YEAR TWO • YEAR TWO • YEAR TWO • YEAR TWO

Trainer Resource Guide

Direct Support Professional Training

California Department of Education

AND THE

Regional Occupational Centers and Programs

IN PARTNERSHIP WITH THE

Department of Developmental Services

UPDATED AUGUST 2011

Trainer Resource Guide, Year 2

Acknowledgements

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

- The California Legislature for their leadership in establishing this Direct Support Professional (DSP) Training Program.
- The Department of Developmental Services Advisory Committee members, Curriculum Revision Workgroup members, and technical advisors who have provided essential individual and collective input into the development and revision of the core competencies, testing and training materials.
- The Direct Support Professionals for their dedication and invaluable input into the development and revision of the core competencies and training outcomes.
- Individuals with developmental disabilities and their family members for sharing insightful information about their needs and what is necessary to their quality of life.
- The dedicated staff at regional centers for their faithful support of the training development and revision process by sharing materials, ideas, concerns, and meticulously reviewing draft materials.
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- The Department of Social Services Community Care Licensing Division for their tireless review of draft material and continuous technical support.
- The Department of Education's Regional Occupational Centers and Programs (ROCP) for their extraordinary commitment to implement this testing and training program.

Dedication

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

Trainer Resource Guide, Year 2

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Introduction to the Trainer Resource Guide

Dear Trainer,

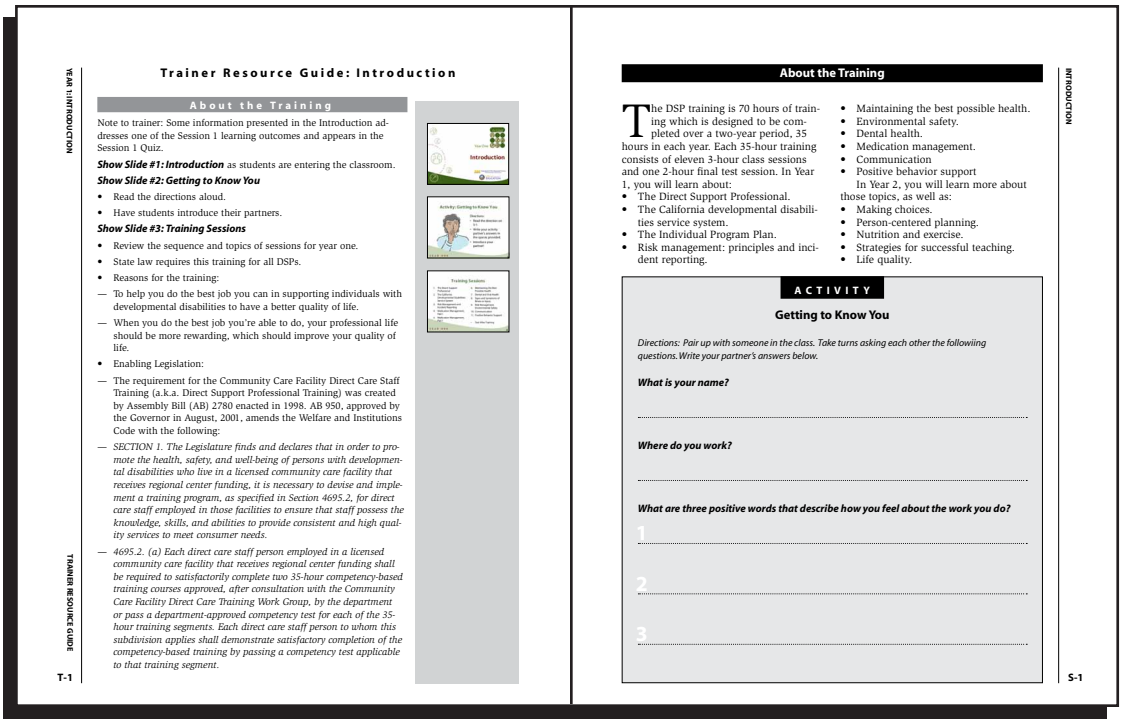
Thank you for your commitment to preparing Direct Support Professionals (DSPs) to meet the challenges of the profession! As you know, your role is to teach common standards and preferred practices to a diverse group of people that provide support to individuals with developmental disabilities. To assist you in that role, we have prepared this Trainer Resource Guide. Following is some general information about, and tips for using the Guide. Remember that there is no better preparation for training than carefully reading each session prior to the training and planning how to incorporate key points into the lecture, discussion and activities based upon the preferences and needs of your students.

Trainer Resource Guide Format

The Trainer Resource Guide is presented in a side-by-side format (see example below). When the Trainer Resource Guide is open, the page on the left-hand side contains trainer instructions. Those pages are numbered T-1, T-2, T-3, etc. The page on the right-hand side is the Student Resource Guide. Those pages are numbered S-1, S-2, S-3, etc. Trainer and Student Resource Guide pages correspond to each other. For example, when the student is looking at page S-1, the trainer is looking at page T-1 on the left and S-1 on the right. That way, the trainer and student are always "on the same page," so to speak!

The "trainer pages" will contain special instructions specific to the corresponding "student pages." Special instructions include things like:

- materials you will need to have on hand for activities and skill checks
- when session outcomes are addressed in the text
- activity guidelines
- discussion guidelines
- when to show PowerPoint slides
- related regulations



YEAR 1: INTRODUCTION

Trainer Resource Guide: Introduction

About the Training

Note to trainer: Some information presented in the Introduction addresses one of the Session 1 learning outcomes and appears in the Session 1 Quiz.

Show Slide #1: Introduction as students are entering the classroom.

Show Slide #2: Getting to Know You

- Read the directions aloud.
- Have students introduce their partners.

Show Slide #3: Training Sessions

- Review the sequence and topics of sessions for year one.
- State law requires this training for all DSPs.
- Reasons for the training:
  - To help you do the best job you can in supporting individuals with developmental disabilities to have a better quality of life.
  - When you do the best job you're able to do, your professional life should be more rewarding, which should improve your quality of life.
- Enabling 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.*

TRAINER RESOURCE GUIDE

T-1

About the Training

The DSP training is 70 hours of training which is designed to be completed over a two-year period, 35 hours in each year. Each 35-hour training consists of eleven 3-hour class sessions and one 2-hour final test session. In Year 1, you will learn 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.
- Dental 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.
- Nutrition and exercise.
- Strategies for successful teaching.
- Life quality.

ACTIVITY

Getting to Know You

Directions: Pair up with someone in the class. Take turns asking each other the followiing questions. Write your partner's answers below.

What is your name?

Where do you work?

What are three positive words that describe how you feel about the work you do?

1

2

3

INTRODUCTION

S-1

Common Elements

In addition to the special instructions, there are several elements that each of the 22 training sessions have in common:

Outcomes

- Each session begins with a set of outcomes, or things that the DSPs will know and be able to do when they finish the session. The outcomes are intended to relate closely to the daily demands of the profession. DSPs will practice and be tested on their mastery of each outcome on activities, quizzes, skill checks and the Test after Training. Please begin each session by reading the outcomes aloud.

Key Words

- Key words and their definitions are also listed at the beginning of each session. The key words will appear throughout the session and it is essential that DSPs are familiar with them.
- To asist students in learning the key words, please:
  - — read key words and definitions aloud;
  - — give students time to write down key word definitions in their own words, and;
  - — point out and review the bolded key words when they appear in the Student Resource Guide.

What Do You Want To Know?

- In each session, there is an activity called "What Do You Want to Know?" Use this activity at the beginning of the session to determine:
  - — what students already know about the topic, so that you can link new content to previous learning and existing knowledge,
  - — what students want to know about the topic, so that you can link new content to student interests.

Use this activity at the end of the session to:

- — facilitate review and,
- — check for understanding of new content.

Scenarios

- In an effort to make complex concepts more real to the DSP, many sessions contain scenarios that reflect situations the DSP may encounter. These scenarios include individuals with developmental disabilities, administrators, DSPs and others. Scenarios may serve as a springboard for further discussion about key points.

Videos

- Like the scenarios, the videos used in the training serve as practical examples to demonstrate concepts. There are eight videos that will be used in the training and all are contained on the DSP Training DVD, Year 2:
  - — DSP TV – Year Two (All sessions)
  - — The Five Rights for Assisting with the Self-Administration of Medication (Session 3)
  - — Expressions of Wellness 1 (Session 5)
  - — The Power of Dreams, The Journey to Inclusive Lives (Session 11)
  - — First Aid for Seizures (Session 8)

  The DSP TV videos contain several short clips to illustrate the practical applications of concepts under discussion. Each clip will begin with a scene number and title, and end with discussion questions. Discussion questions and answers for each video clip can be found on the corresponding trainer instruction pages. Please feel free to pose your own discussion questions and use the videos in other areas of the training.

Activities

- There are several types of activities that you will facilitate throughout the training, including class discussions, role-plays and brainstorming sessions. Please begin each activity by referring DSPs to the correct page and reading the directions aloud. When practical, wrap up the activity with a review of the correct answers, when applicable, and a clear statement of the purpose of the activity.

- Given that class sizes and characteristics differ, the activities have been designed so that they may be done individually, in pairs or small groups, or as a large group. Please determine how you would prefer to conduct each activity prior to every session.
- Some activities were designed to do as a modified jigsaw when time is limited and there is a lot of material to be covered. A jigsaw is an interactive way to teach and learn. Students are divided into small groups and assigned a part of the content to be covered. Groups are given time to read and discuss the material, and to develop a brief lesson for the rest of the class. The large class reconvenes and each group teaches "their" content.

Quizzes

- There will be 10 multiple-choice quiz questions at the end of each session. The questions reflect the outcomes stated at the beginning of the session. DSPs will record their answers on a copy of a Scantron® form that is included next to the questions in their Student Resource Guide. This will give DSPs an opportunity to become familiar with the Scantron® format prior to the graded Test after Training. You may decide to have the DSPs take the test individually or as a large class. Either way, please review the correct answers with the class.
- The Test after Training will consist of questions taken directly from the quizzes. Remind the students to write down the correct answers and use the quizzes as a study guide for the Test after Training.

Practice and Share

- At the end of each session, DSPs will be asked to **practice** a concept learned in the session in the course of their work, and then **share** the results with the class at the beginning of the next session. At the end of the session, please read the Practice and Share directions aloud to the DSPs and make sure that they understand what they are being asked to do. At the beginning of the next session, before reading the outcomes, review the Practice and Share activity.

Key Points

- Key points that should be emphasized in lecture and discussion are listed on the teacher pages under the same headings used in the Student Resource Guide. Please paraphrase these key points for the DSPs, and elaborate on them using information from the text. One strategy that you may use to get DSPs to internalize key concepts is to ask them to underline or highlight points that you consider to be of particular importance.

DSP Toolbox Icons

- DSPs need to draw upon a set of "tools," or basic skills and knowledge, to help them successfully meet the daily challenges of their job. The tools in the "DSP Toolbox" are: Ethics, Observation, Communication, Decision making, and Documentation. Icons are used throughout the Student Resource Guide to illustrate when a particular tool should be used. When you see the following icons, please remind the DSPs to be prepared to use that tool.

Power Point Slides

- Power Point slides correspond to key points and activities in the sessions. Please familiarize yourself with the slides prior to each session. The Power Point presentations are provided on the DSP Training DVD, Year 2. You will need a computer

with PowerPoint software and an LCD projector to show the slides.

Skill Checks

- Skill checks are opportunities for you to observe DSPs demonstrating critical skills. The two skill checks in the first year of training are (1) assisting with the self-administration of medication, and (2) gloving procedures. The skill check for assisting with the self-administration of medication is repeated in the second year of training. ***DSPs must pass all skill checks in order to pass the training.*** Detailed guidelines for practicing and certifying passage of skill checks are included in special instructions in *Sessions 4: Medication Management, Part I*, and *Session 6: Maintaining the Best Possible Health*, in Year 1, and *Session 3: Medication Management*, in Year 2.

Test after Training

- The final test after the training consists of 36 multiple-choice questions. DSPs answers will be recorded on a Scantron® form. Please see the DSPT ROCP Procedure Manual for information about ordering, storing and processing the Test After Training.

Tips for Training English Language Learners

Some of the DSPs in your classes may not be native English speakers. In addition, those students are probably at varying levels of proficiency in the language. The following tips[1] may be helpful in planning instruction for English Learners:

Foster a safe classroom environment. One way to do this is to begin the training by brainstorming class ground rules, such as:

- Everything shared in the class will be kept confidential;
- Listen and speak with respect;
- Everyone's opinions are valued;
- Speak personally, not for someone else, and be responsible for what you say; and
- All questions are good questions, etc.

Write the ground rules down on a flipchart and tape the rules on the wall before each session as a reminder.

Use visuals to support your instruction. Use gestures, facial expressions, and pictures to make words and concepts clear.

Model tasks before asking the students to do them. Begin activities and quizzes by working through an example as a large group.

Watch both your "trainer talk" and your writing. Trainer talk refers to the directions, explanations, and general comments and conversations that a trainer may engage in within the classroom. Keep trainer talk simple and clear. Use pictures, gestures, demonstrations, and facial expressions to reinforce messages whenever possible. Use print letters with space between letters and words, and do not overload the chalkboard or flipchart with too much or disorganized text.

Give students sufficient time to give responses and complete activities. Some people take longer to process information than others. As a general rule, wait approximately 10 seconds before repeating a question. Also, check in with students during activities to determine how much time they will need to complete them.

[1] Cunningham Florez, MaryAnn and Burt, Miriam. **Beginning to Work with Adult English Language Learners: Some Considerations**. National Center for ESL Literacy Education, October 2001.

Conclusion

Have fun and be creative! In many cases, you and the DSPs are participating in this training in addition to work and family obligations. Utilize discussion, activities, and videos to keep things interesting.

Trainer Resource Guide

Introduction

Trainer Resource Guide: Introduction

About the Training

Show Slide #1: Introduction as students are entering the classroom.

Show Slide #2: Training Sessions

- Review the sequence and topics of sessions for year two.
- State law requires this training for all DSPs.
- Reasons for the training:

  — To help you do the best job you can in supporting individuals with developmental disabilities to have a better quality of life.

  — When you do the best job you're able to do, your professional life should be more rewarding, which should improve your quality of life.
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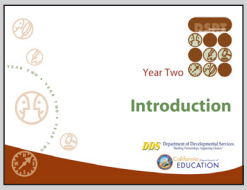

About the Training

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- Communication.
- Positive behavior support.

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

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

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

Trainer Resource Guide: Introduction

DSP Toolbox

- The first part of this section is a review from the Year 1 Introduction. You do not need to cover it in as much detail as in Year 1. Please review key points.

Show Slide #3: DSP Toolbox

- Describe the tools that are in the DSP toolbox and introduce the icons. The icons will be used in the Student Resource Guide to indicate when a particular tool may be used.
  - **Ethics:** A picture of a compass. A compass shows us the right direction to go in.
  - **Observation:** A person looking into a magnifying glass. A magnifying glass helps us to see individuals and their environments up close and in great detail.
  - **Communication:** Two people facing each other. This shows that communication takes at least two people and each must "give and take."
  - **Decision Making:** A gavel like a judge uses. The gavel is a symbol of the judgment that DSPs must use everyday to make all kinds of decisions.
  - **Documentation:** A pen. When we write things down, they help to inform what we do in the future.

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: Make 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

Show Slide #4: Ethics

- Read the definition of "Ethics" aloud.
- Review summary of the NADSP Code of Ethics to the students as it appears in the Student Resource Guide.

Show Slide #5: DSP TV, Scene 1: DSP Ethics 1. Click on the icon to show the video.

1. Is Kami using professional ethics?

   No, Kami is not providing person-centered support; not promoting physical and emotional well-being; not working with integrity and responsibility by supporting the mission of the DSP profession; and not treating AJ with respect.

2. How do you think AJ feels?

   Unimportant, powerless, frustrated.

3. What could Kami do differently?

   Provide person-centered support by asking AJ what he wanted to do and then supporting his choice; promote physical and emotional well-being by supporting AJ's choice to exercise and insuring that he is safe while he rides his bike; work with integrity and responsibility by being a partner to AJ instead of blaming him for having to do her job; and treat AJ with respect by listening to him and honoring his choices.

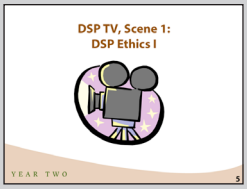
Show Slide #6: Activity: Making Ethical Decisions

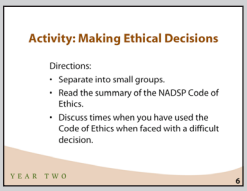
- Read directions aloud.
- Ask for volunteers to share for each of the nine items in the NADSP Code of Ethics.

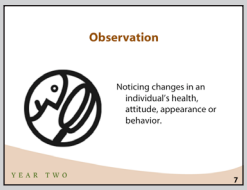
Observation

Show Slide #7: Observation

- Review the definition of "Observation."







DSP Toolbox: Additional Information

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.

ACTIVITY

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.

Trainer Resource Guide: Introduction

DSP Toolbox: Additional Information

Communication

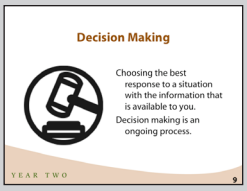
Show Slide #8: Communication

- Review the definition of "Communication."

Decision making

Show Slide #9: Decision Making

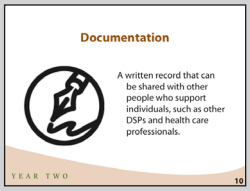
- Review the definition of "Decision Making."



Documentation

Show Slide #10: Documentation

- Review the definition of "Documentation."



Show Slide #11: DSP TV Scene 2: DSP Ethics II (Optional)

- Click on the icon on the slide if you would like to show and discuss this optional video.
- Discussion questions and answers:

1. What are ethical issues?

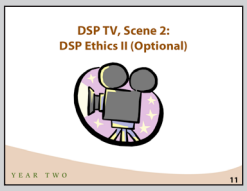
   Advocacy, person-centered support, integrity and responsibility, respect, self-determination.

2. How do you think AJ feels?

   Supported, listened to, respected, in control, happy.

3. How is AJ's issue resolved?

   AJ is given the reasons for the 9 p.m. bedtime and then is able to make an informed choice.



Let's Get Started...

- Before transitioning to Session 1, check to see if the students may have questions.

DSP Toolbox: Additional Information

Communication

Communication *is understanding and being understood.*

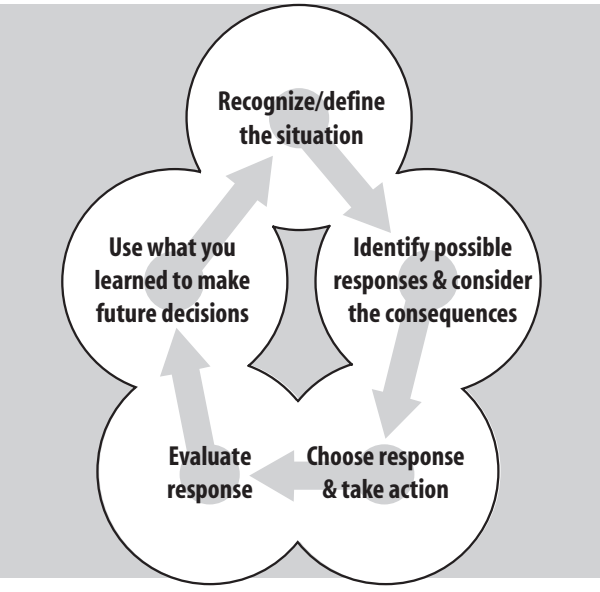
- Listen carefully to what is being communicated through words and behavior.
- Repeat back what was communicated to confirm understanding.
- Ask questions to gain a more complete understanding.
- Be respectful.

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.

Trainer Resource Guide

1. Making Choices

TRAINER GUIDE: SESSION 1

Note to trainer: This session should run approximately 2 hours to accommodate time for the Introduction to Year 2.

Materials

- LCD projector and computer with PowerPoint software
- DSP Training DVD, Year 2
- One set of HOME stickers for each student (Printed on label paper, 2 ½ x 2 ½, 12 per page). Available from the Consumer Corner website: www.dds.ca.gov/ConsumerCorner/Publications.cfm)
- Chart paper
- Markers

OUTCOMES

Show Slide #1: Making Choices

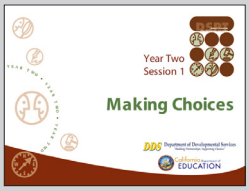
Show Slides #2 and #3: Outcomes

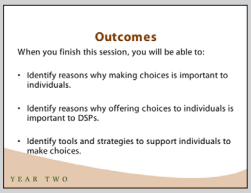
- Review outcomes for the session.

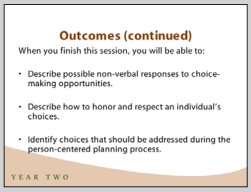
KEY WORDS

Show Slide #4: Key Words

- Review key words for the session.
- Give students 5 minutes to think about and rewrite definitions in their own words in the space provided.







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?

- Read directions aloud.
- Ask for student volunteers to share answers.
- Make note of student answers and link back to student knowledge and interests as appropriate as you review session content.
- At the end of this session, you will return to this activity to give students an opportunity to answer the third question.

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?

Trainer Guide: SESSION 1

Opening Scenario

- Read scenario aloud.
- Ask the students:
  — Why do you think Dave, the home administrator, made the rule about bedtime?
  — How do you think Ben, the individual, feels?
  — How does this affect Jeff, the DSP?
- In this session, students will learn about choices: why they are important and how to encourage choice making.

Activity: Today's Choices

Show Slide #5: Activity: Today's Choices

- Review activity directions to ensure understanding.
- Review and discuss questions and possible answers.
  1. What kind of choices – big and small – do you make each day? *When to wake up, take a bath or shower, what to wear, what to eat, who to eat with, what type of transportation and route to take to the training.*
  2. How would you feel if you didn't have these choices? *Powerless, angry, unhappy.*

The Importance of Making Choices

- A **choice** is a statement of preference.
- **Preferences** are likes and dislikes. Choices that individuals make about the things that are important to them.
- A **choice opportunity** is a chance for an individual to decide between two or more items or activities.
- The following slides and discussion relate to session outcomes and may appear on the quiz.
  Outcome: Identify reasons why making choices is important to individuals.
  Outcome: Identify reasons why offering choices to individuals is important to DSPs.

Show Slide #6: Making choices is important to individuals because it...

- Review and discuss section.

Show Slide #7: Offering choices is important to DSPs because it...

- Ask students how providing choice opportunities to individuals may affect DSPs?

Answers:

1. *Choice making opportunities help 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.*
2. *Choice making opportunities help DSPs identify items and activities that are preferred by individuals and that information may be used to make teaching and learning new skills more fun and successful.*

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 chances 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.

Trainer Guide: SESSION 1

Limited Opportunities to Make Choices

- Review and discuss section.

Tools for Identifying Preferences

- Review and discuss section.
- The following tool relates to a session outcome, and may appear on the quiz.
  Outcome: Identify tools and strategies to support individuals to make choices.
- Hard copies of "Making My Own Choices" and the "Picture Sticker Book" are no longer available, though students may download them from the Consumer Corner website:
  www.dds.ca.gov/ConsumerCorner/Publications.cfm
- To familiarize students with the publications, consider
  - Passing around a copy/copies of "Making My Own Choices" and the "Picture Sticker Book," or stickers that you printed on labels.
  - Showing students the online version of the publications if you have Internet access in the classroom.
  - Laminating a copy of the stickers and placing Velcro squares or double-stick tape on the back and in the "My Choice" boxes to demonstrate an alternative way of using this tool.

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/ConsumerCorner/Publications.cfm. 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.

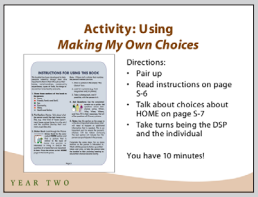
ACTIVITY: Using the "Making My Own Choices" Book to Learn About Individuals' Preferences

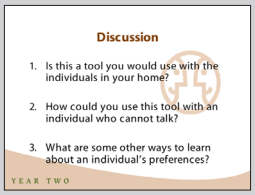
Show Slide #8: Activity: Using Making My Own Choices

- Review activity directions to ensure understanding.
- Provide each student with a set of HOME stickers.
- Give each pair of students 10 minutes to complete the activity.

Show Slide #9: Discussion and chart answers.

- If time allows, ask if any students are interested in sharing their choices and pictures.





ACTIVITY

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 page S-6. 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 sticker (from the ones given to you by the teacher) that is similar to the type of home the individual would like. Place that sticker in the blank space on the HOME page on S-7. Ask the individual questions about their choice and fill in their answers on S-7. 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?

Trainer Guide: SESSION 1

Instructions for Using This Book

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.

Home

HOME

DESCRIPTION

PLACE STICKER HERE

What_____

Who_____

When_____

Where_____

How_____

NOTES:

HELPER:

HOW DO I START MAKING THIS HAPPEN?

PERSON:

Trainer Guide: SESSION 1

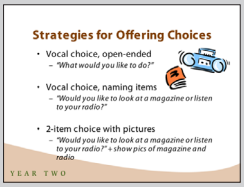
Strategies for Offering Choices

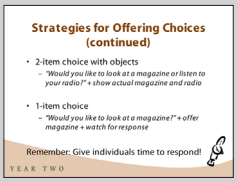
- Review and discuss section.
- The following slide and activity relates to a session outcome may appear on the quiz.

  Outcome: Identify tools and strategies to support individuals to make choices.

Show Slides #10 and #11: Strategies for Offering Choices

- Review and discuss section, using the example from the text - choosing a leisure time activity - or your own example.
- Emphasize the importance of giving individuals time to respond based on their ability.



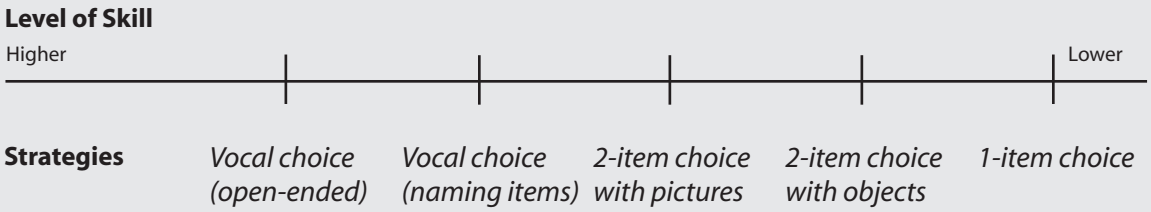


Strategies for Offering Choices

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; that is, 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.

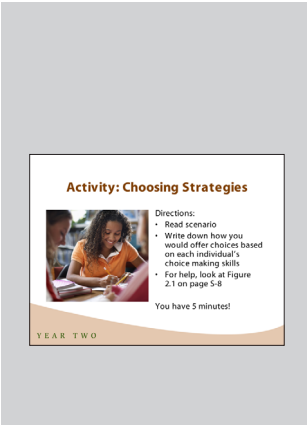
No matter what strategy is selected, it is important to give the individual time to respond based on his or her ability. Some of us need more time to think and decide than others.

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

- This activity can be done individually or as a class.

Show Slide #12: Activity: Choosing Strategies

- Review activity directions to ensure understanding.
- If done individually, give students 5 minutes to write down how they would offer choices.
- Ask students to share the choices they wrote down and explain why.



Possible answers:

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.	*Offer Diana eggs and see how she responds to determine if she wants them (one-item choice).*
Ed has some verbal skills, but seems confused when asked open-ended questions.	*Ask Ed, "Would you like pancakes or eggs for breakfast?" (vocal choice, naming items).*

ACTIVITY

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

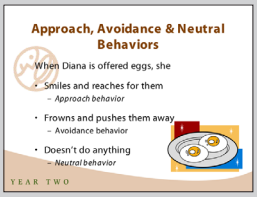
Directions: *Read the following scenario. Column one describes three individuals and their choice-making skills. In column two, write down how you would offer breakfast choices based on each individual's choice-making skills. Refer to Figure 2.1 on page S-9 if you need help. Your answers will be shared with the class.*

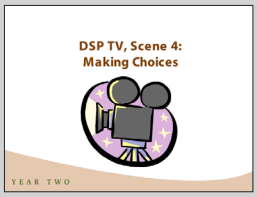
Scenario:
You work during the morning shift and it is your responsibility to provide breakfast. You made pancakes and eggs because it was what was planned on the menu and the individuals enjoyed those foods in the past.

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.	

Trainer Guide: SESSION 1

Approach, Avoidance, and Neutral Behavior





- **Approach behavior** is 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** is an action that shows an item or activity is not preferred such as frowning, or turning or pushing away from the item or activity.
- **Neutral behavior** is when an individual does not approach or avoid an item or activity.
- The following slide and discussion relate to a session outcome and may appear on the quiz.

  Outcome: Describe possible non-verbal responses to choice-making opportunities.

Show Slide #13: Approach, Avoidance, and Neutral Behaviors

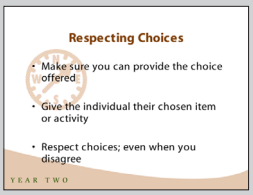
- This slide uses the example of Diana from the previous activity.

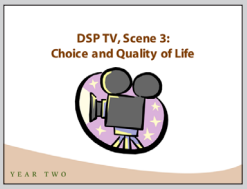
Show Slide #14: DSP TV, Scene 4: Making Choices and click to play video.

Discussion questions and answers:

1. How does Tammy respond to the orange? *Tammy does not respond; neutral behavior.*
2. How does Mike know Tammy wants a banana? *Tammy smiles and gestures in a positive manner; approach behavior.*
3. Describe Tammy's choice-making skills. *Tammy can make one-item choices.*

Respecting Choices





- Review and discuss section.
- The following slide and discussion relate to a session outcome and may appear on the quiz.

  Outcome: Describe how to honor and respect an individual's choices.

Show Slide #15: Respecting Choices

- Emphasize the importance of respecting individual choices even when the DSP disagrees.

Show Slide #16: DSP TV, Scene 3: Choice and Quality of Life and click to play video.

Discussion questions and possible answers:

1. What mistakes did you observe? *DSP did not respect Daniel's individual choice of what music to listen to; DSP forced her preferences on Daniel; DSP did not use a respectful tone of voice when speaking with Daniel or listen to what he had to say; DSP removed Daniel's personal possession as a punishment, a violation of Daniel's rights.*

2. What would you do differently? *Respect Daniel's choice of music; Listen to Daniel; Use a respectful tone with Daniel when speaking with him.*

3. How does Daniel feel? *Frustrated; Powerless; Disrespected*

Approach, Avoidance, and Neutral Behavior

What clues might tell you about an individual's preference? 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.

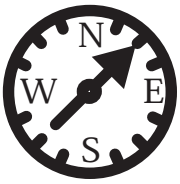
Sometimes an individual may not approach or avoid an item. This is called **neutral behavior**. If an individual shows neutral behavior you should allow the individual to try the item; that is, make sure the person knows what is being offered by touching, looking at, tasting, or using the item. Present 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.

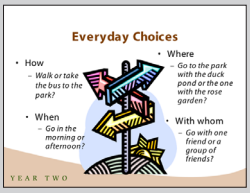
Of course, choices may be limited based on the resources at hand. For example, you cannot offer an individual orange juice for breakfast if there isn't any orange juice in the house.



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 in Daily Routines

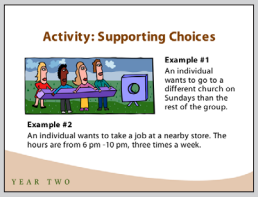
- **Daily routines** are the way an individual chooses to do everyday activities like sleeping and waking, having meals, and bathing.



Show Slide #17: Everyday Choices

- Emphasize the importance of building choices into everyday activities.
- The Practice and Share activity at the end of this session is an opportunity for students to try providing more choices to individuals about their daily routines.

ACTIVITY: Supporting Choices



Show Slide #18: Activity: Supporting Choices

- Review activity directions to ensure understanding.
- Discuss each example and chart students answers.

Examples and possible answers:

Example #1: An individual wants to go to a different church on Sundays than the rest of the group.
- Talk with the person-centered planning team to figure out how best to support the choice.
- Check with a friend or family member of the individual and arrange for them to accompany the individual to the preferred church.
- Arrange for a DSP to accompany them to the preferred church.

Example #2: An individual wants to take a job at a nearby store. The hours are from 6:00 p.m. to 10:00 p.m., three times a week.
- Talk with the person-centered planning team to figure out how best to support the choice.
- Depending upon the individual's skills, they could take public transportation to and from the job.
- Arrange with the job coach to take the individual to and from the job.

Finding Choice Opportunities During Daily Routines

Daily routines are the ways we choose to do everyday activities like sleeping and waking, 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.

ACTIVITY

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.

Trainer Guide: SESSION 1

Supporting Major Lifestyle Choices

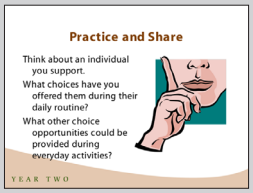
- Review and discuss section.
- The following slide and discussion refer to a session outcome and should be noted as it may be covered on the quiz.

  Outcome: Identify choices that should be addressed during the person-centered planning process.

Summary

- Ask students to turn back to the "What Do You Want To Know" activity at the beginning of the session. Give students 5 minutes to think about what they learned and answer the third question.
- Ask for volunteers to share their answers.

Show Slide #19: Practice and Share, read aloud and discuss to ensure understanding.



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.

Quiz: Making Choices

Show Slide #20: Quiz Time...

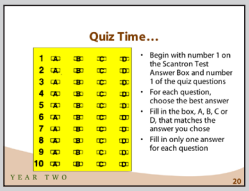
- Give students 10 minutes to take the quiz.
- Review the directions for filling out a Scantron form.

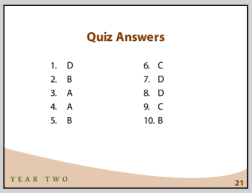
Show Slide #21: Quiz Answers

- Discuss questions and answers as a class.
- Remind students to mark the correct answers, so they can use the corrected quizzes as a study guide for the test after training.

Answers:

1. *D*
2. *B*
3. *A*
4. *A*
5. *B*
6. *C*





Session 1 Quiz

Making Choices

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

1. **Individuals with 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 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."

Session 1 Quiz (continued): Making Choices

7. *D*
8. *D*
9. *C*
10. *B*

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.
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

Appendix 1-A /NADSP Code of Ethics

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

Advocacy

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

Interpretive Statements

As a DSP, I will:

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

Person-Centered Supports

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

Interpretive Statements

As a DSP, I will:

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

Promoting Physical and Emotional Well-Being

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

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 (continued)

Justice, Fairness, and Equity

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

Interpretive Statements

As a DSP, I will:

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

Respect

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

Interpretive Statements

As a DSP, I will:

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

Relationships

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

Interpretive Statements

As a DSP, I will:

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

Appendix 1-A/NADSP Code of Ethics (continued)

Self-Determination

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

Interpretive Statements

As a DSP, I will:

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

Appendix 1-B- Looking at Service Quality

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 difficulties; for example, problems with boyfriends or girlfriends.	❑	❑	❑

Appendix 1-B- Looking at Service Quality (continued)

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

Appendix 1-B- Looking at Service Quality (continued)

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).

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

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

*Next, write down the area with the highest **Could Be Improved** and **No** numbers:*

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

Adapted from Department of Developmental Services (1999)

Trainer Resource Guide

2. Person-Centered Planning

Trainer Guide: SESSION 2

Materials

- LCD projector and computer with PowerPoint software
- DSP TV DVD, Year 2
- Chart paper
- Markers

Show Slide #1: Person-Centered Planning

Show Slide #2: Practice and Share, Session 1 and review the assignment.

- Ask for volunteers who would like to share their stories.
- In the last session you learned about the importance of supporting choice making among the individuals with whom you work.
- In this session you will learn about a process called person-centered planning. This process can be informed by your knowledge of the individual and their choices about how they want to live their life.

OUTCOMES

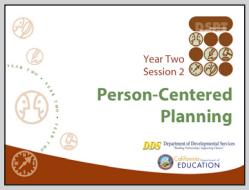
Show Slides #3 and #4: Outcomes

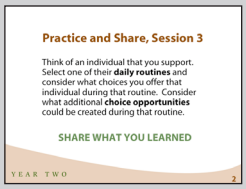
- Review outcomes for the session.

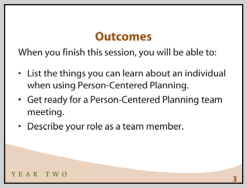
KEY WORDS

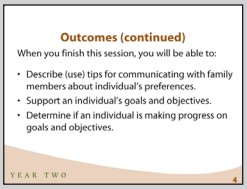
Show Slides #5 and #6: Key Words

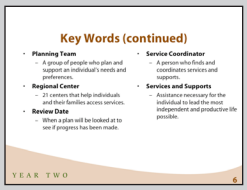
- Review key words for the session.
- Give students 5 minutes to think about and rewrite definitions in their own words in the spaces provided.











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 (use) 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.	

Trainer Guide: SESSION 2

KEY WORDS

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 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.	

Trainer Guide: SESSION 2

KEY WORDS

Key Word	Meaning	In My Own Words
Service Coordinator	An individual who works with individuals and families to find and coordinate needed services and supports.	
Services and Supports	Assistance necessary for the individual to lead the most independent and productive life possible, based on the individual's wants, needs, and desires.	

ACTIVITY

What Do You Want to Know?

- Read directions aloud.
- Ask for student volunteers to share answers.
- Make note of student answers and link back to student knowledge and interests as appropriate as you review session content.
- At the end of this session, you will return to this activity to give students an opportunity to answer the third question.

