YEAR TWO • YEAR TWO • YEAR TWO • YEAR TWO

Student Resource Guide

Direct Support Professional Training

California Department of Education

IN PARTNERSHIP WITH THE

Department of Developmental Services

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Student Resource Guide, Year 2

Acknowledgements

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Dedication

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

Student Resource Guide, Year 2

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Student Resource Guide

Introduction

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.

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
- Maintaining the Best Possible Health
- Environmental Safety
- Oral Health
- Medication Management
- Communication
- Positive Behavior Support

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

- Making Choices
- Person-Centered Planning
- Preventative Health Care and Advocacy
- Nutrition and Exercise
- Strategies for Successful Teaching
- Risk Management in Daily Living
- Positive Behavior Supports
- Life Quality

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

DSPT Legislation

The requirement for the Community Care Facility Direct Care Staff Training (a.k.a. Direct Support Professional Training) was created by Assembly Bill (AB) 2780 enacted in 1998. AB 950, approved by the Governor in August, 2001, amends the Welfare and Institutions Code with the following:

SECTION 1. The Legislature finds and declares that in order to promote the health, safety, and well-being of persons with developmental disabilities who live in a licensed community care facility that receives regional center funding, it is necessary to devise and implement a training program, as specified in Section 4695.2, for direct care staff employed in those facilities to ensure that staff possess the knowledge, skills, and abilities to provide consistent and high quality services to meet consumer needs.

4695.2. (a) Each direct care staff person employed in a licensed community care facility that receives regional center funding shall be required to satisfactorily complete two 35-hour competency-based training courses approved, after consultation with the Community Care Facility Direct Care Training Work Group, by the department or pass a department-approved competency test for each of the 35-hour training segments. Each direct care staff person to whom this subdivision applies shall demonstrate satisfactory completion of the competency-based training by passing a competency test applicable to that training segment.

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 the DSP tools. Tools in the DSP Toolbox are:

Ethics: Makes it possible for the DSP to make decisions based on a set of beliefs that guide behavior.

Observation: Makes it possible for the DSP to use their eyes and ears to notice things that could affect an individual's health and well-being.

Communication: Makes it possible for the DSP to give and receive information in a variety of ways.

Decision Making: Makes it possible for the DSP to choose the best course of action with the information at hand.

Documentation: Makes it possible for the DSP to create a written record of important information about individuals and events.

Many situations in your work call for using several tools at the same time. For example, if an individual is sick, you might use every tool in the DSP Toolbox:

- ***Ethics*** to guide you in promoting the individual's physical well-being by ensuring they receive timely medical treatment with dignity and respect.
- ***Observation*** to identify changes that may be signs and symptoms of illness. You might *see* the individual rubbing her stomach, *feel* her skin is cold and clammy, or *hear* her moaning and saying "my stomach hurts."
- ***Communication*** to ask questions about someone's pain such as, "How long has it hurt you?" Communication also means listening and understanding an individual's response.
- ***Decision Making*** to choose how to respond to the individual's illness based on what you have observed and what has been communicated. For example, "Do I need to call the doctor or take her directly to the emergency room?"
- ***Documentation*** to record information about the illness in the individual's daily log and on an information sheet to bring to the doctor's appointment.

Ethics

***Ethics** are rules about how people think they and others should behave. People's ethics are influenced by a variety of factors including culture, education, and the law.*

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 Introduction-A.)

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.
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 and equity for the individuals I support. I will promote the rights and responsibilities of the individuals I support.
7. ***Respect:*** As a DSP, I will keep in mind the dignity of 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.

A C T I V I T Y

Making Ethical Decisions

Directions: *After watching the video, separate into small groups. Read the summary of the NADSP Code of Ethics. Discuss examples of when you have used this Code of Ethics when faced with a difficult decision.*

Observation

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

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

DSP Toolbox: Additional Information (cont.)

Communication

Communication *is understanding and being understood.*

Listen carefully to what is being communicated through words and behavior.

Repeat back what was communicated to confirm understanding.

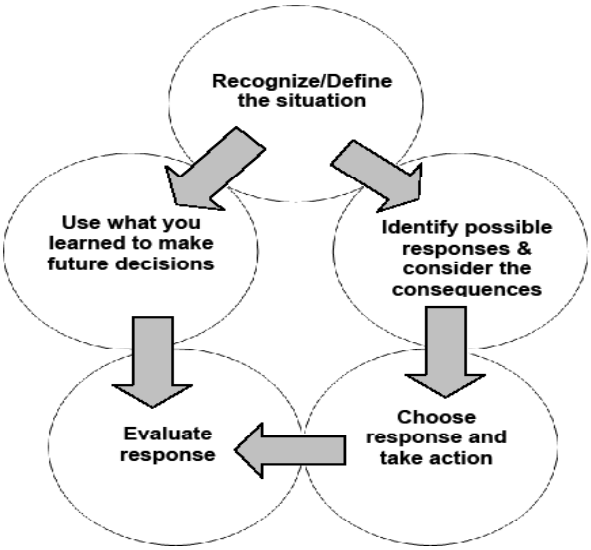
Ask questions to gain a more complete understanding.

Decision Making

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

- 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.

DECISION MAKING LOOP



Documentation

Documentation *is a written record that can be shared with other people who support indivduals, such as other DSPs and health care professionals.*

- 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 (for example, who, what, when, and where).
- Be specific when describing behaviors.
- Record what the individual actually said 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.

Let's Get Started...

The purpose of the DSP training is to build your skills to promote the health, safety, and well-being of individuals with developmental disabilities, which will lead to a better quality of life for those individuals. Session 1 addresses Making Choices.

Appendices

National Alliance of Direct Support Professionals

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.

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 activities. 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 (for example, doctors, nurses, therapists, co-workers, or 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 person'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, other professionals, and 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.

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 the 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 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, 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/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.

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

1. Making Choices

Student Resource Guide: SESSION 1

Making Choices

OUTCOMES

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

- Identify reasons why making choices is important to individuals.
- Identify reasons why offering choices to individuals is important to DSPs.
- Identify tools and 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.

KEY WORDS

Key Word	Meaning	In My Own Words
Approach Behavior	An action that shows a preference for an item or activity, such as smiling, reaching for, leaning toward, or looking at the item or activity.	
Avoidance Behavior	An action that shows an item or activity is not preferred such as frowning, or turning or pushing away from the item or activity.	
Choice	A statement of preference.	
Choice Opportunity	A chance for an individual to decide between two or more items or activities.	
Daily Routines	The way an individual chooses to do everyday activities like sleeping and waking, having meals, and bathing.	
Neutral Behavior	When an individual does not approach or avoid an item or activity.	
Preferences	Likes and dislikes. Choices that individuals make about things that are important to them.	

ACTIVITY

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about choice making?

What do you **want to know** about choice making?

To be answered at the end of the session, during review:
What **have you learned** about choice making?

Opening Scenario

Ben likes to stay up late to watch television. However, Dave, the administrator, has decided that all individuals living in the home should go to bed by 9:00 p.m. Dave says that having everybody in bed at the same time makes life easier for the staff. Each night after dinner, Ben gets in a bad mood and treats other individuals and staff disrespectfully. He resists getting ready for bed when Jeff, the DSP, asks him to do so. Instead of making life easier for the staff, the 9:00 p.m. bedtime and Ben's resulting behavior is making Jeff's life harder. Ben tells Jeff that he feels upset about the bedtime rule. It relaxes him to stay up late and watch funny television shows.

ACTIVITY

Today's Choices

Directions: *Take a couple of minutes to write down all of the choices that you made since waking up this morning.*

1. What kinds of choices - big and small - do you make each day?
2. How would you feel if you didn't have these choices?

The Importance of Making Choices

Choices are statements of preference. **Preferences** are an individual's likes and dislikes. Individuals with developmental disabilities have a right to make choices about things that are important to them, such as their home, relationships, community experiences, types of work, fun things to do, and how to be healthy and safe. 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.

Individuals with developmental disabilities say that making choices is important because it:

- Helps them to be more independent and in charge of their lives.
- Gives their lives meaning.

Choice opportunities are opportunities for an individual to decide between two or more items or activities. Providing choice opportunities to individuals is important to DSPs because it:

- Helps build cooperative, collaborative relationships between the DSP and individuals, and between individuals living in the home. Cooperation and collaboration mean a better work environment for the DSP.
- Helps them identify things that make learning new skills easier and more fun for individuals. For example, if an individual wants to learn how to ride the bus, the DSP could ask them to choose where they want to go.

Limited Opportunities to Make Choices

Most of us take choices for granted. For individuals with disabilities though, making choices cannot be taken for granted. Surveys and observations have shown that many people 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 lives.

Tools for Identifying Preferences

The Department of Developmental Services formed the Consumer Advisory Committee to give individuals a voice about how they receive services. In 2005, the committee introduced "Making My Own Choices," a book that individuals can use to tell DSPs and others what makes them happy and how they want to live their lives. Using this tool, individuals can share their preferences about:

- Their life at home
- Spending time with friends, family and staff
- What to do for fun
- Participating in the community
- Work life
- Health and safety

You can print free copies of "Making My Own Choices," and the "Picture Sticker Book" that goes with it, at the Department of Developmental Services Consumer Corner website at www.dds.ca.gov. Think about laminating the stickers and placing Velcro squares on the back and in the "My Choice" boxes. This way, one book can be used many times with different individuals.

A C T I V I T Y

Using the "Making My Own Choices" Book to Learn About Individuals' Preferences

Directions: *Pair up with a classmate. Read the "Instructions for Using this [Making My Own Choices] Book" on pages S-18 through S-21 (Appendices 2-A through 2-D). Take turns playing the role of the DSP and the individual. Talk about what the individual would like their home life to be like. Select a picture (from the ones given to you by the teacher) that is similar to the type of home the individual would like. Place that picture in the blank space on the HOME page on S-20. Ask the individual questions about their choice and fill in their answers on page S-20. When you are finished, discuss the following questions with the whole class.*

1. Is this a tool you would use with the individuals in your home? Why or why not?

2. How could you use this tool with an individual who cannot talk?

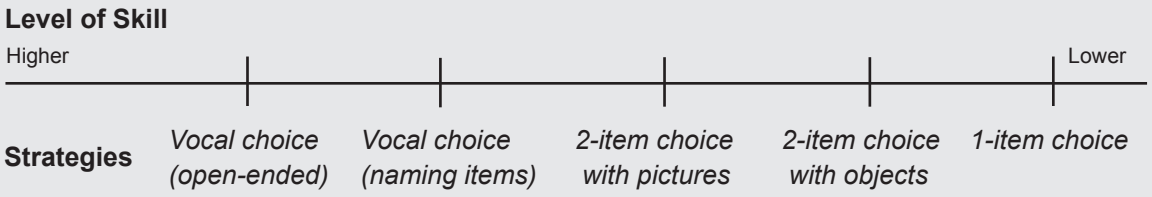
3. What are some other ways to learn about an individual's preferences?

Strategies for Offering Choices

Making choices is a skill. Many of the individuals you support may not have learned this skill yet. DSPs can teach choice making skills. To support an individual in making meaningful choices, you must provide opportunities for choice in a way that they can understand. 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; they have good communication and other skills to make a choice in this way. If an individual is not able to use such skills, you must try different ways of offering choices. The following table shows some strategies.

Figure 2.1

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



You may need to try different 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?" (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 them 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 does not work, you might show the individual a magazine and radio and ask them to point to what they want (two-item choice with objects). For individuals who are not able 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). Watch to see how the individual responds to the magazine to determine if they want the item.

When presenting two-item choices to individuals, keep in mind an individual's choice-making behaviors. 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 offer items and activities.

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 need more time to think and decide than others.

ACTIVITY

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

Directions: *Read the following scenario. Column one describes three individuals and their choice-making skills. 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 S-6 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.

Individual Choice-Making Skills	***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

When you present a one-item choice, watch the individual to see if he or she approaches or avoids the item. An **approach behavior** is an action that shows a preference for an item or activity, such as smiling, reaching for, leaning toward, or looking at an item or activity. When an individual approaches an item in this manner, you should give the item to them.

Instead of approaching an item presented, an individual might avoid the item. **Avoidance behavior** is an action that shows an item or activity is not preferred such as frowning, or turning or pushing away from the item. When an individual avoids an item, you should remove it and present something else.

Sometimes an individual may not approach or avoid an item. This is called **neutral behavior**. If an individual shows neutral behavior you should allow the individual to try 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.

Respecting Choices

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

- Making sure you are able to provide the individual with his or her choice *before* you offer the choices.
- 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.

One last thing: It is very important to respect the individual's choices even when you disagree. This can be tough. It might mean you have to work harder to provide a choice or that you may worry more about the individual's well-being. Nobody said being a DSP was easy! But respecting choices, especially when you disagree, shows the individual that you take seriously your role in supporting their quality of life as they define it.

Finding Choice Opportunities During Daily Routines

Daily routines are the ways we choose to do everyday activities like sleeping, walking, having meals, and spending leisure time. Some choices during daily routines involve *how* to do an activity, such as take a shower or a bath. Other types of choices involve *when, where*, and *with whom* to do an activity.

We make many types of choices everyday to make our days more enjoyable. The same is true for individuals. You should try to build as many choices as possible into the daily routines of the individuals you support.

A C T I V I T Y

Supporting Choices

Directions: *Read the following two examples of choices made by individuals. As a class, discuss how you would support those choices.*

Example #1:
An individual wants to go to a different church on Sundays than the rest of the group.

Example #2:
An individual wants to take a job at a nearby store. The hours are from 6:00 p.m. – 10:00 p.m., three times a week.

Supporting Major Lifestyle Choices

The choices described so far happen during an individual's daily routine. Other types of choices 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 big impact on their lives by making sure our supports and services are person-centered. As you will recall from the Year 1 training, 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 gives individuals more control over their lives. Control means choosing how one lives and choosing how one lives makes life much better for everyone. One way that DSPs can help individuals have more control over their lives is to use the information gathered from the "Making My Own Choices" book to inform the person-centered planning process.

You will learn more about person-centered planning in the next session.

SUMMARY

This session was about identifying and supporting individuals' choices. The things that you learn about individuals' preferences and choices can help during the person-centered planning process, a more formal way of learning about individual's preferences, and planning how to support them in meeting their goals. In the next session, called Person-Centered Planning, we will learn more about this process.

PRACTICE AND SHARE

Think about an individual who you support. Pick one of their daily routines (for example, their routine when they get up in the morning or go to bed). First, think about the choices that you have offered that individual during that routine before today. Then think about additional kinds of choice opportunities that could be created during that routine. Be prepared to discuss your thoughts with the class at the beginning of the next session.

Session 1 Quiz

Making Choices

1. **Individuals with intellectual/ developmental disabilities say that making choices is important because:**
   A) It is fun
   B) They do not usually get to make choices
   C) It is difficult
   D) It gives their lives meaning
2. **It is important for DSPs to provide opportunities for individuals to make choices because it:**
   A) Is required by the law
   B) Helps build a cooperative relationship between DSPs and individuals
   C) Gives DSPs more responsibilities
   D) Makes individuals behave the way they should
3. **One way to learn about what makes individuals happy is to:**
   A) Use the "Making My Own Choices" book and picture sticker book
   B) Guess what is important to them
   C) Ask the individual's parents to tell you what makes them happy
   D) Read about individuals with intellectual/developmental disabilities
4. **If an individual has good verbal skills, a good strategy for offering a choice is:**
   A) Ask them which item they want
   B) Show them one item and watch for their non-verbal response
   C) Name two items and ask them to point to the one they want
   D) Give them the item you prefer
5. **If an individual is not able to say or point to things they want, a good strategy for offering a choice is to:**
   A) Ask them what item they want
   B) Show them one item and watch for their non-verbal response
   C) Give them the item you prefer
   D) Name two items and ask them to point to the one they want
6. **When an individual is given a choice between reading a magazine or listening to music, one possible non-verbal response is for the individual to:**
   A) Ask for something else
   B) Say, "I want music"
   C) Reach for the magazine
   D) Say, "I want to read"
7. **When an individual pushes away an item, she is demonstrating:**
   A) Verbal behavior
   B) Approach behavior
   C) Neutral behavior
   D) Avoidance behavior
8. **One way to honor and respect an individual's choice is to:**
   A) Ask them to choose something else
   B) Tell them you disagree with their choice
   C) Give them a different item or activity than the chosen one
   D) Give them the chosen item or activity

Session 1 Quiz (cont.)

9. An individual choice that should be talked about during the person-centered planning process is:

A) What the DSP wants for dinner

B) Who the individual should vote for

C) What job an individual wants to have

D) Where the individual's roommate wants to live

10. One way for a DSP to help with an individual's person-centered planning process is to:

A) Talk to other DSPs about the individual's needs

B) Share knowledge of an individual's preferences from using the "Making My Own Choices" book

C) Share what you think the individual's goals should be

D) Not be a part of the planning process

Appendices

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.

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 1-A NADSP Code of Ethics (cont.)

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 pro actively 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/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 1-A NADSP Code of Ethics (cont.)

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.

Appendix 2-A "Making My Own Choices" Instructions

INSTRUCTIONS FOR USING THIS BOOK

This booklet has been developed to help people identify things that are important to them in their life such as-their home, relationships, community experiences, types of work, fun things to do and how to be healthy and safe.

1. **Show these sections of the book to the person:**
   - Home,
   - Friends, Family and Staff,
   - Fun,
   - Community,
   - Work,
   - Health and Safety

2. **First Section: Home**- Talk about what the person would like their home to be like, e.g. what kind of house (apartment, house, group home, in a city, etc.) and the qualities (having their own room, a garden, etc).

3. **Sticker Book** Look through the Picture Sticker Book for the color coded **HOME** section and find a picture that is similar to the type of home the person is interested in living in and/or the qualities of a home that are important to them. Place the sticker on the **HOME** page in the blank space.

Note: If there isn't a sticker that matches the person's interest you can:

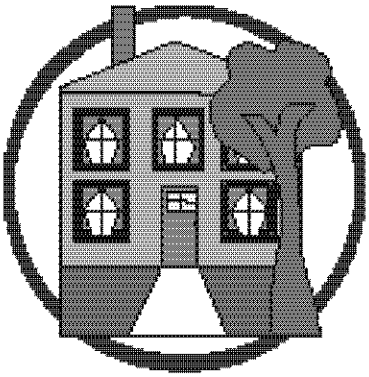
1. Draw a picture in the empty "My Choice" box
2. Look for a picture (e.g. from magazines and/or photos)
3. Take a photograph, and if possible, with the person in it.

4. **Ask Questions:** Use the completed sample as a guide. Ask questions about their choice using What, Who, When, Where, and How. Fill in their responses. Not all of the questions will fit every picture.

5. **Notes:** Use this section on the page to write down important notes about what will need to happen or additional information that is needed. This is an important part to ensure the person's choices will be taken seriously. The next section will include how the person can participate in the process.

Complete the same steps for as many sections as the person is interested in. Work with the person to follow up on their ideas and plan, or help the person take the booklet to their planning meeting to ensure their choices become reality.

Appendix 2-B "Making My Own Choices" - Section



HOME

DESCRIPTION

PLACE STICKER HERE

What _____

Who _____

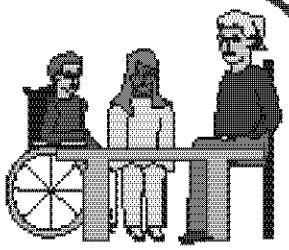
When _____

Where _____

How _____

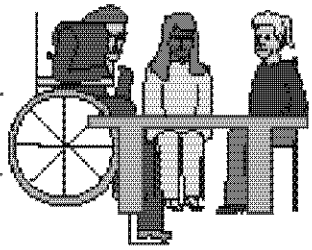
NOTES:

HELPER: _____

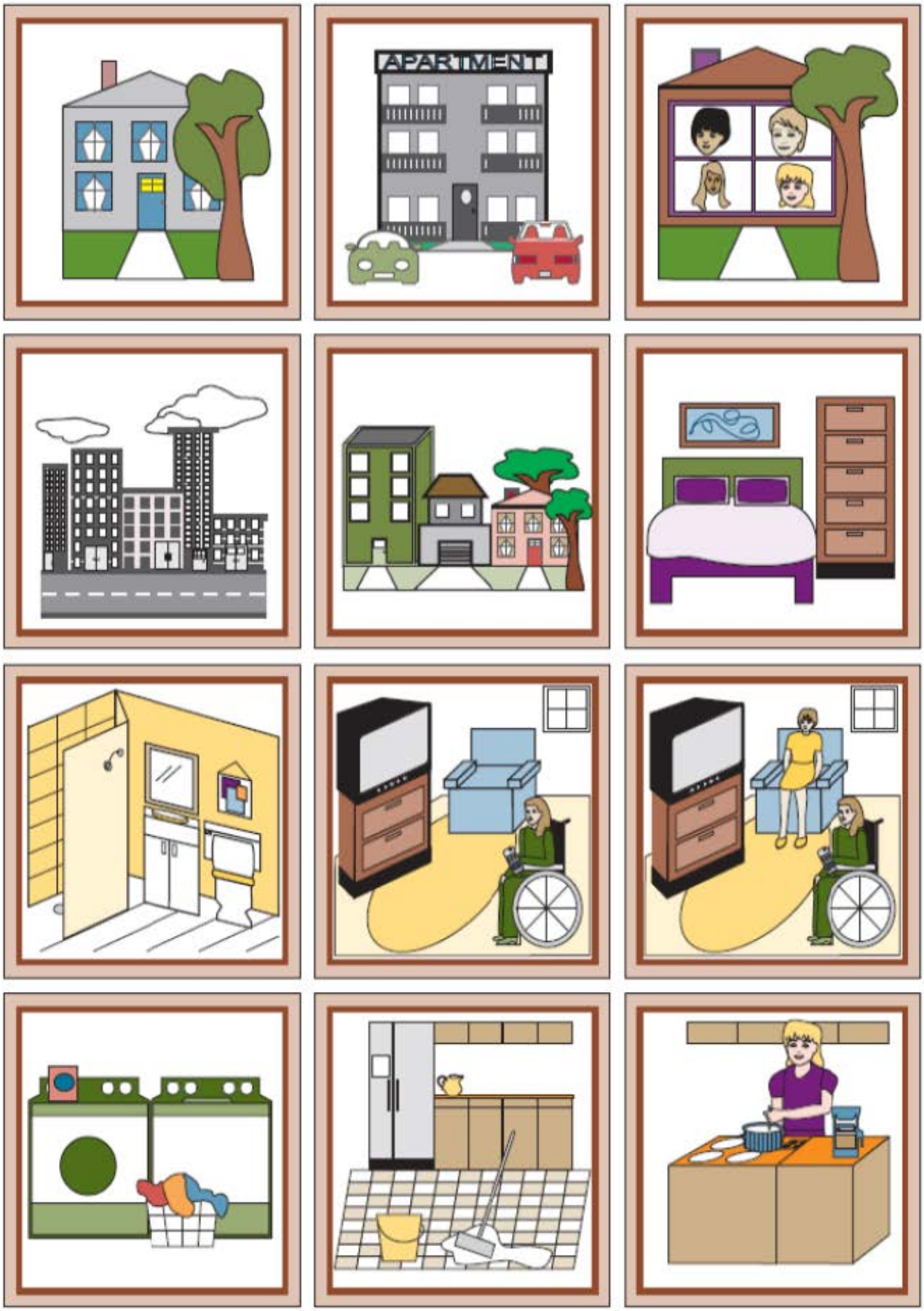


HOW DO I START MAKING THIS HAPPEN?

