examination by the doctor.
- Talking with the doctor about general health, questions, and concerns.
- Measurement of height and weight and blood pressure.
- Review of immunization status and giving immunizations as needed.
- Procedures called for because of risk factors, age, or gender. This includes lab work as necessary such as tests for blood glucose, cholesterol, hemoglobin, thyroid, and serum blood levels as indicated by the medications the individual is taking.
- Vision and hearing screening, which is very important in older persons.

Health Screening Guidelines

Beyond childhood and as we get older, the frequency of various types of screenings should increase for both men and women. In general, individuals in your care may need annual, routine exams because of regulations such as Title 22 or Medicaid. In addition, health care is moving toward age, gender, and risk schedules based upon risk factors unique to each individual; for example, family history of a specific disease. It's important to find out from the individual's primary care physician what is recommended for routine or special physical examinations.

The following health screening guidelines are based on the *Report of the U. S. Preventive Services Task Force*, which is updated regularly.

Health Screening Guidelines (continued)

Generally speaking, if an individual is 18 to 64 years old, health check-ups should be done every one to three years, depending on health and risk factors. For those who are 65 years of age or older, the individual should have a check-up every year.

A major concern is the low rate at which gender-related health screening takes place for men and women with developmental disabilities. Findings from a recent review of health records (for women receiving regional center services in one California county during a one-year period) indicate that only 22% of women 40 years of age or older had a mammogram and only 4% of the women 18 years of age or older had a pap smear. In effect, this means that older women were getting mammograms about every five years (recommended every one to two years after menopause), and pelvic examinations about every 20 years (recommended every one to three years for all women). Clearly, these rates are unacceptable. Among women without disabilities, 80% have a pap smear every two years. It is important for you to be aware of age- and gender-related screening guidelines to assist in the identification of individual needs.

Self-Exams

Health screening starts with self-examination. If the individual is able (with or without prompting), he or she should complete regular (or at least monthly) breast and testicular self-exams. When conducting a self-examination, one is looking for change in tissue density (lumps), contours, and the like. Self-examination of a woman's genital area can also be helpful to check sores, warts, or red swollen areas. A doctor, nurse, or health educator can help individuals in your care learn self-examinations procedures.

Clinical Breast and Pelvic Exams

Clinical breast examinations (in women) should start at age 20 and be done every one to two years. (If the woman has a mother or sister with breast cancer prior to menopause, an earlier start may be warranted.) These exams are done by physicians, practitioners, or gynecologists. A pelvic examination, which includes a pap smear, should be done every one to three years starting when a woman becomes sexually active or older than 21 , whichever occurs earlier. Pap smears detect 90 to 95% of cervical cancers.

Mammograms

A mammogram is an X-ray or ultrasound used to detect suspicious lumps, tumors, or cysts in the breasts. Most guidelines call for mammograms every one to two years after age 40, starting earlier if breast cancer is evident within the family.

Breast cancer is the leading cause of cancer deaths among women 40 to 55 years of age. Breast self-examination, clinical breast exams, and mammograms can save lives.

Screening for Prostate Cancer

A prostate cancer blood-screening called a PSA should be performed starting at age 50 and yearly thereafter.

Cancer of the prostate gland is the most common cancer in men and the second leading cause of cancer deaths in men. Most prostate cancer, however, occurs after age 65. The risk is higher than average among African-American men, men who eat a high-fat diet, and men with fathers and brothers who have had prostate cancer.

Health Screening Guidelines (continued)

Screening for Sexually-Transmitted Diseases (STDs)

STDs are at epidemic levels in the United States. If a person is sexually active, it is wise to screen for some STDs yearly, especially for chlamydia and gonorrhea.

Symptoms for some STDs, such as chlamydia, are difficult to detect. Other STDs may include symptoms such as painful urination (gonorrhea), jaundice (hepatitis B), and small, red blisters (syphilis). Signs or symptoms must be brought to the physician's attention right away. In general, STDs can be prevented by not having sex or by using a latex condom every time a person has sex, whether vaginal, anal, or oral.

Hepatitis B and HIV/AIDS can also be spread through exchange of blood (and semen, in the case of HIV) during intimate sexual activities.

Other Exams

Many other tests should be done periodically at or beyond certain ages. These include blood pressure, sigmoidoscopy (to detect colon cancer) or some other colon cancer screen, and cholesterol readings.

Included in Appendix 4-B are charts for adults and children from the U.S. Department of Health and Human Services. These charts identify the recommended frequency for health check-ups, vision and hearing tests, tuberculosis, pelvic/gynecological exams, and many other screening exams, as well as the recommended schedule for immunizations.

ACTIVITY

Health Screenings

Directions:

Split into small groups. Each group will receive a piece of flipchart paper and a marker. Choose someone in the group to record the discussion on the flipchart paper. Each group will be given an index card with a scenario on it. Using the information in the previous section and Appendix 4-B, Preventive Care , each group should list as many preventive services they think the individual should receive. Be prepared to explain your answers.

Routine Dental Care

Preventive self-care is crucial in caring for teeth. This means brushing well at least twice a day; flossing at regular intervals; fluoride in toothpaste, an oral rinse or drinking water; and avoiding sugary substances in our mouths for long periods of time. If a person brushes inadequately, you can assist by going back over a person's teeth with a soft toothbrush, spending plenty of time brushing teeth, and using a circular motion along the gum line. This "mechanical action" is what loosens and sweeps plaque away. If accompanying a person to the dentist, a wise approach is to help the person ask the dentist and hygienist what they can do to improve their dental hygiene.

Most adults should have at least annual dental exams. Yearly dental examinations should include:

- Professional cleaning
- X-rays
- A visual examination of the teeth and mouth by the dentist
- The dentist reading the X-rays to identify any problems needing follow-up

If additional work is needed, follow-up visits are scheduled. Medi-Cal routinely covers one dental office visit per year. If a person has a health condition (for example, cerebral palsy) that calls for seeing the dentist more often, dentists can apply for a Medi-Cal Treatment Authorization Request (TAR).

Personal Health Advocacy

With managed care, busy physicians, and Medi-Cal rates that are low in comparison to usual and customary charges, personal health advocacy is often needed if those in your care are to receive the best possible health services. An additional reason for health advocacy is that historically, the general population has often devalued people with disabilities.

Here are some things you can do to be a health care advocate.

- Believe every person is entitled to quality care.
- Be persistent in getting the care the person needs.
- It's never too early or too late to provide the best possible care.
- Be an active partner or get the help of someone who can be.
- Don't be afraid to ask for help (information, advice, assistance).
- Be prepared and get to the point.
- Choose a primary care physician with a good reputation, ideally one who has hospital privileges at the community hospital.

Advocating for the best possible health care often means working in partnership with doctors and other health care professionals. Most doctors want their patients (and those who assist their patients) to be active partners, providing information, asking questions, discussing and weighing options, and checking for understanding. Working in partnership with health care professionals calls for

- A common goal (good quality care).
- Shared effort (each one doing the right thing).
- Good communication.

Such an approach makes better use of the doctor's time and can improve the quality of care.

Be prepared prior to calling and involve the individual as much as possible in the process. Have the individual's medical insurance information and date of birth available. Call the physician and arrange a mutually convenient time. Be sure to mention any specific concerns the individual has that may require more of the doctor's time; for example, discussion of an emerging health issue. Know the individual (the IPP and Health History are excellent sources of information), and identify potential risks and how to minimize them. For example, does the person get anxious if he or she has to sit and wait for the doctor or does the individual use a wheelchair and need specialized equipment to safely undergo certain examinations? Many doctor's offices are understanding and will make arrangements to make things comfortable.

Preparing for Medical Visits

Whether the individual is going to a routine exam or visiting the doctor for a specific complaint, preparation is important for getting the most out of each appointment. Don't assume the doctor will remember important details about each individual he or she treats. Prepare for office visits by doing your homework and being organized. Work with the individual and his or her support team prior to the visit to prepare written information for the doctor. An Ask-the-Doctor Checklist similar to the one in Appendix 4-D is a useful tool and includes the necessary information for the doctor.

Work with the individual to prepare him or her to be as active a partner as possible during a visit. Help the individual practice discussing his or her main complaint and questions prior to a visit. Make sure the individual knows what to expect during an office visit. Assess for risk and support the individual in preparing a plan for dealing with potential risks; for example, if a person has difficulty waiting, you might say, "You will have to wait before the doctor can see you. Would you like to bring your radio and earphones so you can listen to music while you wait?"

Remember, if you don't take good care of your own health, or if you are wary about seeing health care professionals, do not convey that to the person in your care by words, body language, or other ways. If you cannot be confident and an active partner, get the help of someone who can.

Making the Most of Doctor Visits

Here are some tips to help you and the person in your care prepare for a visit to the doctor or other health care professional and to make the most of your time together:

- Prior to the visit, talk with the individual and others involved in his or her health care to identify any health concerns.
- Bring a written list of any concerns and questions you and/or the individual may have. Try to limit the list to the top three concerns.
- Help the individual practice asking questions before the visit.
- Make sure the questions get asked, either by you or the individual.
- Play an active role in the office visit. Be candid and honest. Share hunches and fears. Don't hold back.
- Make sure you understand what the physician is saying and don't be afraid to ask for clarification.
- Ask any questions you have about diet, exercise, or smoking.
- Ask about treatment options.
- Bring a written list of all the medications the individual is taking.

Scheduling Routine Medical and Dental Examinations (continued)

- When the physician writes a prescription, ask questions about the medication.
- Ask about next steps to be sure you understand what the physician wants done.
- Support the individual to participate as fully as possible in the appointment.
- Always arrive early or on time for each appointment. If you cannot get there, call well in advance and reschedule.

Documentation and Follow-Up

Title 17 regulations require the residential service provider to keep an accurate record of office visits, phone calls, and other interactions with doctors and other health care providers. See Appendix 4-C for a sample form to keep this data in the home.

ACTIVITY

Recording Visits and Telephone Calls with Health Care Providers

Directions: Working individually, fill in the Log of Health Care Visits on Appendix 4-C based on the information about Jane Doe.

Client's Name: Jane Doe DOB: 7/30/74

Events:

1. *It is March 27. Over the past month, Jane Doe, who is 5' 2" tall and currently weighs 175 lbs., gained 7 lbs. She and her care provider are concerned about her weight. They call her primary care physician, Dr. Burns, whose front office staff schedules an appointment for April 10.*
2. *On April 10, Jane is seen by Dr. Burns. At the office, the nurse writes down Jane's complaint (being overweight; rapid, recent weight gain), and takes a few measures: Weight: 178 lbs.; Pulse: 76; Blood pressure: 140/92. Dr. Burns talks with Jane and Mrs. Smith, the care provider, and does some checking with his stethoscope, a light, and tongue depressor. He orders some blood tests at a local lab. He learns that Jane, in a rush to get to her job, typically skips breakfast. She began working at a fast food restaurant six weeks ago and eats her lunch there (sometimes two double-hamburgers and two large orders of French fries). Dr. Burns recommends that Jane (1) eat breakfast at home; (2) cut back to one hamburger and one order of French fries at lunch (or, even better, a grilled chicken sandwich and a small salad); (3) begin walking at least one mile each day; and (4) come back in for a blood pressure check in three months.*
3. *The next day, April 11, Jane has blood drawn at the lab used by Dr. Burns' patients and the lab says they will fax the results to Dr. Burns. They say if you don't get a call from the doctor's office about the lab work, "no news is probably good news."*
4. *A month later, concerned that Jane hasn't lost any weight (but hasn't gained any either), Mrs. Smith calls Dr. Burns' office and after checking with him, his nurse asks Jane to come in the next day (May 15) for a blood pressure check.*
5. *On May 15, Jane has her blood pressure checked. It is 138/86. Her pulse is 76. Her weight at the office is 174 lbs. The nurse asks questions about breakfast, lunch, and walking; encourages Jane (and Mrs. Smith) to continue their effort; and no change is made in Jane's scheduled appointment with Dr. Burns on July 7.*

Community Health Care and Safety Resources

In responding to a person's health care needs, you must often search out resources relevant to those needs and access them.

Basic resources are

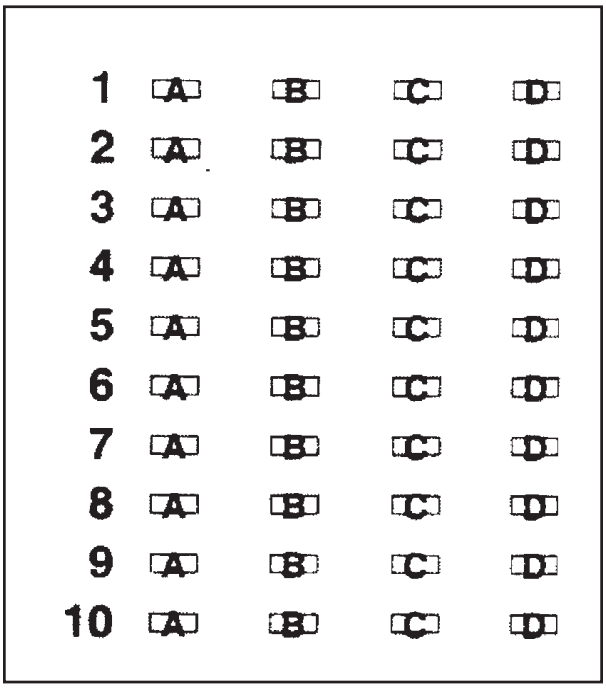
- A primary care physician (or group)
- A dentist who does family or general dentistry
- Specialists (for example, an eye doctor, gynecologist, podiatrist)
- Regional center clinicians
- Other resources needed to address individual needs; for example, a support group for people struggling with kidney disease
- Information sources; for example, self-care handbooks; voluntary organizations like the American Cancer Society or the Heart Association; or Internet resources. If there is a "need," there is something or someone who can help somewhere. It is up to you and others on the individual's team to find and use services appropriate to each individual's needs.
- The Developmental Disabilities Resources for Health Care Providers (www.ddhealthinfo.org) Web site is a collaboration of California-based information and programs on developmental disabilities. The primary goal of the Web site is to improve the health of persons with developmental disabilities in California. The Web site is designed to assist physicians and other health care providers in caring for persons with developmental disabilities. It is also designed to support individuals with developmental disabilities and their families in making informed health care decisions.

PRACTICE AND SHARE

With an individual you support do one of the following:

- Use the guidelines in this chapter to make a medical appointment.
- Use the Ask-the-Doctor Checklist to prepare for a medical appointment.
- Read the individual's IPP and identify at least one thing you could do to support a healthy lifestyle.

Preventive Healthcare and Advocacy



1. An example of healthy eating would be eating:

A) Foods that have as little fiber as possible.
B) Having five servings daily of fruits and vegetables.
C) Only foods that are high in fiber.
D) Mostly foods that are high in fat and also low in fiber.

2. The scheduling of routine health care screening is dependent upon:

A) A person's age, gender, and risk factors.
B) How active the person's social network of friends is.
C) Weather conditions.
D) A person's immunization status.

3. People over the age of 65 need:

A) More frequent routine health care checks than younger adults.
B) Less frequent routine health care checks than younger adults.
C) The same number of routine health care checks as younger adults.
D) No routine health care checks unless they are heavy smokers.

4. A woman should have breast and pelvic examinations performed by a professional:

A) Unless the woman performs careful monthly self-examinations.
B) At least once every 21 years, if not sexually active.
C) Except when the woman is sexually active.
D) Because the risk of certain cancers to women is significant.

5. Breast self-examination, clinical breast exams, and mammograms are important for women because:

A) They create opportunities for social interaction with others.
B) They can help prevent deaths from breast cancer.
C) Prostate cancer screening is not given to women.
D) They are easier to do than stop smoking.

6. Which of the following is a sign of a good health care advocate?

A) Believes every person is entitled to quality care.
B) Knows when it is too late to get medical attention.
C) Tells the doctor what tests and medication the person needs.
D) Brushes the teeth with a circular motion along the gum line.

7. When accompanying a person to a medical appointment, the DSP should:

A) Make sure the person does not interfere while the DSP and the doctor are speaking with each other.
B) Be ready with information to help the doctor become familiar with the person's situation.
C) Never tell the person more than is necessary about what will happen at the doctor's office.
D) Make up at least three questions to ask the doctor.

8. If the DSP does not fully understand something the doctor says or does during a medical appointment with a person, the DSP should:

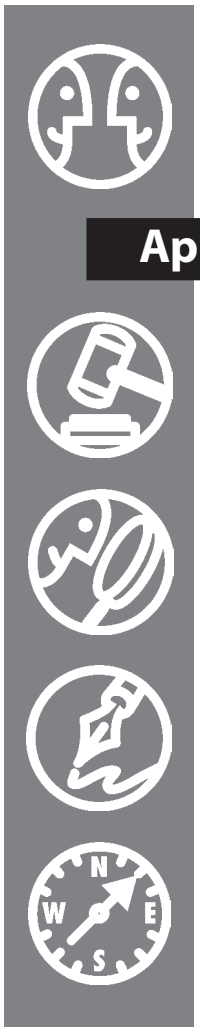
A) Ask the doctor to explain things until the DSP does understand.
B) Phone or write the doctor after returning to the facility with the person.
C) Ask a different doctor who is better at explaining things.
D) Try to find another doctor to take care of the person's health.

9. A primary reason why the DSP should keep written records of what happened during a person's visit to the doctor is to:

A) Make sure other DSPs will know what the doctor's orders are.
B) Be able to write something in the person's medical history file.
C) Prove that the DSP was present during the visit to the doctor.
D) Provide the doctor with a copy of the record so the doctor will not forget what happened.

10. Which of the following is the best example of a community health care and safety resource:

A) Restaurants specializing in low fat and high fiber foods.
B) Nearby fire hydrants.
C) A kidney disease support group or association.
D) Neighborhood churches.



Appendices

Appendix 4-A

Physician's Report

STATE OF CALIFORNIA – HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

PHYSICIAN'S REPORT FOR COMMUNITY CARE FACILITIES

For Resident/Client Of, Or Applicants For Admission To, Community Care Facilities (CCF).

NOTE TO PHYSICIAN:
The person specified below is a resident/client of or an applicant for admission to a licensed Community Care Facility. These types of facilities are currently responsible for providing the level of care and supervision, primarily nonmedical care, necessary to meet the needs of the individual residents/clients.

THESE FACILITIES DO NOT PROVIDE PROFESSIONAL NURSING CARE.
The information that you complete on this person is required by law to assist in determining whether he/she is appropriate for admission to or continued care in a facility.

FACILITY INFORMATION (To be completed by the licensee/designee)

NAME OF FACILITY:			TELEPHONE:
ADDRESS: NUMBER	STREET	CITY	
LICENSEE'S NAME:	TELEPHONE:	FACILITY LICENSE NUMBER:	

RESIDENT/CLIENT INFORMATION (To be completed by the resident/authorized representative/licensee)

NAME:			TELEPHONE:
ADDRESS: NUMBER	STREET	CITY	SOCIAL SECURITY NUMBER:
NEXT OF KIN:	PERSON RESPONSIBLE FOR THIS PERSON'S FINANCES:		

PATIENT'S DIAGNOSIS (To be completed by the physician)

PRIMARY DIAGNOSIS:

SECONDARY DIAGNOSIS: | LENGTH OF TIME UNDER YOUR CARE:

AGE:	HEIGHT:	SEX:	WEIGHT:	IN YOUR OPINION DOES THIS PERSON REQUIRE SKILLED NURSING CARE? ☐ YES ☐ NO

TUBERCULOSIS EXAMINATION RESULTS: ☐ ACTIVE ☐ INACTIVE ☐ NONE | DATE OF LAST TB TEST:

TYPE OF TB TEST USED: | TREATMENT/MEDICATION: ☐ YES ☐ NO If YES, list below:

OTHER CONTAGIOUS/INFECTIOUS DISEASES:
A) ☐ YES ☐ NO If YES, list below:

TREATMENT/MEDICATION:
B) ☐ YES ☐ NO If YES, list below:

ALLERGIES
C) ☐ YES ☐ NO If YES, list below:

TREATMENT/MEDICATION:
D) ☐ YES ☐ NO If YES, list below:

Ambulatory status of client/resident: ☐ Ambulatory ☐ Nonambulatory

Health and Safety Code Section 13131 provides: "Nonambulatory persons" means persons unable to leave a building unassisted under emergency conditions. It includes any person who is unable, or likely to be unable, to physically and mentally respond to a sensory signal approved by the State Fire Marshal, or an oral instruction relating to fire danger, and persons who depend upon mechanical aids such as crutches, walkers, and wheelchairs. The determination of ambulatory or nonambulatory status of persons with developmental disabilities shall be made by the Director of Social Services or his or her designated representative, in consultation with the Director of Developmental Services or his or her designated representative. The determination of ambulatory or nonambulatory status of all other disabled persons placed after January 1, 1984, who are not developmentally disabled shall be made by the Director of Social Services, or his or her designated representative.

LIC 602 (7/96) *(OVER)*

Appendix 4-A (continued)

Physician's Report

I. PHYSICAL HEALTH STATUS: ☐ GOOD ☐ FAIR ☐ POOR	COMMENTS:			
	YES (Check One)	NO (Check One)	ASSISTIVE DEVICE	COMMENTS:
1. Auditory Impairment				
2. Visual Impairment				
3. Wears Dentures				
4. Special Diet				
5. Substance Abuse Problem				
6. Bowel Impairment				
7. Bladder Impairment				
8. Motor Impairment				
9. Requires Continuous Bed Care				

II. MENTAL HEALTH STATUS: ☐ GOOD ☐ FAIR ☐ POOR	COMMENTS:			
	NO PROBLEM	OCCASIONAL	FREQUENT	IF PROBLEM EXISTS, PROVIDE COMMENT BELOW:
1. Confused				
2. Able To Follow Instructions				
3. Depressed				
4. Able to Communicate				

III. CAPACITY FOR SELF CARE: ☐ YES ☐ NO	COMMENTS:		
	YES (Check One)	NO (Check One)	COMMENTS:
1. Able to care For All Personal Needs			
2. Can Administer and Store Own Medications			
3. Needs Constant Medical Supervision			
4. Currently Taking Prescribed Medications			
5. Bathes Self			
6. Dresses Self			
7. Feeds Self			
8. Cares For His/Her Own Toilet Needs			
9. Able to Leave Facility Unassisted			
10. Able to Ambulate Without Assistance			
11. Able to manage own cash resources			

PLEASE LIST OVER-THE-COUNTER MEDICATION THAT CAN BE GIVEN TO THE CLIENT/RESIDENT, AS NEEDED, FOR THE FOLLOWING CONDITIONS:

CONDITIONS	OVER-THE-COUNTER MEDICATION(S)
1. Headache	
2. Constipation	
3. Diarrhea	
4. Indigestion	
5. Others *(specify condition)*	

PLEASE LIST CURRENT PRESCRIBED MEDICATIONS THAT ARE BEING TAKEN BY CLIENT/RESIDENT:

1.	4.	7.
2.	5.	8.
3.	6.	9.

PHYSICIAN'S NAME AND ADDRESS:	TELEPHONE:	DATE:

PHYSICIAN'S SIGNATURE

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION (TO BE COMPLETED BY PERSON'S AUTHORIZED REPRESENTATIVE)
I hereby authorize the release of medical information contained in this report regarding the physical examination of:

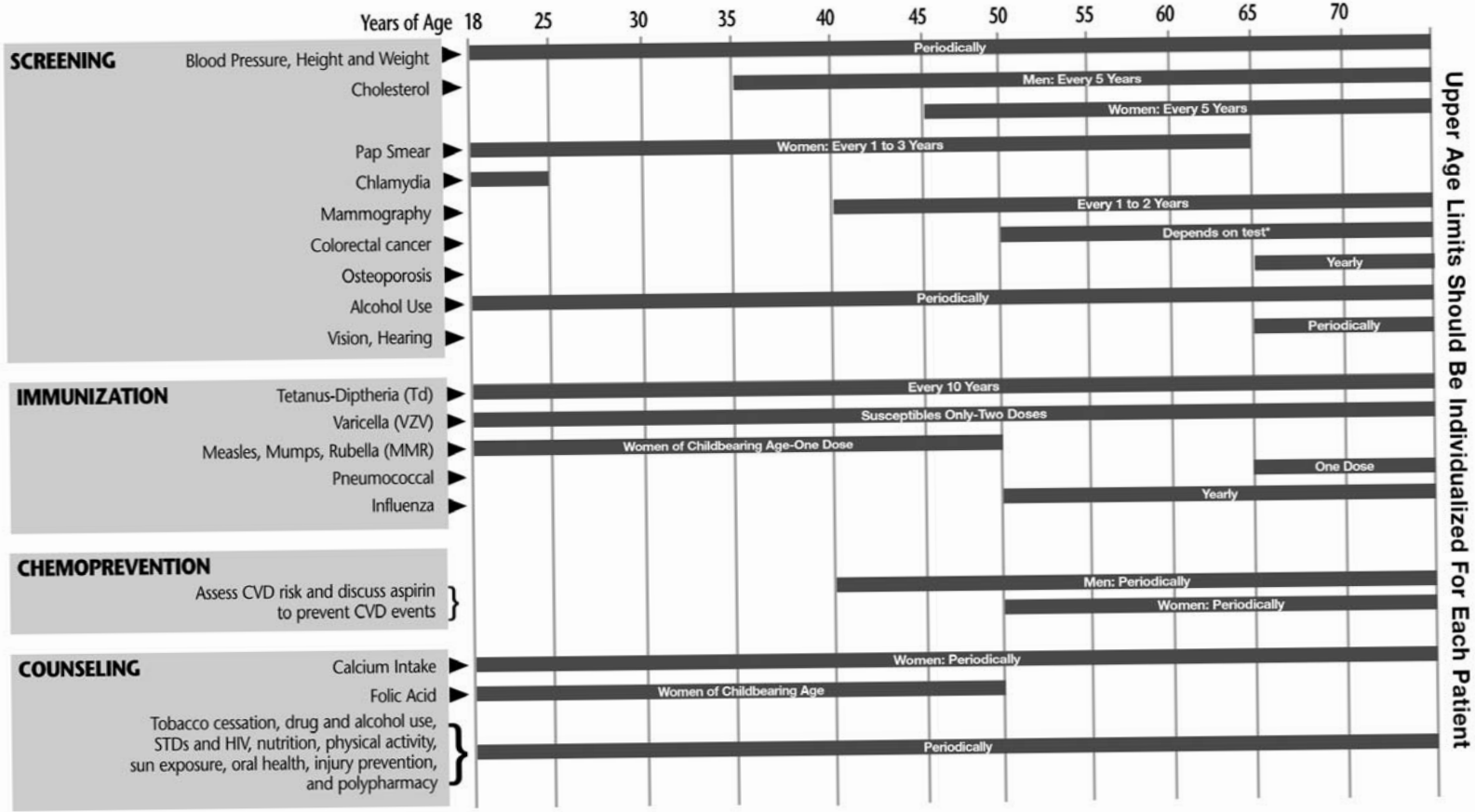
PATIENT'S NAME:

TO (NAME AND ADDRESS OF LICENSING AGENCY):

SIGNATURE OF RESIDENT/POTENTIAL RESIDENT AND/OR HIS/HER AUTHORIZED REPRESENTATIVE	ADDRESS:	DATE:

97 35381

Clinical Preventive Services for Normal-Risk Adults Recommended by the U.S. Preventive Services TaskForce



* See www.preventiveservices.ahrq.gov for U.S. Preventive Services Task Force recommendations on colorectal cancer screening and other clinical preventive services.

PUT PREVENTION INTO PRACTICE

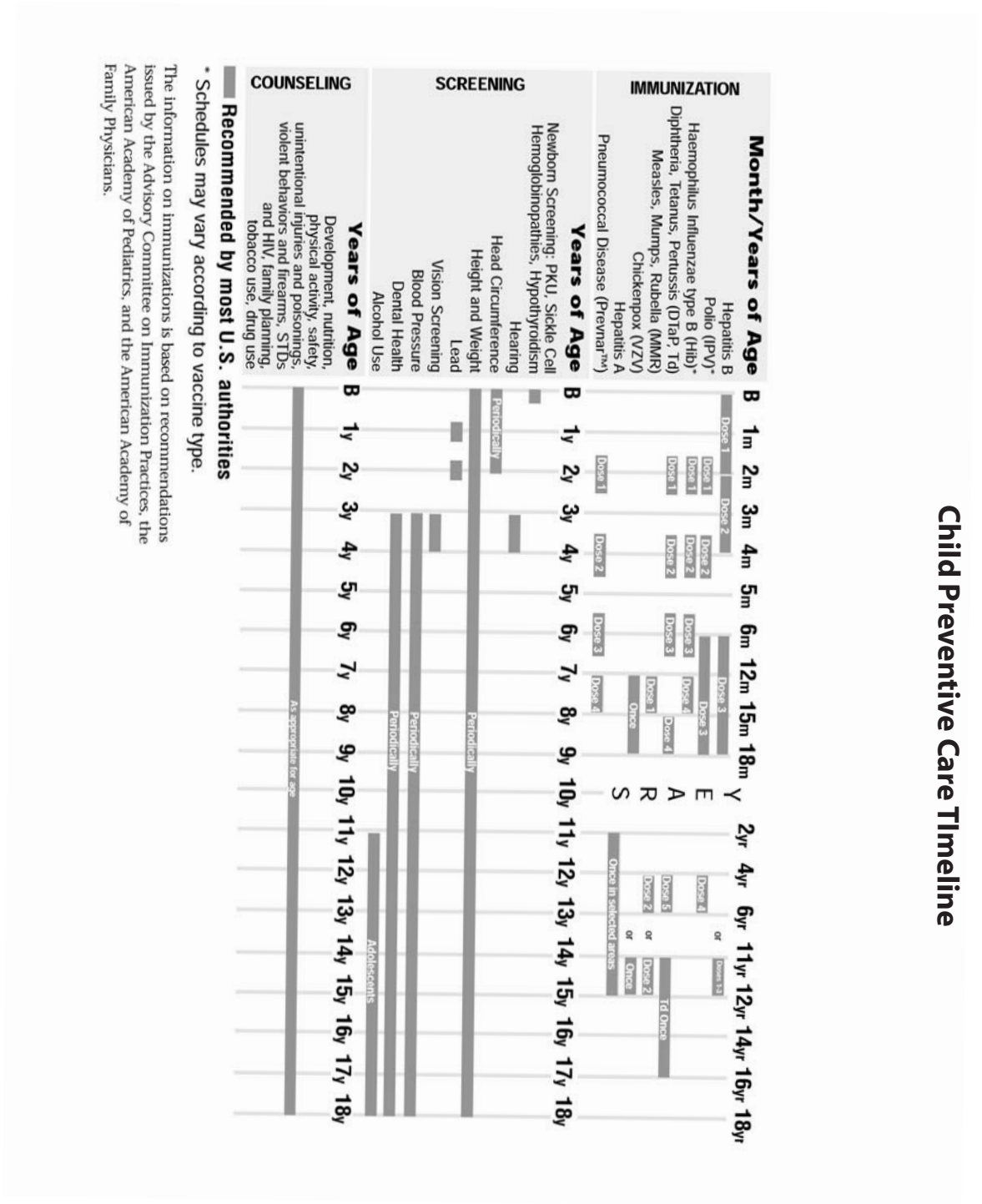
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES • PUBLIC HEALTH SERVICE

Revised January 2003
APPIP02-0022

Source: www.preventiveservices.ahrq.gov for updates.

Appendix 4-B (continued)

Preventive Care for Children and Adolescents



Source: Adapted from U.S. Preventive Services Task Force recommendations. Revised January, 2003. See www.preventiveservices.ahrq.gov for updates.

Appendix 4-C

Log of Health Care Visits and Consultations

Name_____ DOB_____

Date	*Health Care Professional (name)*	*Phone? Y N*	*Reason/ Subject*	*Outcome/ Result*	*Follow-up or Notes (e.g., meds)*

Appendix 4-D

Ask-the-Doctor Checklist

Individual's Name: _____ **Date:** _____

Step 1. Before the visit:

a. List all medicatiuons being taken:

Name	Purpose	Prescriber	Dose/frequerncy

b. Known allergies: _____

Step 2. During the visit:

c. Reason for the visit: _____

d. Signs and symptoms: _____

e. Past experience with this problem has been: _____

f. Three most important questions for the doctor: _____

Step 3. Write down:

g. Temperature _____ Blood pressure _____

h. The diagnosis (what's wrong) is _____

i. The home care plan is _____

Step 4. For drugs, tests, and treatments, ask:

j. What's its name? _____

k. Why is it needed? _____

l. What are the risks? Expected benefits? _____

m. Are there alternatives? _____

n. What are the risks? Likely benefits? _____

o. [*for drugs*] How should it be taken? _____

p. [*for tests*] How do I prepare? _____

Step 5. At the end of the visit:

q. What danger signs should I look for? _____

r. When do I need to report back? _____

s. Are we to return for another visit? _____

t. Are we to phone in for test results? _____

u. What else do we need to know? _____

ACTIVITY: HEALTH SCREENINGS

SCENARIOS

Copy each scenario onto an index card to use for the activity on page S-7•

Scenario #1

Stacy is 25-year old woman. She has never been sexually active. Her mother recently died from breast cancer. Stacy has never had a pelvic or breast exam.

Scenario #2

Philip turned 70-years old last month. His last physical examination was two years ago.

Scenario #3

Latanya is 5-years old and getting ready to start kindergarten.

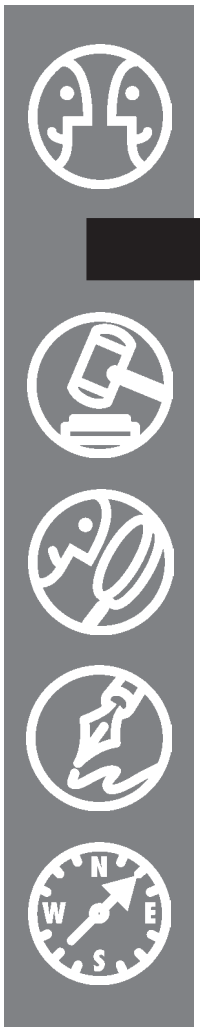
.

Scenario #4

Charlene is 16-years old and has just told you she has been sexually active with several boys in her high school.

Scenario #5

Fred is 40-years old. He goes to the doctor for a physical every two years according to his doctor's recommendation and his IPP. He is due for his regular physical next month.



Student Resource Guide

5. Nutrition and Exercise

Student Resource Guide: SESSION 5

Nutrition and Exercise

OUTCOMES

When you complete this session, you will be able to:

- Identify the five essential nutrients in foods.
- Use the Food Guide Pyramid to plan healthy meals.
- Describe why it is important for individuals to have an adequate intake of water everyday.
- Define the three types of diets: regular, modified, and therapeutic.
- Describe why it is important to know dietary information about each individual you support in order to plan meals and manage mealtime.
- Read Nutrition Facts food labels.
- Identify dietary suggestions for assisting individuals with weight reduction.
- Identify ways to save money shopping for food.
- Identify ways to prepare and store food safely.
- Identify ways to make mealtime safe and enjoyable.
- Identify ways to help individuals make physical activity part of their daily routine.

KEY WORDS

Allergy: A sensitivity to a certain substance. Food allergies can cause many reactions in the body, from mild, such as a runny nose or rash, to life-threatening, such as anaphylactic shock.

Anaphylactic shock: A life-threatening event caused by extreme respiratory distress that can cause an individual's breathing to stop if emergency medical treatment is not immediately available. A severe food allergy can cause anaphylactic shock.

Bacteria: A microorganism commonly called a germ, capable of causing an infection. Not all bacteria cause infections in the body; in fact, many are helpful.

Calorie: A unit of energy.

Cross contaminate: Spreading harmful bacteria from one food to another.

Essential nutrients: Carbohydrates, protein, fat, vitamins, and minerals are the five nutrients found in food that are essential for growth, normal functioning, and maintaining life.

Food allergy: Being hypersensitive to a certain food.

Food borne illness: Sickness caused by eating contaminated food, sometimes called food poisoning.

Obese: Weighing 15 or more pounds than the highest weight in the healthy weight range for a person's height and sex.

Therapeutic diet: A diet prescribed by a doctor that contains certain nutrients and eliminates other nutrients that are problematic to the person because of a health condition; for example, a diet for a person with diabetes has a reduced amount of sugar.

Nutrition and Exercise

An essential part of maintaining the best possible health is eating a healthy diet and getting regular exercise. You are involved in the planning, purchase, and preparation of meals and you support individuals in activities of daily living. This gives each of you many opportunities throughout the day to promote good health through nutrition and exercise.

Did you know that

- Poor diet and physical inactivity leads to 300,000 deaths each year in the United States—second only to tobacco use?
- People who are overweight or **obese** increase their risk for heart disease, diabetes, high blood pressure, arthritis-related disabilities, and some cancers?
- Approximately 50% of adults with developmental disabilities in the United States are considered obese?
- Not getting an adequate amount of exercise is associated with needing more medicine, visiting a doctor more often, and being hospitalized more often?

People may decrease the risk of heart disease and cancer if they eat a healthy diet that:

- Contains at least five servings of fruits and vegetables.
- Is low in fat, saturated fat, and cholesterol.
- Contains plenty of whole-grain breads and cereals.

People who eat a healthy diet and are physically active can expect to live longer, healthier lives. This is true for you and me and the individuals you support.

Nutrition: We Are What We Eat!

We Need Water/Fluid to Stay Healthy

An adequate amount of daily water intake is by far the most important of all the dietary requirements for the body and is essential to life. A person may live for several weeks without food, but can only survive for a few days without water. That is because our bodies are 72% water and we lose about 10 cups of water each day through sweating, going to the bathroom, and breathing. The amount of water we lose each day increases when the temperature is hotter. Water needs to be replaced every day.

Features of water:

- Has no **calories**.
- Regulates the body's temperature.
- Carries minerals, such as sodium, through the body.
- Regulates waste removal.

Most people should drink 8-12 8-ounce glasses of water everyday. Some people need more water if they

- Suffer from constipation
- Experience heavy sweating/perspiration
- Live in a warm climate
- Use tranquilizers or anti-convulsants
- Experience heavy drooling
- Have a high intake of bran
- Experience Urinary Tract Infections (UTIs)

Other Fluids

Sugar and caffeine are dehydrating to the body. If you drink a lot of coffee, cola (even diet cola), and other similar liquids, you need to drink more water than the average person.

Fluids such as sodas and juices contain added sugar. This means you are consuming "empty" calories or calories with no nutritional benefit. Some contain caffeine as well as sugar (Coke, Pepsi, tea, and coffee).

Always remember: Not drinking enough water each day can cause constipation, fecal impaction, and bowel blockage.

We Need Nutritious Foods

Good nutrition contributes to good health. Poor nutrition can shorten our lives and make our lives less fulfilling. For good health, all people need certain nutrients in the proper quantity depending on their physical size, their daily activity level, and the rate their bodies burn food for energy.

All food is made up of the following five nutrients necessary for growth, normal functioning, and maintaining life:

- **Carbohydrates**
  Provide energy and fuel for the body. Good sources of carbohydrates are whole grains, vegetables, and fruits.
- **Protein**
  Is essential for body growth and development. It also provides energy. Good sources of protein are milk, eggs, cheese, fish, poultry, lean meat, peas, beans, seeds, and nuts.
- **Fat**
  Provides energy for the body. Some fat is essential for growth and development. Too much fat, especially saturated fat can cause health problems.

Nutrition: We Are What We Eat! (continued)

The three types of fat are:

- **Saturated fat:** Found in animal foods such as beef, pork, chicken, eggs, and cheese.
- **Polyunsaturated fat:** Found in vegetable oils such as corn, soybean, and sunflower.
- **Monounsaturated fat:** Found in oils such as olive, canola, and peanut.

- **Vitamins**
  People need 14 vitamins to stay healthy. Fruits and vegetables are excellent sources of vitamins. The eight B vitamins and vitamin C are not stored in the body. You need a good source of these everyday. Each vitamin has a recommended daily amount that is necessary for good health.
- **Minerals**
  The body needs 16 minerals to stay healthy. Minerals activate the body's biochemical processes.

Some other key components of food are:

- **Cholesterol**
  Found in all food from animal sources. Our liver produces all of the cholesterol our bodies need, so we don't need it from food.
- **Salt (Sodium)**
  Mineral essential to the body in small amounts. Found naturally in many foods. Too much salt can cause high blood pressure and make many medical problems worse, including premenstrual syndrome, heart disease, and kidney disorders. See Appendix 5-A for ways to reduce salt in the diet.
- **Dietary Fiber**
  Helps prevent constipation. It also helps lower blood cholesterol thereby reducing the risk of heart disease. Fiber has many other health benefits.
- **Calories**
  A calorie is a unit of energy. All foods have calories.

Menu Planning and Nutrition

Planning meals is the best way to ensure that we eat a healthy and nutritious diet. Menus are the written plan of daily meals. Menus are required in all Community Care Licensed facilities. Shopping lists can be made from menus to help make grocery shopping easier. Individuals living in the home where you work should be encouraged to participate in menu planning, to the extent they can. For more suggestions see, "Top Ten Tips for Developing a Healthy Menu at Your Home" in Appendix 5-B.

Menu planning is like putting together a jigsaw puzzle. You must fit the following "pieces" into the menu planning.

- Recommended nutritional guidelines
- Individual dietary preferences and needs of each individual in the home
- Community Care Licensing requirements
- Household budget

Nutritional Guidelines

You can use the Food Guide Pyramid on page 6 to build a healthy diet. Each pyramid level represents a food group that provides different nutrients. Eating the right amount from each group ensures the diet will include enough protein, vitamins, and minerals. Choosing lower-fat, lower-calorie food in each group will help prevent or control obesity.

The Food Guide Pyramid is your guide to making choices for healthy eating:

- **Breads and cereals** are a good source of fiber, vitamins, and minerals. Whole grain products such as whole wheat bread, oatmeal, and brown rice are good choices. Look for dry breakfast cereals that are low in sugar. Avoid sugar-frosted and candy-coated cereals.
- **Fruits and vegetables** are good sources of fiber and are generally low in fat. Include dark leafy greens and yellow or orange vegetables in the daily diet as these are rich in vitamins, minerals, and cancer-preventing chemicals. Citrus fruits such as oranges, grapefruits, and tangerines, as well as their juices, are rich sources of vitamin C.
- Include animal **proteins** (beef, pork, poultry, fish, and eggs) and/or vegetable proteins (beans, lentils, nuts, and seeds) in the diet daily. Look for lean meats and trim off visible fat.
- Fat-free and low-fat **dairy products** are good sources of calcium and protein. Unless being underweight is a concern, choose fat free milk and low-fat cheese. If milk causes diarrhea or gas, yogurt or cheese may be acceptable or try enzyme-treated milk (Lactaid), fortified rice milk, or fortified soy milk.
- **Fats and sweets** can be included in the diet, but should be limited to small amounts. Excess amounts of fats and sweets replace healthy foods in the diet and can lead to tooth decay, obesity, and heart disease.