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 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

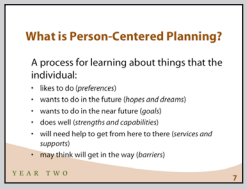
What is Person-Centered Planning?

- This information relates to a session outcome and may appear on the quiz.

  Outcome: List the things you can learn about an individual when using Person-Centered Planning.

- The Lanterman Developmental Disabilities Act says that regional centers must use person-centered planning to support the different ways that people choose to live.

Show Slide #7: What is Person-Centered Planning? and review definition.



- **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)
- 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 results.
- **The Individualized Program Plan** is an agreement between the individual and the regional center that lists the individual's goals, objectives and the services and supports needed to help the individual get from here to there.
- The IPP includes:
  - **Goals** - results that are important to the individual and reflect their needs and preferences,
  - **Objectives** - specific, time-limited statements of outcomes which are stated in measurable terms and related to the individual's goals, and
  - **Services and Supports** - needed to assist the individual to lead the most independent and productive life possible, based on the individual's wants, needs, and desires.

The Person-Centered Planning Process

What is Person-Centered Planning?

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

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

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

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

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

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

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

  I want to spend time with my boyfriend, Richard.

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

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

- **Services and Supports** are ways to assist and help the individual to lead the most independent and productive life possible, based on the individual's wants, needs, and desires. For example:

  Shirley, a DSP at my home, will help me arrange time with Richard and will provide transportation and other support I may need.

Trainer Guide: SESSION 2

The Person-Centered Planning Process

Show Slide #8: According to the Lanterman Act, the individual has a right to make choices about... and review.

Show Slide #9: Person-Centered Planning is about... and review.

- If the individual cannot speak for themselves, ask their family and friends about what they believe is important to the individual.

The Person-Centered Planning Team

Show Slide #10: The Person-Centered Planning Team and review.

- By law, team members must include:
  - the individual with a developmental disability;
  - family members if someone is under 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, direct support professionals, a doctor, psychologist, nurse, or speech therapist.

Show Slide #11: Responsibilities of the Planning Team and review.

Show Slide #12: Getting Ready for the Person-Centered Planning Meeting

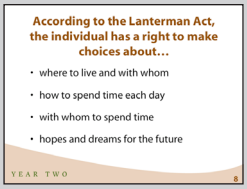
- The following relates to a session outcome and may appear on the quiz.

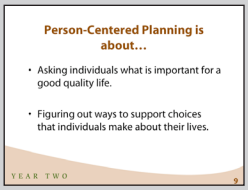
  Outcome: Get ready for a Person-Centered Planning meeting.

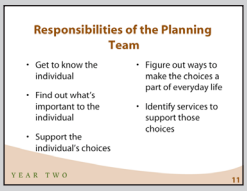
Activity: Getting Ready for a Person-Centered Planning Meeting

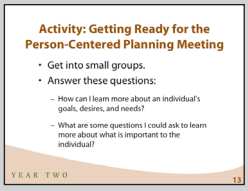
Show Slide #13: Activity: Getting Ready for a Person-Centered Planning Meeting

- Groupings: small group.
- Read directions aloud to ensure understanding.
- Direct the groups to respond to these 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 the individual?









The Person-Centered Planning Process

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 .

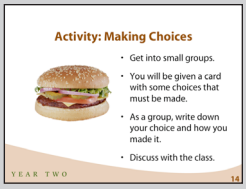
How can I learn more about an individual's goals, desires, and needs?

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

Activity: Making Choices

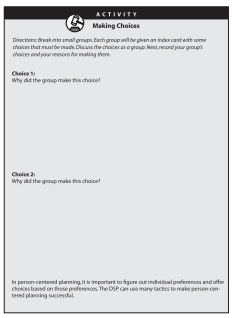
Note to trainer: You will need to make copies of the Group 1 and Group 2 instructions (Appendix 2-A on page S-18) on 5 X 9 cards prior to activity.

Show Slide #14: Activity: Making Choices



- Groupings: 2 or more teams.
- Read directions to ensure understanding.
- Direct each team to look at each of the choices listed on their instruction card.
- As a group, they will make a choice and then write down their choice and why they made it on the Activity sheet on page S-4.
- After about 10 minutes ask groups to report back about the choices their team made and why they made those choices.
- After groups have shared their choices, ask:
  - How does the limiting of choices affect the choices made?
  - How did you feel when you made "your choice"?
  - What gets in the way of opening up opportunities for making choices with the individuals we support?
  - What can DSPs do to increase the opportunities for choice?
- Brainstorm ways to offer choices to groups of individuals who have different likes and dislikes, limited budgets and limited selection?
  - Brainstorm might include:
  - Going out in smaller groups,
  - Developing a system to allow for everyone to have a chance to make "the choice of the day"
  - Reading the newspaper and talking to others about new things to do or places to go.

Reduced sample of instructions for groups.



ACTIVITY

Making Choices

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

Choice 1:
Why did the group make this choice?

Choice 2:
Why did the group make this choice?

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

ACTIVITY

Making Choices

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

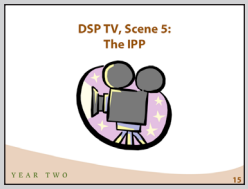
Choice 1:
Why did the group make this choice?

Choice 2:
Why did the group make this choice?

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

Trainer Guide: SESSION 2

Show Slide #15: DSP TV, Scene 5: The IPP. Click on the icon to show the video.



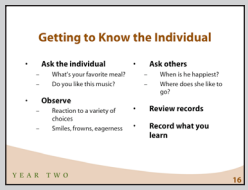
- Discuss and answer questions at end of Scene 5.

1. How does Mike help Daniel prepare?
   - *By communicating with him before the meeting to find out what things are important to him and make sure he is prepared to talk about them.*
2. What is important to Daniel?
   - *His trust account; TV; getting a fishing license; learning to take the bus in Stockton; and, saving money to move in with his girlfriend.*
3. What is the DSPs role?
   - *Advocate and partner to help Daniel prepare for the person-centered planning meeting.*

- Additional discussion questions: If the DSP attends the person-centered planning team meeting, what could he do to support Daniel?

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

Show Slide #16: Getting to Know the Individual and review.



- 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 doing things together.
- 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.

What Can be Learned from Behavior?

Show Slide #17: What Behavior Communicates

- How would someone's behavior tell you that he or she wanted something?
- Sometimes it's easier to figure out what a person doesn't like.
- Ask the students what are some other ways that you would let someone know that something was making you unhappy?

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?

Trainer Guide: SESSION 2

Teamwork and Working with Families

Show Slide #18: Teamwork and review.

Team Members' Roles

Show Slide #19: Roles of Team Members

- This information relates to a session outcome and may appear on the quiz.

  Outcome: Describe your role as a team member.
- Everyone has an important role to play on the person-centered planning team.
- 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 hopes and dreams.

Teamwork and Working With Families

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

Below are some facts about teams:

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

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

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

Besides trust, other values that support teamwork are:

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

Team Members' Roles

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

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

Trainer Guide: SESSION 2

Communication with Families

Show Slide #20: Communications with Families and review tips.

- This information relates to a session outcome and may appear on the quiz.

  Outcome: Describe tips for communicating with family members about the individual's preferences.

- These tips come from an article written by Terri Niland, a DSP from Maryland.

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

- This information relates to a session outcome and may appear on the quiz.

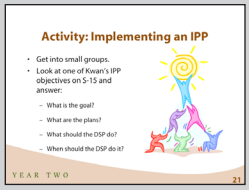
  Outcome: Support an individual's goals and objectives.
- The DSP is responsible for implementing the IPP.
- The DSP must be familiar with the IPPs for each person in the home and
  - know what their goals and objectives are, and
  - what the DSPs responsibilities are to assist the individual
  - who is to do what by when.
- Direct students to the sample IPP and discuss.

Answers:

- Read the sample IPP for Eric aloud.
- What is the goal? *Go and watch John play on the local baseball team.*
- What is the objective? *Helen and I will go to John's baseball game one a week throughout the one season (April to July).*
- What is the plan? *Everett, the DSP will help Eric by finding out when and where the games are scheduled, and at least once a week, provide for or arrange transportation for Eric to the game and go with him. This is a simplified example of an IPP.*
  - Who will do what and by when for the individual?
  - What does the DSP do to support the goal?

Activity: Implementing an IPP

Show Slide #21: Activity: Implementing an IPP



- Groupings: Small groups.
- Assign each group one objective to review.
- As a class, review Kwan's IPP in Appendix 2-B on page S-15.
- Direct the groups to answer the following questions.
  - What is the goal?
  - What are the plans?
  - Who is responsible?
  - What should the DSP do?
  - When should the DSP do it?

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, 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.

ACTIVITY

Implementing an IPP

Directions: Look at Kwan's IPP in Appendix 2-B on pages S-18-28. 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?**

Trainer Guide: SESSION 2

The DSPs Role In Assessing Progress on the IPP

- This information relates to a session outcome and may appear on the quiz.

  Outcome: Determine if an individual is making progress on goals and objectives.
- A **Review date** is a predetermined time period when a goal or a plan will be looked at to see if progress has been made and if anything needs to needs to change.
- Often, the IPP will require that the DSP (or responsible person) write down observations or keep a record of things that were done to implement the plan.
- If you see that something in the plan is not working, it is your responsibility to let others know

The DSPs Job in Assessing the Quality of Services

- Direct students to Appendix page 2-C on pages S-30-31: Looking at Service Quality.
- Review the document with students and discuss.
- Direct students to think of one of the individuals they support and complete the form.
- When they are finished, partner with another student and discuss findings.
- Share findings with the whole group.

The DSP's Role In Assessing Progress on the IPP

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

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

The DSP's Job in Assessing the Quality of Services

A form entitled, "Looking at Service Quality" may be found in Appendix 2-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 following, about the quality of a person's life in the areas of choice, relationships, lifestyle, health and well-being, rights, and satisfaction:

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

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

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

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

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

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

Does each person get to do activities in the community?

Does each person have access to needed health services?

Does each person know his or her rights?

Do I and others treat people with dignity and respect?

Trainer Guide: SESSION 2

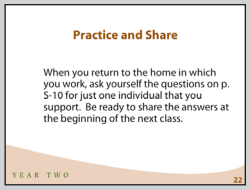
Summary

- Ask students to turn back to the "What Do You Want To Know" activity at the beginning of the session. Give students 5 minutes to think about what the learned and answer the third question.
- Ask for volunteers to share their answers.

Practice and Share

Show Slide #22: Practice and Share

- Direct students to Practice and Share directions.
- Read the directions and make sure students understand the assignment.



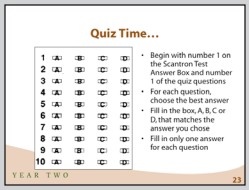
The DSP's Job in Assessing the Quality of Services

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

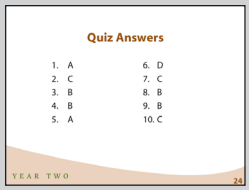
When you return to the home in which you work, ask yourself the questions on p. S-10 for just one individual that you support. Be ready to share the answers at the beginning of the next class.

Quiz: Person-Centered Planning



Show Slide #23: Quiz Time…

- Review the directions for filling out a ScanTron form.
- Give students 20 minutes to take the quiz.



Show Slide #24: Quiz Answers

- Discuss questions and answers as a class.
- Remind students to mark the correct answers so they can use the corrected quizzes a study guide for the test after training.

Answers:

1. A
2. C
3. B

Session 2 Quiz

Person-Centered Planning

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

1. **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.

Trainer Guide: SESSION 2

Answers:

4. B
5. A
6. D
7. C
8. B
9. B
10. C

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.
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

Appendix 2-A

Copy each set of instructions for the Activity on page S-7 in Student Resource Guide.

Group 1 Instructions

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

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

Group 2 Instructions

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

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

Appendices 2-B

Everyone's Regional Center (ERC)
Individual Program Plan (IPP)
Date of IPP Meeting: **4/1/04**

IDENTIFYING INFORMATION

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

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

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

Betsy Helpful	(405)546-9203
Service Coordinator	Phone

IPP MEETING PARTICIPANTS

Kwan Wang, Phone (405)677-9535

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

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

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

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

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

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

FAMILY INFORMATION

Family Members

Judy Wang (Mother and Conservator) 76711 S. San Pedro 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 wheel chair 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: 467 96 3573 (Father deceased)

Medications

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

Health Providers

Primary Care Physician

Dr. Ubeewell, 7922 Spirit 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 Mental Retardation, Mixed Seizure Disorder

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

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

Equipment: Wheelchair, shower chair, adaptive spoon

Hospitalizations: No hospitalizations in the past year.

Mental Health Issues: N/A

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

NATURAL SUPPORTS

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

WHAT PEOPLE NEED TO KNOW ABOUT KWAN

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

HOPES AND DREAMS

Kwan enjoys spending time with Robert, and would like more opportunities to be with him. Kwan loves her bird. She would like to someday work in a pet shop or 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 (2004), Kwan moved to her new home, a level 4 owner-operated CCF. Martha Green is the owner and administrator. Kwan had to move because her previous service provider became seriously ill. Kwan likes her new home, and particularly likes Mimi Rosales, one of the staff. It also helped that her previous roommate moved with her. There is one staff for every three 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 8/30/04.
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 4/30/05.

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.

5) Home and day program staff will coordinate Kwan's toileting schedule.
6) Both home and day program staff will assist Kwan to apply sunscreen, lip balm, and a hat each time she is in the sun for any extended length of time (more than 15 minutes).
7) By 6/1/04, Kwan's service coordinator will arrange for Jacquie Ohanesian, CRT, at First Care Equipment (405-696-4651) to assess Kwan's wheelchair. ERC will fund the assessment.
8) Within 2 weeks of the completed assessment, the service coordinator will schedule a meeting with Kwan, her mom and Martha Green to discuss the results of the evaluation and write an IPP addendum including a plan with a target date for the purchase of necessary equipment. If Medi-Cal will not approve the purchase of the recommended wheelchair and lift, ERC will authorize.

COMMUNICATION

Current status

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

Goal

Kwan will be able to communicate as effectively as possible.

Objectives

1) By 10/1/03, Kwan's service coordinator will arrange for Liz Speakeasy, Speech Therapist, to assess Kwan for use of augmentative communication. By 1/30/04, the speech therapist will have completed the assessment. The speech therapist will assess Kwan in different environments and situations. Medi-Cal will fund the assessment.
2) Within 2 weeks of the completed assessment, the service coordinator will schedule a meeting with Kwan, her mom, and Martha Green to discuss the results of the evaluation and write an IPP addendum including a plan with a target date for the purchase of any necessary augmentative communication device.

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 time 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, 2004, 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, 2005, 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, 2004, 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 this year (2003), Kwan was diagnosed with high blood pressure. Medication has brought her blood pressure down to 132/86. The doctor ordered a diet with no coffee or added salt. Kwan continues on her high fiber diet. She is allergic to tomatoes and tomato products. Although she is on stool softeners and laxatives she continues to experience chronic constipation. Kwan's gums bleed easily as a result of the gingivitis. Seizure frequency is reduced to about 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 5/14/03. Her blood pressure was within normal range. Kwan is to return every three months or more frequently as needed. Kwan's last visit to her neurologist, Dr. Nicely was 7/12/02. Her serum blood level for Tegretol and TSH was normal. She is to return yearly or more frequently as needed. Lab work needs to be done prior to visit (call doctor for order). Kwan last saw her gynecologist, Dr. Young, on 1/30/03. Dr. Young works with the Adult Special Disabilities Clinic at University Hospital and Kwan feels very comfortable. She has an examining table which makes transfer from her wheelchair easy. She had a breast exam and pap smear on the same date, and a mammogram on 3/22/03. Findings were normal for both. Kwan is to return for a yearly breast exam, pap smear and mammogram (Bay Area Breast Center). Kwan went to her dentist, Dr. Y Nocaries, on 2/28/03. 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 2/15/03. 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 5/14/04; return quarterly or more frequently as needed.
   Neurologist: Dr. Nicely, last visit 7/12/02; return yearly or more frequently as needed; and, call doctor for lab order prior to yearly visit.
   Gynecologist: Dr. Young, last visit 1/30/03; last pap smear 1/30/03 and last mammogram 3/22/03, return for yearly pap smear and mammogram.
   Dentist: Dr. Nocaries, last visit 2/28/03; return two times a year.
   Audiologist: Dr. Hearless, last visit 2/15/03; return once a year for follow-up audiogram.
2) Kwan's mother wants to accompany her to her yearly neurologist appointment, her twice-yearly dental appointments and her yearly audiogram appointment.
3) 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 Kari'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, and her mother, 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 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 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 increases, Martha 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 10/15/04, 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.
3) Day program staff will look for community groups with an interest in birds and support Kwan in becoming involved. Martha and home staff will also provide support for evening and weekend activities of whatever group Kwan chooses to join.
4) 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 11/1/04.
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 difficulties; 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.	❑	❑	❑

Trainer 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.

Trainer Guide: SESSION 3

Materials

- LCD Projector with PowerPoint software
- The Five Rights for Assisting with Self-Administration of Medication DVD
- DSP TV DVD, Year 2
- Chart paper
- Colored markers
- Masking tape

Skill Check Materials

- Work with a local pharmacist to gather necessary supplies including:
  - — Properly labeled bubble packs and capsule or tablet containers for each student
  - — Properly labeled liquid containers
  - — Calibrated plastic cups or spoons
- Small paper cups for capsules and tablets
- Water
- Pens
- Tissues

Show Slide #1: Medication Management

Show Slide #2: Practice and Share, Session 2, and review the assignment.

- Ask for volunteers who would like to share what they learned.
- In the last session you learned about person-centered planning.
- In this session, you will learn how to safely assist individuals with medications.

OUTCOMES

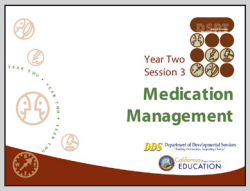
Show Slides #3 and #4: Outcomes

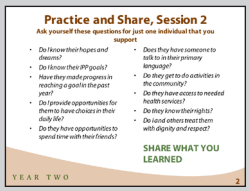
- Review outcomes for the session.
- Ask students to share some of the skills they think are necessary to safely assist with medications.

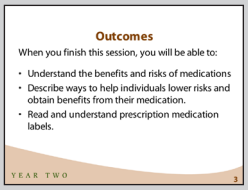
KEY WORDS

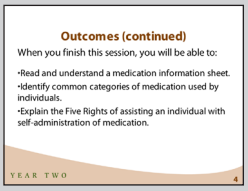
Show Slide #5 and #6: Key Words

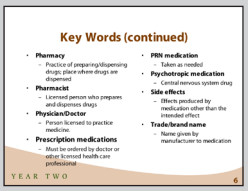
- Review key words for the session.
- Give students 5 minutes to think about and rewrite definitions in their own words in the spaces provided.











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	A word often used interchangeably with the word medication.	
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

KEY WORDS

Key Word	Meaning	In My Own Words
Over-the-Counter (OTC) Medications	Includes all non prescription medications such as aspirin, antihistamines, vitamin supplements, and herbal remedies.	
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?

- Read directions aloud.
- Ask for student volunteers to share answers.
- Make note of student answers and link back to student knowledge and interests as appropriate as you review session content.
- At the end of this session, you will return to this activity to give students an opportunity to answer the third question.

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?

Trainer Guide: SESSION 3

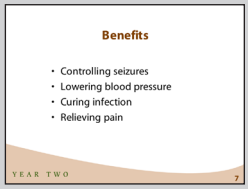
The Benefits and Risks of Medication

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Understand the benefits and risks of medications.
- **Prescription Medications** are medications that must be ordered by a doctor or other licensed health care professional with authority to write prescriptions, such as a dentist or nurse practitioner.
- **Over-the-Counter (OTC) Medications** include all nonprescription medications such as aspirin, antihistamines, vitamin supplements, and herbal remedies.
- **Medication (Drug) Interactions** are the pharmacological result, either desirable or undesirable, of a mixture of drugs, foods, alcohol or other substances such as herbs or other nutrients.
- **Side Effects** are effects produced by a medication other than the effect for which it was prescribed. Side effects may be desirable or undesirable, predictable or unpredictable, harmless or dangerous. Sometime side effects such as a severe allergic reaction, can be deadly.
- **Medication Errors** occur at 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.
- See fda.gov/Drugs/ResourcesForYou/Consumers/ucml43553.htm for strategies to reduce medication errors.

Show Slide #7: Benefits and review the benefits of medications.

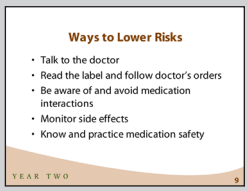
Show Slide #8: Risks and review the risks of medications.



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

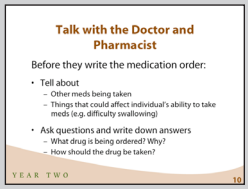
- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Describe ways to help individuals lower risks and get benefits from their medication.
- A **doctor** is a person licensed to practice medicine.
- A **pharmacist** is a licensed person who prepares and dispenses drugs and is knowledgeable about a drug's contents.



Show Slide #9: Ways to Lower Risks and briefly summarize.

Talk with the Doctor or Pharmacist



Show Slide #10: Talk with the Doctor and Pharmacist and review information that should be shared, questions to ask, and what to document.

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 (41%), giving the wrong drug (16%), and using the wrong route of administration (16%). Errors were caused by a lack of skill and/or knowledge and communication errors.

Ways to Lower Risks and Help 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-A, 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.

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

Know about prescription and Over-the-Counter Medications

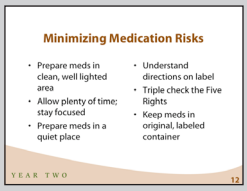
Show Slide #11: Know About Medications and review the information the DSP should know.

- All medications, prescription and over-the-counter, must be ordered by a doctor, dentist, nurse practitioner, or a physician's assistant.

Read the Label and Follow the Five Rights

- Only one DSP should assist an individual with medications at any given time.

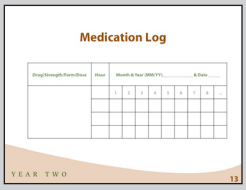
Show Slide #12: Minimizing Medication Risks and review strategies for decreasing the likelihood of an incident.



Record Each Medication Dose

- Refer students to the Medication Log in Appendix 3-D on page S-24.

Show Slide #13: Medication Log and summarize the key information to record.



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

Know About Prescription and Over-the-Counter Medications

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

Make sure you know:

- The brand name and the generic 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. 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-C) to document the date and time, and to initial for each dose of medication the DSP assisted with. Also record any medication errors; for example, a missed dose.

The DSP can use the sample Medication Log provided in this Session (or ask the pharmacist to provide a medication administration record form). The Medication Log includes key information about the individual, including any known drug allergies, and information about the individual's medications, including the name of the medication, dose, times to take the medication, and how it should be taken. It is advised that 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.

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

Avoid Interactions

- Know the medication and any possible interactions before assisting with a medication.

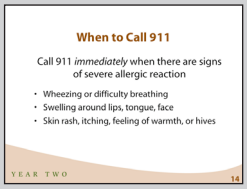
Observe for Intended and Unintended Effects

- Know both intended and unintended effects of medication.

Know When to Get Help

Show Slide #14: When to Call 911

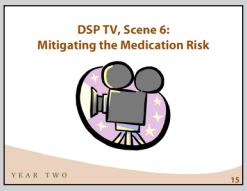
- Signs of a severe allergic reaction that requires a call to 911 include:
  - — Wheezing or difficulty breathing.
  - — Swelling around the lips, tongue, or face.
  - — Skin rash, itching, or feeling of warmth or hives.



Requirements for Assisting with Medication

- In California, community care licensing regulations are very specific regarding requirements for assisting with medications.
- Some of the regulations are different based on the age of people living in the home and the home's licensing category; for example, Adult Residential Facility or Small Family Home.
- Specific information on these regulatory requirements is included in the Community Care Licensing Division's Self-Assessment Guide, Medications Booklet published in September 2002 and found in Appendix 3-B.

Show Slide #15: DSP TV, Scene 6: Mitigating Medication Risk and click to play.

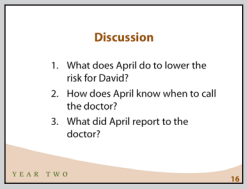


Show Slide #16: Discussion

Discussion questions and answers:

1. What does April do to lower the risk for David? *Obtains information about the new medication and possible side effects, makes sure Mike and other DSPs are familiar with the new medication and it's side effects, Makes sure Mike knows what to do if he observes a side effect.*
2. How does April know when to call the doctor? *Doctor's instructions to call if a rash occurred.*
3. What did April report to the doctor? *Her name, the name of the individual, the name of the medication, what was observed, when, for how long.*

- Additional discussion questions: How did April and Mikes' response to the observed side effects mitigate David's risk of taking the new medication? Does this require a Special Incident Report to the regional center? A report to Community Care Licensing? Why or Why not?



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

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.

Trainer Guide: SESSION 3

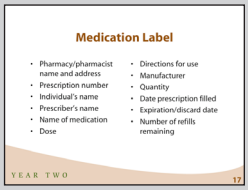
Medication Labels

The following relates to a learning outcome and may appear on the quiz.

Outcome: Read and understand prescription medication labels.

- The **generic name** of medications is the name given by the federal government to a drug.
- The **trade name** of medications is the name given by the manufacturer to a medication.
- For example, acetominophen is the generic name of Tylenol. Tylenol is the trade name.
- The prescribing doctor may order medication by either the generic or trade name.
- The pharmacy label may have either name as well.

Show Slide #17: Medication Label and review information contained on the label.



- 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.

Label Warnings

- Medication containers may also have separate warning labels affixed by the pharmacist that provide additional information on the use of the medication.
- Provide examples of warnings.

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 6/15/12

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

TEGRETOL 400 MG
#30 TABLETS
EXPIRES: 06/02/13 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

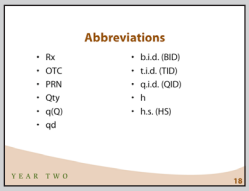
- For external use only.
- Do not take dairy products, antacids, or iron preparations within one hour of this medication.
- Finish all medication unless otherwise directed by prescriber.
- May cause discoloration of the urine or feces.
- May cause drowsiness or dizziness.
- Take medication on an empty 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.

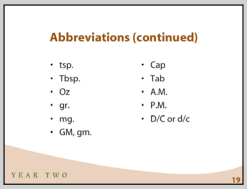
Never "scratch out," write over, or change a drug label in any way. Instead, return to the pharmacy to have the container relabeled. Any change to a prescription requires a doctor's written order that must be filled by a pharmacist.

Medication Labels

Show Slide #18 and #19: Abbreviations and ask students to provide the meanings using the information on S-8.

- **PRN** is a medication that is to be taken as needed.



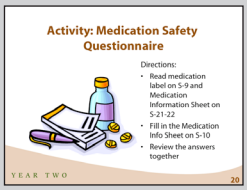


Medication Label Abbreviations

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

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

ACTIVITY: Filling in a Medication Safety Questionnaire



Show Slide #20: Activity: Medication Safety Questionnaire

This activity relates to a learning outcome and may appear on the quiz.

Outcome: Read and understand a medication information sheet.

- Read the directions aloud.
- Complete the Medication Safety Questionnaire as a class.

Medication Safety Questionnaire

Answers:

Name: Tegretol, Tegretol-XR, Carbatrol

Generic name: Carbamazepine

Dose and form: One 400MG tablet

When to take each dose: AM (8AM)

For how long? Do not stop taking the drug even if you feel better. Consult the doctor.

1. **What is the medication supposed to do?**

   Anticonvulsant - it is used to treat seizures.

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

   It may take a few weeks or longer before you feel the full benefit of carbamazepine.

3. **What about serum (blood) levels? Other laboratory work?**

   Doctor will want you to have complete blood tests to test blood count and liver function 1-2 months after starting and every 6 months thereafter.

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

   NOTE: Community Care Licensing Division's Self-Assessment Guide: Medications (See Appendix 4-B) states that "Missed/refused medications must be documented in the client's/resident's medication record and **the prescribing physician contacted immediately**."

   The Medication Information Sheet instructs the individual to take the missed dose as soon as you remember. 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.

5. **Should this medication be taken with food?**

   Yes, and with a full glass of water.

ACTIVITY

Filling in a Medication Safety Questionnaire

Directions: Use the sample Tegretol® medication label below and the Medication Information Sheet in Appendix 3-B on pages S-21-22. Answer the questions on the Medication Safety Questionnaire on page S-10 as a class.

ABC Pharmacy
1017 25th St, Sacramento, CA
Phone: 000-000-0000, Fax: 000-000-0000
Dr. Diaz
Rx: 10387
JACOB SMITH 06-15-12
TAKE ONE TABLET ORALLY AM FOR SEIZURES (8AM)
TEGRETOL 400 MG
#30 TABLETS
EXPIRES: 06/02/13 Refills: 2
MFG: MANY MEDICATIONS, INC.
Filled by: BRS

Trainer Guide: SESSION 3

Answers (continued):

6. Are there any foods, supplements, or activities that should be avoided while taking this medication?

   Grapefruit juice may interact with the carbamazepine and could lead to potentially adverse effects. Avoid prolonged exposure to sunlight.

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

   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. Do not take any other prescription or over-the-counter medicines without first talking to your doctor.

8. What are common side effects?

   Any of the following symptoms, which may be signs of potential blood problems: fever, sore throat, rash, sores in the mouth, easy bruising, or red or purple bruising, call the doctor immediately.

   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

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

10. Any long term effects?

    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.

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

ACTIVITY

Medication Safety Questionnaire

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

1. What is the medication supposed to do?

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

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

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

INTERACTIONS?

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

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

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

   ☐ Yes (Which ones?) _____

   ☐ No

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

   ☐ Yes (Which ones?) _____

   ☐ No

SIDE EFFECTS? IF SO, RESPONSE?

8. What are common side effects?

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

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

Common Categories of Medication

The following relates to a learning outcome.

Outcome: Identify common categories of medication used by individuals.

- Drugs are classified into two categories or classes with other medications that affect the body in similar ways.

Show Slide Show #21: Categories of Medication and review.

Anticonvulsants or Antiseizure Medications

- Seizures can be treated by medications.
- **Anticonvulsants** are medications prescribed to control seizure activity in individuals with epilepsy.
- The type of seizures the individual has determines which anticonvulsant the physician will prescribe.
- DSP needs to provide accurate information to the physician on the symptoms of the person's seizure so that the most appropriate medication can be prescribed.
- Many anticonvulsants, when taken with other drugs in the same or different categories, affect the amount and usefulness, or impact each other.
- Some anticonvulsants deplete vitamins so the person may need a multivitamin supplement and extra folic acid. Be sure to ask the doctor or pharmacist. The doctor may not think about this nutritional issue until you bring it up.
- A number of prescription and over-the-counter medications, such as antipsychotics, Ibuprofen, as well as alcohol and illicit drugs such as cocaine and amphetamines, increase the likelihood of a seizure.

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 Antiseizure 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.

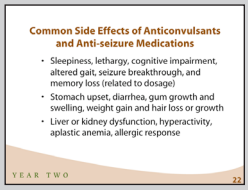
Some anticonvulsants deplete vitamins so the person may need a multi-vitamin supplement and extra folic acid. Be sure to ask the doctor or pharmacist. The doctor may not think about this nutritional issue unless you bring it up.

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

Show Slide #22: Common Side Effects of Anticonvulsants and Antiseizure Medications and review.



- To get this information about side effects talk to the prescribing doctor and the pharmacist who fills the doctor's order.
  - — Also ask the pharmacist for a copy of the medication information sheet and have him or her go over it with you.
  - — Look at medication reference books from your local library or bookstore.
  - — Look at web sites such as Safemedication.com or drugconsult.com

Psychotropic Medications and Psychiatric Disorders

- Psychiatric disorders can involve serious impairements 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 psychotropics alongside other interventions.
- **Psychotropic medications** are central nervous system drugs, which affect a person's thinking or feeling.
- There are 3 types of psychiatric disorders:

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

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

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

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

2. **Schizophrenia**

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

3. Anxiety Disorders

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

a. Generalized Anxiety Disorder
b. Obsessive-Compulsive Disorder

Common Side Effects Associated with Psychotropic Medications

- Review chart.
- There are a number of psychotropic medicines prescribed for mental health challenges.
- Some of these medications (for example, Thorazine, Haldol), alone or alongside other treatments (for example, talk therapy), are used to treat psychiatric disorders, which can involve serious impairements in mental or emotional function that affects an individual's ability to perform normal activities and to relate effectively to others.
- A link to Psychotropic Medications in Persons with Disabilities: An Overview for Families and Other Care Providers by Dr. Bryan King can be found at lanterman.org/info/Publication_30977_Psychotropic_Meds.pdf.

Common Categories of Medication

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

These include:

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

3. **Anxiety Disorders**

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

a. Generalized Anxiety Disorder

b. Obsessive-Compulsive Disorder

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

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

Common Side Effects Associated With Psychotropic Medications

Medication	*Examples*	*Side Effects*
SSRIs (selective serotonin reuptake inhibitors)	Prozac, Paxil, Zoloft, Luvox, Celexa	Stomach upset, sleeping problems, behavioral problems
Tricyclic 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
Anxiolytics	Valium, Xanax, Ativan	Sedation, unsteadiness, disinhibition

Source: *Psychotropic Medications in Person with Developmental Disabilities: An Overview for Families and Other Care Providers* (2000), by Dr. Bryan King.

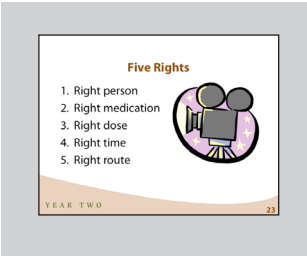
Trainer Guide: SESSION 3

Five Rights

The following relates to a session outcome and may appear on the quiz:

Outcome: Explain the Five Rights of assisting an individual with self-administration of medication.

Show Slide #23: The Five Rights (with media link).



- 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

- Review the details of the Five Rights with the students. Remind them that they will have to pass a skill check demonstration that they can assist with self-administration of medication using the Five Rights.

1. Right Person

- Read the name of the individual on the medication label and compare it to the Medication Log.
- Know the individuals that you assist with self-administration of medication (ask the individual, ask another staff, check any records that would have photo identification in the home).
- If you are uncertain of their name or identity, consult with a staff member who knows them.

2. Right Medication

- Read the name of the medication label three times and compare it to the Medication Log.
- Compare the name of the medication on the label to the information on the individual's Medication Log.
- Ask the individual, "Do you know why you are taking this medication?" If the individual is not able to respond to this type of question, explain why the individual is taking the medication.

3. Right Dose

Read the medication label and compare it to the Medication Log for the correct dosage. Be alert to any changes in the dosage.

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

4. Right Time

- Read the Medication 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.
- Emphasize that DSPs should check the clock or watch to ensure that it is the time indicated on the Medication Log and medication label.

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 Individual

When assisting an individual with any medication, it is essential that you identify the right individual. 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.

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

▶ 4. Right Time

Read the Medication 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.?

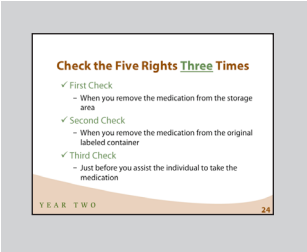
FIVE RIGHTS

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 some cases, an individual living in an Adult Residential Facility may take their own medication without assistance.
- If an adult is to self-administer in injectable medication (for example, insulin for diabetes), a physician must provide a written statement that this 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.
- Check the Five Rights three times by reading the medication label and comparing it to the information on the medication log as follows:

Show Slide #24: Check the Five Rights Three Times and review.

- 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.



- Click on media link to show the Five Rights for Assisting with the Self-Administration of Medication video. **Tell the students to pay close attention. This video demonstrates the steps they will need to pass the skill check.**

Teacher Preparation for Assisting with Self-Administration of Medication Skill Check

1. Before class, the teacher needs to gather enough supplies for several practice sessions and up to three skill checks for each student. Supplies include:
   - Labeled storage units for medications (e.g., plastic basket)
   - Medications in properly labeled containers and bubble packs
   - Liquid medication in properly labeled containers
   - Plastic calibrated medicine cups and medication spoons
   - Small paper cups for tablets or capsules
   - Paper cups for water
   - Water
   - Tissues
   - Medication Logs
   - Pens
   - Assisting with Self-Administration of Medication Skill Check
   - Skill Check Worksheets

2. Place labeled medication containers and bubble packs in the labeled storage unit – one for each student and put all storage units and supplies in a central area in the classroom. Try to make the materials and the setting as much like they might be in the home environment as possible.

- 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.

Steps for Assisting with Medication

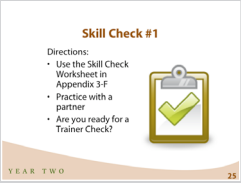
Once you have finished reviewing the steps for assisting with medication, begin the skill check.

- This skill check relates to a learning outcome.

  Outcome: Demonstrate how to assist individuals in the self-administration of medication.

Skill Check #1 (Appendix 3-F):

Show Slide #25: Skill Check #1: Assisting Individuals with Self-Administration of Tablets, Capsules, and Liquid Medications



- All students must pass the skill check for assisting with self-administration of medication.
- Assure students that they will have time to practice the skill check with other students until they are comfortable demonstrating the skill, and that you are available to help them if they need it.
- Refer students to Appendix 3-F, the Skill Check Worksheet.
- Read the directions aloud and assist students in finding partners.
- Demonstrate the process for assisting with self-administration using the materials supplied and the Skill Check Worksheet.
- Hand out materials to students to practice the skill check and instruct them to begin practicing.
- Walk around the room to observe the partners and provide assistance if needed.
- Schedule times for students to complete the skill check before the end of the Year Two training.
- When students indicate they are ready for the Trainer Check, check off each step that is correctly completed, and fill out the Certification for those who pass the skill check.