PERSON: _____



Appendix 2-D "Making My Own Choices" - Home Pictures



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:

- List the things you can learn about an individual when using person-centered planning.
- Get ready for a person-centered planning team meeting.
- Describe your role as a team member.
- Describe tips for communicating with family members about the individual's preferences.
- Support an individual's goals and objectives.
- Determine if an individual is making progress on goals and objectives.

KEY WORDS

Key Word	Meaning	In My Own Words
Goals	A list of things that are important to the individual and that he or she want to do or accomplish 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.	

KEY WORDS (CONT.)

Key Word	Meaning	In My Own Words
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 intellectual/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.	

KEY WORDS (CONT.)

Key Word	Meaning	In My Own Words
Service Coordinator	An individual from the regional center 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.	

A C T I V I T Y

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about Person-Centered Planning?

What do you **want to know** about Person-Centered Planning?

To be answered at the end of the session, during review:
What **have you learned** about Person-Centered Planning?

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 *Its Never Too Early, Its 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 (cont.)

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 than 18 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 get ready for the planning team meeting is to be an active listener. Talk with the individual about their goals, desires, and needs, ask questions, and listen to them to learn more about what is important to them.

ACTIVITY

Getting Ready for a Person-Centered Planning Meeting

Directions: Break into small groups. On the flip chart paper provided, write down the answers to the following questions.

How can I learn more about an individual's goals, desires, and needs?

What are some questions I could ask to learn more about what is important to the individual?

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 get 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 intellectual/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
- Focus on a goal

Team Members' Roles

Everyone has an important role to play on the person-centered planning team. Individuals with intellectual/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.

The Role of the Direct Support Professional in Implementing IPPs

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.

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.

Sample 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, and provide for or arrange transportation for Eric to go to the game with him.

Goal:

I want to watch my 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.

A C T I V I T Y

Implementing an IPP

Directions: *Look at Kwan's IPP in Appendix 2-B on pages S-18 through S-28. Split into small groups. Each group will be assigned an objective to review and answer the following questions:*

1. What is the goal?
2. What are the plans?
3. Who is responsible?
4. What should the DSP do?
5. When should the DSP do it?

The DSP's Role In Assessing Progress on the IPP

Each IPP has a review date, a pre-determined 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-C. 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 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?

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 questions on page S-11 for just one individual that you support. Be ready to share the answers at the beginning of the next class.

Session 2 Quiz

Person-Centered Planning

1. **What can the DSP learn about the individual during the person-centered planning process?**
   A) The individual's life goals
   B) What the individual learned in school
   C) The individual's social life
   D) What is the individual's favorite color
2. **How should the DSP get ready for a person-centered planning meeting?**
   A) By reviewing the individuals medical record
   B) By making decisions for the individual
   C) By asking the individual about their goals
   D) By asking the family about their goals for the individual
3. **What is the DSP's role as a person-centered planning team member?**
   A) to write up what goes on in the meeting
   B) to support an individual's goals, desires, and needs
   C) to run the meeting
   D) to decide what is best for the individual
4. **What are some tips for communicating with family members about the individual's preferences?**
   A) Ask them what they enjoy doing
   B) Be an honest advocate for the individual
   C) Use only non-verbal communication
   D) Have limited contact with the family
5. **How can the DSP support an individual's goals and objectives?**
   A) Know what their responsibilities are
   B) Know about each individual's behavior problems
   C) Speak with an administrator about the individual
   D) Be familiar with the family of each person in the home
6. **How can the DSP help to assess an individual's progress in meeting their IPP goals and objectives?**
   A) Decide if the IPP goals and objectives are working
   B) Change the goals and objectives if they are not working
   C) Get family members to change the individual's goals and objectives
   D) Write down observations or keep a record of what is done to implement the IPP
7. **Ethics, Observation, and Decision Making are skills included in the:**
   A) IPP team
   B) Title 17 regulations
   C) DSP toolbox
   D) Lanterman Act
8. **What may the DSP's do to assess the quality of services received by an individual?**
   A) Teach the individual to be independent
   B) Ask questions about the individual's quality of life
   C) Learn about the individual's future goals
   D) Learn to provide new services

Session 2 Quiz (cont.)

9. The objectives of an individual must be:

A) Written in a legal document

B) Specific and related to goals

C) Long term and unclear

D) Difficult to measure

10. Which is the responsibility of the service coordinator?

A) Teach the individual to support themselves

B) Help individuals take their medications regularly

C) Help individuals find needed services and supports

D) Teach the DSP about the needs of the individual

Appendices

Everyone's Regional Center (ERC)
Individual Program Plan (IPP)
Date of IPP Meeting: **4/1/016**

IDENTIFYING INFORMATION

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

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

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

Service Coordinator	Phone
Betsy Helpful	(405) 546-9203

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 St., 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 with. 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.

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: 4679635738; Medicare: 467963573 (Father deceased)

Medications

- Tegretol - 200mg 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 - 250mg q AM (every morning) with a large glass of water for constipation
- Milk of Magnesia - 30cc q 3rd day (every third day) with no bowel movement
- OsCAL - 1500mg qd (every day) for prevention of osteoporosis
- Lotensin - 20mg q AM, (every morning) for hypertension
- Fluorigard - 15cc mouthwash after toothbrushing AM and PM for oral health
- SPF 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 St., Pleasantville, CA 90375 Phone: (405) 391-8511

Neurologist

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

Gynecologist

Dr. Young, 12 Fair Oaks Dr., 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

Eligible Diagnosis: Spastic Quadriplegia Cerebral Palsy, Severe ID, 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, 2015.

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 somewhere 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.

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, 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 (2012), 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 people 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 will live in a safe, comfortable, home that meets her needs and supports her choices and preferences.

Objectives

1. Kwan will continue to live in the Green home through 8/30/17.
2. Kwan's staff will receive yearly Red Cross training in First Aid, CPR, and proper transfer and lifting procedures for Kwan.

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 will visit Kwan once every three months (August, November, February, May) or more frequently as needed to monitor the implementation of Kwan's IPP and Kwan and her mother's continued satisfaction with the services being provided. Kwan's service coordinator will invite Kwan's mother to participate in these visits.
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.

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 will maintain good oral health, healthy skin, will eat as independently as possible, and will be dressed and groomed appropriately for the occasion and the season through 4/30/17.

Objectives

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 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) 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.

Individual Program Plan (cont.)

Everyone's Regional Center (ERC)

Objectives

1. Martha Green will make all necessary medical and dental care appointments. Martha will make appointments on the following schedule:
   Primary Care Physician: Dr. Ubewell, last visit 5/14/16; return quarterly or more frequently as needed.
   Neurologist: Dr. Nicely, last visit 7/12/16; return yearly or more frequently as needed, and call doctor for lab order prior to yearly visit.
   Gynecologist: Dr. Young, last visit 1/30/16; last Pap smear 1/30/16; last mammogram 3/22/16; return for yearly Pap smear and mammogram.
   Dentist: Dr. Nocaries, last visit 2/28/16; return two times a year.
   Audiologist: Dr. Hearless, last visit 2/15/16; 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. On a quarterly basis, Kwan's ERC service coordinator will review Kwan's ongoing notes, seizure log, bowel log, medication, and other health records for any changes or special incidents and take appropriate action.
4. 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.
   a. In consultation with the Green home's dietician, Kwan, her mother, and home staff will develop and follow a menu plan for Kwan's therapeutic diet.
      To help prevent constipation and maintain good health, staff at Kwan's home and day program will offer Kwan water throughout the day.
   b. Martha and both home and day program staff will keep and share a record of Kwan's seizures. Home and day program staff will assist Kwan to take prescribed medications following doctor's orders.
   c. Martha Green 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 with her medication are trained to safely assist her and that they document each dose.

Plans

1. Martha Green will coordinate menu planning with Kwan's day program. As ordered by her primary care physician, Kwan will be encouraged to eat foods high in fiber and will not eat or drink coffee, salt, or tomatoes.

3) Home staff will schedule 30 minutes a day of one-to-one time to talk to Kwan about things she likes to talk about. Whenever possible, Kwan's favorite staff person, Mimi Rosales, will be scheduled to participate in this activity. Kwan's speech is very slow and often difficult to understand, so this will be focused time with her. Home staff will talk to Kwan while assisting with personal care and at other times when they are supporting her.

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 will maintain her strong relationship with her family, and Robert, make more friends, participate more in community activities, and explore a job or volunteer work.

Objectives

1) Martha and her staff will provide support for Kwan's to participate in fun activities of her choice in her local community at least once a week.
2) Kwan's mom, home staff and Loi will help Kwan plan a trip to Disneyland.

Plans

1) Martha will help Kwan to arrange for weekly visits with Robert, and, at Kwan's request, will help coordinate additional visits.
2) By October 1, 2016, Kwan's mom will work with Kwan to develop a budget and savings plan for the Disneyland trip.
3) Mimi Rosales pointed out that the National Self-Advocacy Conference is being held in Anaheim in September, 2017, and that Kwan's boyfriend Robert is planning to go. Mimi volunteered to talk more with Kwan about whether she would like to go to the conference AND Disneyland at the same time. Mimi also volunteered to help Loi and Kwan plan the trip to Disneyland. By October 1, 2016, the plan for going to Disneyland will be developed.

4) As prearranged 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.
5) As prearranged with Robert and Kwan, home staff will arrange for Dial-A-Ride to take Kwan to and from Robert's home.

HEALTH

Current Status: In late January of 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 5-6 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 5/14/16. 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 7/12/16. 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 1/30/16. 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 3/22/16. 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. Y. Nocaries, on 2/28/16. She had 2 small cavities that were filled and her teeth cleaned. She is to return two times a year. She saw Dr. Hearless, her audiologist, on 2/15/16. Dr. Hearless diagnosed moderate hearing loss in left ear. She is to return once a year for follow-up audiogram.

Goal
Kwan will be supported to have the best possible health.

Goal
Kwan will receive ongoing medical and dental care and age and gender appropriate health screenings.

Objectives

1) Martha Green will make all necessary medical/dental care appointments. Martha will make appointments on the following schedule:
   Primary Care Physician: Dr. Ubeewell; last visit 5/14/16; return quarterly or more frequently as needed.
   Neurologist: Dr. Nicely, last visit 7/12/16; return yearly or more frequently as needed; and, call doctor for lab order prior to yearly visit.
   Gynecologist: Dr. Young, last visit 1/30/16; last pap smear 1/30/16 and last mammogram 3/22/16, return for yearly pap smear and mammogram.
   Dentist: Dr. Nocaries, last visit 2/28/16; return two times a year.
   Audiologist: Dr. Hearless, last visit 2/15/16; 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) On a quarterly basis, Kwan's ERC service coordinator will review Kwan's ongoing notes, seizure log, bowel log, medication and other health records for any changes or special incidents and take appropriate action.
4) 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, e.g., illness, injury and any hospitalization or ER visit.
   a) In consultation with the Green home's dietician, Kwan, her mother, and home staff will develop and follow a menu plan for Kwan's therapeutic diet. To help prevent constipation and maintain good health, staff at Kwan's home and day program will offer Kwan water throughout the day.
   b) Martha Green and both home and day program staff will keep and share a record of Kwan's seizures. Home and day program staff will assist Kwan to take prescribed medications following doctor's orders.
   c) Martha Green will provide the day program with pharmacy prepared and labeled bottle of Tegretol for Kwan's midday dose. Armand Garcia will ensure that day program staff who assist Kwan with her medication are trained to safely assist her and that they document each dose.

Plans

1) Martha Green will coordinate menu planning with Kwan's day program. As ordered by her primary care physician, Kwan will be encouraged to eat foods high in fiber and will not eat (or drink) coffee, salt or tomatoes.
2) Martha Green will ensure that home staff keep a daily record of Kwan's bowel movements. She will work with the day program director in sharing this record. On every third day without a bowel movement, home staff will assist her to take the prescribed dose of Milk of Magnesia and document Kwan's medication log. If she has no bowel movement on the next day, home staff will call Dr. Ubeewell.
3) If frequency or duration of seizures increase, Martha Green will call Dr. Nicely.
4) Martha Green will ensure that home staff has been trained to safely assist Kwan and that when providing assistance, staff follow the Five Rights for assisting with medications and document each dose on a Medication Log.

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 people 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 will expand her daytime activities to include swimming and more community activities.

Objectives

1) By 10/15/16, Martha Green will make an appointment for Kwan with Dr. Ubeewell to discuss her desire to swim. Martha Green will notify Kwan's mom of the time as she wants to go to talk to the doctor as well.
2) Kwan's service coordinator will provide any specific orders to the day program staff regarding the doctor's instructions for swimming.

3) Following instructions from Kwan's doctor, day program staff will make arrangements for and support Kwan to swim at least 3 times a week in a pool, preferably a warm indoor pool.
4) Day program staff will look for community groups with an interest in birds and support Kwan in becoming involved. Martha Green and home staff will also provide support for evening and weekend activities of whatever group Kwan chooses to join.
5) 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.
6) Kwan will continue to attend Hillside Day Program. ERC will fund Hillside Day Program for Kwan through 11/1/17.
7) 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.
8) Kwan's ERC service coordinator will visit Kwan at the day program at least once every six months or more frequently as needed to review Kwan's IPP with Kwan and her mother and their satisfaction with her services.

Plans

Martha will collaborate with Kwan's day program to ensure she is supported by home staff to swim and engage in more community activities.

_____

Signature of ERC Representative | Title | Date

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?

CHOICE	Yes	Could Be Improved	No
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 issues; for example, problems with boyfriends or girlfriends.	☐	☐	☐

LIFESTYLE	Yes	Could Be Improved	No
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** responses for each section (for example, CHOICE).

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?

Adapted from Department of Developmental Services (1999)

Student Resource Guide

3. Medication Management

Cautionary Statement

The material in this session is not intended to be medical advice on personal health matters. Medical advice should be obtained from a licensed physician. This session highlights medication. This session 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 pharmacists, nurses and other professionals (e.g. dietitians) as well, to broaden your understanding of the fundamentals covered in this session.

Student Resource Guide: SESSION 3

Medication Management

OUTCOMES

When you finish this session you will be able to:

- List the benefits and risks of medications.
- Describe ways to help individuals lower risks and obtain benefits from their medication.
- Read and understand prescription medication labels.
- Read and understand a medication information sheet.
- Identify common categories of medication used by individuals.
- Explain the Five Rights of assisting an individual with self-administration of medication.

KEY WORDS

Key Word	Meaning	In My Own Words
Allergic Reaction	A reaction caused by hypersensitivity to a medication. An individual may get hives, become nauseated and vomit, or in rare instances have shortness of breath and severe trouble breathing.	
Anticonvulsant Medication	Medications prescribed to control seizure activity in individuals with epilepsy.	
Documentation	The written recording of events, observations, and care provided.	
Drug	Substance or compound having a physiological effect when introduced into the body.	
Generic Name	The name given by the federal government to a drug.	
Medications	Substances taken into the body or applied to the body for the purpose of prevention, treatment, relief of symptoms, or cure.	
Medication Error	Any time the right medication is not administered as prescribed to the right person, in the right amount, at the right time, and by the right route or method.	
Medication (Drug) Interactions	The pharmacological result, either desirable or undesirable, of a mixture of drugs, foods, alcohol, or other substances such as herbs or other nutrients.	

KEY WORDS (CONT.)

Key Word	Meaning	In My Own Words
Over-the-Counter (OTC) Medications	Includes all nonprescription medications such as aspirin, antihistamines, vitamin supplements, and herbal remedies. For individuals living in a CCF, all OTC medications require a prescription.	
Pharmacy	The practice of preparing and dispensing drugs. The physical building where drugs are dispensed is also referred to as the pharmacy or drugstore.	
Pharmacist	A licensed person who prepares and dispenses drugs and is knowledgeable about a drug's contents.	
Physician/ Doctor	A person licensed to practice medicine.	
Prescription Medications	Medications that must be ordered by a physician or other licensed health care professional with authority to write prescriptions, including a dentist, nurse practitioner, and physician assistant.	
PRN Medication	Any 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 by the manufacturer to a medication.	

ACTIVITY

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about assisting individuals with medication?

What do you **want to know** about assisting individuals with medication?

To be answered at the end of the session, during review:
What **have you learned** about assisting individuals with medication?

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 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 five year period and found that the most common types of errors involved administering an improper dose, giving the wrong drug, and using the wrong route of administration. Errors were caused by a lack of skill and/or knowledge and communication errors.

Ways to Lower Risks and Help Individuals Get the Benefits of Medication

There are many 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 drinks 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-C, Sample Medication Sheet). If you still have questions when you get home, 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-D) 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 name of each medication
- What the medication looks like
- How to store the medication properly
- When, how, and how long to use the medication
- 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
- If any tests or monitoring are needed

Again, using the Medication Safety Questionnaire will help you get answers to all of your questions (see page S-31). Other sources of information include medication reference books from your local library or book store. Websites such as ***fda.gov/Drugs, safemedication.com, or rxlist.com*** also provide medication information.

Read the Label and Follow the Five Rights

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-E) 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 (see page S-33).

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 premade 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.

The Benefits and Risks of Medications (cont.)

Avoid Interactions

Before starting any new medications, find out if interactions are possible with other medications, vitamins, herbal supplements, drinks, or foods. It is common 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; know the intended and unintended side effects of medication(s) each individual is taking. It is important 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. 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 individual 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.

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 requirements is included in the Community Care Licensing Division's *Self-Assessment Guide, Medications Booklet*, September 2002, found in Appendix 3-B.

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., Sacramento, CA
Dr. Diaz

RX 10387 09/15/16

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

TEGRETOL 400MG
#30 TABLETS
EXPIRES: 09/01/17 REFILLS: 2

MFG: MANY MEDICATIONS, INC
FILLED BY: BRS

Label Warnings

Medication containers may also have separate warning labels put on by the pharmacist. 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 requires a doctor's written order that must be filled by a pharmacist.

Medication Labels (cont.)

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 5ml)
- Tbsp. = tablespoon (3 tsps or 15ml)
- oz = ounce
- gr. = grains
- mg. = milligrams
- GM, gm. = grams (1,000mg)
- 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: *Use the sample Tegretol® medication label below and the Medication Information Sheet in Appendix 3-C on pages S-29 through S-30. Answer the questions on the Medication Safety Questionnaire on page S-10.*

ABC Pharmacy
1017 25th St, Sacramento, CA
Phone: 000-000-0000, Fax: 000-000-0000
Dr. Diaz
Rx: 10387
JACOB SMITH 09/15/16
TAKE ONE TABLET ORALLY A.M. FOR SEIZURES (8 A.M.)
TEGRETOL 400MG
#30 TABLETS
EXPIRES: 09/01/17 Refills: 2
MFG: MANY MEDICATIONS, INC.
Filled by: BRS

ACTIVITY

Medication Safety Questionnaire

Name

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

Generic:_____

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:

- Anticonvulsants
- Antibiotics
- Pain medications
- Topical ointments or creams
- Psychotropic medications, which include antidepressants and antipsychotics

Anticonvulsants 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 anticonvulsants.

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 doctor on the symptoms of the individual'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 anticonvulsants are Depakene, Tegretol, Neurontin, Lamictal, Topamax, and Keppra.

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

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

A number of prescription and OTC medications, such as antipsychotics, Ibuprofen, as well as alcohol and illicit drugs, such as cocaine and amphetamines, increase the likelihood of a seizure.

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

Common Categories of Medication (cont.)

Common side effects of anticonvulsants or antiseizure medications include:

- 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 get information about side effects, talk to the prescribing doctor and the pharmacist who fills the prescription. 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 or websites such as Safemedication.com or drugconsult.com.

Psychotropic Medications and Psychiatric Disorders

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 types 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.

   Antidepressants are used to treat depression. Antidepressant medications include:

   - Tofranil (*generic: imipramine*)
   - Norpramin (*generic: desipramine*)
   - Wellbutrin (*generic: bupropion*)
   - SSRIs (selective serotonin reuptake inhibitors—a new class of medications) include:
     - – Luvox (fluvoxamine)
     - – Paxil (paroxetine)
     - – Prozac (fluoxetine)
     - – Zoloft (sertraline)

   b. *Bipolar Disorder*, historically 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 (cont.)

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

Antianxiety 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 antidepressants	Anafranil, Elavil, Tofranil, and Norpramin	Constipation, dry mouth, dizziness
Other antidepressants	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, abnormal kidney function
Anxiolytics (anxiety treatment)	Valium, Xanax, Ativan	Sedation, unsteadiness, disinhibition

Source: *Complete Guide to Prescription & Nonprescription Drugs*, 2011. H. Winter Griffith. Updated by Stephen W. Moore, MD

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.

1. Right Person

When assisting an individual with any medication, it is essential that you identify the right person. First, read the name of the individual on the pharmacy label for whom the medication is prescribed. Compare the name on the medication label to the name on the Medication Log.

- To be certain of an individual's name or identity, consult another staff member who knows the individual, ask the individual "What is your name?" or check any records that have photo identification in the home.

2. Right Medication

After you are certain 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.

- Confirm the use of multiple tablets providing a single dose of medicine.
- Confirm 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 Log and compare it to 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. Check a clock or watch to ensure that it is the right time to assist in the self-administration of medication.

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 and compare it to the Medication Log 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 doctor 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 doctor or your 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

Tips for 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.

Tips for Assisting With Liquid Medication

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 doctor 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 the label 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 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. **What is one thing the DSP should do before the doctor writes the order for a medication?**
   A) Write the medication in the individual's medication log
   B) Check that the doctor is licensed to prescribe medications
   C) Ask the doctor about the possible side effects of the medication
   D) Tell the doctor about other medications being taken by the individual

2. **What is one way to help avoid interactions between multiple medications the individual is taking?**
   A) Use the same pharmacy for all of the individual's medication needs
   B) Ask the individual to make a list of all his/her medications
   C) Read about the side effects of the medications
   D) Observe for possible medication side effects

3. **What should the DSP do if he/she thinks an individual is experiencing a severe allergic reaction soon after taking medication?**
   A) Observe the individual closely for the next 24 hours
   B) Call 911 to get emergency medical care
   C) Reread the medication information sheet
   D) Call the individual's parents

4. **When should a medication dose be recorded in an individual's Medication Log?**
   A) At the time the medication is taken by the individual
   B) When the individual has a serious side effect
   C) Within 24 hours of when the individual takes the medication
   D) An hour before the individual takes the medication

5. **Which of the following is NOT included on a medication label?**
   A) The name of the medication
   B) The individual's name
   C) A list of other medications the individual is taking
   D) The expiration or discard date

6. **Which of the following information could you get from a medication information sheet?**
   A) The number of refills remaining
   B) Other medications the individual is taking
   C) The date the prescription was filled
   D) The possible side effects of the medication

7. **Which category of medications is used to treat epilepsy?**
   A) Tranquilizers
   B) Antibiotics
   C) Psychotropics
   D) Anticonvulsants

Session 3 Quiz (cont.)

8. **Which of the following disorders may be treated with psychotropic medications?**
   A) Epilepsy
   B) Schizophrenia
   C) Diabetes
   D) Heart disease
9. **One of the Five Rights the DSP must follow to ensure medication safety is:**
   A) The right dose
   B) The right to vote
   C) The right thing to wear
   D) The right to choose
10. **What must the DSP do to ensure they are giving the right medication to the right person?**
   A) Read the medication information sheet until they understand it
   B) Read and compare the information on the medication label and the information on the Medication Log three times
   C) Ask the individual if they take the medication
   D) Make sure the medication is not expired

Appendices

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 prescribing 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!