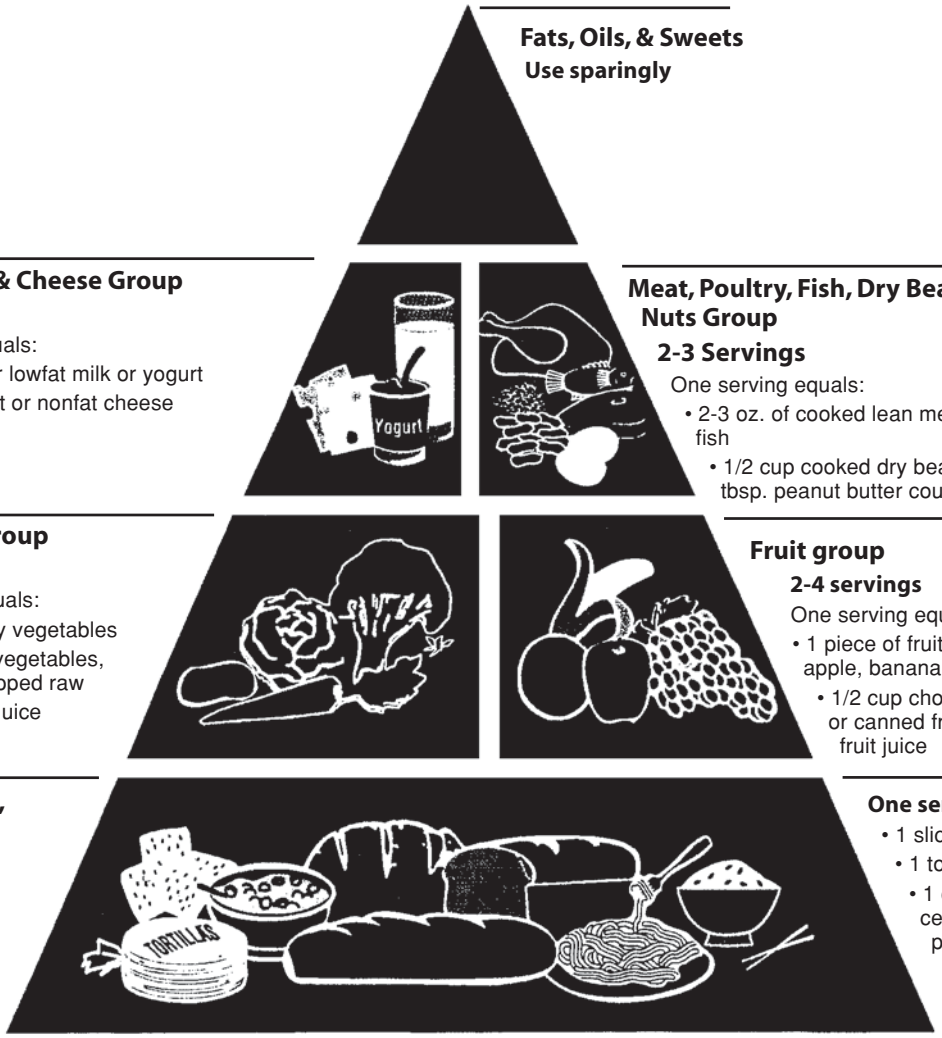
Children and the Food Guide Pyramid

The Food Guide Pyramid is for Americans 2 years of age and older. Infants and children younger than age 2 have special dietary needs. Follow the advice of a doctor.

Young children often eat only a small amount at one time. Offer them nutritious snacks between meals so that they receive the total recommended daily servings from each food group.

Calorie needs vary for older children due to their individual growth rate and activity level. They should eat at least the minimum number of servings from each food group daily. If weight appears to be excessive, choose low fat foods in each group.

The Food Guide Pyramid



What is the Food Guide Pyramid?

The Food Pyramid is a daily nutrition guide, to assist you in choosing a healthy diet. For good nutrition, choose a variety of foods each day, from each of the five food groups. Also, eat at least the recommended number of servings from each food group, so your body gets the nurtients it needs. Active people, children, teens, and pregnant women usually nneed more than the mminimum daily servings listed above. To stay healthy yo also need to get regular physical activity.

from the Kaiser Permanente Healthwise Handbook

ACTIVITY

Food Guide Pyramid

Directions: Split into three groups. With your group, plan a meal using at least one serving from three food groups on the pyramid. Write down what meal you are planning (i.e., breakfast, lunch, dinner, snack) and identify each food group and food in the spaces provided below.

Meal Planned:

Food Group:

Food:

Food Group:

Food:

Food Group:

Food:

Food Labeling

A Nutrition Facts label is found on almost all packaged foods. The label shows how a food fits into the daily diet and gives information regarding serving size, calories, fat, cholesterol, sodium (salt), carbohydrates, fiber, sugar, protein, vitamins, and minerals. The labels make it easier to compare one food with another. The labels also allow you to check the claims made on the package. For example, a product may say "fat free," but contain as many calories as the regular product per serving because the fat was replaced by sugar. Sample nutrition labels are discussed on the following page.

Here are some important things to know when reading Nutrition Facts:

- Ingredients are listed in descending order by volume of weight (most-to-least).
- The number of calories in a serving and the calories from fat are given in numbers.
- Vitamins and minerals are only listed if they are at least 1% of the daily requirement.
- Percent Daily Values are based on a 2,000 calorie diet. Many people are on lower calorie diets.
- Total fat, cholesterol, sodium, carbohydrate, and dietary fiber are given both as numbers in grams and percentages of Daily Value. The Daily Values for these essential nutrients set upper limits for the amount to eat each day to stay healthy.

ACTIVITY

Reading a Food Label

Directions: Divide into small groups. Each group will be given a food package. Read the food label and answer the following questions. Be prepared to share information from the food label with the class.

Name of Food: _____

1. How many servings does your package contain? How many calories per serving? When eating this food, do you think a person normally eats more or less than the serving size?

2. What is the main ingredient of your food? How do you know?

3. Would you serve this food to someone who is trying to:

Reduce his or her cholesterol? Why or why not?

Increase fiber? Why or why not?

Limit salt (sodium)? Why or why not?

4. What food group or groups does this food belong to on the Food Guide Pyramid?

5. Is this food a good source of any vitamins and minerals? If yes, list them:

Meeting Individual Needs and Preferences

Most people have food they like or prefer to eat and most people have some foods they don't like and avoid. Some food preferences relate to what each person ate while growing up. Cultural and religious traditions also can influence what foods people prefer to eat or avoid. For example, people of the Muslim faith do not eat pork or in many Asian cultures rice is included with most meals. It's best to ask and not assume about what someone wants. Typically, the DSP can respond sensibly to preferences, unless whole classes of important foods are ruled out. In that case, seek advice from the individual's doctor and others such as a dietitian or behavior specialist.

Many individuals may have complex nutritional needs because of a chronic health condition. For example, someone with cerebral palsy may have difficulty chewing and swallowing, or a person with diabetes has to limit sugar and the type of carbohydrates he or she eats. You must know each individual's health history and health plans in the IPP to meet each individual's nutritional needs. The different types of specialized diets are

- **Regular**
  A balanced diet that includes a variety of foods. The type most of us should be eating.
- **Modified**
  A diet altered in texture such as pureed, chopped, or cut into small bites. If a person has trouble chewing and swallowing due to cerebral palsy, absence of teeth, or some other condition, a modified diet may be ordered by the physician or dietitian. Always notify the individual's doctor if he or she is observed to have a new onset of difficulty chewing, swallowing, or coughing during mealtime. An order can be written for a person's beverages (including water) to be thickened.
- **Therapeutic**
  A doctor-prescribed diet that contains certain nutrients and eliminates other nutrients that are problematic to the individual because of a health condition; for example, the diabetic diet has a reduced amount of sugar. Following a **therapeutic diet** is similar to taking medications. Both are prescribed by the doctor to treat a health condition and if not taken or followed regularly can result in severe health problems.

A Note on Dietary Supplements

Food is the best source for vitamins and minerals. If people eat a nutritious, well-balanced diet, most do not need food supplements in the form of vitamin and mineral formulas.

There are exceptions, however, especially if a person is taking certain medications regularly. The use of supplements should be discussed with each individual's doctor. Individuals should not take vitamin, mineral, or herbal supplements unless they are prescribed.

Food Restrictions

Sometimes people need to avoid or restrict specific foods because of a sensitivity or food allergy, such as peanuts, or to a food group, such as dairy products. Food allergies can make a person have symptoms such as a stomachache, diarrhea, hives (red, blotchy skin bumps), itchy and watery eyes, or a runny nose. When a food allergy is suspected, be careful to keep the individual away from such foods and have the individual see a doctor.

A Note on Dietary Supplements (continued)

When an individual has a known allergy to a food or medication, all records must be marked with this information. Marking it in red to ensure that it will be easily noticed by all caregivers is a good idea.

Important: Some severe food allergies can cause anaphylactic shock. Anaphylactic shock is life threatening. Extreme respiratory distress can cause a person to stop breathing if emergency medical treatment is not immediately available.

Weight Management and Reduction

A person is considered obese if he or she weighs 15 or more pounds than the largest healthy weight for that person's height and sex. Obesity is common in individuals with developmental disabilities. This is most often due to lack of physical activity, poor diet, and for some disabilities, a decreased need for calories. Another contributing factor can be the use of high calorie foods for rewards in behavior intervention programs. Obesity can cause heart disease, high blood pressure, and diabetes.

Obesity also causes problems in day-to-day living for individuals. Obesity can make the following activities more difficult:

- Walking
- Replacement of braces or orthotics; that is, more frequently
- Self-care and maintaining good hygiene
- Transferring for wheelchair users

Treatment of obesity involves changing the food the individual eats, decreasing the total daily caloric intake, offering foods low in fat, serving smaller portions, and increasing the daily activity level by walking or other exercise programs. The planning team, including the individual's doctor, should be involved in developing plans in the IPP. The help of a behaviorist and dietician may also be useful.

In general, treating obesity requires changing daily routines for eating and activities. Some routines to look at include

- Amount of TV watching
- Snacking throughout the day
- Receiving food as a reward for preferred behavior
- Eating as a social activity; for example, a weekly outing to a fast food restaurant can be replaced by a weekly outing to the bowling alley

A Note about Calories:

▶ What happens if we take in too many calories and slow down our activity level? We gain weight.

▶ What happens if we take in more calories and increase our activity? We stay the same in weight or lose a little.

▶ What happens if we take in fewer calories and increase our activity? We lose weight. We need to balance calories from a variety of food with daily exercise.

Remember: Consult with the individual's doctor before beginning any weight loss program

Weight Management and Reduction (continued)

Estimates of Daily Caloric Need

- Older adults and women who are not active need 1,600 calories per day.
- Most children, teenage girls, active women, and inactive men need 2,200 calories per day.
- Teenage boys, active men, and some very active women need 2,800 calories per day.

Learn to recognize a serving size on a plate, in your hand, and in a bowl.

To help visualize a tablespoon or other common portion size, measure it out and compare its size to a common item like a quarter or deck of playing cards. Soon it will become second nature. Try remembering these serving sizes:

- 1/2 cup fruit, vegetable, cooked cereal, pasta or rice = a small fist
- 3 ounces cooked meat, poultry, or fish = a deck of cards
- 1 muffin = a large egg
- 1 teaspoon butter or margarine = a thumb tip
- 1 small baked potato = a computer mouse
- 1 pancake or waffle = a 4-inch CD
- 4 small cookies (like vanilla wafers) = 4 casino chips
- 1 medium apple or orange = a baseball (not softball)
- 2 tablespoons peanut butter = a golf ball

If you calculate calories, be honest about the portion consumed and multiply it by the correct number of servings contained.

Tips for Assisting Individuals with Weight Loss

- Stress good eating, not dieting.
- Keep food out of sight and unavailable except during meal and snack time.
- Limit drinks other than water to meal and snack times; dilute other drinks with water.
- Avoid regular sodas and other sugary drinks.
- Serve larger portions of lower calorie foods (vegetables and fruits) and smaller portions of higher calorie foods.
- Keep low fat, low calorie foods such as fruits and vegetables available at all times.
- Use smaller plates and cups.
- Check the portion size chart for recommended serving size.
- Look for fat-free and other non-fat dairy products.
- Look for non-fat or low-fat desserts such as fat-free pudding or gelatin.
- Do not reward good eating with dessert.
- Use non-food rewards such as books, outings, or cosmetics.

Material adapted from Nutrition Wellness in the Residential Setting. With thanks to Ida Dacus, nutritionist at SCLARC and the USC UAP dieticians for their dietary suggestions.

ACTIVITY

Healthy Food Choices for Managing Weight

Directions: Eating less fat reduces the number of calories and often cholesterol. Brainstorm substitutes that would result in less fat in the diet.

Instead of:	***Choose:***
1. Whole milk	_____
2. Ice cream	_____
3. Butter, margarine	_____
4. Regular cheese	_____
5. French fries or hash browns	_____
6. Sour cream	_____
7. Oil-packed tuna	_____
8. Frying in oil, butter, margarine, lard	_____
9. Fatty meats	_____
10. Vegetables in cream or butter sauce	_____
11. Potato chips	_____
12. Cakes, cookies, pastries	_____
13. Tacos, taquitos, egg rolls	_____

Adapted with thanks from work by Terri Lisagor, MS, RD and SCLARC's "Nutrition Wellness in the Residential Setting."

Some Community Care Licensing Requirements

Here are some general Community Care Licensing requirements for food service:

- Food must meet nutritional needs of those served.
- Each meal should provide at least one-third of the servings recommended in the USDA's "Basic Food Group Plan—Daily Food Guide" for the age group served.
- All food shall be selected, stored, prepared, and served in a safe and healthful manner.
- All food shall be protected against contamination.
- No more than 15 hours should pass between the third meal of one day and the first meal of the following day.
- Between-meal snacks must be made available.
- Food should be cut, chopped, or ground to meet individual needs.
- A variety of menus should be planned.
- Menus should be written one week in advance. Dated copies of the menus as served should be kept on file for at least 30 days.
- Special diets must be provided according to the recommendations of a doctor or dietitian.
- All persons engaged in food preparation and service shall observe personal hygiene and food services sanitation practices.

Food Shopping on a Budget

Most households shop twice a week for food, sometimes picking up milk and fresh produce (vegetables, fruits, and meats) more frequently. In addition, most households have a budgeted amount of money to spend on food. Staying within the budget is especially challenging in the residential setting where the preferences and needs of each person as well as Community Care Licensing requirements must be met. Following are some shopping tips that will help you stay within the food budget while providing tasty, nutritious food.

Top 10 Food Shopping Tips

1. Shop with a list.
2. Know your way around the store. Start by wheeling your shopping cart around the outside aisles of the store.
3. Choose fruits and vegetables that they are "in season" when the price is relatively low.
4. Watch for sale items.
5. Save with coupons and preferred shopper cards.
6. Remember that "convenience" foods cost more.
7. It pays to stoop down to lower shelves. Food at eye level is usually more expensive than food on shelves near the floor.
8. Read labels, especially when buying a new item.
9. Buy store brands to save (up to 50%) over brand names.
10. Larger sizes are usually a better value.

Diet and Nutrition

Final Words on Diet and Nutrition

Much of what we eat is based on habit and what we find tasty. As with most things, moderation is the key. As individuals begin to eat more nutritious food and drink plenty of water, it is wise to make changes gradually to give taste buds a chance to adapt. Reducing fat or excess salt in our diet can be hard so make food fun and talk about changes.

Mealtime Management

Mealtimes are an important social aspect of the day and should be structured to encourage safe eating habits and good nutrition. Remember, prevention is the number one priority. This section provides suggestions for making mealtime a happy and successful part of the day.

At mealtime you must consider the

- Individual
- Food Served
- Environment

The Individual

- Pay attention to the individual's feeding skills, appetite, food preferences, allergies, attention span, and behavioral factors that may influence mealtime.
- Follow all doctor's orders for a modified or therapeutic diet.
- Follow any specific plans in the IPP for mealtime safety; for example, the individual needs supervision because of a choking risk.
- Leave two to three hours between meals and snacks to encourage a good appetite.
- Discourage constant snacking with high calorie food (candy, cookies, soda).
- Medications may influence mealtime. Talk to the doctor about giving them at times they do not interfere with mealtime.

The Food Served

- Serve food at the appropriate temperature and in an attractive manner.
- Separate food on the plate; don't mix it together like "goulash."
- Encourage use of adaptive equipment if needed.
- Take care to serve food in the best way for the individual to eat (bite-size pieces, chopped, pureed, finger foods).

The Environment

- Ask the individual what would make mealtime "special".
- Set the table attractively. Pretty tablecloths, attractive or festive placemats, and flowers make people feel good. Party themes spice up a meal.
- Offensive smells in the home should be eliminated before mealtime starts.
- Help should be available to the level the individual needs. You should sit beside the individual if feeding assistance is necessary.
- TV and loud music can be distracting. Meals are best without TV; however, some individuals may like soft music.
- Plan table seating to make sure that individuals sit by others with whom they are comfortable.
- Mealtime should not last longer than half an hour.
- It's important for you to talk to residents, initiating conversation with those who are unable to do so.

Food Safety and Preparation

Harmful **bacteria** that enter the food supply can cause **food borne illness**. Millions of cases of food borne illness occur each year. Very young children, pregnant women, the elderly, and people with some types of chronic health conditions are at greater risk of getting sick from harmful bacteria. Some may become ill after ingesting only a few harmful bacteria; others may stay well after ingesting thousands. Often, it is hard to tell if food is unsafe because you can't see, smell, or taste the bacteria it may contain. The good news is that cooking and handling food safely can prevent most cases of food borne illness.

Adapted from material found on www.Foodsafety.gov.

Four Simple Steps to Food Safety

1. **Clean—Wash Hands and Surfaces Often**
   Bacteria can spread throughout the kitchen on cutting boards, utensils, sponges, and counter tops.
   - Wash your hands with hot soapy water before handling food.
   - Wash your cutting boards, dishes, utensils, and counter tops with hot soapy water after preparing each food item and before you go on to the next food.
   - Use plastic or other non-porous cutting boards. Wash cutting boards in hot soapy water or run through the dishwasher after use.
   - Consider using paper towels to clean up kitchen surfaces. If you use cloth towels, wash them often in the hot cycle of your washing machine.

2. **Separate—Don't Cross-Contaminate**
   Cross-contamination is the scientific word for how bacteria can spread from one food product to another. This is especially true when handling raw meat, poultry, and seafood. So keep these foods and their juices away from ready-to-eat foods.
   - Separate raw meat, poultry, and seafood from other foods in your grocery shopping cart and in your refrigerator.
   - If possible, use a different cutting board for raw meat products.
   - Always wash hands, cutting boards, dishes, and utensils with hot soapy water after they come in contact with raw meat, poultry, and seafood.
   - Never place cooked food on a plate that previously held raw meat, poultry, or seafood.

3. **Cook—Cook to Proper Temperature**
   Food safety experts agree that foods are properly cooked when heated for a long enough time and at a high enough temperature to kill the harmful bacteria that cause food borne illness. See Appendix 5-C for Safe Cooking Temperatures for Meat and Poultry.
   - Use a thermometer, which measures the internal temperature of cooked foods, to make sure meat, poultry, casseroles, and other foods are thoroughly cooked.
   - Cook roasts and steaks to at least 145°F. Cook whole poultry to 180°F.
   - Cook ground beef, where bacteria can spread during processing, to at least 160°F. Do not eat ground beef that is still pink inside.
   - Fish should be opaque and flake easily with a fork.
   - When cooking in a microwave oven, make sure there are no cold spots in food where bacteria can survive.

- Bring sauces, soups, and gravy to a boil when reheating. Heat other leftovers thoroughly to 165°F.

4. Chill—Refrigerate Promptly

Most bacteria multiply at temperatures between 40° and 140°F. This is the "danger zone." Refrigerate foods quickly because cold temperatures keep harmful bacteria from growing and multiplying. Set your refrigerator no higher than 40°F and the freezer unit at 0°F. Check these temperatures occasionally with an appliance thermometer. Community Care Licensing regulations outline the "Thaw Law," which requires the following:

- Refrigerate or freeze perishables and prepared food and leftovers within **two hours**.
- Never defrost food at room temperature. Thaw food in the refrigerator, under cold running water, or in the microwave. Marinate foods in the refrigerator.
- Divide large amounts of leftovers into small shallow containers for quick cooling in the refrigerator.
- Don't pack the refrigerator. Cool air must circulate to keep food safe.

Proper food preparation is also important in making food taste good and easier to eat, for preserving the nutrients, and in reducing fat and cholesterol. Food that is prepared badly can end up being one-third as nutritious as when it is prepared well.

Vegetables

- Fresh vegetables should be eaten soon after being purchased.
- Vegetables should be washed in running water, but not left to soak.
- Some veggies such as potatoes need scrubbing to remove the dirt. It is better not to peel such vegetables, because nutritional value will be lost.
- Avoid boiling vegetables because nutrients will end up in the water. Instead you can microwave, steam, or stir-fry vegetables in water or a little bit of oil.
- Vegetables should not be overcooked and they should be eaten right away.
- Vegetables should maintain their fresh color, generally, and not end up wet and soggy.
- Frying vegetables (or any other items) can make them taste yummy, but excess oil and calories can be problematic.

Meat, Poultry, and Eggs

A high amount of bacteria is associated with food that come from animals; therefore, more preparation needs to be taken before eating these items. As with vegetables, there are various methods of cooking these protein foods. Following are some pros and cons:

- Frying in oil or fat will retain most vitamins, but add to the fat content of the food.
- Wok cooking (high heat with little water or oil) works well; however, avoid using too much salt.
- Steaming works well, as does roasting, baking, or broiling, although some nutrients will be lost.

ACTIVITY

Food Safety Word Match

Direction: Draw a line from the word to its matching definition.

Word	***Definition***
1. *Two-hour rule*	***A.*** *The transfer of harmful bacteria from one food to another. Harmful bacteria can also be transferred to food from another source, such as hands.*
2. *Personal hygiene*	***B.*** *Defrost foods in the refrigerator, microwave, or under running water. Never defrost food on the kitchen counter.*
3. *Perishable food*	***C.*** *Keeping work areas free from dirt or bacteria.*
4. *Cross-contamination*	***D.*** *Foods that can become unsafe or spoil quickly if not refrigerated or frozen.*
5. *Contaminated food*	***F.*** *Cleanliness, keeping yourself clean.*
6. *Danger Zone*	***G.*** *Perishable food should not be left at room temperature longer than two hours.*
7. *Food borne illness*	***H.*** *Food that contains harmful bacteria.*
8. *The Thaw Law*	***I.*** *Cooking food to a safe internal temperature.*
9. *Sanitation*	***J.*** *Sickness caused by eating contaminated food, sometimes called food poisoning.*
10. *Thorough cooking*	***K.*** *The range of temperatures at which most bacteria multiply rapidly—between 40° and 140° F.*

Movement and Exercise

Regular physical activity helps to maintain physical and emotional health. Physical exercise promotes total body fitness and strength, aids digestion and elimination, improves blood circulation throughout the body, stretches muscles and joints to help bones to stay strong, and increases mental alertness. Stretching increases joint flexibility. Physical activity should be a part of each individual's daily routine and fitness goals should be included in the IPP. As a DSP, you may be able to support individuals to achieve goals to increase activity.

"The Dietary Guidelines" for Americans recommend that all adults be more active throughout the day and get at least 30 minutes of moderate physical activity on most days of the week, or preferably every day. Adults who are trying to maintain a healthy weight after weight loss are advised to get even more physical activity. The guidelines recommend that children get at least 60 minutes of physical activity daily and limit inactive forms of play such as watching television and computer games.

Following are potential benefits from regular exercise:

- Relieves tension and stress
- Provides enjoyment and fun
- Stimulates the mind
- Helps maintain stable weight
- Controls appetite
- Boosts self-image
- Improves muscle tone and strength
- Improves flexibility
- Lowers blood pressure
- Relieves insomnia
- Increases "good" cholesterol (HDL)
- Prevents diabetes
- Helps prevent constipation

Many physical fitness activities contribute to good health. But sometimes finding ways to make activity fun and fit into a daily routine can present the DSP with challenges. Here area few suggestions to get started.

To increase daily activity throughout the day, encourage and assist individuals to:

- Change TV channels manually by getting up and down.
- Take the stairs and park further away from buildings.
- Do stretches while TV shows are on commercial breaks.
- Start walking short distances (five minutes) two or three times a day and increase this gradually.
- Swim or do water aerobics, which is great exercise that does not place stress on knees and other joints.

Join an organized exercise or sports program such as those provided by the YMCA, local parks department, or Special Olympics. This is a fun way to get exercise and meet new people. Be sure the program can meet the individual's needs.

Exercise at least three days a week. An instructor or physical therapist may be able to recommend areas of concentration such as strength training, cardiovascular exercise, or aerobic fitness.

Develop plans for activities that are not sedentary such as bike riding, dancing to music, an exercise video, or mild hiking on days when there is no formal exercise.

Remember: Consult with the individual's doctor before beginning any exercise program.

Movement and Exercise (continued)

Motivation will be a challenge if an individual has been sedentary. Find ways to keep fitness fun:

- Change routines often enough to avoid boredom.
- Take before and after pictures.
- Work together with a group of friends who can motivate each other.
- Develop motivators that add to the fitness program such as a trip to a park for a walk or go to the beach for a swim.

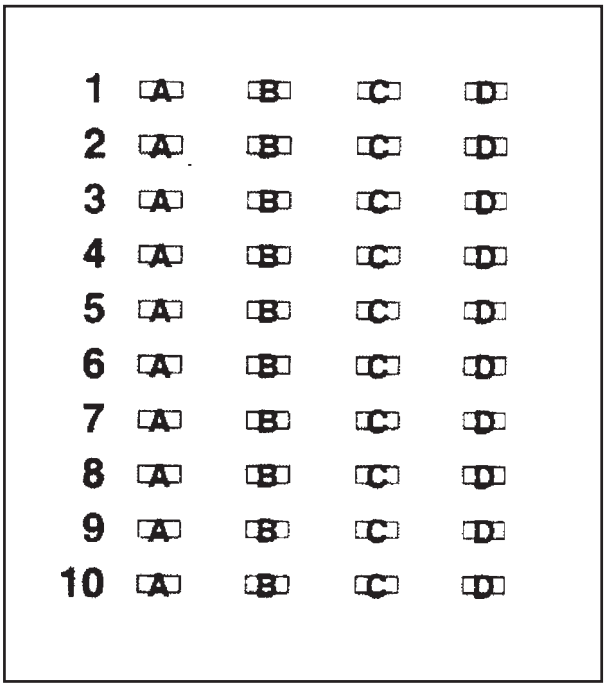
For individuals who use a wheelchair, encourage participation in activities that use their upper body strength as much as possible. Exercise such as weight lifting and swimming may be appropriate for those individuals.

Studies have shown that even mild exercise can improve fitness level. The gains from increased activity will result in a safer and healthier life.

PRACTICE AND SHARE

Identify an individual you support who is interested in changing their eating and/or exercise habits. Assist that individual in making healthier food choices and/or increasing daily activities (for example, walk to the store instead of drive). Be prepared to talk about what you did and how it worked at the beginning of the next session.

Nutrition and Exercise



1. **One of the most important reasons people should drink lots of water daily is that water:**

   A) Is less expensive than soft drinks.
   B) Has no calories.
   C) Helps regulate the body's temperature.
   D) Is full of "empty" calories.

2. **Which of the following is one of the five kinds of food nutrients every good diet must include:**

   A) Alcoholic beverages
   B) Fat
   C) Diet Coke
   D) Water

3. **Menu planning is especially valuable as a way to ensure that:**

   A) Individuals get to eat foods they dislike at least once daily.
   B) Sufficient food is available to feed any visitors who drop by.
   C) All five kinds of nutrients are included in meals.
   D) Shopping lists are used when purchasing food.

4. **When doing menu planning for food shopping, one thing the DSP should think about is:**

   A) Jigsaw puzzles showing the different parts of menu planning.
   B) Handwashing and gloving before handling food at the food store.
   C) The cost of the food.
   D) The need for drinking an adequate amount of water.

5. **Sweets should be limited in the diet to small amounts because:**
   A) It is a bad idea for the DSP to become too friendly with individuals.
   B) In real life, people must learn to take the bitter with the sweet.
   C) Eating of sweets may lead to obesity, tooth decay, and other difficulties.
   D) Thrown-away candy wrappers make even the best facility look unclean.

6. **On food labels, the ingredients are usually listed:**
   A) In order of volume or weight, from highest to lowest.
   B) In order of volume or weight, from lowest to highest.
   C) In alphabetical order.
   D) In order of age, oldest to youngest.

7. **A "modified" diet is one that should be followed by:**
   A) All obese persons, to speed up weight loss.
   B) Most people who are interested in following the latest fashions in food.
   C) Individuals who have trouble swallowing or chewing their food.
   D) Individuals who have diseases that are made worse when certain types of food, minerals, or vitamins are eaten.

8. **Food allergies make meal planning more difficult, but:**
   A) Are not serious enough to cause permanent damage to individuals.
   B) Also can cause anaphylactic shock and other life-threatening problems.
   C) Should be ignored if the individual strongly insists on eating the food they are allergic to.
   D) Are limited only to peanuts and shellfish.

9. **"Clean, Separate, Cook, Chill" are the four simple steps to achieve:**
   A) Lowering the fat content of foods.
   B) Safe food handling and preparation.
   C) Prevention of food allergies.
   D) Effective weekly menu planning.

10. **Individuals who use a wheelchair can often participate in such valuable physical activities as:**
    A) Changing channels with the TV remote.
    B) Listening to music.
    C) Soccer and pole vaulting.
    D) Weight lifting and swimming.

Appendices

Appendix 5-A /Ways to Reduce Salt in the Diet

- Do not use salt or use less salt when preparing foods.
- Use spices and herbs to flavor food.
- Leave the salt shaker in the cupboard, not on the table.
- Go easy on condiments such as soy sauce, ketchup, mustard, pickles, and olives.
- Choose fresh, plain frozen, or canned vegetables without added salt.
- Choose fresh or frozen fish, poultry, and meat. Most often these are lower in salt than canned and processed forms.
- Read the Nutrition Facts label to compare the amount of sodium in processed foods. The amount in different types and brands varies widely.
- Look for labels that say "low sodium."

Appendix 5-B/Top 10 Tips for Developing a Healthy Menu at Your Home

1. Individuals living in the home where you work should be encouraged to participate, to the extent they can, in menu planning, meal planning, and preparation. Ask them "What do you love to eat?"
2. Plan a good balance of foods, based on the Food Pyramid (number of servings and number of serving sizes).
3. Include a wide variety of foods in the menu.
4. Include at least five servings of fruits and vegetables in a variety of colors including:

   Green
   broccoli, green beans, lettuce
   Red
   strawberries, tomatoes
   Orange
   carrots, cantaloupe
   Yellow
   summer squash

   Be sure to include dark greens and yellow vegetables at least two or three times a week. Use fresh products and wash the skin well.
5. Emphasize non-animal sources of protein such as beans and nuts or recommend lean meats, fish (excellent source of Omega-3 oils), and poultry-removing fat and skin whenever possible.
6. Cook foods in ways that maintain vitamins and minerals such as baking, steaming, or roasting.
7. Try to include some alternative condiments such as salsa and humus instead of butter, margarine, and sour cream.
8. Avoid highly salted foods and avoid putting extra salt on foods.
9. Use oils, fats, and sweets in small quantities. Use canola or olive oil.
10. Include non-fat, low-fat, or reduced-fat alternatives when using yogurt, milk, and cheese.

Appendix 5-C/Top 10 Safe Handling and Storage Tips

1. Be sure food and water are from safe sources.
2. Ask the store clerk to put frozen items together in a bag. This will help maintain temperature.
3. Take items directly home, unpack them, and put them away in the refrigerator, the freezer, or on shelves. Don't leave food items in the car. Some items such as milk, poultry, and meat can spoil quickly.
4. Always wash your hands before touching food and throughout the preparation process.
5. Refrigerators need to be at the correct temperature at or below 40°F, but above freezing. Keep the freezing compartment at 0°F.
6. Keep meat and poultry refrigerated or frozen. Thaw meat and poultry in the refrigerator.
7. Keep raw meat and poultry separate from other foods. Do not put cooked meat or poultry on surfaces that came in contact with raw meat or poultry. (Note: This is often a problem when barbecuing.)
8. Cook poultry and ground meat thoroughly and keep hot foods hot (above 140°F).
9. Wash working surfaces including cutting boards, utensils, and dishes in hot soapy water.
10. Avoid outdated and spoiled food! When in doubt, throw it out! Many food items, both at the store and in the refrigerator, have expiration dates. Such items should not be purchased beyond the expiration date, and should either be thrown away or checked carefully before use. Products vary greatly in how long they remain edible, even in the refrigerator; often it is only a day or two. Dating the emergency supply containers is very important. Canned goods remain wholesome much longer than fresh produce, dairy products, non-frozen meat and such; however, the "shelf life" of canned goods is not endless. Every six months or so, canned food should be used up or thrown out and replaced.

Brand X Pure Premium OJ

32 FL OZ (1 QT) 946mL

Nutrition Facts

Serving Size 8 fl oz (240 ml)
Servings Per Container 4

Amount Per Serving	
Calories 110 Calories from Fat 0	
	% Daily Value*
Total Fat 0g	0%
Sodium 0mg	0%
Potassium 450mg	13%
Total Carbohydrate 26 g	9%
Sugars 22g	
Protein 2g	
Vitamin C 60% • Calcium 2%	
Thiamin 10% • Niacin 4%	
Vitamin B6 6% • Folate 15%	
Not a significant source of saturated fat, cholesterol, dietary fiber, vitamin A and iron	
*Percent of Daily Values are based on a 2,000 calorie diet.	

Other container labeling:

Meets American Heart Association food criteria for saturated fat and cholesterol for healthy people over age 2.

Naturally **sodium** free.
No water or **preservatives** Added.

Keep Refrigerated

Best if used within 7 to 10 days after opening.

Pasteurized

Deli Macaroni Salad

Net Wt. 16 OZ. (1LB) 454g

Nutrition Facts

Serv. Size 3/4 cup (145g)
Servings: 3

Amount Per Serving	
Calories 330 Fat Cal. 210	
Amount per Serving	% Daily Value*
Total Fat 23g	36%
Saturated Fat 3.5g	17%
Cholesterol 15mg	5%
Sodium 770mg	32%
Total Carb. 27 g	9%
Fiber 2g	7%
Sugars 22g	
Protein 5g	
Vitamin A 0% • Calcium 2%	
Thiamin 10% • Niacin 4%	
Vitamin C 0% • Iron 10%	
Not a significant source of saturated fat, cholesterol, dietary fiber, vitamin A and iron	
*Percent of Daily Values are based on a 2,000 calorie diet.	

INGREDIENTS: Cooked Enriched Macaroni (semolina, niacin, iron, thiamin mononitrate, riboflavin, folic acid), Mayonnaise (soybean or canola oil, egg yolks, water, vinegar, corn syrup, salt, spice, calcium disodium EDTA), Sweet Pickles (pickles, high fructose corn syrup, water, vinegar, salt, modified food starch, sodium benzoate, natural flavorings, calcium chloride), Corn Syrup, Celery, Water, Onions, Red Bell Peppers, Salt, Vinegar, Mustard (water, vinegar, mustard seed, salt, sugar, soybean oil, spices, tumeric, zanthan gum, annato, calcium disodium EDTA), Potassium Sorbate, to protect flavor, Sugar Zanthan Gum, Annato Coloring.

Brand X Beef & Green Chili Burritos

10-4 OZ BURRITOS,
NETWT 40 OZ (2.5 LBS) 1,134g

Nutrition Facts

Serving Size 1 Burrito (113g)
Servings Per Container 10

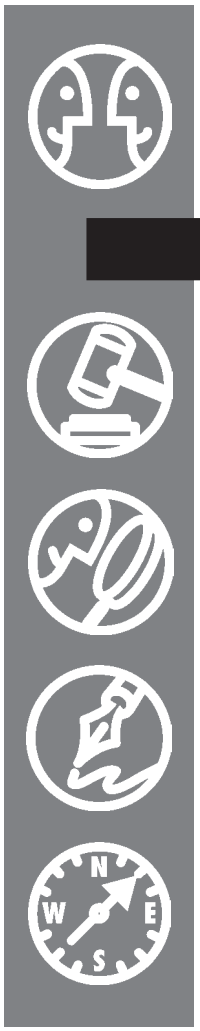
Amount Per Serving	
Calories 290 Calories from Fat 120	
	% Daily Value*
Total Fat 14g	21%
Saturated Fat 5g	24%
Cholesterol 15mg	5%
Sodium 270mg	10%
Total Carbohydrate 34 g	11%
Dietary Fiber 3g	13%
Sugars 1g	
Protein 8g	
Vitamin A 0% • Vitamin C 6%	
Calcium 2% • Iron 15%	

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat. Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

INGREDIENTS: Flour Tortilla (bleached wheat four enriched (niacin, reduced iron, thiamin mononitrate, riboflavin, folic acid), water, soybean oil . . . .



Student Resource Guide

6. Strategies for Successful Teaching, Part 1

Student Resource Guide: SESSION 6

Strategies for Successful Teaching, Part 1

OUTCOMES

When you finish this session, you will be able to:

- Identify several opportunities for teaching new skills.
- Describe the role of the DSP in teaching skills to individuals you support.
- Identify how to establish a good relationship with a learner.
- Define the following terms: functional skills, age-appropriate skills, and meaningful skills.
- Identify natural times for instruction for typical functional skills.
- Describe and complete a task analysis.
- Identify several types of instructional prompts.

KEY WORDS

Acquisition: Development of a new skill or way of doing something.

Adaptation: Objects or devices that are made or changed specifically to help an individual learn or do a skill.

Functional skills: Skills that are neces-sary for the individual's own self-care. Skills that someone will have to perform for the individual if the individual doesn't learn to perform them.

Generalization: Performing a newly learned skill in whatever situation the individual needs or wants. A way to help individuals overcome their fears of generalizing skills is to offer objects or activities somewhat like those used to teach the skill.

Partial participation: Teaching or supporting an individual to perform or to participate, at least partially, in an activity even though he or she may not be able to function independently in the activity.

Prompt: Providing additional information to ensure success.

Reinforcement: Rewards given after successfully performing a desired behavior.

Shaping: Teaching a skill by reinforcing behaviors that are closer and closer to the desired skill. Reinforcement of small parts of a task as an individual is learning it. This is followed by reinforcing for larger parts until the individual can perform the entire task or has reached their greatest level of independence.

Task analysis: Listing the sequence of actions or steps involved in completing a skill.

Opening Scenario

Rachel is a young girl who lives in a small group home. She is 8 years old and has had a difficult life. Because she was physically abused, she was removed from her parent's home and moved to April's Place, which is located in a small town just outside of Bakersfield. Rachel appears to be non-verbal and shows some evidence of autism.

Rachel has many things to learn. She is not able to care for her personal needs, such as dressing herself, basic hygiene, or getting herself something to eat. It appears that she is used to having someone do these things for her, or she has little, if any, experience in taking care of herself.

Cindy is a DSP working at April's Place. She has worked in an adult home for two years, but this is the first time she's worked with children. She wants to help Rachel, but she's overwhelmed with the task. Where does she start?

The Goal of Teaching

The goal of teaching is to support individuals with disabilities to live independently and with as much enjoyment as possible.

Why is it so important for DSPs to know how to teach?

Did you know that you are a teacher? Every individual is capable of growth and change throughout his or her entire life. We are all lifelong learners and the more we learn, the more opportunities we have for self-expression and self-determination. Because someone did not learn to wash their own hair as a child, does not mean they might not be able to learn this skill as an adult. It shouldn't surprise us to find out that the more control we have over our own life the more likely we are to be happy and content. Clearly, the most effective strategy for people with challenging behaviors is to help them replace those challenging behaviors with new skills. For example, many problem behaviors are related to communicating problems. Teaching an individual how to get help or to express their needs when something is bothering them will lessen problem behaviors because the individual will have appropriate ways of getting the message across.

In Year I, Session 1, we discussed the multiple roles of the Direct Support Professional including how to assist people with disabilities to be as independent as possible. Helping people become more skilled in all areas of their lives is one of the most important types of support offered by human service agencies.

In your role as a DSP, you are in the perfect situation to assist individuals in learning new skills because you are directly involved in so many aspects of their lives—from self-care through participation in consumer and vocational skills. You can support individuals in learning how to have more meaningful and effective relationships, how to manage their resources, and even how to advocate for themselves.

Even if we aren't trying to teach, we actually do. Knowing how to teach helps

The Goal of Teaching (continued)

ensure that individuals are learning what we intend to teach! Helping an individual by preparing his or her breakfast every morning is simply teaching that person to wait. It teaches that they are incapable of doing such a task. This is not our goal as DSPs. It can also be very frustrating when, despite our best efforts, our "student" does not seem to be learning. We all need to see our efforts pay off, and one of our most rewarding experiences is to see someone learn because of our work. Teaching is an art, one that we can all become better at if we take the time to learn teaching strategies. While we can't teach every minute of the day, you should be continually looking for opportunities to support learning and independence.

There is one other reason it is important for you to know how to teach. When someone we support continues to learn and grow, our respect for that individual also grows.

The Teaching Process

The teaching process presented here is one that you can be implement in any setting. Distinct steps in this process lead to skill acquisition, fluency, generalization, and maintenance. We will describe and practice how to:

- Teach during natural times.
- Establish a good relationship with the learner.
- Focus on teaching functional, age-appropriate, and meaningful skills.
- Identify natural times for instruction for typical functional skills.
- Complete a task analysis for selected skills.
- Determine the most appropriate instructional prompts.
- Use least-to-most prompting.
- Allow for partial participation.
- Use several types of adaptations.
- Use reinforcement strategies.
- Use shaping as an instructional strategy when appropriate.
- Teach to ensure that skills generalize.
- Evaluate teaching success and identify when it is appropriate to modify teaching strategies.
- Use strategies for ensuring that skills are maintained.

Establishing a Relationship with a Learner

Think about something important you've learned in life through the efforts of someone else. It could be your parents, friends, a teacher, or anyone. Many people around us attempt to teach us one thing or another. Why did we learn some things more easily than others? What was it about those folks that made learning easier for us so that we actually looked forward to learning? Certainly, there is something about the relationship between the teacher and the learner that either supports or hinders learning. Those who know this try to create the best learning environment by establishing a good relationship. This takes time. If you attempt to get to know someone five minutes before trying to teach, then teaching is not likely to be very effective.

Spend Time Together

How do we establish an effective relationship with a learner? The answer lies in getting to know the individual. The first and most important rule is simple: Spend time together. A relationship develops over time. This time should be outside an instructional situation; doing something together, not as teacher/learner, but as two people sharing an activity.

The Teaching Process

Several things can be learned just by interacting including:

- What motivates this person.
- What this individual wants to learn.
- What this individual likes and dislikes.
- What things this person likes to do.
- How this person learns best.
- How the individual communicates.

Look at the Individualized Program Plan

In addition, each individual has an IPP that provides useful information about important skill needs. That plan should be developed with the active involvement of the individual so that it reflects his or her hopes, dreams, and choices. To provide the best possible support, you should first take the time to learn about the individual by reviewing the IPP.

ACTIVITY

Establishing Relationships with Individuals

Directions: Think about an individual you support. Using what you know about this person fill in the worksheet.

The Individual I Support:	***How I know:***
Is motivated by:	
Wants to learn:	
Likes and dislikes:	
Likes to:	
Learns best by:	
Communicates:	

Functional, Age-Appropriate, and Meaningful Skills

An individual needs to learn many things. How do we know what skills to teach? No matter what skills we select for teaching, it is important for us to remember the DSP's main goal of teaching:

The goal of teaching is to support individuals with disabilities to live as independently and with as much enjoyment as possible.