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 same with any spills.
7. If too much liquid is poured, do not return it to the bottle—discard it.
8. Double check that the amount matches the amount indicated on the label.
9. Wipe the lip of the bottle with a clean, damp paper towel before replacing the cap.
10. If any liquid spills on the outside of the bottle, wipe with a clean paper towel.
11. Provide water after the liquid has been swallowed. Again, check the pharmacy label for any special instructions.
12. Wash the calibrated measuring device with warm water and air dry on a paper towel.
13. If the person has difficulty taking liquid medications, give the individual a straw to use to decrease spillage and bad taste.
14. If the individual has difficulty drinking an adequate amount of water or swallowing liquids, ask the doctor if he or she can take the medication with
    - Jell-O that is semi-liquid or jellied.
    - Apple juice or other "medication-compatible" juice thickened with cornstarch or other thickening agent.

Other Types of Medications

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

Trainer Guide: SESSION 3

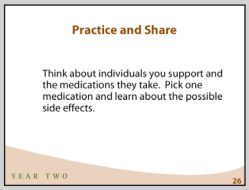
PRACTICE AND SHARE

Summary

- Ask students to turn back to the "What Do You Want To Know" activity at the beginning of the session. Give students 5 minutes to think about what they learned and answer the third question.
- Ask for volunteers to share their answers.

Show Slide #26: Practice and Share

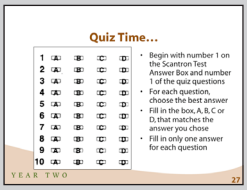
- Direct students to the Practice and Share directions.
- Read the directions and make sure students understand the assignment.



Quiz: Medication Management

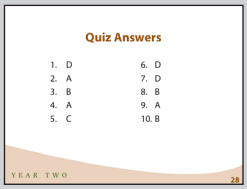
Show Slide #27: Quiz Time...

- Review directions for filling out a ScanTron form.
- Give students 20 minutes to take the quiz.



Show Slide #28: Quiz Answers

- Discuss questions and answers as a class. Remind students to mark the correct answers so they can use the corrected quizzes as a study guide for the test after training.



Answers

1. D
2. A
3. B
4. A
5. C

PRACTICE AND SHARE

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

Session 3 Quiz

Medication Management

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

1. **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 effects.
   C) within 24 hours of when the individual takes the medication.
   D) an hour before the individual takes the medication.

6. D
7. D
8. B
9. A
10. B

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.

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 section 80075. If you operate a Residential Care Facility for the Elderly (RCFE), the specific medication regulations you must comply with are in section 87575. ***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) section 87575 (h)(6),(i) or 1 year (CCF) section 80075 (n)(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.

Appendix 3-B continued

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:
  1. A physician's order specifying the name and dosage of the medication to be crushed;
  2. 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;
  3. 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 (section 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 medical professional can mix medications to be injected or fill the syringe with the prescribed dose.

Appendix 3-B continued

- 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:
  a. Give the full prescription container to the client/resident, or responsible person/authorized representative, or
  b. Have the pharmacy either fill a separate prescription or separate the existing prescription into two bottles, or
  c. 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.

Appendix 3-B continued

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.

- 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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Appendix 3-D

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?

Medication Log

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

Name: Jordan Bird Insurance: ☑ Medi-Cal ❑ Medicare ❑ Insurance No. 000111

Drug/Strength/Form/Dose	Hour	Month & Year (MM/YY) _____ & Date _____																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: 123-456-0789 Fax: 123-555-7890 Rx: 10387 Dr. Diaz Patient: Jordan Bird 09/30/07 TEGRETOL 400mg #60 tablets TAKE 2 TABLETS ORALLY EVERY AM AND PM FOR SEIZURES (8:00 a.m., 4:00 p.m.) Expires: 8/30/08 Filled by BRS 1 Mfg: Many Medications Refills: 2																																
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: 123-456-0789 Fax: 123-555-7890 Rx: 10575 Dr. Diaz Patient: Jordan Bird 09/30/07 AMOXICILLIN 250mg #30 tablets TAKE 1 TABLET 3X PER DAY ORALLY FOR 10 DAYS FOR INFECTION (12:00 a.m., 8:00 a.m., 4:00 p.m.) Expires: 8/30/08 Filled by BRS 1 Mfg: Many Medications Refills: 0																																
XYZ Pharmacy 4321 Road Lane, Sacramento, CA Phone: 321-555-6500 Rx: 10484 Dr. Smith Patient: Jordan Bird 10/1/07 LIQUID: TAKE 5CC ORALLY EVERY 4 HOURS FOR COUGH (4 am, 8 am, 12 pm, 4 pm, 8 pm, 12 am) Discard by: 8/30/08 Filled by BRS QTY: 100CC Refills: 0 ROBITUSSIN																																

Primary Care Physician: Dr. Diaz Pharmacy: ABC Pharmacy

Staff Signatures & Initials: AS for Adam Smith NC for Nadia Collins KS for Kelly Shaw

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

Allergies:

Errors and Omissions

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

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:

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.

HELPFUL HINT

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

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

_____
TEACHER

_____
STUDENT

_____
DATE

Appendix 3-F (continued)

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

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

Please initial each step when completed correctly

STEPS	Partner Check	Teacher Check: Attempt #1 Date	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 individual				
► Right medication				
► Right dose				
► Right time (check the time on your watch orclock)				
► Right route				

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

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

Appendix 3-F (continued)

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 individual				
▸ Right medication				
▸ Right dose				
▸ Right time (check the time on your watch/clock)				
▸ Right route				
12. Place the medication within the individual's reach.				
13. Offer a glass of water.				
14. Make sure that the individual takes the medication and drinks water.				
15. Record that the individual took his or her medication by initialing the date and time in the proper box on the Medication Log.				
16. Return the medication containers and bubble pack to the individual's storage unit. As you do so, read the labels to check that the individual's name on the medication container label is the same as the name on the storage unit.				

Certification

This is to certify that

_____
(Name of student)

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

_____
Teacher Signature Date

*Comments*_____

_____

_____

_____

_____

Trainer Resource Guide

4. Preventive Health Care and Advocacy

Trainer Guide: SESSION 4

Note to trainer: This session is designed to run approximately 1.5-2 hours to allow additional time to complete the medication administration skill check.

Materials

- LCD projector and computer with PowerPoint software
- DSP Training DVD, Year 2
- Scenarios (found on page S-23) written on 4X6 index cards,
- Timer
- Chart paper
- Colored markers

Show Slide #1: Preventive Health Care and Advocacy

Review Practice and Share, Session 3

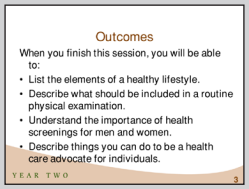
Show Slide #2: Practice and Share, and review the assignment.

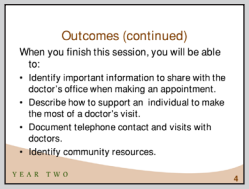
- Ask for volunteers to share what they learned.
- In the last session you learned about assisting individuals as they take medication.
- In this session, you will learn about helping individuals to stay as healthy as possible with the assistance of doctors and other health care professionals.

OUTCOMES

Show Slides #3 and #4: Outcomes

- Review outcomes for the session.

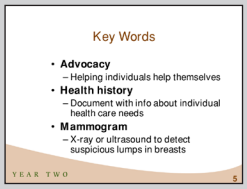


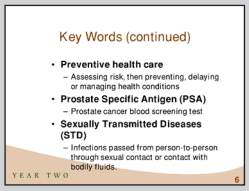


KEY WORDS

Show Slides #5 and #6: Key Words

- Review key words for the session.
- Give students 5 minutes to think about and rewrite definitions in their own words in the space provided.





Student Resource Guide: SESSION 4

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.	

ACTIVITY

What Do You Want to Know?

- Read directions aloud.
- Ask for student volunteers to share answers.
- Make note of student answers and link back to student knowledge and interests as appropriate as you review session content.
- At the end of this session, you will return to this activity to give students an opportunity to answer the third question.

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 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?

Trainer Guide: SESSION 4

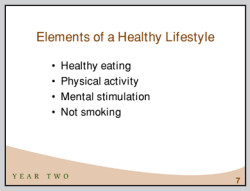
Elements of a Healthy Lifestyle

- The following slide and discussion relate to a session outcome, and may appear on the quiz.

  Outcome: List the elements of a healthy lifestyle.
- Ask students what they think is a healthy lifestyle.
- Record their responses on a chart or chalkboard as they answer.

Show Slide #7: Elements of a Healthy Lifestyle

- See how many of the items listed on the slide were brought up by the students.
- Review and discuss each element of a healthy lifestyle.



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.

Trainer Guide: SESSION 4

Show Slide #8: Elements of a Healthy Lifestyle, continued

- Review remaining elements of a healthy lifestyle.

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.

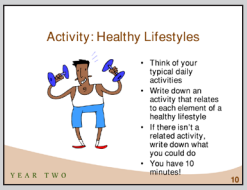
Show Slide #9: Small changes can lead to a healthier lifestyle.

- Ask students which meal looks healthier.

Activity: Healthy Lifestyles

Show Slide #10: Activity: Healthy Lifestyles

- Review activity to ensure understanding.
- Give students 10 minutes to complete the activity.
- After they write down the activities they are involved in, ask them to list things they could do differently to improve their health.
- Ask for volunteers to share their responses with the class.



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		

Trainer Guide: SESSION 4

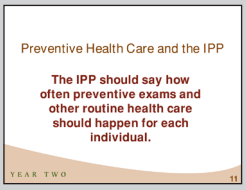
Preventive Health Care

- **Preventive health care** is assessing risk for health conditions, and then preventing, delaying, or managing those conditions starting at a young age.
- Provide example or ask for student examples of preventive health care.

Preventive Health Care and the IPP

- Review and discuss section.

Show Slide #11: Preventive Health Care and the IPP



Routine Examinations

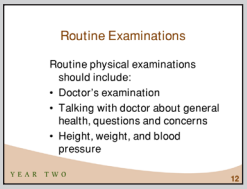
- Review and discuss section.
- The following slides and discussion relate to a session outcome, and may appear on the quiz.

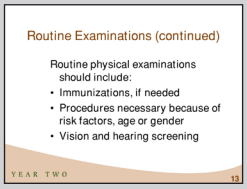
  Outcome: Describe what should be included in a routine physical examination.
- Refer students to Appendix 4-A on S-17 to see what a Physician's Report looks like.

Activity: Think-Pair-Share

Show Slides #12 and #13: Routine Examinations

- Ask the students how many have taken individuals to routine physical exams.
- Ask students to turn to partner and share: Did the doctor do all of these things? If not, what did the doctor do? What would the DSPs do differently now that they know what should be included in routine exams?





Health Screening Guidelines

- Review and discuss section.

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, 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.

Trainer Guide: SESSION 4

Health Screening Guidelines (continued)

Show Slide #14: Schedule for Check-ups

- The following slide and discussion relate to a session outcome, and may appear on the quiz.

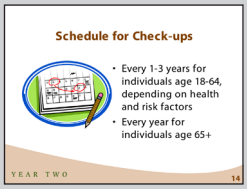
  Outcome: Understand the importance of health screenings for men and women.

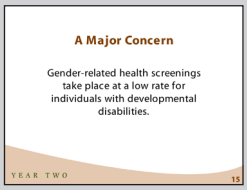
Show Slide #15: A Major Concern

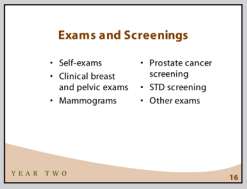
- Ask students: What do you think is meant by "gender-related screenings." What could happen if these screenings are not done?

Show Slide #16: Exams and Screenings

- A **mammogram** is an x-ray or ultrasound used to detect suspicious lumps, tumors, or cysts in the breasts.
- A **Prostate Specific Antigen (PSA)** is a prostate cancer blood-screening test.







Health Screening Guidelines

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 yearly thereafter.

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

Screening for Sexually-Transmitted Diseases (STDs)

- **Sexually Transmitted Diseases** are infections passed from one person to another through sexual intercourse, genital contact, or contact with fluids such as semen, vaginal fluids, or blood.
- Signs or symptoms of STDs must be brought to the physician's attention right away.

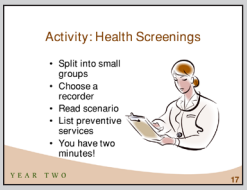
Other Exams

- Review and discuss section.

Activity: Health Screenings

- Make sure the following materials are available: scenarios written on 4x6 index cards, timer, and chart paper.

Show Slide #17: Activity: Health Screenings



- Review directions to ensure understanding.
- When the timer goes off, have the students stop and share their answers.
- Fill in any preventive services not mentioned.

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.

Answer: In addition to a regular general physical, Stacy needs a pelvic exam, including a pap smear and a clinical breast exam every one to three years depending on doctor's recommendations. Consult with doctor about her family history of breast cancer.

Scenario #2 - Philip turned 70-years old last month. His last physical examination was two years ago.

Answer: Regular general physical, screening for prostate cancer and osteoporosis, may need vision and hearing. Needs influenza vaccine and if not received in the past, pneumococcal vaccine. Check status of last tetanus vaccine (needed every 10 years).

Scenario #3 - Latanya is 5-years old and getting ready to start kindergarten.

Answer: May need general physical, depending on doctor's recommendations, and may need immunizations if not received at age 4 (polio, diphtheria, tetanus, pertussis, Chickenpox, and hepatitis A).

Scenario #4 - Charlene is 16-years old and has just told you she has been sexually active with several boys in her high school.

Answer: Clinical pelvic and breast exam, screening for sexually transmitted diseases (STD), STD and HIV counseling

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.

Answer: Cholesterol check if he had one at age 35 (every five years for men after age 35). Assess risk for cardiovascular disease (CVD), check status of tetanus vaccine.

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 and children 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 and hearing tests, tuberculosis, pelvic/gynecological exams, and many other screening exams, as well as the recommended schedule for immunizations.

ACTIVITY

Health Screenings

Directions:

Split into small groups. Each group will receive a 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 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.

Trainer Guide: SESSION 4

Routine Dental Care

- Review and discuss section.
- Ask students what they think individuals should do to take care of their teeth.

Show Slide #18: Preventive Dental Care

- Ask students if the individuals they support do these things on a regular basis. If they do not, discuss.

Show Slide #19: Preventive Dental Care

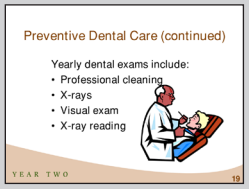
- For more information about dental health, students can refer back to they Year 1 Student Resource Guide, Session 8: Dental and Oral Health.

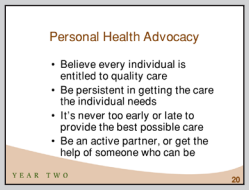
Personal Health Advocacy

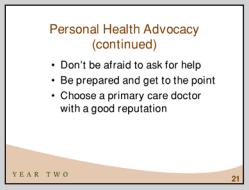
Show Slides # 20 and #21: Personal Health Advocacy

- The following slides and discussion relate to a session outcome, and may appear on the quiz.

  Outcome: Describe things you can do to be a health care advocate for individuals.
- Review and discuss section.
- **Advocacy** means helping individuals help themselves.
- Ask the class what each bullet means in relation to advocating for the individual to get the best possible health care? Possible answers include:
- **Believe every individual is entitled to quality care -**
  If the DSP doesn't think that an individual should receive good care, how can they convince a busy doctor who may have outdated ideas about people with developmental disabilities?
- **Be persistent in getting the care the individual needs -**
  Accessing good health care is sometimes challenging for many reasons such as limited access to care because of insurance, disability limits, an individual's ability to communicate symptoms and so on. You may not be successful on the first try.
- **It's never too early and it's never too late to provide the best possible care -**
  Preventive medical care happens before problems arise, so it can't be early. If an individual's health had been neglected in the past, starting immediately to improve health can only improve quality of life.
- **Be an active partner, or get the help of someone who can be -**
  work with doctors by providing accurate information, asking questions, discussing options, and checking for understanding.
- **Don't be afraid to ask for help (information, advice, assistance) -**
  The DSP is not alone; other people (parents, regional center staff, other DSPs, friends) are there to help.
- **Be prepared and get to the point -**
  Prepare for medical appointments to ensure the individual's needs are met in the short time with the doctor.
- **Choose a primary care doctor with a good reputation.**
  Choose a doctor with hospital privileges, so if necessary, the individual's doctor can treat them in the hospital and use the hospital's resources for necessary medical tests







Routine Dental 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 dental hygiene.

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

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

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

Personal Health Advocacy

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.
- Choose a primary care doctor with a good reputation, ideally one who has hospital privileges at the community hospital.

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

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

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

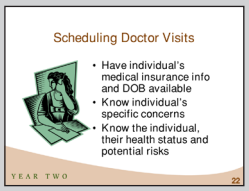
The DSPs Role Before, During and After Doctor Visits

Scheduling Doctor Visits

- Review and discuss section.
- The following slide and discussion relate to a session outcome, and may appear on the quiz.

  Outcome: Identify important information to share with the doctor's office when making a medical appointment.

Show Slide #22: Scheduling Doctor Visits.



Preparing for Doctor Visits

- Review and discuss section.

Show Slide #23: Preparing for Doctor Visits

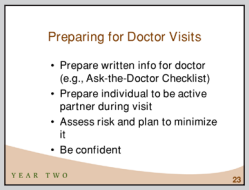
- Ask students if they bring written information to doctor's visits. Why is this an important thing to do?

Possible answers:

– Helps the DSP and individual, and makes it less likely that they will forget something important

– Ensures the doctor has accurate information about the individual and the reason they are there.

– Provides a written record of what occured at each visit for the home.



Making the Most of Doctor Visits

- Review and discuss section.
- The following slides and discussion relate to a session outcome, and may appear on the quiz.

  Outcome: Describe how to support an individual to make the most of a doctor's visit.

Show Slide #24: Making the Most of Visits

Show Slide #25: DSP TV, Scene 7: A Visit to the Doctor and click to play video.

Show Slide #26: Discussion

Possible Answers:

1. Was the DSP a good advocate? Why or Why not?

   – *Yes. He was a partner with Jacob, only speaking after Jacob had looked over toward him. He asked Jacob if he had any questions before leaving the Doctor's office; made sure they were prepared by giving the doctor accurate information to make a diagnosis; asked questions about the medication and side effects.*

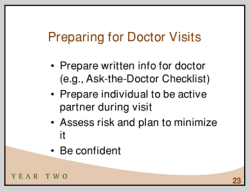
2. What did Jacob and Espen learn?

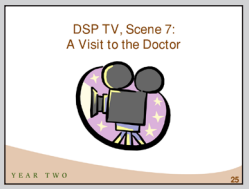
   – *The doctor's diagnosis, the treatment including how to take the medication and possible side effects, and what to expect to get from the pharmacist.*

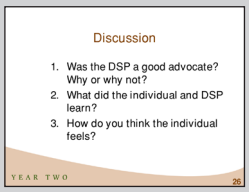
3. How do you think Jacob feels?

   – *Respected, comfortable with his treatment.*

- Additional discussion questions: What do you think Espen and Jacob did to prepare for this appointment? How do your experiences compare with Espen and Jacobs'? What could you do to make your experiences during Doctor visits more productive?







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.**

Documentation and Follow up

- Review and discuss section.
- The following discussion and activity relate to a session outcome, and may appear on the quiz.

  Outcome: Document telephone contact and visits with doctors and health care providers.
- Ask students why they think it is important to keep a written record of contact with doctors and other health care providers.

Possible Answers:

– To make sure that other DSPs will know what the doctor's orders are.

– It's required by Title 17 regulations.

- Emphasize that it is also important to communicate this information with other DSPs verbally, particularly during a shift change.

- 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.

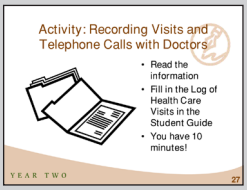
Documentation and Follow-Up

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.

Activity: Recording Visits and Telephone Calls with Doctors.

Show Slide #27: Activity: Recording Visits and Telephone Calls with Doctors



- Review directions to ensure understanding.
- Give students 10 minutes to complete the activity.
- Discuss answers as a class.

Answers:

Date	***Health Care Professional (name)***	***Phone? Y N***	***Reason/ Subject***	***Outcome/ Result***	***Follow-up or Notes (e.g., meds)***
3/27	*Dr. Burns*	*Yes*	*Rapid weight gain*	*Scheduled appointment*	
4/10	*Dr. Burns*	*N*	*Rapid weight gain*	*Recommended diet change and exercise*	*Ordered blood tests*
4/11	*Dr. Burns*	*N*		*Lab will fax results to doctor*	*Doctor will call if any concerns from blood tests*
5/14	*Dr. Burns*	*Y*	*No weight loss has occurred*	*Scheduled appointment for a blood pressure check*	
5/14	*Dr. Burns*	*N*	*Blood pressure check*	*Blood pressure down slightly, weight down slightly*	*Maintain diet and exercise, no change.*

ACTIVITY

Recording Visits and Telephone Calls with Doctors

Directions: Working individually, fill in the Log of Health Care Visits in Appendix 4C on 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 French fries). Dr. Burns recommends that Jane (1) eat breakfast at home; (2) cut back to one hamburger and one order of French fries at lunch (or, even better, a grilled chicken sandwich and a small salad); (3) begin walking at least one mile each day; and (4) come back in for a blood pressure check in three months.*
3. *The next day, April 11, Jane has blood drawn at the lab used by Dr. Burns' patients and the lab says they will fax the results to Dr. Burns. They say if you don't get a call from the doctor's office about the lab work, "no news is probably good news."*
4. *A month later, concerned that Jane hasn't lost any weight (but hasn't gained any either), Mrs. Smith calls Dr. Burns' office and after checking with him, his nurse asks Jane to come in the next day (May 15) for a blood pressure check.*
5. *On May 15, Jane has her blood pressure checked. It is 138/86. Her pulse is 76. Her weight at the office is 174 lbs. The nurse asks questions about breakfast, lunch, and walking; encourages Jane (and Mrs. Smith) to continue their effort; and no change is made in Jane's scheduled appointment with Dr. Burns on July 7.*

Community Health Care and Safety Resources

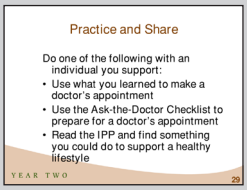
- Review and discuss section.
- The following slide and discussion relate to a session outcome, and may appear on the quiz.

  Outcome: Identify community health care and safety resources.

Show Slide #28: Community Health Care and Safety Resources

Practice and Share

Show Slide #29: Practice and Share, read aloud and discuss to ensure understanding.



Next Session: Nutrition and Exercise

- Provide a linkage between this and the next session for the students For example:

  This session was about helping individuals to stay as healthy as possible with the help of doctors and others in the healthcare community. The next session, called Nutrition and Exercise, continues this theme with a focus on what DSPs and individuals can do at home to maintain good health.

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.
- The Developmental Disabilities Resources for Health Care Providers (www.ddhealthinfo.org) Web site is a collaboration of California-based information and programs on developmental disabilities. The primary goal of the Web site is to improve the health of persons with developmental disabilities in California. The Web site is designed to assist doctors and other health care providers in caring for individuals with developmental disabilities. It is also designed to support individuals with developmental disabilities and their families in making informed health care decisions.

PRACTICE AND SHARE

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 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

Quiz: Preventive Healthcare and Advocacy

Show Slide #30: Quiz Time...

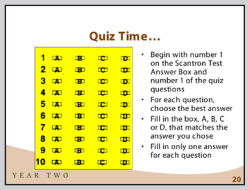
- Review the directions for filling out a ScanTron form.
- Give students 20 minutes to take the quiz.

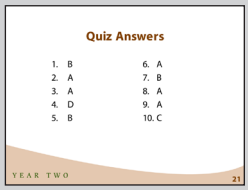
Show Slide #31: Quiz Answers

- Discuss questions and answers as a class.
- Remind students to mark the correct answers so they can use the corrected quizzes as a study guide for the test after training.

Answers:

1. B
2. A
3. A
4. D
5. B
6. A





Session 4 Quiz

Preventive Healthcare and Advocacy

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

1. **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.

Session 4 Quiz (continued)

Preventive Healthcare and Advocacy

7. B
8. A
9. A
10. C

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.

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)*

Physician's Report

I. PHYSICAL HEALTH STATUS: ☐ GOOD ☐ FAIR ☐ POOR COMMENTS:

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

II. MENTAL HEALTH STATUS: ☐ GOOD ☐ FAIR ☐ POOR COMMENTS:

	NO PROBLEM	OCCASIONAL	FREQUENT	IF PROBLEM EXISTS, PROVIDE COMMENT BELOW:
1. Confused				
2. Able To Follow Instructions				
3. Depressed				
4. Able to Communicate				

III. CAPACITY FOR SELF CARE: ☐ YES ☐ NO COMMENTS:

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

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

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

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

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

PHYSICIAN'S NAME AND ADDRESS: TELEPHONE: DATE:

PHYSICIAN'S SIGNATURE

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

PATIENT'S NAME:

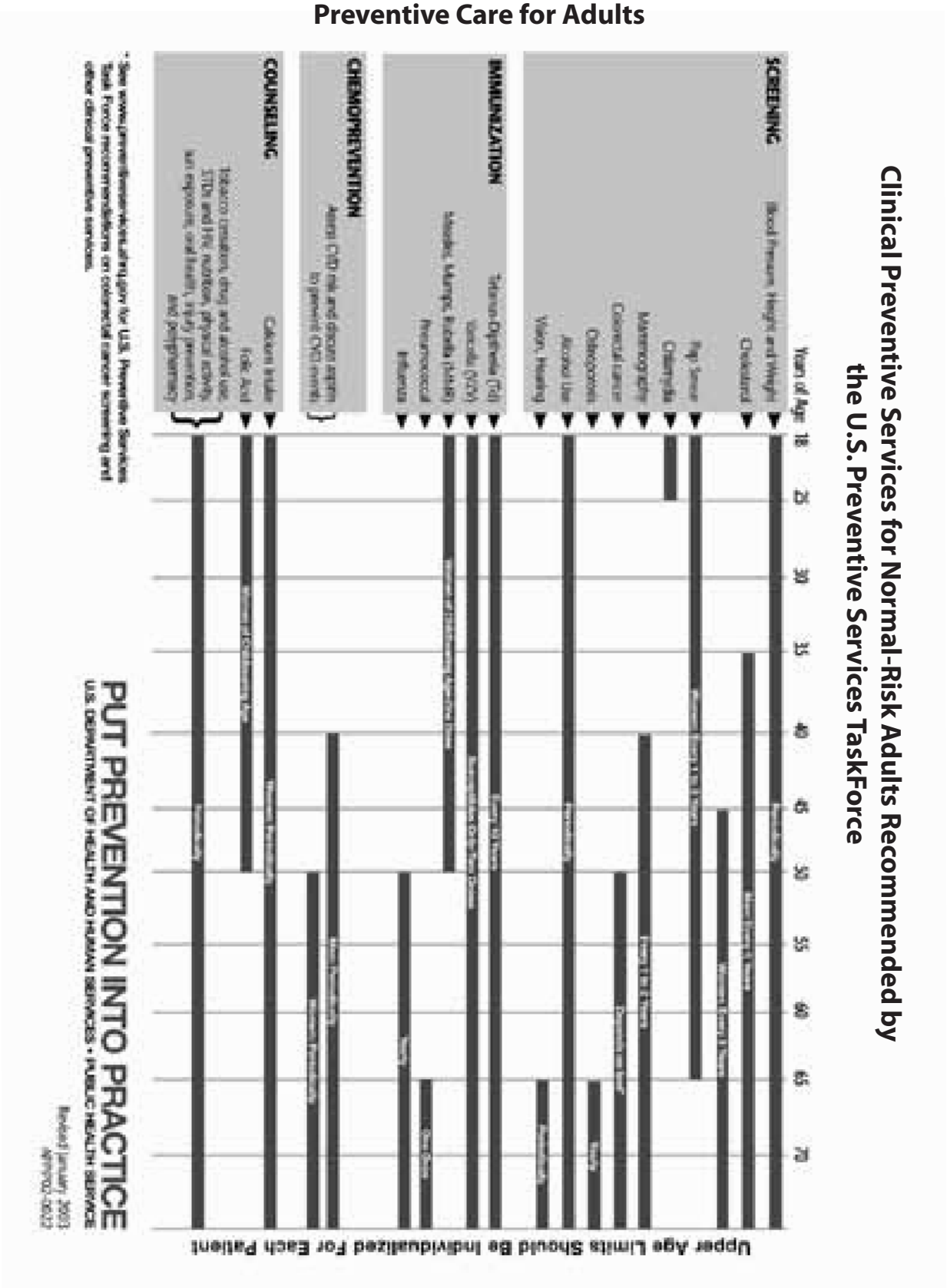
TO (NAME AND ADDRESS OF LICENSING AGENCY):

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

97 35381

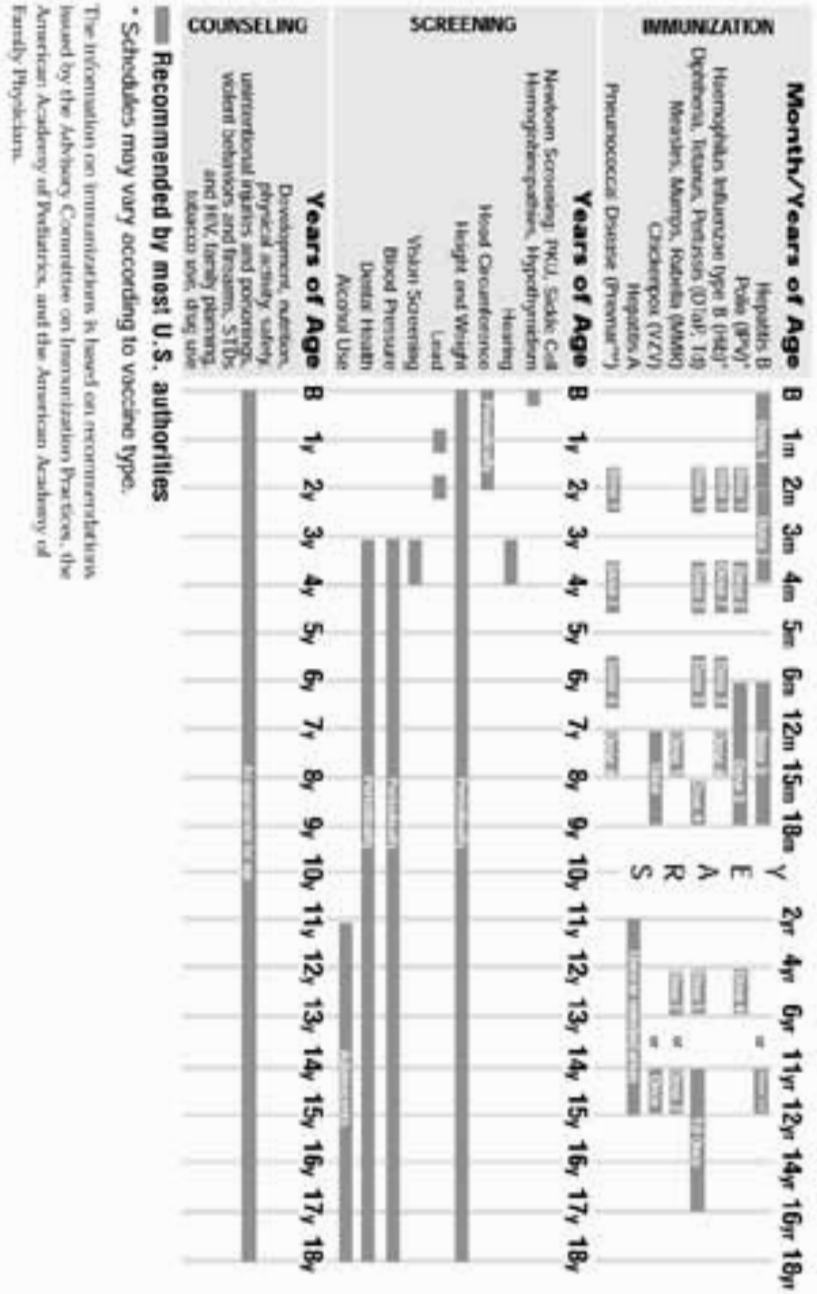
Appendix 4-B

Preventive Care for Adults



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

Preventive Care for Children and Adolescents



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

Appendix 4-C

Log of Health Care Visits and Consultations

Name_____ DOB_____

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

Ask-the-Doctor Checklist

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

Step 1. Before the visit:

a. List all medications being taken:

Name	Purpose	Prescriber	Dose/frequerncy

b. Known allergies: _____

Step 2. During the visit:

c. Reason for the visit: _____

d. Signs and symptoms: _____

e. Past experience with this problem has been: _____

f. Three most important questions for the doctor: _____

Step 3. Write down:

g. Temperature _____ Blood pressure _____

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

i. The home care plan is _____

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

j. What 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? _____

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.

Trainer Resource Guide

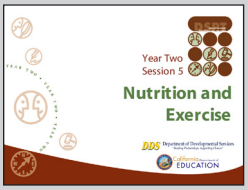
5. Nutrition and Exercise

Trainer Guide: SESSION 5

Materials

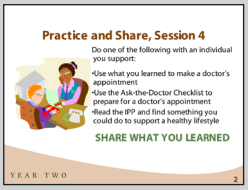
- LCD projector and computer with PowerPoint software
- DSP Training DVD, Year 2

Show Slide #1: Nutrition and Exercise



Review Practice and Share, Session 4

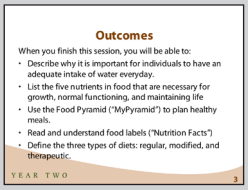
Show Slide #2: Practice and Share, Session 4 and review the assignment



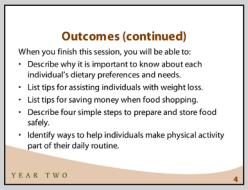
- Ask for volunteers to share what they learned.
- In the last session, you learned about helping individuals to stay as healthy as possible with the assistance of doctors and other health care professionals.
- In this session, you will learn how to promote good health for individuals through diet and exercise.

OUTCOMES

Show Slides #3 and #4: Outcomes



- Review outcomes for the session.



Student Resource Guide: SESSION 5

Nutrition and Exercise

OUTCOMES

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

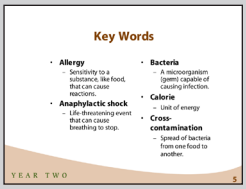
- Describe why it is important for individuals to have an adequate intake of water everyday.
- List the five nutrients in foods that are necessary for growth, normal functioning, and maintaining life.
- Use the Food Pyramid ("MyPyramid") to plan healthy meals.
- Read and understand food labels ("Nutrition 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.

Trainer Guide: SESSION 5

KEY WORDS

Show Slides #5 and #6: Key Words

- Review key words for the session.



KEY WORDS

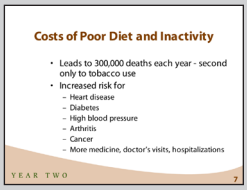
Key Word	Meaning	In My Own Words
Allergy	A sensitivity to a certain substance, including foods, that can cause reactions in the body.	
Anaphylactic shock	A life-threatening event that can cause an individual's breathing to stop if emergency medical treatment is not immediately available.	
Bacteria	A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

Trainer Guide: SESSION 5

Nutrition and Exercise

- Review and discuss section.

Show Slide #7: Costs of Poor Diet and Inactivity



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 that:

- Poor diet and physical inactivity leads to 300,000 deaths each year in the United States—second only to tobacco use?
- People who are overweight or obese increase their risk for heart disease, diabetes, high blood pressure, arthritis-related disabilities, and some cancers?
- Approximately 50% of adults with developmental disabilities in the United States are considered obese?
- Not getting 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.

Trainer Guide: SESSION 5

Nutrition: We Are What We Eat!

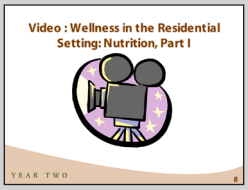
Show Slide #8: Video: Wellness in the Residential Setting: Nutrition Part I, and click to play video.

- The video is an introduction to the entire section and covers many of the key points that will be discussed.

Show Slide #9: Discussion

You might ask the class:

- Which issues in the video are familiar to them?
- problems at mealtimes,
- helping people with weight management?
- How many of them have worked with a dietician?



We Need Water/Fluid to Stay Healthy

- Review and discuss section.
- This section relates to a session outcome, and may appear on the quiz.

  Describe why it is important for individuals to have an adequate intake of water everyday.

Show Slide #10: We Need Water to Stay Healthy

- A calorie is a unit of energy.

A Note About Other Fluids

- Review and discuss secion.

Show Slide #11: Always Remember...

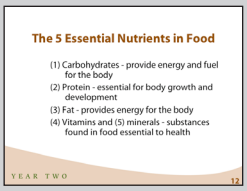
The 5 Essential Nutrients in Foods

- Review and discuss section.
- This information relates to a session outcome and may appear on the quiz.

  List the five nutrients in foods that are necessary for growth, normal functioning, and maintaining life.

- Essential nutrients are carbohydrates, protein, fat, vitamins, and minerals found in food that are necessary for growth, normal functioning, and maintaining life.

Show Slide #12: The 5 Essential Nutrients in Foods



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 enery, 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 anti-convulsants.
- Experience heavy drooling.
- Have a high intake of bran.
- 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: Not drinking enough water each day can cause constipation, fecal impaction, and bowel blockage.