COMMUNITY CARE LICENSING DIVISION

"Promoting Healthy, Safe, and Supportive Community Care"

Self-Assessment Guide

MEDICATIONS

TECHNICAL SUPPORT PROGRAM

MEDICATIONS

Medication handling represents an area of great responsibility. If not managed properly, medications intended to help a client's/resident's health condition may place that individual's health and safety at risk. The information contained in this handout outlines medication procedures you are required to perform by regulation, as well as some procedures not required by regulation which, if implemented, will provide additional safeguards in the management of medications in your facility. If you operate a Community Care Facility (CCF), the specific medication regulations you must comply with are in Title 22 § 80075. If you operate a Residential Care Facility for the Elderly (RCFE), the specific medication regulations you must comply with are in Title 22 § 87465. ***This guide cannot be used as a substitute for having a good working knowledge of all the regulations.***

WHAT YOU (CARE PROVIDERS) SHOULD DO WHEN:

1. Client/resident arrives with medication:

- Contact the physician(s) to ensure that they are aware of all medications currently taken by the client/resident.
- Verify medications that are currently taken by the client/resident and dispensing instructions.
- Inspect containers to ensure the labeling is accurate.
- Log medications accurately on forms for client/resident records. The Centrally Stored Medication and Destruction Record (LIC 622) is available for this purpose.
- Discuss medications with the client/resident or the responsible person/authorized representative.
- Store medications in a locked compartment.

2. Medication is refilled:

- Communicate with the physician or others involved (for example, discuss procedures for payment of medications, who will order the medications, etc. with the responsible person).
- Never let medications run out unless directed to by the physician.
- Make sure refills are ordered promptly.
- Inspect containers to ensure all information on the label is correct.
- Note any changes in instructions and/or medication (for example, change in dosage, change to generic brand, etc.).
- Log medication when received on the LIC 622.
- Discuss any changes in medications with the client/resident, responsible person/authorized representative and appropriate staff.

3. A dosage is changed between refills:

- Confirm with the physician. Obtain written documentation of the change from the physician or document the date, time, and person talked to in client's/resident's record.
- Prescription labels cannot be altered by facility staff.
- Have a facility procedure (i.e., card file/cardex, notebook, and/or a flagging system) to alert staff to the change.

- Discuss the change with client/resident and/or responsible person/authorized representative.

4. Medication is permanently discontinued:

- Confirm with the physician. Obtain written documentation of the discontinuation from the physician or document the date, time, and person talked to in client's/resident's record.
- Discuss the discontinuation with the client/resident and/or responsible person/ authorized representative.
- Have a facility procedure (i.e., card file/cardex, notebook, and/or a flagging system) to alert staff to the discontinuation.
- Destroy the medications. Medication must be destroyed by the facility administrator or designee and one other adult who is not a client/resident. (See destruction requirements for pre-packaged medications in section #17.)
- Sign the medication destruction record/ log. (The reverse side of LIC 622, Centrally Stored Medication Record, may be used for this purpose.)

5. Medications are temporarily discontinued ("dc") and/or placed on hold:

- Medications temporarily discontinued by the physician may be held by the facility.
- Discuss the change with client/resident and/or responsible person/authorized representative.
- Obtain a written order from the physician to HOLD the medication, or document in the client's/resident's file the date, time, and name of person talked to regarding the HOLD order.
- Have a facility procedure (i.e., card file/ cardex, notebook, and/or a flagging system) to alert staff to the discontinuation and restart date.
- Without altering the label, mark or identify in a consistent manner medication containers that have HOLD orders.
- Be sure to contact the physician after the discontinuation/hold order expires to receive new instructions regarding the use of the medication.

6. Medication reaches expiration date:

- Check containers regularly for expiration dates.
- Communicate with physician and pharmacy promptly if a medication expires.
- Do not use expired medications. Obtain a refill as soon as possible if needed.
- Over-the-counter medications and ointments also have expiration dates (for ointments the expiration date is usually at the bottom of the tube).
- Destroy expired medications according to regulations.
- Log/record the destruction of prescription medications as required. The LIC 622 may be used for this purpose.

7. Client/resident transfers, dies, or leaves medication behind:

- All medications, including over-the-counters, should go with client/resident when possible.
- If the client/resident dies, prescription medications must be destroyed.
- Log/record the destruction as required. The LIC 622 may be used for this purpose.
- Document when medication is transferred with the client/resident. Obtain the signature of the person accepting the medications (i.e., responsible person/ authorized representative).
- Maintain medication records for at least 3 years (RCFE) Title 22 § 87465 (h)(6),(i) or 1 year (CCF) Title 22 § 80075 (k)(7),(o).

8. Client/resident missed or refused medications:

- No client/resident can be forced to take any medication.
- Missed/refused medications must be documented in the client's/resident's medication record and the prescribing physician contacted immediately.
- Notify the responsible person/authorized representative.
- Refusal of medications may indicate changes in the client/resident that require a reassessment of his/her needs. Continued refusal of medications may require the client's/resident's relocation from the facility.

9. Medications need to be crushed or altered:

- Medications may be crushed or altered to enhance swallowing or taste, but never to disguise or "slip" them to a client/resident without his or her knowledge.
- The following written documentation must be in the client's/resident's file if the medication is to be crushed or altered:
  - A physician's order specifying the name and dosage of the medication to be crushed;
  - Verification of consultation with a pharmacist or physician that the medication can be safely crushed, identification of foods and liquids that can be mixed with the medications, and instructions for crushing or mixing medications;
  - A form consenting to crushing the medication signed by the client/resident. If the client/resident has a conservator with authority over his/her medical decisions, the consent form must be signed by that conservator.

10. Medications are PRN or "as needed:"

- Facility staff may assist the client/resident with self-administration of his/her **prescription and nonprescription** PRN medication, when:
  - The client's/resident's physician has stated in writing that the client/resident *can determine and clearly communicate* his/her need for a prescription or nonprescription PRN medication.
  - The physician provides a signed, dated, written order for the medication on a prescription blank or the physician's business stationery which is maintained in the client's/resident's file.
  - The physician's order and the PRN medication label identify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24-hour period. Most nonprescription labels display this information.
- Facility staff may also assist the client/resident with self-administration of his/her **nonprescription** PRN medication if the client/resident *cannot* determine his/her need for a nonprescription PRN medication, but can communicate his/her symptoms clearly, when:
  - The client's/resident's physician has stated in writing that the client/resident cannot determine his/her need for nonprescription medication, but can communicate his/her symptoms clearly.
  - The client's/resident's physician provides a signed, dated, written order on a prescription blank or the physician's business stationery which is maintained in the client's/resident's file.
  - The written order identifies the name of the client/resident, the name of the PRN medication, instructions regarding when the medication should be stopped, and an indication when the physician should be contacted for re-evaluation.
  - The physician's order and the PRN medication label identify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24-hour period. Most nonprescription medication labels display this information.
  - A record of each dose is maintained in the client's/resident's record and includes the date, time, and dosage taken, and the client's/resident's response.
- Facility staff may also assist the client/resident with self-administration of his/her **prescription or nonprescription** PRN medication if the client/resident *cannot* determine his/her need for a prescription or nonprescription PRN medication, and *cannot* communicate his/her symptoms when:
  - Facility staff contact the client's/resident's physician before giving each dose, describe the client's/resident's symptoms, and receive permission to give the client/resident each dose.
  - The date and time of each contact with the physician and the physician's directions are documented and maintained in the client's/resident's facility record.

  - The physician provides a signed, dated, written order on a prescription blank or the physician's business stationery which is maintained in the client's/resident's file.
  - The physician's order and the PRN medication label identify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24-hour period.
  - A record of each dose is maintained in the client's/resident's records and includes the date, time, and dosage taken, and the client's/resident's response.
- SMALL FAMILY HOMES AND CERTIFIED FAMILY HOMES

  Small Family Home staff may assist a child with **prescription or nonprescription** PRN medication without contacting the child's physician before each dose if the child *cannot* determine and/or communicate his/her need for a prescription or nonprescription PRN medication when (Title 22 § 83075(d)):
  - The child's physician has recommended or prescribed the medication and provided written instructions for its use on a prescription blank or the physician's letterhead stationery.
  - Written instructions include the name of the child, the name of the PRN medication, instructions regarding when the medication should be stopped, and an indication when the physician should be contacted for re-evaluation.
  - The physician's order and the PRN medication label identify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses allowed in a 24-hour period. Most nonprescription medication labels display this information.
  - The date, time, and content of the physician contact made to obtain the required information is documented and maintained in the child's file.
  - The date, time, dosage taken, symptoms for which the PRN medication was given and the child's response are documented and maintained in the child's records.

11. Medications are injectables:

- Injections can ONLY be administered by the client/resident or by a licensed medical professional. Licensed medical professional includes Doctors of Medicine (M.D.), Registered Nurses (R.N.), and Licensed Vocational Nurses (L.V.N.) or a Psychiatric Technician (P.T.). P.T.s can only administer subcutaneous and intramuscular injections to clients/residents with developmental or mental disabilities and in accordance with a physician's order.
- Family members are not allowed to draw up or administer injections in CCFs or RCFEs unless they are licensed medical professionals.
- Facility personnel who are not licensed medical professionals *cannot* draw up or administer injections in CCFs or RCFEs.
- Licensed medical professionals may not administer medications/insulin injections that have been pre-drawn by another licensed medical professional.
- Injections administered by a licensed medical professional must be provided in accordance with the physician's orders.
- The physician's medical assessment must contain documentation of the need for injected medication.
- If the client/resident does administer his/her own injections, physician verification of the client's/resident's ability to do so must be in the file.
- Sufficient amounts of medications, test equipment, syringes, needles, and other supplies must be maintained in the facility and stored properly.
- Syringes and needles should be disposed of in a "container for sharps," and the container must be kept inaccessible to clients/residents (locked).
- Only the client/resident or the licensed

- Insulin and other injectable medications must be kept in the original containers until the prescribed single dose is measured into a syringe for immediate injection.
- Insulin or other injectable medications may be packaged in pre-measured doses in individual syringes prepared by a pharmacist or the manufacturer.
- Syringes may be pre-filled under the following circumstances:
  - Clients of Adult Residential, Social Rehabilitation, Adult Day and Adult Day Support Centers can self-administer pre-filled syringes prepared by a registered nurse, pharmacist or drug manufacturer.
  - Residential Care Facilities for the Elderly, Group Homes, and Small Family Homes must obtain exceptions from the licensing office for clients/residents to use pre-filled syringes prepared by a registered nurse.
  - The registered nurse (R.N.) must not set up insulin syringes for more than seven days in advance.
- Injectable medications that require refrigeration must be kept locked.

12. Over-the-counter (OTC) medications, including herbal remedies, are present:

- OTC medications (e.g., aspirin, cold medications, etc.) can be dangerous.
- They must be centrally stored to the same extent that prescription medications are centrally stored (see criteria for central storage in section 80075 (m) for CCFs and section 87575 (h) for RCFEs).
- Over-the-counter medication(s) that are given on a PRN basis must meet all PRN requirements. (See section #10)
- Physicians must approve the use of all OTC medications that are or may be taken by the client/resident on a regular basis (e.g., aspirin for heart condition, vitamins, etc.) as well as those used on a PRN basis. Have documentation.
- Client's/resident's name should be on the over-the-counter medication container when: (1) it is purchased for that individual's sole use; (2) it is purchased by client's/resident's family or (3) the client's/resident's personal funds were used to purchase the medication.

13. You "set up" or "pour" medications:

- Have clean, sanitary conditions (i.e., containers, counting trays, pill cutters, pill crushers, and storage/setup areas).
- Pour medications from the bottle to the individual client's/resident's cup/utensil to avoid touching or contaminating medication.
- Medications must be stored in their original containers and not transferred between containers.
- The name of the client/resident should be on each cup/utensil used in the distribution of medications.
- Have written procedures for situations such as spillage, contamination, assisting with liquid medication, interactions of medications, etc.
- Have written procedures for facility staff regarding assisting with administration of medication, required documentation, and destruction procedures.

14. Assisting with medications (passing):

- Staff dispensing medications need to ensure that the client/resident actually swallows the medication (not "cheeking" the medication); mouth checks are an option for staff.
- Cups or envelopes containing medications should not be left unattended in the dining room, bathrooms, bedrooms, or anywhere in the facility.

15. You designate staff to handle medications:

- Have written policies and procedures.
- Train all staff who will be responsible for medications.
- Ensure that staff know what they are expected to do (i.e., keys, storage, set up, clean-up, documentation, notification, etc.).
- Ensure designated staff know what procedures can and cannot be done (i.e., injections, enemas, suppositories, etc.).

16. Medications are received or destroyed:

- Every prescription medication that is centrally stored or destroyed in the facility must be logged.
- A record of prescription medications that are disposed of in the facility must

be maintained for at least 3 years in a Residential Care Facility for the Elderly and 1 year in a Community Care Facility (Group Homes, Adult Residential Facilities, etc.).
- A record of centrally stored medications for each client/resident must be maintained for at least 1 year.

17. Medications are prepackaged:
- Prepackaged medications (bubble packs, trays, cassettes, etc.) are allowed if they are packed and labeled by a pharmacy.
- Licensees and/or facility staff cannot remove discontinued medications from customized medication packages.
- Multi-dose packages must be returned to the pharmacy for changes in doses or discontinuation of a medication.
- Facilities should have procedures in case one dose is contaminated and must be destroyed.
- Facilities (EXCEPT RCFEs) utilizing prepackaged medications must obtain a waiver from the licensing office if medications are to be returned to the pharmacy for disposal.
- RCFEs do not need to obtain a waiver if the medications are returned to the issuing pharmacy or disposed of according to the approved hospice procedures.

18. Sample medications are used:
- Sample medications may be used if given by the prescribing physician.
- Sample medications must have all the information required on a regular prescription label except pharmacy name and prescription number.

19. Transferring medications for home visits, outings, etc.
- When a client/resident leaves the facility for a short period of time during which *only one dose of medication* is needed, the facility may give the medications to a responsible person/authorized representative in an envelope (or similar container) labeled with the facility's name and address, client's/resident's name, name of medication(s), and instructions for administering the dose.
- If client/resident is to be gone for *more than one dosage period*, the facility may:
  – Give the full prescription container to the client/resident, or responsible person/ authorized representative, or
  – Have the pharmacy either fill a separate prescription or separate the existing prescription into two bottles, or
  – Have the client's/resident's family obtain a separate supply of the medication for use when the client/resident visits the family.
- If it is not safe to give the medications to the client/resident, the medications must be entrusted to the person who is escorting the client/resident off the facility premises.
- If medications are being sent with the client/ resident off the facility premises, check the Physician's Report (LIC 602 or 602a) to ensure that they are given only to clients/ residents whose doctors have indicated that they may control their own medications.
- Always have the person entrusted with the medications sign a receipt which identifies the number and type of medications sent out and returned.

20. House medications/stock supplies of over-the-counter medications are used:
- Centrally stored, stock supplies of over-the-counter medications may be used in CCFs and in RCFEs.
- Licensees cannot require clients/residents to use or purchase house supply medications.
- Clients/residents may use personal funds to purchase individual doses of OTC medications from the licensee's stock if each dose is sold at the licensee's cost and accurate written records are maintained of each transaction.
- All regulations regarding the use of OTC medications must be followed (see section #12).
- Be sure to verify that the client's/resident's physician has approved the use of the OTC before giving him/her a dose from the house supply.

21. Clients/residents use emergency medication(s) (e.g., nitroglycerin, inhaler, etc.):

Clients/residents who have a medical condition requiring the immediate availability of emergency medication may maintain the medication in their possession if all of the following conditions are met:

- The physician has ordered the PRN medication and has determined and documented in writing that the client/resident is capable of determining his/her need for a dosage of the medication and that possession of the medication by the client/resident is safe.
- This determination by the physician is maintained in the individual's file and available for inspection by Licensing.
- The physician's determination clearly indicates the dosage and quantity of medication that should be maintained by the client/resident.
- Neither the facility administrator nor the Department has determined that the medications must be centrally stored in the facility due to risks to others or other specified reasons.

If the physician has determined it is necessary for a client/resident to have medication immediately available in an emergency but has also determined that possession of the medication by the client/resident is dangerous, then that client/resident may be inappropriately placed and may require a higher level of care.

22. Blood pressure and pulse readings are taken:

The following persons are allowed to take blood pressure and pulse readings to determine the need for medications:

- The client/resident when his/her physician has stated in writing that the client/resident is physically and mentally capable of performing the procedure.
- A physician or registered nurse.
- A licensed vocational nurse under the direction of a registered nurse or physician.
- A psychiatric technician under the direction of a physician, surgeon, psychiatrist, or registered nurse. Psych Techs may take blood pressure and pulse readings of clients/residents in any community care licensed facility. The Psych Tech injection restrictions noted in section #11 do not apply to taking vital signs.

The licensee must ensure that the following items are documented when the client's/resident's vital signs are taken to determine the need for administration of medications:

- The name of the skilled professional who takes the reading.
- The date and time and name of the person who gave the medication.
- The client's/resident's response to the medication.

Lay staff may perform vital sign readings as long as the readings are not used to determine a need for medication.

23. Clients/residents need assistance with the administration of ear, nose, and eye drops:

- The client/resident must be unable to self-administer his/her own eye, ear or nose drops due to tremors, failing eyesight, or other similar conditions.
- The client's/resident's condition must be chronic and resistant to sudden change (stable), or temporary in nature and expected to return to a condition normal for the client/resident.
- The client's/resident's Needs and Services Plan (CCF), Pre-Admission Appraisal (RCFE), or Individual Services Plan (RCF-CI) must state that he/she cannot self-administer his/her own drops and specify how staff will handle the situation.
- The client's/resident's physician must document in writing the reasons that the client/resident cannot self-administer the drops, the stability of the medical condition and must provide authorization for the staff to be trained to assist the client/resident.
- Staff providing the client/resident with assistance must be trained by a licensed professional and names of trained staff must be maintained in the staff files.
  This training must be completed prior to providing the service, must include hands-on instruction in general and client/resident specific procedures, and must be reviewed and updated by the licensed professional at least annually or more often if the condition changes.

Appendix 3-B (cont.)

- Staff must be trained by a licensed professional to recognize objective symptoms observable by a lay person and to respond to the client's/resident's health problem.
- Staff must be trained in and follow universal precautions and any other procedures recommended by the licensed professional.
- Written documentation outlining the procedures to be used in assisting the client/resident with the drops and all aspects of care to be performed by the licensed professional and facility staff must be maintained in the client's/resident's file.

Prior to providing ongoing client/resident assistance with drops, facility staff should consider the use of assistive devices, such as an eye cup, which would enable the client/resident to self-administer the drops.

24. Medications need to be stored:

- All medications, including over-the-counters, must be locked at all times.
- All medications must be stored in accordance with label instructions (refrigerate, room temperature, out of direct sunlight, etc.).
- Medication in refrigerators needs to be locked in a receptacle, drawer, or container, separate from food items. (Caution should be used in selecting storage containers as metal may rust.)
- If one client/resident is allowed to keep his/her own medications, the medications need to be locked to prevent access by other clients/residents.

25. Miscellaneous:

- Medications are one of the most potentially dangerous aspects of providing care and supervision.
- Educate yourself and staff (signs, symptoms, side effects).
- Train staff.
- Develop a plan to evaluate staff's ability to comply with the facility's medication procedures.
- Communicate with physicians, pharmacists, and appropriately skilled professionals.
- Develop a system to communicate changes in client/resident medications to staff and to the client/resident.
- Staff should be trained on universal precautions to prevent contamination and the spread of disease.
- Document.
- Know your clients/residents.
- Be careful.

Appendix 3-C

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 seem unusual or are 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.

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Revision date: 7 / 31 / 02.

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-E

MEDICATION LOG

Molina Family Home — Facility Name
123 Main Street, Any City, CA 90000 — Address
(123) 456-7890 — Phone Number

Name: Jordan Bird
Insurance: [P] Medi-Cal [ ] Medicare
Insurance No. 000111

Drug/Strength/Form/Dose	Hour	Month & Year (MM/YY) : 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	8am	SL	SL	SL	SL	SL	SL	SL	SL																							
1017 25th St., Sacramento, CA	4pm																															
Phone: (123) 555-7890 Fax: (123) 555-7890																																
Rx: 10387 Dr. Diaz Patient: Jordan Bird 9/30/16																																
TEGRETOL 400mg #60 tablets																																
TAKE 2 TABLETS ORALLY EVERY AM AND PM FOR SEIZURES																																
(8:00 a.m., 4:00 p.m.)																																
Expires: 3/31/17 Filled by: BRS																																
Mfg: Many Medications Refills: 0																																
ABC Pharmacy	12am																															
1017 25th St., Sacramento, CA	8pm																															
Phone: (123) 555-7890 Fax: (123) 555-7890	4pm																															
Rx: 10387 Dr. Diaz Patient: Jordan Bird 9/30/16																																
AMOXICILLIN 250mg #30 tablets																																
TAKE 1 TABLET 3X PER DAY ORALLY FOR 10 DAYS																																
FOR INFECTION																																
(12:00 AM, 8:00 PM, 4:00 PM)																																
Expires: 3/31/17 Filled by: BRS																																
Mfg: Many Medications Refills: 0																																
XYZ Pharmacy	12am																															
4321 Road Lane, Sacramento, CA	4am																															
Phone: (123) 555-7890 Fax: (123) 555-7890	8am																															
	12pm																															
Rx: 10484 Dr. Smith Patient: Jordan Bird 10/1/16	4pm																															
ROBITUSSIN: TAKE 5CC ORALLY EVERY 4 HOURS FOR COUGH	8pm																															
(12 AM, 4 AM, 8 AM, 12 PM, 4 PM, 8 PM, 12 AM)																																
Discard by: 8/30/17 Filled by: BRS																																
QTY: 100cc Refills: 0																																
Mfg: Many Medica Liquid																																

Primary Care Physician: Dr. Diaz
Pharmacy: ABC Pharmacy

Staff Signatures & Initials: SL for Susan Lyons ____ for ____ ____ for ____

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

Allergies:
None

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

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: None

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 trainer to complete the Trainer 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.
- **Review** Self-Administration Guidelines (see page S-20)

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

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 Jordan Bird with self-administration of medication.*

Please initial each step when completed correctly.

STEPS	Partner Check	Teacher Check: Attempt #1 Date	Teacher Check: Attempt #2 Date	Teacher Check: 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 person				
▫ Right medication				
▫ Right dose				
▫ Right time (check the time on your watch or clock)				
▫ Right route				

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

Please initial each step when completed correctly.

STEPS	Partner Check	Teacher Check: Attempt #1 Date	Teacher Check: Attempt #2 Date	Teacher Check: Attempt #3 Date
6. Again, as you prepare the medications, read the medication label and compare to the Medication Log for the:				
▫ Right person				
▫ 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				

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

Please initial each step when completed correctly.