To reach this goal, you must make sure that what you teach is truly meaningful and functional for each individual. One problem observed in many teaching programs, in both school and adult programs, is that individuals with disabilities often spend time doing things that don't really help them to live more independently or enjoyably. That is, individuals spend time doing things that do not help them function in natural settings in which people of the same age live, work, or participate in recreational activities.

For example, have you observed adults with disabilities sorting colored pieces of plastic or other tasks that seemed meaningless? When they completed the work, a staff member then re-combines the materials for another individual to re-sort. How useful is this type of activity for teaching someone how to function in a natural community, work, or living setting where people like you and I spend our time?

Besides spending time on meaningless activities, sometimes we find adults or teenagers with disabilities using coloring books or putting together children's cartoon puzzles. Do these activities help an individual to do useful things with peers or are they simply something to do when nothing else is going on?

To make sure that we support individuals in learning skills that will help them live more independently and enjoyably, and to make the best use of our time, here are **some general guiding** questions to ask:

1. Is the skill functional?

If the individual does not learn the skill I am attempting to teach, will someone else have to perform that skill? Would someone be paid to do this skill for the individual?

For example, if Sarah could not select her own clothing would someone else have to make the selection? If Jim could not make himself a snack, would someone else need to make it for him? A general guideline is that individuals need to learn skills that have immediate functional value to them.

2. Is the skill relevant?

Is the skill I am attempting to teach one that this individual will use often in his or her life?

Is it more important for Jill to learn to name the months of the year or how to greet someone appropriately?

It is important to teach skills that are used frequently.

3. Is the skill age-appropriate?

Is the skill I am attempting to teach one that other people of the same chronological age use?

Should Mark spend a portion of each day learning to cut pictures out of magazines or would it be more appropriate for him to learn how to call a friend on the phone? Staff involved in supporting learning should ensure that individuals learn skills that are chronologically age-appropriate.

Sometimes individuals choose to use materials and engage in activities that you might not consider age-appropriate. For example, because 15-year-old

Michael chooses to listen to children's music during his leisure time, should you tell him that it is not age-appropriate and restrict his access to such music? If someone chooses to do things that are not age-appropriate during their leisure time, then that is their choice. However, staff can ensure that Michael has frequent exposure to music that is age-appropriate and that he has opportunities to interact with other 15-year-old people to experience what they listen to. If Michael simply enjoys that particular style of the children's music, we might also be able to help him find teenage music of a similar style.

4. Does the skill support independence?

Is the skill I am attempting to teach one that can help this individual get what he wants or get him out of something he does not want?

Challenging behavior often serves as a way for an individual to get a message across about preferences. You can teach an individual how to communicate what he or she wants and does not want in a way that is effective and efficient and similar to the way we all express desires. Think about a situation when an individual is unhappy about having to shower before bed each night. Some evenings, Monica would much rather watch certain programs on TV and then get up earlier to shower before work. On these evenings, when she is asked to get ready for bed, she becomes angry and slaps at her housemates and support staff. If Monica could learn to plan her evening schedule and let staff know her preferences, she would have less trouble with evening routines.

5. Is the skill going to be naturally reinforced?

Is the skill I am attempting to teach going to result in naturally occurring outcomes for the individual?

Many times we teach individuals to do things that do not result in any outcomes that reinforce the skill; they learn to do what we request of them. For example, you might help someone learn to identify his or her body parts; for example, "point to nose, point to knees" and then you might say "good job, pointing to nose and to knees." The outcomes are artificial for this type of exercise; that is, they do not naturally occur for the rest of us. Naturally occurring outcomes result from engaging in meaningful activities. If an individual is learning how to make a phone call, the natural outcome is that he speaks to someone he's called. The natural outcome for learning to make pizza is that he can eat the pizza when it's done or even share it with friends. The natural outcome for taking a shower and using deodorant is that someone might smell good for their girlfriend.

Since the goal of teaching is to support individuals in living as independently and enjoyably as possible, understanding their interests, preferences, and needs is critical. These general guidelines will also be helpful in choosing skills to teach so that the time and efforts of the individual and the DSP are not wasted.

ACTIVITY

Functional and Age-Appropriate

Directions: Raymond is a 17-year-old young man with cognitive and motor challenges. Determine if the following activities meet your guidelines. Place a check in the boxes where the activity meets the guidelines. For each activity that does not meet the guidelines, identify an alternative activity that does.

Activity	Functional?	Relevant?	Age-appropriate?	Supports Independence?	Naturally reinforced?	If not, alternative activity?
Listen to country music CD						
Shopping at mall						
Putting together a Disney puzzle						
Making a toaster waffle						
Washing clothing						
Stringing beads						
Sorting colored chips						
Setting the table						
Matching pictures of farm animals Conversing with a friend using a picture book						
Purchasing coffee						
Swinging on a playground swing						

What about activities just for fun? Does everything have to be functional?

What an individual chooses to do during leisure time is different from skills that he or she is learning to become more independent. During leisure time, we all have the right to choose what makes us happy, even if it isn't considered functional. You are not a guardian; your role is to support individuals with disabilities, not to control what they do. If you are concerned that what an individual chooses to do is resulting in negative behavior toward the individual by others, you might encourage other interests and make efforts to expand the individual's range of leisure interests.

Teaching During Daily Routines

Sometimes it makes sense to arrange formal teaching sessions, particularly when staffing patterns permit. There may be times during the day or evening when staff have the opportunity to provide one-on-one time, assisting an individual to learn a skill. For example, because Lucinda returns from her school program at 3:30 p.m. and her roommates don't get home from their jobs until 5:00 p.m., staff members have time to work with her on some of her self-care skills such as washing and ironing her clothes. Such scheduled teaching sessions may assist Lucinda in learning because you will have her undivided attention in the early stages of learning these tasks. However, one-on-one time is often difficult to arrange and staff may find that individuals are not getting the chance to practice these skills to learn them fully.

One of the best ways to support an individual's ability to learn new skills is to provide the instructional support they need during the times he or she would naturally use those skills. The more an individual has the opportunity to practice a skill, the more likely he or she will gain independence in using it. If the skill is important in the life of that individual, it is more likely the skill will be learned and maintained. DSPs constantly seek opportunities to teach throughout the day and in all environments. Opportunities can be signaled by:

- An individual attempting unsuccessfully to do something on his own.
- An individual asking for help to do something.
- A staff member completing a task the individual could have done.

Countless opportunities for learning are available throughout the day. Assisting an individual to attain an enjoyable life means active participation in that life. One of the guiding questions we discussed earlier addresses how to assist individuals in living more independently and enjoyably:

> ***If the individual does not learn the skill I am attempting to teach, will someone else have to perform that skill?***

We do many things each day that fit this guideline. We get ready for school or work, prepare something to eat, choose our clothing, turn on the radio, clean up the house, travel to and from our destination, call friends, plan activities, and many other typical routines. The more we can do these routines independently or participate at least partially in them, the more control we have over our lives. One of the first things you can do as a DSP is to identify the many opportunities for learning that exist in the individual's daily schedule. These are the best times to provide instruction because these skills allow frequent practice, are relevant to the individual, and learning such skills means more independence and control.

It is important to remember that teaching must be balanced with opportunities for individuals to enjoy their lives and engage in preferred activities in which they are already independent. If our entire day was one teaching routine, life might be more of a chore and less enjoyable.

ACTIVITY

Naturally Occurring Skills

Directions: Think about one individual with whom you work. In the first column identify the time you work with him or her. In the second column, list the typical schedule of activities he or she follows in the morning and evening at home. In the third column, note if this activity requires instruction and in column four, note how this would benefit the individual.

Time	***Activity***	***Requires Instruction?***	***Benefit to Individual***
Example:			
6:45 am	*Shaves, showers*	*Needs help shaving*	*Allows for choice in appearance.*
7:15 am	*Selects clothing, dresses*	*no*	
7:20 am	*Eats breakfast*	*needs help making own breakfast*	*Can lead to living more independently*

Teaching Tools: Developing a Task Analysis

When Individuals Don't Seem to Be Learning

Think about a time when you could not seem to learn to do something despite your best efforts. It might have been a school task or something you wanted to do in your leisure time; for example, snowboarding or playing the piano. Or think about the first time you tried to drive with a clutch. Despite all the advice and teaching you received, learning was still difficult. Sometimes you finally got it and sometimes you just gave up. What did your teacher do that actually helped you in those situations? Sometimes they just stuck with you until you got it, or they tried a new approach, or they asked what would help and then followed your lead.

When the individuals you support have a difficult time learning something, you sometimes question their ability or their motivation to learn. You may find yourself becoming angry with them, blaming them for not trying, or even giving up on the lesson. The most successful teachers adapt their approach when their students have difficulties; they remember that they only have control over what they do. Rather than wasting time questioning whether an individual is capable of learning, they look for a more powerful teaching strategy. It might be helpful to experience teaching from the learner's perspective.

ACTIVITY

Teaching from the Learner's Perspective

Directions:

Count off by twos. Group 1 will be teachers and Group 2 will be learners. Teachers will be taken to another room to discuss a new skill that they will teach the learners. The teachers need to pair with a learner when they return without telling their learner what they are making. When you have completed the activity, be prepared to answer the following questions:

Questions for teachers:

1. Did your student learn? How do you know?

2. What made it difficult for you to teach?

3. What worked for you?

Questions for students:

1. Can you complete the task independently?

2. What did the teacher do that helped you learn?

3. What did not help?

Teaching Tools: Teaching New Skills

A number of strategies support learning. Sometimes just the opportunity to participate in interesting, functional activities with a bit of coaching results in an individual's learning, especially when the activity is motivating to the individual. Many of the things we've learned were not formally taught to us; we just learned by trial and error. For example, how did we learn to make toast? It's likely that we learned by watching someone else do it and then learned through trial and error about the toaster setting. However, many other things took a more formal approach such as, playing scales on the piano. Many of the individuals we support have a difficult time learning, and for that reason, teaching a new skill often takes a planned and systematic approach that includes:

- Individualized teaching strategies
- Regularly scheduled instruction
- Instruction modified based on the learner's success
- Instruction in natural settings
- Focused instruction

Systematic Instruction

What is systematic instruction? A number of practices characterize this type of organized, planned teaching.

First, teaching strategies are individualized based on how an individual learns best. All of us learn in different ways and if our teachers know this, they can tailor their strategies to our style. For example, some of us have a tough time listening to directions, but if someone draws us a map, we've got it. Some of us can listen to a song and remember the words and others need to read the words to learn the song. Explaining to me how to build something may not help, but letting me actually get my hands on the materials makes learning much easier for me.

Think about some of the things you've learned. Do you tend to learn best through seeing, hearing, or touching? Becoming familiar with the way an individual learns is a good way to start the teaching process. For example, Amanda may learn best by seeing an example of what is expected of her, so staff always provides a model to help her learn.

Second, instruction must occur on a regular basis, particularly when someone is first learning a new skill. Long periods between practicing a skill will likely mean our learner will be starting over each time. Teaching community consumer skills once a week may not allow an individual to remember new skills. If he or she practiced purchasing in a store two to three times a week, learning might be quicker and also might be more easily maintained. When selecting skills to teach, consider how often the skill will be used.

Third, teachers modify their teaching plan based on how successful the instruction is. If the teaching plan is not working, it's time to change the plan. Instruction should result in continual student progress. It is also important, however, to give the plan a chance. If staff members have been teaching Amanda to make her bed for a long time using the same strategies and she seems to be at the same place in her learning as when she started, it is obvious that the teaching plan should have been changed earlier.

Fourth, systematic instruction is provided in the natural settings where the skills are used. Individuals tend to learn better when skills are relevant, functional, and result in natural consequences. If you want Jim to recognize the "Men" sign on a bathroom door, it makes more sense to teach it in a real location where "Men" is on the door, rather than to have him practice reading a sign at home.

Finally, systematic instruction is focused. If you are engaged in teaching, you need to give your full attention to that. It is very difficult to provide the support a person needs if your attention is distracted by things going on around you. If you can't focus, it might be better to leave the instruction until a time when you can provide undivided attention. In the home, you have so many things competing for your attention that trying to provide systematic instruction to one individual while managing other situations is counterproductive. If providing the instruction is important, you might need to advocate for more support during certain times of the day.

How can we organize teaching time so that we are successful?

An individual may not be learning a particular skill for a number of reasons. For the purposes of this session, we'll consider the three most important:

- The skill is too complex in its present form.
- There is insufficient practice.
- There is insufficient reinforcement.

Task Analysis

Take a moment to consider all the things you do between the time you get out of bed in the morning and leave for work. You've done these things so often, you don't even have to think about them. Even though some tasks involve several steps, (brushing your teeth, shaving, showering, dressing, making breakfast, gathering up your things), they've become such a familiar habit that you can glide through them without really thinking about what you're doing. However, if you looked closely at each of these morning activities, you would find that they are made up of a number of skills, linked together to complete a task. When you first learned to complete these tasks independently, it took a little more thought and probably some help. How did you learn to dress? Most of us learned parts of the dressing routine at different times. For example, we learned to pull our pants up and get our shirt over our heads before we learned to button and zip. We learned to pull our shoes on before we learned that complex task of tying the laces.

Each task is made up of several small steps and if we break down complex tasks into small steps, an individual may be more able to learn to perform the task. Listing the sequence of actions or steps involved in completing a task is called *task analysis*. The following is an example of a task analysis for making toast:

Task Analysis for Making Toast

1. *Get bread from cabinet.*
2. *Open bread package.*
3. *Remove two slices from loaf.*
4. *Place bread in toaster.*
5. *Push down toaster lever.*
6. *Wait until toast pops up.*
7. *Remove toast.*
8. *Place toast on plate.*
9. *Butter toast.*
10. *Serve or eat.*

You might decide that some steps are not really needed because the individual you support already knows how to get the bread or how to wait. Or you might need to include even more steps. For example, you may find you need to add a step between 5 and 6 and have the individual get the butter and jam out of the refrigerator. That's the nice thing about a task analysis. You can make the analysis as detailed and as long as necessary. A task

analysis for the same task might look different for two individuals based on their abilities and learning needs. A task such as making a phone call might have eight steps or 25. It's important for staff to build a task analysis based on how the individual might complete the task, not necessarily how you would do it.

OPTIONAL ACTIVITY

Observing the Steps Involved in an Activity

Directions: Watch the video scenario. Write down each step in the activity as you observe it. When the tape stops, pair up with another student to share your task analysis. Discuss any differences. Be prepared to share you observations with the group.

Setting the Table—Steps

1.

2.

3.

4.

5.

Should we prepare a task analysis for everything we teach?

Not every skill needs to be taught using a task analysis. Teaching a skill that the individual already knows does not require a task analysis. Another type of teaching objective that does not require a task analysis is when you teach an individual to perform a skill more quickly or for a longer period of time. Task analysis is useful when teaching an individual a new skill.

Not everyone does things the same way. For example, do you wet your toothbrush before putting on the toothpaste or after? One key reason for listing the steps in a task analysis is to define exactly what the individual is learning to do so that the skill can be taught the same way every time. This helps the individual learn more quickly. It also avoids confusion for the individual because everyone who is helping him learn will teach him in the same way.

When creating a task analysis for teaching a skill, it is important that you and the staff practice the steps in the task analysis prior to attempting to teach the skill. By practicing the task analysis, staff can make sure it is complete and that the steps are arranged in a logical order.

ACTIVITY

Drawing a Place Setting

Directions: On the place mat below, draw a picture of a dinner place setting including a plate, knife, fork, spoon, napkin, and cup. Compare differences in the drawing among the group. Then, create a task analysis that would result in a consistent picture of the place setting.

ACTIVITY

Setting the Table: Task Steps

List the steps for setting the table as you drew it on the placemat on the previous page.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Instructional Prompts

When learning to do something new, we go through common stages of the learning process regardless of who we are or what the skill is. We begin with the difficult stage of **acquisition**. During this stage we require a lot of support. Think about a time when you were learning something difficult and the type of help you needed until you became more familiar with the task. When learning to make French toast, Rhonda will need to first learn the sequence of steps involved and she'll need a lot of assistance until she can remember the steps.

A second stage of learning, *maintenance*, is the period of learning when we practice a skill we've just learned so that we can complete it independently. Now each Saturday morning, Rhonda practices making French toast with the help of the DSP in case she forgets something.

The more we practice the skill, the more we demonstrate **fluency** with the skill. Now, Rhonda is comfortable with making French toast and is finding ways to complete the task more quickly. For example, she is able to cook two pieces of French toast at the same time she is dipping the next two pieces in the egg.

The real test of our competency with a skill is our **generalization** of that skill. Now Rhonda is able to cook French toast when she visits her mother.

Simply learning how to do something during teaching situations is not sufficient. This is why we teach skills that are functional, relevant, and likely to be performed frequently. Following these guidelines allows for sufficient practice and for the individual to become fluent and able to perform a skill across environments, people, and activities.

When an individual is first learning a new skill, it is usually necessary to provide additional support. This support or assistance is called prompting and the goal is to provide just enough assistance so that the individual is able to correctly perform the skill. If you think of prompts as additional information, you are simply providing extra information about what the individual should do.

Prompt = Providing additional information to ensure success.

For example, Matthew is learning to load the dishwasher at home. The task analysis identifies several steps for Matthew to complete in sequence. One step he continues to have difficulty with is remembering to add the dishwashing detergent. Matt typically misses this step and closes the door. How can you prompt him to remember?

Different Types of Prompts

There are many different ways to prompt. You've used many prompts throughout your life, sometimes without being aware of it. You might have said, "What are you forgetting?" to someone as they left the house. This example provides additional information about what the other person is supposed to do. Let's take a minute to generate all the types of prompts you can think about.

ACTIVITY

Brainstorm

Directions: Break into small groups. Each group will be given a flipchart and markers. Take five minutes to brainstorm as many examples of prompts as you can. Remember, during brainstorming, ideas are not evaluated. Every idea is accepted and written on the flipchart. Evaluation comes after brainstorming. If participants become stuck, it might be helpful to lead with the question, "What might we do to help someone learn something new?" After the five minutes of brainstorming, take another five minutes to categorize the ideas. Select a reporter and share results with the large group.

Instructional Prompts (continued)

Prompting Strategies

It's obvious that you can use many different types of prompts to help an individual complete a new skill. Here are some common categories of prompts:

- Verbal
- Physical
- Gestures
- Modeling
- Contextual

Verbal Prompts

Verbal prompts involve talking to the learner to provide assistance. You simply describe what to do, or you give verbal information that helps the person know what to do. These types of prompts should contain only the information necessary to correctly perform the skill. Long complex explanations of what to do are not helpful and are at times counter-productive. There are two subsets of verbal prompts—direct verbal prompts and indirect verbal prompts. The direct verbal prompt describes what the individual is to do. For example, when Marsha is getting ready to leave for the store and is gathering up her things to go, she often forgets to take the shopping list. Just prior to leaving a staff member prompts, "Don't forget the shopping list."

Indirect verbal prompting informs the individual that he or she needs to do something, but it doesn't explain what. As Marsha becomes more capable at going shopping, she sometimes forgets to take something she needs. Just prior to leaving a staff member prompts, "What are you forgetting, Marsha?" This strategy allows Marsha to think about what she needs and moves her a bit closer to independence.

Physical Prompts

Physical prompts, touching, or guiding an individual's body through a movement can help an individual to perform a skill. These prompts may involve a part of the body, such as the arm, and range from a brief touch to complete guidance. Physical prompts are typically used when the difficult skill is a motor skill; for example, cutting a sandwich or turning on the shower control. Physical prompts allow motor patterns to become established by frequent practice; for example, you've learned to write your name without looking at it or thinking about it.

There are, of course, different levels of physical prompts. As noted previously, a physical prompt may simply be a light touch to the hand or it could be the full manipulation of someone's arm to scoop and bring a spoon of pudding to his or her

mouth. It's important to consider, however, that some individuals do not like to be touched or physically manipulated. A physical prompt is never forcing someone to do something. The most helpful physical prompt is to lightly touch or shadow an individual's movement in the correct response.

Gestural Prompts

A very common type of prompt is one that involves simply pointing toward or touching something to draw the attention of the individual to the item. Gestures may consist of nodding one's head or looking in a certain direction. Gestural prompts are natural, non-stigmatizing prompts that are easily used individually and in group situations. For example, Raymond is preparing chicken for dinner. He's done a wonderful job of cleaning the chicken and laying it out in the pan, but he has forgotten to turn on the oven. His support staff member nods toward the stove, prompting Raymond to turn it on.

Allison is trying to tell staff about what happened at work today and is having difficulty communicating clearly. A staff member points toward her Dynavox reminding her to use it to get her message across.

Modeling

Modeling involves showing a learner how to do part or all of a skill. Examples include demonstrating what is to be expected of the learner, providing an example to copy, or describing the outcome through pictures or symbols. This type of prompt requires that an individual be able to imitate or copy what they see. Sometimes picture schedules are helpful for individuals to understand what is expected of them.

James is learning the steps in doing his weekend cleaning at his home. Staff has prepared a picture schedule of each task so that as he completes each one, he can flip the picture over to see the next task. For individuals with more needs, modeling might involve demonstrating the up and down brushing motion in tooth brushing as Sara learns to do this task more effectively.

Contextual Prompting

Additional information can be provided through the context of a situation. Materials, actions, communication, and other environmental cues can assist a learner to complete a step correctly. Contextual prompting is simply placing an individual in a situation in which he or she must demonstrate a skill. For example, Tim is learning to start a conversation with co-workers during his break time. Staff taught Tim that whenever he gets himself a cup of coffee, the polite thing to do is to ask co-workers in the break room if he can get them a cup. Being in the break room and having the opportunity to get coffee reminds Tim to interact with his friends.

Prompts can vary in strength depending on how much help the prompt is to the learner. Physical prompts might seem stronger or provide more support than gestures or indirect verbal prompts, but this is not always the case. We all learn differently and some prompts may not help us at all. It's clear that for a person with a visual impairment, providing a visual model is not going to be much help. Also, verbal prompts are not helpful for those with hearing impairments. Physical prompting is also not helpful if we are working on learning conversation skills on

Instructional Prompts (continued)

the phone. Some individuals may not like to be physically guided through a task.

The types of prompts used with each learner must be selected with the individual in mind. As suggested earlier, selecting prompts according to the individual learner will be easier if you have taken the time to get to know the individual.

While there is no clear sequence of prompts from most support to least support, as a general rule, verbal and gestural prompts usually provide only a little assistance while full physical guidance provides the most assistance.

Levels of Assistance

Least ..... Most

verbal	gestural	modeling	partial physical guidance	full physical guidance

ACTIVITY

Drinking from a Cup

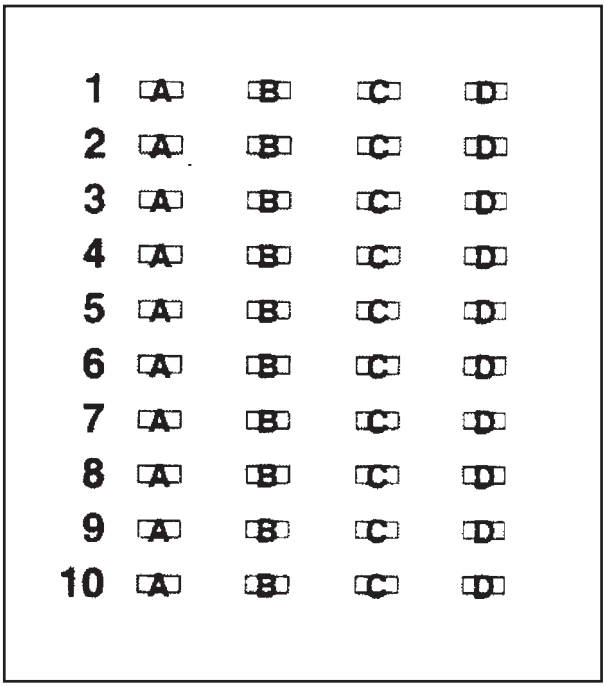
Directions: Pair with a partner, one taking the role of teacher and one of the student. Follow the task analysis and prompting plan provided.

Step	***Present level***	***Prompt***
Grasp cup	*Grasps top of cup, not handle*	*Light touch, then shadow prompt over hands*
Raise cup to mouth	*Cup not level, spills*	*Shadow over hands to lift cup to mouth*
Drink	*O.K. (some spilling)*	*none*
Place cup on table	*Drops cup*	*Full physical prompt to put cup on table*

PRACTICE AND SHARE

Take a few moments to consider an individual with whom you are working. Think about the type of help that seems to have been most successful in the past. Did the individual seem to do better when shown how to do something or when told? Did the individual learn best when actually working with materials or when told step-by-step instructions? How will what you have learned in this session change the way you support that individual in learning new skills? Be prepared to share your insights with the class at the beginning of the next session.

Strategies for Successful Teaching, Part 1



1. The DSP has a great advantage as a teacher of the individuals they work with because the DSP:

A) Knows exactly what the individual must learn at any time.
B) Is directly involved in so many aspects of their lives.
C) Has to deal with problem behaviors that need improvement.
D) Has a great deal of authority over the individuals.

2. When something is done for an individual rather than having the individual involved in some way in doing it:

A) The individual learns that they are incapable of doing the task themselves.
B) Lots of things get done quickly and efficiently.
C) The DSP is able to accomplish tasks quickly and effectively.
D) The individual will become bored and try to show something is bothering them.

3. One of the most important aspects of being an effective teacher is:

A) Having expert mastery of the subject you are teaching.
B) Spending enough time with the individual to get to know them well.
C) Using small bribes to keep the individual's attention focused on the learning experience.
D) Keeping a wide professional and impersonal distance from the individual you are trying to teach.

4. The opposite of a "functional" skill activity is a(n):

A) Enjoyable skill activity
B) Useful skill activity.
C) Meaningless skill activity.
D) Repetitive skill activity.

5. One good test to find out if a skill is a functional skill is to ask:

A) What is the age of the individual performing this skill?
B) How many individuals are performing this skill?
C) Is the skill one that is enjoyable to perform?
D) Would someone be paid for performing this skill?

6. A grown woman who spends the day cutting out pictures of dolls from a magazine is performing an activity that is not:

A) Interesting
B) Age appropriate
C) Immediately useful
D) Done with real skill

7. An example of a natural learning experience would be learning to make a pizza and then:

A) Learning to name the parts of the body correctly.
B) Saving the pizza to show visitors the next day.
C) Throwing the pizza in the trash.
D) Eating the pizza for dinner.

8. "If the individual does not learn the skill I am attempting to teach, will someone else have to perform that skill?" If the answer is yes, the skill is probably:

A) A functional skill.
B) An optional skill.
C) An irrelevant skill.
D) A boring skill.

9. One of the most important ideas of "Task Analysis" is that:

A) No lasting learning takes place without careful lesson planning.
B) Any skill can be mastered by an individual if enough time is given for practice and repetition.
C) A complex skill can be taught by breaking up the skill into smaller and simpler parts.
D) Task Analysis should be used every time any skill is taught.

10. "Instructional prompts" may include all of the following except:

A) Verbal prompts.
B) Ignoring mistakes.
C) Contextual prompts.
D) Modeling.

Appendices

Appendix 6-A /Fisherman's Knot

Directions:

Count off by twos. Group 1 will be teachers and Group 2 will be learners. Teachers will be taken to another room to discuss a new skill that they will teach the learners. The teachers need to pair with a learner when they return without telling their learner what they are making. When you have completed the activity, be prepared to answer the following questions:

Questions for teachers:

1. Did your student learn? How do you know?

2. What made it difficult for you to teach?

3. What worked for you?

Questions for students:

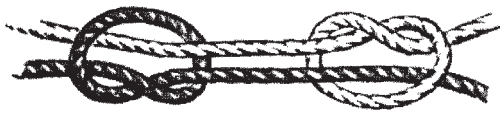
1. Can you complete the task independently?

2. What did the teacher do that helped you learn?

3. What did not help?

Fisherman's Knot

The fisherman's knot is used for joining two fine lines such as fishing leaders. It is simply two overhand knots, one holding the right-hand line, and the other the left-hand line. Pull each of the two overhand knots taut separately. Then make the whole knot taut so the two overhand knots come together by pulling on the standing parts of each line.



Appendix 6-B /Paper Airplane

Directions:

Count off by twos. Group 1 will be teachers and Group 2 will be learners. Teachers will be taken to another room to discuss a new skill that they will teach the learners. The teachers need to pair with a learner when they return without telling their learner what they are making. When you have completed the activity, be prepared to answer the following questions:

Questions for teachers:

1. Did your student learn? How do you know?

2. What made it difficult for you to teach?

3. What worked for you?

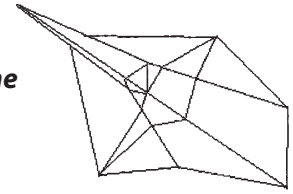
Questions for students:

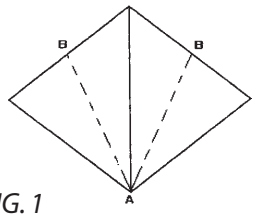
1. Can you complete the task independently?

2. What did the teacher do that helped you learn?

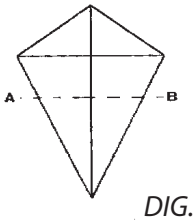
3. What did not help?

Paper Airplane Directions





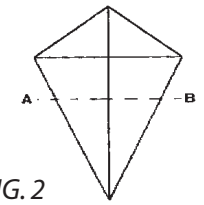
DIG. 1



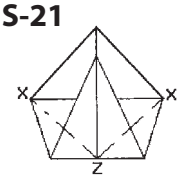
DIG. 2

1. Take a square piece of paper and fold it down the middle then open it out and fold along the lines AB in DIG. 1. Now you should have a shape like DIG. 2.

S-21



DIG. 2



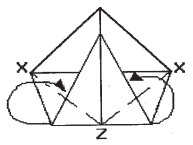
DIG. 3

2. Now fold along the line AB in DIG. 2 you should get DIG. 3. It is important that the fold AB is midway up the flaps created in STEP 1.

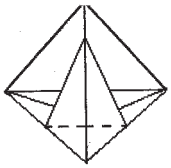
3. Now fold along the lines XZ on DIG. 3 and unfold having creased very well along these lines. Then fold them in the other direction creasing well and unfold.

Appendix 6-B /Paper Airplane (cont'd.)

4. Tuck the flaps produced in the previous step inside as the arrows show on DIG. 4. This should give you DIG. 5.

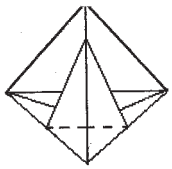


DIG. 4

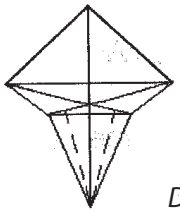


DIG. 5

5. Fold the tip down along the dotted line in DIG. 5 to give DIG. 6.

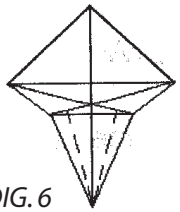


DIG. 5

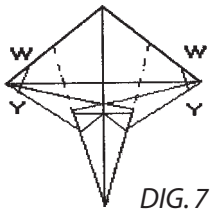


DIG. 6

6. Now fold along the two dotted lines in DIG. 6 giving DIG. 7.



DIG. 6

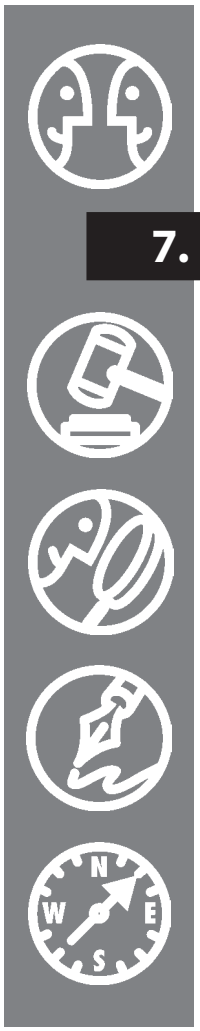


DIG. 7

7. To finish the model off fold along the dotted lines in DIG. 7 to give you the form at the beginning..

Origami Plane I Flying Lesson

This plane is basically a dart. Throw it as hard as you can straight in the direction you want it to go over arm. It flies equally well indoors and out and doesn't really have any lift or do stunts. It is just a challenge to make and a pleasure once you succeed.



Student Resource Guide

7. Strategies for Successful Teaching - Part 2

Student Resource Guide: SESSION 7

Strategies for Successful Teaching: Part II

OUTCOMES

When you finish this session, you will be able to:

- Demonstrate least-to-most prompting strategy.
- Define partial participation and describe how it can be used with an individual with whom you are working.
- Describe several types of adaptations and identify how an individual you are working with can use an adaptation.
- Describe reinforcement strategies.
- Demonstrate shaping as an instructional strategy.
- Identify how to ensure individuals generalize skills.
- Describe strategies for evaluating teaching success and identify when it is appropriate to modify teaching strategies.
- Describe strategies for ensuring that skills are maintained.

KEY WORDS

Acquisition: Development of a new skill or way of doing something.

Adaptation: Objects or devices that are made or changed specifically to help an individual learn or do an important skill.

Functional skills: Skills that are necessary for the individual's own self-care. Skills that someone will have to perform for the individual if the individual doesn't learn to perform them.

Generalization: Performing a newly learned skill in whatever situation the individual needs or wants to use the skill. A way to help someone overcome their fears by offering objects or activities somewhat like those used to teach the skill.

Partial participation: Teaching or supporting an individual to perform or to participate, at least partially, in an activity even though he or she may not be able to function independently in the activity.

Prompt: Providing additional information to ensure success.

Reinforcement: Rewards given after successfully performing a desired behavior.

Task analysis: Listing the sequence of actions or steps involved in completing a skill.

THE GOAL OF TEACHING

The goal of teaching is to support individuals with disabilities in living as independently and with as much enjoyment as possible.

Determining Present Levels of Performance

How can we determine how much help to provide an individual when he or she is learning to do something new? Simply exposing someone to a new task is usually not enough to ensure learning. If we don't provide enough help, the individual will not be able to learn and will continue making mistakes. For example, someone learning to tie his shoes will have difficulty making bows unless he or she receives enough teaching support to know how to manipulate the laces. If we provide too much help, the individual never gets to move beyond what he already knows. The amount of prompting support should follow the "Goldilocks" rule: Not too much, not too little, just the right amount.

Developing the task analysis is the first step in making this teaching decision. With the task analysis, you have clear expectations about the way a task will be performed and you can simply have the individual try to complete it to determine how much help he or she needs.

Least-to-Most Prompting Strategy

To find out how much help the learner needs, begin by allowing hom or her to complete the first step independently. If the learner cannot complete this step correctly, provide a gentle prompt, such as an indirect verbal prompt. For example, a staff member is assessing to see how Jason is able to set the table for dinner. After he is asked to set the table, the first step expected is for Jason to get out the placemats and put them on the table in front of each chair. Since Jason does not go to get the placemats, staff prompts by saying, "What do you need to do, Jason?" If the learner does not complete the step after this mild prompt, a stronger prompt is provided. If Jason still did not get the mats, staff would say, "Jason, get the placemats." Stronger prompts would be provided until Jason was able to complete the task correctly. If, in our case, Jason still did not get the mats, even with the direct verbal prompt, we might repeat the verbal prompt and point to the mats. If necessary, we might need to assist Jason physically by lightly guiding his hands to get the mats and place them on the table.

The important thing in using this "*least-to-most*" prompting strategy is that you start by allowing the individual to complete the task step independently, then provide only gentle assistance, moving to stronger prompts as necessary. You never give more help than necessary to correctly perform the step.

Once staff knows how much help an individual needs in completing each step, no more than that amount of prompting should be given each time the learner practices the task and, in fact, staff should begin to provide just a bit less than the learner usually needs to correctly perform the step.

To illustrate, when teaching an individual to drink from a cup, if partial physical assistance is usually required for the learner to complete step 1 (grasping the cup), you would begin with a very light partial physical prompt, shadowing the individual's hands as he or she grasped the cup. This shadowing of the hands might next move to a gesture toward the cup as the individual became more familiar with the task and more competent in grasping the cup. Ultimately, of course, the individual would require no prompting at all to grasp the cup.

You must remember that initially, individuals will not be perfect in performing new skills so you will need to accept a less than perfect performance. If you continue to provide assistance because individuals are having some difficulty, the individual will not be able to move to more independence. For example, if the individual in the previous scenario is grasping the cup, but spilling some of the liquid, it would be better to focus on the independence rather than the spilling, because spilling is expected.

Common Mistakes When Prompting

In using a least-to-most prompting strategy, some common mistakes interfere with the individual learning to become more independent.

- **Providing the same prompt more than one time on a given step.**
  One mistake is that the DSP repeats prompts at the same level for a given step. For example, if you give the learner a verbal prompt to "Pick up the cup," and the prompt is unsuccessful, you might repeat the same prompt. A better strategy would be to provide a more helpful prompt, such as saying, "Pick up the cup" while pointing to the cup.

- **Providing less help in a second prompt.**
  Newer staff members are often tempted to repeat the verbal prompt several times or to rephrase it, ("Come on, you can pick it up"). Repeating prompts only prolongs the teaching process and often confuses the learner. If the learner does not respond to a given prompt, either the learner does not understand the prompt or is not motivated to respond to it. Repeating the prompt does not help. A second prompt on any step of a task analysis should always be more helpful than the first. If a third prompt is required, it should be more helpful than the second, and so on.

- **Providing multiple prompts.**
  Providing multiple prompts on one step is also confusing to the learner; for example, when you use a verbal prompt while gesturing. Once the appropriate prompt has been determined, provide that prompt only.

- **Providing a stronger prompt too quickly.**
  Giving a stronger prompt too quickly before allowing enough time for a learner to respond to the original prompt is also a common error in prompting. Patience is a virtue in teaching. Individuals sometimes need additional time to process information and to remember the next step. Often, the additional prompt is not necessary.

- **Providing full physical guidance the first time.**
  When teaching a new task, you may assume an individual needs to be physically guided to initiate the first step. This may occur because it appears that the individual does not know what he or she is expected to do. Remember that the individual may only need a small amount of information in the form of a mild, non-intrusive prompt to get started.

- **Completing a step in the task without allowing the individual to attempt the step.**
  Staff members often err in completing one or more steps in a task for the learner without expecting the learner to complete the step. Unless there is going to be an adaptation for a particular step, staff members should provide prompting assistance for each step rather than completing the step for an individual.

Error Correction

Practice makes permanent. The more an individual is allowed to make errors in completing a task, the more difficult it will be to change that pattern. The best way to avoid errors is to teach in a way that provides the best chance for the individual to respond correctly on each step of the task. Choosing the right type of prompt for the activity, for the learning style of the individual, and at the right level, makes correct responses more likely and errors less likely to occur. However, when an individual does make an error on a task step, the best thing to do is to immediately interrupt the task and provide the next stronger level of prompt so that the current step is performed correctly before moving on to the next step. Typically, a staff member might say, "Let's try that again," and prompt at the next level. If the individual continues to make the same error trial after trial, you should examine the step to determine if it needs to be broken down further, or examine the level of prompt to see if you can provide a more effective prompt. As the individual demonstrates correct responding on the difficult step, staff can consider fading the prompt.

Let's look at an example. Frank is learning how to tie his shoes. One of the steps he has difficulty with is making the first loop in the lace. When he gets to this step, the DSP prompts, "Make a loop." Frank has been neglecting the loop and making a knot. As he begins to make the knot, the DSP says, "Wait, let's try that again," while demonstrating the loop and saying, "Okay, go ahead."

Fading Prompts

Do you repeat the same prompts over and over? If you continue to provide extra assistance by prompting, an individual is not really learning. The test of whether an individual is really learning as a result of our teaching is for you to have to do less prompting. Our goal is for the individual to complete the task without assistance. One important rule of prompting is that whenever we provide assistance in terms of prompting, we have to have a plan to remove that assistance. This is called "prompt fading." Earlier, we discussed the relative strength of various prompts, noting that this is always an individual consideration. The DSP who teaches must have a plan to move to prompts of lesser strength as the individual becomes more capable on each step. For example, Tom, the DSP, is teaching Theresa how to make her bed. At first, Theresa needed physical guidance on both hands to make the corners on the blanket. She now remembers how to start this process, but still needs some help to hold the corner while she tucks in the blanket. The DSP now provides only a light touch on one hand while she tucks in the blanket.

A good strategy for knowing when to fade prompts is to periodically wait a bit longer than normal before delivering a prompt. We may be surprised to learn that the individual does not need a prompt at all and has learned to do the step.

Tom decides to see if Theresa can remember how to hold the corner of the blanket, so rather than lightly touch her hand at this point, he waits and watches. If Theresa places her hands in the correct spots, he lets her go on. If Theresa doesn't make the correct response within 10 seconds, he provides a light touch on her hand.

Partial Participation

Why should we teach something to someone when it seems clear that he or she will never be independent on the task? It's clear that some individuals will always need some level of support. Because of challenges in motor, cognitive, or sensory abilities, certain activities may seem to be beyond the capacity of some individuals with disabilities. However, even though some individuals with disabilities may not be able to function independently in all activities, they should be taught to participate at least partially in those activities. This is called "*partial participation*."

Consider all the activities in your own lives in which you participate. In most of them, you are not totally independent. In the past, for example, many people repaired their own cars, even replacing parts in the engine. Now, because automobile engines are so complex, self-repair is not as common, although many of us still like to do some of the repair. We may change the oil or the battery or replace a burned-out headlamp, even though we could easily take the car to the shop. Some of us enjoy gardening, and even though we may have a gardener doing the major work, we may do the pruning or planting. We feel a measure of pleasure in doing some things, even if we don't do it all. The ability to participate is important to all of us. This is no different for the people we support.

Annette is helping to prepare her own breakfast in the morning. She has cereal and orange juice. Annette has difficulty controlling her movements enough to pour milk and orange juice, but she can get out her bowl and glass, and she can pour her cereal. Staff assists her by pouring her milk and juice.

ACTIVITY

Partial Participation

Directions: Take a moment to consider the things that occur on a daily basis at the home where you work. Identify some tasks that staff members complete because the individuals are not able to complete such tasks independently. Share these thoughts with your neighbor and discuss how the individual might partially participate in the activity. Be prepared to share key points with the class.

Adaptations for Participation

Are there ways to adapt an activity so that an individual with disabilities can participate without being taught? All of us use adaptations in our lives. Using glasses to see more clearly is using an adaptation. When we use a calculator to check our math, we are using an adaptation. The spellcheck on our computer is an adaptation, as is the timer we use in cooking. Adaptations allow us to bypass sensory, physical, or cognitive challenges in order to participate in activities.

You can increase the meaningful participation of individuals with disabilities in age-appropriate, functional activities with the support of adaptations. In many situations, you can increase the success of your teaching through the use of adaptive devices and environmental adaptations.

Here are some ways to use adaptations:

- Adapting materials
- Adapting environments
- Adapting the sequence of activities
- Adapting the rules of activities
- Providing physical support

Adapting Materials

Robert has a number of jobs to do in his home on Saturdays. He is quite capable of doing the jobs, but staff at his home find they are prompting him repeatedly to remember many of the jobs. Sometimes, individuals have problems learning a task not because the task is hard to do, but because they have trouble remembering when to do each part. Picture cues can help individuals remember when to do each step. In Robert's case, pictures of him doing each job are placed in order in a small book. As he completes each job, he turns the picture to see the next step in the job.