The 5 Essential Nutritients 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** found in food that are 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. The three types of fat are:

Trainer Guide: SESSION 5

Nutrition: We are What We Eat

Other Key Components of Food

- Review and discuss section.

Show Slide #13: Other Key Components of Food

- Refer students to Appendix 5-A to learn about ways to reduce salt in individuals' diets.

Menu Planning and Nutrition

- Review and discuss section.

Show Slide #14: When Planning a Menu, Think About

- Refer students to Appendix 5-B for menu planning tips.

Nutrition: We Are What We Eat! (continued)

- **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-A for ways to reduce salt in the diet.
- **Dietary Fiber**
Helps prevent constipation. It also helps lower blood cholesterol thereby reducing the risk of heart disease. Fiber has many other health benefits.
- **Calories**
Again, a calorie is a unit of energy. All foods have calories.

Menu Planning and Nutrition

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

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

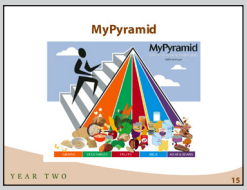
Trainer Guide: SESSION 5

Dietary Guidelines

- Review and discuss section.

Show Slide #15: MyPyramid

- Emphasize the importance of always consulting a doctor for special diets.



Dietary Guidelines

In 2005, the U.S. Department of Agriculture introduces different dietary guidelines. The guidelines, called MyPyramid, take an individualized approach to healthy eating and physical activity. You can use MyPyramid to help you and the individuals in your care plan for a healthy diet and lifestyle.

Each "slice" of the pyramid represents one of the five food groups and oils. The food groups are:

1. Grains: Make Half Your Grains Whole

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.

2. Vegetables: Vary Your Veggies

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

3. Fruit: Focus on Fruits

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.

4. Milk: Get Your Calcuim-Rich Foods

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 fgroup choices fat-free or low-fat.

5. Meat and Beans: Go Lean with Protein

All foods made from beef, pork, poultry, fish, dry beans or peas, eggs, nuts and seeds are part of the Meat and Beans group. Make your meat and poultry choices lean or low-fat.

Oils are also given a "slice" of MyPyramid. Oils are fats that are liquid at room temperature such as canola, corn, and olive oils. Mayonnaise and certain salad dressings are made with oils. Nuts, olives, avocados and some fish such as salmon are naturally rich in oils.

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

Anatomy of MyPyramid

One size doesn't fit all

USDA's new MyPyramid symbolizes a personalized approach to healthy eating and physical activity. The symbol has been designed to be simple. It has been developed to remind consumers to make healthy food choices and to be active every day. The different parts of the symbol are described below.

Activity
Activity is represented by the steps and the person climbing them, as a reminder of the importance of daily physical activity.

Moderation
Moderation is represented by the narrowing of each food group from bottom to top. The wider base stands for foods with little or no solid fats or added sugars. These should be selected more often. The narrower top area stands for foods containing more added sugars and solid fats. The more active you are, the more of these foods can fit into your diet.

Personalization
Personalization is shown by the person on the steps, the slogan, and the URL. Find the kinds and amounts of food to eat each day at MyPyramid.gov.

Proportionality
Proportionality is shown by the different widths of the food group bands. The widths suggest how much food a person should choose from each group. The widths are just a general guide, not exact proportions. Check the Web site for how much is right for you.

Variety
Variety is symbolized by the 6 color bands representing the 5 food groups of the Pyramid and oils. This illustrates that foods from all groups are needed each day for good health.

Gradual Improvement
Gradual improvement is encouraged by the slogan. It suggests that individuals can benefit from taking small steps to improve their diet and lifestyle each day.

USDA U.S. Department of Agriculture Center for Nutrition Policy and Promotion April 2005 CNPP-16

USDA is an equal opportunity provider and employer.

GRAINS | VEGETABLES | FRUITS | OILS | MILK | MEAT & BEANS

Activity: MyPyramid

- This activity relates to a session outcome and may appear on the quiz.

  Outcome: Use the Food Pyramid ("MyPyramid") to plan healthy meals.

Show Slide #16: Activity: Meal Planning Using MyPyramid

Groupings:

- Divide the class into at least three groups or pairs.
- Read directions aloud.
- Assign each group a meal: Breakfast, Lunch, Dinner and if there are enough participants, assign 1 or 2 groups to plan a snack.
- Assume the plan is for a healthy adult with a normal activity level.
- Ask for a volunteer from each group to share their meal plan.

Optional:

- When all the groups have finished, have the class discuss if a person had followed the menus for the day, would he/she have followed MyPyramid guide?
- What groups were missed?
- Were there any groups with too many servings?
- Change the menu as a class until it meets the recommendations.

ACTIVITY

Meal Planning Using MyPyramid

Directions: Plan a meal using at least one serving from three food groups on MyPyramid. 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:

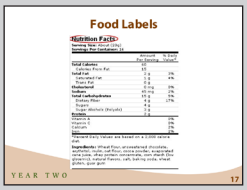
Food Group: .....

Food:

Trainer Guide: SESSION 5

Show Slide #17: Food Labels

- Review and discuss section.



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.
- Percent Daily Values are based on a 2,000 calorie diet. Many people are on lower calorie diets.
- Total fat, cholesterol, sodium, carbohydrate, and dietary fiber are given both as numbers in grams and percentages of Daily Value. The Daily Values for these essential nutrients set upper limits for the amount to eat each day to stay healthy.

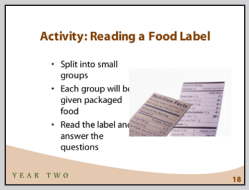
Activity: Reading a Food Label

- This activity relates to a session outcome and may appear on the quiz.

  Outcome: Read and understand food labels.

Show Slide #18: Activity: Reading a Food Label

Additional Materials: A variety of packaged foods; enough for groups or pairs to each have a package label to read.



- Groupings: Small groups or pairs.
- Read directions aloud.
- Ask for a volunteer from each group to share what they wrote.

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 MyPyramid?*

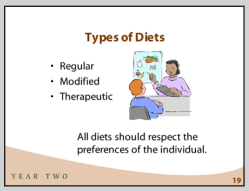
7. *Is this food a good source of any vitamins and minerals? If yes, list them:*

Trainer Guide: SESSION 5

Meeting Individual Preference and Needs

- This section relates to two session outcomes and may appear on the quiz.
  Outcome: Describe why it is important to know about each individual's dietary preferences and needs.
  Outcome: Define the three types of diets: regular, modified, and therapeutic.

Show Slide #19: Types of Diets and describe the three types: Regular, modified, and therapeutic



- A **therapeutic diet** is 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.

You might ask the class:

- Do they support anyone on a modified or therapeutic diet?
- Do they support anyone with special dietary preferences because of culture or religion e.g. kosher diet?
- How do their homes accommodate these diets?
- Do they support anyone with strong food aversions, for example someone with autism?

Dietary Supplements

- Food is the best source for vitamins and minerals. Most people do not need food supplements, in the form of vitamin and mineral formulas (One-a-Day Multiple Vitamins; Calcium supplement) if they eat a nutritious, well-balanced diet.
- There are exceptions, especially if a person is taking certain medications regularly. The use of supplements should be discussed with each individuals' doctor.
- Vitamin, mineral or herbal supplements should not be taken by individuals unless they are prescribed.

Food Allergies

- An **allergy** is a sensitivity to a certain substance, including foods, that can cause mild to life threatening reactions in the body.

Ask the class:

- *How they would know an individual they support has a food allergy?*
  Health History, IPP, Medication Log
- *Where would they find the plan for what to do?*
  IPP, Health History, possibly medication log if PRN for anaphylactic shock.
- *Ask them to name some common food allergies?*
  Possible answers include: peanuts, milk, eggs, shellfishWeight Management and Reduction

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

Trainer Guide: SESSION 5

Food Allergies

Show Slide #20: Important and discuss key points

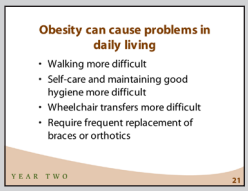
- **Anaphylactic shock** is a life threatening event that can cause an individual's breathing to stop if emergency medical treatment is not available.

Weignt Management and Reduction

Show Slide #21: Obesity can cause problems in daily living, and discuss problems it can cause in addition to other health risks.

- A person is **obese** if he or she weighs 15 or more pounds than the largest healthy weight in the healthy weight range for a person's height and sex.
- *What are some of the causes of obesity for people with developmental disabilities?*

  lack of physical activity, poor diet, decreased need for calories because of disability e.g. prader willi.



A Note About Calories

- Review and discuss section.

Food Allergies (continued)

foods and have the individual see a doctor.

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

Estimates of Daily Caloric Need

- Review and discuss different caloric needs.
- Review and discuss serving sizes.

Tips for Assisting Individuals with Weight Loss

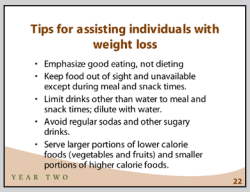
- This section relates to a session outcome and may appear on the quiz.

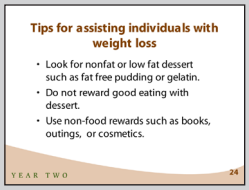
  Outcome: List tips for assisting individuals with weight loss.

Show Slide #22, 23, and 24: Tips for Assisting Individuals with Weight Loss

Discuss key points:

- The tips are general guides for providing support only.
- The individuals planning team, including the doctor and possibly the behaviorist and dietician should be involved in developing plans specific to each individual.
- After reviewing the tips, ask the class to share any of their own tips.





Estimates of Daily Caloric Need

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

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

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

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

Tips for Assisting Individuals with Weight Loss

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

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

Activity: Healthy Food Choices for Managing Weight

Show Slide #25: Activity: Healthy Food Choices for Managing Weight and read directions aloud.

- Write class responses on a flip chart.

Possible answers:

- Instead of whole milk choose 1% milk, nonfat milk, soy or rice milk
- Instead of ice cream choose popsicles, ices, fat-free frozen yogurt, low fat ice cream, fat-free ice cream bars, sorbet
- Instead of butter or margarine choose olive oil, yogurt, salsa, or applesauce, jam on toast or bread, broth or tomato sauce on noodles
- Instead of regular cheese choose low or reduced fat cheese or fat-free cheese
- Instead of french fries or hash browns choose baked or boiled potatoes
- Instead of sour cream choose salsa, yogurt, non or low fat sour cream
- Instead of oil-packed tuna choose water packed
- Instead of frying in oil, lard, butter, margarine choose olive oil, canola, or spray
- Instead of fatty meats choose trimmed meats, skinless chicken, fish
- Instead of vegetables in cream or butter sauce choose steamed, microwaved, cooked in broth
- Instead of potato chips choose pretzels, oven baked chips
- Instead of cakes, cookies, pastries choose Angel food cake, graham crackers, toast or English Muffin with reduced fat cream cheese and jam
- Instead of tacos, taquitos, egg rolls choose non fried items like burritos or wraps

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."

Trainer Guide: SESSION 5

Some Community Care Licensing Requirements

- Review and discuss some general, Community Care Licensing requirements for food service.

Food Shopping on a Budget

- This section relates to a session outcome and may be on the quiz.

  Outcome: List tips for saving money when food shopping.
- Review and discuss section.

Top Ten Food Shopping Tips

- Review and discuss section.

Some Community Care Licensing Requirements

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

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

Food Shopping on a Budget

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

Top 10 Food Shopping Tips

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

Trainer Guide: SESSION 5

Diet and Nutrition

- Review and discuss section.

Mealtime Management

Show Slide #26: At mealtime DSP's must consider and discuss key points.

- Ask the class to share what things they do to manage mealtimes. Help the class with suggestions until most of the material has been covered.

Diet and Nutrition

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

Mealtime Management

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

At mealtime you must consider the

- Individual
- Food Served
- Environment

The Individual

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

The Food Served

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

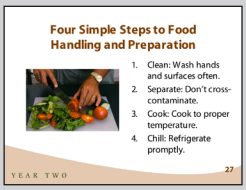
The Environment

- 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 & Preparation

Four simple Steps to Food Safety

Show Slide #27 Four Simple Steps to Food Handling and Preparation



- **Bacteria** is a microorganism, commonly called a germ, capable of causing an infection.
- **Food borne illness** is sickness caused by eating contaminated food, sometimes called food poisioning.
- Individuals that DSPs support may be more susceptible to food borne illness because of age or chronic medical condition.
- Food borne illnesses are preventable by following safe food handling and preparation practices.
- Prevention is the number 1 priority.
- Review Appendix 5-C "Top Ten Safe Handling and Storage Tips."

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 poisioning. 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-C for Safe Cooking Temperatures for Meat and Poultry.
   - Use a thermometer, which measures the internal temperature of cooked foods, to make sure meat, poultry, casseroles, and other foods are thoroughly cooked.
   - Cook roasts and steaks to at least 145°F. Cook whole poultry to 180°F.
   - Cook ground beef, where bacteria can spread during processing, to at least 160°F. Do not eat ground beef that is still pink inside.
   - Fish should be opaque and flake easily with a fork.
   - When cooking in a microwave oven, make sure there are no cold spots in food where bacteria can survive.
   - Bring sauces, soups, and gravy to a boil when reheating. Heat other leftovers thoroughly to 165°F.

Trainer Guide: SESSION 5

Vegetables

- Review and discuss section.

Meat, Poultry, and Eggs

- Review and discuss section.

Show Slide #28: DSP TV, Scene 8: Food Safety (watch and ask the class to answer the questions.)

1. Name the mistakes.
    - The DSPs didn't wash their hands;
    - stored oven cleaner with food;
    - storing eggs that had been sitting out at room temperature for future use;
    - drinking from a can used by someone else;
    - preparing food even after finger was cut.
2. What would you do differently?
    - DSPs wash hands;
    - store oven cleaner in locked area with other cleaning supplies;
    - discard eggs because they were sitting out;
    - don't drink after another person;
    - stop preparing food when bleeding and administer first aid.
    - Additional discussion questions: What are some common food safety mistakes you have observed where you work? What food safety practices do you use where you work?

4. Chill—Refrigerate Promptly

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

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

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

Vegetables

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

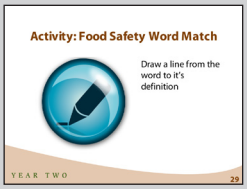
Meat, Poultry, and Eggs

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.

Show Slide #29: Activity: Food Safety Word Match and read directions aloud.



Answers:

1. F
2. E
3. D
4. A
5. G
6. J
7. I
8. B
9. C
10. H

ACTIVITY

Food Safety Word Match

Direction: 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 40° and 140° F.*

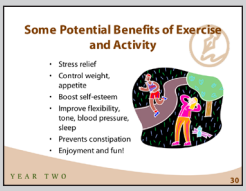
Trainer Guide: SESSION 5

Movement and Exercise

- This section relates to an outcome and may appear on the quiz.

  Outcome: Identify ways to help individuals make physical activity part of their daily routine.
- Ask the class to name the potential benefits of exercise.
- After they are done answering, show the overhead and discuss the key points.

Show Slide #30: Some Potential Benefits of Exercise and Activity and discuss the key points.



- Relate exercise to nutrition and how it fits into a healthy lifestyle.
- An optional activity would be to show a portion of a beginners' exercise video such as Richard Simmons and have the class exercise along or have the class take a stretching break.
- Discuss how this mild activity made them feel.
- Ask the class how they can make the routines in their homes more active.

Movement and Exercise

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

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

Following are potential benefits from regular exercise:

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

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

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

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

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

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

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

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

Trainer Guide: SESSION 5

Movement and Exercise

- Review and discuss section.

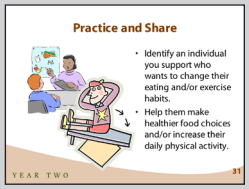
Summary

- Ask students to turn back to "What Do You Want to Know" activity at the beginning of the session. Give students 5 minutes to think about what they learned and answer the third question.
- Ask for volunteers to share their answers.
- Review summary of session.

Practice and Share

Show Slide #31: Practice and Share

- Read the directions and make sure students understand the assignment.



Movement and Exercise

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.

Trainer Guide: SESSION 5

Quiz: Nutrition and Exercise

Show Slide #32: Quiz Time...

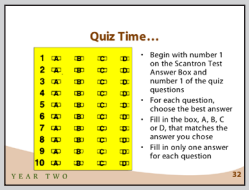
- Review the directions for filling out a ScanTron form.
- Give students 20 minutes to take the quiz.

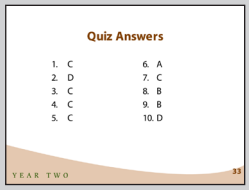
Show Slide #33: Quiz Answers

- Discuss questions and answers as a class.
- Remind students to marl the correct answers so they can use the corrected quizzes as a study guide for the test after training.

Answers

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





Session 5 Quiz

Nutrition and Exercise

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

1. **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 MyPyramid?**
   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

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

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

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

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

   Green
   broccoli, green beans, lettuce

   Red
   strawberries, tomatoes

   Orange
   carrots, cantaloupe

   Yellow
   summer squash

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

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

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

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-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 . . . .

Trainer Resource Guide

6. Strategies for Successful Teaching, Part 1

Trainer Guide: SESSION 6

Materials

- LCD projector and computer with PowerPoint software
- DSP TV DVD, Year 2
- Blindfolds for participants
- Short rope (12-18 inches long)
- Blank paper (for airplane)

Show Slide #1: Strategies for Successful Teaching, Part 1

Show Slide #2: Practice and Share, Session 5 and review the assignment.

- Ask for volunteers to share their experience.
- In the last session, you learned about nutrition and exercise. Sometimes it is necessary to teach individuals how to change their dietary and exercise habits.
- In this session, you will learn about teaching individuals new skills.

OUTCOMES

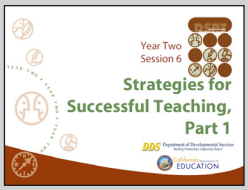
Show Slides #3 and #4: Outcomes

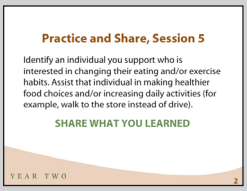
- Review outcomes for the session.

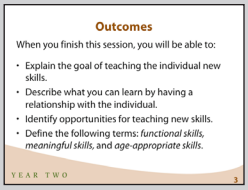
KEY WORDS

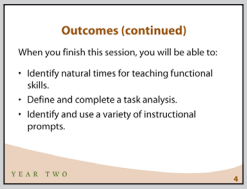
Show Slide #5 and #6: Key Words

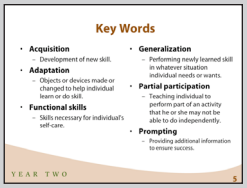
- Review key words for the session.

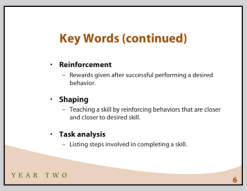












Student Resource Guide: SESSION 6

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

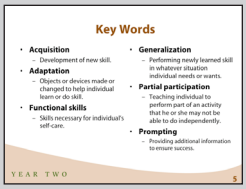
Key Word	Meaning	In My Own Words
Acquisition	Development of a new skill or way of doing something.	
Adaptation	Objects or devices that are made or changed specifically to help an individual learn or do a skill.	
Functional skills	Skills that are necessary for the individual's own self-care. Skills that 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.	

Trainer Guide: SESSION 6

KEY WORDS

Show Slide #5 and #6: Key Words (continued)

- Review key words for the session.



KEY WORDS

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.	

ACTIVITY

What Do You Want to Know?

- Read directions aloud.
- Ask for student volunteers to share answers.
- Make note of student answers and link back to student knowledge and interests as appropriate as you review session content.
- At the end of this session, you will return to this activity to give students an opportunity to answer the third question.

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 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?

Trainer Guide: SESSION 6

Opening Scenario

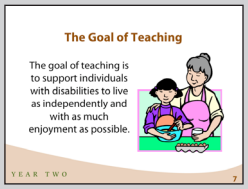
- Read opening scenario out loud and ask students for their thoughts about what needs to happen for Rachel.

The Goal of Teaching

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Explain the goal of teaching the individual new skills.

Show Slide #7: The Goal of Teaching



- Ask students how many of them consider themselves teachers? Why?

Why is it important for the DSP to know how to teach?

- To help the individuals you support to be as independent as possible.
- Every individual is capable of growth and change throughout his or her entire life.
- When you have more control of your own life, the more likely you are to be happy and content.
- Ask for reasons why it is important for the DSP to know how to teach. Ask for examples of what they teach the individuals they support. How did they learn how to teach?
- You are able to help the individuals learn because you are directly involved in many aspects of their lives.

Opening Scenario

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

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

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

The Goal of Teaching

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

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

Did you know that you are a teacher? Every individual is capable of growth and change throughout his or her entire life. We are all lifelong learners and the more we learn, the more opportunities we have for self-expression and self-determination. Because someone did not learn to wash their own hair as a child, does not mean they might not be able to learn this skill as an adult.

It shouldn't surprise us to find out that the more control we have over our own life the more likely we are to be happy and content. Clearly, the most effective strategy for people with challenging behaviors is to help them replace those challenging behaviors with new skills. For example, many problem behaviors are related to communicating problems. Teaching an individual how to get help or to express their needs when something is bothering them will lessen problem behaviors because the individual will have appropriate ways of getting the message across.

In Year 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.

Trainer Guide: SESSION 6

The Goal of Teaching

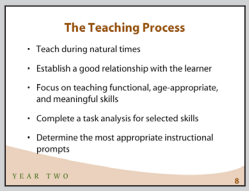
Examples of teaching in every day life:

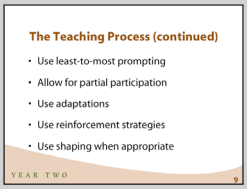
- Helping an individual prepare his/her own breakfast, dress self, bathe self
- Teaching is an art that we become better at if we learn teaching strategies.
- When the individual continues to grow and learn, our respect for that individual also grows.

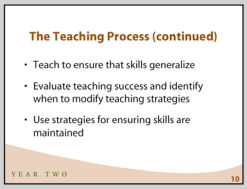
The Teaching Process

Show Slides #8, #9, and #10: The Teaching Process

- Use of the teaching process will lead to:
- Skill **acquisition** (learning new skill)
- Fluency (practicing until easily used)
- Generalization (using the skill in other situations/activities.)
- Maintenance (individual uses the skill independently)







Establishing a Relationship with a Learner

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Describe what you can learn by having a relationship with the individual.
- Ask students to think about a time they learned something new through the efforts of someone else.
  - What do you remember about the person who taught you the new skill?
  - It is easier to learn something when we have a positive relationship with the person teaching.

Spend Time Together

- It takes time and effort.
- You have to spend time together and get to know the person.
- Ask students how they build a relationship with the learner.

The Goal of Teaching

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 that we can all become better at if we take the time to learn teaching strategies. While we can't teach every minute of the day, you should be continually looking for opportunities to support learning and independence.

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

The Teaching Process

The teaching process presented here is one that you can 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

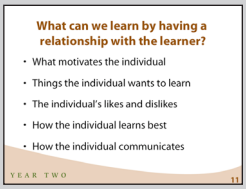
Think about something important you've learned in life through the efforts of someone else. It could be your parents, friends, a teacher, or anyone. Many people around us attempt to teach us one thing or another. Why did we learn some things more easily than others? What was it about those people that 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. Several

Spend Time Together

Show Slide #11: What we can learn by having a relationship with a learner? and discuss.



Look at the Individual Program Plan

- Use the information on the IPP to identify important skill needs.
- You have to take time to learn about the individuals you support.

Activity: Establishing Relationships with Individuals

- Grouping: Individual and pairs.
- Read directions aloud to ensure understanding.
- Ask for volunteers to share for each item on the list.
- Ask students what they found out by doing the activity.
- When students have completed the activity, ask them to think about two things that they can do this week to get to know this individual better. Share with the group.

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.

ACTIVITY

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:	

Trainer Guide: SESSION 6

Functional, Age-Appropriate and Meaningful Skills

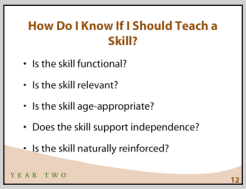
- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Define the following terms: functional skills, age-appropriate skills, and meaningful skills.
- What we teach must be truly meaningful and functional for the individual.
- *Functional skills* 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.
- Individuals are often taught to do things that have no real effect on helping them to live more independently or enjoyably.
- Ask students for examples of times they have observed individuals doing meaningless tasks.
  - Sorting colored pieces.
  - Assembling things and taking apart to do again.
  - Adults doing things not appropriate for their age, coloring in coloring books, putting children's puzzles together.
- How do these activities help the individual learn how to be more independent and increase their enjoyment?

Show Slide #12: How Do I Know if I Should Teach a Skill?

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Identify opportunities for teaching new skills.



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?

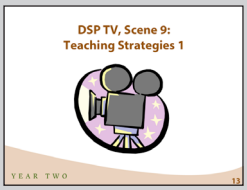
Should Mark spend a portion of each day learning to cut pictures out of magazines or would it be more appropriate for him to learn how to call a friend on the phone? Staff involved in supporting learning should ensure that individuals learn skills that are chronologically age-appropriate.

Trainer Guide: SESSION 6

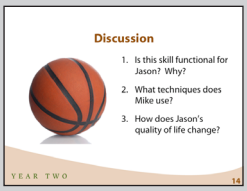
Functional, Age-Appropriate, and Meaningful Skills

- We are now going to see some examples of skills that individuals are learning. As you watch the video, look at the skills the individual is learning and at the strategies that the DSP is using to help teach the skills.

Show Slide #13: DSP TV, Scene 9: Teaching Strategies and click to play.



Show Slide #14: Discussion



Answers:

1. Is this skill functional for Jason? Why?

   Yes. Although a recreational skill is not one that others would perform for Jason, it is one that he wants to learn and adds quality to his life.

2. What techniques does Mike use?

   Mike has a good relationship with Jason; models what he is teaching; uses reinforcement that is appropriate for Jason; seems to be teaching at a natural time for recreation and, made the teaching session FUN.

3. How does Jason's quality of life change?

   Jason has learned to do an activity that is functional, age-appropriate and meaningful to him. It is an enjoyable recreational activity for Jason.

Additional discussion questions:

- How does Mike' relationship with Jason affect teaching Jason to play basketball?
- What opportunities for inclusion in the community can knowing how to play basketball create for Jason?

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

- Grouping: Individual work, large-group share
- Review directions to ensure understanding.
- Direct students to the list of guidelines across the top of the chart and ask them to remember back to the previous discussion of each of these items.
- Individually, have students decide if each listed activity fits the guidelines and put a check in the box if it does.
- Debrief by going through each and asking for answers from the students.

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-6 and S-7. 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, alternative activity?
Listen to country music CD						
Shopping at mall						
Putting together a Disney puzzle						
Making a toaster waffle						
Washing clothing						
Stringing beads						
Sorting colored chips						
Setting the table						
Matching pictures of farm animals						
Conversing with a friend using a picture book						
Purchasing coffee						
Swinging on a playground swing						

Functional, Age-Appropriate, and Meaningful Skills

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

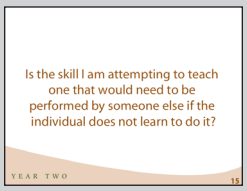
- An individual has a right to choose the kind of activities they like during leisure time.
- A DSP is not a guardian.
- DSPs role is to support, not to control, what they do.
- You might encourage other interests and make efforts to expand the individual's range of leisure interests.

Teaching During Daily Routines

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Identify natural times for teaching functional skills.
- Sometimes it is possible to make time during the day to structure a teaching session for an individual who needs to practice a skill.
- Usually it is best to provide instruction during times when the individual would naturally use the skill.
- Opportunities to teach are available throughout the day.
- It is important to remember that teaching must be balanced with opportunities for individuals to enjoy their lives and engage in preferred activities.

Show Slide #15: Is the skill I am attempting to teach...



- Remember this and ask yourself this when you are not sure that a skill is necessary to teach.
- Ask students to think of a time during the day that you have performed a task that you could have helped the individual learn to do himself or herself.
- Ask for examples from students.

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

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

Teaching During Daily Routines

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

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

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

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

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

We do many things each day that fit this guideline. We get ready for school or work, prepare something to eat, choose our clothing, turn on the radio, clean up the house, travel to and from our destination, call friends, plan activities, and many other typical routines. The more we can do these routines independently or participate at least partially in them, the more control we have over our lives.

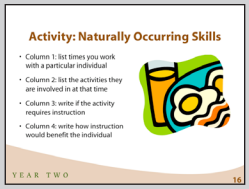
One of the first things you can do as a DSP is to identify the many opportunities for learning that exist in the individual's daily schedule. These are the best times to provide instruction because these skills allow frequent practice, are relevant to the individual, and learning such skills means more independence and control.

It is important to remember that teaching must be balanced with opportunities

Activity: Naturally Occurring Skills

Show Slide #16: Activity: Naturally Occurring Skills

- Grouping: Individual and pairs
- Read directions aloud to ensure understanding.
- Ask for feedback from the group of what they learned from the activity.



for individuals to enjoy their lives and engage in preferred activities in which they are already independent. If our entire day was one teaching routine, life might be more of a chore and less enjoyable.

ACTIVITY

Naturally Occurring Skills

Directions: Think about one individual with whom you work. In the first column identify the time you work with him or her. In the second column, list the typical schedule of activities he or she follows in the morning and evening at home. In the third column, note if this activity requires instruction and in column four, note how this would benefit the individual.

Time	***Activity***	***Requires Instruction?***	***Benefit to Individual***
Example:			
6:45 am	*Shaves, showers*	*Needs help shaving*	*Allows for choice in appearance.*
7:15 am	*Selects clothing, dresses*	*No*	
7:20 am	*Eats breakfast*	*Needs help making own breakfast*	*Can lead to living more independently*

Teaching Tools: Developing a Task Analysis

- The following information relates to a learning outcome and may appear on the quiz.

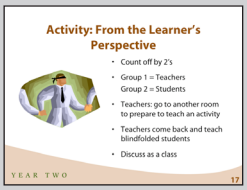
  Outcome: Define and complete a task analysis.

When Individuals Don't Seem to be Learning

- Ask students to think about a time when they had trouble learning a new skill. Ask for a few examples.
- What did the teacher do to help you learn?
- Sometimes when the individual's you support have a difficult time learning something, we question their ability or motivation to learn the skill.
- Successful teachers remember that they only have control over what they do; not what the student does.

Activity: From the Learner's Perspective

Show Slide #17: Activity: From the Learner's Perspective



- Grouping: Pairs
- Materials:
  - Blindfolds for participants
  - Directions for paper airplane (Appendix 6-A)
  - Paper

Directions for activity

- Have students count off by 2's.
- Group 1 will be teachers and Group 2 will be learners.
- Take group 1 to a separate room and provide paper to make paper airplanes.
- Allow approximately 5 minutes for them to learn the task. While they are learning the task, provide group 2 participants with a blindfold.
- Direct group 1 participants to return and pair with a learner to teach the skill without telling their learner what they are making.
- Group 2 learners should have blindfolds in place when group 1 returns.
- After approximately 15 minutes, stop activity and debrief.
- Using wall charts, generate two lists, noting what helped and what hindered learning.

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.

ACTIVITY

Teaching from the Learner's Perspective

Directions:

Count off by twos. Group 1 will be teachers and Group 2 will be learners. Teachers will be taken to another room to discuss a new skill that they will teach the learners. The teachers need to pair with a learner when they return without telling their learner what they are making. When you have completed the activity, be prepared to answer the following questions:

Questions for teachers:

1. Did your student learn? How do you know?

2. What made it difficult for you to teach?

3. What worked for you?

Questions for students:

1. Can you complete the task independently?

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

3. What did not help?

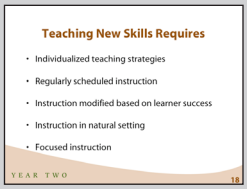
Teaching Tools: Teaching New Skills

- We learn many things by observation, trial and error; not through formal instruction.
- Many individuals have a difficult time learning and require planned and systematic instruction.

Systematic Instruction

Show Slide #18: Teaching New Skills Requires:

- Individualized teaching strategies
  - All learners learn in different ways.
  - You need to tailor your strategies to their style.
- Regularly scheduled instruction
  - Frequent practice will help learning speed.
  - Consider how often the skill will be used when selecting skills to teach.
- Instruction modified based on learner's success
  - If student is learning quickly you can move more quickly.
  - If student is making errors, you might need to move more slowly or re-teach.
- Instruction in natural settings
  - Teach skills where they will be used.
- Focused instruction
  - Try to teach during times when your full attention can be directed to teaching.



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.

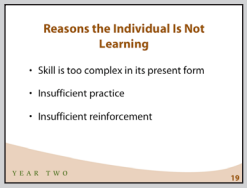
Fourth, systematic instruction is provided in the natural settings where the skills are used. Individuals tend to learn better when skills are relevant, functional, and result in natural consequences. If you want Jim to recognize the "Men" sign on a bathroom door, it makes more sense to teach it in a real location where "Men" is on the door, rather than to have him practice reading a sign at home.

Teaching Tools: Teaching New Skills

How can we organize teaching time so that we are successful?

- An individual may not be learning a skill for a number of reasons.
- We will consider the three most important:

Show Slide #19: Reasons the Individual Is Not Learning



- Skill is too complex in its present form - need to break it into smaller steps.
- Insufficient practice - find more time to practice skill or look at whether it is a skill the individual needs to learn if it is not used that much.
- Insufficient reinforcement - find ways to make it more rewarding for the individual.

Task Analysis

- All tasks are made up of many skills linked together to complete the task.
- **Task analysis** is listing the sequence of actions or steps involved in completing a skill. That is, breaking down complex tasks into small steps to help the individual learn the complete task.
- Direct students to page S-13 to the task analysis for making toast.
- Ask students if this is the exact way they make toast. Have them describe how they might do it differently. Discuss how the individuals they support might need to do it differently as well. Individuals might need an adaptation to help them.
- For some individuals you might need fewer steps to learn the task, and for some you might need to break it down into more steps.
- You need to make the task analysis, as the individual would do the task, not as you would do it.

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. A task analysis

Activity: Observing the Steps Involved in an Activity

Show Slide #20: DSP TV DVD, Scene 10: Task Analysis and click to play video.

- When video is finished ask students to list the steps in the activity they saw on the video on the worksheet on page S-13.
- When they have finished, have students pair up with another student and share their steps in setting the table.

Show Slide #21: Discussion

Answers:

1. Why use a task analysis?

   Help Jason learn more quickly, eliminate confusion.

2. Which is the "right" way? Why?

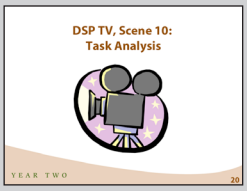
   There are many ways to set a table; the key is to teach Jason in a consistent way.

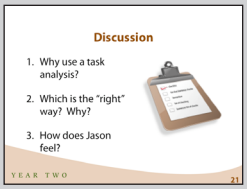
3. How does Jason feel?

   Confused, conflicted.

- Additional discussion questions:

What are some additional problems teaching different steps of a task can cause? To staff? To Jason?





Should we prepare a task analysis for everything we teach?

- Not every skill needs to be taught using a task analysis.
- A task analysis is not needed when:
  - Teaching an individual a skill they already know
  - Teaching an individual to perform a skill more quickly
  - TA is only useful for teaching a new skill
  - Need to list the steps as the individual will complete the task because not everyone completes the task in the same way.

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.

ACTIVITY

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 your 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

Activity: Drawing a Place Setting

Show Slide #22: Activity: Drawing a Place Setting

- Grouping: Individual
- Read directions aloud to ensure understanding.
- Ask for volunteers to share their place settings and comment on the differences.
- Ask what might happen if Sam teaches Jim to do the task his way and Mary teaches Jim to do it her way?
- How do you think a task analysis might help?

teaching a skill, it is important that you and the staff practice the steps in the task analysis prior to attempting to teach the skill. By practicing the task analysis, staff can make sure it is complete and that the steps are arranged in a logical order.

ACTIVITY

Drawing a Place Setting

Directions: On the place mat below, draw a picture of a dinner place setting including a plate, knife, fork, spoon, napkin, and cup. Compare differences in the drawings among the group.

Activity: Setting the Table: Task Steps

- Read directions aloud to ensure understanding.
- When they have finished have them pair up and discuss with another student.
- Share results with the class.

Setting the Table: Task Steps

List the steps for setting the table as you drew it on the placemat on S-15.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

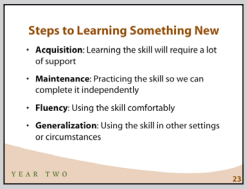
Trainer Guide: SESSION 6

Instructional Prompts

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Identify and use a variety of instructional prompts.

Show Slide #23: Steps to Learning Something New and review.



- **Acquisition** is development of a new skill or way of doing something.
- **Generalization** is performing a newly learned skill in whatever the situation the individual needs or wants.
- **Prompting** is providing additional information to ensure success.
- Provide your own example of a prompt or the example from the text.

Different Types of Prompts

- Review section.
- Ask students to give you examples of ways they provide assistance to individuals they support.

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?

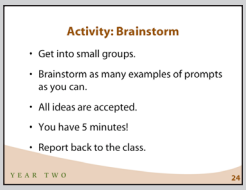
Different Types of Prompts

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

Show Slide #24: Activity: Brainstorm

- Read directions aloud to ensure understanding.
- Grouping: small groups
- Give each group a flip chart and marker.