STEPS	Partner Check	Teacher Check: Attempt #1 Date	Teacher Check: Attempt #2 Date	Teacher Check: 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 person				
▫ 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*_____

_____

_____

_____

_____

Student Resource Guide

4. Preventive Health Care and Advocacy

Preventive Health Care and Advocacy

OUTCOMES

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

- List the elements of a healthy lifestyle.
- Describe what should be included in a routine physical examination.
- Understand the importance of health screenings for men and women.
- Identify important information to share with the doctor's office when making a medical appointment.
- Identify best practices for supporting an individual in preparing for a medical appointment.
- Describe how to support an individual to make the most of a doctor's visit.
- Document telephone contact and visits with doctors or other health care providers.
- Identify community health care and safety resources.

KEY WORDS

Key Word	Meaning	In My Own Words
Advocacy	Helping individuals help themselves.	
Health History	A document that has both medical history and current information about an individual's health care needs.	
Mammogram	An X-ray or ultrasound used to detect suspicious lumps, tumors, or cysts in the breasts.	
Preventive Health Care	Assessing risk for health conditions, and then preventing, delaying, or managing those conditions starting at a young age.	
Prostate Specific Antigen (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.	

A C T I V I T Y

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about preventive health care and advocacy?

What do you **want to know** about preventive health care and advocacy?

To be answered at the end of the session, during review:
What **have you learned** about preventive health care and advocacy?

Elements of a Healthy Lifestyle

As a DSP, part of your job is to help individuals have the best possible health. Healthy people live longer, have an improved quality of life, and experience less injury and illness. In Year 1 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 includes the following things.

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." That means, 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 learn more about healthy eating.

Physical Activity

Everybody's health 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. 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, smoking less. 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.

Elements of a Healthy Lifestyle (cont.)

Active Social Engagement

Social engagement can improve quality of life. Staying home alone and sitting around 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. As you learned in Year 1 of the training, prevention is the number one priority.

Social Support

We all need help at times. Having a supportive group of friends, family, and professionals helps our 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.

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 relates to 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	*Example: I only take second helpings of vegetables at mealtimes.*	
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 individuals 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** means assessing risk for health conditions, and then preventing, delaying, or managing those conditions starting at a young age. Using the earlier example, an individual with limited mobility and their DSP might try to prevent pressure sores by keeping their skin moisturized, repositioning their body frequently, and avoiding skin-to-skin contact.

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 (see page S-17), 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 that you support 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 doctor 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.

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 **Prostate Specific Antigen**, or **PSA** test should be performed starting at age 50 and per Doctor recommendation 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 (cont.)

Screening for Sexually-Transmitted Diseases (STDs)

Sexually Transmitted Diseases, or STDs, are infections passed from person to person through sexual intercourse, genital contact, or contact with fluids such as semen, vaginal fluids, or blood. 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 doctor'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.

Charts for adults from the U.S. Department of Health and Human Services are included in Appendix 4-B. These charts identify the recommended frequency for health check-ups: vision, high blood pressure, gynecological exams, diabetes and other screening tests. (Children health screening and prevention information can be found on: http://www.hhs.gov/children/.

A C T I V I T Y

Health Screenings

Directions: *Split into small groups. Each group will receive a large piece of paper and a marker. Choose someone in the group to record the discussion on the 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 on page S-19, each group should list preventive services they think the individual should receive. You will have two minutes to make your list. Be prepared to explain your answers.*

Routine Oral Care

As discussed in Year 1 of the training, preventive self-care is crucial in caring for teeth. This means brushing well at least twice a day; flossing regularly; fluoride in toothpaste, an oral rinse or drinking water; and avoiding sugary substances in our mouths for long periods of time. If an individual brushes inadequately, you can assist by going back over their 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 an individual to the dentist, a wise approach is to help them ask the dentist and hygienist what they can do to improve their oral hygiene.

Most adults should have at least annual oral exams. Yearly oral 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

Historically, the general population has often devalued people with disabilities. That reality, paired with managed care, busy doctors, and Medi-Cal rates that are low in comparison to usual and customary charges, means that advocacy is often needed if individuals in your care are to receive the best possible health services. **Advocacy** means helping individuals help themselves.

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

- Believe every individual is entitled to quality care.
- Be persistent in getting the care the individual 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.

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 and documentation

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

The DSPs Role Before, During, and After Doctor Visits

Scheduling Doctor Visits

Before calling the doctor's office, be prepared and involve the individual as much as possible in the process. Have the individual's medical insurance information and date of birth available. Be sure to mention any specific concerns the individual has that may require more of the doctor's time; for example, discussion of a new 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 Doctor 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 planning 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 feel nervous about seeing the doctor, 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 doctor is saying and don't be afraid to ask them to explain things.
- 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.**

The DSPs Role Before, During, and After Doctor Visits (cont.)

- When the physician writes a prescription, ask questions about the medication.
- Possible side effects and interaction with existing medications.
- 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.

A primary reason why the DSP should keep written records of what happened during an individual's doctor visit is to make sure that other DSPs will know what the doctor's orders are.

A C T I V I T Y

Recording Visits and Telephone Calls with Doctors

Directions: *Working individually, fill in the Log of Health Care Visits in Appendix 4C on page S-21, based on this information about Jane Doe. You have 10 minutes to complete the activity.*

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 fries). Dr. Burns recommends that Jane 1) eat breakfast at home; 2) cut back to one hamburger and one order of 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 find resources to meet those needs.

Basic resources are:

- A primary care doctor (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 American 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.

PRACTICE AND SHARE

Do one of the following with an individual you support:

- Use the guidelines in this chapter to make a medical appointment.
- Use the Ask-the-Doctor Checklist in Appendix 4D on page S-22 to prepare for a medical appointment.
- Read the individual's IPP and find at least one thing you could do to support a healthy lifestyle.

Session 4 Quiz

Preventive Healthcare and Advocacy

1. **One element of a healthy lifestyle is:**
   A) Eating foods high in fat
   B) Physical activity
   C) Smoking cigarettes
   D) Watching a lot of television
2. **Routine physical examinations should include:**
   A) Measurement of blood pressure
   B) X-rays
   C) Examination by a specialist
   D) Surgery
3. **One thing you can do to be a health care advocate is:**
   A) Believe every person is entitled to quality care
   B) Know when it is too late to get medical attention
   C) Tell the doctor what tests and medication the individual needs
   D) Do not talk to the individual or doctor during the doctor's visit
4. **Breast self-examination, clinical breast exams, and mammograms are important for women because:**
   A) They are easier to do than stop smoking
   B) Prostate cancer screenings are not done for women
   C) They can help prevent heart disease
   D) They can help prevent deaths from breast cancer
5. **A PSA is a:**
   A) Tool used by doctors to detect high blood pressure
   B) Prostate cancer blood screening test
   C) Television channel dedicated to men's health issues
   D) Clinical breast examination
6. **Important information to share with the doctor's office when scheduling a visit includes:**
   A) Specific medical concerns the individual may have
   B) The individual's diet and exercise habits
   C) The individual's height and weight
   D) A description of the individual's last doctor appointment
7. **One way for the DSP to support an individual to make the most of a doctor's visit is to:**
   A) Leave them alone with the doctor during the visit
   B) Bring a written list of all medications the individual is taking
   C) Make a list of exactly three questions to ask the doctor
   D) Make sure they do not interrupt the doctor and DSP when they are talking

Session 4 Quiz (cont.)

8. If the DSP does not understand something the doctor says or does during a visit, the DSP should:

A) Ask the doctor to explain things until the DSP understands

B) Phone or write the doctor after returning to the facility

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 an individual'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. One example of a community health care and safety resource is a:

A) Restaurant specializing in low fat and high fiber foods

B) Nearby fire hydrant

C) A kidney disease support group or association

D) Neighborhood church

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 (cont.)

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:

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Appendix 4-B

Health Screening Guidelines for Men

These are health screening guidelines. The actual health screening tests that you will need depend on your health condition and family history of different diseases.
Talk with your doctor about diseases you should be screened for!

Procedure	Screens for...	Guidelines
Height and Weight Measurement	Overweight or Obesity	Annually
Blood Pressure	Hypertension	Annually
STD Screening	Sexually Transmitted Diseases (especially chlamydia and gonorrhea	For those who are sexually active - screen for chlamydia and gonorrhea annually
Blood Glucose test	Type II Diabetes	Every 5 years until age 45, every 3 years after age 45
Cholesterol Test	High Cholesterol	Starting at age 35, every 5 years
PSA (Prostate Cancer Blood Screening)	Prostate Cancer	Per Doctor recommendation
Vision and Hearing Screenings	Vision and Hearing Loss	Starting at age 50, annually
Fecal Occult Blood Testing	Colon Cancer	Starting at age 50, every 5 years
Colonoscopy	Colon Cancer	Starting at age 50, every 10 years

Health Screening Guidelines for Women

These are health screening guidelines. The actual health screening tests that you will need depend on your health condition and family history of different diseases.
Talk with your doctor about diseases you should be screened for!

Procedure	Screens for...	Guidelines
Height and Weight Measurement	Overweight or Obesity	Annually
Blood Pressure	Hypertension	Annually
STD Screening	Sexually Transmitted Diseases (especially chlamydia and gonorrhea	For those who are sexually active - screen for chlamydia and gonorrhea annually
Blood Glucose test	Type II Diabetes	Every 5 years until age 45, every 3 years after age 45
Pap Smear	Cervical Cancer	Starting when a woman becomes sexually active or when she turns 21, whichever comes first, every 3 years
Clinical Breast Exam	Breast Cancer	Starting at age 20, every 1 to 2 years
Mammogram	Breast Cancer	Starting at age 40, every 1 to 2 years
Cholesterol Test	High Cholesterol	Starting at age 35, every 5 years
Vision and Hearing Screenings	Vision and Hearing Loss	Starting at age 50, annually
Fecal Occult Blood Testing	Colon Cancer	Starting at age 50, every 5 years
Colonoscopy	Colon Cancer	Starting at age 50, every 10 years

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 medications being taken:

Name	Purpose	Prescriber	Dose/frequency

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 is the name of the drug, test or treatment? _____

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 the individual? _____

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? _____

_____

_____

A C T I V I T Y

HEALTH SCREENINGS SCENARIOS

Copy each scenario onto an index card to use for the activity on page S-8.

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:

- Describe why it is important for individuals to have an adequate intake of water everyday.
- List the five nutrients in foods that are necessary for growth, normal functioning, and maintaining life.
- Use the Food Plate ("MyPlate") to plan healthy meals.
- Read and understand food labels ("Nutrition Facts").
- Define the three types of diets: regular, modified, and therapeutic.
- Describe why it is important to know about each individual's dietary preferences and needs.
- List tips for assisting individuals with weight loss.
- List tips for saving money when food shopping.
- Identify ways to make mealtime a happy and successful part of the day.
- Describe four simple steps to prepare and store food safely.
- Identify ways to help individuals make physical activity part of their daily routine.

KEY WORDS

Key Word	Meaning	In My Own Words
Allergy	A sensitivity to a certain substance, including foods, that can cause reactions in the body.	
Anaphylactic Shock	A life-threatening event that can cause an individual's breathing to stop if emergency medical treatment is not immediately available.	
Bacteria	A microorganism commonly called a germ, capable of causing an infection.	

KEY WORDS (CONT.)

Key Word	Meaning	In My Own Words
Calorie	A unit of energy.	
Cross Contamination	The spread of bacteria from one food product, or another source, such as hands, to another food product.	
Essential Nutrients	Carbohydrates, protein, fat, vitamins, and minerals are the five nutrients found in food that are necessary for growth, normal functioning, and maintaining life.	
Food borne Illness	Sickness caused by eating contaminated food, sometimes called food poisoning.	
Obese	Weighing 15 or more pounds than the largest healthy 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.	

Nutrition and Exercise

Eating a healthy diet and getting regular exercise helps people stay in the best possible health. As a DSP, 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 to promote good health through nutrition and exercise.

Did you know:

- 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 enough exercise is associated with needing more medicine, and visiting a doctor, 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 the individuals you support.

Nutrition: We Are What We Eat!

We Need Water 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. **Calories** are units of energy found in food and drinks. If we take in more calories, or energy, than we use doing physical activities, we gain weight.
- 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 anticonvulsants
- Experience heavy drooling
- Have a high intake of fiber
- Experience Urinary Tract Infections (UTIs)

A Note About 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 fluids contain caffeine as well as sugar (Coke, Pepsi, tea, and coffee).

Always remember: Especially for individuals on anti-depressants, tranquilizers, and anti-psychotic medications they may need additional fluids.

The 5 Essential Nutrients in 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 **essential nutrients** necessary for growth, normal functioning, and maintaining life:

1. **Carbohydrates**
   Provide energy and fuel for the body. Good sources of carbohydrates are whole grains, vegetables, and fruits.
2. **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.
3. **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! (cont.)

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.

4. **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.

5. **Minerals**
The body needs 16 minerals to stay healthy. Minerals activate the body's biochemical processes.

Other Key Components of Food:

In addition to the 5 essential nutrients food also contains:

- **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. Salt is found naturally in many foods. Too much salt can cause high blood pressure and make many medical problems worse, including pre-menstrual syndrome, heart disease, and kidney disorders. See Appendix 5-C 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.
- **Calories**
A calorie is a unit of energy. Energy comes from the food we eat.

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 a great plate" in Appendix 5-A.

When planning a menu, it helps to think about the following things:

- The recommended nutritional guidelines
- The dietary preferences and needs of each individual in the home
- Community Care Licensing requirements
- Your household's budget

Dietary Guidelines

The U.S. Department of Agriculture introduced new dietary guidelines for 2015 - 2020. The guidelines focus on eating patterns. An eating pattern refers to the combination of all the foods and beverages a person eats and drinks over time. A large body of science now shows that healthy eating patterns and regular physical activity can help people achieve and maintain good health and reduce the risk of chronic disease throughout life. While the core parts of healthy eating patterns in the 2015 - 2020 Dietary Guidelines are the same as those from previous Dietary Guidelines (vegetables, fruits, whole grains, low-fat and fat-free dairy, and protein foods - all with little to no added sugars, saturated fats, and sodium), the emphasis of the 2015 - 2020 Dietary Guidelines is on the importance of the totality of what you eat and drink as a whole package.

MyPlate shows “healthy eating style” and “healthy eating patterns” that are highlighted in the Dietary Guideline. Each “slice” of the MyPlate represents one of the five food groups. The food groups are:

1. Grains:

Grains include any food made from wheat, rice, oats, cornmeal, barley, or another cereal grain. “Whole grains” include whole-wheat flour, bulgar (cracked wheat), oatmeal, whole cornmeal, and brown rice. **Make half your grains whole.**

2. Vegetables:

Any vegetable or 100% vegetable juice make up the Vegetable group. Vegetables may be raw or cooked; fresh, frozen, canned or dried/dehydrated. **Vary your veggies.**

3. Fruit:

Any fruit or 100% fruit juice make up this food group. Fruits may be fresh, canned, frozen or dried; and may be whole, cut-up, pureed, raw or cooked. **Focus on fruits.**

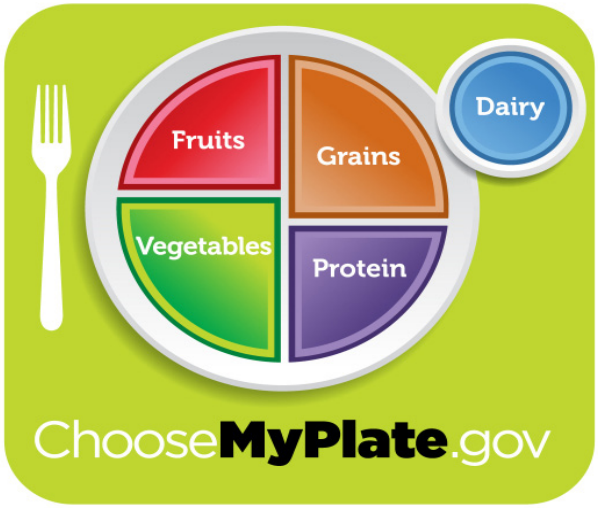
4. Dairy:

All fluid milk products and many foods made from milk, like cheese and yogurt, are in this food group. Although cream cheese, cream and butter are made from milk, they don’t count in the Milk group because they contain little or no calcium. Make your Milk choices fat-free or low-fat. **Get your calcium-rich foods.**

5. Protein:

All foods made from beef, pork, poultry, fish, dry beans or peas, eggs, nuts and seeds are part of the Protein group. Make your meat and poultry choices lean or low-fat. Select a variety of protein foods to improve nutrient intake and health benefits, including 8 ounces of cooked seafood per week. **Go lean.**

Source: Your Personal Path to Health: Steps to a Healthier You. Available for download at: http://www.choosemyplate.gov/.



ACTIVITY

Meal Planning Using MyPlate

Directions: *Plan a meal using at least one serving from five food groups on MyPlate. 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 Group:

Food:

Food Group:

Food:

Food Labels

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).
- 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.
- The Percentage 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: *Read a 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?*

2. *How many calories per serving?*

3. *When eating this food, do you think a person normally eats more or less than the serving size?*

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

5. *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?*

6. *What food group or groups does this food belong to on MyPlate?*

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

8. *Does this food contain added sugars? Some names for added sugars include: sucrose, glucose, high fructose corn syrup, corn syrup, maple syrup and fructose.*

Meeting Individual Preferences and Needs

It is important to know about individuals' food preferences because enjoying the foods they like increases their quality of life. 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 and 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.

It is also important to know about special nutritional needs that individuals may have, so that they can maintain their best possible health. 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 diets are:

- **Regular**
  A balanced diet that includes a variety of foods. This is the type of diet 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 **therapeutic diet** is 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.

Dietary Supplements

Food is the best source for vitamins and minerals. If people eat a nutritious, well-balanced diet, most do not need vitamin and mineral supplements, often called simply, "vitamins."

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 Allergies

Sometimes people need to avoid or restrict specific foods, such as peanuts or dairy products, because of an allergy. An **allergy** is a sensitivity to a certain substance, including foods, that can cause mild to life-threatening reactions in the body. 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.

Food Allergies (cont.)

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 a life-threatening event that can cause an individual's breathing to stop 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
- Self-care and maintaining good hygiene
- Transferring for wheelchair users

Obesity can also require frequent replacement of braces and orthotics.

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 doing other exercise. 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 (cont.)

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.

To help visualize a common portion size, compare its size to a common item. Use the following examples:

- 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 size 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.
- Eat smaller portions.
- 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 and/or preferred activities.

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 unless limited by dietary restrictions prescribed by a physician.
- 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 are "in season" when the price is relatively low.
4. Watch for sale items with nutritional value.
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. Save by purchasing store brands vs. national brand-name items.
10. Larger sizes are usually a better value.

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 proper temperature and in an attractive manner.
- Separate food on the plate; don't mix it together.
- 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

Bacteria is a microorganism commonly called a germ, capable of causing an infection. Harmful bacteria that enter the food supply can cause food borne illness. **Food borne illness** is sickness caused by eating contaminated food, sometimes called food poisoning. 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 spread of bacteria 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.
   - 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-B on page S-25 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 145ºF. Cook whole poultry to at least 165ºF.
   - Cook ground beef, where bacteria can spread during processing, to at least 160ºF. 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 at least 165ºF.

4. **Chill—Refrigerate Promptly**
   Most bacteria multiply at temperatures between 40º and 140ºF. This is the "danger zone." Refrigerate foods quickly because cold temperatures keep harmful bacteria from growing and multiplying. Set your refrigerator no higher than 40ºF and the freezer unit at 0ºF. 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 good, but excess oil and calories can be a problem.

Meat, Poultry, and Eggs

A high amount of bacteria is associated with food that comes from animals. Therefore, more preparation needs to be taken before eating these items. As with vegetables, there are various methods of cooking these foods.

- 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

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

Word	***Definition***
1. *Two-hour rule*	***A.*** *The spread of bacteria from one food product 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 40º and 140º F.*

Movement and Exercise cont.

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 are a few suggestions to get started.

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

- 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 (cont.)

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.

SUMMARY

In summary, DSPs have a unique opportunity to contribute to individuals' health by promoting healthy eating and exercise habits.

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.

Session 5 Quiz

Nutrition and Exercise

1. **Which of these are necessary nutrients in food?**
   A) High fructose corn syrup
   B) Sweeteners and food coloring
   C) Proteins and minerals
   D) Preservatives

2. **Which is one of the food groups on MyPlate?**
   A) Snacks
   B) Nuts
   C) Eggs
   D) Fruits

3. **"Nutrition Facts" labels give information about:**
   A) How to cook the product
   B) What other foods you can serve with the product
   C) The number of calories in a serving and the calories from fat
   D) The price of the product

4. **When an individual has a special diet prescribed by a doctor because of a health condition, they are following a:**
   A) Regular diet
   B) Modified diet
   C) Therapeutic diet
   D) High calorie diet

5. **How can the DSP assist individuals with weight loss?**
   A) Provide the individual with sweet snacks several times a day
   B) Reward good behavior with food
   C) Prepare low calorie snacks between meals
   D) Encourage TV watching

6. **How can you save money while shopping for food?**
   A) Look for sale items
   B) Buy everything the individual wants
   C) Buy smaller size items
   D) Buy "convenience" foods

7. **When preparing and storing foods, the DSP should:**
   A) Use one wooden cutting board when preparing all foods
   B) Defrost foods at room temperature
   C) Separate raw meat, poultry, and seafood from other foods in the refrigerator
   D) Over-cook meats, poultry, and casseroles to kill bacteria

8. **What happens when food is cross-contaminated?**
   A) Harmful bacteria is killed by high heat
   B) Harmful bacteria is spread from one food to another
   C) Fat from meat is used to cook other foods
   D) The food lacks flavor

9. **Food allergies are dangerous for some individuals because:**
   A) Allergic reactions are very rare
   B) Allergic reactions can be life-threatening
   C) Most individuals are sensitive to new foods
   D) Individuals have too many allergies

10. **Individuals need to drink more than 8-12, 8-ounce glasses of water per day if they:**
    A) Experience heavy sweating/ perspiration
    B) Live in a warm climate
    C) Use tranquilizers or anti-convulsants
    D) All of the above

Appendices

10 tips
Nutrition Education Series

build a healthy meal

10 tips for healthy meals

A healthy meal starts with more vegetables and fruits and smaller portions of protein and grains. Think about how you can adjust the portions on your plate to get more of what you need without too many calories. And don't forget dairy—make it the beverage with your meal or add fat-free or low-fat dairy products to your plate.

1 make half your plate veggies and fruits

Vegetables and fruits are full of nutrients and may help to promote good health. Choose red, orange, and dark-green vegetables such as tomatoes, sweet potatoes, and broccoli.

2 add lean protein

Choose protein foods, such as lean beef and pork, or chicken, turkey, beans, or tofu. Twice a week, make seafood the protein on your plate.

3 include whole grains

Aim to make at least half your grains whole grains. Look for the words "100% whole grain" or "100% whole wheat" on the food label. Whole grains provide more nutrients, like fiber, than refined grains.

4 don't forget the dairy

Pair your meal with a cup of fat-free or low-fat milk. They provide the same amount of calcium and other essential nutrients as whole milk, but less fat and calories. Don't drink milk? Try soymilk (soy beverage) as your beverage or include fat-free or low-fat yogurt in your meal.

5 avoid extra fat

Using heavy gravies or sauces will add fat and calories to otherwise healthy choices. For example, steamed broccoli is great, but avoid topping it with cheese sauce. Try other options, like a sprinkling of low-fat parmesan cheese or a squeeze of lemon.