Grace is learning to fix her own coffee. She likes cream and sugar, but has difficulty measuring the sugar and pouring the cream from a container. Staff members have prepared sugar packets for her use and they have a small container of cream in the refrigerator for her.

Samantha is beginning to feed herself but has great difficulty holding a regular spoon because she has poor ability to grasp. She has been provided utensils with built-up handles that improve her grip.

Above are examples of material adaptations. Staff may need to continue to work with Robert on his ability to remember his tasks, with Grace and her ability to measure and pour, and with Samantha on her ability to grasp. Teaching those skills might take a long time and because of the disabilities these skills might not develop sufficiently. Adaptations enable these individuals to demonstrate independence and participate in tasks even without all of the necessary skills.

Adapting Environments

Tim uses a wheelchair. He enjoys being independent and is quite proud of his ability to care for himself. One of the things he enjoys most is cooking. Because he is unable to stand, his kitchen counters have been adapted to allow him to work from his wheelchair.

Beth has a visual impairment. She is learning how to move safely in her new home with the support of DSPs who arrange items so that Beth knows where to expect to find them.

Andrew has difficulty living in homes with too many people. He likes his privacy and needs to have his possessions in the right place. Andrew has had difficulties in other living situations because he became angry when others living in the home moved things or left things out. Staff members have helped Andrew find a home with one other individual who is neat and quiet.

These three examples show that environments may be adapted to allow individuals to live more independently and comfortably.

Adapting the Sequence of Activities

Joan has a busy social life. She enjoys many community activities with friends such as swimming. Because Joan has significant physical disabilities, she has difficulty changing her clothes by herself. When she goes swimming, she prefers not to have someone in the dressing room with her, so she changes into her swim suit at home, then puts loose clothing over her suit to go to the community pool. This change in the normal sequence of the activity allows her more independence.

William uses a picture communication system (material adaptation) to communicate with others. Because he has only begun to use this system, he needs to locate items in the book. When William goes to a restaurant, a DSP discusses what William will order before they leave so that when he arrives, he can more quickly find the pictures and communicate with the counter person.

Sometimes the typical sequence of a task or activity can be changed to allow for participation.

Adapting the Rules of an Activity or Changing the Way an Activity is Conventionally Performed

At times, the rules of activities make it difficult for some individuals to participate because of physical, cognitive, or sensory challenges. You can examine how the rules or activities might be changed to allow participation while still maintaining the point of the game. For example, the rules of pitching in baseball are changed for children who are just beginning to learn to hit; that is, a batting "T" is often used. The normal rules of a card game such as 500 Rummy may be changed to allow for books of two instead of three. Games that require chasing may be adapted so that someone who cannot run can throw a soft Nerf® ball at the person instead, or the individual may get a head start on the chase.

James enjoys playing board games like Pictionary®, but often requires a longer time than normally provided to complete his drawing. The rules of the game have been changed to allow for more time when it is his turn.

It is important to recognize that the point of playing a game is for fun, not necessarily to follow specific rules that may make it impossible to play.

Providing Physical Support

Individuals often need a helping hand in completing tasks. For example, in making a batter for cake, Sam needs someone to hold the mixing bowl when he is stirring the batter. When he uses the mixer, he needs someone to get it down from the cabinet. Sara needs assistance to get into the shower, but once in there, she can shower herself. Providing this type of physical assistance allows Sam to demonstrate his skills in the kitchen and enables Sara to shower.

Holding open a door, assisting someone to get into a car, or assisting someone with meals are all examples of providing physical assistance as an adaptation. The routine of eating a meal involves more than just getting the food to one's mouth. For someone who needs this type of assistance, it may also involve making selections of what to prepare and how to prepare it, getting to the table, requesting items to put on the plate, asking for a drink, conversing with others, and deciding when he or she is finished.

Adaptations for Participation (continued)

When is an Adaptation Appropriate?

There are many ways to adapt for participation. If an individual can be taught a skill in a relatively short amount of time, it makes sense to work to that end, rather than provide an adaptation. At times, however, the time it takes to teach may prevent the person from participation and independence. Here are some questions you might want to ask:

- Is the adaptation easier to use than the normal method?
- Does the adaptation allow the individual to be as independent as possible?
- Is the adaptation supported by significant people in the individual's life?
- Is the adaptation as inconspicuous as possible?
- Is the adaptation applicable in a number of activities?
- Is the adaptation easily maintained?
- Is the cost of the development and maintenance of the adaptation reasonable given the expected benefits?

ACTIVITY

Generating Adaptations

Directions: Divide into small groups. Brainstorm ideas for adaptations using the categories shown below. Remember, when we brainstorm, we don't evaluate ideas until the end. Sometimes ideas that are considered unrealistic may actually be quite realistic or may stimulate our thinking of other creative ideas. Be prepared to share ideas with the large group.

Adaptation Type	Examples
Adapting materials	
Adapting environments	
Adapting the sequence of activities	
Adapting the rules of an activity	

Adaptations for Participation (continued)

Providing physical support

Adaptations are useful tools to encourage and facilitate participation when individuals have physical, cognitive, or sensory challenges. Adaptations allow for immediate participation without waiting for the individual to learn all steps of an activity. It is important, though, to remember that being able to perform tasks and activities without adaptations is preferable, because at times the adaptation is not available or easily transported from place to place. An individual will not need adaptations if he or she can learn to perform tasks in a typical manner. Remember that participation is the most important consideration.

Reinforcement Strategies

How do you know when you're doing well? What helps you when you are learning a difficult task? You learn better when you are encouraged and positively motivated to learn. When teaching individuals with disabilities, providing positive consequences for their efforts can help them learn more quickly. Consequences are items or events that follow the demonstration of a skill. Reinforcement is one of the most important consequences we have. Reinforcement is defined by the result it has on behavior. If the consequence doesn't result in the individual demonstrating the skill any more often, it is not a reinforcer, even if we think the person likes the consequence. If, by providing positive consequences, an individual performs the steps of a skill with less and less assistance, then it is likely the consequence is a reinforcer.

Because every person is different, everyone has an individual set of reinforcers. No single item or event is reinforcing to everybody. An important job of a DSP is to discover the reinforcers that motivate the particular learner. There are several ways to find out what kind of consequences might act as reinforcers for learning.

- Ask the individual what they like.
- Ask close acquaintances what the individual likes.
- Observe the individual to see what he or she does during free time.
- Provide a choice of items, events, and activities to see what the individual prefers.
- Continue to expose the individual to novel events, activities, and items.

To know if a consequence is a reinforcer, use it when teaching a skill and see if the learner improves his or her ability to perform the skill over time.

How to Use Reinforcers

A reinforcer is provided immediately following a correct response or step in a task so that the individual connects that correct response to the reinforcer. Not every step needs to be reinforced. Sometimes waiting until the task is complete is a better strategy because then you will not be interrupting the task. Reinforcers should only be used when a step is particularly difficult for the individual to learn. Reinforcers say, "Good for you, that was difficult, but you got it!"

Aaron is learning to button his shirt and this is difficult for him to do. He's learned to line his shirt up and can hold the button, but pushing it through the button hole is a struggle. Mary, the DSP, has been providing light physical assistance. Lately, he's been asking to do it on his own and he finally gets the button through the button hole independently. Mary says, "Great job, Aaron! You did it!"

In the same way that a prompt must be faded, reinforcers must also be faded. When someone is independent, artificial reinforcers are not provided. No one says to you, "Nice job buttoning your shirt," right? Eventually, natural reinforcers such as looking good and feeling comfortable maintain your initiative to perform a skill.

As Aaron becomes more consistent in putting the button through the correct button hole without assistance, Mary says, "Nice work, Aaron" less frequently and then finally, only at the end of the whole task analysis for putting on his shirt. Eventually, Mary won't reinforce this task at all, but may periodically say, "Aaron, you look very handsome, today."

Another important consideration is that reinforcers can lose their strength over time. Things that were reinforcing at one point, might not be on other occasions. It is a good idea to develop a reinforcer survey for each individual and continue to add to and update it.

Shaping

Can just reinforcement be used to teach skills? Think about an individual you know who seems to be able to complete a particular task but usually doesn't. For example, Guy is shy about sitting with visitors in the living room at his home. For a number of reasons, you would not want to force Guy to be with the group. Rather, you would want to teach him how to become part of the group in a way that is comfortable for him. Shaping reinforces the individual's successive attempts of a behavior as the behavior becomes more and more like the skill we want to teach. At first, you reinforce any attempt to perform the task. On the next attempt, you reinforce only when the individual performs the task a bit better. The final result of shaping is when you provide the reinforcer only when the individual performs the skill correctly.

You know that Guy really enjoys talking about his favorite team, the San Francisco Giants. Using shaping, you might smile at Guy as he looks in on the group from the hallway. Next, as he walks by or comes closer to the living room, you could say something he likes to hear; for example, "Guy, how are the Giants doing today?" When Guy enters the room, you might say to the guests, "You know, Guy is our resident expert on baseball around here."

Sometimes, an individual can do a task, but doesn't do it as well as he or she could. Rebecca is learning to ask her housemates to pass food at the table, rather than reaching across the table. Mary, the DSP, has begun to shape Rebecca's behavior. At first, whenever Rebecca looked at her, Mary said, "Oh, please pass the (food item). Good job asking," and passed her the food or drink. Next, she waited until Rebecca looked at her and said, "Pass that," before Mary praised her and passed the food or drink. As Rebecca becomes more consistent in looking and verbalizing, Mary will reinforce her only when Rebecca says, "Pass (food/drink)" and finally, "Please pass (food/drink)."

Note: Shaping works if the reinforcer is powerful enough and if the individual can at least attempt the skill you are teaching.

Ensuring Skills Are Generalized

Is it common for an individual to be able to demonstrate a skill in one place but not another? In the last session and again, at the beginning of this section, we talked about the purpose of teaching. The reason we teach is to support individuals in learning to live as independently and enjoyably as possible. To fulfill this purpose, you must make sure that when you teach a skill to an individual, the individual can use the skill in each situation that the skill is needed. That is, the individual must be able to generalize the skill across situations. For the skill to be most useful, the individual should be able to use the skill in the environments in which he or she lives, works, and plays.

Robert has been working with his DSP, Tom, to be able to buy a soda and the newspaper at the market near his home. He has become familiar with the staff at the market and can easily find the soda and paper. Robert usually has plenty of time to count his change at the counter while he talks with the clerk. Tom thinks it's time for Robert to try another market near the bus line. In this very different environment, Robert has trouble finding items and is very nervous at the checkout line. He'd rather not go.

Learning to generalize skills across different situations can be difficult; however, you can teach in a way that makes this more likely. The more situations in which you teach a skill, the easier it will be for the individual to then generalize and use the skill in new situations.

There are two main ways you can use different situations during the teaching process. First, you can include different situations such as different teachers, different teaching materials, and different locations during all of the teaching process. This is probably the best way to help an individual generalize a newly learned skill. However, using different situations can also slow down the teaching process because it can make learning the skill harder at first. For Robert, this would mean having him practice his purchases in both the market with which he was familiar and the market near the bus line (and maybe another store or two) right from the start.

A second way to teach an individual to generalize a skill is to include different situations toward the end of the teaching process. For example, you can begin to teach the skill to the individual in one situation; that is, one or a small number of teachers, one set of teaching materials, and teaching in one location. Then after the individual has learned to do the skill in one teaching situation, work with him in different situations. This is the way Tom taught Robert.

Remember: A good way to make sure you teach a skill that can generalize to other situations is to make sure you are teaching truly meaningful or functional skills.

ACTIVITY

Generalizing Skills

Directions: Identify a skill you are teaching an individual and write it down below. Determine at least four ways you can teach that will support the individual in generalizing the skill across situations. Write the answers down below the strategy with which they correspond.

Skill:

Generalization Strategies

People:

Environments:

Materials:

Teaching strategies:

Times of day:

Tom has been working with Andy to teach him how to wash his hair for the past three years. Andy just doesn't get it. He tries to put far too much shampoo in his hand, and he just rubs it a few times on his head. He doesn't completely rinse his hair. Tom has to measure out the shampoo each time, and he always has to work it into Andy's hair. Then he has to keep reminding Andy to get under the shower to rinse all the shampoo out.

Using Powerful Teaching Strategies

For many individuals with disabilities, especially those with cognitive disabilities, learning new skills is difficult. From the perspective of the DSP, questioning the ability of the individual to learn is not productive. What is important is the *power* of your instruction. You have a number of powerful teaching strategies to use, and when the strategy you chose is not working, you must move to a more powerful strategy.

Previously we discussed identifying natural times for instruction and the importance of selecting meaningful and functional skills to instruct. The task analysis strategy was examined to break difficult tasks down into smaller, more easily learned parts. Prompting strategies gave us multiple ways to provide additional information to individuals learning something new and to support them in practicing the correct way to demonstrate a skill. And when an entire task was not likely to be learned, we discussed the importance of partial participation in meaningful, functional, and age-appropriate activities. Adaptation of materials, environments, rules, sequences, and physical assistance compensates for those skills that, because of sensory, physical, or cognitive disabilities, interfere with performing a task independently. We also discussed the effective use of reinforcement and its use in shaping skill development. Finally, we discussed how to teach so that individuals can generalize skills across situations.

After you begin the teaching process, you can change how you teach by using any of the procedures we have talked about in this class. For example, you can decide to change how you respond to what the individual is doing. This is *responsive teaching*. With responsive teaching, when an individual is learning, you can respond by continuing to use your strategies. When an individual is not learning, you can change the strategies to those that hold more promise for being effective. Effective teachers operate with a definite plan, but when the plan is not working, they are willing to change the plan in a way that is responsive to the learner.

You can change your teaching plan in many ways. For example, you can:

- Make your relationship with the learner more interesting and engaging.
- Teach skills that are the most appropriate in terms of relevance, age-appropriateness, and interest.
- Teach in the natural time of occurrence.
- Break the skill down sufficiently to ensure learning.
- Use a prompting strategy that is sufficiently powerful.
- Prompt appropriately.
- Ensure that all staff members follow the teaching plan.
- Consider adaptations for certain skills.
- Use reinforcement and make sure that the consequence is actually reinforcing to the individual.
- Accept approximations of the skills you want and then shape them.
- Plan and teach for generalization.

Evaluating Teaching Success (continued)

Returning to Andy, is there a prompting strategy Tom can use that ensures Andy will squeeze out the right amount of shampoo? Or, is there an adaptation such as a different type of shampoo or a premeasured shampoo he can use? Can Andy learn a counting strategy for working the shampoo in? Can it become a game for him to remember to touch all parts of his head when he works it in? Can he learn to count and rub for a certain number to ensure that all the shampoo is out? Can Tom tie Andy's success with the whole task to earning a strong reinforcer?

How do I know if an individual is learning?

Often, DSPs who are teaching offer a general answer to the question, "Is this individual learning?" Sometimes your answer depends on how the individual performed that day or in the last teaching situation. You may feel that because an individual still cannot demonstrate the skill independently, he or she is not learning. Or you may believe an individual is learning when actually his or her overall performance has not really changed at all. How do you know?

One way to evaluate teaching effectiveness is to keep track over time of how many steps the individual is doing without any prompting or help from the teacher. If records show that the individual is completing more steps without help, then you can consider that your teaching approach is working. You might also keep track of the type of prompt provided, and if it is fading to less powerful prompting, you might also consider if your teaching plan effective. Conversely, if records show that you continue to provide the same prompts over and over and that the individual is not demonstrating independence or even requires less powerful prompting, then you should change your teaching approach to bring about more progress. Keeping records is critical. A data collection worksheet is easy to develop and maintain and it can make a difference in the success of your plan.

ACTIVITY

Documenting Progress

Directions: Divide into small groups. Set up a task analysis for using a napkin. One team member should be the teacher, one the student, and one the observer/recorder. Follow the task analysis and use the least-to-most prompting strategy. Record the prompt required for correct responding.

Progress Record

I= independent
I.V. = indirect verbal
D.V. = direct verbal
M = model
G = gesture
P.P. = partial physical
F.P. = full physical

Skill/Task:

Task steps	Progress
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Skill Maintenance

Once the individual learns the skill, should you stop teaching it? At the start of this session, we discussed the importance of selecting skills that are:

- Functional
- Age-appropriate
- Relevant and likely to be used often
- Supporting independence
- Likely to be reinforced by natural outcomes

While you are teaching skills that meet these criteria, the individual will have the opportunity to practice the skill frequently. He or she will also have the opportunity to continue to practice the skill even beyond the teaching situation. Maintaining a newly learned skill means that an individual can continue to use the skill over time. After an individual learns a skill as a result of a teaching plan, you should not assume that the individual will maintain or remember how to use the skill.

Two things help individuals maintain learned skills:

- **Regular opportunities to perform the skill**

Ensure that the individual has the opportunity to perform the skill frequently in different situations. If he or she is not going to perform the skill, why did you teach it?

- **Periodic re-teaching of the skill**

Next, you can check the performance of a skill by conducting a teaching session periodically to examine how fluently the individual demonstrates the skill. This enables you to intervene if the individual has forgotten something or if the individual has some difficulty with one or more of the steps.

CONCLUSION

Powerful Teaching

This concludes the section on teaching strategies. To review, whether an individual with disabilities learns new skills depends in large part on the power of the teaching plan. The following teaching strategies can make your teaching plan powerful:

- Teach during natural times.
- Establish a good relationship with the learner.
- Focus on teaching functional, age-appropriate, and meaningful skills.
- Identify natural times for instruction for typical functional skills.
- Complete a task analysis for selected skills.
- Determine the most appropriate instructional prompts.
- Use least-to-most prompting strategies.
- Allow for partial participation.
- Use several types of adaptations.
- Use reinforcement strategies.
- Use shaping as an instructional strategy when appropriate.
- Teach to ensure that skills generalize.
- Evaluate teaching success and identify when it is appropriate to modify teaching strategies.
- Use strategies for ensuring that skills are maintained.

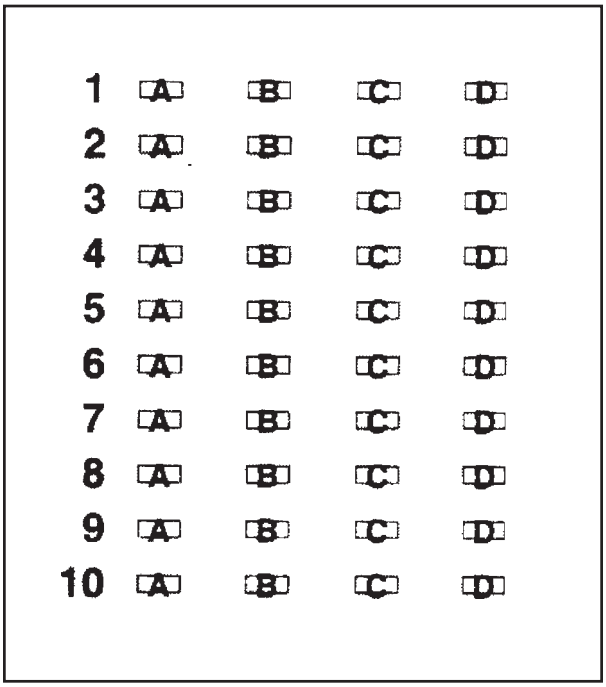
PRACTICE AND SHARE

Using the following survey, determine what items, activities, or events are reinforcing for an individual you support. Comment on how you know this is true. Be prepared to share your answers with the class at the beginning of the next session.

Reinforcement Survey

Reinforcer	**How I Know**
Tangible reinforcers (CDs, toys, food, clothing items, and so on.)	
Activity reinforcers (such as going to the mall, drinking coffee with staff, or watching a movie)	
Social reinforcers (praise, positive feedback)	
Secondary reinforcers (money, tokens, points that lead to purchasing an activity or tangible items)	

Strategies for Successful Teaching, Part 2



1. "Least-to-most" prompting occurs when:

A) The least capable individual in the home is the first to receive instruction, while other individuals watch what is going on.
B) A gentle hint or reminder of what has to be done, is given to the individual, with stronger prompts following if the task remains undone.
C) The DSP demonstrates the skill or activity, while the individual watches and tries to imitate the action afterward.
D) The individual in the home who knows the least is taught by the individual in the home who knows the most.

2. An important principle of "least-to-most" prompting is that the individual is:

A) Given full instructions each time the individual is trying to do the task.
B) Never given more help than is necessary to perform the task correctly.
C) Left alone to work at the task without any further help.
D) Only given verbal prompts.

3. When an individual is unable to do a task completely independently, the DSP should aim for "partial participation" in which the individual:

A) Is not expected to do any part of the task, even if they are able to.
B) Is gently guided away from the task to another task that can be done by the individual independently.
C) Gets other individuals to participate in getting the task done.
D) Does as much of the task as is possible.

4. When the DSP prepares small packets of sugar for use by an individual who likes to put sugar in their coffee, but who has difficulty using a spoon for the sugar, the DSP is:

A) Using an adaptation to help the individual accomplish the task.
B) Violating Community Care Licensing regulations regarding the handling of foods.
C) Providing a physical prompt for the individual.
D) Doing too much to assist the individual.

5. "Reinforcers" should be used by the DSP:

A) Only when a task or a step in a task is particularly difficult for the individual to learn.
B) Immediately after the individual has failed to accomplish a task.
C) If "least-to-most" prompting does not work with the individual.
D) Every time there is a chance to use them.

6. The DSP tells the individual who has accomplished a difficult task: "Wow! You did a great job on that!" This is an example of:

A) Relying on a verbal prompt to help the individual.
B) Using a reinforcer to motivate the individual.
C) Most-to-least prompting.
D) Least-to most prompting.

7. Giving verbal or other encouragement to an individual for even the slightest first attempt they make to change or learn a behavior is known as:

A) Physical prompting.
B) Reinforcement by proxy.
C) Shaping.
D) Partial participation.

8. One of the best ways to help an individual generalize a skill is to:

A) Make sure the same instructor does the teaching every time.
B) Teach the skill in different situations and with different materials.
C) Stop teaching the skill as soon as the individual can do it alone.
D) Practice the skill in exactly the same way, over and over.

9. One of the best ways to learn if your teaching has had a lasting effect on a particular individual, is:

A) Asking the individual how things are going.
B) Try having another DSP teach the skill to the individual.
C) Apply "shaping" motivational prompts, from least to most.
D) Keeping good records that track the individual's use of the skill over a period of time.

10. Two things that help individuals maintain skills they have learned are:

A) Opportunity to use the skill, and brush-up teaching of the skill.
B) Physical prompts, and shaping.
C) Most-to-least prompting, and brush-up teaching of the skill.
D) Opportunity to use the skill, and use of partial participation.

Appendices

Appendix 7-A /Task Analysis Data Sheet

Documenting Progress

Progress Record

I= independent
I.V. = indirect verbal
D.V. = direct verbal
M = model
G = gesture
P.P. = partial physical
F.P. = full physical

Skill/Task:

Task steps	Progress
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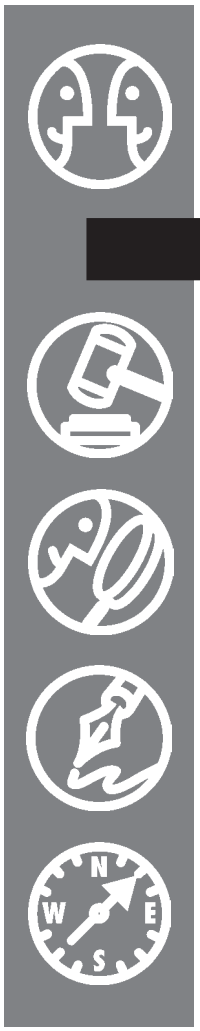


Student Resource Guide

8. Risk Management in Daily Living

Student Resource Guide: SESSION 8

Risk Management in Daily Living

OUTCOMES

When you have finished this unit of study, you will be able to:

- State the Principles of Risk Management.
- Identify types and levels of associated risk and describe how to support individuals in their fears about risk.
- Use the Risk Assessment Evaluation and Planning Worksheet to evaluate risks in daily living.
- Describe DSP responsibilities for identifying risk management issues for program planning, the IPP, and person-centered planning.
- ºDemonstrate the ability to complete a Special Incident report (SIR) to identify what can be learned from incidents and identify steps to minimize recurrence.

KEY WORDS

Causal Analysis: A method used to determine the basic causes of an incident or event in order to identify and take action to prevent it from happening again.

Mitigate: To lessen the effects of risk.

Proactive risk management: Prevention practices that lead to minimizing possible harm to individuals in a planned way.

Risk assessment: Evaluating an environment or activity for possible harm to individuals.

Risk management: A term given to a set of practices that lead to minimizing possible harm to individuals.

Special Incident Report: A report that is provided to the Regional Center in the event of serious bodily injury, serious physical harm, or death; the use of emergency intervention procedures; potential criminal charges or legal action; the denial of an individual's rights; or epidemic outbreaks, poisonings, or catastrophes involving any regional center individual.

Title 17: A set of regulations that establishes requirements for regional centers and regional center vendors including vendored community care facilities.

Title 22: A set of regulations that establishes requirements for licensed community care facilities.

Opening Scenario

K.J. is 45-year-old woman with multiple disabilities who lives in Martha's Place, a small group home in the Bay area. While K.J. has a great number of challenges in life, including her fragile medical condition and the need for almost total assistance in her personal care activities, she has a sunny disposition and enjoys being with people. K.J. is originally from Korea and has a guardian who, at 70 years old, needs to find someone else to act as K.J.'s guardian in the near future. Martha's place is in an urban area, and while transportation and community business and leisure environments are readily available, her home is not in a particularly safe area. There has been some gang activity nearby recently.

Mary is a young woman of 24 who has been working at Martha's place for two weeks. She has just completed her CPR and First Aid classes and is excited about this job. Mary has worked at o number of jobs, including fast food restaurants and for a brief time as a receptionist. She sees herself as a people person.

The Role of the DSP in Risk Management

As a DSP, Mary has responsibilities she didn't have in her past employment. She has agreed to support individuals who may need a great deal of assistance in many areas of life and who, at the same time, are adults with the right to make choices and experience what life has to offer. There is always some measure of risk in experiencing life and one of the first things Mary must learn is to manage risk in a way that does not restrict or restrain the rights of K.J. and others who live at Martha's Place.

Risk Management Principles

In Year I, you learned about **risk management** and how to begin to apply it to your work. In this session we will review the guiding principles of the risk management systems for the developmental disabilities service system in California and apply another level of analysis to determine the causes of risk.

Guiding Principles of Risk Management

1. **Prevention of serious incidents is the number one priority.**

   The best possible risk management strategy is to anticipate risks and prevent them from happening. As a DSP, your first priority is to prevent injury or harm to individuals you support and to protect them from abuse, neglect, and exploitation.

2. **Creation and maintenance of safe environments is everyone's responsibility**.

   We are all responsible for looking out for risks and making environments safer. If you see a rake left where someone could trip over it, put it away. If there is water on the floor that might cause someone to slip, wipe it up. Again, you need to anticipate risks and prevent accidents from happening.

The Role of the DSP in Risk Management (continued)

3. **Open communication is key to prevention.**

   Open communication and sharing of information is key to identifying risks and ensuring safety. *Everyone*—the individual, family, all members of the planning team, including the DSP—may have important information about potential risks and how to address them.

4. **All who are required to report incidents, including DSPs, are competent to respond to, report, and document incidents in a timely and accurate manner.**

   DSPs, as well regional center staff and others who witness or learn about an incident, must report it accurately and in a timely manner. In this session you will learn what to report, how to report it, to whom, and by when it must be reported. You wll also learn about your responsibilities as a "mandated" reporter.

5. **Ongoing identification, assessment, and planning for both potential risks and actual occurrences is essential to the development of sound, person-centered strategies to prevent or mitigate serious incidents.**

6. **Safety starts with those who work most closely with individuals receiving supports and services.**

   In your role as DSP you work day-to-day, hour-to-hour, minute-to-minute with individuals with developmental disabilities. You see things first and are in a position to anticipate risks early on before an accident or injury occurs. You have a unique responsibility in supporting a high quality of life for individuals and ensuring their health and safety. Remember: Prevention is the number one priority!

Levels of Risk

Scenario

Mary prides herself on her independence. She has been working since she was 14 years old and, as the oldest child in her family, had responsibility for her siblings. She is athletic and enjoys mountain biking and rock climbing. Mary has lived in urban areas all her life. She travels by public transit at all hours of the day and night and would have it no other way.

Life has its risks, doesn't it? Even when there seems to be sufficient risks just in the normal routine of living, some of us like to take recreational risks. Remember when you were a teenager and you couldn't wait to be more independent? It seemed your parents would never let you grow up. Parents, recognizing the importance of taking risks in learning, had to spend hours worrying about your safety and ability to act responsibly. Those of you who are parents have an intimate understanding of this challenge.

Mary enjoys mountain biking and rock climbing, two activities that have inherent risks associated with them. Surely there are safer recreational activities. What about going to a nice play? The point is, there are numerous activities in which to particpate and all of them have a certain degree or level of risk. The level may be considered appropriate, increased, significant, or high.

For example, let's look at a number of typical activities. How would you rate the level of risk?

Levels of Risk

1. Eating breakfast.
2. Calling a friend on the phone.
3. Catching the bus downtown.
4. Walking to the 7-11.
5. Taking a shower.
6. Cooking dinner.

Certainly, for most of us, the level of risk for these activities would be appropriate. However, each one can have increased, significant, or even high levels of risk under certain circumstances. For example, the safety of a neighborhood at particular times of night may change. Traffic at certain times may be busier, increasing the risk of walking to the store. Taking a shower when we have an injury and feel more unstable involves an increased, and at times, significant risk of falling.

Almost any environment or activity has a certain degree of risk associated with it. You can trip on an uneven sidewalk while taking a stroll, receive a bite from a dog you are petting, or break a tooth eating candy. Most of you don't stay in bed because something might happen. We simply decide to be careful or take other protective steps when we know the risk in doing something. Most of the things you do have an appropriate level of risk; that is, it is reasonable and you know what to expect. Some activities have an increased level, meaning you have some concern about what might happen and that caution may be in order. There are activities that have a significant or high level of risk which means that either you should avoid the activity or take precautions. The risk in activities differs for all of us. The things I fear might hold no fear for you. Each of you may feel fear, anxiety, panic, or even terror depending on the level of risk you associate with the activity, action, or place.

The individuals you work with associate levels of risk in activities and environments they participate in, based on their experience or their perception of the experience, and may express the anxieties that go with them.

As a DSP, your job is to take steps to minimize or mitigate the risk or the perception of risk for that individual. For example, because James does not like going to places he's never been before, you might find ways to make him more aware of the new place through pictures, videos, discussion, social stories, association with positive events or feelings, and other means to reduce the level of fear he has. Just knowing about an individual's personal limitations—emotional and physical, for example fear of crowds, small places, animals, heights, low endurance for physical activities, difficulty with eye-hand coordination—allows us to take steps to mitigate those risk factors.

The point is, any activity can involve risk and the circumstances may increase the level of risk. Even an activity you do everyday, such as eating breakfast, may contain high levels of risk for someone who eats too quickly or doesn't chew and, therefore, may choke. As Direct Support Professionals, recognizing the potential for risk in activities, assessing that risk, and taking steps to minimize risk is your responsibility. Let's look at the potential for risk in some common activities.

Mealtime Safety

Mealtimes are meant to be pleasant and safe. However, most of us have had or heard about an event that occurred during mealtimes that reminded us even this simple activity has risks.

Let's examine the possible causes more closely. There is an underlying consumer characteristic associated with any accident or injury. For example, swallowing problems can be related to a physical disorder, side effects of medication, dislike for certain textures or tastes, a tendency to take more food into the mouth than safe, or some other reason. Similarly, frequent falling may be related to a developmental disability like cerebral palsy; a side effect of medication affecting gait or balance; a tendency to run without paying attention to obstacles; or visual problems. Of course, falling may also be related to safety or environmental issues as in the case of uneven or slippery floors. Falling may even be related to the type of shoes a person wears.

What we have done through the exercise is a form for *risk assessment* called a causal analysis. Specifically, we have identified the problem, considered probable causes, and discussed intervention strategies to prevent the event from happening again. This is what proactive risk prevention is all about.

There are activities that seem to carry significant risk with them no matter who is doing them; for example, rafting in class five rapids, surfing in heavy waves, and skydiving. There are also activities that, for most of us, seem to have little or no risk associated with them. However, these same activities might seem to be very risky for others. For some individuals, the activities of daily living can make them nervous and unable to participate. For example, some people have no problem standing in front of a group of strangers to deliver a speech or to do a workshop. Others find this frightening. Some people have driven cars for years, and still find driving in the Los Angeles area scary and avoid it. There are a lot of reasons for these differences, including a negative past experience with the activity and perceived dangers.

ACTIVITY

Think, Pair, Share

Take a few moments and write down some home, community, and recreational activities that may have a certain level of associated risk. Don't only consider the high risk activities; for example, skydiving. Consider some of the more common activities you do for in your homes, in the community, and for recreation. Then record the level of risk you associate with each activity.

Appropriate—an acceptable level of risk

Increased—additional risk associated with activity

High—many risks associated with activity

Finally, record factors that would increase the level of risk.

Activity	***Level of risk***	***What would increase the level of risk?***
Example		
Taking a shower	*appropriate*	*unstable, can't judge temperature, fearful of shower, drowsy, medications...*
Driving	*increased*	*medications, sleepy, heavy traffic, noisy, poorly behaved companions...*

Scenario

Raymond loves to read People magazine. He looks forward to getting each new copy and has saved quite a number of magazines in his room. Raymond is very verbal and loves sharing information about the exciting people in the magazine. In developing his IPP through a Person-Centered Plan, his support staff, family, and friends suggested that Raymond develop skills in purchasing his own magazine at the store. This would seem to be a natural way for Raymond to learn these skills, except for one thing—Raymond is absolutely terrified of going to the store. He is often invited and always prefers to stay in the car or outside. For some reason, this activity, simple for most of us, is perceived by Raymond to be very risky.

Is there some way to reduce the perceived risk associated with activities?

It is likely that there are parts of the activity of purchasing a magazine that Raymond can do. However, there are other parts that are a problem for him. In Session 7, we discussed task analysis. This involves breaking down an activity into steps and then teaching the individual steps or in some cases, finding a way to adapt one or more of the steps. If we take Raymond's situation in the scenario above, how would we break it down into parts?

ACTIVITY

Looking for Risk

Using a wall chart, describe the steps in preparing for, and going to the store to buy a magazine. Identify the step(s) that might present the challenge for Raymond. For this step, what can we do to reduce the risk Raymond perceives?

If you discover that Raymond, for example, feels very uncomfortable going through the checkout and interacting with someone he does not know, you might consider going to a smaller store or going when it is very quiet. You might even consider introducing him to the clerk outside the store. You might go with him to help. You might role play the interaction with him or describe step-by-step what the interaction will look like as in social stories. What other strategies might help?

You could simply accept that Raymond won't go in the store. Raymond then has to depend on others to do something he could do. He also might miss some exciting adventures associated with shopping. The best choice is to support Raymond in dealing with the risk he perceives. As DSPs, you can assist individuals to be as independent as possible and to experience what life has to offer.

Scenario

K.J. has decided that she would like to go to a Dave Matthews concert in Berkeley. She has his CDs and a video of a show he did in New York. The staff at Martha's Place were surprised when she told them this and frankly didn't think it would be safe for her. However, Mary understands that this is important for K.J. and is willing to try to work it out. What can she do? How can you support her choice?

In many cases, the first thing some staff members might do is try to talk K.J. out of this or to try to re-direct her to something that is perceived as more safe or at least easier to manage. However, DSPs are support professionals. Your role is to support individuals with disabilities to participate in what life has to offer. Let's assess the risks in this choice and see how you might plan for success.

ACTIVITY

Task Analysis for RIsk Assessment

Task analyze the activity of going to the Dave Matthews concert. Assume that you have tickets to the concert. What steps would occur on the night of the concert, from K.J. leaving her home until she returns after the concert. Note the concerns you have and brainstorm possible strategies for each concern.

Steps	***Risk***	***Plans for Minimizing Risk***

Share your team's ideas with the large group.

Risk Assessment

When we spoke about basic risk management principles, there was one principle that stood as the most important: *Prevention is the number one priority*.

How can you help to prevent injury while still allowing for the dignity of risk and the opportunity to experience what life has to offer? We've spoken above about how to examine specific activities for risk and then to identify ways to minimize that risk. At this point, let's look at individual consumers to identify significant risk factors in their life so that you can plan ways to minimize that risk across all the activities they might engage in.

The Risk Assessment Evaluation & Planning Worksheet follows.

The worksheet is used to:

- Identify potential risk areas related to disability, health conditions, behavioral difficulties, abilities, and other factors.
- Describe those risks, their circumstances, and frequency.
- Identify interventions required to eliminate or minimize risks such as:
  - The need for an evaluation by a specialist.
  - The need for special equipment or structural adaptations.
  - The need for modifications to activities and environments.
  - The need for a training plan.
  - The need for a specialized health care plan.
  - The need for additional support.

It also allows us to:

- Identify information important for IPP development.
- Identify consumers with similar risk issues.
- Plan proactive prevention (rather than waiting to react after something happens).
- Determine whether the current living situation is appropriate for a particular individual or what kinds of supports are needed.

ACTIVITY

Risk Assessment

Using the Risk Assessment Evaluation & Planning Worksheet, think of an individual you support. Identify whether significant risk factors exist in their lives under the five categories listed. Then identify what those risks might be, when they are a factor, and how often they might occur. Finally, brainstorm interventions that might eliminate or minimize the risk.

Share thoughts on the process with the large group.

Risk Assessment Evaluation & Planning Worksheet: Sample A

Individual's Name _____ **Date of Discussion** _____ **Date of Note** _____

Participants _____

Significant Risk Factors (List)	Present		Description of risk, circumstances, frequency	Interventions required to eliminate or minimize risk
	Yes	No		
1. Functional Abilities				
a. Eating/Choking				
b. Mobility				
c. Communication				
d. Personal Care				
e. Transferring/Repositioning				
f. Continence				
g. Vision				
h. Hearing				
2. Behavior Challenges				
a. Self-abuse				
b. Aggression toward others or property				

Significant Risk Factors (List)	Present		Description of risk, circumstances, frequency	Interventions required to eliminate or minimize risk
	Yes	No		
3. Health				
a. Allergies				
b. Seizures				
c. Mental Illness				
d. Skin breakdown				
e. Bowel function				
f. Nutrition				
g. Psychotropic Medication				
h. Sun/Heat Exposure				
I. Other Chronic Conditions				
4. Environmental				
a. Injuries				
b. Falls				
c. Community				
5. Other				

Instructions for Completing Risk Assessment Worksheet

- *Under each specific area, list the Significant Risks identified.*
- *Indicate "yes" or "no" as to whether a significant risk has been identified in the listed category.*
- *Indicate "yes" or "no" whether training/service plans are present for the specific risk*
- *If training/service plans have been developed, indicate the training/area.*
- *Briefly, indicate a summary of the intervention required to eliminate or minimize the risk.*

Risk Assessment(continued)

Scenario

For example, K.J. is a woman with multiple disabilities including physical, communicative, and health impairment. Because of her difficulties with communication and movement, it is difficult to determine her cognitive abilities. In using the Risk Assessment Evaluation & Planning Worksheet, her team concludes that risks certainly are present. Those risks include risk of choking when she eats, potential for illness due to a weak immune system, risk of abuse by caregivers, risk of injury when being assisted to move, and risk of being treated as a child among many others. The risks for K.J. are numerous and frequent. Staff have planned interventions including training for all staff in how to prepare her food for meals and to assist her in eating; training in recognizing when she is becoming ill; frequent medical checkups; development of a communication system to back up her verbal communication; speaking with K.J. about how to tell someone if she feels she is being mistreated; training for staff in lifting and positioning; and ongoing discussion at staff meetings regarding how to facilitate choice and age-appropriate participation.

It is far more helpful to learn how to use the Risk Assessment & Planning worksheet by practical application. As you use this tool, you will find that interventions already are in place that minimize or eliminate the risk. Some of these may include a Health Care Plan; a Training Objective; or a Behavior Support Plan. List these too, and generate others that may be of value. This exercise is not to find fault, but rather to improve upon what is already being done. .

If an identified risk is noted as part of the assessment but has no current intervention in place, this is the time to discuss it with the administrator and/or the planning team.

Risk Assessment and the IPP

The IPP is the Individualized Program Plan, a document developed through the person-centered planning process that identifies events that will occur in the individual's life. As a DSP, you are in a critical position to ensure that individuals with disabilities are able to participate fully as valued members of the community. That includes having the opportunities as well as the skills to participate. As you become more and more aware of an individual's abilities, preferences, needs, and learning style, you will be in the best position to advocate for that individual as family, friends, and support agencies develop plans.

Completing a Risk Assessment & Planning Worksheet prior to the person-centered planning process or other team meetings helps you identify how to anticipate problems and minimize risks associated with the activities in which the individual participates. It is critical to remember that your role is to support individuals to participate, not to decide what they need. A risk assessment tool simply identifies risk and how to minimize it. It should not be used to limit an individual's choice.

Reporting Incidents

In Year I, we discussed risk management principles and incident reporting. It might be helpful to review requirements for reporting to licensing agencies (Title 22) and Regional Centers (Title 17). As a DSP, you are responsible for reporting any incidents of a particular type that occur and to report them within a limited amount of time.

In California, reporting of abuse must be made to several specific places. What you report to each is regulated by law.

I. For elder or dependent adults, abuse reports are made:
    1. By telephone, immediately or as soon as practicably possible to the local ombudsman or the local law enforcement agency, and
    2. By written report, Department of Social Services form (SOC Form 341), "Report of Suspected Dependent Adult/Elder Abuse" sent to the Department of Social Services within two working days.

II. Licensing Agencies (Title 22): Reports that must go to the appropriate county licensing agency include, but are not limited to:
    - Death of any client from any cause.
    - Any injury to any consumer that requires medical treatment.
    - Any unusual incident or absence (lack of supervision or safety precaution) that threatens the physical or emotional health or safety of any consumer.
    - Any suspected physical or psychological abuse.
    - Epidemic outbreaks.
    - Poisonings.
    - Catastrophes.
    - Fires or explosions that occur in or on the premises.

Reports are made by telephone to the licensing agency within the agency's next working day during its normal business hours.

A written report shall be submitted to the licensing agency within seven days following the occurrence of the event.

Reporting Incidents (continued)

III. Regional Centers (Title 17): Reports called *Special Incident Reports* (SIRs) are provided to the regional center for incidents that:

- Have resulted in serious bodily injury, serious physical harm, or death.
- Have resulted in the use of emergency intervention procedures.
- May result in criminal charges or legal action.
- Result in the denial of a consumer's rights.
- Or are any of the following:
  - Epidemic outbreaks
  - Poisonings
  - Catastrophes
  - Fires or explosions

All reports are made by telephone to designated staff at the regional center for any special incidents as soon as possible and in no case later than the end of the facility's business day.

A written report shall be submitted to the regional center within 24 hours of the incident.

When writing special incident reports remember the documentation tool and be sure to report the facts, (who, what, when, where) clearly and as simply as possible. Write legibly or type. Sign and date all reports.

Let's use a scenario to complete a Special Incident Report together.