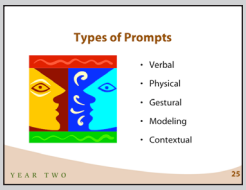


Instructional Prompts

Prompting Strategies

Show Slide #25: Types of Prompts

- Review list of prompts and have students see if they can give examples of each type as you discuss.
  - Verbal prompts - talking to the learner to provide information
  - Physical prompts- touching or guiding an individual's body through a movement to learn to perform the skill.



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

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

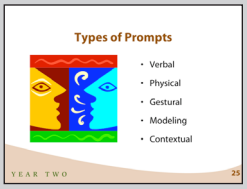
Physical prompts, touching, or guiding an individual's body through a movement can help an individual to perform a skill. These prompts may involve a part of the body, such as the arm, and range from a brief touch to complete guidance. Physical prompts are typically used when the difficult skill is a 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, of course, different levels of physical prompts. As noted previously, a physical prompt may simply be a light touch to the hand or it could be the full manipulation of someone's arm to scoop and bring a spoon of pudding to his or her

Instructional Strategies

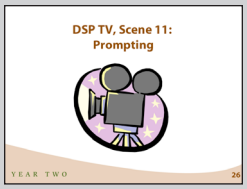
Prompting Strategies

Continue to show ***Slide #25: Types of Prompts*** and ask students for examples.

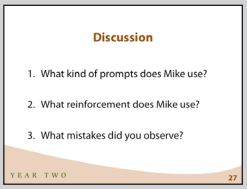


- **Gestural Prompts** - Very common - involves pointing or touching something to draw attention to it.
- **Modeling** - showing the learner how to part or all of the skill.
- **Contextual prompting** - providing additional information through the context of the situation.
- Prompts can vary in strength depending on how much help the prompt is to the learner
- Types of prompts used with each individual must be selected with the individual in mind.
- You have to know the individual before attempting to teach them.

Show Slide #26: DSP TV DVD, Scene 11: Prompting and click to play video.



Show Slide #27: Discussion



Answers:

1. What kind of prompts does Mike use?
   Verbal, physical, gestural, and modeling.
2. What reinforcement does Mike use?
   Verbal praise.
3. What mistakes did you observe?
   Provided multiple prompts.

- Additional discussion questions:
  - At what stage of learning to wash her hands is Tammy?
  - What would you do to improve this teaching session?
  - Have the class write a task analysis to match the steps Mike taught Tammy.
- The steps in this handwashing task are:
  1. Turn water on.
  2. Check water temperature.
  3. Wet hands.
  4. Pick up soap.
  5. Rub soap in hands.
  6. Put soap down.
  7. Rub hands together.
  8. Rinse hands.
  9. Dry hands.
  10. Turn water off.

mouth. It's important to consider, however, that some individuals do not like to be touched or physically manipulated. A physical prompt is never forcing someone to do something. The most helpful physical prompt is to lightly touch or shadow an individual's movement in the correct response.

Gestural Prompts

A very common type of prompt is one that involves simply pointing toward or touching something to draw the attention of the individual to the item. Gestures may consist of nodding one's head or looking in a certain direction. Gestural prompts are natural, non-stigmatizing prompts that are easily used individually and in group situations. For example, Raymond is preparing chicken for dinner. He's done a wonderful job of cleaning the chicken and laying it out in the pan, but he has forgotten to turn on the oven. His support staff member nods toward the 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

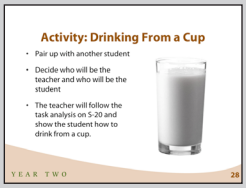
Levels of Assistance

- While there is no clear sequence of prompts, a general rule is that verbal prompts usually provide a little assistance while full physical prompts provide the most assistance.
- Direct students to the graphic on page S-20 and review.

Activity: Drinking From a Cup

Show Slide #28: Activity: Drinking from a Cup

- Groupings: Pairs
- Read directions aloud to ensure understanding.
- When students have finished, have them discuss the following questions:
  - How will I know when to begin to provide a milder prompt?
  - What should I do if the prompt I planned is not enough?
- Discuss as a class.



Instructional Prompts

The types of prompts used with each learner must be selected with the individual in mind. As suggested earlier, selecting prompts according to the individual learner will be easier if you have taken the time to get to know the individual.

While there is no clear sequence of prompts from most support to least support, as a general rule, verbal and gestural prompts usually provide only a little assistance while full physical guidance provides the most assistance.

Levels of Assistance

Least ..... Most

verbal	gestural	modeling	partial physical guidance	full physical guidance

ACTIVITY

Drinking from a Cup

Directions: Pair with a partner, one taking the role of teacher and one of the student. Follow the task analysis and prompting plan provided.

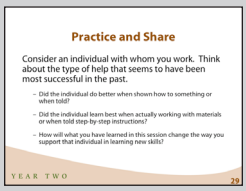
Step	***Present level***	***Prompt***
Grasp cup	*Grasps top of cup, not handle*	*Light touch, then shadow prompt over hands*
Raise cup to mouth	*Cup not level, spills*	*Shadow over hands to lift cup to mouth*
Drink	*O.K. (some spilling)*	*none*
Place cup on table	*Drops cup*	*Full physical prompt to put cup on table*

Summary

- Ask students to turn back to the "What Do You Want To Know" activity at the beginning of the session. Give students 5 minutes to think about what they learned and answer the third question.
- Ask for volunteers to share their answers.

Show Slide #29: Practice and Share

- Direct students to Practice and Share directions.
- Read the directions and make sure students understand the assignment.



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.

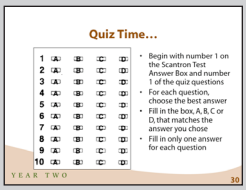
1. Did the individual seem to do better when shown how to do something or when told?
2. Did the individual learn best when actually working with materials or when told step-by-step instructions?
3. How will what you have learned in this session change the way you support that individual in learning new skills?

Be prepared to share your insights with the class at the beginning of the next session.

Quiz: Strategies for Successful Teaching, Part 1

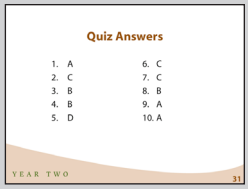
Show Slide #30: Quiz Time...

- Review the directions for filling out a ScanTron form.
- Give students 20 minutes to take the quiz.



Show Slide #31: Quiz Answers

- Discuss questions and answers as a class.
- Remind students to mark the correct answers so they can use the corrected quizzes as a study guide for the test after training.



Answers

1. A
2. C
3. B

Quiz: Strategies for Successful Teaching, Part 1

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

1. 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 do 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. B
5. D
6. C
7. C
8. B
9. A
10. A

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?

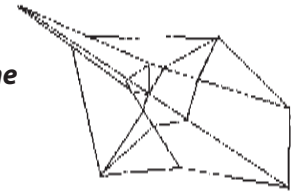
Questions for students:

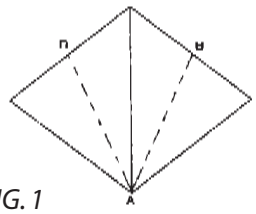
1. Can you complete the task independently?

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

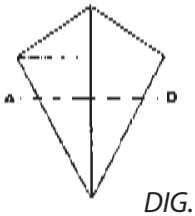
3. What did not help?

Paper Airplane Directions





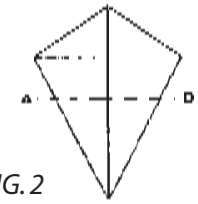
DIG. 1



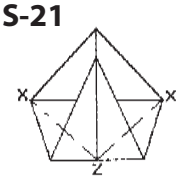
DIG. 2

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

S-21



DIG. 2

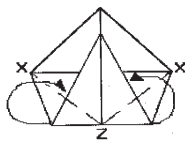


DIG. 3

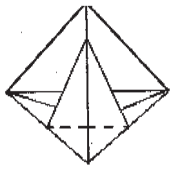
2. Now fold along the line AB in DIG. 2 you should get DIG. 3. It is important that the fold AB is midway up the flaps created in STEP 1.

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

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

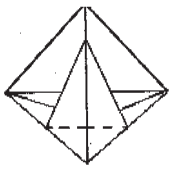


DIG. 4

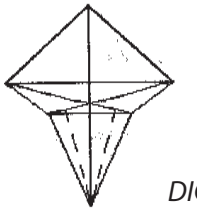


DIG. 5

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

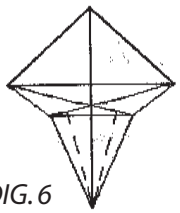


DIG. 5

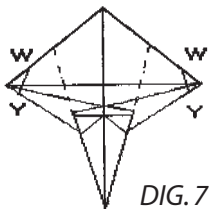


DIG. 6

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



DIG. 6



DIG. 7

7. To finish the model off fold along the dotted lines in DIG. 7 to give you the form at the beginning.

Origami Plane I Flying Lesson

This plane is basically a dart. Throw it as hard as you can straight in the direction you want it to go over arm. It flies equally well indoors and out and doesn't really have any lift or do stunts. It is just a challenge to make and a pleasure once you succeed.

Trainer Resource Guide

7. Strategies for Successful Teaching - Part II

Trainer Guide: SESSION 7

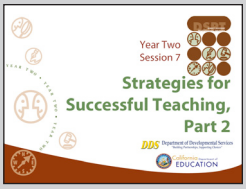
Materials

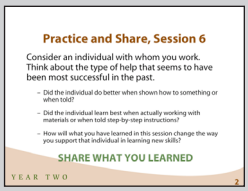
- LCD projector and computer with PowerPoint software
- DSP TV DVD, Year 2
- Napkins for task analysis activity on page S-16

Show Slide #1: Strategies for Successful Teaching, Part 2

Show Slide #2: Practice and Share, Session 5 and review the assignment.

- Ask for volunteers to share their experience.
- In the last session, you learned about some strategies for teaching individuals new skills.
- In this session, you will build upon what you learned in the last session.

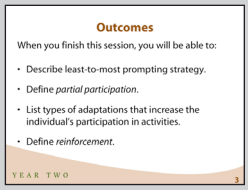


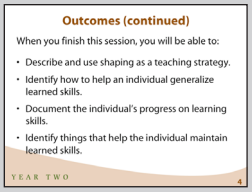


OUTCOMES

Show Slides #3 & #4: Outcomes

- Review outcomes for the session.

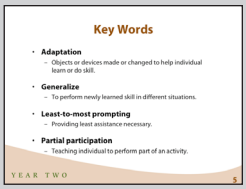


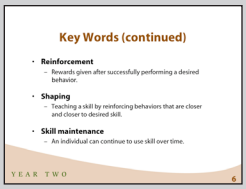


KEY WORDS

Show Slides #5 and #6: Key Words

- Review key words for the session.





Student Resource Guide: SESSION 7

Strategies for Successful Teaching: Part II

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

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 rewarding behaviors that are closer and closer to the desired skill.	
Skill maintenance	An individual can continue to use a skill over time.	

ACTIVITY

What Do You Want to Know?

- Read directions aloud.
- Ask for student volunteers to share answers.
- Make note of student answers and link back to student knowledge and interests as appropriate as you review session content.
- At the end of this session, you will return to this activity to give students an opportunity to answer the third question.

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 successful teaching strategies?

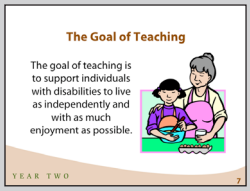
What do you **want to know** about successful teaching strategies?

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

Trainer Guide: SESSION 7

THE GOAL OF TEACHING

Show Slide #7: The Goal of Teaching and review from the last session.



Determining the Present Levels of Performance

- How can we determine how much help to provide an individual when they are learning to do something new?
  - — First, develop a task analysis to define the way the task will be performed.
  - — Second, have the individual try to complete the first step to determine how much help he or she needs to complete each step.
  - — Third, if the individual is not able to complete the first step, provide a mild prompt to see if it helps to start the sequence. If the individual still is not able to complete the first step, continue to provide stronger prompts as necessary until he or she is able to complete the step.

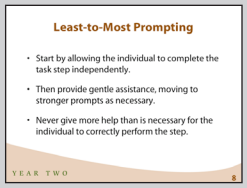
Least-to-Most Prompting

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Describe least-to-most prompting strategy.
- **Least-to-most prompting** is providing the least amount of assistance necessary for the individual to correctly perform the step.

Show Slide #8: Least-to-Most Prompting and review.

- Read the example at the bottom of page S-3. Discuss the prompts that are described.



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 seeing how 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 our 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.

Least-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.

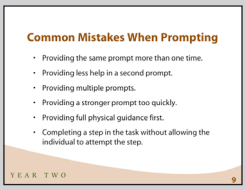
Example:
To illustrate, when teaching an individual to drink from a cup, if partial physical assistance is usually required for the learner to complete step 1 (grasping the cup), you would begin with a very light partial physical prompt, shadowing the individual's hands as he or she grasped the cup. 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.

Determining Present Levels of Performance

- DSPs must remember that initially, individuals will not be perfect in performing new skills. We will need to accept less than perfection.
- If the individual in the 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.

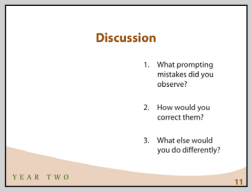
Common Mistakes when Prompting

Show Slide #9: Common Mistakes When Prompting and review.



Show Slide #10: DSP TV, Scene 12: Prompting Mistakes and click to play video.

Show Slide #11: Discussion



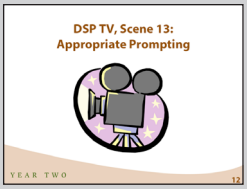
Answers:

1. What prompting mistakes did you observe?
   Completing the steps in the task without allowing A.J. to attempt the step; providing full physical guidance the first time.
2. How would you correct them?
   Use a least to most prompting strategy; allow A.J. to attempt the step before completing the step for him, give one prompt at a time.
3. What else would you do differently?
   Treat A.J. in a more respectful manner; allow more time for the teaching session; use reinforcement not negative statements e.g. "what have you done?"

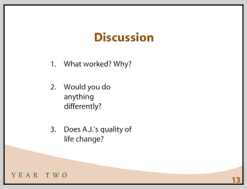
- Additional discussion questions:
  — What professional ethical issues do you see in how Kami is supporting AJ?
  — How does Kami's behavior affect AJ's quality of life?

After discussing the video, tell students that they will now see a video segment that is more effective. Have them watch for the reasons it is more effective

Show Slide #12: DSP TV, Scene 13: Appropriate Prompting and click to play video.



Show Slide #13: Discussion



Answers:

1. What worked? Why?
   Least to most prompting strategy. Because A.J. already knew most of the task and was able to practice what he knew
2. Would you do anything differently?
   No.
3. Does A.J.'s quality of life change?
   Yes. A.J. is able to practicing and learning to be more independent in performing a functional, age-appropriate and meaningful task.

- Additional discussion questions:

— What professional ethics is Mike using?
— How does Mike's behavior affect AJ's quality of life?

You must remember that initially, individuals will not be perfect in performing new skills so you will need to accept a less than perfect performance. If you continue to provide assistance because individuals are having some difficulty, the individual will not be able to move to more independence. For example, if the individual in the previous scenario is grasping the cup, but spilling some of the liquid, it would be better to focus on the independence rather than the spilling, because spilling is expected.

Common Mistakes When Prompting

In using a least-to-most prompting strategy, some common mistakes interfere with the individual learning to become more independent.

- **Providing the same prompt more than one time on a given step.**
  One mistake is that the DSP repeats prompts at the same level for a given step. For example, if you give the learner a verbal prompt to "Pick up the cup," and the prompt is unsuccessful, you might repeat the same prompt. A better strategy would be to provide a more helpful prompt, such as saying, "Pick up the cup" while pointing to the cup.

- **Providing less help in a second prompt.**
  Newer staff members are often tempted to repeat the verbal prompt several times or to rephrase it, ("Come on, you can pick it up"). Repeating prompts only prolongs the teaching process and often confuses the learner. If the learner does not respond to a given prompt, either the learner does not understand the prompt or is not motivated to respond to it. Repeating the prompt does not help. A second prompt on any step of a task analysis should always be more helpful than the first. If a third prompt is required, it should be more helpful than the second, and so on.

- **Providing multiple prompts.**
  Providing multiple prompts on one step is also confusing to the learner; for example, when you use a verbal prompt while gesturing. Once the appropriate prompt has been determined, provide that prompt only.

- **Providing a stronger prompt too quickly.**
  Giving a stronger prompt too quickly before allowing enough time for a learner to respond to the original prompt is also a common error in prompting. Patience is a virtue in teaching. Individuals sometimes need additional time to process information and to remember the next step. Often, the additional prompt is not necessary.

- **Providing full physical guidance the first time.**
  When teaching a new task, you may assume an individual needs to be physically guided to initiate the first step. This may occur because it appears that the individual does not know what he or she is expected to do. Remember that the individual may only need a small amount of information in the form of a mild, non-intrusive prompt to get started.

- **Completing a step in the task without allowing the individual to attempt the step.**
  Staff members often err in completing one or more steps in a task for the learner without expecting the learner to complete the step. Unless there is going to be an adaptation for a particular step, staff members should provide prompting assistance for each step rather than completing the step for an individual.

Trainer Guide: SESSION 7

Error Correction

- Review section.

Fading Prompts

- **Fading** means using prompts of lesser strength as the individual becomes more capable on each step.
- Review section.
- **Prompting Rule:** Whenever we provide assistance in terms of prompting, we have to have a plan to remove that assistance, this is called prompt fading.

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 our teaching is for you to have to do less prompting. Our goal is for the individual to complete the task without assistance.

One important rule of prompting is that whenever we provide assistance in terms of prompting, we have to have a plan to remove that assistance. This is called "prompt fading." Earlier, we discussed the relative strength of various prompts, noting that this is always an individual consideration. The DSP who teaches must have a plan to move to prompts of lesser strength as the individual becomes more capable on each step. For example, Tom, the DSP, is teaching Theresa how to make her bed. At first, Theresa needed physical guidance on both hands to make the corners on the blanket. She now remembers how to start this process, but still needs some help to hold the corner while she tucks in the blanket. The DSP now provides only a light touch on one hand while she tucks in the blanket.

A good strategy for knowing when to fade prompts is to periodically wait a bit longer than normal before delivering a prompt. We may be surprised to learn that the individual does not need a prompt at all and has learned to do the step.

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.

Trainer Guide: SESSION 7

Partial Participation

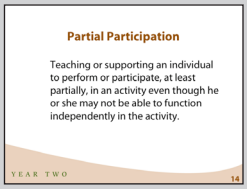
- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Define partial participating.

- **Partial participation** is 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.

Show Slide #14: Activity: Partial Participation

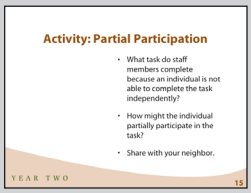
- We all do this when we get other people to fix our cars, have a gardener, buy bread, etc.
- The ability to participate is important to all of us.



Activity: Partial Participation

Show Slide #15: Activity: Partial Participation

- Grouping: Individual and pairs
- Review directions to ensure understanding.



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.

ACTIVITY

Partial Participation

Directions: Take a moment to consider the things that occur on a daily basis at the home where you work. Identify some tasks that staff members complete because the individuals are not able to complete such tasks independently. Share these thoughts with your neighbor and discuss how the individual might partially participate in the activity. Be prepared to share key points with the class.

Adaptations for Participation

- Adaptations are objects or devices that are made or changed specifically to help an individual learn or do an important skill.
- Instruct students to think of things we use in our daily lives that help us. Glasses, calculators, spell check, etc.
- Have the students give examples of adaptations we all use.
- List on a flip chart or chalkboard.

Show Slide #16: Adaptations for Participation

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: List types of adaptations that increase individual's participation in activities.
- Discuss ways to adapt, and link it to the previous discussion where students were to think of adaptations they use in their lives.
- Have students refer back to the list they just generated and describe which category they will fit in.
- Ask for students to give examples of each category.
- Discuss the scenarios in each category.
- Ask students to give the examples of adaptations in each category.

Adapting materials

- Allow the individual to demonstrate independence and participate in tasks even without the necessary skills.
  - — Picture cues
  - — Pre-measured items for cooking
  - — Easy to grip utensils

Adapting Environments

- Allow the individual to live more independently and comfortably
  - — Adapted environment for wheelchair
  - — Orderly environment for visual impairment

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 jobs to do in his home on Saturdays. He is quite capable of doing the jobs, but staff at his home find they are prompting him repeatedly to remember many of the jobs. Sometimes, individuals have problems learning a task not because the task is hard to do, but because they have trouble remembering when to do each part. Picture cues can help individuals remember when to do each step. In Robert's case, pictures of him doing each job are placed in order in a small book. As he completes each job, he turns the picture to see the next step in the job.

Grace is learning to fix her own coffee. She likes cream and sugar, but has difficulty measuring the sugar and pouring the cream from a container. Staff members have prepared sugar packets for her use and they have a small container of cream in the refrigerator for her.

Samantha is beginning to feed herself but has great difficulty holding a regular spoon because she has poor ability to grasp. She has been provided utensils with built-up handles that improve her grip.

Above are examples of material adaptations. Staff may need to continue to work with Robert on his ability to remember his tasks, with Grace and her ability to measure and pour, and with Samantha on her ability to grasp. Teaching those skills might take a long time and because of the disabilities these skills might not develop sufficiently. Adaptations enable these individuals to demonstrate independence and participate in tasks even without all of the necessary skills.

Adapting Environments

Tim uses a wheelchair. He enjoys being independent and is quite proud of his ability to care for himself. One of the things he enjoys most is cooking. Because he is unable to stand, his kitchen counters have been adapted to allow him to work from his wheelchair.

Beth has a visual impairment. She is learning how to move safely in her new home with the support of DSPs who arrange items so that Beth knows where to expect to find them.

Andrew has difficulty living in homes with too many people. He likes his privacy and needs to have his possessions in the right place. Andrew has had difficulties in other living situations because he became angry when others living in the home moved things or left things out. Staff members have helped Andrew find a home with one other individual who is neat and quiet.

Adaptations for Participation

Adapting the sequence of Activities

- Allows for participation.
  - — Rearranging the sequence of the activity or task

Adapting the rules of an activity or changing the way an activity is usually performed

- Allows for all to participate and have fun.
  - — Changing the rules of a game to allow for participation
  - — Playing a game is for fun, not necessarily to follow specific rules

Providing Physical support

- Allows for greater independence.
  - — Holding a bowl for someone to stir, helping to get into the shower

Adaptations for Participation

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, in making a batter for cake, Sam needs someone to hold the mixing bowl when he is stirring the batter. When he uses the mixer, he needs someone to get it down from the cabinet. Sara needs assistance to get into the shower, but once in there, she can shower herself. Providing this type of physical assistance allows Sam to demonstrate his skills in the kitchen and enables Sara to shower.

Holding open a door, assisting someone to get into a car, or assisting someone with meals are all examples of providing physical assistance as an adaptation. The routine of eating a meal involves more than just getting the food to one's mouth. For someone who needs this type of assistance, it may also involve making selections of what to prepare and how to prepare it, getting to the table, requesting items to put on the plate, asking for a drink, conversing with others, and deciding when he or she is finished.

Adaptations for Participation

When is an Adaptation Appropriate?

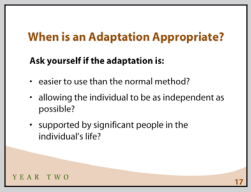
Show Slides #17 and #18: When is an Adaptation Appropriate?

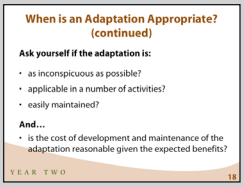
- Refer back to the list of adaptations generated by the students and ask the questions.

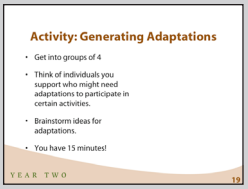
Activity: Generating Adaptations

Show Slide #19: Activity: Generating Adaptations

- Grouping: Groups of 4
- Read directions to ensure understanding.
- If students are having trouble thinking of ideas, you might ask someone to suggest an activity that they all participate in and think about the individuals who are not able to participate independently. What types of adaptations might make it easier for them to participate with greater independence?
- Remember that when brainstorming, we don't evaluate ideas until the end. Sometimes ideas that are considered unrealistic may actually be quite realistic or stimulate our thinking.
- After 15 minutes ask for suggestions from each group for each of the areas.







Adaptations for Participation

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

Providing Physical Support

- Adaptations are useful tools to encourage and facilitate participation for individuals with physical, cognitive or sensory challenges.
- Remember that participation is the most important consideration.

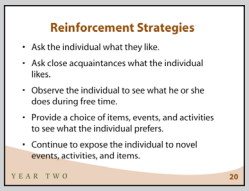
Reinforcement Strategies

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Define reinforcement.
- **Reinforcement** is when rewards are given after the individual successfully performs a desired behavior.

Show Slide #20: Reinforcement Strategies and review.

- Ask the students how they find out what is reinforcing to the individuals they support.



How to Use Reinforcers

- A reinforcer provided immediately following a correct response or step in a task helps the individual connects that correct response to the reinforcer.
- Reinforcers should only be used when a step is particularly difficult.
- Discuss the scenario and have students describe the reinforcer.

Adaptations for Participation

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 novel events, activities, and items.

To know if a consequence is a reinforcer, use it when teaching a skill and see if the learner improves his or her ability to perform the skill over time.

How to Use Reinforcers

A reinforcer is provided immediately following a correct response or step in a task so that the individual connects that correct response to the reinforcer. Not every step needs to be reinforced. Sometimes waiting until the task is complete is a better strategy because then you will not be interrupting the task. Reinforcers should only be used when a step is particularly difficult for the individual to learn. Reinforcers say, "Good for you, that was difficult, but you got it!"

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

Shaping

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Describe and use shaping as a teaching strategy.
- ***Shaping*** gradually teaches new behavior through the use of reinforcers.
- At first, we reinforce any attempt to perform the task.
- On the next attempt, we reinforce only when the individual performs the task little bit better.
- The final result of shaping is when you provide the reinforcer only when the individual performs the skill correctly.

Shaping works if the reinforcer is powerful enough and if the individual can at least attempt the skills we are teaching.

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 That Skills Are Generalized

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Identify how to help an individual generalize learned skills.

- To **generalize** means to perform a newly learned skill in whatever situation the individual needs or wants to use the skill.

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.

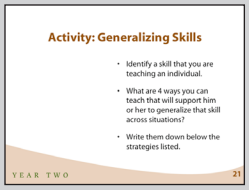
There are two main ways you can use different situations during the teaching process. First, you can include different situations such as different teachers, different teaching materials, and different locations during all of the teaching process. This is probably the best way to help an individual generalize 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

Show Slide #21: Activity: Generalizing Skills



- Groupings: Individual.
- Read directions to ensure understanding.
- Ask for volunteers to share skills and strategies.

Example:

Skill: Tyrone is working on tying his shoes

Generalization Strategies:

- People: Have each DSP work with Tyrone on tying his shoes
- Environments: Bedroom, bathroom, den, bowling alley, swimming pool
- Materials: Different shoes
- Teaching strategies: Backward chaining (starting with it almost done)
- Times of the day: Morning when dressing, returning from work or day program, going out in the evening.

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:

Trainer Guide: SESSION 7

Evaluating Teaching Success

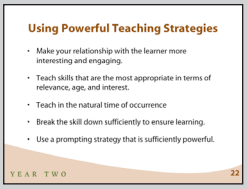
- Read scenario on top of page S-14 and ask students to make suggestions about what they would do. Write their responses on a flip chart or chalkboard.

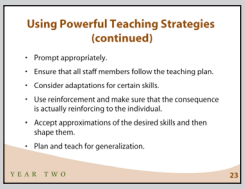
Using Powerful Teaching Strategies

- Review section.
- Ask students what they think is meant by powerful strategies for teaching. Chart their responses.

Show Slides #22 & #23 Using Powerful Teaching Strategies

- As you go through the list of strategies, have students give examples of what each one means and how they might do it.





Tom has been working with Andy to teach him how to wash his hair for the past three years. Andy just doesn't get it. He tries to put far too much shampoo in his hand, and he just rubs it a few times on his head. He doesn't completely rinse his hair. Tom has to measure out the shampoo each time, and he always has to work it into Andy's hair. Then he has to keep reminding Andy to get under the shower to rinse all the shampoo out.

Using Powerful Teaching Strategies

For many individuals with disabilities, especially those with cognitive disabilities, learning new skills is difficult. From the perspective of the DSP, questioning the ability of the individual to learn is not productive. What is important is the *power* of your instruction. You have a number of powerful teaching strategies to use, and when the strategy you chose is not working, you must move to a more powerful strategy.

Previously we discussed identifying natural times for instruction and the importance of selecting meaningful and functional skills to instruct. The task analysis strategy was examined to break difficult tasks down into smaller, more easily learned parts. Prompting strategies gave us multiple ways to provide additional information to individuals learning something new and to support them in practicing the correct way to demonstrate a skill. And when an entire task was not likely to be learned, we discussed the importance of partial participation in meaningful, functional, and age-appropriate activities. Adaptation of materials, environments, rules, sequences, and physical assistance compensates for those skills that, because of sensory, physical, or cognitive disabilities, interfere with performing a task independently. We also discussed the effective use of reinforcement and its use in shaping skill development. Finally, we discussed how to teach so that individuals can generalize skills across situations.

After you begin the teaching process, you can change how you teach by using any of the procedures we have talked about in this class. For example, you can decide to change how you respond to what the individual is doing. This is *responsive teaching*. With responsive teaching, when an individual is learning, you can respond by continuing to use your strategies. When an individual is not learning, you can change the strategies to those that hold more promise for being effective. Effective teachers operate with a definite plan, but when the plan is not working, they are willing to change the plan in a way that is responsive to the learner.

You can change your teaching plan in many ways. For example, you can:

- Make your relationship with the learner more interesting and engaging.
- Teach skills that are the most appropriate in terms of relevance, age-appropriateness, and interest.
- Teach in the natural time of occurrence.
- Break the skill down sufficiently to ensure learning.
- Use a prompting strategy that is sufficiently powerful.
- Prompt appropriately.
- Ensure that all staff members follow the teaching plan.
- Consider adaptations for certain skills.
- Use reinforcement and make sure that the consequence is actually reinforcing to the individual.
- Accept approximations of the skills you want and then shape them.
- Plan and teach for generalization.

Returning to Andy, is there a prompting strategy Tom can use that ensures

Evaluating Teaching Success

How do I know if an individual is learning?

- 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.
- Keeping records is critical.
- 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 your teaching plan effective.
- Conversely, if records show that you continue to provide the same prompts over and over and that the individual is not demonstrating independence or even requires less powerful prompting, then you should change your teaching approach to bring about more progress.
- A data collection worksheet is easy to develop and maintain and it can make a difference in the success of your plan.

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?

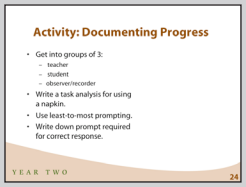
One way to evaluate teaching effectiveness is to keep track over time of how many steps the individual is doing without any prompting or help from the teacher. If records show that the individual is completing more steps without help, then you can consider that your teaching approach is working. You 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 effective. Conversely, if records show that you continue to provide the same prompts over and over and that the individual is not demonstrating independence or even requires less powerful prompting, then you should change your teaching approach to bring about more progress. Keeping records is critical. A data collection worksheet is easy to develop and maintain and it can make a difference in the success of your plan.

Activity: Documenting Progress

- The following activity relates to a learning outcome and may appear on the quiz.

  Outcome: Document the individual's progress on learning skills.

Show Slide #24: Activity: Documenting Progress



- Groupings: Small groups.
- Give each student a napkin.
- Read directions aloud to ensure understanding.
- Review the prompts before starting the activity and give examples.
  - I - Independent - no prompts or assistance required.
  - I.V. - Indirect Verbal - "What do you need to do next?" not directly telling the next step or what to do but helping them to think of the next step.
  - D.V. - Direct Verbal - "You need to button the buttons." Telling the individual what to do next.
  - M - Model - showing them what to do. Buttoning a button as a model for them.
  - G - Gesture - Pointing to the buttons or thing they need to do next.
  - P.P. - Partial Physical - Shadowing or gently touching their hand to guide through a step.
  - F.P. - Full Physical - Hand-over-hand or full assistance with the task.
- After about 10 minutes, ask the groups to share what they learned during the task.

ACTIVITY

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
I.V. = indirect verbal
D.V. = direct verbal
M = model
G = gesture
P.P. = partial physical
F.P. = full physical

Skill/Task: _____

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

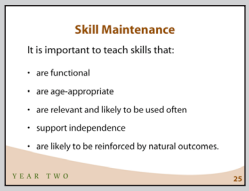
Trainer Guide: SESSION 7

Skill Maintenance

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Identify things that help the individual maintain learned skills.
- **Skill maintenance** means that an individual can continue to use a skill over time.
- Review criteria for selecting skills to teach individuals.

Show Slide #25: Skill Maintenance.



- Review the two things to 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
   — 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

- Review teaching strategies that can make your teaching plan powerful

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**

Next, you can check the performance of a skill by conducting a teaching session periodically to examine how fluently the individual demonstrates the skill. This enables you to intervene if the individual has forgotten something or if the individual has some difficulty with one or more of the steps.

Conclusion

Powerful Teaching

This concludes the section on teaching strategies. To review, whether an individual with disabilities learns new skills depends in large part on the power of the teaching plan. The following teaching strategies can make your teaching plan powerful:

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

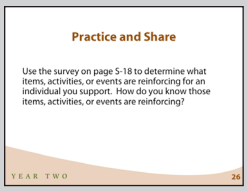
Summary

- Ask students to turn back to the "What Do You Want To Know" activity at the beginning of the session. Give students 5 minutes to think about what they learned and answer the third question.
- Ask for volunteers to share their answers.

Practice and Share

Show Slide #26: Practice and Share

- Direct students to Practice and Share directions.
- Read the directions and make sure students understand the assignment.



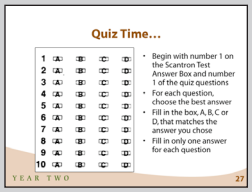
PRACTICE AND SHARE

Using the following survey, determine what items, activities, or events are reinforcing for an individual you support. Comment on how you know this is true. Be prepared to share your answers with the class at the beginning of the next session.

Reinforcement Survey

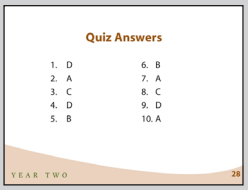
Reinforcer	How I Know
Tangible reinforcers (CDs, toys, food, clothing items, and so on.)	
Activity reinforcers (going to the mall, drinking coffee with staff, or watching a movie)	
Social reinforcers (praise, positive feedback)	
Secondary reinforcers (money, tokens, points that lead to purchasing an activity or tangible items)	

Quiz: Strategies for Successful Teaching, Part 2



Show Slide #27: Quiz Time…

- Review the directions for filling out a Scantron form.
- Give students 20 minutes to take the quiz.



Show Slide #28: Quiz Answers

- Discuss questions and answers as a class.
- Remind students to mark the correct answers so they can use the corrected quizzes as a study guide for the test after training.

Answers:

1. D
2. A
3. C
4. D
5. B

Quiz: Strategies for Successful Teaching, Part 2

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

1. **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. B
7. A
8. C
9. D
10. A

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
I.V. = indirect verbal
D.V. = direct verbal
M = model
G = gesture
P.P. = partial physical
F.P. = full physical

Skill/Task:

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

Trainer Resource Guide

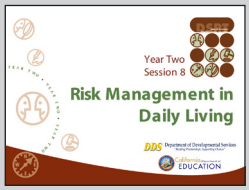
8. Risk Management in Daily Living

Trainer Guide: SESSION 8

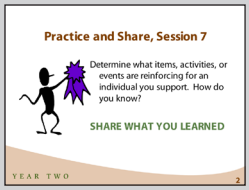
Materials

- LCD projector and computer with PowerPoint software
- DSP Training DVD, Year 2
- DSP TV, Year 2, Scenes 9 and 14
- Chart paper
- Markers

Show Slide #1: Risk Management in Daily Living



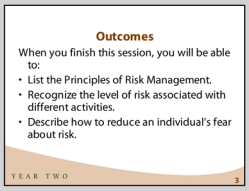
Show Slide #2: Practice and Share, Session 7, and review the assignment.



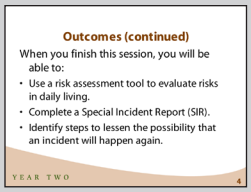
- Ask for volunteers who would like to share their answers.
- Ask volunteers how they know that the things they listed are reinforcing for the individual.
- In the last session, you learned about strategies for teaching individuals important skills.
- In this session, you will learn skills related to reducing risks for individuals. You will review the principles of risk management and reporting requirements that you learned during Year 1 of the training, and learn to identify the causes of risk in order to prevent future incidents and injuries.

OUTCOMES

Show Slides #3 and #4: Outcomes

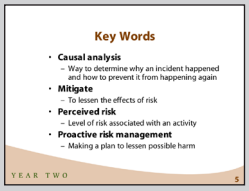


- Review outcomes for the session.

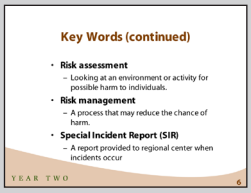


KEY WORDS

Show Slides #5 and #6: Key Words



- Review key words for the session.
- Give students 5 minutes to think about and rewrite definitions in their own words in the space provided.



Student Resource Guide: SESSION 8

Risk Management in Daily Living

OUTCOMES

When you have 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.	

ACTIVITY: What Do You Want to Know?

Show Slide #7: Activity: What Do You Want to Know?