6 take your time

Savor your food. Eat slowly, enjoy the taste and textures, and pay attention to how you feel. Be mindful. Eating very quickly may cause you to eat too much.

7 use a smaller plate

Use a smaller plate at meals to help with portion control. That way you can finish your entire plate and feel satisfied without overeating.

8 take control of your food

Eat at home more often so you know exactly what you are eating. If you eat out, check and compare the nutrition information. Choose healthier options such as baked instead of fried.

9 try new foods

Keep it interesting by picking out new foods you've never tried before, like mango, lentils, or kale. You may find a new favorite! Trade fun and tasty recipes with friends or find them online.

10 satisfy your sweet tooth in a healthy way

Indulge in a naturally sweet dessert dish—fruit! Serve a fresh fruit cocktail or a fruit parfait made with yogurt. For a hot dessert, bake apples and top with cinnamon.

USDA United States Department of Agriculture
Center for Nutrition Policy and Promotion

Go to www.ChooseMyPlate.gov for more information.

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Appendix 5-B 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 40ºF, but above freezing. Keep the freezing compartment at 0ºF.
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 140ºF).
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.

    Note: If individuals in the home have open access to food in the refrigerator, it is important to exercise enough supervision to ensure that no one eats food that has spoiled.

Appendix 5-C 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-D Food Labels

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:

- Explain the goal of teaching the individual new skills.
- Describe what you can learn by having a relationship with the individual.
- Identify opportunities for teaching new skills.
- Define the following terms: *functional skills, meaningful skills,* and *age-appropriate skills*.
- Identify natural times for teaching functional skills.
- Define and complete a task analysis.
- Identify and use a variety of instructional prompts.

KEY WORDS

Key Word	Meaning	In My Own 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 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.	
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.	

KEY WORDS (CONT.)

Key Word	Meaning	In My Own Words
Prompting	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.	

A C T I V I T Y

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about successful teaching strategies?

What do you **want to know** about successful teaching strategies?

To be answered at the end of the session, during review:
What **have you learned** about successful teaching strategies?

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 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 1, 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.

The Goal of Teaching (cont.)

Even if we aren't trying to teach, we actually do. Knowing how to teach helps 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 we can all become better at when 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 grows.

The Teaching Process

The teaching process presented here is one that you can 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 people that made learning easier for us? 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 (cont.)

Several things can be learned just by interacting including:

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

Look at the Individualized Program Plan (IPP)

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.

A C T I V I T Y

Establishing Relationships with Individuals

Directions: *Think about an individual you support. Using what you know about this person fill in the worksheet. Share your answers with another student.*

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. **Functional skills** are skills that are necessary for the individual's own self-care. They are skills that someone will have to perform for the individual if the individual doesn't learn to perform them. 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.

Functional, Age-Appropriate, and Meaningful Skills (cont.)

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 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, Age-Appropriate, and Meaningful Skills

Directions: *Raymond is a 17-year-old young man with cognitive and motor challenges. Place a check inside the box when the stated activity meets the guidelines for functional, age-appropriate, and meaninful skills on pages S-7 and S-8. For each activity that does not meet the guidelines, identify a different activity that does.*

Activity	Functional?	Relevant	Age-appropriate?	Supports independence?	Naturally reinforced?	If not, alternate activity?
Listen to county music CD						
Shopping at the Mall						
Putting together a 6 piece Disney puzzle						
Making a toaster waffle						
Washing clothes						
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						

Functional, Age-Appropriate, and Meaningful Skills (cont.)

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.

Functional, Age-Appropriate, and Meaningful Skills (cont.)

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.

A C T I V I T Y

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 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. 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.

A C T I V I T Y

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 the 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.

Teaching Tools: Teaching New Skills (cont.)

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 you are 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 steps, 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*
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.

Teaching Tools: Teaching New Skills (cont.)

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.

A C T I V I T Y

Observing the Steps Involved in an Activity

Directions: *Watch the video scenario. Write down each step in the activity as you observe it. Then, 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.

A C T I V I T Y

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 drawings among the group.*

ACTIVITY

Setting the Table: Task Steps

List the steps for setting the table as you drew it on the placemat on page S-16.

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.

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 you get stuck, ask yourself: "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 (cont.)

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 counterproductive. 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 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.

Instructional Prompts (cont.)

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 oven, 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 the phone. Some individuals may not like to be physically guided through a task.

Instructional Prompts (cont.)

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

A C T I V I T Y

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.

1. Did the individual seem to do better when shown how to do something or when told?

2. Did the individual learn best when actually working with materials or when told step-by-step instructions?

3. 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.

Session 6 Quiz

Strategies for Successful Teaching, Part 1

1. What is the primary goal of teaching the individual new skills?

A) To help individuals live independently and with enjoyment

B) To learn how to a task analysis

C) To teach the individual job skills

D) To help the individual make new friends

2. Which of the following can a DSP learn by spending time with an individual?

A) The individual's medical diagnosis

B) The individual's blood pressure

C) Things the individual likes to do

D) The time the individual must take medications

3. The DSP can create the best learning environment by:

A) Providing adequate lighting

B) Establishing a good relationship with the learner

C) Establishing a firm leadership role

D) Providing the right books for class

4. A skill is functional when:

A) The individual knows how to do the skill

B) It is necessary for the individual's self-care

C) The individual's parents want him or her to learn the skill

D) It is age-appropriate for the individual

5. A skill used frequently by an individual is:

A) A new skill

B) An unnecessary skill

C) A beginning skill

D) A relevant skill

6. An age-appropriate skill for a fifteen-year-old is:

A) Singing the ABC song

B) Stacking blocks

C) Using the telephone to call a friend

D) Coloring a picture with crayons

7. Which event signals a good opportunity to teach?

A) An individual has successfully completed a task

B) An individual is feeling ill

C) An individual asks for help to do something

D) The director tells the DSP to help the individual

8. What is a task analysis?

A) Finding functional skills

B) Breaking down a complex task into small steps

C) Learning necessary skills

D) Pointing toward something to draw attention to it

9. What is the benefit of providing a prompt?

A) To provide additional information to ensure success

B) To reward individuals for doing a good job

C) To provide a list of things to do

D) To teach an individual to perform a task

10. When the DSP shows an individual how to do part or all of a skill, they are using a _____ prompt.

A) Modeling

B) Easy

C) Contextual

D) Gestural

Appendices

Appendix 6-A 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?

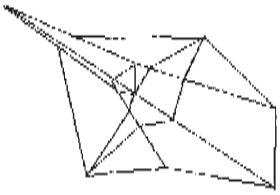
Questions for students:

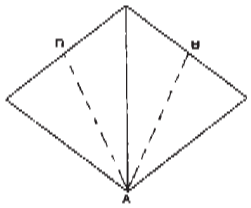
1. Can you complete the task independently?

2. What did the teacher do that helped you learn?

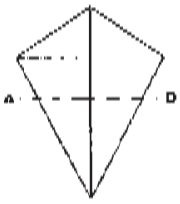
3. What did not help?

Paper Airplane Directions



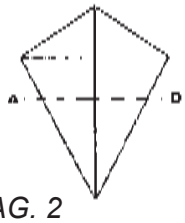


DIAG. 1

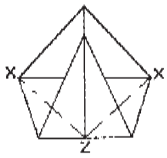


DIAG. 2

1. Take a square piece of paper and fold it down the middle then open it out and fold along the lines AB in DIAG. 1. Now you should have a shape like DIAG. 2.



DIAG. 2



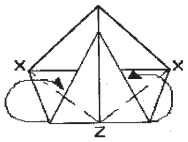
DIAG. 3

2. Now fold along the line AB in DIAG. 2 you should get DIAG. 3. It is important that the fold AB is midway up the flaps created in STEP 1.

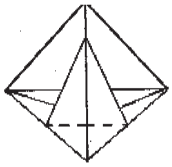
3. Now fold along the lines XZ on DIAG. 3 and unfold having creased very well along these lines. Then fold them in the other direction creasing well and unfold.

Appendix 6-A Paper Airplane (cont.)

4. Tuck the flaps produced in the previous step inside as the arrows show on DIAG. 4. This should give you DIAG. 5.

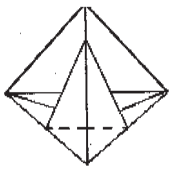


DIAG. 4

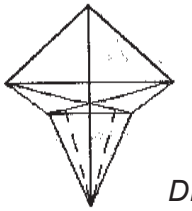


DIAG. 5

5. Fold the tip down along the dotted line in DIAG. 5 to give DIAG. 6.

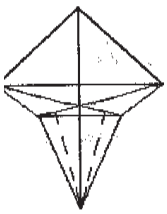


DIAG. 5



DIAG. 6

6. Now fold along the two dotted lines in DIAG. 6 giving DIAG. 7.



DIAG. 6

DIAG. 7

7. To finish the model off fold along the dotted lines in DIAG. 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 2

OUTCOMES

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

- Describe least-to-most prompting strategy.
- Define partial participation.
- List types of adaptations that increase the individual's participation in activities.
- Define reinforcement.
- Describe and use shaping as a teaching strategy.
- Identify how to help an individual generalize learned skills.
- Document the individual's progress on learning skills.
- Identify things that help the individual maintain learned skills.

KEY WORDS

Key Word	Meaning	In My Own Words
Adaptation	Objects or devices that are made or changed specifically to help an individual learn or do an important skill.	
Fading	Using prompts of lesser strength as the individual becomes more capable on each step.	
Generalize	To perform a newly learned skill in whatever situation the individual needs or wants to use the skill.	
Least-to-Most Prompting	Providing the least amount of assistance necessary for the individual to correctly perform the step.	
Partial Participation	Teaching or supporting an individual to perform or participate, at least partially, in an activity even though he or she may not be able to function independently in the activity.	

KEY WORDS (CONT.)

Key Word	Meaning	In My Own Words
Reinforcement	Rewards given after an individual performs a desired behavior.	
Task Analysis	Listing the sequence of actions or steps involved in completing a skill.	
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.	
Skill Maintenance	An individual can continue to use a skill over time.	

A C T I V I T Y

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about successful teaching strategies?

What do you **want to know** about successful teaching strategies?

To be answered at the end of the session, during review:
What **have you learned** about successful teaching strategies?

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 him 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 checking if Jason is able to set the table for dinner. After he is asked to set the table, the first step 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 placemats, staff would say, "Jason, get the placemats." Stronger prompts would be provided until Jason was able to complete the task correctly. If, in this case, Jason still did not get the placemats, even with the direct verbal prompt, we might repeat the verbal prompt and point to the placemats. If necessary, we might need to assist Jason physically by lightly guiding his hands to get the placemats and place them on the table.

Lease-to-most prompting is providing the least amount of assistance necessary for an individual to correctly perform the step. The important thing in using this 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.

Example:
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 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.

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 your 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.

Example:
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 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.

Example:
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.

A C T I V I T Y

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** are objects or devices that are made or changed specifically to help an individual learn or do an important skill. 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 chores to do in his home on Saturdays. He is quite capable of doing the chores, but staff at his home find they are prompting him repeatedly to remember many of the chores. 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 chore are placed in order in a small book. As he completes each chore, he turns the picture to see the next step in the chore.

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 chores, 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.

The following examples show that environments may be adapted to allow individuals to live more independently and comfortably.

Adapting the Sequence of Activities

Sometimes the typical sequence of a task or activity can be changed to allow for participation.

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 waiter or waitress.

Adapting the Rules of an Activity or Changing the Way an Activity is Usually 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. 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 help to complete tasks. For example, when 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.

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: *Think of an individual who you support who might need adaptations to help them participate in certain activities. Brainstorm ideas for adaptations using the categories shown below.*

Adaptation Type	Examples
Adapting materials	
Adapting environments	
Adapting the sequence of activities	
Adapting the rules of an activity	

Adaptations for Participation (cont.)

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 when rewards are given after the individual successfully performs a desired behavior. 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 new 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!"

Example:
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!"

Reinforcement Strategies (cont.)

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** gradually teaches new behavior through the use of reinforcers. 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:

Evaluating Teaching Success

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 the consequence is actually reinforcing to the individual.
- Accept approximations of the desired skills you want and then shape them.
- Plan and teach for generalization.

Evaluating Teaching Success (cont.)

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 pre-measured 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 is 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 requires more 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. A Task Analysis Data sheet can be found in Appendix 7-A.

A C T I V I T Y

Documenting Progress

Directions: *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
IV = Indirect Verbal
DV = Direct Verbal
M = Model
G = Gesture
PP = Partial Physical
FP = 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. **Skill maintenance** means that an individual can continue to use a 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:

1. **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?

2. **Periodic re-teaching of the skill**

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

Directions: *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. **What prompting strategy requires the DSP to know how much help an individual needs so they won't provide any more help than is needed?**
   A) Partial participation
   B) Fading
   C) Error correction
   D) Least-to-most
2. **What is partial participation?**
   A) Participating in tasks that need some level of support
   B) Participating in new tasks only
   C) Participating when feeling happy about a task
   D) Participating only when the task requires extra effort
3. **What is a way of increasing the meaningful participation of individuals in age-appropriate, functional activities?**
   A) Use of distractors
   B) Use of punishment
   C) Use of adaptations
   D) Use of questions
4. **What are two things that can be adapted to allow the individual to participate?**
   A) Friends and relatives
   B) Birthdays and anniversaries
   C) Time and temperature
   D) Materials and environment
5. **What is reinforcement?**
   A) Additional information to ensure success
   B) Rewards given after successfully performing a desired behavior
   C) Sequence of actions or steps
   D) A new skill or way of doing something
6. **What is shaping?**
   A) Adaptation of the sequence of activities
   B) Reinforcement of successive attempts
   C) Development of prompting skills
   D) Reinforcement of poor behavior
7. **What does it mean to generalize a skill?**
   A) To be able to use a skill when it is needed or wanted
   B) To learn general skills
   C) To be able to perform a skill in certain situations
   D) To know when to use a skill
8. **How can the DSP help the individual generalize learned skills?**
   A) Provide physical supports when needed
   B) Reinforce only when the individual performs the skill correctly
   C) Include different situations toward the end of the teaching process
   D) Use appropriate prompting strategies
9. **How can the DSP evaluate teaching effectiveness?**
   A) Ask the individual to evaluate their teaching
   B) Keep a journal documenting the individual's daily activities
   C) Ask a supervisor to evaluate their teaching
   D) Document prompting level and the steps the individual can do independently
10. **What helps individuals maintain newly learned skills?**
   A) Periodic re-teaching of the skills
   B) Performing the skills once a year
   C) Punishment for not remembering the skills
   D) Reminding the individual of their success with the skills

Appendices

Appendix 7-A Task Analysis Data Sheet

Documenting Progress

Progress Record

I = Independent
IV = Indirect Verbal
DV = Direct Verbal
M = Model
G = Gesture
PP = Partial Physical
FP = Full Physical

Skill/Task:

Task steps	Progress				
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					
9. _____					
10. _____					

Student Resource Guide

8. Risk Management in Daily Living

Student Resource Guide: SESSION 8

Risk Management in Daily Living

OUTCOMES

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

- List The Principles of Risk Management.
- Recognize the level of risk associated with different activities.
- Describe how to reduce an individual's fear about risk.
- Use a risk assessment tool to evaluate risks in daily living.
- Complete an Unusual Incident/Injury Report.
- Identify steps to lessen the possibility that an incident will happen again.

KEY WORDS

Key Word	Meaning	In My Own Words
Causal Analysis	A way to determine why an incident or event happened in order to prevent it from happening again.	
Mitigate	To lessen the effects of risk.	
Perceived Risk	The level of risk individuals associate with an activity, based upon their experiences and feelings.	
Proactive Risk Management	Making a plan to minimize possible harm to individuals.	
Risk Assessment	Looking at an environment or activity for possible harm to individuals.	
Risk Management	A term given to processes that may reduce the chance of harm to individuals.	
Special Incident Report (SIR)	A report that is provided to the regional center in the event of serious bodily injury, serious physical harm, or death; potential criminal charges or legal action; or poisonings, or catastrophes involving any regional center individual.	

A C T I V I T Y

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about risk management in daily living?

What do you **want to know** about risk management in daily living?

To be answered at the end of the session, during review:
What **have you learned** about risk management in daily living?

Opening Scenario

Kay is a 45-year-old woman with multiple disabilities who lives in Martha's Place, a small group home. While Kay has a number of challenges in life, including her fragile medical condition and the need for almost total assistance in her personal care activities, she is very friendly and enjoys being with people. Kay is originally from Korea and has an elderly guardian who needs to find someone else to act as Kay's guardian in the near future.

Martha's place is in an urban area, and while transportation, business and leisure opportunities are nearby, her home is not in a particularly safe area.

Joan is a young woman 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.

The Role of the DSP in Risk Management

As a DSP, Joan has responsibilities she didn't have in her past employment. She agreed to support individuals who may need a great deal of assistance in many areas of life. At the same time, the individuals Joan supports are adults with the right to make choices and experience life. There is always some measure of risk in experiencing life and one of the first things Joan must learn is to manage risk in a way that does not limit the rights of Kay and others who live at Martha's Place.

The Principles of Risk Management

In Year 1, you learned about risk management and how to apply it to your work. Again, risk management is a term given to processes that may reduce the chance of harm to individuals. In this session we will review the principles of the risk management and learn ways to determine the causes of risk in order to prevent future incidents and injuries.

The Principles of Risk Management are:

1. **Prevention of serious incidents is the number one priority.**

   The best possible risk management strategy is to be aware of potential 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 an object 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 (cont.)

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. **Everyone who is required to report incidents, including DSPs, knows how to respond to, report, and document incidents in a timely and accurate manner.**

   DSPs are **mandated reporters** and must report incidents 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.

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.**

   Risk management is a never-ending process of identification, assessment, planning, and evaluation of results.

   Mitigate means to lessen the effects of risk.

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 identify risks early before an accident or injury occurs. You have a unique responsibility in supporting quality of life for individuals and ensuring their health and safety. **Remember: Prevention is the number one priority!**

Levels of Risk

Scenario

Joan 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. Joan 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 seem to be risks 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 understand of this challenge.

Joan enjoys mountain biking and rock climbing, two activities that have risks associated with them. Surely there are safer recreational activities. What about going to a movie? The point is, there are all kinds of activities to choose from, and all of them have a certain level of risk. The level may be considered appropriate, increased, significant, or high.

Levels of Risk (cont.)

Let's look at some typical activities. How would you rate the level of risk?

1. Eating breakfast.
2. Calling a friend on the phone.
3. Riding the bus.
4. Walking to the grocery store.
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, traffic at different times of day may be busier, increasing the risk of walking to the store. Taking a shower when we have an injury and feel more unstable may increase the risk of falling.

Almost any environment or activity has a certain level of risk associated with it. You can trip on an uneven sidewalk while taking a walk, receive a bite from a dog you are petting, or break a tooth eating candy. Most of you don't stop doing activities 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 means the level of risk 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 you should be careful. There are activities that have a significant or high level of risk, which means that you should avoid the activity or take precautions.

Perceived Risk

Perceived risk is the level of risk individuals associate with activities based upon their experiences and feelings.

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.

There are activities that seem to carry a lot risk with them no matter who is doing them; for example, 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, 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.

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.

Levels of Risk (cont.)

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, stories, association with positive events or feelings, and other means to reduce the level of fear he feels. 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.

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 present a high risk of choking for someone who eats too quickly or doesn't chew. As DSPs, recognizing the potential for risk in activities, assessing that risk, and taking steps to minimize risk is your responsibility.

Proactive Risk Management

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 that even this simple activity has risks.

Let's look at the possible causes more closely. There is an underlying 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, and considered probable causes. The next step would be to discuss intervention strategies to prevent the event from happening again. This is what **proactive risk management** is all about: making a plan to minimize possible harm to individuals.

ACTIVITY

Looking at Levels of Risk

Directions: *Take a few moments and write down some home, community, and recreational activities that you do. Don't only consider the high risk activities; for example, skydiving. Consider some of the more common activities you do. Write down 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, write down things that might increase the level of risk.

Activity	Level of risk	What would increase the level of risk?
Examples:		
Taking a shower	Appropriate	Unstable, can't judge temperature, fearful of shower, drowsy, medications, etc.
Driving	Increased	Medications, sleepy, heavy traffic, noisy, poorly behaved companions, etc.

SCENARIO

Ray loves to read People magazine. He looks forward to getting each new copy. In developing his IPP through a Person-Centered Plan, his support staff, family, and friends suggested that Ray develop skills by buying his own magazine at the store. This would be a natural way for Ray to learn travel and money skills, except for one thing—Ray is scared of going to the store. He is often invited and always prefers to stay in the car or outside. For some reason, this activity feels very scary to Ray; that is, he perceives a high level of risk in going to the store.

It is likely that there are parts of the activity of purchasing a magazine that Ray 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 Ray's situation in the scenario above, how would we break it down into parts?

ACTIVITY

Reducing Perceived Risk

List the steps involved in preparing for, and going to the store to buy a magazine.

Identify the step(s) that might present the challenge for Ray.

What can we do to reduce the risk Ray perceives?

You could simply accept that Ray won't go in the store. Ray 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 Ray 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.

A C T I V I T Y

Task Analysis for Risk Assessment

Kay has decided that she would like to go to a rock concert. The staff at Martha's Place were surprised when she told them this and didn't think it would be safe for her. Joan, the DSP, understands that this is important for Kay and is willing to try to find a way to honor Kay's wish.

Pretend that you are Kay's DSP. List the steps involved in the activity of going to the rock concert. Assume that you have tickets to the concert. What steps would occur on the night of the concert, from Kay leaving her home until she returns after the concert? Note the concerns you have and write down possible strategies for each concern.

Steps	Risk	Plans for Minimizing Risk

In many cases, the first thing some staff members might do is try to talk Kay 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.

Using a Risk Assessment Tool

Identifying, assessing, and planning to prevent or mitigate risk often takes a team effort. DSPs, working individually or in teams, may want to use an assessment tool such as the following sample Risk Assessment Worksheet, in the activity below. A blank worksheet is in Appendix 8-A.

On this worksheet, the DSP simply lists the risks and ideas or plans for reducing or avoiding the risk. DSPs can use this worksheet as a guide for thinking through the risk management process. It will help you to record your observations and ideas to share with others, including the planning team.

A C T I V I T Y

Using a Risk Assessment Worksheet

Directions: *Think of an individual you support. Using the Risk Assessment Worksheet, identify whether significant risk factors exist in their lives. Think of plans to manage those risks.*

Description of Risk*	Plans to Manage Risk
Example: Risk of choking	Identify causing factors; have individual sit at 90 degrees while eating; ensure staff is present during meals; limit conversation; etc.

*Remember to think about the individual's health, behavior, daily living skills, environment, and lifestyle choices.

The worksheet can be used to:

- List and describe possible risks.
- Provide information important for the planning team.
- Plan intervention to prevent or mitigate risk.
- Identify the need for an evaluation by a specialist.
- Identify the need for special equipment or changes to the environment.
- Identify additional services and supports that may be needed.
- Document the plan.
- Monitor the results.

S C E N A R I O

Using a Risk Assessment Tool

Kay is a woman with multiple disabilities including physical, communicative, and health impairment. Because of her difficulties with communication and movement, it is hard to determine her cognitive abilities. In using the Risk Assessment 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 Kay 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 Kay 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 Worksheet by actually using it. 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 think of 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 Evaluation & 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.