ACTIVITY

Unusual Incident Report

Franklin is a 27-year-old man living in a small group home, April's Place, just outside Bakersfield. His housemates include four other young adults with significant physical and cognitive disabilities. Franklin has lived in a number of care facilities since he moved from one of the state developmental centers at the age of 19. Franklin has a history of problems with eating, and while he does not have any physiological problems with swallowing, he has had several incidences of choking on food—Franklin tends to put far too much food in his mouth and eats very quickly. He has had a problem with taking food from others at the table. On Saturday, February 26th, one of the DSPs called to say they would be late for work and that left one staff member with five consumers for dinner. Stan, the DSP at home at the time, was doing his best to get dinner on the table and assisting everyone to eat. He left the table for a moment to get a sponge to clean up a spill and when he returned, he found Franklin on the floor, choking. He also had a gash on his head, apparently from hitting the chair as he fell. Quickly assessing the situation, Stan used the Heimlich maneuver and was finally able, after what seemed like two or three minutes, to dislodge food from Franklin's throat. Stan checked Franklin's cut and knew he needed medical attention. He called 911 and then called his boss. Franklin was taken to emergency and received three stitches for his head wound.

How would we complete the SIR for this incident?

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

UNUSUAL INCIDENT/INJURY REPORT

INSTRUCTIONS : NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY.

SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE.

RETAIN COPY OF REPORT IN CLIENT'S FILE.

NAME OF FACILITY	FACILITY FILE NUMBER	TELEPHONE NUMBER
		( )

ADDRESS	CITY, STATE, ZIP

CLIENTS/RESIDENTS INVOLVED	DATE OCCURRED	AGE	SEX	DATE OF ADMISSION

TYPE OF INCIDENT

- ☐ Unauthorized Absence
- ☐ Aggressive Act/Self
- ☐ Aggressive Act/Another Client
- ☐ Aggressive Act/Staff
- ☐ Aggressive Act/Family, Visitors
- ☐ Alleged Violation of Rights

Alleged Client Abuse

- ☐ Sexual
- ☐ Physical
- ☐ Psychological
- ☐ Financial
- ☐ Neglect

- ☐ Rape
- ☐ Pregnancy
- ☐ Suicide Attempt
- ☐ Other

- ☐ Injury-Accident
- ☐ Injury-Unknown Origin
- ☐ Injury-From another Client
- ☐ Injury-From behavior episode
- ☐ Epidemic Outbreak
- ☐ Hospitalization

- ☐ Medical Emergency
- ☐ Other Sexual Incident
- ☐ Theft
- ☐ Fire
- ☐ Property Damage
- ☐ Other *(explain)*

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES:

PERSON(S) WHO OBSERVED THE INCIDENT/INJURY:

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED):

LIC 624 (4/99)

OVER

MEDICAL TREATMENT NECESSARY? ☐ YES ☐ NO IF YES, GIVE NATURE OF TREATMENT:

WHERE ADMINISTERED: | ADMINISTERED BY:

FOLLOW-UP TREATMENT, IF ANY:

ACTION TAKEN OR PLANNED (BY WHOM AND ANTICIPATED RESULTS:

LICENSEE/SUPERVISOR COMMENTS:

NAME OF ATTENDING PHYSICIAN

	NAME AND TITLE	DATE
REPORT SUBMITTED BY:		
REPORT REVIEWED/APPROVED BY:	NAME AND TITLE	DATE

AGENCIES/INDIVIDUALS NOTIFIED *(SPECIFY NAME AND TELEPHONE NUMBER)*

☐ LICENSING_____ ☐ ADULT/CHILD PROTECTIVE SERVICES_____

☐ LONG TERM CARE OMBUDSMAN_____ ☐ PARENT/GUARDIAN/CONSERVATOR_____

☐ LAW ENFORCEMENT_____ ☐ PLACEMENT AGENCY_____

Reporting Incidents (continued)

Reporting incidents such as these are just the first step. Accidents do happen, but as DSPs you must learn from past incidents and take steps to reduce the likelihood of similar incidents occurring in the future. This process is called causal analysis.

Causal Analysis

Causal analysis is a standardized way to look at and analyze a situation to determine why it occurred. The difference in causal analysis and reporting incidents is that, in causal analysis, you want to learn more about an incident than the facts. You want to do more than report an incident. In causal analysis, your goal is to learn from the incident in order to minimize the possibility of it recurring.

Individual's lives are very complex. Rarely, if ever, does any one thing cause an incident to occur. Generally, incidents occur because of a combination of factors. It is this unique combination of factors that results in an incident. Think about causal analysis as "peeling an onion" to get to all those contributing causes in order to take effective preventive action to reduce the risk of the incident happening again.

Learning from the Incident

When using causal analysis, examine what you learn from each incident. Ask, what were the risk factors in this situation? Use the Risk Assessment Evaluation & Planning Worksheet. Consider any other factors related to the activity itself. Don't try to come up with strategies or things that should have been done. In the previous example, it would be easy to say that Stan shouldn't have left the table or that he should have asked another consumer to get a sponge. It's likely Stan was doing the best he knew how at the time. Be objective observers and clearly examine the situation.

ACTIVITY

Minimizing the Possibility of Recurrence

Directions: Once you have identified the list of risk factors, identify ways to prevent the incident.

Example

Factor	***Ways to minimize recurrence***
Franklin eats too fast	*• Develop program to teach eating slowly* *• Provide small portions rather than full plate* *• Make food available to Franklin during the day*
Franklin can't be left alone with a plate of food	*• Two staff members on duty before dinner is served* *• Remove plate if supervision is limited*

Applying Causal Analysis

For the remainder of the session, let's take some time to practice the steps you need to take when an incident occurs. Remember, practice makes perfect. The more we allow ourselves to learn from such experiences, the easier it is to prevent recurrence. You are also providing a good model for new staff members who look to more experienced staff members for guidance. If your explicit message as a staff is that events happen and you continually learn from these events, there is less need for blaming, defensiveness, or attempting to hide mistakes that are made.

ACTIVITY

Applying Causal Analysis

Examine the incidents described below. Using causal analysis, report the Incident, learn from the incident, minimize the possibility of recurrence.

For each example answer the following questions:

1. Should an incident report be made and if so, to whom?

2. What have you learned from the incident?

3. How can you minimize the possibility something like this will occur again?

1. ***Sandra*** *is a DSP working at Martha's Place. She is responsible for assisting consumers to take medications during her shift. Three young individuals receive medications at dinner time. As she is preparing medications for all three, she hears a crash in the next room. Leaving the medications on the counter, she runs in to find that someone has knocked down a floor lamp. After she picks it up, she returns to the medications to find that some are missing and that William, a young man who eats anything, is in the room. He seems alright, but does not respond when Sandra asks if he took the medications.*

2. ***Andrea*** *and* ***Angela*** *each receive medication for seizure activity. One receives Phenobarbital and one receives Dilantin. Recently, DSP staff in their home have left for new employment and a number of people have been covering until the staff becomes stabilized. Theresa, one of the new substitute staff, becomes mixed up giving medications and gives Andrea the Phenobarbital meant for Angela.*

3. ***Sandra,*** *a young woman with cognitive and communication impairments, was attending her first People First Self-Advocacy conference in Sacramento. She was staying at the DoubleTree Hotel, rooming with Amber, a friend. Support staff were not staying in the room with Sandra and Amber, but were checking in with them during the conference and in the evening when they went back to the room for bed. Sandra and Amber decided to go to the hotel bar to dance and apparently met some men who took them to another bar. The next day, Sandra, visibly upset, told a DSP that the man had taken her clothes off and she told him to stop but he didn't. Amber had started crying at that point and the men dropped them off near the hotel.*

ACTIVITY

Applying Causal Analysis (continued)

4. ***Jimmy****, a 10-year-old boy living in April's Place is very unstable on his feet due to cerebral palsy. He is able to do much of his own self-care, but needs assistance in climbing in and out of the shower. DSP staff have placed a shower chair in the shower for him so he can sit while he bathes. One morning, Jimmy was being assisted by Eric, a DSP who is very familiar with this process. However, Eric had recently wrenched his back and it was very sore and tender. He had difficulty bending and twisting. While Eric was helping Jimmy climb out of the shower, Jimmy suddenly slipped, pulling Eric. Normally, Eric would be able to hold Jimmy in such a situation, but on that day, he couldn't and Jimmy fell, striking his head on the edge of the shower. He was unconscious for about one minute and Eric called 911. Jimmy was transported to emergency and observed overnight. He returned to April's Place the next day.*

5. ***Joan*** *is a 58-year-old woman with cognitive disabilities. She lived in a state developmental center for 20 years, placed there by her aging parents. Joan is currently living in a care home and has been there for approximately three months. She has developed Type II diabetes and is currently 40 pounds overweight. She is passive and timid in her relationships. Joan has a real problem with her eating habits. She will not monitor her food intake or the types of food she eats. Her diabetes is worsening. Her provider is threatening to remove Joan because she does not believe she has the staffing level adequate to monitor Joan's medical condition. Joan wants to stay but her health is at risk. She is often fatigued, has dizzy spells, and heals slowly when injured. One afternoon, Teri found Joan lying on the floor next to her bed. She was unresponsive and Teri immediately called 911.*

PRACTICE AND SHARE

1. Take an incident that occurs in the home where you work. Apply the steps of causal analysis and share the causes of the incident and what you did or recommended to minimize recurrance.

Or,

2. Fill out a Risk Assessment & Planning Worksheet with one individual you support. Share with the class if you identified any risk that needed to be brought to the attention of the planning team.

This concludes this session on Risk Management. Remember that prevention is the number one priority. You learn to prevent injury by getting to know those consumers who you support and by learning from your experiences.

Risk Management

1	A	B	C	D
2	A	B	C	D
3	A	B	C	D
4	A	B	C	D
5	A	B	C	D
6	A	B	C	D
7	A	B	C	D
8	A	B	C	D
9	A	B	C	D
10	A	B	C	D

1. **All the following are principles of risk management, except:**
   A) Preventing serious incidents is the number one priority.
   B) It is best not to allow risks in the first place.
   C) Safe and accessible environments are everyone's responsibility.
   D) Quality of life starts with those who work most closely with persons receiving services.

2. **Which of the following activities can be risky?**
   A) Walking to the store.
   B) Eating a meal.
   C) Parasailing.
   D) All of the above.

3. **Four levels of associated risk are:**
   A) Appropriate, average, significant, and too risky.
   B) No risk, average risk, significant risk, and high risk
   C) Appropriate risk, increased risk, significant risk, and high risk.
   D) Appropriate risk, increased risk, high risk, and too risky.

4. **One appropriate way to minimize risk in an activity is to:**
   A) Determine what part of the activity is risky for the person and finding ways to adapt that part.
   B) Do not let the person participate in the activity.
   C) Do the activity for the person if they are afraid.
   D) None of the above.

5. **People involved in Person-Centered Planning are:**
   A) DSPs and other paid staff
   B) The individual and his/her family
   C) Friends
   D) All of the above

6. **"Causal analysis" is a step-by step process by which the DSP can:**
   A) Identify the problem, think out its likely causes, and come up with ways to prevent it from happening again.
   B) Identify the individual, tell the individual what is being done wrong, and monitor to see the problem does not come back.
   C) Find causes of problems, learn about the dangers of the problem, and add entry to facility log.
   D) Identify the problem, file a Special Incident Report about the problem, and give consequences to the individual to prevent the problem from happening again.

7. **The purpose of using the Risk Assessment Evaluation & Planning worksheet is to:**
   A) Determine placement in different levels of care homes.
   B) Evaluate the intrinsic risk in dangerous activities.
   C) Determine which activities are too dangerous.
   D) Identify interventions required to eliminate risks.

8. **Title 17 reports (Special Incident Reports) are provided to the Regional Center for which of the following incidents?**
   A) Those that have resulted in serious bodily injury or death.
   B) Those that have resulted in emergency interventions.
   C) Those that may result in denial of a consumer's rights.
   D) All of the above.

9. **Under Title 22, reporting must be made to the licensing agency:**
   A) Within one month of the incident.
   B) Verbally, within one week; written, within one month.
   C) By telephone, within the agency's next working day.
   D) In written form, within one day

10. **When an incident occurs, the DSP should take the following actions:**
    A) Report the incident; learn from the incident; minimize the possibility of recurrence.
    B) Report the incident; change the individual's program; eliminate the risk.
    C) Gather the facts; report the incident; change the individual's program.
    D) Gather the facts; learn from the incident; eliminate the risk.

Appendices

Risk Assessment Evaluation & Planning Worksheet: Sample A

Individual's Name _____ **Date of Discussion** _____ **Date of Note** _____

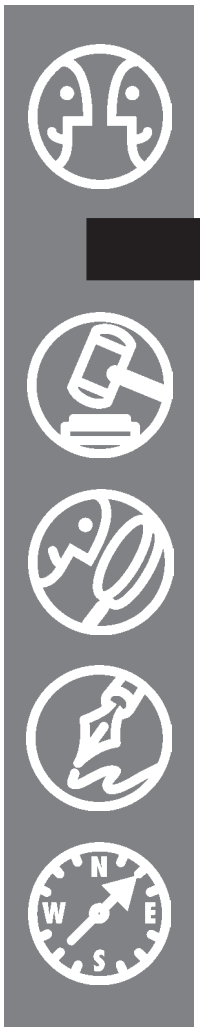
Participants _____

Significant Risk Factors (List)	Present		Description of risk, circumstances, frequency	Interventions required to eliminate or minimize risk
	Yes	No		
1. Functional Abilities				
a. Eating/Choking				
b. Mobility				
c. Communication				
d. Personal Care				
e. Transferring/Repositioning				
f. Continence				
g. Vision				
h. Hearing				
2. Behavior Challenges				
a. Self-abuse				
b. Aggression toward others or property				

Significant Risk Factors (List)	Present		Description of risk, circumstances, frequency	Interventions required to eliminate or minimize risk
	Yes	No		
a. Allergies				
b. Seizures				
c. Mental Illness				
d. Skin breakdown				
e. Bowel function				
f. Nutrition				
g. Psychotropic Medication				
h. Sun/Heat Exposure				
I. Other Chronic Conditions				
a. Injuries				
b. Falls				
c. Community				

Instructions for Completing Risk Assessment Worksheet

- *Under each specific area, list the Significant Risks identified.*
- *Indicate "yes" or "no" as to whether a significant risk has been identified in the listed category.*



Student Resource Guide

9. Positive Behavior Support, Part 1

Student Resource Guide: SESSION 9

Positive Behavior Support, Part 1

OUTCOMES

When you finish this session, you will be able to:

- ▶ Identify specific problem behavior and the function it is serving.
- ▶ Identify and assess antecedent events.
- ▶ Describe target behavior.
- ▶ Identify and assess consequences that usually follow targeted behavior.
- ▶ Describe the role of DSP in both simple (primary) (A-B-C) and complex (supportive) (Scatter plot) functional analysis.
- ▶ Describe the role of the DSP in implementing a behavior support plan.

KEY WORDS

Choice: Picking one activity, event, or thing over another.

Antecedent: What happens before the behavior.

Behavior: Actions that are used to communicate wants and needs.

Consequence: What happens after the behavior.

Communication: Sharing thoughts, views, and feelings.

A-B-C Data: Information about what happens before, during, and after a specific targeted behavior.

Behavior Triggers: Things in the environment that set off a targeted behavior.

Behavior Function: What the individual is getting or avoiding through the behavior.

Support Plan: Plan that determines a specific course of action to take when a targeted behavior occurs. Developed by a team of people who know the individual.

Opening Scenario

Remember Mary and Guy from the last Positive Behavior Support session last year? Mary is still working at Martha's Place and feels like she has learned a great deal in the last six months. Recently though, she has been having difficulty with a new individual who moved into the facility. Suzy is the first new resident to arrive since Mary has been working there. Suzy seems upset a great deal of the time and she yells and tries to hit the other individuals in the home. Mary wonders where to start with Suzy.

How to Support Individuals With Challenging Behaviors

In the Positive Behavior Support session in Year I you learned how to promote positive behaviors by creating and supporting environments that are conducive to a positive quality of life. You also began to try and figure out what the individual was telling us with the behavior. The strategies in the last session should assist you in establishing a positive environment that will help to prevent many challenging behaviors from occurring.

Even the most positive environment cannot prevent all challenging behaviors. When a challenging behavior continues even after the preventative measures have been taken; that is, the individual's communicative intent was determined, the life quality issues were addressed, and changes were made in the way you asked him to do things, it may be time to begin a team approach to examine the behavior more completely and develop a Behavior Support Plan.

The Person-Centered Planning Team is usually formed already and best able to develop a support plan for an individual's challenging behavior. This team includes people who know the individual well and interact regularly with him or her. The team might also include a Behavior Specialist who helps the team develop a support plan to help development replacement behaviors for the challenging behavior. The team may include:

- The individual
- DSPs or other support providers
- A representative from the individual's day program
- Family members
- Behavior specialist
- Regional Center case managers
- Others who know the individual and can assist with the development of the plan

What is the Role of the DSP in Developing the Support Plan?

The DSPs who support an individual with challenging behavior should be included as part of the team that is analyzing the behavior and developing and implementing the plan. This is important because you are often the ones who have the most information and the most frequent contact with the individual. You are also an important part of the implementation of the plan after it is developed. You may be asked to assist the team in several ways:

- Collect information on the daily activities of the individual (individual's daily schedule, individual profile).
- Collect information on the specifics of the challenging behaviors such as how often it occurs, under what circumstances, etc. (Scatter Plot and A-B-C Data Sheet).

How to Support Individuals With Challenging Behaviors (continued)

- Develop suggestions for replacement behaviors and activities [Motivation Assessment Scale (MAS), reinforcers].
- Implement the plan.
- Collect data on how the plan is working.
- Help inform the team on the success of the strategies in the plan.

As you can see, you are a critical team member and an important part of the plan's success. While you do not have to decide how to develop and implement the plan by yourself, it is important that you understand its components.

Let's begin by talking about what each phase pf the plan might look like. Remember, you are not expected to develop the plan by yourself. You will be asked to collect information and data on the specific behavior and intervention strategies, but the decisions will be made by the team. The more information the team has about the individual and the challenging behavior, the more likely the success of the intervention strategies.

Developing a Positive Behavior Support Plan

In the last session on Positive Behavior Support, we talked about several ways to look at behavior in general terms for all individuals living in the home. In this session we will talk about the information you will need to develop a positive Behavior Support Plan.

Steps for developing a Behavior Support Plan include:

1. **Identify "Quality of Life"** areas that may be lacking and therefore contributing to behavior challenges. Figure out how to improve these areas in the individual's life; for example, add more opportunities for choice and variety, suggest meaningful activities based on preferences, or use a more person-centered planning process.
2. Identify and **define the challenging behavior(s)** by precisely defining exactly what the person does (kicks, throws objects, hits self with fist, etc.) and observing when the behavior occurs, how long the behavior lasts, how often it occurs, and how intense it is. You can use a scatter plot that looks at how long the behavior lasts and when it occurs.
3. **Identify the antecedents** (behavioral "triggers" and other factors) that are present immediately before the challenging behavior occurs), including medical variables, activity, environment, people present, time of day, etc. You can use the A-B-C observation data, the scatter plot, or the positive behavior support worksheet questions that we will talk about.
4. **Identify other events** including medical variables, activity, environment, people present, time of day, etc., that may be influencing behavior. Again, the A-B-C observation data, scatter plot (a method for keeping track of how often a behavior occurs), and worksheet may help.
5. **Identify the consequences** that happen after the behavior that may be reinforcing (maintaining) the challenging behavior. Remember, the reason that "challenging" behavior exists is because it is being reinforced by something. You want to find out what individuals are "getting" or "avoiding" through their challenging behaviors and give them a more appropriate strategy or skill to use that will still allow them to get their needs met.

Developing a Positive Behavior Support Plan (continued)

6. **Identify "learning characteristics"** of the individual so we know how the individual learns best. When you teach new skills and replacement behaviors you need to match your teaching style to the individual's learning style.
7. Use the individual learning characteristics to **teach to the individual's strengths**. If an individual learns best by what he or she sees, then you should maximize your use of gestures, modeling, and visual cues like pictures and objects. If an individual learns best by actually "doing" an activity, you want to promote opportunities for participation in healthy routines to help the individual acquire new skills and behaviors to replace the challenging routines and behaviors.
8. **Identify possible reasons for the problem behavior**. What is the individual getting or avoiding through their behavior? Review your assessment information and the results from a Motivation Assessment Scale (which we will look at later) to help you develop a hypothesis or "best guess" as to why the behavior is happening and what the behavior is saying. Is it related to medical issues like pain, allergies, hunger, etc., or is the behavior a communication of wanting to get or avoid something?
9. **Identify replacement behaviors** or skills that
   a. Allow the individual to get their needs met in a more socially appropriate way.
   b. Will "work" just as well as the challenging behavior.

Mary looks at the preceding list of steps in developing a plan and wonders how to apply these steps to help Suzy adjust to the new home and feel comfortable and happy. The DSPs at Martha's Place have all worked on creating a positive environment at the home. They have also worked on supporting all of the individuals to have a good quality of life. Mary wonders how to positively support a new, unhappy resident. She knows she should develop a relationship with Suzy and try to understand why she is unhappy. Mary feels overwhelmed and doesn't know what to do.

How do you begin to support a person with challenging behavior? Let's begin by looking at the previous list of steps in developing a support plan and break each of the items into some specific activities that can be used to develop an overall support system for individuals with challenging behavior.

All behavior has meaning and serves a need for the person. You need to do some detective work to find out the meaning (or purpose) of the behavior. We call this process functional assessment. Once you have a better understanding of why the behavior is occurring, you can identify and teach appropriate replacement skills as an alternative to the challenging behavior.

Examining Quality of Life Areas

To begin the process of functional assessment, let's look at some important questions to help us figure out the meaning of the behavior and why it is happening.

To begin this process we will break each item in the Behavior Support Plan into some specific activities.

Step 1. First, **identify "Quality of Life"** areas that may be lacking and contributing to behavior challenges. Figure out how to improve these areas in the individual's life; that is, add more opportunities for choice and variety, suggest meaningful activities based on preferences, or use a more person-centered planning process.

One of the first steps in developing a behavior support plan is to look at an individual's quality of life areas. It is important to "get to know" the individual to figure out whether the quality of his or her life is enriching and encouraging to them. Think about how you get to know any new person who comes into your life. You usually begin by talking to them and finding out about their life; for example, who is in their family, what kind of work they do, what kinds of things they like to do for fun, etc. You also spend time with the person doing activities that you both enjoy and you watch and pay attention to the things they choose to do and say. You find out what they like and don't like, usually in a very informal way over time. But how do you do this with a person who is not able to use words to tell you these things? Where would you start?

Ways of getting to know a new individual in your home:

- Attend the IPP meeting that is held prior to or immediately after the individual arrives.
- Attend the person-centered planning meeting to plan for a smooth transition into the new home.
- Read the file.
- Talk to other staff and team members to see what they observed or learned about the individual.

It is helpful to create a profile of the individual so that all team members can give input and understand more about the individual. The profile could include information that you might or might not readily find in the file but would be helpful for people supporting the individual to know in order to create a supportive and welcoming environment. Information about what the individual likes and dislikes, strengths and challenges, and any other information about the individual is helpful. This information is collected by all the team members and is done by:

- Observing the individual.
- Talking with other DSPs about their observations.
- Having discussions at the person-centered planning meeting and IPP meeting.
- Talking with family members and others who know the individual.

The following profile can help to organize the information for easy use and reference.

ACTIVITY

Creating a Profile of the Individual

Develop a profile of the individual's characteristics, strengths, and needs based on input from the team members.

Profile of the Individual's Strengths and Needs

Who is _____?

What does _____ like?

What are _____'s strengths (i.e., capabilities)?

What does _____ dislike?

What are _____'s challenges and needs?

Having the same information in one place is helpful to those providing support and helps everyone get to know a great deal about the individual in a short period of time.

ACTIVITY

Think-Pair-Share

Look over the questions on the individual profile that you just created and think about an individual that you support, either now or in the past, who has challenging behavior.

Think about, then share your answers to the following:

- *Which questions would you be able to answer the questions about that individual?*
- *Which questions would you have trouble answering?*
- *If you did not have all the information, where would you go to get it?*

Quality of Life Questions to Consider

As you recall from the last session on Positive Behavior Support, we discussed the quality of life of individuals and how important it is to consider these issues for all of the individuals you support. It is particularly important to consider the quality of life for individuals who exhibit challenging behavior. They may be trying to tell us that something about their life quality is missing or not acceptable. It is helpful to consider these questions when developing a profile of an individual as it helps us think about things the individual likes and dislikes along with the ways that these likes and dislikes might be included in their daily life.

ACTIVITY

Quality of Life Questions

Look over the questions that follow and think about how they might be helpful in developing a plan for an individual with challenging behavior.

Quality of Life Questions to Consider

1. *What would increase or strengthen the individual's friendships and social activities?*

2. *How can you help the individual to be involved in more activities in the individual's home, school, work, or community?*

3. *How could you help the individual have more opportunities for choice making and be able to control more aspects of his or her life?*

4. *How can the individual's self-esteem and confidence be strengthened?*

5. *What might interfere with the individual's ability to have greater independence and a higher quality of life?*

Individual Daily Schedule

Another way to get to know an individual is to look at how they spend their time. This can be done informally by watching and noticing what the individual does. When an individual has challenging behaviors and is clearly upset on an ongoing basis, a more formal look at their schedule might be a way to find out what they like and don't like to do. Writing down the typical daily schedule is a good way to gather this information.

The Typical Daily Schedule that follows is one way to record information about how an individual usually spends their day. You would record what the individual does from the time he or she gets up until they go to bed. Support providers complete the schedule by listing the time of day, activity the individual is involved in, and what kind of support and who provides the support, if necessary, for each activity. Several days worth of schedules might be kept and then the information compiled to form a "typical" day schedule. At the bottom of the schedule is a place to record any changes that might occur on a weekend or an infrequent basis.

This information can also be particularly helpful when looking at patterns of behavior to determine when, where, and under what circumstances a behavior occurs.

A completed example of a typical daily schedule follows. You will notice information about daily activities along with activities that occur less frequently.

Step 1: Examining Quality of Life Areas (continued)

ACTIVITY

Think-Pair-Share

Look over the completed schedule for Kevin and think about whether it is representative of the same type of schedule you might have at your facility. Then think about what you are able to learn about Kevin by looking at this schedule. Turn to your classmate and briefly share what you think you could say about an individual by looking at their daily schedule.

A blank individual daily schedule is available in Appendix 9-A for you to use in your facility.

Kevin's Daily Schedule

Time	*Activity*	*Support Person*
6:30 a.m.	*Wake up housemates*	*Sally*
7:00-8:00 a.m.	*Breakfast and a.m. routine*	*Sally*
8:00 a.m.	*Take transit bus to work*	
9:00 a.m. -1:30 p.m.	*Work at Home Depot*	*Job coach*
2:30 p.m.	*Arrive home on transit bus*	*Jon*
3:00-3:30 p.m.	*Other housemates arrive home*	*Jon and Dan*
3:30-5:00 p.m.	*Home Chores*	*Jon*
5:00-6:00 p.m.	*"Free Time"*	*Dan*
6:00-7:00 p.m.	*Dinner*	*Jon and Dan*
7:00-9:00	*(M,W,Th, F) Board games/social time*	*Jon and Dan with other housemates*
7:00-9:30 p.m.	*(Tuesdays) Community Outing*	*Jon*
9:30-11:00 p.m.	*Relax/video games, etc.*	*Dan*

Weekend Schedule Changes:

Kevin and other housemates sleep in and go on community outings both days.

Step 2: Defining the Challenging Behavior

Step 2. Identify and *define the challenging behavior(s)* by precisely defining what the person does (kicks, throws objects, hits self with fist, etc.) and observing when the behavior occurs, how long the behavior lasts, how often it occurs, and how intense it is. (You can use a scatter plot to look at how long the behavior lasts and when it occurs.)

Remember in the last positive behavior section we talked about figuring out what the individual is trying to tell us with behavior. Determining the communicative intent of the behavior is often helpful in trying to define the behavior that the individual is using to tell us what is wrong. Clearly defining the behavior is also important when you begin to develop a plan for changing the behavior. The following questions might be helpful in defining the target or challenging behaviors. Remember, you may not have all the information on each of these yet but this is a place to begin to list the specifics about the challenging behavior.

It is important that the target behavior be defined in clear terms that are observable and measurable. This means that you and others will know the behavior when you see it. When the behavior is clearly defined, it can be recorded as it happens and determine if it is improving or changing over time.

Defining the behavior. It is important to use words that are descriptive and that you can see.

Instead of saying the behavior is "acting out" you could say that the individual yells, hits, swings arms, stomps feet, etc. instead.

Instead of "gets upset" you could say that the individual cries, screams, clenches fists, slams fist down, etc.

Step 2: Defining the Challenging Behavior (continued)

ACTIVITY

Defining Target Behaviors

Directions: Continue tothink about the individual with challenging behavior that you have described in the previous activities. Answer the following questions about their challenging behavior to help you define the behavior that the individual exhibits. Write it on the worksheet. Turn to a classmate and describe.

. . . . . .

Determine what the individual's problem behavior looks like:

. . . . . .

Estimate how often the behavior occurs:

. . . . . .

Describe how intense or severe thebehavior is:

. . . . . .

Determine what skills appear to be lacking:

It is important that you be as clear as possible when defining the behavior as it will be used in all of the next steps for how you measure the behavior.

Step 3: Identifying the Antecedents

Step 3. Identify the antecedents (behavioral "triggers" and other factors) that are present immediately before the challenging behavior occurs, including medical variables, activity, environment, people present, time of day, etc. You can use the A-B-C observation data, the scatter plot, or the positive behavior support worksheet questions, which we will talk about in a few minutes.

You also want to begin to figure out as much as you can about the challenging behavior such as how often it occurs, what happens before the behavior that might cause it, and what might be motivating the individual. Completing assessment tools (like A-B-C data sheets, a scatter plot, or a Motivation Assessment Scale) can help you find out why the behavior is happening.

The A-B-Cs of Behavior

First, let spend a few minutes talking about the A-B-Cs of behavior. Here is a simple tool that helps you to be aware of patterns in behavior(s) over time. It's called an A-B-C data sheet. You will notice the A-B-C chart contains three columns: the first or far left column is for listing the Antecedents (what happens before the behavior), the middle column is for listing the Behaviors, and the last or far right column is for listing the Consequences (what happen after the behavior) of the behavior. Let's go into more detail about each section.

The **"A"** section stands for **A**nteceddents, or what happens right before the behavior happens. This is where you would document time of day, the place where the behavior happened, what people were around, the activity, and anything else you noticed that may have "triggered" (caused the behavior to occur) the behavior.

The **"B"** section stands for the **B**ehavior. In this section, write down what happened during the behavior; that is, what the individual actually did. This should be stated in measurable and observable terms.

The **"C"** section stands for **C**onsequences or what happened after the behavior. Here is where you should record how individuals responded, what they did after the behavior, and any other consequences or outcomes that followed the behavior.

The A-B-C data sheet should be one of the first tools you use when confronted by challenging behavior. You can easily make your own A-B-C sheet on a piece of blank paper by simply dividing it into three sections, one for each sections.

Remember that the more A-B-C data you have, the easier it is to identify patterns in the antecedents and consequences.

A-B-C Data Sheet

ANTECEDENT ***What happened*** ***BEFORE*** ***the Behavior***	***BEHAVIOR*** ***What happened*** ***DURING*** ***the Situation***	***CONSEQUENCE*** ***What happened*** ***AFTER*** ***the Behavior***
Things we can find out:		
• *Identify **behavior triggers** or what sets off the behavior?*	***Things we can find out:***	***Things we can find out:***
• ***When** is it more and less likely to occur?*	• *What does the behavior look like?*	• *What is the payoff for the challenging behavior? (All challenging behavior is getting reinforced by something!)*
• ***Where** is it more and less likely to occur?*	• *What did the individual actually do?*	• *What is the behavior "saying" to us?*
• ***What activities** are most and least likely to promote the behavior?*	• *How often does it happen?*	• *What is the individual "getting" or "avoiding" through the behavior?*
• *Are medications or medical factors influencing the behavior?*	• *How long does it last?*	
• *What do people **do or say** that leads to a behavior?*	• *How severe was it?*	
	• *Are we paying attention to decreases in or absence of typical behaviors also?*	

The A-B-Cs of Behavior (continued)

Recording this information on an "A-B-C" data sheet will help you to find patterns in antecedents and consequences so you understand better why the behavior happens. When you look at antecedents, you can find out when behaviors are more and less likely to occur, where, with whom, and during which activities the behaviors are more and less likely to occur.

This A-B-C worksheet focuses on antecedents and consequences to the behavior over time. This tool should be one of the first ones used when you are faced with a challenging behavior. When you record A-B-C data over a period of time, you should be able to see patterns in the antecedent data. These patterns should help identify the circumstances around the behavior:

- When?
- Where?
- With whom?

Antecedents

This data should help you to identify some behavior "triggers" that are likely to lead to the challenging behavior. Sometimes you find out that things you say or do may actually be triggers for an individual's behaviors. Once you figure this out, you can often change what you are doing or saying and actually see an improvement in the individual's behavior. Similarly, you should be able to find some patterns in the consequences by looking at the A-B-C data. It is important to find out what consequences usually follow a challenging behavior.

Examples of antecedents:

- **Personal expectations** are the expectations the individual has about the environment, what will be happening to him or her, and how predictable these events are; for example, when meals are usually served.
- **Expectations of others** about the individual; that is, what others assume they can or can't do. For example, I know if we try to go to an action movie, Jack will throw a fit. Individuals often live up or down to the expectations that others have of them. If we expect a person to display behavior challenges, they probably will!
- **Nature of materials** that are available to the individual. What is his or her reinforcement value and is it meaningful; for example, someone likes rock and roll music, but only country western is available.
- **Nature of the activity** in which the individual is engaged. How difficult is the activity for the individual? Is it something that the person likes or prefers? Is the activity functional and age appropriate?
- **Nature of the instructions given to the individual** refers to how clear and simply instructions are given. Are they given verbally, visually (pictures, written cues, modeling, showing the student, etc.), through signed information, or other ways?
- **Number of people present** in the environment.
- **Behavior of other people present** can have a big influence on behavior, both good and bad.
- **Environmental pollutants** include noise, crowds, temperatures, lighting, etc.
- **Time of day when behaviors occur** or don't occur. You can use a "scatter plot" to help find patterns in behaviors; for example, when are behaviors most and least likely to occur?
- **Individual's physiological state** such as hunger, medication, seizures, pain, medical issues, lack of sleep, etc.
- **Length of activity** is the amount of time it takes to complete an activity. This can have a big influence on behavior. Sometimes, breaking down an activity into smaller parts can help.
- **Sudden change in routine** can act as a "trigger" for behaviors to occur.
- **Predictability** means that things happen in a certain, regular way.

It is important for you to pay attention to what happens before and after the behavior because it helps you to understand the relationship between a person's behavior and its antecedents and consequences. By paying attention to this relationship, you can do a better job of finding out what a person is saying through behavior and figure out an appropriate replacement behavior.

ACTIVITY

A-B-C Worksheet

Find the Behavior Triggers

Directions: In small groups, read and discuss the following stories. Underline the possible antecedents (what happened before the behavior) that may be acting as a "trigger."

Scenario 1

Time: 9:30 p.m.

Location: Ramon's room

Behavior: Scream/yell

Incident: Ramon's roommate was watching "Jeopardy" on television in their room. Ramon told his roommate that he wanted to watch wrestling instead. His roommate said "No." Ramon started to scream and yell profanities at his roommate. Staff came into the room and asked Ramon what was going on. Ramon said he wanted to watch wrestling. Staff told Ramon he could watch wrestling on the television in the living room. Ramon stopped screaming and watched wrestling in the living room.

Scenario 2

Time: 7 p.m.

Location: Loretta's room

Behavior: Bite self/scream

Incident: Loretta was sitting in her room listening to the radio. Staff came in and said, "Loretta, you need to do the dishes now." Loretta started to bite her arm and scream. Staff asked Loretta to take deep breaths until she calmed down.

Scenario 3

Time: 1:30 p.m.

Location: The Mall

Behavior: Throwing lunch pail

Incident: The DSP was supporting four individuals on a shopping trip to the mall. The DSP said, "It's time to leave and go to the bus stop." Jose threw his lunch pail across the store. Staff helped Jose to pick it up and then they left the store.

Scatter Plot

The scatter plot is another way to look at and define behavior based on how often and when it occurs. This simple tool takes very little time and effort to complete. It was developed by Dr. Paul Tochette from the University of California, Irvine. It has squares representing 30-minute intervals from 6:00 a.m. through 10:00 p.m. for an entire month.

The person recording the data is asked to place an "X" in the square that corresponds to the time and date a challenging behavior occurs. If a behavior occurs more than three times in 30 minutes, darken the whole square.

After the data has been recorded for three to four weeks, use the scatter plot to identify patterns in behavior over time. This can help you identify when the behavior is more likely to occur and then match those times and days to the activities, environments, task demands, people, and other events that may be "triggering" the behavior. It is also important to look for times when the behavior is least likely to occur so you can find out what things are "working" in the individual's life.

Some behaviors work well with a scatter plot. These include: aggressive behavior toward others, tantrums and toileting accidents, ripping off clothing, or breaking or hitting things. The scatter plot is not as useful with very high frequency behaviors; for example, any behavior that occurs an average of 10 or more times an hour.

Let's look at a scatter plot about Dennis. The behavior is taking clothes off in public. This data was not collected on the weekends, which is why there are no "X's" in the two-day spots representing Saturdays and Sundays. Look for patterns when the behavior is most likely and least likely to occur. What questions would you ask of the staff that supports Dennis?

Scatter Plot

Name: Dennis Bockman Month/year: 3/99

Behavior Definition: Taking clothes off in public

❑ Behavior did NOT occur ☒ Behavior DID occur ■ Behavior occurred 3x or more

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
6:00-6:30am																							
6:30-7:00																							
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Scatter Plot (continued)

In your groups, spend about five minutes discussing the following questions based on the scatter plot:

Some patterns you should be able to identify:

- Behaviors happen most often between 8:00 a.m. and 9:30 a.m. What is happening during those times?
- Behaviors happen least often (not at all), between 9:30 a.m. and 11:00 a.m. What is working during these times?
- There also seems to be a pattern of higher likelihood for the behavior on every fifth day (Fridays).
- What questions would you ask staff members who support Dennis?

Again, you can see how so many different things influence behavior and how we might be able to support individuals in learning better ways of communicating by changing environmental "triggers."

ACTIVITY

Scatter Plot

Look at the schedule for Kevin that follows. It contains two weeks worth of data on Kevin's target behaviors of screaming and cussing. Use this information to plot his behaviors on the blank scatter plot following it.

After plotting the behavior on the graph, refer back to Kevin's daily schedule to see what he is doing during the times he exhibited the target behavior. Look for patterns in Kevin's behavior when the behavior occurs the most and the least. Try to answer the following questions:

1. *What is different about weekday mornings (when there are problem behaviors recorded) and weekend mornings (no problem behaviors recorded)?*
2. *Why are Tuesday evenings (no problem behaviors recorded) different from the rest of the weekday evenings (Mon/Wed/Thurs/Fri) when there are behaviors?*
3. *What is different about weekend activities (no problem behaviors recorded) and weekday evenings when there are problem behaviors?*
4. *Why do you think Kevin has no problem behaviors during the weekdays?*
5. *What minor changes would you make in Kevin's schedule to help his day go more smoothly and hopefully reduce some of his challenging behaviors?*

Kevin's Data

Directions: Review the two weeks of data below. Using the scatter plot that follows, mark an " X " under the appropriate time and date for every time Kevin screamed or cussed. When you are finished, compare Kevin's daily schedule to the patterns you see on the scatter plot.

When is Kevin more and less likely to scream or cuss, and why?

Date:	*Time:*	*Activity/Behavior:*
9/5	*6:31 am*	*Screamed*
	6:35 am	*Screamed*
	3:20 pm	*Cussed for five minutes*
	6:50 pm	*Screamed and cussed*
9/6	*6:35 am*	*Screamed*
9/7	*6:40 am*	*Screamed*
	3:25 pm	*Cussed for five minutes*
	7:10 pm	*Cussed and screamed*
9/8	*6:35 am*	*Screamed*
	3:29 pm	*Cussed for 10 minutes*
	7:45 pm	*Screamed and cussed*
9/9	*6:33 am*	*Screamed*
	3:25 pm	*Cussed*
	7:05 pm	*Screamed and cussed*
9/12	*6:32 am*	*Screamed*
	3:25 pm	*Cussed for five minutes*
	6:35 pm	*Screamed*
9/13	*6:32 am*	*Screamed*
9/14	*6:32 am*	*Screamed*
	3:31 pm	*Cussed*
	6:44 pm	*Screamed and cussed*
9/15	*6:31 am*	*Screamed and Yelled*
	3:32 pm	*Cussed*
	7:45 pm	*Scream and cussed*
9/16	*6:34 am*	*Screamed*
	3:25 pm	*Cussed*
	7:20 pm	*Scream and cussed*

Scatter Plot

Name: _____Month/year:_____

Behavior Definition: _____

❑ Behavior did NOT occur ☒ Behavior DID occur ■ Behavior occurred 3x or more

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
6:00-6:30am																								
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ACTIVITY

Scatter Plot

Questions

After completing the scatter plot, refer back to Kevin's daily schedule and identify patterns about when the target behavior is most and least likely to occur. Answer the following questions with your partner:

1. *What is different about weekday mornings (when there are problem behaviors recorded) and weekend mornings (no problem behaviors recorded)?*

2. *Why are Tuesday evenings (no problem behaviors recorded) different from the rest of the weekday evenings (Mon/Wed/Thurs/Fri) when there are behaviors?*

3. *What is different about weekend activities (no problem behaviors recorded) and weekday evenings when there are problem behaviors?*

4. *Why do you think Kevin has no problem behaviors during the weekdays?*

5. *What minor changes would you make in Kevin's schedule to help his day go more smoothly and hopefully reduce some of his challenging behaviors?*

It can also be very helpful to teach someone you support to monitor his or her own behavior. By using checks, an individual can see right away how they are doing. In other words, someone could use it as a self-reminder instead of needing a staff person to tell him or her

Step 4. Identify other events including medical variables, activity, environment, people present, time of day, etc., that may be influencing behavior. Again, the A-B-C observation data, scatter plot, and worksheet can help.

Behaviors are strategies that individuals use to get their needs met. *All* behaviors mean something. When you observe behavior that is very different than usual for the person, you should look at possible medical reasons for the behavior first! You should work closely with doctors to find out if there is any medical basis or reason for the behavior. Medication side effects can also influence behaviors. As we have discussed in previous sessions on medications and health, it is very important to notice any change in behavior as a possible medical issue. Pay attention to decreases in or absence of typical behaviors.

The support team should work closely with physicians to monitor medications, possible side effects, and medical issues. Working with doctors, neurologists, psychiatrists, and other medical professionals is essential in assessing medical issues that influence behavior.

If there is a medical problem, once it is diagnosed and treated, challenging behavior issues will likely disappear. There will no longer be a need to communicate the symptoms of the illness through behavior.

Step 5. Identify the consequences that happen after the behavior that may be reinforcing (maintaining) the challenging behavior(s). Remember, the reason that "challenging" behavior exists is because it is being reinforced by something. You want to find out what individuals are "getting" or "avoiding" through their challenging behaviors and give them a more appropriate strategy or skill to use that will still allow them to get their needs met.