- Read directions aloud.
- Ask for student volunteers to share answers.
- Make note of student answers and link back to student knowledge and interests as appropriate as you review session content.
- At the end of this session you will return to this activity to give students an opportunity to answer the third question.

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 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

- Read scenario aloud.
- Ask students if this scenario – that is, being a new DSP and supporting individuals who may need a lot of assistance – sounds familiar to them?
- Ask how they might feel if they were Joan, the DSP?

The Role of the DSP in Risk Management

- Remind students of what they learned in Year 2, Session 1: Making Choices. When asked, individuals with developmental disabilities say that making choices gives their lives meaning. Along with some of those choices may come risk. The DSP's role is to help manage risk without limiting the rights of individuals.

The Principles of Risk Management

- The following discussion refers to a session outcome, and should be noted as it may be covered on the quiz.

  Outcome: List the Principles of Risk Management.

- **Risk management** is a term given to processes that may reduce the chance of harm to individuals.
- The Principles of Risk Management are a review from Year 1 training.
- Ask students if they remember the #1 priority of risk management.

  Answer: Prevention

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 has 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 I, you learned about risk management and how to begin 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.

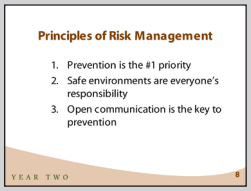
Trainer Guide: SESSION 8

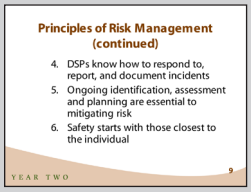
Show Slides #8 and #9: The Principles of Risk Management

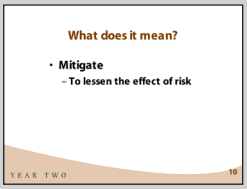
- Review the Principles of Risk Management and what each one means.

Show Slide #10: What does it mean?

Mitigate means to lessen the effects of a risk. The word will be used often in this session.







Levels of Risk

- This information is related to a session outcome and may appear on the quiz.

  Outcome: Recognize the levels of risk associated with different activities.

Scenario

- Read scenario aloud.
- Ask students what might be considered risky about Joan's lifestyle.

  Answers: Mountain biking, rock climbing, living in urban areas, riding public transit at night.
- All kinds of activities have risks, even routine activities.

The Role of the DSP in Risk Management (continued)

3. **Open communication is key to prevention.**

   Open communication and sharing of information is key to identifying risks and ensuring safety. *Everyone*—the individual, family, all members of the planning team, including the DSP—may have important information about potential risks and how to address them.

4. **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 seems 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 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.

Show Slide #11: Levels of Risk

- Review the levels of risk: appropriate, increased, significant, high.
- Ask students how they would rate the level of risk in the following activities: Appropriate, increased, or high?

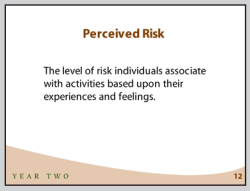
  - Eating breakfast.
  - Calling a friend on the phone.
  - Riding the bus.
  - Walking to the grocery store.
  - Taking a shower.
  - Cooking dinner.

- Most of these risks would be considered appropriate.
- However, the level of risk can change based upon certain circumstances – health conditions, time of day, etc. Share your own examples or examples from the text.

Perceived Risk

- The level of risk can change based upon individuals experiences and feelings also. Share your own examples or examples from the text.

Show Slide #12: Perceived Risk



- **Perceived risk** is the level of risk individuals associate with an activity, based upon their experiences and feelings.
- Emphasize the importance of knowing an individual as a way to mitigate risk.
- If you know individuals' interests, characteristics, experiences, fears, and health conditions to name a few, you will have the information you need to plan to minimize risk.

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, the activities of daily living can make them nervous and unable to participate. For example, some people have no problem standing in front of a group of strangers to deliver a speech or to do a workshop. Others find this frightening. Some people have driven cars for years, and still find driving in the Los Angeles area scary and avoid it. There are a lot of reasons for these differences, including a negative past experience with the activity and perceived dangers.

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.

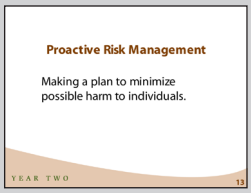
Proactive Risk Management

- There are a lot of possible causes for risks: for example, health and disability-related issues, and safety and environmental issues.

DSPs need to consider the possible causes of risks in order to plan strategies to prevent future incidents and injuries.

Show Slide #13: Proactive Risk Management

- **Proactive risk management**, is making a plan to minimize possible harm to individuals.



Levels of Risk

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 consumer characteristic associated with any accident or injury. For example, swallowing problems can be related to a physical disorder, side effects of medication, dislike for certain textures or tastes, a tendency to take more food into the mouth than safe, or some other reason. Similarly, frequent falling may be related to a developmental disability like cerebral palsy; a side effect of medication affecting gait or balance; a tendency to run without paying attention to obstacles; or visual problems. Of course, falling may also be related to safety or environmental issues as in the case of uneven or slippery floors. Falling may even be related to the type of shoes a person wears.

What we have done through the exercise is a form for risk assessment called a causal analysis. Specifically, we have identified the problem, 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

Show Slide #14: Activity: Looking at Levels of Risk

- Read directions aloud.
- Give students 10 minutes to write activities, level of risk, and things that could increase the level of risk.
- Discuss as a class.
- Point out to students that they are learning to think about possible causes of risks by doing this activity.

ACTIVITY

Looking at Levels of Risk

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. Then 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...*
Driving	*increased*	*medications, sleepy, heavy traffic, noisy, poorly behaved companions...*

Scenario

- Read scenario aloud.
- Ask students how Ray feels about going to the store? Why might he feel that way?

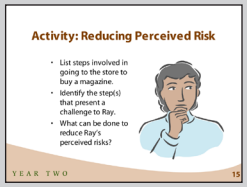
ACTIVITY: Reducing Perceived Risk

- The following discussion and activity relate to a session outcome, and may appear on the quiz.

  Outcome: Describe how to reduce an individual's fear about risk.

- Review the definition of **task analysis** from the previous session: *Listing the sequence of activities or steps it takes to do something.*
- This activity involves doing a task analysis as a way of managing risk.

Show Slide #15: Activity: Reducing Perceived Risk



- Review directions to ensure understanding.
- Ask students to list the steps involved in preparing for and going to the store to buy a magazine, and chart their answers.
- Discuss what steps might present a challenge for Ray, and what can be done to reduce the risk that Ray perceives regarding those steps.
- If you like, share your own or the following example.

Example:

Ray might feel uncomfortable going through the checkout line and interacting with a clerk that he does not know. Ways to reduce his perceived risk might include: going to a smaller store, going to the store during hours when it is unlikely to be crowded, introducing him to the clerk outside of the store, describing step-by-step what the interaction with the clerk might be like, and role playing the interaction.

- Emphasize that it is important to reduce perceived risk in order to increase individuals' independence and life enjoyment.

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.
For this step, 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.

ACTIVITY: Task Analysis for Risk Assessment

Show Slide #16: Activity: Task Analysis for Risk Assessment

- Review directions to ensure understanding.
- Ask students to list the steps involved in going to the rock concert, possible risks, and strategies for minimizing risk. Chart their answers.
- Ask the students what they could do the day before the concert to mitigate potential risks for Kay?

Example:

Steps	Risk	Plans for Minimizing Risk
Upon arrival, find location of the seats	Kay may get lost in the crowd	Kay could wear an i.d. bracelet or put i.d. on a necklace or in her pocket
Use the restroom, if needed	Kay may have to wait in long lines to use the restroom	Kay could use the restroom at home before the concert Joan can find out the locations of restrooms before the concert

ACTIVITY

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.

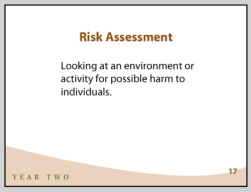
Steps	***Risk***	***Plans for Minimizing Risk***

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.

Trainer Guide: SESSION 8

Using a Risk Assessment Tool

Show Slide #17: Risk Assessment



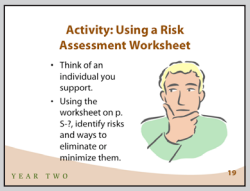
- A **risk assessment** is looking at an environment or activity for possible harm to individuals.
- Review and discuss section.
- The following activity and discussion relate to a session outcome, and may appear on the quiz.
  Outcome: Use a risk assessment tool to evaluate risks in daily living.

Show Slide #18: A Risk Assessment Tool

- Explain that a risk assessment worksheet can be used to think through the risk management process.
- It is not necessary to use the worksheet for every individual, but it may be helpful to document what you have done and share it with others.
- Discuss how the worksheet can be used.
- In planning, the tool may be used to list and describe risks, document other information, and spell out a plan.
- While thinking through the risks and possible interventions, other questions may arise. You may want expertise from a specialist to devise a plan. Or you may identify the need for special equipment, accommodations, or other support.
- The tool may be of use when reviewing how the plan worked or in planning for other similar situations in the future.

ACTIVITY: Using a Risk Assessment Worksheet

Show Slide #19: Activity: Using a Risk Assessment Worksheet



- Review directions to ensure understanding
- Review the worksheet and instructions for using it with the students before they begin the activity.
- If you think it would be helpful, give examples of risks and plans for the different categories of risk.
- Ask students to share their answers with the class.
- In addition to the example provided in the activity, you may share the following example or provide one of your own.

  Example:
  Description of Risk: At risk for falls due to unstable gait.
  Plans to Manage Risk: Provide ample lighting in all areas; put non-skid pads under rugs; repair or replace damaged carpeting; provide furniture that is stable; remove clutter from walkways; wear rubber soled, non-skid shoes; tack cords above floors or run underneath flooring; install grab bars in bathrooms and rails on stairways; use assistive devices as indicated (walkers, wheelchairs); etc.

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 3-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.

ACTIVITY

Using a Risk Assessment Worksheet

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.

Activity: Using a Risk Assessment Worksheet

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.

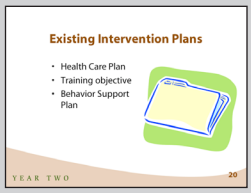
Scenario

- Read scenario aloud.
- Ask the students how using a risk assessment worksheet might improve Kay's quality of life?

Answer:
Kay will be more likely to enjoy mealtimes, get medical attention when she needs it, communicate effectively, etc.

Show Slide #20: Existing Intervention Plans

- Explain that other interventions may already be in place in the Health Care Plan, a training objective, or a Behavior Support Plan.



Scenario

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.

Trainer Guide: SESSION 8

Risk Assessment and the IPP

- Review the definition of **IPP** from Session 2: *The individual program plan lists the individual's goals, objectives, and the services and supports needed to reach those goals.*
- Emphasize that the use of a risk assessment tool prior to the development of the IPP helps the DSP to identify how to anticipate problems and minimize risks associated with the activities in which the individual participates.

DSP Incident Reporting Requirements

General Reporting Requirements

- The following information relates to a session outcome, and may appear on the quiz.

  Outcome: Complete an Unusual Incident/Injury Report.

Show Slide #21: DSP Incident Reporting Requirements

- This information is a review from Year 1, Session 3: Risk Management and Incident Reporting.
- Review the agencies to whom a DSP may report:
  - Regional centers – Special Incident Reports
  - Community Care Licensing – Unusual Incident/Injury Report
  - AND Each county is required to have offices responsible for looking into reports of abuse and neglect.
  - The Ombudsman receives reports of abuse or neglect of elder and dependent adults occurring in licensed settings such as community care facilities.
  - Adult Protective Services receives all other reports of abuse and neglect involving elder or dependent adults.
  - Child Protective Services receive reports of abuse and neglect of children.
- Each report is investigated and may be sent to other agencies, including law enforcement.
- Remind students that reporting responsibility lies with the person who observed the incident and no supervisor or administrator can stop that person from making a report.
- Advise the students to check the internal reporting procedures of their facilities.
- Emphasize that DSPs are required to meet all reporting requirements.
- Emphasize that DSPs must report to ALL required agencies. Just because you report to one does not clear you of the requirements to another.
- Review Tables 1-4 on pages S-28 to S-32. Cover timelines for Special Incident Reporting to regional centers.

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).

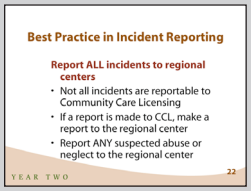
Even if DSPs follow the principles of risk management, incidents still happen. When they happen, the DSP is required by law to report these incidents. Depending upon the type of incident, the DSP will report to all or some of these agencies: regional centers, Community Care Licensing, local law enforcement, Adult and Child Protective Services, and the Ombudsman. The timelines for reporting vary depending upon the type of incident. Appendix 8-B through 8-E 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 Obmudsman 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 3-C)

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.

Show Slide #22: Best Practice in Incident Reporting



- It is best practice to report all incidents to regional centers as they provide case management to individuals and the quality of case management and services provided is dependent upon having as much information about individuals as possible.

Additional guidance to the trainer:

Special Incident Reporting to Regional Centers

- Who should report?
  - — State law requires all vendors to report special incidents to the appropriate regional center.
  - — A vendor is an agency or person who has a contract with a regional center to provide services.
  - — The community care home is a vendored agency.
- When is an incident reportable?
  - — Incidents must be reported when they happen while the individual is under vendored care, that is, receiving services and supports from any vendor.
  - — This includes individuals who are supposed to be receiving services at the time and individuals who are in fact receiving services at the time.
  - — If a vendor provides services 24 hours per day every day to an individual then every incident that happens is under vendored care, even if the individual isn't at the facility.
- Here are two examples for an individual under vendored care:
  - — An individual lives in a community care home and travels each day to a day program. Workers at the day program notice that the individual's insulin is not being monitored correctly.
  - — An individual lives in a community care home. While visiting her family during a holiday, she suffers a broken arm.

ACTIVITY: Unusual Incident/Injury Report

- Review directions to ensure understanding.
- Complete the report as a class.

- 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.

ACTIVITY

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 Frank'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?

Unusual Incident/Injury Report

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

Unusual Incident/Injury Report

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

- **Casual analysis** is a way to determine why an incident or event happened in order to prevent it from happening again.
- The following discussion and activity relate to a session outcome, and may appear on the quiz.

  Outcome: Identify steps to lessen the possibility an incident will happen again.

- Review and discuss section.

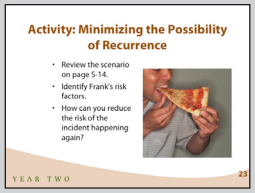
Learning from the Incident

- Review and discuss section.

ACTIVITY: Minimizing the Possibility of Recurrence

Show Slide #23: Activity: Minimizing the Possibility of Recurrence

- Review directions to ensure understanding.
- Complete the activity as a class.



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.

ACTIVITY

Minimizing the Possibility of Recurrence

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

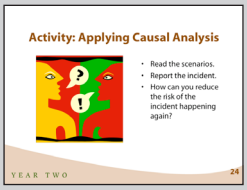
Factor	*Ways to minimize recurrence*
Example	
Frank eats too fast	• *Develop program to teach eating slowly* • *Provide small portions rather than full plate* • *Make food available to Frank during the day*

Applying Causal Analysis

- Review and discuss section.

ACTIVITY: Applying Causal Analysis

Show Slide #24: Activity: Applying Causal Analysis



- Review directions to ensure understanding.
- Complete the activity as a class.

Answers:

1. Should an incident report be made and if so, to whom?

   Yes, incident reports should be made to Community Care Licensing
   and Regional Center.

2. What have you learned from the incident?

   Never leave medications unattended. Medication must be locked up and inaccessible to individuals if staff is not present to support individuals with the self-administration of medication.

3. How can you minimize the possibility something like this will occur again?

   Ensure medication is in a secure, locked area prior to engaging in other tasks.

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.

ACTIVITY

Applying Causal Analysis

Read the incident described below.

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?

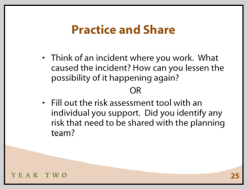
***Sandra** is a DSP working at Martha's Place. She is responsible for assisting individuals to take medications during her shift. Three young individuals receive medications at dinner time. As she is preparing medications for all three, she hears a crash in the next room. Leaving the medications on 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.*

SUMMARY

- Ask students to turn back to the "What Do You Want to Know" activity at the beginning of the session. Give students 5 minutes to think about what they learned and answer the third question.
- Ask for volunteers to share their answers.
- Review summary.

PRACTICE AND SHARE

Show Slide #25: Practice and Share



- Read the directions and make sure students understand the assignment.

SUMMARY

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

PRACTICE AND SHARE

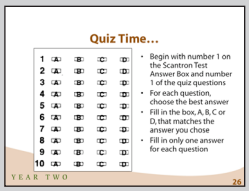
1. Take an incident that occurs in the home where you work. Apply the steps of causal analysis and share the causes of the incident and what you did or recommended to minimize recurrance.

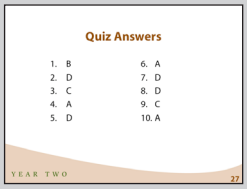
Or

2. Fill out a Risk Assessment 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.

Session 8 Quiz

Risk Management in Daily Living





Show Slide #26: Quiz Time...

- Review the directions for filling out a Scantron form.
- Give students 20 minutes to take the quiz.

Show Slide #27: Quiz Answers

- Discuss questions and answers as a class.
- Remind students to mark the correct answers, so they can use the corrected quizzes as a study guide for the test after training.

Answers:

1. B
2. D
3. C
4. A

Session 8 Quiz

Risk Management in Daily Living

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

1. **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. D
6. A
7. D
8. D
9. C
10. A

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

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				

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 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 Obmudsman 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 3-C) 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.

DSP Incident Reporting Requirements (continued)

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.

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.

To Whom Do I Report?

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

When and How 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).

To Whom Do I Report?

Report to the local Community Care Licensing agency.

When and How 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.

Trainer Resource Guide

9. Positive Behavior Support, Part 1

Trainer Guide: SESSION 9

Materials

- LCD projector and computer with PowerPoint software
- DSP TV DVD, Year 2

Show Slide #1: Positive Behavior Support, Part 1.

Show Slide #2: Practice and Share, Session 8 and review assignment.

- Ask for volunteers to share their experience.
- In the last session, you learned about managing risks that individual's may experience in daily living. You learned strategies for establishing a positive environment that will help to prevent many challenging behaviors from occurring.
- In this session, you will learn how to promote positive behavior by creating and supporting environments that are conducive to a positive quality of life.

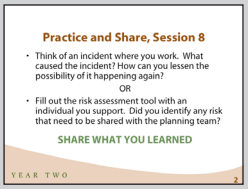
OUTCOMES

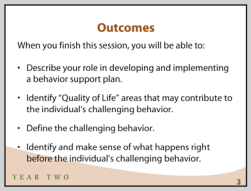
Show Slides #3 and #4: Outcomes

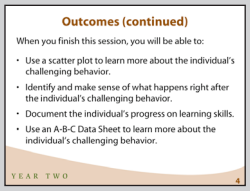
- Review outcomes for the session.

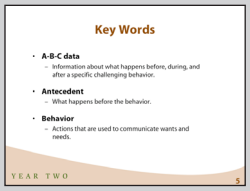
Show Slides #5 and #6: Key Words

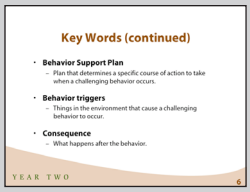
- Review key words for the session.











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?

- Read directions aloud.
- Ask for student volunteers to share answers.
- Make note of student answers and link back to student knowledge and interests as appropriate as you review session content.
- At the end of this session, you will return to this activity to give students an opportunity to answer the third question.

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?

Trainer Guide: SESSION 9

Opening Scenario

- Read scenario aloud.
- Year 1 gave us a general description of challenging behaviors and we learned that behaviors have a reason and are generally a way for an individual communicates his or her needs and wants.
- Ask students the following questions about the scenario:
  - — Did the new consumer choose to move here?
  - — What do you think the IPP says? (chapter 2)
  - — How can Mary know if there are any health issues (chapters 3,4 and 5)

How to Support Individuals Who Have Challenging Behaviors

- **Behavior** are actions that are used to communicate wants and needs.
- Review key points from Positive Behavior Support in Year 1.
- Many behaviors can be dealt with by:
  - — Creating positive environments, which are conducive to positive quality of life.
  - — Examining the communicative intent of the behavior.
  - — Offering the individuals choices in their daily lives.
  - — Creating win-win situations by being respectful in your approach to individuals.
- Some challenging behaviors require a more intensive approach.
- Begin by asking the individual's person-centered planning team to discuss the issue and strategize actions.

Show Slide #7: The Person-Centered Planning Team

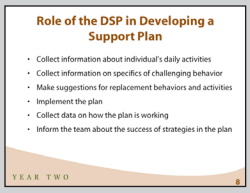
- Ask students for examples of the make-up of an individual's planning team.
- DSP's are not alone when figuring out how to address challenging behavior. They have the support of the person-centered planning team.

What is the Role of the DSP in Developing the Support Plan?

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Describe your role in developing and implementing a behavior support plan.

Show Slides #8: Role of the DSP in Developing a Support Plan and review.



- A **Behavior Support Plan** is a plan that determines a specific course of action to take when a challenging behavior occurs.

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 us with the **behavior**. **Behavior** 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, 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.
- Develop suggestions for replacement

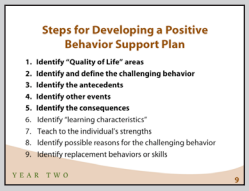
Trainer Guide: SESSION 9

Continue to show Slide #8: Role of the DSP in Developing the Support Plan.

Developing a Positive Behavior Support Plan

- "These nine steps are the steps we will be using as the process for the development of a plan to deal with challenging behavior. We will describe each of these steps in detail throughout this and the next session.

Show Slide #9: Steps for Developing a Positive Behavior Support Plan and review.



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 Sup-

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 are present immediately 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 we know how the individual learns best. When you teach new skills and replacement behaviors you need to match your teaching style to the individual's learning style.

Trainer Guide: SESSION 9

Developing a Positive Behavior Support Plan

Continue to show Slide #9: Developing a Positive Behavior Support Plan.

- This list is a process that is useful in developing a positive behavior support plan.
- We will now begin to cover each of these steps in detail.
- We will complete steps 1-5 in this session, and steps 6-9 in Session 10.

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
   a. allow the individual to get their needs met in a more socially appropriate way.
   b. will "work" just as well as the challenging behavior.

Mary looks at the 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.

Trainer Guide: SESSION 9

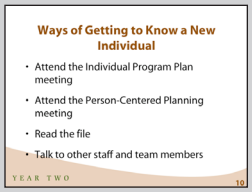
Examining Quality of Life Areas

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Identify "Quality of Life" areas that may contribute to the individual's challenging behavior.
- Remember Session 11 in year one on Positive Behavior Support? The last part of that session was looking at an individual's quality of life and included activities, questions and suggestions about how to address quality of life issues in all aspects of the individuals' lives.
- The final session this year is all about Quality of Life and we will talk more specifically about how to improve an individual's quality of life.
- We need to touch on the term again here as starting point for positive behavior support.

Show Slide #10: Ways of Getting to Know a New Individual and review.

- Review section.



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 the Behavior Support Plan into some specific activities.

Step 1. First, **identify "Quality of Life" areas** that may be lacking and contributing to behavior challenges. Figure out how to improve these areas in the individual's life; that is, add more opportunities for choice and variety, suggest meaningful activities based on preferences, or use a more person-centered planning process.

One of the first steps in developing a behavior support plan is to look at an individual's quality of life areas. It is important to get to know the individual to figure out whether the quality of his or her life is enriching and encouraging to them.

Think about how you get to know any new person who comes into your life. You usually begin by talking to them and finding out about their life; for example, who is in their family, what kind of work they do, what kinds of things they like to do for fun, etc. You also spend time with the person doing activities that you both enjoy and you watch and pay attention to the things they choose to do and say. You find out what they like and don't like, usually in a very informal way over time. But how do you do this with a person who is not able to use words to tell you these things? Where would you start?

Ways of getting to know a new individual in your home:

- Attend the IPP meeting that is held 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.

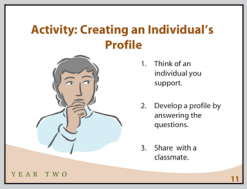
It is helpful to create a profile of the individual so that all team members can give input and understand more about the individual. The profile could include information that you might or might not readily find in the file but would be helpful for people supporting the individual to know in order to create a supportive and welcoming environment. Information about what the individual likes and dislikes, strengths and challenges, and any other information about the individual is helpful. This information is collected by all the team members and is done by:

- Observing the individual.
- Talking with other DSPs about their observations.
- Having discussions at the person-centered planning meeting and IPP meeting.
- Talking with family members and others who know the individual.

The following profile can help to organize the information for easy use and reference.

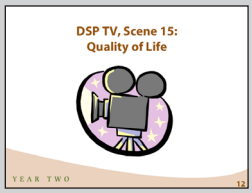
Activity: Creating An Individual's Profile

Show Slide #11: Activity: Creating An Individual's Profile



- Grouping: Pairs
- Read directions aloud to ensure understanding.
- Students should record only the first name of the individual for confidentiality purposes.
- After 5 minutes of individual work, have students get into pairs and discuss the profiles.
- Ask the students:
  - — Did you have trouble answering the questions about the individual? Why?
  - — Where could you go to get additional information about the individual?
- Using a form like this can help you better understand an individual. You can fill out the questions your self as well as use this as an interview tool to question other DSPs, day program staff and even family members.
- Ask students how they might use this tool.

Show Slide #12: DSP TV, Scene 15: Quality of Life and click to play video.



Show Slide #13: Discussion

Answers:

1. Identify the quality of life issues.
   - *David does not have choices about his daily routine both recreational activity (TV) or when he does his laundry. What is important to him (watching a TV show) is not being respected by the DSP.*
2. How do they affect behavior?
   - *Missing something important in their life can be a cause of an individual's challenging behavior.*
3. What would you do differently?
   - *Arrange David's schedule so that he does not miss his favorite TV show.*

ACTIVITY

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?

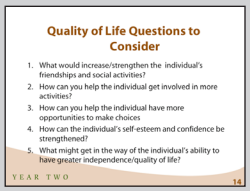
Having the same information in one place is helpful to those providing support and helps everyone get to know a great deal about the individual in a short period of time.

Trainer Guide: SESSION 9

Step 1: Examining Quality of LIfe Areas

Quality of Life Questions to Consider

Show Slide #14: Quality of Life Questions to Consider and review section.



Step 1: Examining Quality of Life Areas

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 might 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 for choice making, 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?

Step 1: Examining Quality of Life Areas

Individual Daily Schedule

- It can be helpful in analyzing an individual's challenging behavior to begin by looking at how they typically spend their time.
- This can be done in a formal way by using the Typical Daily Schedule on page S-10.
- You collect information about the things that the individual usually does from the time they get up until they go to work, school, day program or other daily activity. Then again from the time they arrive home until they go to bed.
- It is also helpful to note who the support provider is for each activity.
- This information will be helpful when looking at patterns of behavior and when they are most likely to occur.

Individual Daily Schedule

Another way to get to know an individual is to look at how they spend their time. This can be done informally by watching and noticing what the individual does. When an individual has challenging behaviors and is clearly upset on an ongoing basis, a more formal look at their schedule might be a way to find out what they like and don't like to do. Writing down the typical daily schedule is a good way to gather this information.

The Typical Daily Schedule that follows is one way to record information about how an individual usually spends their day. You would record what the individual does from the time he or she gets up until they go to bed. Support providers complete the schedule by listing the time of day, activity the individual is involved in, and what kind of support and who provides the support, if necessary, for each activity. Several days worth of schedules might be kept and then the information compiled to form a typical day schedule. At the bottom of the schedule is a place to record any changes that might occur on a weekend or an infrequent basis.

This information can also be particularly helpful when looking at patterns of behavior to determine when, where, and under what circumstances a behavior occurs.

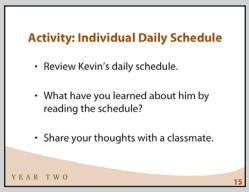
A completed example of a typical daily schedule follows. You will notice information about daily activities along with activities that occur less frequently.

Step 1: Examining Quality of Life Areas

Activity: Individual Daily Schedule

Show Slide #15: Activity: Individual Daily Schedule

- Read directions aloud to ensure understanding.
- Ask for volunteers to share what they learned about Kevin from looking at his daily schedule.
- Discuss: After looking at Kevin's daily schedule we can discuss any problem behaviors as 'a specific action that prevents Kevin from doing a specific goal.' What if Kevin yells and screams at the breakfast table and he does not get through with breakfast until 8:30am? What if Kevin refuses to take showers and he smells? What part of his schedule might be impacted?"



Step 1: Examining Quality of Life Areas

ACTIVITY

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-34 for you to use in your facility.

Kevin's Daily Schedule

Time	***Activity***	***Support Person***
6:30 a.m.	*Wake up housemates*	*Sally*
7:00-8:00 a.m.	*Breakfast and a.m. routine*	*Sally*
8:00 a.m.	*Take transit bus to work*	
9:00 a.m. -1:30 p.m.	*Work at Home Depot*	*Job coach*
2:30 p.m.	*Arrive home on transit bus*	*Jon*
3:00-3:30 p.m.	*Other housemates arrive home*	*Jon and Dan*
3:30-5:00 p.m.	*Home chores*	*Jon*
5:00-6:00 p.m.	*Free time*	*Dan*
6:00-7:00 p.m.	*Dinner*	*Jon and Dan*
7:00-9:00	*(M,W, Th, F) Board games/social time*	*Jon and Dan with other housemates*
7:00-9:30 p.m.	*(Tuesdays) Community outing*	*Jon*
9:30-11:00 p.m.	*Relax/video games, etc.*	*Dan*

Weekend Schedule Changes:

Kevin and other housemates sleep in and go on community outings both days.

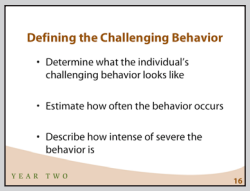
Trainer Guide: SESSION 9

Step 2: Defining the Challenging Behavior

- We have completed Step 1 of developing a Positive Behavior Support Plan: Identify Quality of Life areas.
- Now we will move to Step 2: Identify and define the challenging behavior.
- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Define the challenging behavior.
- It is important to precisely describe what the individual does during the challenging behavior.

Show Slide #16: Defining the Challenging Behavior and review. Provide examples.



Step 2: Defining the Challenging Behavior

Step 2. Identify and **define the challenging behavior(s)** by precisely defining what the person does (kicks, throws objects, hits self with fist, etc.) and observing when the behavior occurs, how long the behavior lasts, how often it occurs, and how intense it is. (You can use a scatter plot to look at how long the behavior lasts and when it occurs.)

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.

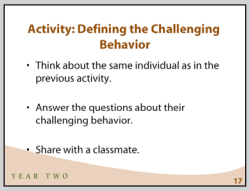
Instead of saying the behavior is "acting out" you could say that the individual yells, hits, swings arms, and stomps feet, instead.

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

Activity: Defining the Challenging Behavior

Show Slide #17: Activity: Defining the Challenging Behavior

- Read directions aloud to ensure understanding.
- After 5 minutes, ask students to share with their classmate.
- Ask for volunteers to discuss if the worksheet was helpful for defining the behavior.



ACTIVITY

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.

Trainer Guide: SESSION 9

Step 3: Identifying the Antecedents

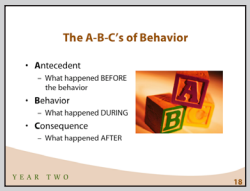
- We have completed Steps 1 and 2, and now we will discuss Step 3: Identify the Antecedents.
- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Identify and make sense of what happens right before the individual's challenging behavior.
- **Antecedents** are factors that occur before a behavior that may set-off or "trigger" the behavior.
- The A-B-C data sheet is a useful tool to help to identify the behavior antecedents.

The A-B-Cs of Behavior

- A good way to identify antecedents is to use the A-B-C Data Sheet. This is a way to help us figure out what happens prior to the behavior that might be causing or "triggering" the behavior. This data sheet gives us good information on happens before, during and after the challenging behavior occurs.

Show Slide #18: The A-B-C's of Behavior



- **A-B-C data** is information about what happens before, during, and after a specific targeted behavior.
- A-B-C Data Sheet is a worksheet used to help analyze the challenging behavior.
- A is for the antecedent (far left column). This is where you list things that you think might have triggered the behavior. These can include:
  - — Time of day
  - — Place
  - — People around
  - — Activity occurring
  - — Temperature or weather
  - — Noise level
  - — Other
- B is for behavior (middle column). Write down what the individual actually did in measurable and observable terms.
- C is for consequence, or what happened after the behavior occurred (right column). You would record:
  - — What the individual did after the behavior.
  - — Any consequences or outcomes of the behavior.

Step 3: Identifying the Antecedents

Step 3. Identify the antecedents (behavioral "triggers" and other factors) that are present immediately before the challenging behavior occurs, including medical variables, activity, environment, people present, time of day, etc.

You can use 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, a scatter plot, or a Motivation Assessment Scale) can help you find out why the behavior is happening.

The A-B-Cs of Behavior

First, let'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.

Remember that the more A-B-C data you have, the easier it is to identify patterns in the antecedents and consequences.

Trainer Guide: SESSION 9

A-B-C Data Sheet

- Direct students to the A-B-C Data Sheet on page S-13.
- Describe each column and what type of data you would put in each.
- Ask for examples of types of data for each column.
- Ask students if any of them have used a data sheet such as this.

The A-B-C's of Behavior

- Review section.

A-B-C Data Sheet

ANTECEDENT ***What happened*** ***BEFORE*** ***the Behavior***	***BEHAVIOR*** ***What happened*** ***DURING*** ***the Situation***	***CONSEQUENCE*** ***What happened*** ***AFTER*** ***the Behavior***
Things we can find out:	***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

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?

A blank A-B-C data sheet can be found in Appendix 8-B on page S-35.

The A-B-C's of Behavior

Antecedents

- Antecedents are things that occur prior to the behavior.
- These are often things that we can change to prevent the behavior from occurring.

Show Slides #19 and #20: Examples of Antecedents and review.

- Ask for students to give examples of each type of antecedent.

Show Slide #21: DSP TV, Scene 16: ABC's and click to play video.

Show Slide #22: Discussion

Answers:

1. Identify the antecedent.

   Marisa turns back over the puzzle pieces that A.J. has just turned over.

2. Identify the behavior.

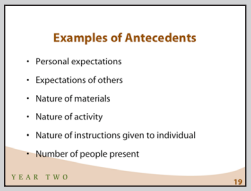
   A.J. pulls Marisa's hair.

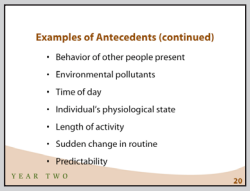
3. Identify the consequences.

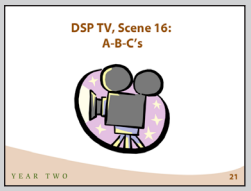
   Marisa screams "OW". A.J. and Marisa stop the activity. Darrel asks what is wrong and gets up from the desk.

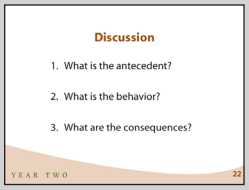
Additional discussion questions:

- What is Marisa's behavior communicating?
- How does Mike's behavior contribute toward A.J.'s?









Antecedents

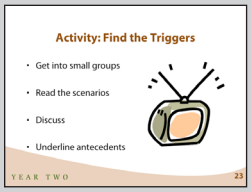
This data should help you to identify some behavior triggers that are likely to lead to the challenging behavior. **Behavior triggers** are things in the environment that set off a targeted behavior. Sometimes you find out that things you say or do may actually be triggers for an individual's behaviors. 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 they given 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 for you to pay attention to what happens before and after the behavior because it helps you to understand the relationship between a person's behavior and its antecedents and consequences. By paying attention to this relationship, you can do a better job of finding out what a person is saying through behavior and figure out an appropriate replacement behavior.

Activity: Find the Behavior Triggers



Show Slide #23: Activity: Find the Behavior Triggers

- Read directions aloud to ensure understanding.

Answers:

Scenario 1

- Antecedent: Ramon's roommate saying "no" when Ramon told him he wanted to watch wrestling.

Scenario 2

- Antecedent: Staff came in and said, "Loretta, you need to do the dishes now."

Scenario 3

- Antecedent: DSP said, "It's time to leave and go to the bus stop."
- Ask students if they had any disagreements in their groups as to which statement to underline?
- Ask how they settled any disagreements.

ACTIVITY

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.

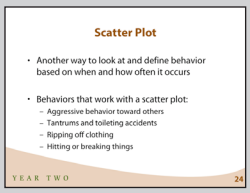
Trainer Guide: SESSION 9

Scatter Plot

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Use a scatter plot to learn more about the individual's challenging behavior.

Show Slide #24: Scatter Plot and review.



- Scatter plot helps to define behavior based on how often it occurs and when it occurs.
- The person recording the information simply places an "X" in the square that corresponds to the time and date a challenging behavior occurs.
- Direct students to page S-18 as you describe the scatter plot.
- Describe each part of the scatter plot worksheet and have students point to the spot as you describe.
- Indicate that the numbers, which run across the top of the graph, correspond to the date of the month.
- The time along the left side of the graph correspond to the time of day that the behavior occurred. Help students to find the date and time and point to the corresponding box. Give them some examples to try and walk around as they point to the corresponding box.
- Indicate that they will place an "x" in a box as a behavior occurs, 1-2 times during the time period. If the behavior occurs more than three times during any one time period you will darken the whole square.
- After the data has been collected for 3-4 weeks, you can use the scatter plot to identify patterns of behavior.
- This data will help to determine if there are any particular antecedents occurring during that particular time period which may be setting off the behavior.
- Not all behaviors work well on a scatter plot. If a behavior is a high frequency behavior (occurs more that 10 times in an hour) then a scatter plot does not work well.