DSP Incident Reporting Requirements

General Reporting Requirements

In Year 1, we discussed risk management principles and incident reporting. Let's review requirements for reporting to licensing agencies (Title 22) and regional centers (Title 17).

Even if DSPs follow the principles of risk management, incidents still happen. When they happen, the DSP is required by law to report these incidents. Depending upon the type of incident, the DSP will report to all or some of these agencies: Regional Centers, Community Care Licensing, local law enforcement, Adult and Child Protective Services, and the Ombudsman. The timelines for reporting vary depending upon the type of incident. Appendix 8-B through 8-D summarize reporting requirements for these agencies. You are required to meet ***all*** reporting requirements. For example, upon reviewing these tables, you will see that there are requirements to report abuse of a child to regional centers, Community Care Licensing, Child Protective Services, and local law enforcement. If you suspect an adult is being abused in a licensed setting, you must report to the regional center, licensing agency, and Ombudsman or law enforcement. You must meet ***all*** reporting requirements. Reporting to one agency does not mean you don't have to meet the requirements of another. The actual reports are also called by different names. For example, the incident report that goes to regional centers is called a "Special Incident Report," while the report that goes to Community Care Licensing is called the "Unusual Incident/Injury Report." (Appendix 8-D)

In this training, you will use a sample Community Care Licensing form. Even though other agencies may have different forms, the information that is required is generally the same. It is a good idea to ask the local regional center if they have a Special Incident Report form and to use it when reporting to the regional center. Some regional centers accept the Community Care Licensing form but many have their own Special Incident Report form.

In general, special or unusual incident reports include:

- The name, address, and telephone number of the facility.
- The date, time, and location of the incident.
- The name(s) and date(s) of birth of the individuals involved in the incident.
- A description of the event or incident.

- If applicable, a description (such as, age, height, weight, occupation, relationship to individual) of the alleged perpetrator of the incident.
- How individual(s) were affected, including any injuries.
- The treatment provided for the individual.
- The name(s) and address(es) of any witness(es) to the incident.
- The actions taken by the vendor (licensee, DSP, the individual or any other agency or individual) in response to the incident.
- The law enforcement, licensing, protective services, and/or other agencies or individuals notified of the incident or involved in the incident.
- If applicable, the family member(s) and/or the individual's authorized representative who has been contacted and informed of the incident.

The responsibility to report an incident lies with the person who observed it or the person who has the best knowledge of the incident. No supervisor or administrator can stop that person from making the report. However, internal procedures to improve reporting, ensure confidentiality, and inform administrators of reports are permitted and encouraged. It is important that you know any internal procedures that may be used where you work.

Regional centers have the responsibility to provide case management services to the individuals you support. So, regional center service coordinators need as much information as possible about the individual. For this reason, many regional centers have additional reporting guidelines. Remember, when reporting:

- If you report to another agency, report to the regional center.
- If you are not sure if an incident should be reported, report to the regional center.
- Follow any reporting guidelines from the regional center.
- Report all incidents to the regional center, even if they did not happen in the home where you work.

A C T I V I T Y

Unusual Incident/Injury Report

Frank 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. Frank has lived in a number of care facilities since he moved from one of the state developmental centers. Frank 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—Frank 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 individuals 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 Frank on the floor, choking. He also had a gash on his head, apparently from hitting the chair as he fell. Stan used the Heimlich maneuver and was finally able to dislodge food from Frank's throat. Stan checked Fran's cut and knew he needed medical attention. He called 911 and then called his boss. Frank was taken to emergency and received three stitches for his head wound.

How would you complete the Unusual Incident/Injury Report on the following two pages 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:		

AGENCIES/INDIVIDUALS NOTIFIED *(SPECIFY NAME AND TELEPHONE NUMBER)*

☐ LICENSING_____ ☐ ADULT/CHILD PROTECTIVE SERVICES_____

☐ LONG TERM CARE OMBUDSMAN_____ ☐ PARENT/GUARDIAN/CONSERVATOR_____

☐ LAW ENFORCEMENT_____ ☐ PLACEMENT AGENCY_____

Causal Analysis

Reporting incidents is 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.

Causal analysis is a way to determine why an incident or event happened in order to prevent it from happening again.

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 things. Think about causal analysis as "peeling an onion" to get to all those contributing causes, in order to take 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.

A C T I V I T Y

Minimizing the Possibility of Recurrence

Directions: *Using Frank as an example, identify his risk factors and ways to prevent the incident from happening again.*

Factor	Ways to minimize recurrence
Example:	
Frank eats too fast	• Develop program to teach eating slowly • Provide small portions rather than full plate • Make food available to Frank during the day

Applying Causal Analysis

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 them from happening again. You are also providing a good model for new staff members who look to more experienced staff members for guidance. If your attitude 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.

A C T I V I T Y

Applying Causal Analysis

Read the incident described below.

Sandra is a DSP working at Martha's Place. She is responsible for assisting individuals 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.

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?

SUMMARY

In summary, remember that prevention is the number one priority. You learn to prevent injury by getting to know the individuals who you support and by learning from your experiences.

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 reoccurrence.

OR

2. Fill out a Risk Assessment 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.

Risk Management in Daily Living

1. **Which of the following is one of the Guiding Principles of Risk Management?**
   A) Make friends and have fun
   B) Prevention of serious incidents is the #1 priority
   C) Avoid common mistakes
   D) Keep information confidential
2. **One of the keys to preventing serious accidents is:**
   A) Strong rules
   B) Positive relationships
   C) Visual learning
   D) Open communication
3. **Which one of the following activities involves the most risk?**
   A) Watching TV
   B) Taking a nap
   C) Walking to the store
   D) Reading a book
4. **An activity has an appropriate level of risk when:**
   A) The activity is reasonable and the individual knows what to expect
   B) The activity is completely new
   C) The activity is something the individual usually avoids
   D) The activity can severely affect an individual's health
5. **What is the first step in developing a plan to reduce the individual's perceived risk associated with an activity?**
   A) Complete a Special Incident Report
   B) Discourage the individual from doing the activity
   C) Substitute another activity for the one with perceived risk
   D) Break the activity into steps
6. **What is the purpose of completing the Risk Assessment Worksheet?**
   A) To plan ways to minimize risk across all activities
   B) To meet the DSP requirements
   C) To keep the individual from doing risky things
   D) To provide the individual with choices
7. **What is an example of an incident requiring a Special Incident Report (SIR)?**
   A) An incident that resulted in loss of a friendship
   B) An incident that resulted in a small bruise
   C) An incident that resulted in a temper tantrum
   D) An incident that resulted in serious bodily injury
8. **When must a written Special Incident Report be submitted to the regional center?**
   A) One week after the incident
   B) Within one work day of the incident
   C) By the end of the facility's business day
   D) Within 48 hours of the incident
9. **What is a standardized way to look at and analyze a situation to determine why it occurred?**
   A) Risk analysis
   B) Task analysis
   C) Causal analysis
   D) Personal analysis
10. **What is the goal of causal analysis?**
   A) To minimize the recurrence of an incident
   B) To mitigate the effects of an incident
   C) To minimize the consequences of an incident
   D) To maximize the individual's potential

Appendices

Appendix 8-A

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 Evaluation & Planning Worksheet: Sample A

Individual's Name_____ Date of Discussion _____ Date of Note _____

Participants _____

Significant Risk Factors (List)	Present Yes	Present No	Description of risk, circumstances, frequency	Interventions required to eliminate or minimize risk
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				

Appendix 8-A (cont.)

Significant Risk Factors (List)	Present Yes	Present No	Description of risk, circumstances, frequency	Interventions required to eliminate or minimize risk
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				

Appendix 8-B
DSP Incident Reporting Requirements

General Reporting Requirements

Even if DSPs follow the principles of risk management, incidents still happen. When they happen, the DSP is required by law to report these incidents. Depending upon the type of incident, the DSP will report to all or some of these agencies: regional centers, Community Care Licensing, local law enforcement, Adult and Child Protective Services, and the Ombudsman. The timelines for reporting vary depending upon the type of incident.

The tables on the following pages summarize reporting requirements for each of these groups. You are required to meet ***all*** reporting requirements. For example, upon reviewing these tables, you will see there are requirements to report abuse of a child to regional centers, Community Care Licensing, Child Protective Services, and local law enforcement. If you suspect an adult is being abused in a licensed setting, you must report to the regional center, licensing agency, and Ombudsman or law enforcement. You must meet ***all*** reporting requirements. Reporting to one agency does not mean you don't have to meet the requirements of another.

The actual reports are also called by different names. For example, the incident report that goes to regional centers is called a "Special Incident Report," while the report that goes to Community Care Licensing is called the "Unusual Incident/ Injury Report." (Appendix 8-D) In this training, you will use a sample Community Care Licensing form. Even though other agencies may have different forms, the information that is required is generally the same. It is a good idea to ask the local regional center if they have a Special Incident Report form and to use it when reporting to the regional center. Some regional centers accept the Community Care Licensing form but many have their own Special Incident Report form.

In general, special or unusual incident reports include:

- The name, address, and telephone number of the facility.
- The date, time, and location of the incident.
- The name(s) and date(s) of birth of the individuals involved in the incident.
- A description of the event or incident.
- If applicable, a description (such as, age, height, weight, occupation, relationship to individual) of the alleged perpetrator of the incident.
- How individual(s) were affected, including any injuries.
- The treatment provided for the individual.
- The name(s) and address(es) of any witness(es) to the incident.
- The actions taken by the vendor (licensee, DSP, the individual or any other agency or individual) in response to the incident.
- The law enforcement, licensing, protective services, and/or other agencies or individuals notified of the incident or involved in the incident.
- If applicable, the family member(s) and/or the individual's authorized representative who has been contacted and informed of the incident.

Appendix 8-B
DSP Incident Reporting Requirements (cont.)

The responsibility to report an incident lies with the person who observed it or the person who has the best knowledge of the incident. No supervisor or administrator can stop that person from making the report. However, internal procedures to improve reporting, ensure confidentiality, and inform administrators of reports are permitted and encouraged. It is important that you know any internal procedures that may be used where you work.

Regional centers have the responsibility to provide case management services to the individuals you support. So, regional center service coordinators need as much information as possible about the individual. For this reason, many regional centers have additional reporting guidelines. Remember, when reporting:

- If you report to another agency, report to the regional center.
- If you are not sure if an incident should be reported, report to the regional center.
- Follow any reporting guidelines from the regional center.
- Report all incidents to the regional center, even if they did not happen in the home where you work.
- The report should answer who, what, when and where.
- Information included should be thorough, accurate and clear; anyone reading the report should have the same understanding of what happened.

Appendix 8-C
Special Incident Reporting to Regional Centers

All regional center vendors (including community care facilities) and vendor staff (including DSPs) must report special incidents to the regional center as follows:

Table 1. Special Incident Reporting for Regional Center Vendors and Staff

California Code of Regulations (CCR), Title 17, Section 54327

What Do I Report?

Missing individual. An individual is considered missing if he/she leaves their community care home unexpectedly or without the needed supervision.

Suspected abuse/exploitation including physical, sexual, fiduciary (financial), emotional/mental, or physical and/or chemical restraint. This includes cases in which an under-age girl becomes pregnant.

Suspected neglect including failure to provide medical care, care for physical and mental health needs; proper nutrition; protection from health and safety hazards; assistance with personal hygiene; food, clothing, or shelter; or the kind of care any reasonable person would provide. Neglect may include an individual's self-neglect or behavior that threatens their own health or safety.

A serious injury/accident requiring medical treatment beyond first aid including cuts requiring stitches, staples, or skin glue; wounds by pointed objects; fractures; dislocations; bites that break the skin; internal bleeding (including bruises); medication errors; medication reactions; or burns.

Any hospitalization due to breathing-related illness; seizures; heart problems; internal infections; diabetes; wound/skin care; nutritional problems; or involuntary admission to a mental health facility.

Death of individual.

Individual is a crime victim including credible evidence of robbery, physical assault, theft, burglary, or rape. Credible evidence means that there is believable proof. This includes records of a 911 call, an incident report number and date, and a report from a law enforcement official.

Who Do I Report To?

The regional center with case management responsibility for the individual and the vendoring regional center, if different.

When Do I Report?

Call or fax immediately but no more than one work day after learning of the occurrence and submit a written report within *two work days* of the incident, even if you are not sure if the incident is reportable. Corrections can be made as more information becomes available.

Appendix 8-D
Special Incident Reporting to Community Care Licensing

All Administrators and staff (DSPs) of community care licensed facilities must report special incidents to their licensing agency as follows:

Table 2. Unusual Incident Reporting for Licensed Community Care Facilities
California Code of Regulations (CCR), Title 22, Sections 80061, 84061, 85061, and 87561

What Do I Report?

Death of an individual from any cause.

Any injury to any individual that requires medical treatment.

Any unusual incident or absence that threatens the physical or emotional health or safety of any individual.*

Any suspected physical or psychological abuse.*

Epidemic outbreaks.

Poisonings.

Catastrophes.

Fires or explosions that occur in or on the premises.

The use of an Automated External Defibrillator (RCFE*).

Major accidents that threaten the welfare, safety, or health of residents (RCFE).**

Who Do I Report To?

Report to the local Community Care Licensing agency.

When Do I Report?

Call within the agency's next working day during its normal business hours.

A written report shall be submitted within seven days following the occurrence of the event.

*In serious bodily injury when these two incidents occur, a DSP must report to the Ombudsman **AND** local law enforcement immediately or within two hours. If there is no serious bodily injury, a report must still be filed, but within 24 hours

**Residential Care Facility for the Elderly

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:

- Describe your role in developing and implementing a behavior support plan.
- Identify "Quality of Life" areas that may contribute to the individual's challenging behavior.
- Define the challenging behavior.
- Identify and make sense of what happens right before the individual's challenging behavior.
- Use a scatter plot to learn more about the individual's challenging behavior.
- Identify and make sense of what happens right after the individual's challenging behavior.
- Use an A-B-C Data Sheet to learn more about the individual's challenging behavior.

KEY WORDS

Key Word	Meaning	In My Own Words
A-B-C Data	Information about what happens before, during, and after a specific challenging behavior.	
Antecedent	What happens before the behavior.	
Behavior	Actions that are used to communicate wants and needs.	
Behavior Support Plan	Plan that determines a specific course of action to take when a challenging behavior occurs.	
Behavior Triggers	Things in the environment that cause a challenging behavior to occur.	
Consequence	What happens after the behavior.	

ACTIVITY

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about positive behavior support?

What do you **want to know** about positive behavior support?

To be answered at the end of the session, during review:
What **have you learned** about positive behavior support?

Opening Scenario

Remember Mary and Guy from the 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 1 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 you with the **behavior**. **Behaviors** are actions that are used to communicate wants and needs. 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 implemented, it may be time to begin a team approach to examine the behavior more completely and develop a **Behavior Support Plan**. A behavior support plan is a plan that determines a specific course of action to take when a challenging behavior occurs.

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 develop 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.

How to Support Individuals with Challenging Behaviors

- Develop suggestions for replacement behaviors and activities.
- 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 of 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 Year 1 session on Positive Behavior Support, we talked about several ways to look at behavior 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.
3. **Identify the antecedents** (behavioral "triggers" and other factors) that occur before the challenging behavior occurs), including medical issues, activity, environment, people present, time of day, etc.
4. **Identify other events** including medical issues, 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 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.
6. **Identify learning characteristics** of the individual so to 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.

Developing a Positive Behavior Support Plan (cont.)

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 challenging behavior**. What is the individual getting or avoiding through their behavior? 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:
   - Allow the individual to get their needs met in a more socially appropriate way.
   - Will "work" just as well as the challenging behavior.

Mary looks at the steps in developing a plan and wonders how to use 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.

Step 1: 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 breakdown the steps for developing a 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 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. 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 before 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 all team members can give input and understand more about the individual. The profile could include information 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.

A C T I V I T Y

Think-Pair-Share: Creating an Individual's Profile

Directions: *Think of an individual who you support. Develop a profile of the individual's characteristics, strengths, and needs based on input from the team members. Note when you do not have enough information about how to answer the questions. How would you get that information? Share about the profile with a classmate.*

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.

Step 1: Examining Quality of Life Areas (cont.)

Quality of Life Questions to Consider

In Year 1, 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, and the ways that these likes could be included in their daily life.

1. What would increase or strengthen the individual's friendships and social activities?

2. How can you help the individual get involved in more activities in the individual's home, school, work, or community?

3. How can you help the individual have more opportunities to make choices, and more control over parts of his or her life?

4. How can the individual's self-esteem and confidence be strengthened?

5. What might get in the way of 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 could 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 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 (cont.)

A C T I V I T Y

Individual Daily Schedule

Directions: *Look over the completed schedule for Kevin and think about whether it is like the schedule you might have at your facility. Then think about what you are able to learn about Kevin by looking at this schedule and share your thoughts with your classmate.*

A blank Individual Daily Schedule is available in Appendix 9-A on page S-32 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 p.m. (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. (Later in this section we will discuss how you can use a scatter plot to look at how long the behavior lasts and when it occurs.)

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.

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 determined if it is improving or changing over time.

When 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, and stomps feet, instead.

Instead of "gets upset" you could say that the individual cries, screams, clenches fists, and slams fist down.

Step 2: Defining the Challenging Behavior (cont.)

A C T I V I T Y

Defining the Challenging Behavior

Directions: *Continue to think 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 challenging behavior looks like.

Estimate how often the behavior occurs.

Describe how intense or severe the behavior 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.

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 an A-B-C observation data, scatter plot, or positive behavior support worksheet questions, which we will talk about later.

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 or scatter plots) can help you find out why the behavior is happening.

The A-B-Cs of Behavior

First, let's 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. **A-B-C data** is information about what happens before, during, and after a specific targeted behavior.

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**ntecedents, 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 the behavior. **Behavior triggers** are things in the environment that cause a challenging behavior to occur.

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. You can find a blank A-B-C sheet on Appendix .

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 Behavior***	***CONSEQUENCE*** ***What happened*** ***AFTER*** ***the Behavior***
Things we can find out:	***Things we can find out:***	***Things we can find out:***
• *Identify **behavior triggers** or what sets off the behavior?*	• *What does the behavior look like?*	• *What is the payoff for the challenging behavior? (All challenging behavior is reinforced by something!)*
• ***When** is it more and less likely to occur?*	• *What did the individual actually do?*	• *What is the behavior saying to us?*
• ***Where** is it more and less likely to occur?*	• *How often does it happen?*	• *What is the individual getting or avoiding through the behavior?*
• ***What activities** are most and least likely to promote the behavior?*	• *How long does it last?*	
• *Are medications or medical factors influencing the behavior?*	• *How severe was it?*	
• *What do people **do or say** that leads to a behavior?*	• *Are we paying attention to decreases in or absence of typical behaviors also?*	

The A-B-Cs of Behavior (cont.)

Recording this information on an “A-B-C” data sheet will help you to find patterns in antecedents and consequences so you can better understand 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.

This A-B-C Data Sheet 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. **Behavior triggers** are things in the environment that set off a targeted 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 the instructions given the way the person learns or understands best (verbally, visually, 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, and lighting.
- **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, and lack of sleep.
- **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 to pay attention to what happens before and after the behavior because it helps 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.

A C T I V I T Y

Find the Behavior Triggers

Directions: *In small groups, read and discuss the following scenarios. 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 and least likely to occur. What questions would you ask of the staff that supports Dennis?

ACTIVITY

Scatter Plot

Directions: *In your groups, spend about five minutes discussing the following questions based on the scatter plot:*

1. *When is the behavior most likely to occur?*
2. *When is the behavior least likely to occur?*
3. *What activities might be happening during the times that the behavior occurs?*
4. *What activities might be happening when the behavior does NOT occur?*

Name: Dennis Bockman Month/year: 9/15

Behavior Definition: Taking clothes off in public

☐ Behavior did NOT occur ☒ Behavior DID occur ■ Behavior occurred 3x or more

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Here are some of Dennis' 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 higher likelihood of 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.

A C T I V I T Y

Another Scatter Plot

Directions: *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 on page S-21.*

After plotting the behavior on the graph, refer back to Kevin's daily schedule on page S-10 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 weekends?*

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?*

ACTIVITY

Kevin's Data, Part 1

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 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		
6:00-6:30am																									
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ACTIVITY

Kevin's Data: Part 2

Directions: *Compare Kevin's daily schedule on page S-10 to the scatter plot. Identify patterns about when the target behavior is most and least likely to occur. Answer the following questions with a 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 weekends?*

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 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 note 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 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 **Consequences**, 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.

ACTIVITY

Looking at What Happens After the Behavior

Directions: *Break into small groups. Read through the scenario and underline the possible consequences for (or what happens after) the behavior. When you finish, discuss with your group.*

Scenario 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?

Scenario 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 scenarios. Underline the possible consequences (what happened after) that may be maintaining or reinforcing the challenging behavior.*

Scenario 1

Time: *2:00 p.m. Sunday*

Location: *Living Room*

Behavior: *Crystal interrupts roommates and refuses to discuss choices she 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.*

Scenario 2

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." Pat calmed down.*

Scenario 3

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 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.

A-B-C Data Sheets

The following scenario is for you to practice completing an A-B-C data sheet. Work in small groups and read and discuss the scenario. Then work on completing the A-B-C data sheet for the individual. Discuss the process after you are finished.

A C T I V I T Y

Completing An A-B-C Data Sheet

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 (cont.)

ANTECEDENT ***What happened*** ***BEFORE*** ***the Behavior***	***BEHAVIOR*** ***What happened*** ***DURING*** ***the Behavior***	***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 challenging 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

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.

Session 9 Quiz

Postive Behavior Support, Part 1

Questions 1-3 are about the following scenario:

Scenario: ***Carlos does not like listening to music. His roommate, Richard, likes listening to country music. This afternoon, Richard turned on the radio to his favorite country music station. Carlos started yelling and waving his fists. Richard turned the radio off.***

1. **What is the *antecedent* in the scenario?**
   A) Richard turns the radio off
   B) Carlos yells and waves his fists
   C) Richard likes country music
   D) Richard turns the radio on
2. **What is the *target behavior* in the scenario?**
   A) Richard likes country music
   B) Richard turns the radio off
   C) Carlos yells and waves his fists
   D) Richard turns the radio on
3. **What is the *consequence* in the scenario?**
   A) Richard turns the radio off
   B) Carlos yells and waves his fists
   C) Richard turns the radio on
   D) Richard likes country music
4. **What is one role of the DSP in developing and implementing a behavior support plan?**
   A) Collecting information about an individual's daily activities
   B) Keeping the behavior support plan safe
   C) Punishing an individual who has challenging behavior
   D) Writing the entire behavior support plan
5. **What "quality of life" areas may promote support of the individual's positive behavior?**
   A) The individual does the same routine and has no variety of activities
   B) The individual has no choice about how the spend their time
   C) The DSP chooses what the individual does each day
   D) The individual has opportunities to choose from a variety of meaningful activities
6. **When defining a challenging behavior, it is important to:**
   A) Describe what happens after the behavior occurs
   B) Describe what happens while the behavior occurs
   C) Describe what happens before the behavior occurs
   D) Describe what other people do after the behavior occurs
7. **Why is it important to know how DSPs and other people react to an individual's challenging behavior?**
   A) Because DSPs should tell individuals what they should be doing instead of the challenging behavior
   B) Because other people know how to stop that behavior
   C) Because challenging behavior is usually reinforced by other people's behavior
   D) Because DSPs should ignore the individual when the challenging behavior occurs

Session 9 Quiz (cont.)