Finally on our A-B-C chart, let's look at things you may find about consequences that may be maintaining the challenging behavior. What is the payoff for the problem behavior? Remember, every challenging behavior is being reinforced by something!

According to the rule of reinforcement, if a behavior continues to happen on a regular basis and/or increase over time, it is being reinforced, or paid off, by something, although you may not always know what it is. You can use our A-B-C data to help figure out what is reinforcing a behavior.

- What is the behavior "saying" to us?
- What is the person "getting" or "avoiding" through the behavior?

The "**C**" section stands for **C**onsequences, or what happened after the behavior. Here is where you should record what people (staff and peers) did after the behavior and any other consequences or outcomes that came after the behavior.

When you don't find patterns in Antecedents or Consequences for a particular behavior, you probably need to observe more for additional A-B-C data. The A-B-C data sheet should be one of the first tools that you use when you observe challenging behavior. You can easily make you own A-B-C sheet on a piece of blank paper by simply dividing it into three sections: one for each of the columns. Remember, the more A-B-C data you have, the easier it is to identify patterns in the antecedents and consequences.

The following activity should help you practice identifying the consequences of a behavior. Individually, read each story and underline the consequence. When you have finished, work with the others in your group to discuss and see if everyone underlined the same actions.

ACTIVITY

Looking at What Happens After the Behavior

Directions: Read through the story and underline the possible consequences for (or what happens after) the behavior.

Story #1

Jessie, who cannot see very well, was walking to the mailbox and fell over a branch on the path. Staff ran to him and asked if everything was okay. Jessie said "yes" and returned to the house.

The next day Jessie was knocked over by a neighbor's dog and began to cry. Staff again ran out, but this time brought an ice cream bar. Jessie ate the ice cream and said, "Thank you" to the staff.

The next day, Jessie fell in the hallway and immediately began crying even though no visible sign of injury was noticed. Staff asked Jessie if everything was okay and Jessie asked for an ice cream bar and the staff brought one immediately. Jessie has been falling down and crying a lot more these past few days than in the past.

What do you think that Jessie is either "getting" or "avoiding" from her behavior?

Story #2

Each day staff spends a lot of time trying to get Chris to finish his assigned chores. His chores include making his bed each morning, setting the table for dinner, folding his laundry, and vacuuming his room. If the weather is nice, Chris is also responsible for watering the garden and filling the bird feeders.

The only chores Chris seems to do without a problem are the outdoor chores. He spends more than an hour each afternoon watering and filling the bird feeders. He does not do any of his other chores without throwing things.

Yesterday, a new morning staff told Chris that if his bed were made fast enough there would be time to water the garden in the morning before work. Chris made the bed in two minutes. In the afternoon, Chris folded the laundry without any argument after being told that the flowerbed needed special attention as soon as his regular chores are done.

Today, when Chris was asked to set the table, he threw the silverware across the kitchen.

What do you think that Chris is either "getting" or "avoiding" from his behavior?

ACTIVITY

Identifying Possible Consequences for Challenging Behaviors

Directions: In small groups, read and discuss the following stories. Underline the possible consequences (what happened after) that may be maintaining or reinforcing the challenging behavior.

Time: *2:00 p.m. Sunday*

Location: *Living Room*

Behavior: *Interrupting and refusing to discuss choices Crystal doesn't like*

Incident: *Three roommates were deciding on the weekly menu in order to plan the shopping and cooking schedules. Two of them suggested spaghetti for Tuesday. Crystal loudly said, "No way, we are having fish and chips!" One roommate quietly said, "But..." and Crystal interrupted loudly, "That is the way it is going to be!" The other two roommates both said okay softly.*

Time: *4:00 p.m.*

Location: *Van driving to store*

Behavior: *Hitting window with fist*

Incident: *Pat is in the van with staff driving to the store. The staff was talking to another person in the van. Pat began waving and gesturing at the radio. The staff ignored her. Pat began to hit the van window with her fist. The staff said, "O.K., Pat, I'll turn the radio on." Pam calmed down.*

Time: *5:30 p.m.*

Location: *Family Room*

Behavior: *Hitting others*

Incident: *Sally was playing with a hand held video game. Staff asked her to turn the game off and set the table. Sally continued to play. Staff went to Sally and asked her again to turn the game off. Sally hit the staff on the arm. Staff left Sally alone until she calmed down.*

When you record A-B-C data on one or more specific behaviors over a period of several weeks to a month, you should be able to see that some antecedents are the same or similar. By looking for patterns in the antecedent data you should be able to find out when, where, and with whom the behavior is more and less likely to happen. This also helps you to identify some behavior "triggers" that are likely to lead to a challenging behavior. Sometimes you find out that things you say or do may actually be triggers for an individual's behaviors.

Once you figure this out, you can often change what you do or say and actually see an improvement in the individual's behavior.

Remember: All behaviors are being reinforced (or rewarded) in some way. This includes challenging behavior. The Consequence section (C) of your A-B-C data may show that a individual's behavior is followed by avoiding a task or activity, getting a social interaction from someone, or getting food, drink, money, or other tangible item.

When you don't find patterns in Antecedents or Consequences for a particular behavior, you probably need to do more observations to get more A-B-C data.

The following two scenarios are for you to practice completing an A-B-C data sheet. Work in small groups and read and discuss the scenarios. Then work on completing the A-B-C data sheets for each individual. Discuss the process after you are finished with both.

ACTIVITY

A-B-C Scenario #1

Directions: After you have broken into groups, read the following observations of Annette. When you are finished, use the A-B-C data sheet that follows to describe what you read. In the Antecedent section, write down the antecedent events that happened before (that preceded) Annette's behavior. In the Behavior section, write down Annette's actual behavior (what did she say or do?). In the Consequence section, write down the consequences that happened after the behaviors occurred and what other people said or did.

Annette

Father is late for work and he is rushing Annette to her bus, which she takes to her day program. Annette says, "Nobody likes Annette." Her father stops and says, "Of course we like you; you're a good girl," and kisses Annette on the cheek as she gets on the bus.

Annette and some of her classmates go to the grocery store with a staff person. Annette has finished her shopping and approaches the staff person. She tells Annette, "Go look at some magazines until everyone else is finished shopping." Annette replies, "Everyone hates Annette. She's no good." The staff member says, "Stop it, Annette, or you'll have to go to the van." Annette continues to say negative statements about herself and the staff member ignores her.

Annette is sitting with some other students at school in the cafeteria. All the students, except for Annette, are talking with each other for several minutes. All of a sudden, Annette says, "Annette's bad." One of the students says, "It's okay, Annette, you're all right," while another student says, "Just ignore her. She's always saying stuff like that."

Questions to discuss:

1. *What are some **antecedents** you noticed? What are some **consequences** you noticed?*
2. *What are some consequences that may be maintaining her behavior?*
3. *What do you think Annette is getting or avoiding through her behavior?*
4. *Using a positive approach, what strategies would you suggest to her support team?*

A-B-C Data Sheet

ANTECEDENT ***What happened*** ***BEFORE*** ***the Behavior***	***BEHAVIOR*** ***What happened*** ***DURING*** ***the situation***	***CONSEQUENCE*** ***What happened*** ***AFTER*** ***the behavior***
Time of day, location or environment, who was around, what was happening, task or activity, etc.	*Describe the behavior.*	*What was the response from people or the environment, what did others say or do, other consequences?*

ACTIVITY

A-B-C Scenario #2

Directions: After you have broken into groups, read the following observations of Franco. When you are finished reading, use the A-B-C list on the following page to describe what you read.

- *In the Antecedent section, write down the antecedent events that happened before (that preceded) Franco's behavior.*
- *In the Behavior section, write down Franco's actual behavior (what did he say or do?).*
- *In the Consequence section, write down the consequences that happened after the behaviors occurred (what other people said or did).*

Franco

Franco is at home helping with dinner. His DSP asks him to stir the stew in the kitchen. Franco picks up the ladle and stirs three times in a circular motion and then stops. The DSP comes back in the kitchen and says again, "Franco, stir the stew." Franco whines and stirs three more circular motions before stopping. The DSP looks up and says, "Franco, I told you to keep stirring!" Franco responds by hitting himself repeatedly in the face. The DSP tells Franco to go to his room. Franco stops hitting himself and goes to his room.

Questions for your team to discuss:

1. *What are some **antecedent** patterns you noticed? What are some **consequence** patterns you noticed?*
2. *Why do you think Franco behaved in this way?*
3. *What could Franco's behaviors of whining and then hitting himself be communicating?*
4. *What are some suggestions you would make to the DSP and the support team assisting Franco? What could they do differently when attempting to encourage Franco to participate in similar tasks?*

A-B-C Data Sheet

ANTECEDENT ***What happened*** ***BEFORE*** ***the Behavior***	***BEHAVIOR*** ***What happened*** ***DURING*** ***the situation***	***CONSEQUENCE*** ***What happened*** ***AFTER*** ***the behavior***
Time of day, location or environment, who was around, what was happening, task or activity, etc.	*Describe the behavior.*	*What was the response from people or the environment, what did others say or do, other consequences?*

Review

In this session you have learned about several different ways to define and analyze challenging behavior. You have learned how to define a behavior into terms that are observable and measurable. You have learned how to use two tools to help analyze the behavior and pinpoint where and when it occurs.

We have gone through the first five steps of developing a positive behavior support plan including:

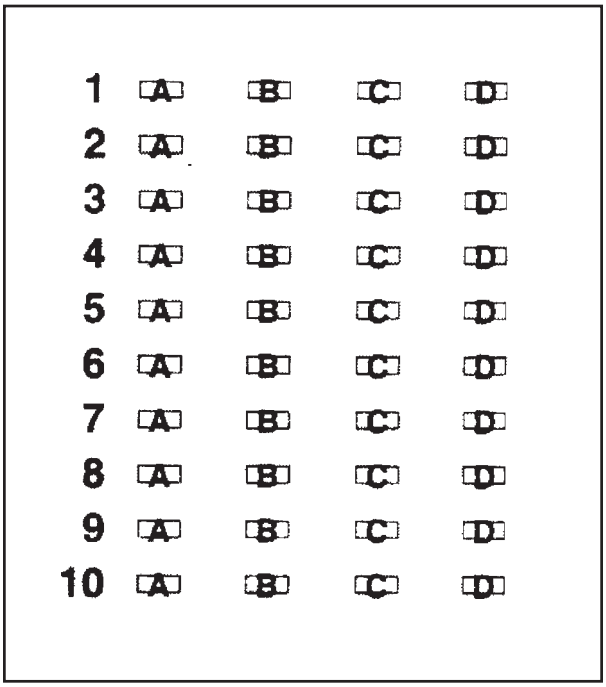
1. **Identifying "Quality of Life"** areas.
2. Identifying and **defining the challenging behavior(s)**.
3. **Identifying the antecedents** (behavioral "triggers" and other factors) that occur before the behavior.
4. **Identifying other events** including medical variables, activity, environment, people present, time of day, etc., that may be influencing behavior.
5. **Identifying the consequences** that happen after the behavior that may be reinforcing (maintaining) the challenging behavior(s).

In the next session, we will complete the next four steps in the development of the Positive Behavior Support Plan and learn how to teach replacement behaviors and activities that are useful in decreasing the challenging behavior and increasing appropriate behaviors.

PRACTICE AND SHARE

Before the next session, think about one of the individuals you support who has challenging behaviors. What type of information might you use from the tools we learned about today that will help you learn about their behavior more specifically.

Positive Behavior Supports, Part 1



1. **The more information the planning team has about the individual and the challenging behavior, the more:**
   A) Reasons they will have to support the individual to make choices.
   B) Reasons they will have to make decisions for the individual.
   C) Likely the success of the intervention strategies.
   D) Likely the team will conclude that the individual will continue with the challenging behavior no matter what.

2. **Development of a positive behavior support plan includes:**
   A) Identification of quality of life areas, defining the challenging behavior, and identification of the antecedents.
   B) Identification of an individual's regional center service coordinator.
   C) Identification of proper infection control methods.
   D) Gathering information about each team member and how each person feels about the individual's challenging behaviors.

3. **Once we understand the reason why a challenging behavior is occuring (the function of the behavior), we are better able to:**
   A) Make sure that the individual never repeats the behavior.
   B) Turn our attention to other matters, because now we understand what is going on.
   C) Identify and teach appropriate replacement skills as an alternative to the challenging behavior.
   D) Make decisions for the individual on all aspects of daily living.

4. **Analyzing the function that a behavior serves includes gathering information about the individual by:**

   A) Observing the individual.
   B) Talking with other DSPs about their observations.
   C) Talking with family members and others who know the individual.
   D) All of the above.

5. **A behavioral antecedent is something that happens before the challenging behavior occurs, and can be identified by using a:**

   A) Life Quality Assessment
   B) Medical History
   C) A-B-C data sheet
   D) Think-Pair-Share Exercise

6. **The scatter plot is a way to look at and describe target behavior based on:**

   A) The individual's quality of life and satisfaction with quality of life.
   B) The individual's likes and dislikes.
   C) When and how often the individual does the behavior.
   D) The amount of time and effort the DSP spent in filling it out.

7. **The A-B-C chart is used to identify:**

   A) Patterns in the antecedents and consequences.
   B) Recipes for making apple-baked-cobblers.
   C) The individual's abilities-behaviors-capabilities.
   D) The correct order in a line.

8. **Is "Acting out" a good description of a target behavior?**

   A) Yes
   B) No
   C) Maybe
   D) I don't know

9. **What is the "antecedent" in the following scenario?**

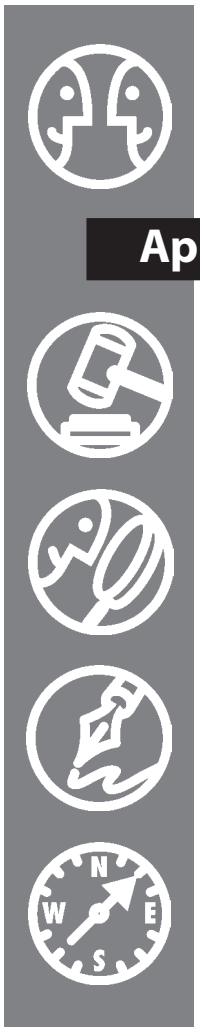
   Loretta was sitting in her room watching Jeopardy on TV. Staff came in and said, "Loretta, you need to do the dishes now." Loretta started to bite her arm and scream. Staff asked Loretta to take deep breaths until she calmed down. The antecedent is:

   A) Staff asked Loretta to take deep breaths.
   B) Staff told Loretta to do the dishes instead of continuing to watch TV.
   C) Loretta started to bite her arm and scream.
   D) Loretta was in her room watching a TV show.

10. **What is the "target behavior" in the following scenario?**

    Loretta was sitting in her room watching Jeopardy. Staff came in and said, "Loretta, you need to do the dishes now." Loretta started to bite her arm and scream. Staff asked Loretta to take deep breaths until she calmed down. The target behavior is:

    A) Staff interrupted Loretta's TV program and told her to do the dishes.
    B) Loretta started to bite her arm and scream.
    C) Staff asked Loretta to take deep breaths until she calmed down.
    D) None of the above.



Appendices

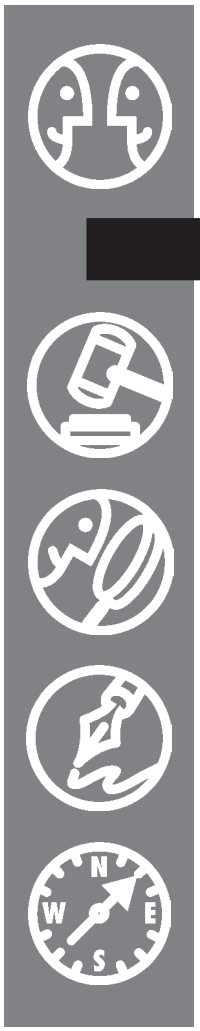
A-B-C Data Sheet

ANTECEDENT ***What happened*** ***BEFORE*** ***the Behavior***	***BEHAVIOR*** ***What happened*** ***DURING*** ***the situation***	***CONSEQUENCE*** ***What happened*** ***AFTER*** ***the behavior***
Time of day, location or environment, who was around, what was happening, task or activity, etc.	*Describe the behavior.*	*What was the response from people or the environment, what did others say or do, other consequences?*

Typical Daily Schedule

Time	*Activity*	*Support Person*

Weekend Schedule Changes:



Student Resource Guide

10. Positive Behavior Support, Part 2

Student Resource Guide: SESSION 10

Positive Behavior Support, Part 2

OUTCOMES

When you finish this session, you will be able to:

- ▶ Define meaningful reinforcement and replacement behaviors.
- ▶ Describe the DSP's role in functional analysis.
- ▶ Describe the DSP's role in implementing a behavior support plan.

KEY WORDS

Behavior Function: What the behavior means or purpose it serves for the person.

Charting Progress: Recording data on how an individual is doing on a specific task or activity.

Choice: Picking one activity, event, or thing over another.

Meaningful Reinforcement: Any item, event, or activity that follows a behavior and makes that behavior more likely to occur again in the future.

Reinforcers: Rewards given after the successful performance of a desired behavior.

Replacement Behavior: Skill or behavior to use in place of the challenging behavior, which serves the same function as the challenging behavior.

Support Plan: Plan that determines a specific course of action to take when a targeted behavior occurs. Developed by a team of people who know the individual.

Support Strategies: Ideas and approaches to assist the individual.

Opening Scenario

Mary has been working with Suzy over the last week. She has discussed her behavior with the other DSPs at the home and she has talked to Martha, the administrator. Together, with the person-centered planning team, they have completed the tasks from the last session. These include defining the behavior, quality of life concerns, A-B-C Chart, and a scatter plot. They have a lot of information about Suzy's challenging behaviors but Mary is unsure of what to do with it.

Supporting an Individual with Challenging Behaviors

In the previous session, we discussed developing a behavior support plan as a means of supporting an individual with challenging behavior. DSPs who supports an individual with challenging behavior should be included as part of the team that is analyzing the behavior and developing and implementing the plan. This is important because DSPs often have the most information and the most frequent contact with the individual. You may be asked to assist the team in several ways:

- Collect information on the daily activities of the individual (individual's daily schedule, individual profile).
- Collect information on the specifics of the challenging behaviors such as how often it occurs, under what circumstances, etc. (Scatter Plot and A-B-C Data Sheet).
- Develop suggestions for replacement behaviors and activities [Motivation Assessment Scale (MAS), **reinforcers**].
- Implement the plan.
- Collect data on how the plan is working.
- Help inform the team on the success of the strategies in the plan.

We also discussed developing a Behavior Support Plan, which involves a team effort and includes the following steps:

1. **Identify "Quality of Life"** areas that may be lacking and therefore contributing to behavior challenges.
2. Identify and **define the challenging behavior(s)** by precisely defining exactly what the person does.
3. **Identify the antecedents** (behavioral "triggers" and other factors) that are present immediately before the challenging behavior occurs).
4. **Identify other events** including medical variables, activity, environment, people present, time of day, etc., that may be influencing behavior.
5. **Identify the consequences** that happen after the behavior that may be reinforcing (maintaining) the challenging behavior.
6. **Identify "learning characteristics"** of the individual so you know how the individual learns best.
7. Use the individual learning characteristics to **teach to the individual's strengths**.
8. **Identify possible reasons for the problem behavior**. What is the individual "getting" or "avoiding" through their behavior?

9. **Identify replacement behaviors** or skills that:
    a. Allow the individual to get their needs met in a more socially appropriate way.
    b. Will "work" just as well as the challenging behavior.

We then went into greater detail about the first five steps and learned how to use an A-B-C data sheet. This process helps to identify what is happening before the challenging behavior and that may be "triggering" the behavior and/or what happens after the behavior, which may reinforce the behavior.

This session will focus on the remaining four steps and will allow for practice of these new skills.

Identifying Learning Characteristics

Step 6 • Identify "learning characteristics" of the individual so you know how the individual learns best when teaching new skills and replacement behaviors. You must match your teaching style to the individual's learning style.

Think about how you learn best. As you sit through these classes, what do you find is the best teaching style for you?

Types of learning styles:

- Auditory learner: Learns best through what is heard. Do you find that you can learn best by listening to someone tell you about something? When you ask for directions, do you like the person to tell you how to get there?
- Visual learner: Learns best through what is seen. Do you need to see things in order to learn? Do you find the overheads or note pages in your notebook help you? Do you prefer someone to draw you a map instead of telling you how to get to a new location?
- Kinesthetic-motor learner: Learns best by doing. Do you like activities to "try" out a new skill? Do you need someone to take you to a new location before you can learn how to get there?

It is common to have strengths in more than one area; for example, individuals with autism tend to be better "visual-motor" learners who learn best by both seeing and doing. You may have noticed that very few of you raised your hands when asked if you were an auditory learner. That is because most people are not auditory learners. Yet, how do you give instructions to the individuals you support? You mostly tend to give information verbally when that may not be the best way for them to learn new information.

Think back to Step 2, getting to know the individual. As you were creating his or her Profile, you identified the individual's likes and strengths. Identifying the individual's strengths should give you an idea of his or her preferred style of learning. You can also refer to the IPP for a description of the individual's learning styles.

Teaching to the Individual's Strengths

Step 7 • Use the individual learning characteristics to teach to the individual's strengths. If an individual learns best by what he or she sees, then you should maximize the use of gestures, modeling, and visual cues such as pictures and objects. If an individual learns best by actually "doing" an activity, you should promote opportunities for participation in healthy routines to help the individual acquire new skills and behaviors to replace the challenging routines and behaviors.

Supporting an Individual with Challenging Behaviors (continued)

To ensure maximum learning, match your teaching style to the person's learning style. The best teaching strategy is to use *all* learning modalities when teaching by:

- Saying.
- Showing and modeling with visual cues and gestures.
- Actually *doing*; that is, role playing and practicing the skill in the actual setting where you want the individual to display that skill or behavior.

Identifying Reasons for Problem Behavior

Step 8 • Identify possible reasons for the problem behavior. What is the individual getting or avoiding through his or her behavior? Review your assessment information and the results from a Motivation Assessment Scale (which we will look at later) to help you develop a hypothesis or "best guess" as to *why* the behavior is happening and *what* the behavior is saying. Is the behavior related to medical issues such as pain, allergies, or hunger, or is the behavior a way to get, avoid, or escape something?

Behavior Motivations

We all have basic needs. Behaviors are strategies that we use to communicate our wants, needs, and feelings and to get our needs met. What motivates us to behave in certain ways? Individuals exhibit behavior for a multitude of reasons. In this exercise you will use a tool developed by Mark Durand, which identifies four basic reasons why behaviors occur. An easy way to remember these four reasons is by remembering the word SEAT. The letters in the word SEAT stand for Sensory, Escape, Attention, and Tangible Consequences:

Sensory

These are internal reasons for a behavior such as personal enjoyment; stimulation and pleasure, or even pain; medical issues; mental illness; or neurological issues such as seizures.

Examples:

Drinking coffee, eating chocolate, bungee jumping, snow boarding, doing something nice for someone, the feeling you get when you teach someone a new skill, and so on. For individuals with developmental disabilities, these include behaviors that are often called "self stimulatory;" for example, rocking.

Escape

Some behaviors help a person to escape or avoid things they don't like such as certain activities, jobs, people, or places.

Examples:

Procrastinating (putting things off), daydreaming during this class, and so on. In extreme cases, tantruming or "acting out" are examples of escape behavior.

Attention

Sometimes individuals engage in behaviors to be noticed or to get attention from either one or more specific individuals, or from a whole group of people who are around to give attention.

Examples:

Starting a conversation, whining, pouting, interrupting, and so on.

Behavior Motivations (continued)

Tangible Consequences

Individuals use behaviors for tangible reasons to "get" something they desire such as a favorite toy, object, food, token, money, a paycheck, or a favorite activity or game.

Example:

Working at your jobs is an appropriate behavior that we use to earn a paycheck.

It is important to know that even extremely inappropriate and problem behaviors are serving a *need* for the person, and that need is *normal* and valid, even if the behavior is not. Your challenge as a DSP is to teach the individuals you support that to get their needs met they must use behaviors that are socially acceptable.

ACTIVITY

Behavior Motivations

On the blank Behavior Motivations page worksheet on the following page, write down some of the behaviors that you use to get your needs met

For example:

Sensory: *Riding a roller coaster*

Eating chocolate

Escape/avoid: *Watching TV instead of working on the taxes*

Attention: *Wearing a Hawaiian shirt in winter*

Tangible Consequences: *Shelling peanuts at the baseball game*

Other Examples:

Sensory behaviors: smoking, snowboarding, drinking coffee, doing something nice for someone, feeling good about something you do on our jobs or with friends.

Escape or avoidance behaviors: Procrastinating, things you do in waiting situations; for example, what you do in a doctor's office, or while waiting in line at a grocery store or bank.

Attention seeking behaviors: Interrupting, starting a conversation, whining, pouting, slamming things, calling someone on the phone, saying "Hi."

Behaviors to get Tangible Consequences: Working to get a paycheck, asking for something, telling people what you want, and so on.

ACTIVITY

Behavior Motivations • (Behaviors we use to get our needs met)

Directions: Please list some behaviors that you use to get your needs met in each of the following areas.

Sensory behaviors: (You engage in sensory behaviors that allow you to feel good or avoid feeling bad.)

Escape or avoidance behaviors: (What you do for escape when you don't want to listen.)

Attention seeking behaviors: (What you do when you want attention from someone.)

Behaviors to get Tangible Consequences: (What kind of tangible consequences work for you?)

Although there are hundreds of reasons why people behave the way they do, for the purpose of this exercise we will group our motivations into four general areas.

- *Is it okay for you to engage in these behaviors to get your needs met?*
- *Is it okay for the individuals you support to get their needs met in these areas?*

Behavior Motivations (continued)

There is no difference in the needs that you all have, but there is a difference in the strategies or the behaviors you use to get your needs met. Some individuals you support may use strategies that are socially inappropriate for a situation, or exhibit behavior that may not be right for the time and place.

DSPs must often teach individuals new behavioral strategies that are more socially appropriate for each situation in order to get their needs met.

It is a myth that all individuals with challenging behavior are just trying to get attention. In fact, the same behavior may be used in several different ways. Aggression can be used to get attention one time and on a different occasion to escape something a person doesn't like.

Research shows that individuals engage in challenging behavior to get attention only about 25% of the time.

The next activity is designed to help identify situations in which a person is likely to behave in certain ways.

Motivation Assessment Scale

The Motivation Assessment Scale is a questionnaire designed to identify situations in which a person is likely to behave in a certain way. From this information, more informed decisions can be made concerning the selection of appropriate rewards and support strategies.

Once you have identified the behavior to be described, read each question carefully and circle one number that best describes your observations of this behavior. You can complete this individually or as a team.

Once you have scored the assessment, a total of 10 in any area (sensory, escape, social attention, or tangible consequence) is worth considering as a possible motivator for that behavior.

*Name:*_____ *Date:*_____

Behavior Description:

_____

_____

_____

_____

Instructions:

The Motivation Assessment Scale is a questionnaire designed to identify situations in which an individual is likely to behave in certain a way. From this information, more informed decisions can be made concerning the selection of appropriate rewards and treatments. It is important that you specifically identify the behavior of interest. "Aggressive," for example, is not as good a description as "Hits others." Once you have specified the behavior to be rated, read each question carefully and circle one number that best describes your observations of this behavior. You may complete this individually, or as a team. It is often useful to compare answers and differing perspectives.

Questions	*Never*	*Almost Never*	*Seldom*	*Half the Time*	*Usually*	*Almost Always*	*Always*
1. *Would this behavior occur continuously if the individual was left alone for a long period of time; for example, an hour?*	*0*	*1*	*2*	*3*	*4*	*5*	*6*
2. *Does this behavior occur following a directive to perform a difficult task?*	*0*	*1*	*2*	*3*	*4*	*5*	*6*
3. *Does this behavior occur when you are talking to others in the room?*	*0*	*1*	*2*	*3*	*4*	*5*	*6*
4. *Does this behavior ever occur to get food or a game he or she has been told he or she can't have?*	*0*	*1*	*2*	*3*	*4*	*5*	*6*
5. *Does this behavior occur repeatedly in the same way; for example, rocking back and forth for five minutes?*	*0*	*1*	*2*	*3*	*4*	*5*	*6*

	Never	Almost Never	Seldom	Half the Time	Usually	Almost Always	Always
6. Does this behavior occur when a request is made of the individual?	0	1	2	3	4	5	6
7. Does this behavior occur whenever you stop attending to the individual?	0	1	2	3	4	5	6
8. Does this behavior occur when you take away a favorite activity or pastime?	0	1	2	3	4	5	6
9. Does it appear to you that the individual enjoys performing this behavior and would continue even if no one was around?	0	1	2	3	4	5	6
10. Does the person seem to do this behavior to upset or annoy you when you are trying to get him or her to do what you ask?	0	1	2	3	4	5	6
11. Does the person seem to do this behavior to upset or annoy you when you are not paying attention to him or her?	0	1	2	3	4	5	6
12. Does this behavior stop occurring shortly after you give the person something he or she requested?	0	1	2	3	4	5	6
13. When this is occurring, does the individual seem unaware of anything else going on around him or her?	0	1	2	3	4	5	6
14. Does this behavior stop occurring shortly after (one to five minutes) you stop working or making demands of him or her?	0	1	2	3	4	5	6
15. Does the individual seem to do this behavior to get you to spend some time with him or her?	0	1	2	3	4	5	6
16. Does this behavior seem to occur when the individual has been told that he or she can't do something he or she wanted to do?	0	1	2	3	4	5	6

1._____	2._____	3._____	4._____
5._____	6._____	7._____	8._____
9._____	10._____	11._____	12._____
13._____	14._____	15._____	16._____
(Sensory)	(Escape)	(Social Attention)	(Tangible Consequences)
_____	_____	_____	_____
Total	Total	Total	Total

Adapted from V. Mark Durand, Suffolk Child Development Center, N.Y.

How to Score the Motivation Assessment Scale (MAS)

Follow these directions to complete the MAS worksheet.

1. When finished, write down the number circled (1-6) for each question on the line with the corresponding question number.

2. After you enter all 16 scores, add up the total for each of the four columns.

3. If the total on the left is highest, that would indicate a higher behavioral motivation in the Sensory area. If the total in the second column from the left is highest, it would indicate a higher behavioral motivation in the area of Escape, and so on for the remaining two columns labeled Social Attention and Tangible Consequences.

4. Oftentimes, more than one total will come out high. Usually, any total over 10 can be significant and is worth looking at as a possible motivator.

5. If all totals come out the same, it may be that the behavioral definition being used is too broad. You may want to retry the assessment with a more specific definition. Consider completing the Motivation Assessment Scale on a volunteer. You can ask someone to describe a behavior that they use to get attention and so on. You can work through the assessment as a large group and score it as well.

Step 9: Identifying Replacement Behaviors

Identifying Replacement Behaviors

Step 9 • Identify *replacement* behaviors or skills that

- Allow the individual to get their needs met in a more socially appropriate way.
- "Work" just as well as the challenging behavior.

Replacement Behaviors

You have now identified the behavior, figured out when and where it happens, and under what circumstances it occurs most frequently. You have also looked at the individual's daily activities and overall quality of life, but what do you do now? It is now time to look at teaching an alternative to the challenging behavior—a replacement behavior.

You should focus our time on teaching a new or replacement behavior or skill instead of trying to "get rid of the challenging behaviors." When you try to get rid of problem behaviors without addressing what need that behavior is serving, the individual will usually come up with a new behavior to take its place and often the new behavior is just as bad or worse than the old one. When you teach individuals replacement skills that are more socially appropriate and that still "work" to get their needs met, the need to use the old "challenging" behavior no longer exists.

Replacement skills can include:

- Communication
- Social skills
- Assertiveness skills
- Hobbies, recreation, and leisure skills
- Coping strategies and problem solving skills
- Self-care, domestic, and community skills
- Teaching new productive routines to replace routines that are harmful
- Relaxation skills

Your goal is to focus on teaching new skills, especially skills that serve the same purpose as the challenging behavior.

When identifying replacement behaviors and skills, it is helpful to work as a team with other people who know the individual well. During this phase, it is also helpful to include the individual, when possible, in the development of the strategies. The more ideas you have the more likely it is that one will be successful. Remember, you don't want to get rid of challenging behavior without teaching something more appropriate to replace it.

You should follow these guidelines for successfully teaching replacement behaviors or the individual may go back to using the "old" behavior because it works better for them.

The replacement behavior must:

- Serve the same purpose as the challenging behavior.
- Include a "payoff"(reinforcement) as soon or sooner than the challenging behavior.
- Get as much or more "payoff" (reinforcement) than the original challenging behavior.
- Be just as easy (or easier) to do than the challenging behavior.

When reviewing the data recorded on an individuals A-B-C chart, you should go through four steps when considering possible replacement behaviors:

1 Identify possible consequences that may be reinforcing (or maintaining) the behavior.

2 Figure out what the individual is either getting or avoiding through his or her behavior.

3 Identify some replacement behaviors or skills that the individual can use in future situations to serve the same purpose.

4 Describe how you would plan to reinforce this new skill.

To provide more choice-making opportunities, consider a variety of areas including choice in schedule, activities, and menus. Also look at how to expose individuals to a variety of *new* activities, places, events, hobbies, and people so that they have a wider array of things to know and choose from.

Often, some of the things you say or do can lead to behavioral issues. These are called "triggers." Just changing some of the ways in which we support the person (by removing things that are triggers) can help the person to improve his or her behavior.

ACTIVITY

Identifying Positive Replacement Behaviors and Skills

Directions: Please work on this activity in small groups (three to five people) so that you can problem-solve together as a team. Based on the following assessment information, think of as many positive replacement behaviors and skills as you can for each situation. Be sure to list replacement behaviors that serve the same purpose as the challenging behavior!

1. *Tanya has a history of hitting and scratching her stomach. She has no verbal language. From staff and family observations and A-B-C data, you have discovered that she hits and scratches her stomach when she is experiencing menstrual pain. When she hits and scratches her stomach, staff now knows that Tanya has a prescription in her file for Advil or Motrin as needed.*

   What could you teach Tanya to do instead of hitting or scratching her stomach to indicate that she is in pain and needs medication?

2. *Leon has a habit of hitting or slapping people on the back. The A-B-C data shows that when people turn around after they are hit, Leon smiles and says, "Hi!" The Motivation Assessment Scale shows that Leon hits and slaps people for reasons of attention. Based on the data, Leon's support team believes that he hits and slaps people on the back to start a conversation.*

   What are some replacement skills you could teach Leon that would be more positive ways to start a conversation?

3. *Robert loves to talk to people and has great conversation skills. He has 11 other housemates but likes to talk to staff. The challenge is that Robert wants to talk to the staff even when they are helping others. When staff members tell Robert that they can't talk with him, Robert becomes upset and often runs away from the house and staff have to chase him. The A-B-C data shows that when Robert goes out in public places, he rarely gets upset. The Motivation Assessment Scale shows that Robert gets upset and runs away because he wants attention. The home where Robert lives takes him out in the community once each week. Based on this information, Robert's team has realized that he needs more opportunities to go out into the community and/or to talk to people.*

   What ideas can you think of that will help Robert to have more opportunities to go out into the community and/or talk with people?

Meaningful Reinforcement

Reinforcement includes any item, event, or activity that follows a behavior and makes that behavior more likely to occur again in the future.

A reinforcer is something that a person seeks to gain or get more of. This can include certain objects, foods, places, people, and activities. When developing reinforcement plans, remember that:

Different individuals have different reinforcers!

When behaviors and skills are not improving over time, it is often because the reinforcement plan is not actually reinforcing to the person. Reinforcers are *not the same for everyone*! Even common reinforcers such as praise and cookies are not enjoyable to everyone. Also remember, reinforcers have to be varied—too much of a good thing is no longer a reinforcer.

Everyone needs and enjoys plenty of opportunities to receive reinforcement. It is also important for everyone to have and do things that are enjoyable on a daily basis.

When an individual does not have a rich life full of choices and things to enjoy, his or her behaviors, attitudes, and motivation may change for the worse.

When developing reinforcement plans, **two common** mistakes are:

▶ 1. Not providing reinforcers that are meaningful to the person.

▶ 2. The criteria, or goal, for the person to earn the reinforcement is too hard. (This usually means that the individual is not earning the reinforcement often enough.)

To make reinforcement plans meaningful:

- Use reinforcers that are based on the individual's likes and preferences and vary the reinforcers.
- Set goals that allows the individual daily opportunities to earn and receive reinforcement.

ACTIVITY

What About Your Reinforcers?

1. List some reinforcers that you enjoy (include things, activities, foods, music, people, and so on):

2. List some reinforcers that you need to have everyday.

3. How would you feel if someone told you that you couldn't have those reinforcers today (from question #2)?

4. You had a "bad" day; (for example, you made a big mistake, such as saying or doing something truly inappropriate and you regret the action). What do you do? Circle the answer that best fits you.

a. You punish yourself by not doing anything you enjoy for the rest of the day?

b. You feel bad about it and go out and do something you enjoy to help you feel better (like shopping, going out to dinner, putting your favorite CD on, meeting with a friend)?

c. Something else? Please share:

One key concept in Positive Behavior Support is to teach a positive replacement behavior or skill as an alternative to a challenging behavior. Once you understand the "function" or meaning of the behavior, you can teach the person a more appropriate way to meet their needs.

Developing Support Strategies (Things we can change)

ANTECEDENT *What happened* *BEFORE* *the Behavior*	*BEHAVIOR* *What happened* *DURING* *the situation*	*CONSEQUENCE* *What happened* *AFTER* *the behavior*
• *Use teaching strategies that match the person's learning style.* • *Provide more choice in all areas of life.* • *Remove or change some of the behavior "triggers."* • *Make life more predictable for the individual.* • *Use calendars and pictures.* • *Rehearse what you will do before you do it.* • *Help the individual develop routines they enjoy.*	• *Teach new, socially acceptable behaviors and skills to replace challenging behaviors.* • *Teach a more appropriate way to get his or her needs met.* • *Work closely with physicians to monitor medications, medical issues, and possible side effects.* • *Increase and reinforce appropriate skills that the person already has!*	• *Focus on what the person is doing well, instead of what they are not doing well.* • *"Catch 'em when they're good!"* • *Have a plan to reinforce replacement skills and positive behaviors.* • *Reward and celebrate small successes! Don't demand perfection.* • *Ignore the challenging behavior, not the person.*

Developing Support Strategies

Here are more details regarding the ideas in the previous list of strategies.

Things you can change at each step of the behavior:

Antecedent:

1. **Match your teaching style to the individual's learning style** to ensure that the individual's learning is maximized. The best teaching strategy is to use *all* learning modalities when teaching:
   - Saying
   - Showing and modeling with visual cues and gestures
   - Actually *doing*; that is, role playing and practicing the skill in the actual setting where you want the person to display that skill or behavior.
2. **Provide more choice-making opportunities**; that is, consider a variety of areas including choice in schedule, activities, and menus. Also look at how to expose the individual to a variety of *new* activities, places, events, hobbies, and people so that he or she has a wider array of things to know and choose from.
3. Often, some of the things that you say or do can lead to behavioral issues. These are called "triggers." Just changing some of the ways in which you support the person (by *removing things that are triggers*) can help the individual to improve his or her behavior.
4. **Make life more predictable for the individual**. Some individuals with disabilities become upset when things they are not used to or not expecting.

Helping them to understand when things are going to happen and what they can do to prepare can help reduce the stress of the unknown.

5. **Use calendars and picture schedules**. Calendars, written notes, schedules, and information are fairly simple ways to provide visual information to individuals who need assistance understanding information. These are normal strategies that you use to help keep ourselves organized. You can also use pictures and symbols for individuals who cannot read.
6. **Rehearse what you will do *before* you do it**! Verbally rehearse what you will do, when you will be doing it, how long the activity will last, and other expectations regarding behavior. This is an excellent way to help individuals to understand what is expected from them and what they can expect from an event or activity. This helps people feel more in control of what is happening.
7. **Help individuals develop routines they enjoy**. It is extremely important to assist individuals in developing routines they are comfortable with and to respect routines that are important to them. Routines help provide individuals with structure and a sense of control in their lives.

Now let's look at some strategies that you can use when challenging behaviors happen.

Behavior:

1. Try to ***teach*** **new socially appropriate behaviors and skills** to *replace* challenging behaviors. Teach the individual a more appropriate way to get his or her needs met.
2. When individuals display challenging behaviors, you should try to teach them a new, socially appropriate behavior or skill that meets their need. You need to **identify a new behavior or skill that meets the *same* need** (serves the same function) as the challenging behavior. You did this exercise earlier and we will go over more samples of replacement behaviors and skills later in this session.
3. **Work closely with physicians to monitor medications, medical issues, and possible side effects**. The individual's challenging behavior may be the expression of a symptom of illness, pain, or discomfort.
4. It is also important to **reinforce and provide positive feedback for appropriate behavior and skills**. This will strengthen the appropriate behavior and motivate the person to do it again. Provide positive feedback and reinforcement when an individual is acting appropriately or the appropriate behaviors may stop!

Developing Support Strategies (Things we can change)

Now let's look at some strategies you can use after the behavior occurs.

Consequences.

1. **Focus on what the person is doing correctly** instead of what they are doing wrong. In general, you will find that the behavior you focus on and pay attention to is the behavior that increases over time. All too often your focus is on problem behaviors. You should try to make sure that you pay more attention to the behaviors you want to see more of (the good stuff) instead of paying more attention to the behaviors you don't want to see (the not so good stuff.)
2. Have a **plan to reinforce replacement skills and positive behaviors**. Make sure you have a plan to reinforce and provide positive feedback and some type of "pay-off" for replacement behaviors. This is especially important when an individual is just learning a new skill or replacement behavior. Provide a higher level of reinforcement at first to "pay off" the behavior when it happens. Over time, as the individual learns the skill, your plan should be to fade the reinforcement.
3. **Reward and celebrate small successes!** Don't demand perfection. Nobody is perfect. Even when behaviors are improving and individuals are making progress, there will still be mistakes and bad days. It is important to celebrate the small successes; this feels great for all of us. If you demand giant steps or perfection, you may never have anything to celebrate!
4. **Ignore the behavior*, not the person***. It is good practice to ignore challenging behavior and try to focus on the positive things the person is doing. For example, when someone is constantly asking the same question, you can redirect an inappropriate topic to one that is more relevant or appropriate. This allows a conversation to continue. Generally, if we try to completely ignore the person (instead of just the behavior), the behavior may get worse and possibly escalate into a more dangerous behavior.

Changing How You Support Individuals

Now let's look at some things you can change about how you support individuals. These strategies can become a part of a Behavior Support Plan. Let's look at some strategies you can use before the behavior happens.

- Use teaching strategies that match the individual's learning style to maximize his or her learning.
- Provide *more choices* for the individual in *all* areas of life.
- Remove or change some of the behavior "triggers."
- The best teaching strategy is to use *all* learning modalities when you teach: Teach by saying, showing, and modeling with visual cues and gestures, and by actually *doing*—role playing and practicing the skill in the actual setting where you want the person to display that skill or behavior.
- To provide more choice-making opportunities, you should look at a variety of areas, including choice, in schedules, activities, and menus.
- You also need to look at how you expose the individuals you support to a variety of *new* activities, places, events, hobbies and individuals so they have a wider array of things that they know and can choose from.