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.

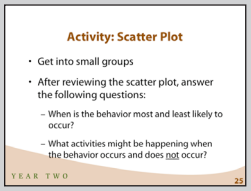
Some behaviors work well with a scatter plot. These include: aggressive behavior toward others, tantrums and toileting accidents, ripping off clothing, or breaking or hitting things. The scatter plot is not as useful with very high frequency behaviors; for example, any behavior that occurs an average 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

Show Slide #25: Activity: Scatter Plot

- Groupings: Pairs
- Read directions aloud to ensure understanding.
- Remind them that they are making some guesses about the behavior based on the data. Ask them to indicate where they might be able to find the answers to the questions they raise?



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: 3/12

Behavior Definition: Taking clothes off in public

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

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
6:00-6:30am																							
6:30-7:00																							
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Activity: Another Scatter Plot

Groupings: Pairs

Directions

- Direct students to the activity on the bottom of the page S-19.
- Instruct them that they will use the data on Kevin found on page S-20 to make up a scatter plot on the graph found on page S-21.

When they have finished, instruct students to refer back to Kevin's daily schedule found on page S-10 and the scatter plot they just completed on page S-20 to answer the questions on page S-22. They will use this information to make some "educated" guesses about the behavior.

Scatter Plot

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.

ACTIVITY

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-22.

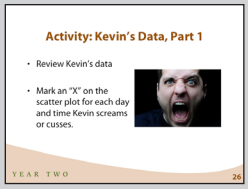
After plotting the behavior on the graph, refer back to Kevin's daily schedule on page S-11 to see what he is doing during the times he exhibited the target behavior. Look for patterns in Kevin's behavior when the behavior occurs the most and the least. Try to answer the following questions:

1. *What is different about weekday mornings (when there are problem behaviors recorded) and weekend mornings (no problem behaviors recorded)?*
2. *Why are Tuesday evenings (no problem behaviors recorded) different from the rest of the weekday evenings (Mon/Wed/Thurs/Fri) when there are behaviors?*
3. *What is different about weekend activities (no problem behaviors recorded) and weekday evenings when there are problem behaviors?*
4. *Why do you think Kevin has no problem behaviors during the weekdays?*
5. *What minor changes would you make in Kevin's schedule to help his day go more smoothly and hopefully reduce some of his challenging behaviors?*

Activity: Kevin's Data, Part 1

Show Slide #26: Activity: Kevin's Data, Part 1

- Read directions aloud to ensure understanding.



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

- This blank scatter plot will be used to plot the data on Kevin found on page S-20.

Scatter Plot

Name: _____ Month/year: _____

Behavior Definition: _____

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

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
6:00-6:30am																								
6:30-7:00																								
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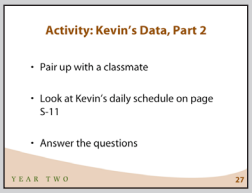
Activity: Kevin's Data, Part 2

Show Slide #27: Activity: Kevin's Data, Part 2



- Read directions aloud to ensure understanding.

Answers:

1. What is different about weekday mornings (when there are problem behaviors recorded) and weekend mornings (no problem behaviors recorded)?

   Kevin has to wake up early on weekdays and gets to sleep in on weekends. Perhaps Kevin doesn't like to be rushed to get up and get ready. Perhaps Kevin needs more sleep during the week.

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?

   On Tuesdays, they go on a community outing. Perhaps Kevin enjoys doing things outside of the home and does not enjoy the evenings at home.

3. What is different about weekend activities (no problem behaviors recorded) and weekday evenings when there are problem behaviors?

   The group goes out into the community on the weekends but remain home during the weekdays. Perhaps Kevin has difficulty getting along with one or more of the people in the home.

4. Why do you think Kevin has no problem behaviors during the weekday?

   His schedule is more relaxed on the weekend and he gets to go out into the community and do things he likes.

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?

   Look for other community outing possibilities during the week. Look at Kevin's bedtime and discuss the possibility of an earlier bedtime to help with morning routine. Look at the times he has outbursts to see if there is a person or event that is triggering the behavior. Allow more choices for Kevin about his free time. Perhaps there are other things he would like to do at home than the board games/social time. Look at transition times to see if Kevin has trouble moving from one activity to another. Perhaps a written or picture schedule that Kevin helps develop might help him to anticipate what is coming next.

- Have groups discuss and then share back with the large group.
- Ask students what other questions they would ask of staff to further analyze Kevin's behavior patterns.

ACTIVITY

Kevin's Data, Part 2

Directions: Compare Kevin's daily schedule on page S-11 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 weekdays?*

5. *What minor changes would you make in Kevin's schedule to help his day go more smoothly and hopefully reduce some of his challenging behaviors?*

Trainer Guide: SESSION 9

Self-Monitoring with Scatter Plots

- An individual can also be taught to monitor his/her own behavior by using the scatter plot.
- The individual could then use it as a self-reminder of their behavior goal.

Step 4: Identify Other Events

- We have completed Step 3 of developing a Positive Behavior Support Plan: Identify the Antecedents.
- Now we will move to Step 4: Identify other events including medical variables, activity, environment, people present, time of day, etc., that may be influencing behavior.
- Review section.

Step 5: Identify the Consequences

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Identify and make sense of what happens right after the individual's challenging behavior.
- We have completed Step 4: Identify Other Events.
- Now we will move on to Step 5: Identify the Consequences.
- Review section.

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

Step 4. Identify other events including medical variables, activity, environment, people present, time of day, etc., that may be influencing behavior. Again, the A-B-C observation data, scatter plot, and worksheet can help.

Behaviors are strategies that individuals use to get their needs met. *All* behaviors mean something. When you observe behavior that is very different than usual for the person, you should look at possible medical reasons for the behavior first! You should work closely with doctors to find out if there is any medical basis or reason for the behavior. Medication side effects can also influence behaviors. As we have discussed in previous sessions on medications and health, it is very important to notice any change in behavior as a possible medical issue. Pay attention to decreases in or absence of typical behaviors.

The support team should work closely with physicians to monitor medications, possible side effects, and medical issues. Working with doctors, neurologists, psychiatrists, and other medical professionals is essential in assessing medical issues that influence behavior.

If there is a medical problem, once it is diagnosed and treated, challenging behavior issues will likely disappear. There will no longer be a need to communicate the symptoms of the illness through behavior.

Step 5: Identify the Consequences

Step 5. Identify the consequences that happen after the behavior that may be reinforcing (maintaining) the challenging behavior(s). Remember, the reason that challenging behavior exists is because it is being reinforced by something. You want to find out what individuals are getting or avoiding through their challenging behaviors and give them a more appropriate strategy or skill to use that will still allow them to get their needs met.

Finally on our A-B-C chart, let's look at things you may find about consequences that may be maintaining the challenging behavior. What is the payoff for the problem behavior? Remember, every challenging behavior is being reinforced by something!

According to the rule of reinforcement, if a behavior continues to happen on a regular basis and/or increase over time, it is being reinforced, or paid off, by something, although you may not always know what it is. You can use our A-B-C data to help figure out what is reinforcing a behavior.

- What is the behavior saying to us?
- What is the person getting or avoiding through the behavior?

The "**C**" section stands for **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

Show Slide #28: Activity: Looking at What Happens After the Behavior

- Groupings: Small groups
- Read directions aloud to ensure understanding.
- Review answers as a class.

Answers:

Scenario 1

Consequence: ice cream bar and attention from staff

Scenario 2

Consequence: getting out of the chores that he doesn't like.

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.

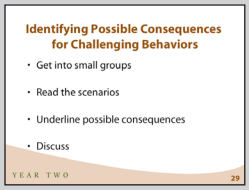
Yesterday, a new morning staff told Chris that if his bed were made fast enough there would be time to water the garden in the morning before work. Chris made the bed in two minutes. In the afternoon, Chris folded the laundry without any argument after being told that the flowerbed needed special attention 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

Show Slide #29: Activity: Identifying Possible Consequences for Challenging Behaviors



- Groupings: Small groups
- Read directions aloud to ensure understanding.
- Review answers as a class.

Answers:

2:00 p.m.

Consequence: Crystal gets her way.

4:00 p.m.

Consequence: Pat got her way and got the attention of the staff.

5:30 p.m.

Consequence: got out of having to do her chore and was left alone.

- Review section.
- Remember: All behaviors are being reinforced in some way.
- 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.

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 that things you say or do may actually be triggers for an individual's behaviors.

Once you figure this out, you can often change what you do or say and actually see an improvement in the individual's behavior.

Remember: All behaviors are being reinforced (or rewarded) in some way. This includes challenging behavior. The Consequence section (C) of your A-B-C data may show that a individual's behavior is followed by avoiding a task or activity, getting a social interaction from someone, or getting food, drink, money, or other tangible item.

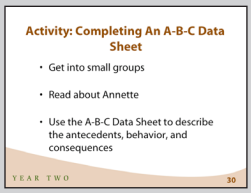
When you don't find patterns in Antecedents or Consequences for a particular behavior, you probably need to do more observations to get more A-B-C data.

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Use an A-B-C data sheet to learn more about the individual's challenging behavior.

Activity: Completing An A-B-C Data Sheet

Show Slide #30: Activity: Completing An A-B-C Worksheet



- Groupings: Small groups
- Read directions aloud to ensure understanding.
- Review answers as a class.

Answers:

1. *Antecedents: people not paying attention to Annette*

   Consequences: she gets attention, praise, ignored.

2. *Consequences: getting positive attention, compliments, kiss.*

3. *She is getting positive attention and reassurance.*

4. *Try to give attention and positive reassurance at other times when she is not asking for it.*

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

ACTIVITY

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 for activity

A-B-C Data Sheet

ANTECEDENT ***What happened*** ***BEFORE*** ***the Behavior***	***BEHAVIOR*** ***What happened*** ***DURING*** ***the situation***	***CONSEQUENCE*** ***What happened*** ***AFTER*** ***the behavior***
Time of day, location or environment, who was around, what was happening, task or activity, etc.	*Describe the behavior.*	*What was the response from people or the environment, what did others say or do, other consequences?*

Trainer Guide: SESSION 9

Review

We have gone through the first five steps of developing a positive behavior support plan including:

1. **Identifying "Quality of Life"** areas.
2. Identifying and **defining the challenging behavior(s)**.
3. **Identifying the antecedents** (behavioral "triggers" and other factors) that occur before the behavior.
4. **Identifying other events** including medical variables, activity, environment, people present, time of day, etc., that may be influencing behavior.
5. **Identifying the consequences** that happen after the behavior that may be reinforcing (maintaining) the challenging behavior.

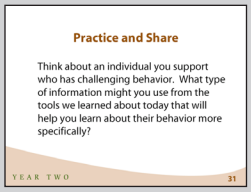
Summary

- Ask students to turn back to the "What Do You Want To Know" activity at the beginning of the session.
- Give students 5 minutes to think about what they learned and answer the third question.
- Ask for volunteers to share their answers.

Practice and Share

Show Slide #31: Practice and Share

- Direct students to Practice and Share directions.
- Read the directions and make sure students understand the assignment.



Review

In this session you have learned about several different ways to define and analyze challenging behavior. You have learned how to define a behavior into terms that are observable and measurable. You have learned how to use two tools to help analyze the behavior and pinpoint where and when it occurs.

We have gone through the first five steps of developing a positive behavior support plan including:

1. **Identifying "Quality of Life"** areas.
2. Identifying and **defining the challenging behavior(s)**.
3. **Identifying the antecedents** (behavioral "triggers" and other factors) that occur before the behavior.
4. **Identifying other events** including medical variables, activity, environment, people present, time of day, etc., that may be influencing behavior.
5. **Identifying the consequences** that happen after the behavior that may be reinforcing (maintaining) the challenging behavior(s).

In the next session, we will complete the next four steps in the development of the Positive Behavior Support Plan and learn how to teach replacement behaviors and activities that are useful in decreasing the challenging behavior and increasing appropriate behaviors.

PRACTICE AND SHARE

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.

Quiz: Positive Behavior Support, Part 1

Show Slide #32: Quiz Time...

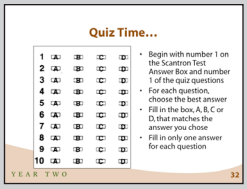
- Review the directions for filling out a Scantron form.
- Give students 20 minutes to take the quiz.

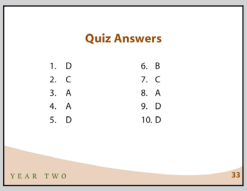
Show Slide #33: Quiz Answers

- Discuss questions and answers as a class.
- Remind students to mark the correct answers so they can use the corrected quizzes as a study guide for the test after training.

Answers:

1. D
2. C
3. A
4. A





Quiz: Positive Behavior Supports, Part 1

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

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. D
6. B
7. C
8. A
9. D
10. D

5. **What "quality of life" areas may promote support 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.

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 situation***	***CONSEQUENCE*** ***What happened*** ***AFTER*** ***the behavior***
Time of day, location or environment, who was around, what was happening, task or activity, etc.	*Describe the behavior.*	*What was the response from people or the environment, what did others say or do, other consequences?*

Trainer Resource Guide

10. Positive Behavior Support, Part 2

Trainer Guide: SESSION 10

Materials

- LCD projector and computer with PowerPoint software
- DSP TV DVD, Year 2

Show Slide #1: Positive Behavior Support, Part 2

Show Slide #2: Practice and Share, Session 9 and review assignment.

- Ask for volunteers to share their experience.
- In the last session, you learned the first five steps in developing a positive behavior support plan.
- In this session, we will cover the final four steps:
  - 6. Identify "learning characteristics".
  - 7. Teach to the individual's strengths.
  - 8. Identify possible reasons for the challenging behavior.
  - 9. Identify replacement behaviors or skills.

Outcomes

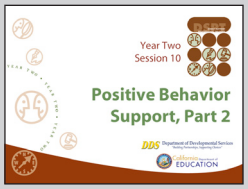
Show Slides #3 and #4: Outcomes

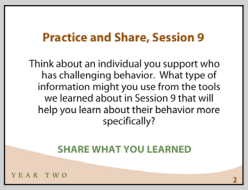
- Review outcomes for the session.

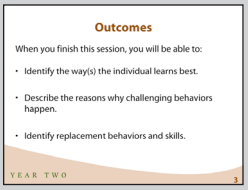
Key Words

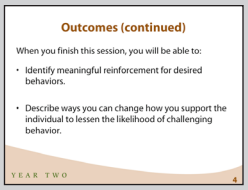
Show Slides #5 and #6: Key Words

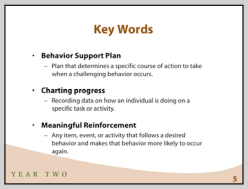
- Review key words for the session.

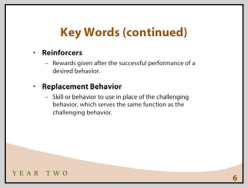












Student Resource Guide: SESSION 10

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?

- Read directions aloud.
- Ask for student volunteers to share answers.
- Make note of student answers and link back to student knowledge and interests as appropriate as you review session content.
- At the end of this session, you will return to this activity to give students an opportunity to answer the third question.

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?

Trainer Guide: SESSION 10

- In the last session, we discussed the steps in developing a positive behavior support plan. We discussed the first five steps in developing a plan in detail and you were introduced to some tools to help with each step. In this session, we will continue on with the last four steps of the plan and look at developing strategies for supporting individuals with challenging behavior.

Opening Scenario

- Read aloud and ask for suggested strategies from the students.
- Review strategies from the year one Positive Behavior Support session, which stressed that many behaviors can be dealt with by:
  - — Creating positive environments, which are conducive to positive quality of life.
  - — Examining the communicative intent of the behavior.
  - — Offering the individuals choices in their daily lives.
  - — Creating win-win situations by being respectful in your approach to individuals.
- Some challenging behaviors require a more intensive approach.
- Review the strategies discussed in the last session as you go through this session.

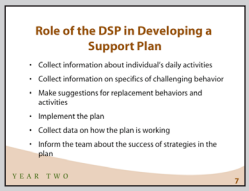
Supporting an Individual with Challenging Behaviors

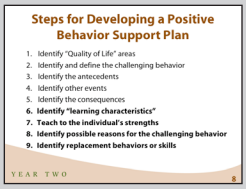
- A **Behavior Support Plan** is a plan that determines a specific course of action to take when a challenging behavior occurs.

Show Slide #7: The Role of the DSP in Developing a Support Plan

Show Slide #8: Developing a Positive Behavior Support Plan

- Review key points from Positive Behavior Support the last session. Steps 1-5 were completed in session 9.
- Ask students to give examples of each step and the tools that are used for each step.
- Ask for examples of how students have used these tools or completed these steps.





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?

Trainer Guide: SESSION 10

Supporting an Individual with Challenging Behaviors

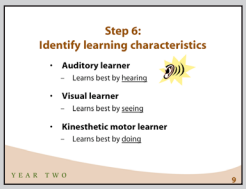
Continue to show Slide #8: Developing a Positive Behavior Support Plan as you review steps 9 and 10.

Step 6: Identifying Learning Characteristics

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Identify way(s) the individual learns best.

Show Slide #9: Step 6: Identify Learning Characteristics and review.



- Ask students to think about how they learn best.
  - It is common to have strengths in more than one area.
  - 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.
  - We most often give information to the individuals we support verbally when that may not be the best way for them to learn new information.

Step 7: Teaching to the Individual's Strengths

- Review section.

Supporting an Individual with Challenging Behaviors

9. **Identify replacement behaviors** or skills that:
   a. Allow the individual to get their needs met in a more socially appropriate way.
   b. Will "work" just as well as the challenging behavior.

We then went into greater detail about the first five steps and learned how to use an A-B-C data sheet. This process helps to identify what is happening before the challenging behavior and that may be "triggering" the behavior and/or what happens after the behavior, which may reinforce the behavior.

This session will focus on the remaining four steps and will allow for practice of these new skills.

Identifying Learning Characteristics

Step 6. Identify "learning characteristics" of the individual so you know how the individual learns best when teaching new skills and replacement behaviors. You must match your teaching style to the individual's learning style.

Think about how you learn best. As you sit through these classes, what do you find is the best teaching style for you?

Types of learning styles:

- Auditory learner: Learns best through what is heard. Do you find that you can learn best by listening to someone tell you about something? When you ask for directions, do you like the person to tell you how to get there?
- Visual learner: Learns best through what is seen. Do you need to see things in order to learn? Do you find the overheads or note pages in your notebook help you? Do you prefer someone to draw you a map instead of telling you how to get to a new location?
- Kinesthetic-motor learner: Learns best by doing. Do you like activities to "try" out a new skill? Do you need someone to take you to a new location before you can learn how to get there?

It is common to have strengths in more than one area; for example, individuals with autism tend to be better "visual-motor" learners who learn best by both seeing and doing. You may have noticed that very few of you raised your hands when asked if you were an auditory learner. That is because most people are not auditory learners. Yet, how do you give instructions to the individuals you support? You mostly tend to give information verbally when that may not be the best way for them to learn new information.

Think back to Step 2, getting to know the individual. As you were creating his or her Profile, you identified the individual's likes and strengths. Identifying the individual's strengths should give you an idea of his or her preferred style of learning. You can also refer to the IPP for a description of the individual's learning styles.

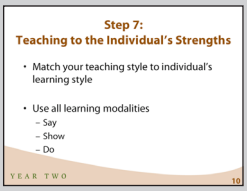
Teaching to the Individual's Strengths

Step 7. Use the individual learning characteristics to teach to the individual's strengths. If an individual learns best by what he or she sees, then you should maximize the use of gestures, modeling, and visual cues such as pictures and objects. If an individual learns best by actually "doing" an activity, you should promote opportunities for participation in healthy routines to help the individual acquire new skills and behaviors to replace the challenging routines and behaviors.

Trainer Guide: SESSION 10

Step 7: Teaching to the Individual's Strengths

Show Slide #10: Step 7: Teaching to the Individual's Strengths and review.

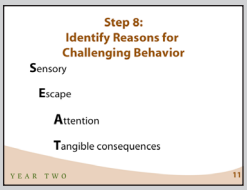


Step 8: Identify Possible Reasons for Challenging Behavior

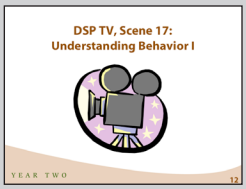
- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Describe the reasons why challenging behaviors happen.

Show Slide #11: Step 8: Identify Possible Reasons for Challenging Behavior and review.



Show Slide #12: DSP TV, Scene 17: Understanding Behavior I and click to play video.



Show Slide #13: Discussion

Answers:

1. What is David communicating?

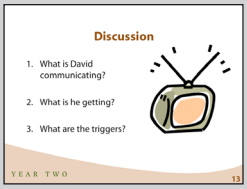
   That he wants to watch TV.

2. What is he getting?

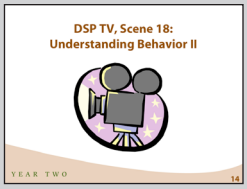
   Avoiding folding laundry.

3. What are the triggers?

   Being asked to do a task; turning off the TV, physically prompted away from the TV.



Show Slide #14: DSP TV, Scene 18: Understanding Behavior II and click to play video.



Show Slide #15: Discussion

Answers:

1. What does Darrell do differently?

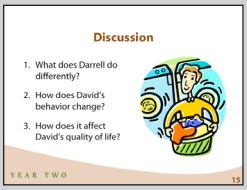
   Provides David with a choice of waiting until after his TV show to fold laundry. Provides David with a choice of what laundry to fold.

2. How does David's behavior change?

   David does not have challenging behavior.

3. How does it affect David's quality of life?

   He is respected and his preferences are honored.



Step 7: Teaching to the Individual's Strengths

To ensure maximum learning, match your teaching style to the person's learning style. The best teaching strategy is to use *all* learning modalities when teaching by:

- Saying.
- Showing and modeling with visual cues and gestures.
- Actually *doing*; that is, role playing and practicing the skill in the actual setting where you want the individual to display that skill or behavior.

Identifying 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? Review your assessment information and the results from a Motivation Assessment Scale (which we will look at later) to help you develop a hypothesis or "best guess" as to *why* the behavior is happening and *what* the behavior is saying. Is the behavior related to medical issues such as pain, allergies, or hunger, or is the behavior a way to get, avoid, or escape something?

Behavior Motivations

We all have basic needs. Behaviors are strategies that we use to communicate our wants, needs, and feelings and to get our needs met. What motivates us to behave in certain ways? Individuals exhibit behavior for a multitude of reasons. In this exercise you will use a tool developed by Mark Durand, which identifies four basic reasons why behaviors occur. An easy way to remember these four reasons is by remembering the word SEAT. The letters in the word SEAT stand for Sensory, Escape, Attention, and Tangible Consequences.

Sensory

These are internal reasons for a behavior such as personal enjoyment; stimulation and pleasure, or even pain; medical issues; mental illness; or neurological issues such as seizures.

Examples:

Drinking coffee, eating chocolate, bungee jumping, snow boarding, doing something nice for someone, the feeling you get when you teach someone a new skill, and so on. For individuals with developmental disabilities, these include behaviors that are often called "self stimulatory;" for example, rocking.

Escape

Some behaviors help a person to escape or avoid things they don't like such as certain activities, jobs, people, or places.

Examples:

Procrastinating (putting things off), daydreaming during this class, and so on. In extreme cases, tantruming or "acting out" are examples of escape behavior.

Attention

Sometimes individuals engage in behaviors to be noticed or to get attention from either one or more specific individuals, or from a whole group of people who are around to give attention.

Examples:

Starting a conversation, whining, pouting, interrupting, and so on.

Tangible Consequences

Individuals use behaviors for tangible reasons to "get" something they desire such as a favorite toy, object, food, token, money, a paycheck, or a favorite activity or game.

Activity: Behavior Motivations

Show Slide #16: Activity: Behavior Motivations and review.

- Read directions aloud to ensure understanding.
- Although there are hundreds of reasons why people behave the way they do, for the purpose of this activity we will group our motivations into four general areas.
- Is it okay for you to engage in these behaviors to get your needs met?
- Is it okay for the individuals you support to get their needs met in these areas?

Behavior Motivations (continued)

Example:

Working at your jobs is an appropriate behavior that we use to earn a paycheck.

It is important to know that even extremely inappropriate and problem behaviors are serving a *need* for the person, and that need is *normal* and valid, even if the behavior is not. Your challenge as a DSP is to teach the individuals you support that to get their needs met they must use behaviors that are socially acceptable.

There is no difference in the needs that you all have, but there is a difference in the strategies or the behaviors you use to get your needs met. Some individuals you support may use strategies that are socially inappropriate for a situation, or exhibit behavior that may not be right for the time and place.

ACTIVITY

Behavior Motivations

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

S*ensory behaviors: (What sensory behaviors do you engage in that allow you to feel good or avoid feeling bad?*

E*scape or avoidance behaviors: What do you do for escape activities you do not enjoy?*

A*ttention seeking behaviors: What do you do when you want attention from someone?*

*Behaviors to get **T**angible Consequences: (What kind of tangible consequences work for you?)*

Step 8: Identify Possible Reasons for Challenging Behavior

- Review section.

Step 8: Identify Reasons for Challenging Behavior

DSPs must often teach individuals new behavioral strategies that are more socially appropriate for each situation in order to get their needs met.

It is a myth that all individuals with challenging behavior are just trying to get attention. In fact, the same behavior may be used in several different ways. Aggression can be used to get attention one time and on a different occasion to escape something a person doesn't like.

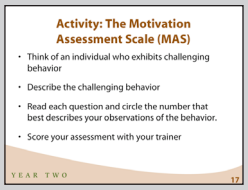
Research shows that individuals engage in challenging behavior to get attention only about 25% of the time.

The next activity is designed to help identify situations in which a person is likely to behave in certain ways.

Activity: The Motivation Assessment Scale (MAS)

Show Slide #17: Activity: The Motivation Assessment Scale (MAS)

- Groupings: Individual or small group.
- Read directions aloud to ensure understanding.
- Assist students as they record and add numbers on the bottom of the second page of the MAS.
- This tool can also be used as an interview tool with day program or family members.



ACTIVITY

Motivation Assessment Scale

The Motivation Assessment Scale is a questionnaire designed to identify situations in which a person is likely to behave in a certain way. From this information, more informed decisions can be made concerning the selection of appropriate rewards and support strategies.
Directions: Begin by thinking of an individual who you support who exhibits challenging behavior. Write down the individual's first name, the date, and describe the challenging behavior. Next, read each question and circle one number that best describes your observations of this behavior. Your trainer will help you score the assessment.

*First Name:*_____ *Date:*_____

*Behavior Description:*_____

_____

_____

_____

Questions	*Never*	*Almost Never*	*Seldom*	*Half the Time*	*Usually*	*Almost Always*	*Always*
1. Would this behavior occur continuously if the individual was left alone for a long period of time; for example, an hour?	*0*	*1*	*2*	*3*	*4*	*5*	*6*
2. Does this behavior occur following a directive to perform a difficult task?	*0*	*1*	*2*	*3*	*4*	*5*	*6*
3. Does this behavior occur when you are talking to others in the room?	*0*	*1*	*2*	*3*	*4*	*5*	*6*
4. Does this behavior ever occur to get food or a game he or she has been told he or she can't have?	*0*	*1*	*2*	*3*	*4*	*5*	*6*
5. Does this behavior occur repeatedly in the same way; for example, rocking back and forth for five minutes?	*0*	*1*	*2*	*3*	*4*	*5*	*6*

Activity: The Motivation Assessment Scale (MAS)

- Follow these directions to complete the MAS worksheet.
  1. When finished, write down the number circled (1 - 6) for each question on the line with the corresponding question number.
  2. After you enter all 16 scores, add up the total for each of the four columns.
  3. If the total on the left is highest, that would indicate a higher behavioral motivation in the Sensory area.
     - If the total in the second column from the left is highest, it would indicate a higher behavioral motivation in the area of **Escape**,
     - and so on, for the remaining two columns labeled **Social Attention**, and **Tangible Consequences**.
  4. Often times, more than one total will come out high. Usually, any total over 10 can be significant and worth looking at as a possible motivator.
  5. If all totals come out the same, it may be that the behavioral definition being used is too broad.
     - You may want to retry the assessment with a more specific definition. Consider completing the Motivation Assessment Scale on a volunteer.
     - You can ask someone to describe a behavior that they use to get attention, and so on.
     - Work through the assessment and scoring as a large group.

	Never	Almost Never	Seldom	Half the Time	Usually	Almost Always	Always
6. Does this behavior occur when a request is made of the individual?	0	1	2	3	4	5	6
7. Does this behavior occur whenever you stop attending to the individual?	0	1	2	3	4	5	6
8. Does this behavior occur when you take away a favorite activity or pastime?	0	1	2	3	4	5	6
9. Does it appear to you that the individual enjoys performing this behavior and would continue even if no one was around?	0	1	2	3	4	5	6
10. Does the person seem to do this behavior to upset or annoy you when you are trying to get him or her to do what you ask?	0	1	2	3	4	5	6
11. Does the person seem to do this behavior to upset or annoy you when you are not paying attention to him or her?	0	1	2	3	4	5	6
12. Does this behavior stop occurring shortly after you give the person something he or she requested?	0	1	2	3	4	5	6
13. When this is occurring, does the individual seem unaware of anything else going on around him or her?	0	1	2	3	4	5	6
14. Does this behavior stop occurring shortly after (one to five minutes) you stop working or making demands of him or her?	0	1	2	3	4	5	6
15. Does the individual seem to do this behavior to get you to spend some time with him or her?	0	1	2	3	4	5	6
16. Does this behavior seem to occur when the individual has been told that he or she can't do something he or she wanted to do?	0	1	2	3	4	5	6

1._____	2._____	3._____	4._____
5._____	6._____	7._____	8._____
9._____	10._____	11._____	12._____
13._____	14._____	15._____	16._____
(Sensory)	(Escape)	(Social Attention)	(Tangible Consequences)
_____	_____	_____	_____
Total	Total	Total	Total

Adapted from V. Mark Durand, Suffolk Child Development Center, N.Y.

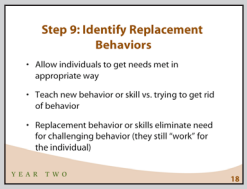
Trainer Guide: SESSION 10

Identifying Replacement Behaviors

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Identify replacement behaviors and skills.

Show Slide #18: Step 9: Identify Replacement Behaviors and review.



How to Score the Motivation Assessment Scale (MAS)

Follow these directions to complete the MAS worksheet.

1. When finished, write down the number circled (1-6) for each question on the line with the corresponding question number.

2. After you enter all 16 scores, add up the total for each of the four columns.

3. If the total on the left is highest, that would indicate a higher behavioral motivation in the Sensory area. If the total in the second column from the left is highest, it would indicate a higher behavioral motivation in the area of Escape, and so on for the remaining two columns labeled Social Attention and Tangible Consequences.

4. Often times, more than one total will come out high. Usually, any total over 10 can be significant and is worth looking at as a possible motivator.

5. If all totals come out the same, it may be that the behavioral definition being used is too broad. You may want to retry the assessment with a more specific definition.

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 now identified the behavior, figured out when and where it happens, and under what circumstances it occurs most frequently. You have also looked at the individual's daily activities and overall quality of life, but what do you do now? It is now time to look at teaching an alternative to the challenging behavior—a replacement behavior.

You should focus 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

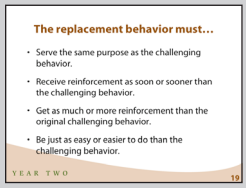
Your goal is to focus on teaching new skills, especially skills that serve the same purpose as the challenging behavior. When identifying replacement behaviors and skills, it is helpful to work as a team with other people who know the individual well. During this phase, it is also helpful to include 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,

Trainer Guide: SESSION 10

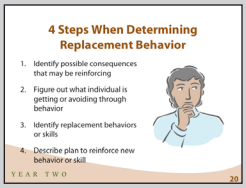
Step 9: Identifying Replacement Behaviors

Show Slide #19: The replacement behavior must... and review.

- Ask students to give an example of a challenging behavior and a possible replacement behavior they have tried or thought of.
- Using the example, go through the four guidelines and see if it meets the criteria.



Show Slide #20: Four Steps When Considering Replacement Behavior and review.



Meaningful Reinforcement

- **Reinforcers** are rewards given after the successful performance of a desired behavior.

you don't want to get rid of challenging behavior without teaching something more appropriate to replace it.

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.

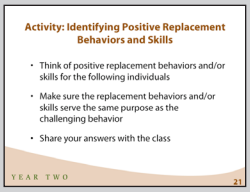
When reviewing the data recorded on an individuals A-B-C chart, you should go through four steps when determining possible replacement behaviors:

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 things to know and choose from.

Often, some of the things you say or do can lead to behavioral issues. Just changing some of the ways in which we support the person (by removing things that are triggers) can help the person to improve his or her behavior.

Show Slide #21: Activity: Identifying Positive Replacement Behaviors and Skills



- Groupings: Small groups of 3-5 students.
- Read directions aloud to ensure understanding.
- Review possible answers in large group.

Answers:

1. Some ideas for Tanya:
   - *Teach her to use the sign for "hurt" when you notice that she is showing signs of pain.*
   - *Teach her to touch or point to her stomach (instead of hitting it or scratching it) when it hurts.*
   - *Teach her to point to a picture or card that says "my stomach hurts." Once she can do this, help her to keep this card in her wallet or purse (or at least have it available for her to use) so she can get it out and show a DSP when she feels menstrual pain.*
   - *Other Ideas?*
2. Some ideas for Leon:
   - *Teach Leon to say "Hi" BEFORE he hits someone to start a conversation.*
   - *Teach Leon to GENTLY TAP or touch people on the back or shoulder to start a conversation. (This will probably work best!)*
   - *Other ideas?*
3. Some ideas for Robert:
   - *Help Robert develop a variety of community connections that he can be involved in every week, such as:*
   - *Church or Temple activities*
   - *Social and hobby clubs*
   - *Self advocacy groups such as "People First"*
   - *Sporting events and leagues*
   - *A community college class*
   - *Other ideas?*

ACTIVITY

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!" The Motivation Assessment Scale shows that Leon hits and slaps people for reasons of attention. Based on the data, Leon's support team believes that he hits and slaps people on the back to start a conversation.*

   What are some replacement skills you could teach Leon that would be more positive ways to start a conversation?

3. *Robert loves to talk to people and has great conversation skills. He has 11 other housemates but likes to talk to staff. The challenge is that Robert wants to talk to the staff even when they are helping others. When staff members tell Robert that they can't talk with him, Robert becomes upset and often runs away from the house and staff have to chase him. The A-B-C data shows that when Robert goes out in public places, he rarely gets upset. The Motivation Assessment Scale shows that Robert gets upset and runs away because he wants attention. The home where Robert lives takes him out in the community once each week. Based on this information, Robert's team has realized that he needs more opportunities to go out into the community and/or to talk to people.*

   What ideas can you think of that will help Robert to have more opportunities to go out into the community and/or talk with people?

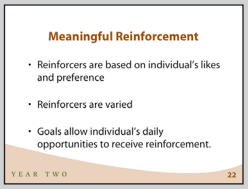
Step 9: Identifying Replacement Behaviors

Meaningful Reinforcement

- The following relates to a learning outcome and may appear on the quiz.
- A **reinforcer** is a reward given after the successful performance of a desired behavior.
- **Meaningful reinforcement** is any item, event, or activity that follows a behavior and makes that behavior more likely to occur again.
- Review section.

  Outcome: Identify meaningful reinforcement for desired behaviors.

Show Slide #22: Meaningful Reinforcement and review.



- We need to set goals that allow the individual daily opportunities to receive reinforcement.
  - — If an individual likes cookies, you would not want to give them a box of cookies every day. It would probably no longer be a reinforcement to them. You would need to have them work for a small number of cookies.
  - — Don't reinforce everything with the same reinforcement.

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

Everyone needs and enjoys plenty of opportunities to receive reinforcement. It is also important for everyone to have and do things that are enjoyable on a daily basis.

When an individual does not have a rich life full of choices and things to enjoy, his or her behaviors, attitudes, and motivation may change for the worse.

When developing reinforcement plans, two common mistakes are:

1. Not providing reinforcers that are meaningful to the person.
2. The criteria, or goal, for the person to earn the reinforcement is too hard. (This usually means that the individual is not earning the reinforcement often enough.)

To make reinforcement plans meaningful:

- Use reinforcers that are based on the individual's likes and preferences and vary the reinforcers.
- Set goals that 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:

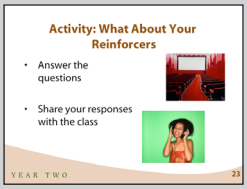
Antecedent:

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 things to know and choose from.
3. Often, some of the things that you say or do can lead to behavioral issues. These are called "triggers." Just changing some of the ways in which you support the person (by *removing things that are triggers*) can help the individual to improve his or her behavior.
4. **Make life more predictable for the individual**. Some individuals with

Activity: What About Your Reinforcers?

Show Slide #23: Activity: What About Your Reinforcers

- Groupings: Individual
- Read directions aloud to ensure understanding.
- Ask for volunteers to share how they responded to each question.
- Ask if students would have responded the same way 5 years ago? 10 years ago? Reinforcers change over time.
- Emphasize that DSPs should keep a current list of reinforcers for all of the individuals living in the home.