8. Describing what happens before challenging behavior occurs helps the DSP:

A) Identify other events that may influence the behavior

B) Identify specific consequences of the behavior

C) Learn about the people who are present

D) Learn how to communicate with the individual

9. When using a scatter plot, the DSP should:

A) Record what happens after the challenging behavior occurs

B) Describe what the behavior looks like

C) Record what happens before the challenging behavior occurs

D) Record how often and at what time the challenging behavior occurs

10. The A-B-C Data Sheet includes information about:

A) Quality of life areas that may contribute to the challenging behavior

B) The number of times the challenging behavior occurs each day

C) What the individual does when punished for the challenging behavior

D) What happened before, during, and after the challenging behavior occurred

Appendices

Appendix 9-A Typical Daily Schedule

Time	*Activity*	*Support Person*

Weekend Schedule Changes:

Appendix 9B A-B-C Data Sheet

ANTECEDENT ***What happened*** ***BEFORE*** ***the Behavior***	***BEHAVIOR*** ***What happened*** ***DURING*** ***the Behavior***	***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?*

Appendix 9-C 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		
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6:30-7:00																									
7:00-7:30																									
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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:

- Identify the way(s) the individual learns best.
- Describe the reasons why challenging behaviors happen.
- Identify replacement behaviors and skills.
- Identify meaningful reinforcement for desired behaviors.
- Describe ways you can change how you support the individual to lessen the likelihood of challenging behavior.

KEY WORDS

Key Word	Meaning	In My Own Words
Behavior Support Plan	Plan that determines a specific course of action to take when a challenging behavior occurs.	
Charting Progress	Recording data on how an individual is doing on a specific task or activity.	
Meaningful Reinforcement	Any item, event, or activity that follows a desired behavior and makes that behavior more likely to occur again.	
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.	

ACTIVITY

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about positive behavior support?

What do you **want to know** about positive behavior support?

To be answered at the end of the session, during review:
What **have you learned** about positive behavior support?

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. As you will recall, a **Behavior Support Plan** is a plan that determines a specific course of action to take when a challenging behavior occurs. 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 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.
- 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 challenging behavior**. What is the individual getting or avoiding through their behavior?

Supporting an Individual with Challenging Behaviors (cont.)

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.

Step 6: 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.

Step 7: 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.

Step 7: Teaching to the Individual's Strengths (cont.)

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

Step 8: Identifying Possible Reasons for Challenging Behavior

Step 8. Identify possible reasons for the challenging behavior. What is the individual getting or avoiding through his or her behavior? There are a variety of assessment tools 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 hunger or medical issues such as pain, allergies. 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.

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.

Avoidance

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.

Tangible Consequences

Individuals use behaviors for tangible reasons to "get" something they desire such as a favorite, 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.

Step 8: Identifying Possible Reasons for Challenging Behavior (cont.)

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.

There is no difference in the needs we all have, but there is a difference in the strategies or the behaviors we use to get our 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.

A C T I V I T Y

Behavior Motivations

Directions: *Please list some behaviors that you use to get your needs met in each of the following areas.*

Sensory: What behaviors do you engage in that allow you to feel good or avoid feeling bad?

Avoidance: What do you do to avoid activities you do not enjoy?

Attention: What do you do when you want attention from someone?

Tangible Consequences: What do you do to get something you want (tangible consequence)?)

Step 8: Identifying Possible Reasons for Challenging Behavior (cont.)

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.

Step 9: Identify Replacement Behaviors

Step 9. Identify Replacement Behaviors or skills that:

- Allow the individual to get their needs met in a more socially appropriate way; and
- Work just as well as the challenging behavior.

You have thought about how to identify behaviors and 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 your 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 challenging 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.

Step 9: Identifying Replacement Behaviors (cont.)

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 determining 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 opportunities to choose from.

Often, some of the things you say or do can lead to behavioral issues. By 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.

A C T I V I T Y

Identifying Positive Replacement Behaviors and Skills

Directions: *Based on the following 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!" 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 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?

Step 9: Identifying Replacement Behaviors (cont.)

Meaningful Reinforcements

Reinforcement includes any item, event, or activity that follows a behavior and makes that behavior more likely to occur again in the future. **Meaningful reinforcement** is any item, event, or activity that follows a behavior and makes that behavior more likely to occur again.

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 reinforcing to the person. Reinforcers are *not the same for everyone*! Even common reinforcers such as praise and cookies are not enjoyable to everyone. Remember, reinforcers have to be varied—too much of a good thing is no longer a reinforcer.

Everyone needs and enjoys opportunities to receive reinforcement. It is 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 become challenging.

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 allow the individual daily opportunities to earn and receive reinforcement.

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 opportunities to choose from.
3. Often, some of the things that you say or do can lead to behavioral issues. These are called "triggers." By 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.

A C T I V I T Y

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?

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

ANTECEDENT ***What happened*** ***BEFORE*** ***the Behavior***	***BEHAVIOR*** ***What happened*** ***DURING*** ***the Behavior***	***CONSEQUENCE*** ***What happened*** ***AFTER*** ***the Behavior***
• *Use teaching strategies that match the individual'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 doctors to monitor medications, medical issues, and possible side effects.* • *Increase and reinforce appropriate skills that the person already has.*	• *Focus on what the individual is doing well, instead of what they are not doing well.* • *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 individual.*

Developing Support Strategies (cont.)

4. **Make life more predictable for the individual**. Some individuals with disabilities become upset with 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 we 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!

   Now let's look at some strategies you can use after the behavior occurs.

Developing Support Strategies (cont.)

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 positive instead of paying more attention to the behaviors you don't want to see.
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 behavioral "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.
- Often, some things you say or do can lead to behavioral issues. These are called "triggers." By changing some of the ways you support the person (by removing things that are triggers) can help assist the person to improve their behavior.

ACTIVITY

Identify Alternatives to Challenging Behavior

Directions: *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.

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.*

Changing How You Support Individuals

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**. **Replacement skills** or behaviors are used in place of the challenging behavior, which serves the same function as the challenging behavior.

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. Charting progress is recording data on how an individual is doing on a specific task or activity.

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 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 How You Support Individuals (cont.)

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 1, 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 supports the individual's positive behavior. This could include any of the activities or tools that have been introduced in the two 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.

Session 10 Quiz

Postive Behavior Support, Part 2

1. **What is the reason for the occurrence of challenging behavior?**
   A) The individual is getting or avoiding something
   B) The individual is engaging in behavior for no reason
   C) Someone told the individual to engage in the behavior
   D) The individual saw another person engage in the behavior
2. **Meaningful reinforcement occurs when:**
   A) The DSP is unsure how to react to a specific behavior
   B) An individual's behavior is rewarded by a positive response
   C) The DSP does not respond to a specific behavior
   D) An individual's behavior is corrected immediately
3. **What are some ways the DSP can support the individual in reducing the occurrence of challenging behavior?**
   A) Teach the individual a few new skills
   B) Teach the individual using visual cues only
   C) Make sure the individual has more choices
   D) Help the individual maintain their routines
4. **The DSP is able to teach to the strengths of an individual when:**
   A) The individual does not want to learn
   B) The DSP can identify the individual by name
   C) The individual does not communicate well
   D) The DSP knows the individual's learning characteristics
5. **Most behaviors demonstrated by individuals serve the purpose of:**
   A) Doing something socially acceptable
   B) Creating a disturbance in the home or care center
   C) Communicating wants, needs, feelings and to get their needs met
   D) Teaching others how to behave
6. **Which is a way the DSP can assist in the creation of a Behavior Support Plan?**
   A) Developing suggestions for replacement behaviors
   B) Ignore the individual's negative behavior
   C) Help the individual care for a new pet
   D) Provide opportunities for social interaction

Session 10 Quiz (cont.)

7. Which are the first two steps in the Behavior Support Plan?

A) Identify learning characteristics; identify consequences

B) Identify quality of life areas that are lacking; define the challenging behavior

C) Identify replacement behavior; identify antecedents

D) Use learning characteristics; identify reasons for challenging behavior

8. What is the best teaching strategy a DSP should use in teaching individuals new skills?

A) Explain the new skills and wait for the individual to do it

B) Ask the individuals if they would like to learn a new skill

C) Show a video of individuals performing the new skill

D) Use verbal directions, showing, and role playing to demonstrate new skills

9. Which is an example of sensory motivators of challenging behavior?

A) Not speaking

B) Drinking coffee

C) Requesting an object by pointing at it

D) Refusing to complete a task

10. When an individual is whining, interrupting or starting a conversation, his behavior may be motivated by:

A) Need for attention

B) Desire to eat more

C) Lack of sleep

D) Fear of an activity

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:

- Identify the way(s) the individual learns best.
- Describe the reasons why challenging behaviors happen.
- Identify replacement behaviors and skills.
- Identify meaningful reinforcement for desired behaviors.
- Describe ways you can change how you support the individual to lessen the likelihood of challenging behavior.

KEY WORDS

Key Word	Meaning	In My Own Words
Behavior Support Plan	Plan that determines a specific course of action to take when a challenging behavior occurs.	
Charting Progress	Recording data on how an individual is doing on a specific task or activity.	
Meaningful Reinforcement	Any item, event, or activity that follows a desired behavior and makes that behavior more likely to occur again.	
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.	

ACTIVITY

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about positive behavior support?

What do you **want to know** about positive behavior support?

To be answered at the end of the session, during review:
What **have you learned** about positive behavior support?

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. As you will recall, a **Behavior Support Plan** is a plan that determines a specific course of action to take when a challenging behavior occurs. 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 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.
- 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 challenging behavior**. What is the individual getting or avoiding through their behavior?

Supporting an Individual with Challenging Behaviors (cont.)

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.

Step 6: 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.

Step 7: 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.

Step 7: Teaching to the Individual's Strengths (cont.)

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

Step 8: Identifying Possible Reasons for Challenging Behavior

Step 8. Identify possible reasons for the challenging behavior. What is the individual getting or avoiding through his or her behavior? There are a variety of assessment tools 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 hunger or medical issues such as pain, allergies. 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.

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.

Avoidance

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.

Tangible Consequences

Individuals use behaviors for tangible reasons to "get" something they desire such as a favorite, 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.

Step 8: Identifying Possible Reasons for Challenging Behavior (cont.)

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.

There is no difference in the needs we all have, but there is a difference in the strategies or the behaviors we use to get our 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.

A C T I V I T Y

Behavior Motivations

Directions: *Please list some behaviors that you use to get your needs met in each of the following areas.*

Sensory: What behaviors do you engage in that allow you to feel good or avoid feeling bad?

Avoidance: What do you do to avoid activities you do not enjoy?

Attention: What do you do when you want attention from someone?

Tangible Consequences: What do you do to get something you want (tangible consequence)?)

Step 8: Identifying Possible Reasons for Challenging Behavior (cont.)

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.

Step 9: Identify Replacement Behaviors

Step 9. Identify Replacement Behaviors or skills that:

- Allow the individual to get their needs met in a more socially appropriate way; and
- Work just as well as the challenging behavior.

You have thought about how to identify behaviors and 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 your 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 challenging 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.

Step 9: Identifying Replacement Behaviors (cont.)

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 determining 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 opportunities to choose from.

Often, some of the things you say or do can lead to behavioral issues. By 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.

A C T I V I T Y

Identifying Positive Replacement Behaviors and Skills

Directions: *Based on the following 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!" 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 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?

Step 9: Identifying Replacement Behaviors (cont.)

Meaningful Reinforcements

Reinforcement includes any item, event, or activity that follows a behavior and makes that behavior more likely to occur again in the future. **Meaningful reinforcement** is any item, event, or activity that follows a behavior and makes that behavior more likely to occur again.

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 reinforcing to the person. Reinforcers are *not the same for everyone*! Even common reinforcers such as praise and cookies are not enjoyable to everyone. Remember, reinforcers have to be varied—too much of a good thing is no longer a reinforcer.

Everyone needs and enjoys opportunities to receive reinforcement. It is 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 become challenging.

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 allow the individual daily opportunities to earn and receive reinforcement.

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 opportunities to choose from.
3. Often, some of the things that you say or do can lead to behavioral issues. These are called "triggers." By 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.

A C T I V I T Y

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?

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

ANTECEDENT ***What happened*** ***BEFORE*** ***the Behavior***	***BEHAVIOR*** ***What happened*** ***DURING*** ***the Behavior***	***CONSEQUENCE*** ***What happened*** ***AFTER*** ***the Behavior***
• *Use teaching strategies that match the individual'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 doctors to monitor medications, medical issues, and possible side effects.* • *Increase and reinforce appropriate skills that the person already has.*	• *Focus on what the individual is doing well, instead of what they are not doing well.* • *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 individual.*

Developing Support Strategies (cont.)

4. **Make life more predictable for the individual**. Some individuals with disabilities become upset with 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 we 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!

   Now let's look at some strategies you can use after the behavior occurs.

Developing Support Strategies (cont.)

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 positive instead of paying more attention to the behaviors you don't want to see.
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 behavioral "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.
- Often, some things you say or do can lead to behavioral issues. These are called "triggers." By changing some of the ways you support the person (by removing things that are triggers) can help assist the person to improve their behavior.

ACTIVITY

Identify Alternatives to Challenging Behavior

Directions: *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.

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.*

Changing How You Support Individuals

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**. **Replacement skills** or behaviors are used in place of the challenging behavior, which serves the same function as the challenging behavior.

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. Charting progress is recording data on how an individual is doing on a specific task or activity.

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 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 How You Support Individuals (cont.)

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 1, 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 supports the individual's positive behavior. This could include any of the activities or tools that have been introduced in the two 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.

Session 10 Quiz

Postive Behavior Support, Part 2

1. **What is the reason for the occurrence of challenging behavior?**
   A) The individual is getting or avoiding something
   B) The individual is engaging in behavior for no reason
   C) Someone told the individual to engage in the behavior
   D) The individual saw another person engage in the behavior
2. **Meaningful reinforcement occurs when:**
   A) The DSP is unsure how to react to a specific behavior
   B) An individual's behavior is rewarded by a positive response
   C) The DSP does not respond to a specific behavior
   D) An individual's behavior is corrected immediately
3. **What are some ways the DSP can support the individual in reducing the occurrence of challenging behavior?**
   A) Teach the individual a few new skills
   B) Teach the individual using visual cues only
   C) Make sure the individual has more choices
   D) Help the individual maintain their routines
4. **The DSP is able to teach to the strengths of an individual when:**
   A) The individual does not want to learn
   B) The DSP can identify the individual by name
   C) The individual does not communicate well
   D) The DSP knows the individual's learning characteristics
5. **Most behaviors demonstrated by individuals serve the purpose of:**
   A) Doing something socially acceptable
   B) Creating a disturbance in the home or care center
   C) Communicating wants, needs, feelings and to get their needs met
   D) Teaching others how to behave
6. **Which is a way the DSP can assist in the creation of a Behavior Support Plan?**
   A) Developing suggestions for replacement behaviors
   B) Ignore the individual's negative behavior
   C) Help the individual care for a new pet
   D) Provide opportunities for social interaction

Session 10 Quiz (cont.)

7. Which are the first two steps in the Behavior Support Plan?

A) Identify learning characteristics; identify consequences

B) Identify quality of life areas that are lacking; define the challenging behavior

C) Identify replacement behavior; identify antecedents

D) Use learning characteristics; identify reasons for challenging behavior

8. What is the best teaching strategy a DSP should use in teaching individuals new skills?

A) Explain the new skills and wait for the individual to do it

B) Ask the individuals if they would like to learn a new skill

C) Show a video of individuals performing the new skill

D) Use verbal directions, showing, and role playing to demonstrate new skills

9. Which is an example of sensory motivators of challenging behavior?

A) Not speaking

B) Drinking coffee

C) Requesting an object by pointing at it

D) Refusing to complete a task

10. When an individual is whining, interrupting or starting a conversation, his behavior may be motivated by:

A) Need for attention

B) Desire to eat more

C) Lack of sleep

D) Fear of an activity

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 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

Key Word	Meaning	In My Own Words
Friend	A person who you like to be with and who likes to be with you. A person 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 to and benefiting from community life.	
Individual Routines	Things that people do every day, every week, month, or year.	
Intimacy	Relationships that are very close and familiar, and may involve consensual sex.	
Leisure	Free time for relaxation, fun, and recreation.	
Life Quality/ Quality of Life	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.	

KEY WORDS (CONT.)

Key Word	Meaning	In My Own Words
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, coworkers, and associations of one kind or another, for example, churches, clubs, and community service organizations.	
Transition	The process of moving from one important life stage to another.	

ACTIVITY

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about life quality?

What do you **want to know** about life quality?

To be answered at the end of the session, during review:
What **have you learned** about life quality?

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 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 chocolate when we are feeling down. These are also important routines that help us feel good about ourselves and have a quality life.

A C T I V I T Y

Daily Routines

Directions: *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 with a partner; 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. A **friend** is a person who you like to be with and who likes to be with you. A person with whom you have fun. Someone who supports you and offers a sympathetic ear when you have problems that you want to talk about. 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.

A C T I V I T Y

Recognizing Different Kinds of Friendships

Directions: *On the next page, you will see a series of circles. Follow the instructions below to identify types of friendships you have in your life.*

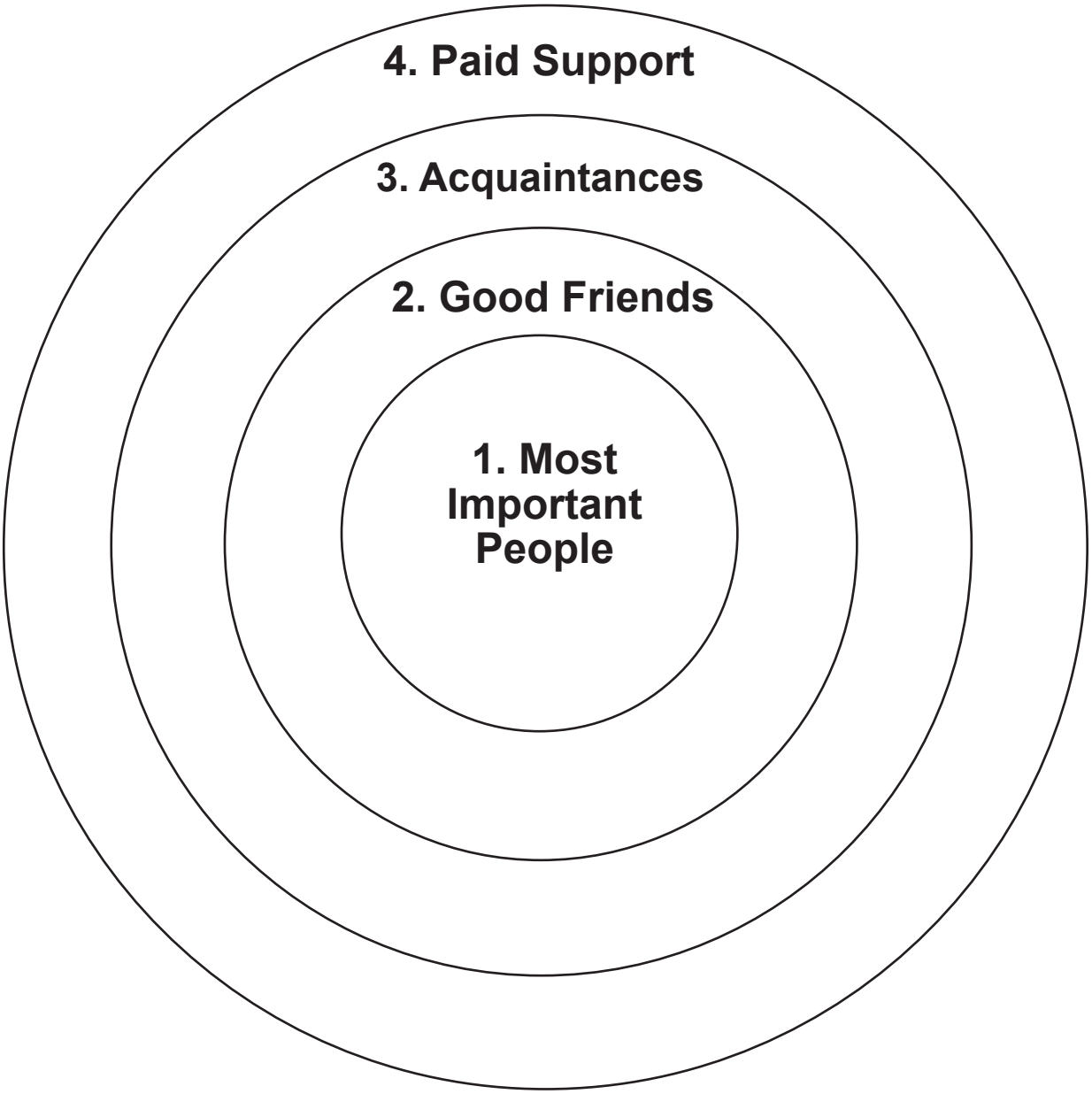
Center Circle - Most Important People
Write the initials or first names of people in your life with whom you are closest. These names might include a husband, wife, partner, parent, sibling, or other relative. These are the people you have the most intimate relationships with. If any of these people were not in your life, your entire life would be different.

Second Circle - Good Friends
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 - Acquaintances
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 - Paid Support
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

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

How Can the DSP Help?

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 talking to the individual 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 do not let this 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.

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 (cont.)

Children and 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.

A C T I V I T Y

Activity: Developing Friendships

Directions: *Pair up with a classmate. Listen to Peter's story. List things the DSP did to support Peter in 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.

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. A blank copy can be found in Appendix 11-A.

- *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 (cont.)

Intimate Relationships

Friendships can and do grow into intimate relationships. **Intimacy** is relationships that are very close and familiar, and may involve consensual sex. 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 with 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 free time for relaxation, fun, and recreation. 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.

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

Taking Risks

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 developing 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.

ACTIVITY

My Own Leisure/Recreation Style

Directions: *Circle your answers below. Then divide into pairs and share your answers.*

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 board games
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.
- Learn 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 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 most people in community groups will be welcoming once they understand 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.

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 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 coworkers if necessary, and assistance in connecting within the workplace.

Co-workers can contribute to the quality of an individual's work life and relationships may develop that extend to life after work such as bowling leagues and parties.

ACTIVITY

A Good Match!

Directions: *Divide into groups of 3-4. Each group will be assigned to read one of the following scenarios. Circle the natural supports you identify in each scenario. If the individual has no natural support, write a suggestion for how to develop them.*

1. ***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.*
2. ***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.*
3. ***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.*
4. ***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.*
5. ***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 likes 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 work table. 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 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 to learn how to get 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. Join a photography class.

9. Taking a class about classical music.

Sherril

10. Going to a rock concert.

11. Joining the Computer Club.

Diego

12. Taking a class to learn to swim.

Transitions

Life Quality

Transition is the process of moving from one important life stage to another. 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 a 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

Transitions (cont.)

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 and know about important events. Invite them over for special celebrations. And always be available to talk to the parents and share 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. 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 individual 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?

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 individual 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 individuals 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 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, 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: *Divide into groups of 3-4 people. Read the scenario that your group is assigned 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 people. 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 Scrapbook

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 Scrapbook. Life Scrapbooks 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 Scrapbook 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 or magazines that are similar to activities and places 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.