Changing How You Support Individuals

- Often, some things you say or do can lead to behavioral issues. These are called "triggers." Just changing some of the ways you support the person (by removing things that are triggers) can help assist the person to improve their behavior.

Here are some specific ways to change some of the things you do. These alternative skills can make a big difference in the life of an individual you support.

Now let's practice what you've learned by working on an exercise to identify replacement skills.

ACTIVITY

Identify Behavior Meaning and Skills to Teach as an Alternative to the Challenging Behavior

Directions: In small groups, read and discuss the following A-B-C data recorded on Jack's behavior. He has been spitting at others a lot more over the past month.

Please work together as a team to discuss and answer the questions on the next page.

Antecedent:	*Jack and his housemates finished dinner and were sitting at the dinner table.*
Behavior:	*Jack spit at a staff member.*
Consequence:	*Staff member told Jack to go to his room.*
Antecedent:	*On Saturday afternoon, staff asked Jack to get in the van to go bowling with the group.*
Behavior:	*Jack spit at the staff.*
Consequence:	*Staff told Jack he couldn't go bowling and had to stay home.*
Antecedent:	*Jack was part of a group shopping trip to the mall. The group had been shopping for 60 minutes.*
Behavior:	*Jack spit at a community member.*
Consequence:	*Jack was taken to the van.*
Antecedent:	*On Sunday at 6:00 p.m., Jack and his housemates were in the backyard having a barbeque. Jack had just finished his hamburger and meal.*
Behavior:	*Jack spit at a staff member.*
Consequence:	*Jack was sent inside to his room.*

As a team, please answer these questions:

1. *Identify possible consequences that may be reinforcing (maintaining) Jack's behavior of spitting.*
2. *Figure out what Jack is either getting or avoiding through his behavior.*
3. *Identify some replacement behaviors or skills for Jack that he can use in future situations as an alternative to spitting. (Remember: The "need" that Jack is expressing through his behavior is normal! It's the behavior he is currently using to get his need met that is inappropriate.)*
4. *Describe how you would plan to reinforce these new skills.*

Charting Progress

One of the most important reasons for collecting data is to chart progress. As a DSP, you need to know if the behaviors and skills of the individuals you support are improving over time, or if they are staying the same or getting worse. Charting progress helps you to know if your support plan is working.

You can record data on behaviors through daily Progress Notes, A-B-C data, Scatter Plots and frequency charts, Behavior Maps, and when you write Special Incident Reports. It is also helpful to speak with other people who support the individual (family members, day program/vocational representative, school and residential staff, and the individual) to get information across a variety of activities and environments and to get different perspectives about the progress being made. The best way to collect this information is to have regular team meetings with the individual or his or her family, friends, and others who provide support. Good problem solving and discussion can happen at a team meeting.

Changing Unsuccessful Support Strategies

A support plan is not written in stone. There should be regular opportunities to review what is working and to change the plan to make it more effective. To ensure continued progress, your goal is to chart progress on a regular basis and to make changes to the support plan based on collected data:

One of the most common mistakes DSPs make is that they don't change their support strategies when they aren't working!

Here are some guidelines for improving and modifying support plans to ensure success:

1. Teaching opportunities should happen regularly. You should also try to make good use of "natural" times to teach.

   Sample Scenario: At the video store, Bob, an individual you support, finds out that the video he wanted has been checked out. This provides a good opportunity for you to help him to "problem solve" and figure out how he wants to handle it. For example, ask him if he wants to choose another video or come back another day.

2. If the plan is working, data should show continual progress and improvement. *Remember to celebrate the small successes!*

3. As a rule, team meetings should be held regularly (at least monthly) to review data and to find out what is working. In some situations, you may need to meet more often to review progress.

Changing Unsuccessful Support Strategies

4. Most of the time you don't need to throw out the entire plan. You may only need to modify or adapt some of the strategies or simply add some more. As a DSP, you should make an effort to participate in these team meetings to share your experiences and to learn what is working for others.
5. Teaching strategies should be individualized based on the individual's learning style, the activity, and environment. If you are not sure how a person learns best, try to use *all* learning modalities when you teach.

   For example, *say* what you want individuals to learn, *show* them what you mean, and *do* it with them so they understand how.
6. The plan should include the gradual fading of DSP assistance over time to natural cues and consequences.
7. Reinforcement should be based on the individual's likes and preferences. If the behavior isn't improving, it could be that the reinforcement isn't meaningful to the person, or that the goal is set too high for the person to earn reinforcement.

Remember the Positive Behavior Support session in Year I, where we discussed the 10 easy ways to support a person with challenging behavior? These important suggestions help us to remember that your relationship with the individual makes all the difference. You need to respect the individual's needs and wants and honor their choices whenever possible. These steps help you look at the whole individual when thinking about a challenging behavior.

10 Easy Ways to Support an Individual with Challenging Behavior

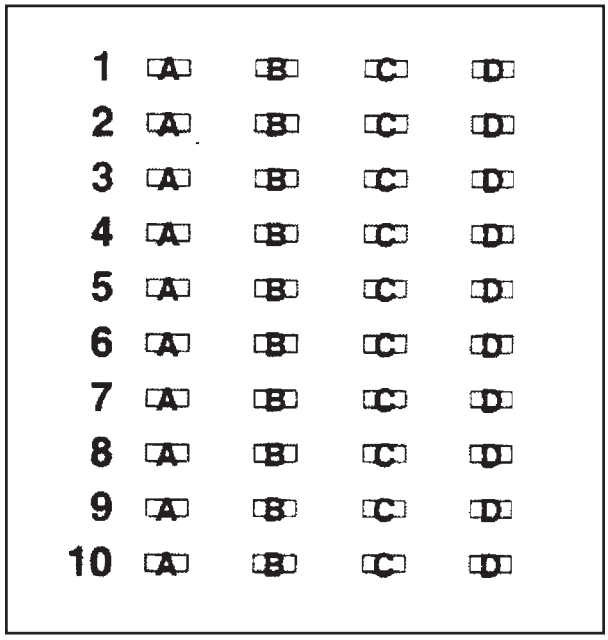
1. Get to know the person—It is helpful to get to know the person behind the behavior. Spend time with that individual in comfortable places and at times the person prefers.
2. Remember that all behavior is meaningful—Challenging behavior sends a message of needs not being met. Ask questions about the individual's life and what it takes to make that individual happy and unhappy. The behavior often has something to do with what the person is asked to do and who is doing the asking.
3. Help the person develop a support plan—Including the person with the challenging behavior in the planning process will help to improve the individual's relationships, community participation, increased choices, skill development, and contributions to others.
4. Don't assume—Labels can cause us to underestimate the individual's potential. Concentrate on the individual's strengths and on providing adequate support rather than concentrating on deficiencies associated with the individual's diagnostic label.
5. Relationships make all the difference—Many individuals depend entirely upon family or paid staff for their social relationships. Brainstorm ideas for including the person in the community and setting up a social support network.
6. Help the individual to develop a positive identity—An individual with challenging behavior is often labeled as a "problem." Build a positive identity by helping the person find a way to make a contribution. When eliminating challenging behavior be sure to focus on the individual's strengths and capabilities.
7. Give choices instead of ultimatums—If the individual uses challenging behavior to express needs, give the individual choices and allow him or her to make them throughout the day. Choice does not mean free rein. Set limits with the input of the individual.
8. Help the individual to have more fun—Fun is a powerful cure for the problem behaviors. Make fun a goal.
9. Establish a good working relationship with the individual's primary health care professionals—Many individuals exhibiting challenging behavior might not feel well. Being healthy is more than being free of disease or illness. It also means a balanced diet, good sleep habits, and other good health factors. You will be in a better position to figure out the reason or solution for the challenging behavior if you know the individual's general health, talk to those who know him or her, and have regular contact with a primary health care physician.
10. Develop a support plan for the DSPs—Create a supportive environment for everyone concerned. Caregivers need care and support too. A supportive environment also minimizes punitive practices.

Adapted from *Ten Ways to Support a Person With Challenging Behavior* by David Pitonyak, 1997, Beach Center on Disability, The University of Kansas; Lawrence, Kansas.

PRACTICE AND SHARE

Think about the individuals you support who exhibit challenging behavior. When you are at work this week try to do one new thing that promotes supporting the individual's positive behavior. This could include any of the activities or tools that have been introduced in the three sessions on Positive Behavior Support. At the next session, we will go around the room and share what you did, and how it impacted the individuals' positive behavior and overall quality of life.

Positive Behavior Supports, Part 2



1. What is the "antecedent" in the following scenario?

Carlos does not like listening to music. His roommate, Richard, likes listening to county music. On Monday afternoon, Richard turns the radio to his favorite country music station. Carlos starts yelling and waving his fists. Richard turns the radio off. The antecedent is:

A) Richard turns the radio to his favorite country music station.
B) Carlos starts yelling and waving his fists.
C) Richard turns the radio off.
D) Richard likes country music.

2. What is the "target behavior" in the following scenario?

Carlos does not like listening to music. His roommate, Richard, likes listening to county music. On Monday afternoon, Richard turns the radio to his favorite country music station. Carlos starts yelling and waving his fists. Richard turns the radio off. The target behavior is:

A) Richard turns the radio to his favorite country music station.
B) Carlos starts yelling and waving his fists.
C) Richard turns the radio off.
D) Richard likes country music.

3. What is the "consequence" in the following scenario?

Carlos does not like listening to music. His roommate, Richard, likes listening to county music. On Monday afternoon, Richard turns the radio to his favorite country music station. Carlos starts yelling and waving his fists. Richard turns the radio off. The consequence is:

A) Richard turns the radio to his favorite country music station.
B) Carlos starts yelling and waving his fists.
C) Richard turns the radio off.
D) Richard likes country music.

4. **What is the "appropriate replacement behavior" in the following scenario?**

   Carlos does not like listening to music. His roommate, Richard, likes listening to county music. On Monday afternoon, Richard turns the radio to his favorite country music station. Carlos starts yelling and waving his fists. Richard turns the radio off. The appropriate replacement behavior is:

   A) Carlos starts yelling and waving his fists.
   B) Richard starts yelling back.
   C) Carlos changes the radio station quietly.
   D) Carlos asks Richard if he will turn off the radio.

5. **Learning by doing something is an example of:**

   A) Auditory learning
   B) Visual learning
   C) Kinesthetic-motor learner
   D) Skill sequence

6. **What do drinking coffee, eating chocolate, snow boarding and doing something nice for someone all have in common?**

   A) They are all examples of sensory motivators.
   B) They are all ways to escape something.
   C) They are all ways to get attention.
   D) They are a means to control others.

7. **The Motivation Assessment Scale (MAS) is a questionnaire designed to identify situations in which a person is likely to behave in a certain way. From this information, more informed decisions can be made concerning:**

   A) The practice of safe sex.
   B) The selection of appropriate rewards and support strategies.
   C) Learning styles.
   D) Target behaviors.

8. **A replacement behavior must:**

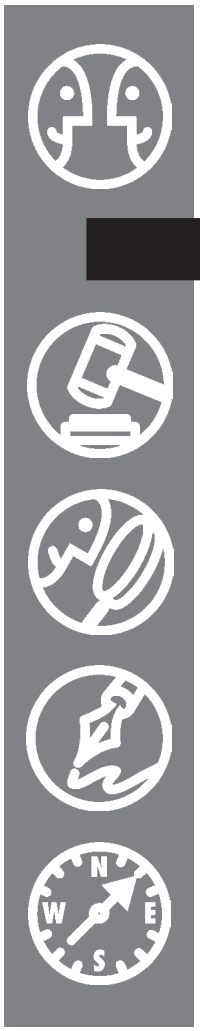
   A) Serve the same purpose as the challenging behavior.
   B) Receive "payoff" or reinforcement as soon or sooner than the challenging behavior.
   C) Get as much or more "payoff" or reinforcement than the original target behavior.
   D) All of the above.

9. **Teaching an individual a more appropriate way to get their needs met is called:**

   A) Sensory learning.
   B) Teaching a replacement behavior.
   C) Identification of A-B-Cs.
   D) Hoping for the best.

10. **To ensure continued progress, our goal is to chart progress on a regular basis and to make changes to the support plan based on collected data. One way to collect data is to:**

    A) Keep daily progress notes.
    B) Keep good financial records to track money.
    C) Make sure that monthly financial records are kept.
    D) Keep a road map.



Student Resource Guide

11. Life Quality

Student Resource Guide: SESSION 11

Life Quality

OUTCOMES

When you finish this session, you will be able to:

- Identify ways to support quality of life.
- Identify individual routines.
- Identify opportunities for individuals to develop friendships.
- Identify ways to support meaningful participation in social, recreational, educational, and vocational activities.
- Identify ways to support the inclusion of individuals in their community.

KEY WORDS

Friend: A person that you like to be with and who likes to be with you, with whom you have fun; someone who supports you and offers a sympathetic ear when you have problems that you want to talk about.

Inclusion: Being a valued full participant in the community both giving and benefiting from community life.

Individual Routines: Things that people do every day, or every week, month, and year. Everyone's routine is different, depending upon his or her needs and preferences.

Intimacy: Relationships that are very close and familiar and that may involve consensual sex.

Leisure: Free time for relaxation, fun, and recreation.

Life Quality: Characteristics of a person's life that include those things that the person feels are most important, like good friends, good health, and a safe and comfortable place to live.

Life Stages: A portion of a person's life related to age and having certain "milestones" that are common events, such as starting school in early childhood or retiring when one reaches older age.

Natural Support: Services and supports, freely available, from family members, friends, co-workers, and associations of one kind or another; for example, churches, clubs, and community service organizations.

Social Skills: The skills it takes to develop and maintain friendships such as listening to another person, communicating well, or doing thoughtful deeds.

Transition: The process of moving from one important life stage to another.

Life Quality

Throughout this training, you have learned that having choices, the best possible health, being safe, and learning new skills all contribute to having a good quality of life. As a DSP you have learned ways to provide support to individuals in many areas that will increase their **quality of life**. But there are still some very important concepts we haven't discussed yet. These are events that to some, seem to make life worth living. What are these things? They are your routines, friends, and how you have fun!

Individual Routines

The DSP needs to consider the role that individual routines play in each person's life and ensure that preferred routines are respected and supported. Most of us don't think about our daily routines, but they help us get through the day. We all have routines for each day, the week, month and year that are a part of our lives.

Our individual routines begin each morning. We all have a pattern of activities that we are used to and that are familiar to us. For example, we wake up to an alarm clock, doze for an extra 10 minutes, get out of bed, and take a shower. We all have favorite things that we do that are very important to us. Many people say that they simply have to have a cup of coffee in the morning to "get started" and would be very upset if they didn't get it. It might be a favorite activity, food, something you like to wear, someone you like to be with and so on. If you had to live without these things, it would decrease the quality of your life. The same is true for the people you support. It is your job to learn each individual's routines and support them.

In addition, everyone has "comfort" routines that help them get through life's rough spots. When you have a bad day at work, you might need to go home and lay down. Others might need to take a walk or talk with someone. Most of us are familiar with the urge to eat ice cream or have a cup of hot chocolate when we are feeling down. These are also important routines that help us feel good about ourselves and have a quality life.

ACTIVITY

Daily Routines

Write down, in as much detail as possible, everything you do from the minute you wake up in the morning until you arrive at work. Be very specific. You will be sharing this list; so don't include things that might embarrass you.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

Why Friends Are Important

Everyone needs friends that they can talk to and with whom they can spend time and have fun. Having friends makes us happy and gives us a good feeling about our place in the world. Without friends, we would feel lonely, sad, depressed, maybe angry, and would most likely be bored. Friendships have an energy that can't be otherwise created. Friends accept us as we are. Friends don't care what's in a person's IPP. They like the person "just because."

> Real Friends
> Don't come with
> "FRAGILE" stickers
> and are not easily
> scared off,
> turned off,
> or ticked off.
>
> Real Friends
> Help you out
> Whenever they can,
> Make time for you
> Even when they
> Don't have any,
> And trust your friendship
> Enough to say "No".

Many of the people in the lives of the individuals you support are paid to be there. While friendships between individuals and staff may arise and may be very meaningful friendships, the fact remains that you and others are paid to be with the individual. If the individuals you support have no one else in their life, you are that individual's family, friend, and their total source of all those things that are part of a friendship. This is a big responsibility. If individuals have other friends in their lives, they benefit and you benefit.

Most of us have a significant other in our life, be that a husband, wife, partner, parent, sister, or other relative. These are the people with whom you have the most intimate relationships. If any of these people were not in your life, it would be very different. Most of us have at least one person, and sometimes more, with whom we are this close. This is true for individuals with disabilities as well.

You have people in your life that are good friends and people you spend time with. When asked to list friends, most people without a disability list five or more people. Individuals with disabilities often list no one or only paid staff.

You also have people who are acquaintances, people you see at work, you take classes with, you go to church with. Again, when asked to list acquaintances, people without disabilities usually name 5 to 10 people, while individuals with disabilities may name no one.

Finally we have people that know you because they perform a service for you, such as a doctor, a dentist, a hairdresser, or manicurist. In this situation, the reverse is true. People without disabilities typically list 5 to 10 people, while individuals with disabilities may list 10 or more names.

Having friends is critical to everyone's quality of life. Having a balance between the number of people who are paid to be in a person's life and the number of people who are friends "just because" adds to that quality of life.

ACTIVITY

Recognizing Different Kinds of Friendships

Directions: Have the class take out their activity sheet.

Center Circle

Directions: Write the initials or first names of people in your life with whom you are closest. These names might include a husband, wife, partner, parent, sister, or other relative. These are the people you have the most intimate relationships with. If any of these people were not in your life, your entire life would be different.

Second circle

Directions: Write down the names or initials of people you call friends. These are people who would remain in your life if they moved. You would still be in touch.

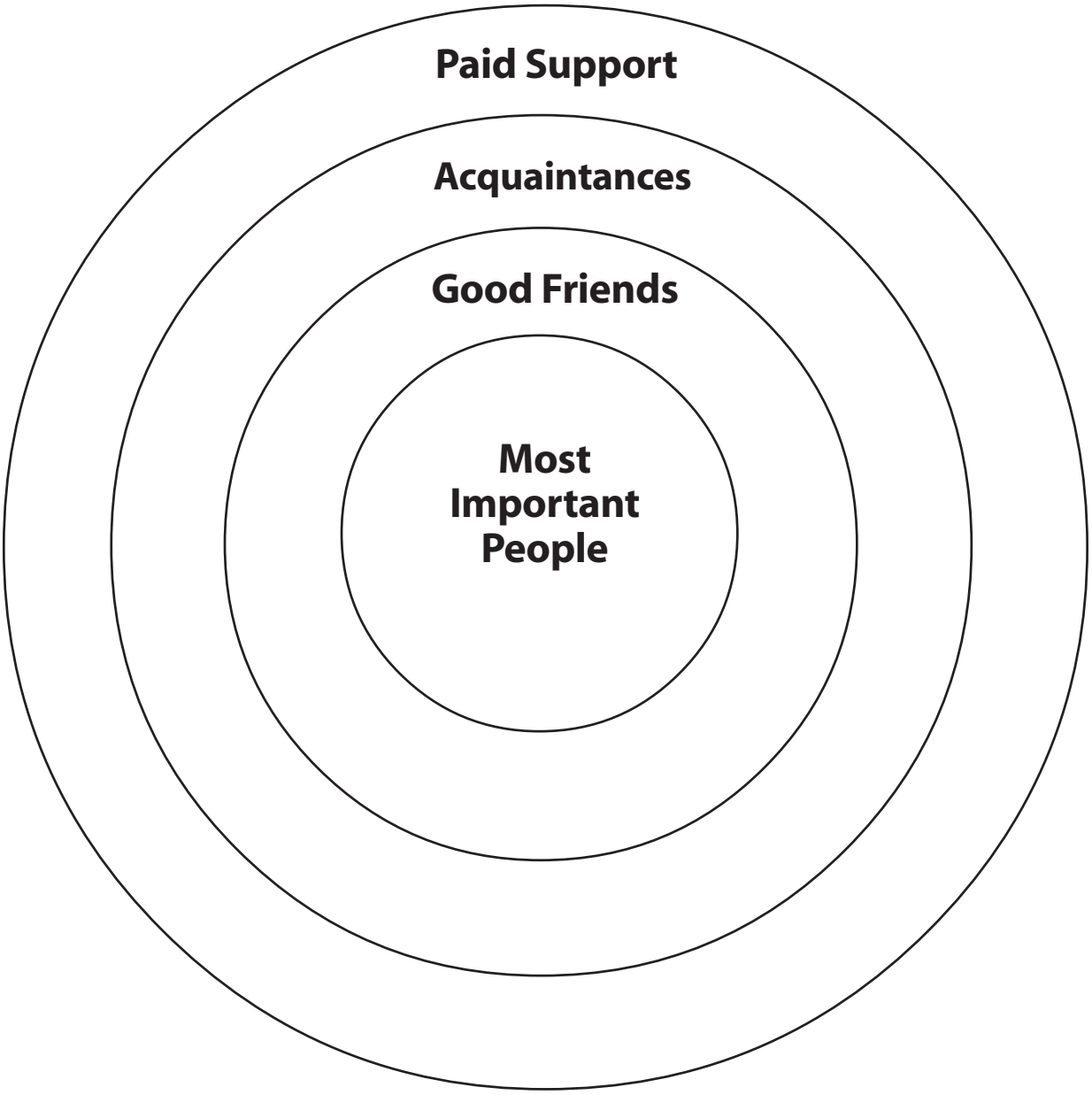
Third circle

Directions: Write the names or initials of acquaintances. That could include people you work with, people you take classes with, people on your bowling team, or people in your bicycle club. These are people you see regularly. If any of these people moved, you'd probably still send holiday cards.

Fourth circle

Directions: Write the names or initials of people who know you well, but when you get together you have to pay. That could include your doctor, a dentist, a psychologist or social worker, a manicurist, a hair stylist, or a barber.

Circle of Friends



Friendship

How to Make Friends

There is no program for starting a friendship. There are no data to maintain. But part of your job is to support individuals to make and have friends. Friendships typically grow out of shared activities and interests. This is true for all of us, whether we have a disability or not.

In order to make friends, it is critical to be a friend. Sometimes the individuals you support lack the social skills to be a friend. DSPs can support individuals in learning those skills.

Being a good friend includes:

- Being available
- Sharing of yourself
- Listening and showing interest
- Being kind and understanding
- Respecting the rights of others
- Being able to set appropriate boundaries

It is not always easy for any of us to make friends. Making friends and keeping them takes work. People often feel uncertain and fearful that others may not want to be their friend. You and other members of the individual's planning team can help by sitting down with the individual and talking to them about their strengths and the positive things they would bring to a friendship. What are their interests? Do they have a good sense of humor? Do they laugh at other people's jokes? What things do they have to share? The more severely disabled an individual is, the more challenging the task. The planning team can be particularly helpful.

Once the individual has identified an interest, the DSP can assist the individual with the important next steps. For example, the individual expresses an interest in gardening. Are there gardening clubs? Does the local Agricultural Extension Office provide classes or volunteer opportunities? Does the local nursery have "How To Garden" classes? Is there a neighbor who is an avid gardener?

Next, you can assist the individual to attend the activity. You may need to provide or arrange for transportation to the event. In addition, the individual may need support to attend the activity, especially for the first few times. You can provide encouragement, support, and assist the individual to learn social skills in this real-life situation.

Some of you might be concerned that people will make fun of the individual or take advantage of him or her, or that the individual may be rejected because of his or her unusual behavior. It is good to be aware of these concerns, but to not let them stop you from helping the individual to make friends. Many DSPs find that once the individual finds an activity that he or she can share with others, that activity becomes the basis for the friendship.

And, people don't necessarily need to be especially talented to share activities together. For example, throwing a Super Bowl party takes a television, couch and chairs, chips, dip, drinks, and people who share an interest in football! You don't have to play football to enjoy watching it. The talent is on the screen, yet there is a chance for people to talk to one another and share their interest in the game.

Friendship

Being with and playing with non-disabled children both at school and in the neighborhood is often the best way for children with disabilities to form friendships. When children are given opportunities to be with and play with non-disabled children of their own age, it opens the door to the formation of friendships that often last through childhood.

Children are remarkably willing to include a child with a disability if they are encouraged and supported to do so. Often it can help to plan special events or parties in the neighborhood or provide treats to all the kids to help them get to know each other.

People deserve to have the chance to get to know individuals regardless of the severity of their disability. This is not easy work to do. As we all know from our own lives, developing friendships does not typically happen quickly, but rather is usually the result of a lot of effort over time.

ACTIVITY

Activity: Developing Friendships.

Peter's Story

Peter lives in a home with five other men. Several of the men go to church together each Sunday. The church choir director noticed that Peter had a wonderful voice and wanted to include him in the choir. The DSP who supported Peter was very concerned about Peter being away from her and being with people who didn't know him well. He had occasional behavior outbursts that she didn't feel she could explain. The DSP talked to Peter to clarify his interest and he told her that he really wanted to sing in the choir. It was his chance to do something he enjoyed and that would make him very happy. For the first four rehearsals, the DSP took Peter to and from the church. Peter wanted her to stay until he felt more comfortable. She stayed for the first couple of rehearsals. On the night of Peter's fifth rehearsal, one of the choir members commented that she drove right near the home on her way to church. She wondered if she could pick Peter up for practice and return him home. That worked for the next five rehearsals. At the 10th rehearsal, another choir member said that many of the choir members go out for coffee after rehearsal. They wondered if Peter could join them for coffee. Now he is one of the "Choir to Coffee" bunch.

OPTIONAL ACTIVITY

Developing Friendships.

Divide into pairs. Take turns asking the questions on the tool on page S-9 and writing down the answers. You have approximately 10 minutes. Share your results with the class. A blank can also be found in Appendix 11-A.

ACTIVITY

Developing Friendships: A tool for beginning

This tool is designed to help individuals and the DSPs who support them create opportunities for individuals to make friends.

- *What are your strengths?*

- *Interests? (You may pick the most important interest and answer the rest of the questions.)*

- *Where are there people with similar interests?*

- *When do they get together?*

- *What support do you need to participate with them?*

- *Who else can help?*

- *My first step is?*

Friendship

Intimate Relationships

Friendships can and do grow into intimate relationships. Most people have very strong personal beliefs about intimacy. These beliefs originate from religious, cultural, familial, and/or other experiences. Your job as a DSP is not to change the beliefs of others to yours, but to talk to the individuals you support about their beliefs and to provide accurate information about issues related to intimacy.

Many people feel uncomfortable talking about relationships and intimacy. If so, you are encouraged to look for resources so that you can learn more and feel comfortable and confident talking with individuals about these close relationships. This is another area where the planning team should be involved to provide assistance in supporting the individual in their personal choices.

Participating in Leisure and Recreational Activities—Making Friends and Having Fun

Leisure is time free from work and other responsibilities when you can have fun and enjoy the company of friends. Leisure and recreational activities help people to relax, reduce stress, improve health and fitness, learn new skills, and have an outlet for creativity and, most importantly, fun. A good indicator of people having fun is laughter. People relax and get to know each other better when they are laughing together.

We all need time to just relax and "unwind" at home, but if this is all we do, we are missing out on many opportunities to enrich our lives in ways that make us happier and healthier. The same is true for individuals with disabilities. Part of your job is to help individuals get out into the community and participate in leisure and recreational activities that will add to the quality of their life.

A Word About Taking Risks

Risk or danger is often used as a reason to limit opportunities for participation, both at home and in the community, for individuals with disabilities. There is some risk to almost everything you do. Babies fall down. Children get into arguments. Teenagers wreck cars. People are fired from jobs. Sometimes people take the wrong bus. When supporting someone toward greater participation in the community, DSPs need to be aware of and be prepared for risks common to everyone and risks that are unique to an individual's circumstances.

As you learned in the Risk Management sessions, you can mitigate or reduce risk by discussing the potential risk with the individual, getting the help of the individual's planning team to assess the risk, and develop a plan that will ensure maximum protection and safety for the individual. Learning and growing is critical to life quality. You need to find ways to support individuals to participate in their communities and at the same time, to the maximum extent possible, ensure their personal safety.

The steps for you to follow when developing leisure and recreation opportunities for individuals are similar to those for making friends:

- Talking to the individual and identifying their strengths and interests.
- Providing information about community activities and organizations.
- Arranging for and encouraging participation in leisure and recreational activities.
- Connecting people with common interests with each other or with groups who share their interest.
- Accompanying someone to an activity when needed.
- Providing for or arranging transportation.
- Assisting and encouraging the development of natural supports.
- Mitigating risk.

ACTIVITY

My Own Leisure/Recreation Style

Directions: Fill out the Activity checklist. Then divide into pairs and share your results

I prefer activities where I am:

Alone	With a couple of friends	In a big group

When I have free time, I: (circle as many as you wish)

Watch TV	Go to the health club	Read a book
Work on a hobby	Go out to dinner	Travel
Go on a walk	Listen to music	Take a class
Make something	Hang out with friends	Camp
Take a nap	Play on a team	Go shopping
Hike	Go to a concert	Play
Think	Watch sports	Play with pets
_____ (other)	_____ (other)	_____ (other)
_____ (other)	_____ (other)	_____ (other)

Knowing the Community

In order to support people to participate in leisure and recreational activities outside the home, it is necessary for you to get to know their community. The following are a few suggestions of things to do that will help you get started:

- Identify the local newspaper and know the sections of the paper that contain information about recreation opportunities and special events.
- Locate places where people in the community often get together.
- Know about the community's transportation, including bus schedules and any special transportation like "Dial-a-Ride."
- Find out about opportunities for classes and activities through Parks and Recreation, the local Community College, and Adult Education.
- Contact people for groups such as Boy Scouts, Girl Scouts, the Boys & Girls Club, the YW/YMCAs, Special Olympics, and People First.

It is helpful to keep a calendar of activities and events so that you can talk with individuals about and plan for their participation. As we have said many times in this training, you need to know the likes and dislikes, or interests, of each individual you support to do a good job of "connecting" them with community leisure and recreational opportunities.

You will find that most people in community groups will be welcoming once they understand that the individual you support has a genuine desire to be a part of the group and that you will be available to help, if needed.

Once again, learning about an individual's strengths, knowing and appreciating them, and finding out what their interests are is the first step in deciding what activities to "connect" them to. An individual's quality of life is increased when he or she is able to participate in social, recreational, educational, and vocational activities that are meaningful to them.

Natural Support

Natural support is assistance provided by a family member, friend, co-worker, or other person involved in some way in the individual's life. We have all benefited at some time in our life from the support of another person; for example, your mom took you to school on the first day and stayed with you until you felt comfortable. Your best friend stood by you when you got a divorce. Your neighbor brought you food when you were sick.

Natural supports are experienced by all of us, but may be less so by individuals with developmental disabilities because they typically have fewer friends and acquaintances. So assisting individuals to make friends and to maintain close family ties ensures that they benefit from natural supports in the same way we all do. Maintaining natural supports often takes extra effort on your part. You should be available to answer questions, provide information or training, and offer plenty of encouragement.

A family member or friend can assist the individual to participate in leisure and recreation activities, help them make friends, help problem solve if there are barriers, and just help them to feel good and have fun. Natural supports may develop with or without a DSP's assistance, but often they require a jump start from the DSP. Although the most common natural support is the family, sometimes family isn't available. Parents may be too ill to be supportive or, in some cases, there may be no family at all.

The DSP must be sensitive to the individual's needs and preferences. Sometimes natural support is not appropriate for the person. For instance, an adult with personal care needs may prefer or need a paid staff to help with toileting instead of a friend or family member.

Individuals may need support connecting on the job. There are people whose job is to be a coach for a worker with a disability. The job coach can provide training to co-workers if necessary, and assistance in connecting within the workplace. Co-workers can contribute a great deal to the quality of an individual's work life and that they will develop relationships that extend to life after work (such as bowling leagues and parties).

ACTIVITY

A Good Match!

Divide into groups of 3-4 people and read the following five scenarios. Identify the natural supports in each scenario and underline them.

First, read the descriptions of the following five individuals and circle any natural supports. If the person has no natural support, write a suggestion for how to develop them.

***Susan** is a young woman in her mid-20s. She has many important strengths or gifts. She loves being around people and is usually happy and outgoing. She smiles often and people respond to her quickly. She works part time for a computer chip company putting together very small pieces of equipment with tweezers. She is able to understand simple directions. At work, she uses a picture book to remind her of how to do the different steps in her job. She has difficulty speaking and uses a wheelchair for long distances. She likes music and pictures in magazines. She also likes to be well-groomed and have her clothes match. Her mother is very supportive and visits Susan once a week in the home.*

***Don** is 8 and he is all boy! He likes to roughhouse with his dad and older brothers, wrestling around on the floor with them. However, he is pretty timid around strangers. Don has a hard time staying with any activity for long and he requires a 1:1 aide in school to help him stay focused on what the teacher is saying and to do the assignments. He can read a little and always chooses books or magazines about sports. He is very coordinated and can run quite fast. However, staff are concerned because Don will run away from them when they are out walking and has run into the street a few times without looking.*

***Sam** is in his early 50s. He lives in a home with five other men. Sam stays in his room a lot and refuses to go into the living room when the TV is on. Loud noises of any kind bother him. Sam enjoys soft music. He likes to spend time outdoors where it is quiet. He often will pick flowers from the yard and put them in a vase for the dining room table. Sam likes everything to be organized and in its place. Having something moved or being prevented from following his daily routine can result in Sam becoming very angry and upset. When this happens he sometimes hits himself. Sam likes to go out for coffee when there aren't many people in the coffee shop.*

***Sherril** is 17 and lives with a foster family. She has cerebral palsy and uses a motorized wheelchair to get around. She is able to move her right hand and arm well enough to use an adapted computer to communicate. She eats with a lot of assistance. She goes to a regular high school, where she has an attendant support in her classes. She intends to transfer to a junior college program when she graduates. She hopes to be able to learn to get more experience with adapted computer equipment so she can get a good job when she graduates from college. Sherril is quite shy. She feels most comfortable with just one other person or in a small group.*

***Diego** is in his mid-30s. He has a great smile. People say his smile "lights up the room!" When he really likes something, he smiles and yells in delight. When he doesn't like something, he cries and screams. He eats without assistance, but needs assistance with toileting. He likes to walk and often takes walks with the staff. He like going places in the car, especially to Dairy Queen. He goes to an adult day activity program, where he cries and screams a lot more than he smiles. He doesn't have a lot to do and he sits alone for long periods of time. On at least one occasion he got so upset that he knocked over a worktable. On the days when the "music therapist" comes by, he is always happy and smiling. He loves hitting his hand on the table in time to the music.*

A Good Match Worksheet

Directions: Draw a line between each name on the right and at least two activities that seem like a good match based on the information you just read about each individual.

1. Taking a class about getting college scholarships.

Susan

2. Taking a drumming class.

3. Fishing with one other person.

4. Joining a soccer team through the "Y."

Don

5. Learning to make ceramics.

6. Going on a "garden walk" with the garden club.

Sam

7. Joining Cub Scouts.

8. Learning to play bridge.

9. Taking a class in water painting.

Sherril

10. Going to a rock concert.

11. Joining the Computer Club.

Diego

12. Taking a class to learn to swim.

Transitions

Life Quality

Transitions from one life stage to another naturally occur throughout life. Changes related to each of these life stages are stressful for all people and may be more so for people with developmental disabilities.

Through each transition, you will be working with the individual and his or her team in developing ways to improve life quality by taking into consideration individual choice, interests, abilities, and needs.

Although the way each person moves through the stages of life is different, these stages can be defined in general terms. Some of these stages are easily defined by age (for example, infancy, childhood, adolescence), while others are defined by important events (for example, the first day of school, graduation from school, moving away from home, getting married, or having children). Individuals with and without disabilities pass from childhood to adolescence to adulthood, and finally, into older age and retirement. **You have an important role to play in providing individuals support during periods of transition**. That is, to ensure that individuals maintain and/or improve their quality of life.

An individual may require different kinds of support during different life stages. **The one thing that is common to all life stages is the individual's need for meaningful, supportive relationships, family, friends, and you the DSP**. For example, when individuals move from their family home to community care facility they are experiencing an often difficult transition. The success of this transition is dependent upon the kind of emotional support an individual is given during this time as well as careful planning for individual needs.

Infancy and Childhood

While not many infants move from their family home to a licensed community care home, it does happen. This is usually an extremely difficult and painful experience for parents. The infant may be so medically challenged that his or her parents feel unable to provide the support needed while, at the same time, meeting the needs of the rest of the family. Parents will often have conflicting feelings about turning over the responsibility of parenting to another person. This can result in considerable stress.

For DSPs who support infants, it is important to listen carefully to what parents are saying and to try to accommodate their needs as well as the needs of the infant. DSPs must be patient in developing a relationship with the parents. The infant's quality of life will be affected by how successfully you support both the infant and the parents in this transition.

The life of the toddler and preschooler with developmental disabilities often includes an array of "professional helpers," including the Regional Center Service Coordinator. Often it is difficult to distinguish who all the professionals are and the programs they represent. This frequently seems intrusive to the parent or provider caring for the young toddler or preschooler. It is sometimes easy for misunderstandings to happen if you or the parent lose sight of the fact that the child is the number one concern.

When working with children, you need to be familiar with what is happening at the child's school. Often a parent's major concern about their child during this stage is safety. You must be able to show a parent that the child is safe while he or she is experiencing the activities of children for a particular age. This works best when parents are involved in planning

and decision making. Again, the relationship with parents is important for both the parents and the child. Make sure the parent feels welcome in the home. Make sure the parents know about important events. Invite them over for special celebrations at the home. And always be available to talk to the parents and share to information about their child.

Adolescents

DSPs who support adolescents must become knowledgeable about what typical teens are doing and figure out ways to support the young people they work with in as many of those things as possible. This can be quite challenging, but it is very important to continue to encourage and support the teenager to be a participant in school and community activities.

You can find out about school clubs, meeting dates and times, and can help arrange for transportation. You may also come up with good ideas about how to support a young person in other activities such as sports, music, and art. You should also be on the lookout for ways an adolescent can make a contribution to the community. Volunteering can have many positive effects that last for years. Friendships and even job possibilities can come from volunteer experiences.

You may observe changes in the teenager or adolescent that need the support of the person-centered planning team or a professional. Identify talents and interests, and assist with making plans for transition from high school and follow-up with whatever support services may be needed to assist the teenager or adolescent through this stage of development.

Considerations for Supporting Adolescents

- Gets enough sleep eats a well-balanced diet.
- Obtains information and materials for good grooming.
- Obtains accurate information about tobacco, alcohol, and drugs.
- Knows how to swim.
- Never swims alone.
- Wears sunscreen SPF 15 or higher outdoors.
- Wears a helmet when riding a bike or motorcycle.
- Avoids loud music, especially with headsets.
- Has accurate information about sex.
- Does homework and participates in regular school activities.
- Has open line of communication with adults.

Transition to Adulthood

When a teenager is transitioning to adulthood, you should support the individual in planning for his or her next steps. Careful planning is necessary for a successful transition. You can help the individual to explore the answers to questions about his or her future such as:

- What does the person want to do?
- What are his or her interests and abilities?
- What work, learning, or training opportunities are available in the community?
- What are the family's hopes and desires for the individual?
- What services and supports are in place and what would be needed for these plans to be successful?

Transitions

Adulthood

You have a challenge and a great opportunity for supporting a person through his or her adult years. Remember, a quality life is the same for all of us and includes: having opportunities for choice; developing relationships; being a member of the community; having fun; advocating for one's rights; being treated with dignity and respect; being safe and healthy; and being satisfied with one's life in general.

You can provide invaluable support during this time of transition by talking to the person about what they want to do; helping the person to explore his or her interests or abilities by finding out about possible job or learning opportunities in the community; and supporting the individual to communicate his or her wants and needs to the planning team and family members.

Considerations for Supporting Adults

- Present choice-making opportunities.
- Provide information to make decisions.
- Advocate for rights.
- Treat with dignity and respect.
- Create opportunities for community involvement.
- Create opportunities to make friends and develop relationships.

Older Age

It may be you who notices that a person is "slowing down" or doesn't seem to go to work with the same enthusiasm. It may be you who realizes a person's hearing or eyesight is getting worse. You must be prepared to bring these issues up with the individual and the team and to help plan for and support people through retirement and older age.

Some individuals with disabilities, although certainly not all, may age prematurely. Such changes may affect a individual's vision, hearing, taste, touch, smell, physical appearance, and musculoskeletal (muscle and bone) system. The challenges of aging and retiring are common to us all—having enough money to pay for basic necessities, having a comfortable place to live, staying as physically fit and active as possible, continuing to have meaningful leisure activities, and having opportunities to have friends and be connected to the community.

Grief and Loss

The grief process is a natural and normal reaction to loss that may occur at any time in a individual's life. Individuals with developmental disabilities also experience grief and loss. This can occur during a life transition like when an individual moves from their family home to a residential facility, or when a family member or friend dies, when a favorite roommate or a DSP leaves the home, or even when a pet dies.

Because grief can be so painful and sometimes overwhelming, it can cause people to feel frightened and confused, and can result in reactions that can be alarming. Many people worry that they are acting in the "wrong way" and wonder if there is a "right" way to grieve. There is no "right" way to grieve. Many different expressions of grief are considered normal. If the individual can't talk, it may take a support person to realize that what is happening is due to grief. You can help by recognizing that the individual is experiencing grief and by helping the individual work through the grieving process by talking, seeking counseling for the individual, or helping them remember the object of grief in a unique way; for example, making a tape of favorite music of the person who died.

ACTIVITY

Loss and Action

Directions: Read the scenario and write down at least two things you could do to help support the individual experiencing grief.

Diego

Diego is a man in his late 40s. He lived with his mother until he was 35. She went into a nursing home about five years ago and he visited her once a month. However, about three months ago she died. He went to the funeral, saw her in the casket and then saw the casket being buried. He understands she has died. He is still very unhappy though, and wants to spend hours everyday talking about her. People he lives with are getting tired of this and almost no one wants to discuss it any longer. As a DSP, what could you do to support Diego?

Irene

Irene is 70 and has lived in the same group home for several years. Before that, she lived in a developmental center. For the past 25 years, her roommate has been a woman named Alice. Alice is still alive, but her medical care needs have become so difficult that she has to leave the group home. How will you support Irene to cope with the move of this friend?

John

John is 25 and has autism. He doesn't speak much and only seems to like a few peope. One of them is Paul, a quiet DSP who has supported John for the past three years. Paul is moving away and will be leaving his job in two weeks. What can you do to prepare John for Paul's move?

Sarah

Sarah is a 9-year-old little girl who has been in three small family homes over the past year due to her numerous medical and behavioral challenges. She lived with her mother until she was 8. Due to her mother's own medical problems, and the fact that she had other children as well, Sarah's mother felt that she could no longer care for Sarah at home. Sarah had gotten heavier, and thus was less mobile and more difficult to move. She is incontinent of both bowel and bladder and has frequent accidents. Due to medical complications, Sarah has frequent visits to the physician's office and has been hospitalized twice during the past year. Her behavior has become increasingly more difficult. She has not made any friends at school and does not get along well with the other children in the home. Sarah is constantly acting out by hitting other children, refusing to participate in group activities, or refusing to do homework unless an adult is right with her to supervise. What kinds of things can the DSP do to support Sarah?