Session 11 Quiz

Life Quality

1. **What are some of the main functions of the DSP in supporting individuals quality of life?**
   A) Help with job interviews and new careers
   B) Provide choices, safety and new skill training
   C) Teach them how to exercise, eat well, and take vitamins
   D) Help with planting, shopping, and singing
2. **How does the DSP support the individual through transitions from one life stage to another?**
   A) By giving them a book about transitions
   B) By taking them to a psychiatrist
   C) By ignoring them until the transition is complete
   D) By providing emotional support
3. **How can a Life Scrapbook assist an individual with quality of life?**
   A) It helps the individual remember to take their medication
   B) It helps the individual learn the bus route to the store
   C) It helps the individual stay connected with family and in touch with important memories
   D) It helps the individual get involved in the community
4. **What is a consideration in supporting quality of life for an adult individual?**
   A) Listening carefully to what the individual's parents are saying
   B) Doing homework and participating in school activities
   C) Joining school clubs
   D) Creating opportunities for community involvement
5. **What is the DSP's responsibility in supporting an individual's daily routines?**
   A) Ensure that preferred routines are respected and supported
   B) Teach the individual daily routines that the DSP prefers
   C) Ensure the individual brushes their teeth every night
   D) Allow daily routines that are convenient for the staff
6. **What activities provide opportunities for individuals to develop friendships?**
   A) Taking a painting class
   B) Reading a book
   C) Using headphones to listen to music
   D) Buying new clothes

Session 11 Quiz (cont.)

7. Which skill would help the individual to be a good friend?

A) Listening and showing interest

B) Getting angry easily

C) Being disrespectful of the rights of others

D) Interrupting others

8. What are natural supports?

A) Assistance provided by family, friends, coworkers and associations

B) Assistance provided to help individuals make friends

C) Assistance provided by the DSP and medical personnel

D) Assistance that is provided during daily routines

9. How can the DSP help the individual identify leisure and recreational activities?

A) Providing financial support

B) Finding activities that are available in another city

C) Providing natural supports

D) Getting to know what is available in the community

10. What can the DSP do to support the inclusion of individuals in their community?

A) Encourage the individual's involvement in community groups for which they have genuine interest

B) Encourage the individual to take foreign language classes

C) Insist that the individual get involved in many activities, including those for which they have no interest

D) Enroll the individual in every class at the YMCA

Appendices

Appendix 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

American Association on Intellectual and Developmental Disabilities — **aaidd.org**
Oldest & largest interdisciplinary organization of professionals concerned about intellectual & related disabilities.

Association for Persons with Severe Handicaps — **tash.org**
Association of people with disabilities, their family members, advocates & professional concerned with independence for all individuals with disabilities.

Association of University Centers on Disabilities — **aucd.org**
AUCD members train and educate the next generation of leaders in disability-related research, training, service delivery, and policy advocacy.

Best Buddies of California — **bestbuddies california.org**
Educate high school & college students,, corporate and community citizens, & employers about the needs and abilities of people with intellectual disabilities.

California Community Care Licensing Division — **ccld.ca.gov**
Promote the health, safety, and quality of life of each person in community care.

City Parks & Recreation Programs — **Local Contact Agencies**
YMCA/YWCA
Boys & Girls Clubs
Boy Scouts/Camp Fire USA
Big Brother/Big Sisters
Community Centers
Libraries
United Way Agency
Easter Seals
Community Colleges
Senior Centers/Adults

Community Services for Autistic Adults and Children — **csaac.org**
Autism links.

Council for Exceptional Children — **cec.sped.org**
Improve educational outcomes for individuals with exceptionalities.

The DSP Profession (cont.)

Deaf Education — **deafed.net**
Educational enhancement for the field of Deaf Education.

Department of Developmental Services — **dds.ca.gov**
Is the agency through which the State of California provides services and supports to children and adults with developmental and intellectual disabilities.

Disability Resources on the Internet — **disability resources.org/ California.html**
(CALIFORNIA): organization that monitors, reviews, and reports on hundreds of disability-related topics.

Educational Resources Information Center — **eric.ed.gov**
Provides information on the education of individuals with disabilities, as well as those who are gifted.

Institute for Community Inclusion — **community inclusion.org**
Supports the rights of children and adults with disabilities to participate in all aspects of the community.

Members of Each Other: Building Community in Company with People with Developmental Disabilities — **Publication**
By O'Brien, J. and Connie Lyle (1996); Inclusion Press;
ISBN 1-905418-24-0
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.

President's Committee for People with Intellectual Disabilities — **acf.hhs.gov/ programs/pcpid**
Provide a variety of links and valuable information that may assist the public in learning more about intellectual;disabilities or accessing needed support and services in one's own local community.

Protection and Advocacy, Inc. — **pai-ca.org**
Advancing the human and legal rights of people with disabilities.

SafetyNet — **ddssafety.net**
Articles, presentations, and tools based directly on trends among Californian individuals with developmental and intellectual disabilities and intended to ensure that they safe and healthy.

S.E.E. Center — **seecenter.org**
Promote understanding of principles of Signing Exact English and its use.

The DSP Profession (cont.)

Shift Happens (Book) — **shifthappens.tv**
Offers something for people and organizations serving individuals with disabilities, as well as every parent and teacher.
(Produced by ARC of Delaware)

Special Education Resources on the Internet — **seriweb.com**
Is a collection of Internet accessible information resources of interest to those involved in the fields related to Special Education.

The Alliance for Direct Support Professionals — **nadsp.org**
Committed to strengthening the quality of human service support by strengthening the direct support workforce.

The Quality Mall — **qualitymall.org**
Collect and disseminate information related to or useful in promoting quality of life for persons with developmental disabilities.

United Cerebral Palsy — **ucp.org**
Is the leading source of information of cerebral palsy and is a pivotal advocate for the rights of persons with any disability.

Information on Intellectual/Developmental Disabilities

ADA Hot links and Document Center — **askjan.org/links/adalinks.htm**
Plain language description of ADA and its content.
(International Center for Disability Information at West Virginia University)

American Association on Intellectual and Developmental Disabilities — **aaidd.org**
Oldest and largest interdisciplinary organization of professionals concerned about intellectual and related disabilities.

American Speech - Language Hearing Association — **asha.org/public**
To ensure that all people with speech, language, and hearing disorders have access to quality services to help them communicate more effectively.

ARC-National — **thearc.org**
Works to include all children and adults with cognitive, intellectual, and developmental disabilities in every community.

Association for Persons with Severe Handicaps — **tash.org**
Association of people with disabilities, their family members, advocates, and professionals concerned with independence for all individuals with disabilities.

Information on Intellectual/Developmental Disabilities (cont.)

Association of Regional Center Agencies — **arcanet.org**
Advocate in promoting the continuing entitlement of individuals with developmental disabilities to all services that enable full community inclusion

Association of University Centers on Disabilities — **aucd.org**
AUCD members train and educate the next generation of leaders in disability-related research, training, service delivery, and policy advocacy.

Best Buddies of California — **bestbuddies california.org**
Educate high school and college students, corporate and community citizens, and employers about the needs and abilities of people with intellectual disabilities.

California Attorney General's Crime and Violence Prevention Center — **safestate.org**
Preventing crime and violence in California.

California Department of Aging — **aging.ca.gov**
Working primarily with the area agencies on Aging who serve seniors, adults with disabilities, and caregivers.

California State Independent Living Council — **calsilc.org**
Philosophy of people with disabilities who work for self-determination, equal opportunities, and self-respect.

Consumer Corner — **dds.ca.gov/ ConsumerCorner/ Home.cfm**
Information about the Consumer Advisory Committee (CAC); information and links for individuals, families, and professionals

Consumer Product Safety Commission — **cpsc.gov**
Works to save lives and keep families safe by reducing the risk of injuries and deaths associated with consumer products.

Epilepsy Foundation — **epilepsy foundation.or g**
Seek to ensure that people with seizures are able to participate in all life experiences and prevent, control, and cure epilepsy.

Independent Living Resource Center of San Francisco — **ilrcsf.org**
To ensure that people with disabilities are full social and economic partners, both within their families and in a fully accessible community.

Information on Intellectual/Developmental Disabilities (cont.)

Members of Each Other: Building Community in Company with People with Developmental Disabilities — **Publication**
By O'Brien, J. and Connie Lyle (1196); 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.

National Down Syndrome Society — **ndss.org**
The internet's most comprehensive information source on Down Syndrome

National Dual Diagnosis Association — **thenadd.org**
Advance mental wellness for persons with developmental disabilities through the promotion of excellence in mental health care.

National Rehabilitation Information Center for Independence — **naric.com/sitemap**
Comprehensive database for disability and rehabilitation resources.

New York Access to Health: NOAH — **noah-health.org**
A partnership project which provides online access to high quality full-text consumer health information.

Office of Special Education and Rehabilitation Services — **2.ed.gov/about/offices/list/osers/index.html**
Committed to improving results and outcomes for people with disabilities of all ages.

President's Committee for People with Intellectual Disabilities — **acf.hhs.gov/programs/pcpid**
Provide a variety of links and valuable information that may assist the public in learning more about intellectual disabilities or accessing needed support and services in one's local community.

Special Education Technology British Columbia — **setbc.org**
Assertive device resource directory.

Special Olympics of California — **sonc.org** (NorCal) **sosc.org** (SoCal)
Sports training and competition in a variety of Olympic-type sports for people eight years and older with developmental disabilities.

Spine Universe — **spineuniverse.com**
Maintaining a healthy spine through good body mechanics and accurate information.

Information on Intellectual/Developmental Disabilities (cont.)

State Council on Developmental Disabilities — **scd.ca.gov/Special_Education_Resources.htm**
Assist in planning, coordinating, monitoring, and evaluating services for individuals with developmental disabilities and their families.

State Office of Emergency Services (California) — **preparenow.org**
Supporting special needs and vulnerable populations in disasters.

U.S. Fall Prevention Program for Seniors — **cdc.gov/ncipc/falls/default.htm**
Selected programs using home assessment and modification.

U.S. Fire Administration — **usfa.fema.gov**
Information you need to decide what you must do to protect your family from fire.

U.S. Fire Administration (Kids fire safety website) — **usfa.fema.gov/kids**
Tips that can help you and your family be safe from fire.

U.S. Food and Drug Administration — **fda.gov**
Reviewing clinical research; promote public health to ensure foods are safe and sanitary and properly labeled.

The California Developmental Disabilities Service System

California Community Care Licensing Division — **ccld.ca.gov**
Promote the health, safety, and quality of life of each person in community care.

Consumer Corner — **dds.ca.gov/Consumer Corner/Home.cfm**
Information about the Consumer Advisory Committee (CAC); information and links for individuals, families, and professionals.

Department of Developmental Services — **dds.ca.gov**
Is the agency through which the State of California provides services and supports to children and adults with developmental disabilities.

Protection and Advocacy — **pai-ca.org**
Advancing the human and legal rights of people with disabilities.

SafetyNet — **ddssafety.net**
Articles, presentations, and tools based directly on trends among Californian individuals with developmental and intellectual disabilities and intended to ensure that they safe and healthy.

Risk Management

American Red Cross — **redcross.org**
Provides locally relevant humanitarian services that help people within the community be safer, healthier, and more self-reliant.

Assessing Health Risk in Developmental Disabilities — **Publication**
By Karen Green McGowan & Jim McGowan (1995): McGowan Publications. *This book explains the rationale and use the KMG Fragility Scale. Mcgowanconsultants.com*

California Poison Control System — **calpoison.org**
A toll free 800 number is available to all areas of California by calling 1-800-876-4766 . The toll free number for anywhere in the United States is 800-222-1222.

Disaster Preparedness for People with Disabilities — **Publication**
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.*

First Aid Fast — **Publication**
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.*

Hazards at Home — **Publication**
By Bill Gutman (1996); Twenty-First Century Book: ISBN: 0805041419 *This book deals with falls, fires and burns, poisons, firearms, swimming pools and other drowning dangers, tools and machinery, and how to help in case of an accident.*

Poison! How to Handle the Hazardous Substances in Your Home — **Publication**
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.*

Wellness Digest, Vol. 1, No. 2 — **Publication**
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 developmental disabilities.*

Health/Wellness

AARP Health and Wellness — **aarp.org/health**
Healthy tips on exercise, eating right, and personal care.

A Parent's Guide to Medical Emergencies — **Publication**
By Janet Zand, Rachel Walton and Bob Roundtree (1997);
Avery Publishing Group; ISBN: 089529361. *This book provides guidance for parents in meeting the emergency needs of their children.*

American Dietetic Association — **eatright.org**
Provides nutrition information with news releases and consumer tips, Nutrition Fact Sheets, and the Good Nutrition reading list.

California Dental Association — **cda.org**
Value oral health and expand the community's understanding of the importance of preventative and restorative and dental care services.

California Poison Control System — **calpoison.org**
A toll free 800 number is available to all areas of California by calling 1-800-876-4766 . The toll free number for anywhere in the United States is 800-222-1222.

Centers for Disease Control - Disability & Health — **cdc.gov/ncbddd/dh**
Promotes the health and well-being of the estimated 56.7 million people with disabilities living in the United States.

Centers for Disease Control and Prevention — **cdc.gov**
Lead federal agency for protecting the health and safety of people - providing credible information to enhance health decisions, and promoting health through strong partnerships.

Complete Guide to Prescription & Nonprescription Drugs — **Publication**
By H. Winter Griffith 2001 (Serial) (Pedigree: November 1998), $10-$20.
2004 Edition was released on November 4, 2003.
Psychotropic Medications in Persons with Developmental Disabilities, an overview for families and others. Written by Dr. Bryan King, in booklet published by Frank D. Lanterman Regional Center.

Consumer Product Safety Commission — **cpsc.gov**
Works to save lives and keep families safe by reducing the risk of injuries and deaths associated with consumer products.

Health/Wellness (cont.)

Consumer Reports — **consumerreports.org**
Personal care, food and beverages, health and fitness.

Dangerous Drug Interactions: The People's Pharmacy Guide — **Publication**
By Joe Graedon and 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 Francisco, 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."

Disability Resources on the Internet — **disabilityresources.rg/California.html**
(CALIFORNIA): organization that monitors, reviews, and reports on hundreds of disability-related topics.

FDA Tips for Taking Medicines: How to Get the Most Benefit with the Fewest Risks — **Publication**
By U.S. Food and Drug Administration (n.d.); reprint Publication No. FDA 96-3221. Write FDA, 5600 Fishers Lane, Roclville, 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.*

Healthy People 2010 - Leading Health Indicators — **Healthypeople.gov/Ihi**
Illustrate individual behaviors, physical and social environmental factors, and important health systems issues that greatly affect the health of individuals and communities.

Health and Wellness Reference Guide — **Publication**
By Smith Consultant Group and McGowen 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.

Health/Wellness (cont.)

Mayo Clinic - Health & Medical information — **Mayoclinic.org/healthinfo**
Information on health and medical topics.

Physician's Desk Reference, The PDR Family Guide to Over-The-Counter Drugs — **Publication**
(Three Rivers Press: December 1998), $15-$25.
Most bookstores will have the PDR, 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.

Safe Medication — **safemedication.com**
Database can help you find the important information you need to use medications safely and effectively.

UC Berkeley Wellness Letter — **berkeleywellness.com**
Variety of subjects related to food and nutrition, exercise, self-care, preventive medicine, and emotional well-being.

UCSD Healthguide — **health.ucsd.edu/guide/index.aspx**
Comprehensive collection of features and health news; all you need to know to keep you and your family healthy.

Web MD — **webmd.com**
Valuable health information, tools for managing your health, and support to those seeking information.

Communication

American Speech - Language Hearing Association **asha.org/public**
To ensure that all people with speech, language, and hearing disorders have access to quality services to help them communicate more effectively.

Assistive Technology, Inc. **assistivetech.com**
Assistive Technology, Inc. serves the disability and special education markets by providing innovative software and hardware solutions for people with special needs and the professionals who work with them.

Deaf Education **deafed.net**
Educational enhancement for the field of Deaf Education.

Members of Each Other: Building Community in Company with People with Developmental Disabilities **Publication**
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.

RJ Copper & Associates **rjcopper.com**
Software and hardware for persons with special needs.

Positive Behavior Support

Association of Positive Behavior Support **Bridges4kids.org**
An organization dedicated to the advancement of positive support behavior.

Beach Center on Disability **beachcenter.org**
The University of Kansas
Haworth Hall, Room 3136
1200 Sunnyside Avenue
Lawrence, KS 66045-7534
Phone: 785-864-7600+Fax: 785-864-7605
PBS Information **beachcenter@ku.edu**

Functional Analysis of Problem Behavior: From Effective Assessment to Effective Support **Publication**
By Repp, A.C. & Horner, N.N. (1999). Belmont, CA
Wadsworth Publishing

Positive Behavior Support (cont.)

Functional Assessment and Program Development for Problem Behavior Support and Teaching Strategies — **Publication**
By O'Neil, TR., Horner, R., Albin, R. Storey, K., and Spreage, J. (1997). Pacific Grove, Brooks/Cole Publishing. 800-345-9706

National Dual Diagnosis Association — **thenadd.org**
Advance mental wellness for persons with developmental disabilities through promotion of excellence in mental health care.

Nonaversive Intervention for Behavior Problem — **Publication**
By Meyer, L.H., & Evans, I.M. (1989).
A manual for home and community Baltimore: Paul H. Brooks Publishers

Office of Special Education (OSEP), US Department of Education, Positive Behavioral Interventions and Supports — **pbis.org**
Technical assistance website.

Positive Behavioral Support — **Publication**
By Kincaid, D., (1996)
Including People with Difficult Behavior in the Community. Baltimore, MD: Paul H. Brooks Publishers

Ten Ways to Support a Person with Challenging Behavior Fact Sheet — **Publication**
(1999) The Beach Center on Disability; The University of Kansas, Lawrence, Kansas. Excerpted from: Pitonyak, D. (1997).
Ten Things You Can Do to Support a Person with Difficult Behaviors
The Community Journal, Blacksberg, VA PBS-FS-009-2000

Person-Centered Planning

ARC - National — **thearc.org/net community**
Works to include all children and adults with cognitive, intellectual, and developmental disabilities in every community.

Association for Persons with Severe Handicaps — **tash.org**
Association of people with disabilities, their family members, advocates and professionals concerned with independence for all individuals with disabilities.

Association of University Centers on Disabilities — **aucd.org**
AUCD members train and educate the next generation of leaders in disability-related research, training, service delivery, and policy advocacy.

Person-Centered Planning (cont.)

California State Independent Living Council — **calsilc.org**
Philosophy of people with disabilities who work for self-determination, equal opportunities, and self-respect.

Community Services for Autistic Adults and Children — **csaac.org**
Autism links.

Consumer Corner — **dds.ca.gov/ConsumerCorner/Home.cfm**
Information about the Consumer Advisory Committee (CAC); information and links for individuals with intellectual and developmental disabilities, families, and professionals.

Council for Exceptional Children — **cec.sped.org**
Improve educational outcomes for individuals with exceptionalities.

Disability Resources on the Internet — **disabilityresources.org/CALIFORNIA.html**
(CALIFORNIA): organization that monitors, reviews, and reports on hundreds of disability-related topics.

Institute for Community Inclusion — **community inclusion.org**
Supports the rights of children and adults with disabilities to participate in all aspects of the community.

Office of Special Education & Rehabilitation Services — **2.ed.gov/about/offices/list/osers/index.html**
Committed to improving results and outcomes for people people with disabilities of all ages.

President's Committee for People with Intellectual Disabilities — **acf.hhs.gov/programs/pcpid/index.html**
Provide a variety of links and valuable information that may assist the public in learning more about intellectual disabilities or accessing needed support and services in one's own local community.

Protection and Advocacy, Inc. — **pai-ca.org**
Advancing the human and legal rights of people with disabilities.

SafetyNet — **ddssafety.net**
Articles, presentation, and tools based directly on trends among Californian individuals with developmental disabilities and intended to ensure that they are safe and healthy.

State Council on Developmental Disabilities — **scd.ca.gov/Special_Education_Resources.htm**
Assist in planning, coordinating, monitoring, and evaluating services for individuals with developmental disabilities and their families.

Person-Centered Planning (cont.)

The Quality Mall — **qualitymall.org**
Collect and disseminate information related to or useful in promoting quality of life for persons with developmental disabilities.

United Cerebral Palsy — **ucp.org**
Is the leading source of information of cerebral palsy and is a pivotal advocate for the rights or persons with any disability.

Instruction/Training & Development

American Association on Intellectual and Developmental Disabilities — **aaidd.org**
Oldest & largest interdisciplinary organization of professionals concerned about intellectual & related disabilities.

American Red Cross — **redcross.org**
Provides locally relevant humanitarian services that help people within the community be safer, healthier, and more self-reliant.

Association for Persons with Severe Handicaps — **tash.org**
Association of people with disabilities, their family members, advocates & professional concerned with independence for all individuals with disabilities.

Association of University Centers on Disabilities — **aucd.org**
AUCD members train and educate the next generation of leaders in disability-related research, training, service delivery, and policy advocacy.

Community Services for Autistic Adults and Children — **csaac.org**
Autism links.

Council for Exceptional Children — **cec.sped.org**
Improve educational outcomes for individuals with exceptionalities.

Deaf Education — **deafed.net**
Educational enhancement for the field of Deaf Education.

Department of Developmental Services — **dds.ca.gov**
Is the agency through which the State of California provides services and supports to children and adults with developmental and intellectual disabilities.

Instruction/Training & Development (cont.)

Disability Resources on the Internet — **disabilityresources.org/California.html**
(CALIFORNIA): organization that monitors, reviews, and reports on hundreds of disability-related topics.

Educational Resources Information Center — **eric.ed.gov**
Provides information on the education of individuals with disabilities, as well as those who are gifted.

Epilepsy Foundation — **epilepsyfoundation.org**
Seek to ensure that people with seizures are able to participate in all life experiences and prevent, control, and cure epilepsy.

Independent Living Resource Center of San Francisco — **ilrcsf.org**
To ensure that people with disabilities are full social and economic partners, both within their families and in a fully accessible community.

Institute for Community Inclusion — **community inclusion.org**
Supports the rights of children and adults with disabilities to participate in all aspects of the community.

National Down Syndrome Society — **ndss.org**
The internet's most comprehensive information source on Down Syndrome

National Dual Diagnosis Association — **thenadd.org**
Advance mental wellness for persons with developmental disabilities through the promotion of excellence in mental health care.

New York Access to Health: NOAH — **noah-health.org**
A partnership project which provides online access to high quality full-text consumer health information.

SafetyNet — **ddssafety.net**
Articles, presentations, and tools based directly on trends among Californian individuals with developmental and intellectual disabilities and intended to ensure that they safe and healthy.

Shift Happens (Book) — **shifthappens.tv**
Offers something for people and organizations serving individuals with disabilities, as well as every parent and teacher.
(Produced by ARC of Delaware)

Instruction/Training & Development (cont.)

Special Education Resources on the Internet — **seriweb.com**
Is a collection of Internet accessible information resources of interest to those involved in the fields related to Special Education.

Special Education Technology British Columbia — **setbc.org**
Assertive device resource directory.

The Alliance for Direct Support Professionals — **nadsp.org**
Committed to strengthening the quality of human service supports by strengthening the direct support workforce.

The Quality Mall — **qualitymall.org**
Collect and disseminate information related to or useful in promoting quality of life for persons with developmental disabilities.