A Life Scrap Book

Think about the kinds of pictures and mementos that you keep in a box or a photo album. Do you have pictures of your parents and relatives? Your own baby pictures? Pictures of significant events in your childhood? Graduation pictures? Wedding pictures? Pictures of your children? Birthdays? These pictures or mementos mark the many milestones in your life so that you can remember. These memories are important to our quality of life.

As a DSP, you can help an individual with life transitions by gathering and taking pictures and other mementos to assist each individual to develop a Life Scrap Book. Life Scrap Books are, very simply, a scrapbook that an individual might put together that can help the individual stay connected with family and help the individual stay in touch with important memories.

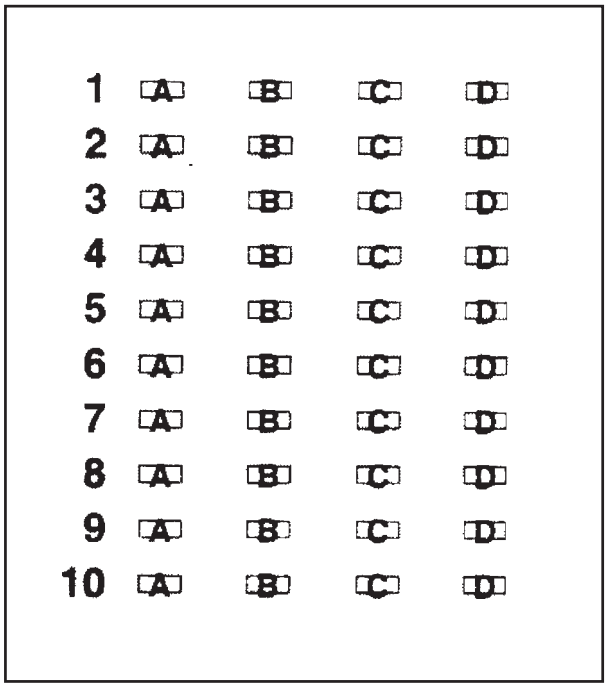
Talk to the child or adult and think about things that are important, depending upon the age and interests of the child or adult. A Life Scrap Book gives an individual the opportunity to relive their memories many times and to share them with others in a meaningful way. If an individual does not have photos or mementos, you might help them create a scrapbook by clipping pictures from books ormagazines that are similar to activities andlces that the individual lived, worked, and played.

Inclusion

Every society adopts a vision of a good world, of how things should be. Our vision grows out of a deep belief that all people are created equal. This does not mean that people are alike in their abilities, talents, or intelligence. In fact, we all know that every person is a unique individual. Our society, instead believes that the differences among us do not entitle any group of people with a more legitimate claim to the benefits of society than any other group. So, while we are certainly not all equal in our abilities, talent, or intelligence, we still insist in our vision that we are all absolutely equal in the opportunities open for us to share in society's benefits. The benefits of society assure each individual a chance to have the best quality life possible. What does this mean for individuals with disabilities? It means individuals with disabilities enjoy rights that cannot be taken away, or even given away: rights to belong as full members of the community, with rights to participate in all aspects of life, private and public, to the limits of their abilities and interests. It means also a right, even a responsibility, to contribute to the community, to give back something so that the quality of others' lives also have a chance to be the best that is possible. When all individuals, with and without disabilities, are gathered together and are fully included in this vision of how things ought to be, we will have taken a giant step toward a better life, and a better world, for everyone.

You as a DSP have a unique opportunity to make this vision a reality.

Life Quality



1. **One way the DSP can help an individual enjoy a good quality of life is by:**
   A) Making sure they work only at jobs that pay good wages.
   B) Supporting the individual in the routines of daily living that give them feelings of comfort.
   C) Encouraging them to spend lots of private time away from others in the home.
   D) Starting off the morning with a hot cup of coffee and a donut.

2. **A good example of a routine activity that the DSP should honor and respect because it makes individuals more comfortable in their daily lives is:**
   A) Setting small fires in the bedrooms of the home.
   B) Refusing to take medications when they are offered.
   C) Paying other people to be their friends.
   D) Taking a shower in the evening instead of the morning.

3. **One effective way of helping individuals become friends with other people is to:**
   A) Place an advertisement in the personal columns of the local newspaper.
   B) Offer to pay someone to be a friend of the individual.
   C) Encourage the individual to take part in activities they like outside the home.
   D) Insist that the individual to joins the choir at church.

4. **Friendships are important because when individuals have good friends:**
   A) Their health and sense of well-being often improves.
   B) The DSP's job is made easier and less stressful.
   C) Individuals feel they have more power and control in their lives.
   D) All of the above.

5. **Leisure and recreational activities are:**
   A) Good ways for individuals to learn new skills.
   B) Important because they provide opportunities for earning small amounts of extra money.
   C) Not as important to an individual's quality of life as once was thought.
   D) None of the above.

6. **One way the DSP can help an individual enjoy leisure and recreational activities is by:**
   A) Learning about the community's public transportation system.
   B) Helping them find a decent paying job in the community.
   C) Making sure the individual is away from the home during daylight hours.
   D) Having the individual get involved in the recreational activities that the DSP likes to do.

7. **The DSP can help the individual pick out social or recreational activities to try out by:**
   A) Appreciating the "gifts" and abilities of the individual rather than focusing on the individual's limitations.
   B) Making a list of the individual's limitations, so as to avoid activities that would be too difficult to do.
   C) Offering to try out the activities first, and then tell the individual about whether they are suitable.
   D) Making sure the individual takes their daily shower when they want to.

8. **Support from family members for an individual is similar to support from an unpaid friend because both are examples of:**
   A) Natural supports.
   B) Generic supports.
   C) Peer supports.
   D) Developmental supports.

9. **When assisting an individual to take advantage of opportunities to do things out in the community, the DSP should try to:**
   A) Avoid any activity that can be broken down into small steps.
   B) Eliminate all risk of harm and danger in the community.
   C) Respect and honor the individual's right to put himself or herself in danger, if that is what they really want to do.
   D) Reduce the risk of harm by breaking down the activity into small steps.

10. **An example of what is meant by a "community connector" is:**
    A) A DSP who knows about recreational opportunities in the local community.
    B) The public transportation system in the community.
    C) Members of the third ring of the circle of support.
    D) A DSP who respects and supports the individual in their important daily comfort routines.

Appendices

Appendices 11-A

Developing Friendships: A tool for beginnings

This tool is designed to help individuals and the DSPs who support them create opportunities for individuals to make friends.

- *What are your strengths?*

- *Interests? (You may pick the most important interest and answer the rest of the questions.)*

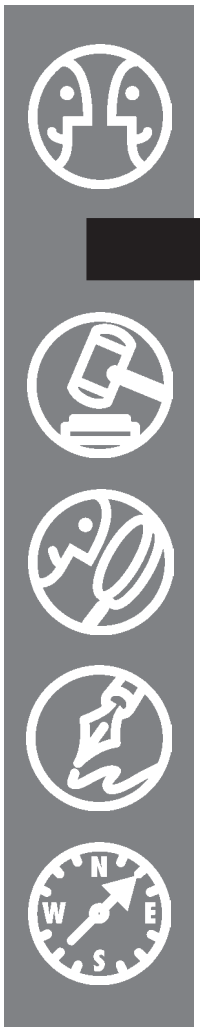
- *Where are there people with similar interests?*

- *When do they get together?*

- *What support do you need to participate with them?*

- *Who else can help?*

- *My first step is?*



Student Resource Guide

Resources

Resources

The DSP Profession

Resource	*Source or Website*
Members of Each Other: Building Community in Company with People with Developmental Disabilities *by O'Brien, J. and Connie Lyle (1996)* *Inclusion Press; ISBN 1-895418-24-0* *A collection of essays related to inclusion, exclusion, and building community. Also contains discussion about "circles", including potential problems. This is a practical and philosophical approach to these issues.*	*Publication*
City Parks & Recreation Programs *YMCA/YWCA* *Boys & Girls Clubs* *Boy Scouts/amp Fire USA* *Big Brother 7 Big Sisters* *Community Centers* *Libraries* *United Way Agency* *Easter Seal* *United Cerebral Palsy* *Community Colleges* *Senior Centers/Adult*	*Local Contact Agencies*
American Association on Mental Retardation *Oldest & largest interdisciplinary organization of professionals concerned about mental retardation & related disabilities.*	**aamr.org**
Association for Persons with Severe Handicaps *Association of people with disabilities, their family members, advocates & professionals concerned with independence for all individuals with disabilities.*	**tash.org**
Association of University Centers on Disabilities *AUCD members train and educate the next generation of leaders in disability-related research, training, service delivery, and policy advocacy.*	**aucd.org**
Best Buddies of California *Educate high school & college students, corporate and community citizens, & employers about the needs and abilities of people with intellectual disabilities.*	**bestbuddiesca.org**

The DSP profession *(continued)*

Resource	*Source or Website*
California Attorney General's Crime & Violence Prevention Center *Preventing crime and violence in California.*	**safestate.org**
California Community Care Licensing Division *Promote the health, safety, and quality of life of each person in community care.*	**http://ccld.ca.gov**
Community Services for Autistic Adults and Children *Autism links.*	**csaac./org/links**
Council for Exceptional Children *Improve educational outcomes for individuals with exceptionalities*	**cec.ped.org/main/sitedex**
Deaf Education *Educational enhancement for the field of Deaf Education.*	**deafed.net**
Department of Developmental Services *Is the agency through which the State of California provides services and supports to children & adults with developmental disabilities.*	**dds.ca.gov**
Direct Support Professional Division-AAMR *A division of AAMR to focus on current information relevant to direct support professional staff.*	**aamr.org/groups/div/sp**
Disability Resources on the Internet *(CALIFORNIA): organization that monitors, reviews, and reports on hundreds of disability-related topics.*	**disabilityresources.org/ California**
Educational Resources Information Center *Provides information on the education of individuals with disabilities as well as those who are gifted.*	**http://ericec.org**
Institute for Community Inclusion *Supports the rights of children and adults with disabilities to participate in all aspects of the community.*	**communityinclusion.org**
President's Committee on Mental Retardation *Provide a variety of links and valuable information that may assist the public in learning more about mental retardation or accessing needed support and services in one's own local community.*	**adf.dhhs.gov/programs/ pcmr**

The DSP profession *(continued)*

Resource	*Source or Website*
Protection and Advocacy, Inc *Advancing the human and legal rights of people with disabilities.*	**pai-ca.org**
Rehabilitation Research & Training Center *(Resources on Aging for Individuals with Intellectual and or Developmental Disabilities.)*	**uic.edu/orgs**
Rehabilitation Research & Training Center-University of Illinois at Chicago *Provides information on ways to support adults with developmental disabilities and their families.*	**uic.edu/orgs/rrtcamr**
S.E.E. Center *Promote understanding of principals of Signing Exact English and its use.*	**seecenter.org**
Shift Happens (book) *Offers something for people & organizations serving individuals with disabilities as well as every parent & teacher. (Produced by ARC of Delaware.)*	**shifthappens.tv**
Special Education Resources on the Internet *Is a collection of Internet accessible information resources of interest to those involved in the fields related to Special Education.*	**seriweb.com**
The Alliance for Direct Support Professionals *Committed to strengthening the quality of human service support by strengthening the direct support workforce.*	**nadsp.org**
The Caregiver Manual & Resource Guide for Southwest Florida *Purpose of this manual is to enhance your life as a caregiver/service provider.*	**fgcu.edu/dfpa/manual**
The Quality Mall *Collect and disseminate information related to or useful in promoting quality of life for persons with developmental disabilities.*	**qualitymall.org**
United Cerebral Palsy *Is the leading source of information of cerebral palsy and is a pivotal advocate for the rights of persons with any disability.*	**ucpa.org**

Information on Developmental Disabilities

Resource	*Source or Website*
Members of Each Other: Building Community in Company with People with Developmental Disabilities *by O'Brien, J. and Connie Lyle (1996)* *Inclusion Press; ISBN 1-895418-24-0* *A collection of essays related to inclusion, exclusion, and building community. Also contains discussion about "circles", including potential problems. This is a practical and philosophical approach to these issues.*	*Publication*
ADA Hot links and Document Center *language description of ADA and its content. (International Center for disability Information at West Virginia University)*	**jan.wvu.edu/links/** *Plain* **adalinks**
American Association on Mental Retardation *Oldest & largest interdisciplinary organization of professionals concerned about mental retardation & related disabilities.*	**aamr.org**
American Speech–Language Hearing Association *To ensure that all people with speech, language, and hearing disorders have access to quality services to help them communicate more effectively.*	**asha.org/public**
ARC-National *Works to include all children and adults with cognitive, intellectual, and developmental disabilities in every community.*	**thearc.org**
Association for Persons with Severe Handicaps *Association of people with disabilities, their family members, advocates & professionals concerned with independence for all individuals with disabilities.*	**tash.org**
Association of Regional Center Agencies *Advocate in promoting the continuing entitlement of individuals with developmental disabilities to all services that enable full community inclusion.*	**arcanet.org**
Association of University Centers on Disabilities *AUCD members train and educate the next generation of leaders in disability-related research, training, service delivery, and policy advocacy.*	**aucd.org**

Information on Developmental Disabilities *(continued)*

Resource	*Source or Website*
Best Buddies of California *Educate high school & college students, corporate and community citizens, & employers about the needs and abilities of people with intellectual disabilities.*	**bestbuddiesca.org**
California Attorney General's Crime & Violence Prevention Center *Preventing crime and violence in California.*	**safestate.org**
California Dept. of Aging *Working primarily with the area agencies on Aging who serve seniors, adults with disabilities, and caregivers.*	**aging.state.ca.us**
California State Independent Living Council *Philosophy of people with disabilities who work for self-determination, equal opportunities and self-respect.*	**calsilc.org**
Consumer Product Safety Commission *Works to save lives and keep families safe by reducing the risk of injuries and deaths associated with consumer products.*	**cpsc.gov**
Deaf Education *Educational enhancement for the field of Deaf Education.*	**deafed.net**
Direct Support Professional Division-AAMR *A division of AAMR to focus on current information relevant to direct support professional staff.*	**aamr.org/groups/div/sp**
Disability Resources on the Internet *(CALIFORNIA): organization that monitors, reviews, and reports on hundreds of disability-related topics.*	**disabilityresources.org/ California**
Educational Resources Information Center *Provides information on the education of individuals with disabilities as well as those who are gifted.*	**http://ericec.org**
Epilepsy Foundation *Seek to ensure that people with seizures are able to participate in all life experiences and prevent, control and cure epilepsy.*	**epilepsyfoundation.org**
Independent Living Resource Center of San Francisco *To ensure that people with disabilities are full social and economic partners, both within their families and in a fully accessible community.*	**ilfcsfl.org**

Information on Developmental Disabilities *(continued)*

Resource	*Source or Website*
Institute for Community Inclusion *Supports the rights of children and adults with disabilities to participate in all aspects of the community.*	**communityinclusion.org**
National Down Syndrome Society *The Internet's most comprehensive information source on Down Syndrome.*	**ndss.org**
National Dual Diagnosis Association *Advance mental wellness for persons with developmental disabilities through the promotion of excellence in mental health care.*	**thenadd.org**
National Rehabilitation Information Center for Independence *Comprehensive database for disability and rehabilitation resources.*	**naric.com/sitemap**
New York Access to Health: NOAH *A partnership project which provides online access to high quality full-text consumer health information.*	**noah-health.org**
Office of Special Education & Rehabilitative Services *Committed to improving results and outcomes for people with disabilities of all ages.*	**ed.gov/offices/osers**
President's Committee on Mental Retardation *Provide a variety of links and valuable information that may assist the public in learning more about mental retardation or accessing needed support and services in one's own local community.*	**adf.dhhs.gov/programs/pcmr**
Rehabilitation Research & Training Center-University of Illinois at Chicago *Provides information on ways to support adults with developmental disabilities and their families.*	**uic.edu/orgs/rrtcamr**
Safe USA *This website is being developed for the public & community groups to provide access to information & resources provided by many organizations that work to prevent injuries.*	**safeusa.org**
Shift Happens (book) *Offers something for people & organizations serving individuals with disabilities as well as every parent & teacher. (Produced by ARC of Delaware.)*	**shifthappens.tv**

Information on Developmental Disabilities *(continued)*

Resource	*Source or Website*
Special Education Resources on the Internet *Is a collection of Internet accessible information resources of interest to those involved in the fields related to Special Education.*	**seriweb.com**
Special Education Technology British Columbia *Assertive device resource directory*	**setbc.org/setinfo**
Special Olympics of California *Sports training & competition in a variety of Olympic-type sports for people eight years and older with developmental disabilities*	**sonc.org** (Northern California) **sosc.org** (Southern California)
Spine Universe *Maintaining a healthy spine through good body mechanics and accurate information.*	**spineuniverse.com**
State Council on Developmental Disabilities *Assist in planning, coordinating, monitoring & evaluating services for individuals with developmental disabilities and their families.*	**scdd.ca.gov/ resources_links**
State Office of Emergency Services (California) *Supporting special needs and vulnerable populations in disasters.*	**preparenow.org/prepare**
The Alliance for Direct Support Professionals *Committed to strengthening the quality of human service support by strengthening the direct support workforce.*	**nadsp.org**
Transition Link *Sharing ideas, strategies, resources, and information concerning the transition to life after high school for adolescents with disabilities.*	**transitionlink.com**
United Cerebral Palsy *Is the leading source of information of cerebral palsy and is a pivotal advocate for the rights of persons with any disability.*	**ucpa.org**
U.S. Fall Prevention Program for Seniors *Selected programs using home assessment and modification.*	**cdc.gov/ncipc/fall**
U.S. Fire Administration *Information you need to decide what you must do to protect your family from fire.*	**usfa.fema.gov**

Information on Developmental Disabilities *(continued)*

Resource	*Source or Website*
United States Fire Administration- (Kids fire safety web site) *Tips that can help you and your family be safe from fire.*	**usfa.fema.gov/kids**
U.S. Food & Drug Administration *Reviewing clinical research; promote public health to ensure foods are safe sanitary and properly labeled.*	**fda.gov**

The California Developmental Disabilities Service System

Resource	***Source or Website***
California Community Care Licensing Division *Promote the health, safety, and quality of life of each person in community care.*	**http://ccld.ca.gov**
Department of Developmental Services *Is the agency through which the State of California provides services and supports to children & adults with developmental disabilities.*	**dds.ca.gov**
Protection and Advocacy, Inc *Advancing the human and legal rights of people with disabilities.*	**pai-ca.org**

Risk Management

Resource	*Source or Website*
Assessing Health Risk in Developmental Disabilities by Karen Green McGowan & Jim McGowan (1995); McGowan Publications. *This book explains the rationale and use of the KMG Fragility Scale. Mcgowanconsultants.com*	Publication
Disaster Preparedness for People with Disabilities by American Red Cross Disaster Services (1996) A self-instructional manual for people with disabilities. *It contains a number of exercises and checklists and includes a number of considerations (for example, protecting one's assistance dog) not found in more generic guides.*	Publication
First Aid Fast by American Red Cross (1995); Stay Well Printer; ISBN: 0815102585. *This booklet, complete with pictures and diagrams, indicates what to do in a variety of emergency situations.*	Publication
Hazards at Home by Bill Gutman (1996); Twenty-First century Books; ISBN:0805041419. *This book deals with fall, fires and burns, poisons, firearms, swimming pools and other drowning dangers, tools and machinery, and how to help in case of an accident.*	Publication
Poison! How to Handle the Hazardous Substances in Your Home by Jim Morelli (1997); Andrews and McMeel; ISBN: 083622721. *The back cover begins: "You live in a toxic dump. There's no getting around it. If you wash dishes, do laundry, or clean the toilet, oven, or sink, chances are good that you use a poisonous material to do it." Morelli worked in a Poison Control Center, and thus has first-hand knowledge of the kinds of work involved.*	Publication
Wellness Digest, Vol. 1, No. 2 by California Department of Developmental Services *This issue is devoted to medication administration. Ed Anamizu, PharmD, served as consulting editor and was assisted by Mary Jann, R.N. both have extensive background and experience with medication usage by people with developmental disabilities.*	Publication

Risk Management *(continued)*

Resource	*Source or Website*
American Red Cross *Provides locally relevant humanitarian services that help people within the community be safer, healthier and more self-reliant.*	**redcross.org**
California Attorney General's Crime & Violence Prevention Center *Preventing crime and violence in California.*	**safestate.org**
California Community Care Licensing Division *Promote the health, safety, and quality of life of each person in community care.*	**http://ccld.ca.gov**
California Poison Control System *A toll-free 800 number is available to all areas of California by calling 1-800-876-4766 anywhere in California, you can obtain emergency information.*	**calpoison.org**
Consumer Product Safety Commission *Works to save lives and keep families safe by reducing the risk of injuries and deaths associated with consumer products.*	**cpsc.gov**
Safe USA *This website is being developed for the public & community groups to provide access to information & resources provided by many organizations that work to prevent injuries.*	**safeusa.org**
Spine Universe *Maintaining a healthy spine through good body mechanics and accurate information.*	**spineuniverse.com**
State Office of Emergency Services (California) *Supporting special needs and vulnerable populations in disasters.*	**Preparenow.org/prepare**
U.S. Fall Prevention Program for Seniors *Selected programs using home assessment and modification.*	**cdc.gov/ncipc/fall**
U.S. Fire Administration *Information you need to decide what you must do to protect your family from fire.*	**usfa.fema.gov**

Risk Management *(continued)*

Resource	*Source or Website*
United States Fire Administration- (Kids fire safety web site) *Tips that can help you and your family be safe from fire.*	**usfa.fema.gov/kid**
U.S. Food & Drug Administration *Reviewing clinical research; promote public health to ensure foods are safe, sanitary and properly labeled.*	**fda.gov**

Health/Wellness

Resource	*Source or Website*
A Parent's Guide to Medical Emergencies by Janet Zand, Rachel Walton, and Bob Roundtree (1997); Avery Publishing Group; ISBN: 0895297361. *This book provides guidance for parents in meeting the emergency needs of their children.*	Publication
Complete Guide to Prescription & Nonprescription Drugs by H. Winter Griffith 2001 (Serial) (Pedigree: November 1998), $10-$20. 2004 Edition will be released on November 4, 2003. *Psychotropic Medications in Persons with Developmental Disabilities, an overview for families and other are providers written by Dr. Bryan King, in booklet published by Frank D, Lanterman Regional Center*	Publication
Dangerous Drug Interactions: The People's Pharmacy Guide by Joe Graedon & Teresa Graedon (1999); St. Martin's Press revised edition, ISBN:0312968264 *This book summarizes much of what is known about drug interaction, not only with other medications (both prescription and Over-The–counter), but with foods, vitamins and minerals, herbs, and alcohol. One chapter on drug interaction of particular interest to women, children, and the elderly. Excellent index. Dean Edell, M.D., Medical Journalist in San Franscisco, says: "At last , someone has tackled this most complex and critical area. Only the Graedons could make this clear and understandable. A "must have" for anyone interested in their health."*	Publication
FDA Tips for Taking Medicines: How to Get the Most Benefit with the Fewest Risks by U.S. Food and drug administration (n.d.); reprint Publication No. FDA 96-3221. Write FDA, 5600 Fishers Lane, Rockville, MD 20856, Attn:HFE-88, *This reprint includes a patient check-off chart for help in taking medications at the right time. Special sections advise patients on medications while in the hospital, protection against tampering, medication counseling, and tips for giving medicine to children. Single copy free.*	Publication

Health/Wellness *(continued)*

Resource	*Source or Website*
Health and Wellness Reference Guide by Smith Consultant Group and McGowan Consultants; developed for the Commission on Compliance, State of Tennessee (July 1998). *This is a general reference for nurses and others working with direct care staff in various settings.*	Publication
Physician's Desk Reference, The PDR Family Guide to Over-The-Counter Drugs (Three Rivers Press: December 1998), $15-$25. *Most bookstores will have the PDR (Physician's Desk Reference), which is the most comprehensive source of information on prescription drugs. It is fairly expensive ($75-$100). There are a number of other excellent sources. Ask the individual's physician or pharmacist to recommend one.*	Publication
Pocket Guide to Prescription Drugs *(*Pocket Books: January 1999), $50%10.00	Publication
Poison! How to Handle the Hazardous Substances in Your Home by Jim Morelli (1997); Andrews and McMeel; ISBN: 083622721. *The back cover begins: "You live in a toxic dump. There's no getting around it. If you wash dishes, do laundry, or clean the toilet, oven, or sink, chances are good that you use a poisonous material to do it." Morelli worked in a Poison Control Center, and thus has first-hand knowledge of the kinds of work involved.*	Publication
The American Pharmaceutical Association's Guide to Prescription Drugs by Donald Sullivan, Ph.D., R.P.h (1998); A Signet Book; ISBN: 0451199438 *Written in clear, easy-to-understand language, and organized alphabetically, this book provides the most up-to-date information you need to know about the most commonly prescribed drugs.* *$5-$10.00*	Publication
The Pill Book: The Illustrated Guide to the Most–Prescribed Drugs in the United States (1998), by Silverman, Harold M., editor. Bantam books.	Publication
The Pill Book Guide to Over-The-Counter Medications (1997) by Rapp, Robert P., editor. Bantam books.	Publication

Health/Wellness *(continued)*

Resource	*Source or Website*
AARP Health and Wellness *Healthy tips on exercise, eating right, and personal care.*	**aarp.org/health**
About Smiles *Promote oral health for children and adults with special needs.*	**aboutsmiles.org/special**
American Dietetic Association *Provides nutrition information with news releases and consumer tips- Nutrition Fact Sheets and the Good Nutrition reading List.*	**eatright.org**
California Dental Association *Value oral health and expand the communities understanding of the importance of preventative and restorative and dental are services.*	**cda.org**
California Dept. of Aging *Working primarily with the area agencies on Aging who serve seniors, adults with disabilities, and caregivers.*	**aging.state.ca.us**
California Poison Control System *A toll-free 800 number is available to all areas of California by calling 1-800-876-4766 anywhere in California, you can obtain emergency information.*	**calpoison.org**
Center for Disease Control- Disability & Health *Promote the health and well being of the estimated 54 million people with disabilities living in the United States.*	**cdc.gov/ncbddd/dh**
Centers for Disease Control and Prevention *Lead federal agency for protecting the health and safety of people-providing credible information to enhance health decisions, and promoting health through strong partnerships.*	**cdc.gov** **cdc.gov/health**
Consumer Product Safety Commission *Works to save lives and keep families safe by reducing the risk of injuries and deaths associated with consumer products.*	**cpsc.gov**
Consumer Reports - Health *Personal care, food & beverages, health and fitness.*	**consumerreports.org**

Health/Wellness *(continued)*

Resource	*Source or Website*
Disability Resources on the Internet *(CALIFORNIA): organization that monitors, reviews, and reports on hundreds of disability-related topics.*	**disabilityresources.org/ California**
Epilepsy Foundation *Seek to ensure that people with seizures are able to participate in all life experiences and prevent, control and cure epilepsy.*	**epilepsyfoundation.org**
Healthy People 2010 – Leading Health Indicators *Illustrate individual behaviors, physical and social environmental factors, and important health systems issues that greatly affect the health of individuals and communities.*	**Healthypeople.gov/Ihi**
Kaiser Permanente – Healthwise Handbook *A self-care guide for you and your family.*	**Permanente.net/handbook**
Mayo Clinic – Health & Medical Information *Information on health and medical topics.*	**Mayoclinic.org/ healthinfo**
New York Access to Health: NOAH *A partnership project which provides online access to high quality full-text consumer health information.*	**noah-health.org**
Safe Medication *Database can help you find the important information you need to use medications safely and effectively.*	**safemedication.com**
Safe USA *This website is being developed for the public & community groups to provide access to information & resources provided by many organizations that work to prevent injuries.*	**safeusa.org**
Spine Universe *Maintaining a healthy spine through good body mechanics and accurate information.*	**spineuniverse.com**
Stay Well *Community Resources for California's Seniors.*	**Aging.state.ca.us/ (related links-Tip Sheets)**
UC Berkeley Wellness Letter *Variety of subjects related to food and nutrition, exercise, self-care, preventive medicine, and emotional well-being.*	**berkeleywellness.com**

Health/Wellness *(continued)*

Resource	*Source or Website*
UCSD Healthguide *Comprehensive collection of features and health news; all you need to know to keep you and your family healthy.*	**htpp://health.ucsd.edu/guide**
U.S. Food & Drug Administration *Reviewing clinical research; promote public health to ensure foods are safe, sanitary and properly labeled.*	**fda.gov**
Web MD *Valuable health information, tools for managing your health, and support to those seeking information.*	**webmd.com**

Communication

Resource	*Source or Website*
Members of Each Other: Building Community in Company with People with Developmental Disabilities by O'Brien, J. and Connie Lyle (1996) Inclusion Press; ISBN 1-895418-24-0 *A collection of essays related to inclusion, exclusion, and building community. Also contains discussion about "circles", including potential problems. This is a practical and philosophical approach to these issues.*	Publication
ADA Hot Links and Document Center *Plain language description of ADA and its content. (International Center for disability Information at West Virginia University)*	**jan.wvu.edu/links/adalinks**
American Dietetic Association *Provides nutrition information with news releases and consumer tips- Nutrition Fact Sheets and the Good Nutrition reading List.*	**eatright.org**
American Speech–Language Hearing Association *To ensure that all people with speech, language, and hearing disorders have access to quality services to help them communicate more effectively.*	**asha.org/public**
ARC-National *Works to include all children and adults with cognitive, intellectual, and developmental disabilities in every community.*	**thearc.org**
Assistive Technology, Inc. *Assistive Technology, Inc. serves the disability and special education markets by providing innovative software and hardware solutions for people with special needs and for the professionals who work with them.*	**www.assistivetech.com**
Association of University Centers on Disabilities *AUCD members train and educate the next generation of leaders in disability-related research, training, service delivery, and policy advocacy.*	**aucd.org**
Deaf Education *Educational enhancement for the field of Deaf Education.*	**deafed.net**

Communication *(continued)*

Resource	*Source or Website*
Educational Resources Information Center *Provides information on the education of individuals with disabilities as well as those who are gifted.*	**http://ericec.org**
Office of Special Education & Rehabilitative Services *Committed to improving results and outcomes for people with disabilities of all ages.*	**ed.gov/offices/osers**
President's Committee on Mental Retardation *Provide a variety of links and valuable information that may assist the public in learning more about mental retardation or accessing needed support and services in one's own local community.*	**adf.dhhs.gov/programs/pcmr**
Rehabilitation Research & Training Center- *(Resources on Aging for Individuals with Intellectual and or Developmental Disabilities.)*	**uic.edu/orgs**
Rehabilitation Research & Training Center-University of Illinois at Chicago: *Provides information on ways to support adults with developmental disabilities and their families.*	**uic.edu/orgs/rrtcamr**
RJ Copper & Associates *Software and hardware for Persons with Special Needs.*	**www.rjcooper.com**
S.E.E. Center *Promote understanding of principals of Signing Exact English and its use.*	**seecenter.org**
Special Education Resources on the Internet *Is a collection of Internet accessible information resources of interest to those involved in the fields related to Special Education.*	**seriweb.com**
Special Education Technology British Columbia *Assertive device resource directory*	**setbc.org/setinfo**
The Quality Mall *Collect and disseminate information related to or useful in promoting quality of life for persons with developmental disabilities.*	**qualitymall.org**
United Cerebral Palsy *Is the leading source of information of cerebral palsy and is a pivotal advocate for the rights of persons with any disability.*	**ucpa.org**

Positive Behavior Support

Resource	*Source or Website*
Functional Analysis of Problem Behavior: From Effective Assessment to Effective Support. by Repp, A.C. & Horner, N.N. (1999). Belmont, CA: Wadsworth Publishing	Publication
Functional Assessment and Program Development for Problem Behavior Support and Teaching Strategies by O'Neill, R., Horner, R., Albin, R., Storey., K., and Spreage, J. (1997) Pacific Grove, Brooks/Cole Publishing. (800) 345-9706	Publication
Nonaversive Intervention for Behavior Problem by Meyer, L.H., & Evans, I.M. (1989) A manual for home and Community Baltimore: Paul H. Brookes Publishers	Publication
Positive Behavioral Support by Kincaid, D., (1996) (Including People with Difficult Behavior in the Community. Baltimore, MD: Paul H. Brookes Publishers	Publication
Ten Ways to Support a Person with Challenging Behavior Fact Sheet (1999) The Beach Center on Disability The University of Kansas, Lawrence, Kansas Excerpted from: Pitonyak, D. (1997) **10 Things You Can Do to Support a Person with Difficult Behaviors.** The Community Journal, Blacksberg, VA PBS-FS-009-2000	Publication
American Association on Mental Retardation *Oldest & largest interdisciplinary organization of professionals concerned about mental retardation & related disabilities.*	**aamr.org**
American Red Cross *Provides locally relevant humanitarian services that help people within the community be safer, healthier and more self-reliant.*	**redcross.org**
ARC-National *Works to include all children and adults with cognitive, intellectual, and developmental disabilities in every community.*	**thearc.org**

Positive Behavior Support *(continued)*

Resource	*Source or Website*
Association for Persons with Severe Handicaps *Association of people with disabilities, their family members, advocates & Professionals concerned with independence for all individuals with disabilities.*	**tash.org**
Association of University Centers on Disabilities *AUCD members train and educate the next generation of leaders in disability-related research, training, service delivery, and policy advocacy.*	**aucd.org**
California Community Care Licensing Division *Promote the health, safety, and quality of life of each person in community care.*	**http://ccld.ca.gov**
California State Independent Living Council *Philosophy of people with disabilities who work for self-determination, equal opportunities and self-respect.*	**calsilc.org**
Community Services for Autistic Adults and Children *Autism links.*	**csaac./org/links**
Council for Exceptional Children *Improve educational outcomes for individuals with exceptionalities*	**cec.ped.org/main/sitedex**
Deaf Education *Educational enhancement for the field of Deaf Education.*	**deafed.net**
Department of Developmental Services *Is the agency through which the State of California provides services and supports to children & adults with developmental disabilities.*	**dds.ca.gov**
Disability Resources on the Internet *(CALIFORNIA): organization that monitors, reviews, and reports on hundreds of disability-related topics.*	**disabilityresources.org/ California**
Educational Resources Information Center *Provides information on the education of individuals with disabilities as well as those who are gifted.*	**http://ericec.org**
Epilepsy Foundation *Seek to ensure that people with seizures are able to participate in all life experiences and prevent, control and cure epilepsy.*	**epilepsyfoundation.org**

Positive Behavior Support *(continued)*

Resource	*Source or Website*
Independent Living Resource Center of San Francisco *To ensure that people with disabilities are full social and economic partners, both within their families and in a fully accessible community.*	**ilfcsfl.org**
Institute for Community Inclusion *Supports the rights of children and adults with disabilities to participate in all aspects of the community.*	**communityinclusion.org**
National Down Syndrome Society *The Internet's most comprehensive information source on Down Syndrome.*	**ndss.org**
National Dual Diagnosis Association *Advance mental wellness for persons with developmental disabilities through the promotion of excellence in mental health care.*	**thenadd.org**
National Rehabilitation Information Center for Independence *Comprehensive database for disability and rehabilitation resources.*	**naric.com/sitemap**
New York Access to Health: NOAH *A partnership project which provides online access to high quality full-text consumer health information.*	**noah-health.org**
Office of Special Education & Rehabilitative Services *Committed to improving results and outcomes for people with disabilities of all ages.*	**ed.gov/offices/osers**
President's Committee on Mental Retardation *Provide a variety of links and valuable information that may assist the public in learning more about mental retardation or accessing needed support and services in one's own local community.*	**adf.dhhs.gov/programs/pcmr**
Protection and Advocacy, Inc *Advancing the human and legal rights of people with disabilities.*	**pai-ca.org**
Rehabilitation Research & Training Center- *(Resources on Aging for Individuals with Intellectual and or Developmental Disabilities.)*	**uic.edu/orgs**

Positive Behavior Support *(continued)*

Resource	*Source or Website*
Rehabilitation Research & Training Center-University of Illinois at Chicago: *Provides information on ways to support adults with developmental disabilities and their families.*	**uic.edu/orgs/rrtcamr**
Shift Happens: (book) *Offers something for people & organizations serving individuals with disabilities as well as every parent & teacher. (Produced by ARC of Delaware.)*	**shifthappens.tv**
Special Education Resources on the Internet *Is a collection of Internet accessible information resources of interest to those involved in the fields related to Special Education.*	**seriweb.com**
Special Education Technology British Columbia *Assertive device resource directory*	**setbc.org/setinfo**
State Council on Developmental Disabilities *Assist in planning, coordinating, monitoring & evaluating services for individuals with developmental disabilities and their families.*	**scdd.ca.gov/resources links**
The Alliance for Direct Support Professionals *Committed to strengthening the quality of human service support by strengthening the direct support workforce.*	**nadsp.org**
The Caregiver Manual & Resource Guide for Southwest Florida *Purpose of this manual is to enhance your life as a caregiver/service provider.*	**fgcu.edu/dfpa/manual**
The Quality Mall *Collect and disseminate information related to or useful in promoting quality of life for persons with developmental disabilities.*	**qualitymall.org**
Transition Link *Sharing ideas, strategies, resources, and information concerning the transition to life after high school for adolescents with disabilities.*	**transitionlink.com**
United Cerebral Palsy *Is the leading source of information of cerebral palsy and is a pivotal advocate for the rights of persons with any disability.*	**ucpa.org**

Positive Behavior Support *(continued)*

Resource	*Source or Website*
Office of Special Education (OSEP), US Department of Education, Positive Behavorial Interventions and Supports. *Technical assistance website.*	**Pbis.org/English/links**
Web site of good information on PBS	**beachcenter@ku.edu**
Beach Center on Disability *The University of Kansas* *Haworth Hall, Room 3136* *1200 Sunnyside Avenue* *Lawrence, KS 66045-7534* *Phone: 785-864-7600* *Fax: 785-864-7605*	**www.beachcenter.org**
Association for Positive Behavior Support- *An organization dedicated to the advancement of positive support behavior. Resource website.*	**Bridges4kids.org**

Person-Centered Planning

Resource	*Source or Website*
American Association on Mental Retardation *Oldest & largest interdisciplinary organization of professionals concerned about mental retardation & related disabilities.*	**aamr.org**
ARC-National *Works to include all children and adults with cognitive, intellectual, and developmental disabilities in every community.*	**thearc.org**
Association for Persons with Severe Handicaps *Association of people with disabilities, their family members, advocates & professionals concerned with independence for all individuals with disabilities.*	**tash.org**
Association of University Centers on Disabilities *AUCD members train and educate the next generation of leaders in disability-related research, training, service delivery, and policy advocacy.*	**aucd.org**
California Community Care Licensing Division *Promote the health, safety, and quality of life of each person in community care.*	**http://ccld.ca.gov**
California State Independent Living Council *Philosophy of people with disabilities who work for self-determination, equal opportunities and self-respect.*	**calsilc.org**
Community Services for Autistic Adults and Children *Autism links.*	**csaac./org/links**
Council for Exceptional Children *Improve educational outcomes for individuals with exceptionalities*	**cec.ped.org/main/sitedex**
Department of Developmental Services *Is the agency through which the State of California provides services and supports to children & adults with developmental disabilities.*	**dds.ca.gov**
Disability Resources on the Internet *(CALIFORNIA): organization that monitors, reviews, and reports on hundreds of disability-related topics.*	**disabilityresources.org/ California**
Educational Resources Information Center *Provides information on the education of individuals with disabilities as well as those who are gifted.*	**http://ericec.org**

Person-Centered Planning *(continued)*

Resource	*Source or Website*
Epilepsy Foundation *Seek to ensure that people with seizures are able to participate in all life experiences and prevent, control and cure epilepsy.*	**epilepsyfoundation.org**
Independent Living Resource Center of San Francisco *To ensure that people with disabilities are full social and economic partners, both within their families and in a fully accessible community.*	**ilfcsfl.org**
Institute for Community Inclusion *Supports the rights of children and adults with disabilities to participate in all aspects of the community.*	**communityinclusion.org**
National Down Syndrome Society *The Internet's most comprehensive information source on Down Syndrome.*	**ndss.org**
National Dual Diagnosis Association *Advance mental wellness for persons with developmental disabilities through the promotion of excellence in mental health care.*	**thenadd.org**
National Rehabilitation Information Center for Independence *Comprehensive database for disability and rehabilitation resources.*	**naric.com/sitemap**
Office of Special Education & Rehabilitative Services *Committed to improving results and outcomes for people with disabilities of all ages.*	**ed.gov/offices/osers**
Protection and Advocacy, Inc *Advancing the human and legal rights of people with disabilities.*	**pai-ca.org**
President's Committee on Mental Retardation *Provide a variety of links and valuable information that may assist the public in learning more about mental retardation or accessing needed support and services in one's own local community.*	**adf.dhhs.gov/programs/pcmr**
Rehabilitation Research & Training Center- *(Resources on Aging for Individuals with Intellectual and or Developmental Disabilities.)*	**uic.edu/orgs**

Person-Centered Planning *(continued)*

Resource	*Source or Website*
Shift Happens: (book) *Offers something for people & organizations serving individuals with disabilities as well as every parent & teacher. (Produced by ARC of Delaware.)*	**shifthappens.tv**
Special Education Resources on the Internet *Is a collection of Internet accessible information resources of interest to those involved in the fields related to Special Education.*	**seriweb.com**
Special Education Technology British Columbia *Assertive device resource directory*	**setbc.org/setinfo**
State Council on Developmental Disabilities *in planning, coordinating, monitoring & evaluating services for individuals with developmental disabilities and their families.*	**scdd.ca.gov/resources_links** *Assist*
The Caregiver Manual & Resource Guide for Southwest Florida *Purpose of this manual is to enhance your life as a caregiver/service provider.*	**fgcu.edu/dfpa/manual**
The Quality Mall *Collect and disseminate information related to or useful in promoting quality of life for persons with developmental disabilities.*	**qualitymall.org**
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Instruction/Training & Development

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Association for Persons with Severe Handicaps *Association of people with disabilities, their family members, advocates & professionals concerned with independence for all individuals with disabilities.*	**tash.org**
Association of University Centers on Disabilities *AUCD members train and educate the next generation of leaders in disability-related research, training, service delivery, and policy advocacy.*	**aucd.org**
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Deaf Education *Educational enhancement for the field of Deaf Education.*	**deafed.net**
Department of Developmental Services *Is the agency through which the State of California provides services and supports to children & adults with developmental disabilities.*	**dds.ca.gov**
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Instructional/Training & Development *(continued)*

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Special Education Resources on the Internet *Is a collection of Internet accessible information resources of interest to those involved in the fields related to Special Education.*	**seriweb.com**
Special Education Technology British Columbia *Assertive device resource directory*	**setbc.org/setinfo**

Instructional/Training & Development *(continued)*

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The Alliance for Direct Support Professionals *Committed to strengthening the quality of human service support by strengthening the direct support workforce.*	**nadsp.org**
The Caregiver Manual & Resource Guide for Southwest Florida *Purpose of this manual is to enhance your life as a caregiver/service provider.*	**fgcu.edu/dfpa/manual**
The Quality Mall *Collect and disseminate information related to or useful in promoting quality of life for persons with developmental disabilities.*	**qualitymall.org**
Transition Link *Sharing ideas, strategies, resources, and information concerning the transition to life after high school for adolescents with disabilities.*	**transitionlink.com**