ACTIVITY

What About Your Reinforcers?

1. List some reinforcers that you enjoy (include things, activities, foods, music, people, and so on).

2. List some reinforcers that you need to have everyday.

3. How would you feel if someone told you that you couldn't have those reinforcers today?

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.

Trainer Guide: SESSION 10

Developing Support Strategies

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Describe ways you can change how you support the individual to lessen the likelihood of challenging behavior.
- Ask students to think about all the tools and strategies we have discussed over the three sessions on Positive Behavior Support.
- It is a bit overwhelming and challenging to know when to use each particular tool and strategy. This is why the team process is so important. The team can sort through the issues and decide which additional information is needed, how it will be collected and analyzed and who needs to help develop and implement the behavior support plan.
- The A-B-C Data Chart here describes some strategies that can be helpful at each phase of the behavior - before, during and after.
- We will spend the next several pages discussing the specific strategies and their use.

Show Slide #24: Things You Can Change at Each Step of the Behavior and review.

Developing Support Strategies

ANTECEDENT ***What happened*** ***BEFORE*** ***the Behavior***	***BEHAVIOR*** ***What happened*** ***DURING*** ***the situation***	***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.* • *"Catch 'em when they're good!"* • *Have a plan to reinforce replacement skills and positive behaviors.* • *Reward and celebrate small successes! Don't demand perfection.* • *Ignore the challenging behavior, not the individual.*

Developing Support Strategies

- Continue to review support strategies.

disabilities become upset when things they are not used to or not expecting. Helping them to understand when things are going to happen and what they can do to prepare can help reduce the stress of the unknown.

5. **Use calendars and picture schedules**. Calendars, written notes, schedules, and information are fairly simple ways to provide visual information to individuals who need assistance understanding information. These are normal strategies that you use to help keep ourselves organized. You can also use pictures and symbols for individuals who cannot read.
6. **Rehearse what you will do *before* you do it**! Verbally rehearse what you will do, when you will be doing it, how long the activity will last, and other expectations regarding behavior. This is an excellent way to help individuals to understand what is expected from them and what they can expect from an event or activity. This helps people feel more in control of what is happening.
7. **Help individuals develop routines they enjoy**. It is extremely important to assist individuals in developing routines they are comfortable with and to respect routines that are important to them. Routines help provide individuals with structure and a sense of control in their lives.

Now let's look at some strategies that you can use when challenging behaviors happen.

Behavior:

1. Try to ***teach* new socially appropriate behaviors and skills** to *replace* challenging behaviors. Teach the individual a more appropriate way to get his or her needs met.
2. When individuals display challenging behaviors, you should try to teach them a new, socially appropriate behavior or skill that meets their need. You need to **identify a new behavior or skill that meets the *same* need** (serves the same function) as the challenging behavior. You did this exercise earlier and we will go over more samples of replacement behaviors and skills later in this session.
3. **Work closely with physicians to monitor medications, medical issues, and possible side effects**. The individual's challenging behavior may be the expression of a symptom of illness, pain, or discomfort.
4. It is also important to **reinforce and provide positive feedback for appropriate behavior and skills**. This will strengthen the appropriate behavior and motivate the person to do it again. Provide positive feedback and reinforcement when an individual is acting appropriately or the appropriate behaviors may stop!

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

Consequences.

1. **Focus on what the person is doing correctly** instead of what they are doing wrong. In general, you will find that the behavior you focus on and pay attention to is the behavior that increases over time. All too often your focus is on problem behaviors. You should try to make sure that you pay more attention to the behaviors you want to see more of (the good stuff) instead of paying more attention to the behaviors you don't want to see (the not so good stuff.)
2. Have a **plan to reinforce replacement skills and positive behaviors**. Make

Developing Support Strategies

- Continue to review support strategies.

Changing How You Support Individuals

- Review section.
- **Replacement behavior** is a skill or behavior used in place of the challenging behavior, which serves the same function as the challenging behavior.

sure you have a plan to reinforce and provide positive feedback and some type of "pay-off" for replacement behaviors. This is especially important when an individual is just learning a new skill or replacement behavior. Provide a higher level of reinforcement at first to "pay off" the behavior when it happens. Over time, as the individual learns the skill, your plan should be to fade the reinforcement.

3. **Reward and celebrate small successes!** Don't demand perfection. Nobody is perfect. Even when behaviors are improving and individuals are making progress, there will still be mistakes and bad days. It is important to celebrate the small successes; this feels great for all of us. If you demand giant steps or perfection, you may never have anything to celebrate!
4. **Ignore the behavior, *not the person*.** It is good practice to ignore challenging behavior and try to focus on the positive things the person is doing. For example, when someone is constantly asking the same question, you can redirect an inappropriate topic to one that is more relevant or appropriate. This allows a conversation to continue. Generally, if we try to completely ignore the person (instead of just the behavior), the behavior may get worse and possibly escalate into a more dangerous behavior.

Changing How You Support Individuals

Now let's look at some things you can change about how you support individuals. These strategies can become a part of a Behavior Support Plan. Let's look at some strategies you can use before the behavior happens.

- Use teaching strategies that match the individual's learning style to maximize his or her learning.
- Provide *more choices* for the individual in *all* areas of life.
- Remove or change some of the behavior "triggers."
- The best teaching strategy is to use *all* learning modalities when you teach: Teach by saying, showing, and modeling with visual cues and gestures, and by actually *doing*—role playing and practicing the skill in the actual setting where you want the person to display that skill or behavior.
- To provide more choice-making opportunities, you should look at a variety of areas, including choice, in schedules, activities, and menus.
- You also need to look at how you expose the individuals you support to a variety of *new* activities, places, events, hobbies and individuals so they have a wider array of things that they know and can choose from.
- Often, some things you say or do can lead to behavioral issues. These are called "triggers." Just changing some of the ways you support the person (by removing things that are triggers) can help assist the person to improve their behavior.

Here are some specific ways to change some of the things you do. These alternative skills can make a big difference in the life of an individual you support.

Now let's practice what you've learned by working on an exercise to identify **replacement skills**. **Replacement skills** or behaviors are used in place of the challenging behavior, which serves the same function as the challenging behavior.

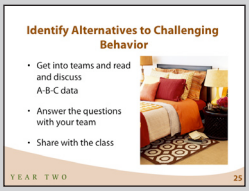
Changing How You Support Individuals

Charting Progress

- Review section.

Activity: Identify Alternatives to Challenging Behavior

Show Slide #25: Activity: Identify Alternatives to Challenging Behavior



- Groupings: Small groups.
- Read directions aloud to ensure understanding.
- Discuss answers as a class.

Answers:

1. Identify possible consequences that may be reinforcing (maintaining) Jack's behavior of spitting.

- *Jack is always sent to his room as a consequence of his behavior.*

2. Figure out what Jack is either getting or avoiding through his behavior.

- *He might like being alone in his room.*
- *He might not have a way to ask to go to his room or to stay home when he wants to.*
- *He might not like being around other people all the time.*

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.)

- *Jack could be taught a way to ask to spend time in his room. Perhaps he could be taught a sign for going to his room or be given a picture of his room that he could show to staff to allow him to go to his room.*

4. Describe how you would plan to reinforce these new skills.

- *Reinforcement would be Jack being allowed to go to his room and spend time when he asks or indicates he want to go there.*

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.*

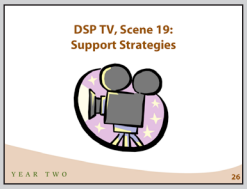
3. *Identify some replacement behaviors or skills for Jack that he can use in future situations as an alternative to spitting. (Remember: The "need" that Jack is expressing through his behavior is normal! It's the behavior he is currently using to get his need met that is inappropriate.)*

4. *Describe how you would plan to reinforce these new skills.*

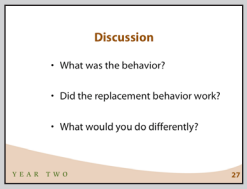
Charting Progress

- Review section.

Show Slide #26: DSP TV, Scene 19: Support Strategies and click to play video.



Show Slide #27: Discussion



Answers:

1. What was the behavior?

   A.J. pulled Marisa's hair. Marisa turned over the puzzle pieces A.J. had just turned over.

2. Did the replacement behavior work?

   No. The DSP did not consistently respond to it. It only addressed A.J.'s behavior, not Marisa's.

3. What would you do differently?

   Respond to A.J.'s complaints before he pulls Marisa's hair. Provide Marisa the choice of another recreational activity to do. Teach A.J. a more "normal" replacement behavior for a home environment and then consistently respond to it.

Changing Unsuccessful Support Strategies

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

Changing How You Support Individuals

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 also try to make good use of "natural" times to teach.

   Sample Scenario: At the video store, Bob, an individual you support, finds out that the video he wanted has been checked out. This provides a good opportunity for you to help him to "problem solve" and figure out how he wants to handle it. For example, ask him if he wants to choose another video or come back another day.
2. If the plan is working, data should show continual progress and improvement. *Remember to celebrate the small successes!*
3. As a rule, team meetings should be held regularly (at least monthly) to review data and to find out what is working. In some situations, you may need to meet more often to review progress.
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.

Changing Unsuccessful Support Strategies

- Review section.

Changing Unsuccessful Support Strategies

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 a Person with Challenging Behavior

- Review section.

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.

Trainer Guide: SESSION 10

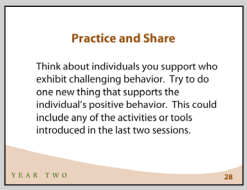
Summary

- Ask students to turn back to the "What Do You Want To Know" activity at the beginning of the session. Give students 5 minutes to think about what they learned and answer the third question.
- Ask for volunteers to share their answers.

Practice and Share

Show Slide #28: Practice and Share

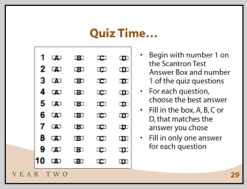
- Direct students to Practice and Share directions.
- Read the directions and make sure students understand the assignment.



Quiz: Positive Behavior Support, Part 2

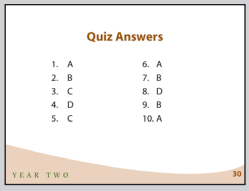
Show Slide #29: Quiz Time...

- Review the directions for filling out a Scantron form.
- Give students 20 minutes to take the quiz.



Show Slide #30: Quiz Answers

- Discuss questions and answers as a class.
- Remind students to mark the correct answers so they can use the corrected quizzes as a study guide for the test after training.



Answers

1. A
2. B
3. C

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.

Quiz: Positive Behavior Supports, Part 2

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

1. **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**

4. D
5. C
6. A
7. B
8. D
9. B
10. A

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) getting something tangible such as a toy, food, or activity.

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.

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.

Trainer Resource Guide

11. Life Quality

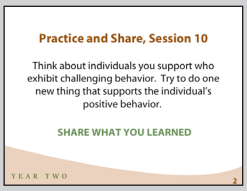
Trainer Guide: SESSION 11

Materials

- LCD projector and computer with PowerPoint software
- DSP TV DVD, Year 2

Show Slide #1: Life Quality.

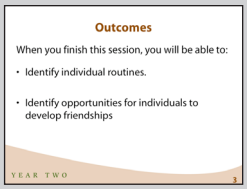
Show Slide #2: Practice and Share, Session 10 and review the assignment.



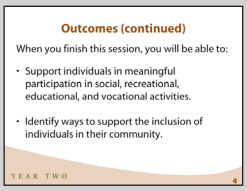
- Ask for volunteers to share their experience.
- In the last 2 sessions, you learned about supporting individuals to use positive behavior to increase their quality of life.
- In this session, we will continue to address the theme of life quality.
- This has been a key theme throughout the training and we have incorporated the concept in many of the sessions, but we want to emphasize that the quality of life a person has effects the person in many ways. The quality of a person's life can effect their health, behavior and happiness. In this session, we will focus on improving the quality of life by having fun.

OUTCOMES

Show Slides #3 and #4: Outcomes.

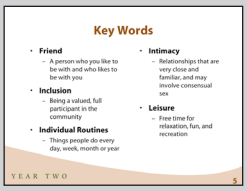


- Review outcomes for the session.

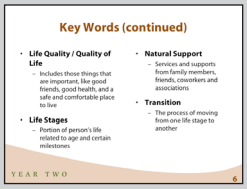


KEY WORDS

Show Slides #5 and #6: Key Words.



- Review key words for the session.



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

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?

- Read directions aloud.
- Ask for student volunteers to share answers.
- Make note of student answers and link back to student knowledge and interests as appropriate as you review session content.
- At the end of this session, you will return to this activity to give students an opportunity to answer the third question.

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?

Trainer Guide: SESSION 11

Life Quality

- **Quality of Life** is 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.
- This is the final session of the training.
- Ask the students what they have learned so far that can contribute to the quality of an individuals' life?
- Write the classes response on a flip chart.
- Responses should include the following:
  - helping people to be healthy through good nutrition and exercise,
  - safely assisting with the self-administration of medication,
  - advocating for the best possible health care, and insuring people get regular preventive health examinations and screenings,
  - helping people be as independent as they can be by teaching meaningful skills,
  - minimizing risks and maximizing safety, and
  - minimizing behavior that interferes with daily life by promoting positive behavior.

Show Slide #7: What Increases Life Quality?

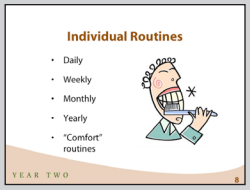
- These are things that people with developmental disabilities say are important to them and add to the quality of their life.

Individual Routines

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Identify individual routines.

Show Slide #8: Individual Routines and review section.



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.

Activity: Daily Routines

Show Slide #9: Activity: Daily Routines

- Grouping: Individual and pairs
- Read directions aloud to ensure understanding.
- Have the class break into pairs. Give the class 15 minutes to individually write EVERYTHING they do from the minute they wake up in the morning until they begin work. For example, if they shower, write down the order in which they wash, (shampoo, face arms, etc.), when they get their first cup of coffee (tea, orange juice), how many times they hit the snooze alarm.
- After 15 minutes have the class exchange lists with their partner and read their partner's list.
- Ask the students how many of them could start their day with the partner's plan?
- How would their life change if they had to start their day like their partner?
- Point out how many have similar routines, e.g., shower in the morning.
- Could those that shower in the morning easily change to night?
- Could those that shower easily change to a bath?
- Ask students if they could imagine how it might be for someone who wants to wash his or her face first, but doesn't have the words to tell them?
- That person might have one support person who helps him or her wash their face last, and one who helps them wash their face first.
- The key point to emphasize with questions and answers is that it is the DSPs job to learn each individual's preferred daily routines and support them.

ACTIVITY

Daily Routines

Write down, in as much detail as possible, everything you do from the minute you wake up in the morning until you arrive at work. Be very specific. You will be sharing this list 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. .....

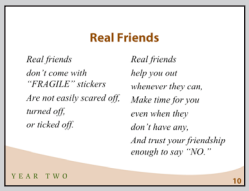
16.

Trainer Guide: SESSION 11

Why Friends Are Important

- 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.

Show Slide #10: Real Friends and read the poem aloud.



- Discuss that having friends is an important part of everyone's quality of life, including the individuals we support.
- Ask the class to think about a close friend and the things that person contributes to their life.
- Have them share with the class.
  - — Example may be, gives a hug when feeling down, pep talks to stay on an exercise program, shares stories about children, etc.
  - — What if your friends were paid to do these things?
  - — Would it make you feel any different about the relationship?
  - — Would it make different demands?
  - — How would it change the quality of their life?
- The answers may vary but the discussion point is to show that one of the important aspects of friendship is that friends are there for us because they want to be.
- The text actually says an "energy that can't be otherwise created."
- If the individual you support has no one else in their life, the DSP must provide all the things friends do. This is a big responsibility.
- If individuals have friends in their lives, how would they benefit?

Answers may include:

- — The DSP has less of a responsibility for providing all of the support to an individual.
- — Having a balance between the number of people who are paid to be in a person's life and the number for people who are friends "just because," adds to that quality of life.

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.

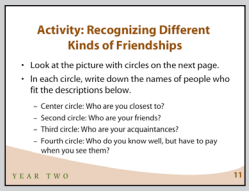
Having friends is critical to everyone's quality of life. Having a balance between the number of people who are paid to be in a person's life and the number of people who are friends "just because" adds to that quality of life.

Recognizing Different Kind of Friendship

Activity: Recognizing Different Kinds of Friendships.

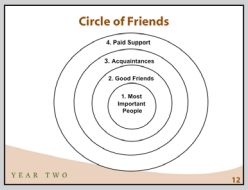
Show Slide #11: Activity: Recognizing Different Kinds of Friendships.

- Read directions aloud to ensure understanding.



Show Slide #12: Circle of Friends

- You can give the directions for filling out the sheet all at once, or give them section by section having the class fill each section as you go.



Center Circle

- Discussion: Most people have few names in the center circle. This is true for people with disability labels as well as for people without disability labels. There are certainly some people who you support who have no family in their lives. But most people have at least one person in that circle, and generally up to five names.

Second Circle

- Discussion: In the second circle, most people without disability labels have about five names. Most people with disability labels who have done this exercise have no names in that circle. When names are mentioned, they tend to be the names of staff members. There is no doubt these relationships are important, but the friendship would not likely exist without the pay going to the staff person. Sometimes, a person from another program will develop a relationship with an individual you support. Those relationships do not always last. They tend to fade after one of the individuals leaves the program.

ACTIVITY

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

Second circle
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
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
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.

Trainer Guide: SESSION 11

Circle of Friends

Third Circle

- Discussion: In the third circle, most people without disability labels have about 5-10 names. Again, people with disability labels often have no names in that circle.

Fourth Circle

- Discussion: In the fourth circle, most people without disability labels have about 5-10 names. People with disability labels may have anywhere from 15-50 names in that circle. If a person lived in a place with three shifts of staff each day, with different staff on weekends, and doctors, nurses and other health care workers coming into his/her life, it's easy to get to 50 names.
- Ask the class, how they know people in the third circle?

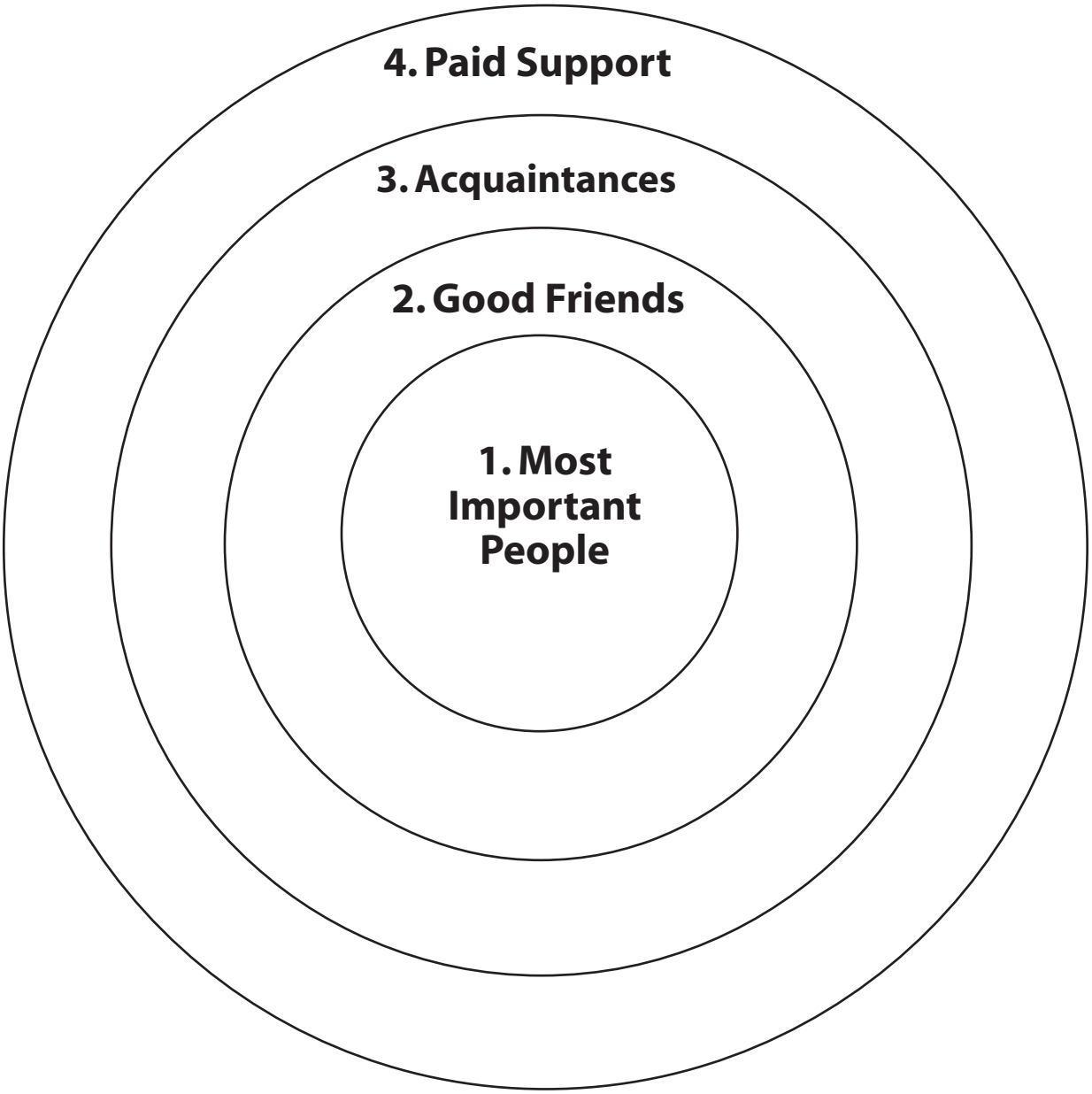
  Possible answers

  Adult education classes, local gym, church choir, work on political campaigns, attend or work at community events, the mall, movies, and crafts class.
- Ask the class what is different about going to the mall or a movie, and taking a crafts class.

  Possible answers

  Going to the mall or to a movie does not create a situation where you are meeting with people with common interests, and talking and doing something with them.
- Discussion: The third circle is a very important circle because the activities in that circle give the person the opportunity to meet, communicate and do things with people with whom they share common interests, for example, choir members, classmates, sports team members, craft enthusiasts, etc. all prticipate in the same activity together and can talk about that activity.
- Ask if any of the people in their own first and second circles originally start in the third?
- Discussion: Friendships develop from shared common interests and experiences.
- Have the class share some of the activities that they are involved in wth people in their own third circle. Write them down on a flipchart or on the overhead. Now ask what other activities can they do that would add people to this circle? Write them down on the flipchart. Could the individuals they support participate in similar activities? Why or why not? Discuss.

Circle of Friends



Friendship

How to Make Friends

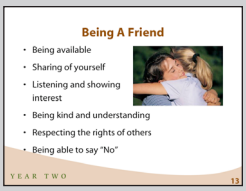
Show Slide #13: Being and Friend and discuss key points.

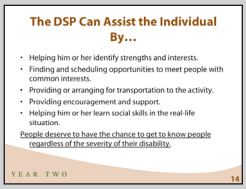
- Ask the class to give examples of each of these friendship skills from their own lives.

How Can the DSP Help?

Show Slide #14: The DSP Can Assist the Individual By... and review section.

- The DSP and other members of the person's planning team can help by sitting down with the person and talking to them about their strengths and the positive thing they would bring to a 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 to not let them stop you from helping the individual to make friends. Many DSPs find that once the individual finds an activity that he or she can share with others, that activity becomes the basis for the friendship.

And, people don't necessarily need to be especially talented to share activities together. For example, throwing a Super Bowl party takes a television, couch and chairs, chips, dip, drinks, and people who share an interest in football! You don't have to play football to enjoy watching it. The talent is on the screen, yet there is a chance for people to talk to one another and share their interest in the game.

Children and Friendship

Being with and playing with non-

Friendship

Children and Friendship

- Review section.
- The following relates to a session outcome and may appear on the quiz.

  Outcome: Identify opportunities for individuals to develop friendships.

Activity: Developing Friendships

Show Slide #15: Activity: Developing Friendships.

- Read Peter's story aloud.
- When pairs are done with their lists, discuss the answers with the class and write them on a flipchart.

  Answers

  - Took him to church (a community activity);
  - Talked to Peter and listened when he said he liked singing and wanted to be in the choir;
  - Didn't let her fears keep her from assisting Peter to do something that was important to him; provided transportation to the rehearsal;
  - Stayed to provide encouragement; supported Peter in participating and making friends.

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.

Intimate Relationships

Friendships can and do grow into

ACTIVITY

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.
- Discussion: Think of an individual who you support. How might they answer these questions?

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.

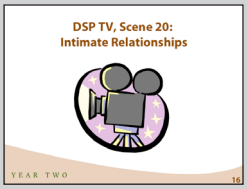
- *What are your strengths?*
- *Interests? (You may pick the most important interest and answer the rest of the questions.)*
- *Where are there people with similar interests?*
- *When do they get together?*
- *What support do you need to participate with them?*
- *Who else can help?*
- *My first step is...*

Friendship

Intimate Relationships

- Review section.
- **Intimacy** is relationships that are very close and familiar, and may involve consensual sex.
- Emphasize that the DSP's job is not to change the beliefs of others to yours, but to talk to the individuals you support about their beliefs, and to provide accurate information about issues related to intimacy.

Show Slide #16: DSP TV, Scene 20: Intimate Relationships and click to play video.



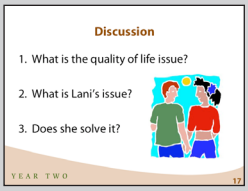
Show Slide #17: Discussion

Answers:

1. What is the quality of life issue? *Daniel wants to have an intimate relationship with his girlfriend.*

2. What is Lani's issue? *Lani feels that people should be married first, and she expects Daniel to wait according to her beliefs.*

3. Does she solve it? *Yes. She goes to her supervisor to tell him what happened. He explains to her that although he respects her personal principles, that it is what Daniel wants that is important at work. She does not feel comfortable at this time directly providing support in this area, so her supervisor does.*



- Additional discussion questions: What should Mike's next steps be? What are other matters that Daniel and Mike must consider, e.g. the rights of Daniel's roomate, knowledge of human sexuality, etc.

Participating in Leisure and Recreational Activities - Making Friends and Having Fun!

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Support individuals in meaningful participation in social, recreational, educational, and vocational activities.

Show Slide #18: Leisure and Recreation Help Individuals...

- Leisure is free time for relaxation, fun, and recreation.
- Ask the class to give examples of how they think leisure and recreation can help people do each of the things on the list.
- Are leisure and recreation essential to having a good quality of life? YES!!

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 to the individuals you support about their beliefs and to provide accurate information about issues related to intimacy.

Many people feel uncomfortable talking about relationships and intimacy. If so, you are encouraged to look for resources so that you can learn more and feel comfortable and confident talking with individuals about these close relationships. This is another area where the planning team should be involved to provide assistance in supporting the individual in their personal choices.

Participating in Leisure and Recreational Activities—Making Friends and Having Fun!

Leisure is 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.

A Word About Taking Risks

Risk or danger is often used as a rea-

Show Slide #19: DSP TV, Scene 21: Leisure Time and click to play video.

Show Slide #20: Discussion

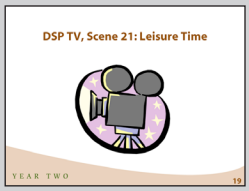
Answers:

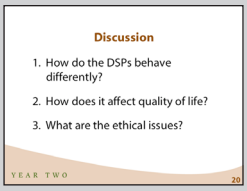
1. How do the DSPs behave differently? *The first DSP does not treat Daniel in a respectful manner. All his responses are negative and don't empower Daniel to explore any choices. The second DSP treats Daniel with respect and supports Daniel in exploring other choices. Although the outcomes are similar, e.g. there is no car to go to the video store, in the second example Daniel has more control over the outcome.*

2. How does it affect quality of life? *People who have choices and are treated with respect generally have a better quality of life.*

3. What are the ethical issues? *Providing person centered support; working with integrity and responsibility by being a partner to the individuals supported; respect.*

- Additional discussion questions: What kind of environment do you think each DSP helped to create? What may be the causes of the first DSPs behavior? What could prevent or reduce the likelihood the behavior will happen again?





A Word About Taking Risks

- Review section.

son 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.

Trainer Guide: SESSION 11

Show Slide #21: Activity: My Own Leisure/Recreation Style

- Grouping: Individual and pairs
- Read directions aloud to ensure understanding.
- Discussion: Who participates in: team sports (for example, football, softball, fitness activities), individual activities (for example, golf, fishing, hobbies like gardening, cooking, playing a musical instrument, reading, watching television)?
- Point out the diversity of interests of participants and emphasize that the individuals that DSPs support have the same diversity of interest and style.
- Ask how much each one of them spends in recreation/leisure activities each week? Use a show of hands: Less than an hour? Five hours? Up to ten hours? Over ten hours?

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)

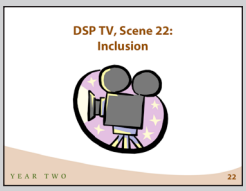
Watch TV	Go to the health club	Read a book
Work on a hobby	Go out to dinner	Travel
Go on a walk	Listen to music	Take a class
Make something	Hang out with friends	Camp
Take a nap	Play on a team	Go shopping
Hike	Go to a concert	Play board games
Think	Watch sports	Play with pets
_____ (other)	_____ (other)	_____ (other)
_____ (other)	_____ (other)	_____ (other)

Trainer Guide: SESSION 11

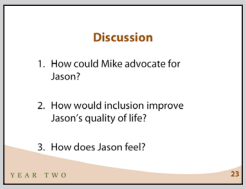
Knowing the Community

- Review the list of suggested ways to find out about what leisure and recreational activities are available in their community.
- Review section.

Show Slide #22: DSP TV, Scene 22: Inclusion



Show Slide #23: Discussion



Answers:

1. How could Mike advocate for Jason?

   Mike has already advocated by supporting Jason in joining the gym. He needs to continue to advocate to support Jason in joining a team by offering to accompany Jason when he plays and practices with the team, or talk directly to team members, etc.

2. How would inclusion improve Jason's quality of life?

   It would create opportunities for Jason to make friends, participate in the community and increase his self-esteem.

3. How does Jason feel?

   Different, rejected, sad, frustrated.

- Additional discussion questions: What kinds of barriers have you encountered while supporting individuals in participating in community activities? What have you done to overcome them?

Knowing the Community

In order to support people to participate in leisure and recreational activities outside the home, it is necessary for you to get to know their community. The following are a few suggestions of things to do that will help you get started:

- Identify the local newspaper and know the sections of the paper that contain information about recreation opportunities and special events.
- Locate places where people in the community often get together.
- Know about the community's transportation, including bus schedules and any special transportation like "Dial-a-Ride."
- Find out about opportunities for classes and activities through Parks and Recreation, the local community college, and Adult Education.
- Contact groups such as Boy Scouts, Girl Scouts, the Boys & Girls Club, the YW/YMCAs, Special Olympics, and People First.

It is helpful to keep a calendar of activities and events so that you can talk with individuals about and plan for their participation. As we have said many times in this training, you need to know the likes and dislikes, or interests, of each individual you support to do a good job of connecting them with community leisure and recreational opportunities.

You will find that most people in community groups will be welcoming once they understand that the individual you support has a genuine desire to be a part of the group and that you will be available to help, if needed.

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 supports** are services and supports, freely available from family members, friends, coworkers, and associations of one kind or another.
- Natural supports are often talked about when working with developmental disabilities.
- Many times there are very few natural supports in the lives of people with disabilities (not many people in the second circle of the Recognizing Different Kinds of Friendships Activity).
- Natural supports make people feel part of something, are a persons most important relationships, help people and make them feel good.
- Natural support adds to the quality of life. Ask the class to share some examples of individuals they support with natural support? Did it make the job of the DSP easier when that support was in place? Did it improve the individuals' quality of life?

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 co-workers 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!

Show Slide #24: Activity: A Good Match

- Groupings: Small groups of 3-4 students.
- Assign each group a scenario and discuss as a class the natural supports they identified.

Answers:

- Susan is a young woman in her mid-twenties.

  Her mother is very supportive and visits Susan once a week in the home.
- Sam

  None.
- Sherril

  None.
- Diego

  None.
- For those scenarios without natural support, ask the class to brainstorm some suggestions for supporting the individual to develop more natural support.
- The kinds of natural support in the scenarios and the number of individuals without natural support is typical for people with disabilities.

ACTIVITY

A Good Match!

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 like going places in the car, especially to Dairy Queen. He goes to an adult day activity program, where he cries and screams a lot more than he smiles. He doesn't have a lot to do and he sits alone for long periods of time. On at least one occasion he got so upset that he knocked over a 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.*

Trainer Guide: SESSION 11

A Good Match Worksheet

- Read directions aloud to ensure understanding.
- Give students 5 minutes, then share answers as a class.
- Ask the class if there are any possible activities that were missed in each scenario?
- If an answer seems unusual, ask what about the person indicated the activity would be a good one.

Answers:

Susan - 5, 8, 9

Don - 4, 7, 12

Sam - 3, 6, 9

Sherril - 1, 11

Diego - 2, 10

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.

Don

4. Joining a soccer team through the "Y."

5. Learning to make ceramics.

6. Going on a "garden walk" with the garden club.

Sam

7. Joining Cub Scouts.

8. Learning to play bridge.

Sherril

9. Taking a class about classical music.

10. Going to a rock concert.

11. Joining the Computer Club.

Diego

12. Taking a class to learn to swim.

Transitions

Life Quality

- Review section.

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

Infancy and Childhood

- Review section.

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 planning and deci-

Adolescents

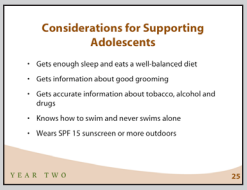
- Review section.

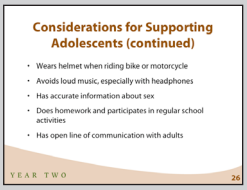
Considerations for Supporting Adolescents

Show Slides #25 and #26: Considerations for Supporting Adolescents and review key points.

Transition to Adulthood

- Review section.





sion 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?

Trainer Guide: SESSION 11

Transitions

Adulthood

- Review section.

Considerations for Supporting Adults

Show Slide #27: Considerations for Supporting Adults and discuss key points.

Older Age

- Review section.

Grief and Loss

- Review section.

Transitions

Adulthood

You have a challenge and a great opportunity for supporting a person through his or her adult years. Remember, a quality life is the same for all of us and includes: having opportunities for choice; developing relationships; being a member of the community; having fun; advocating for one's rights; being treated with dignity and respect; being safe and healthy; and being satisfied with one's life in general.

You can provide invaluable support during this time of transition by talking to the 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.

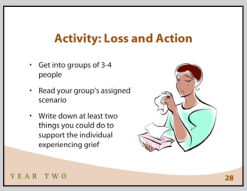
Because grief can be so painful and sometimes overwhelming, it can cause people to feel frightened and confused, and can result in reactions that can be alarming. Many people worry that they are acting in the wrong way and wonder if there is a right way to grieve. There is no right way to grieve. Many 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

- Assign one scenario to each group.
- Give the class about 10 minutes.
- Share answers and discuss as a class.

Show Slide #28: Activity: Loss and Action

- Read directions aloud to ensure understanding.



Possible Answers:

Diego:
1. *You could set up a time each day to talk with Diego about his mother if he wants;*
2. *You could arrange an opportunity for Diego to visit the cemetery and suggest that the visit would be a good time to talk about his mother;*
3. *You could arrange for a relative to call once in a while and talk about his mother;*
4. *You could suggest to Diego's team that he might benefit from talking to a counselor;*
5. *You could help Diego put together a photo album that he could look through whenever he wants.*

Irene:
1. *You could set up a time each day for Irene to talk with Alice on the phone;*
2. *You could help arrange an opportunity for Irene to visit Alice;*
3. *You could help Irene get a framed picture of Alice, or of Irene and Alice, to put on her dresser or on the wall;*
4. *Encourage and assist Irene to participate with others and possible make some new friends.*

John:
1. *You could ask Paul to sit down with John and explain to him that he is moving away, but that he would call to say "Hi" once in awhile.*
2. *You could arrange a going away party for Paul;*
3. *You could take a picture of Paul and John doing something together that John likes to do and give a copy to both Paul and John at the going away party.*

Sarah:
1. *You could talk with Sarah about her family, get pictures and put them up;*
2. *You could ask Sarah what types of activities she enjoys doing, and plan some events around her interests;*
3. *You could find out what type of reward Sarah would enjoy and use a star chart around positive behavior and doing homework to encourage Sarah;*
4. *The person-centered planning team can meet to look at possible solutions.*

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 peope. One of them is Paul, a quiet DSP who has supported John for the past three years. Paul is moving away and will be leaving his job in two weeks. What can you do to prepare John for Paul's move?

Sarah

Sarah is a 9-year-old little girl who has been in three small family homes over the past year due to her numerous medical and behavioral challenges. She lived with her mother until she was 8. Due to her mother's own medical problems, and the fact that she had other children as well, Sarah's mother felt that she could no longer care for Sarah at home. Sarah had gotten heavier, and thus was less mobile and more difficult to move. She is incontinent of both bowel and bladder and has frequent accidents. Due to medical complications, Sarah has frequent visits to the physician's office and has been hospitalized twice during the past year. Her behavior has become increasingly more difficult. She has not made any friends at school and does not get along well with the other children in the home. Sarah is constantly acting out by hitting other children, refusing to participate in group activities, or refusing to do homework unless an adult is right with her to supervise. What kinds of things can the DSP do to support Sarah?

A Life Scrapbook

- Review section.

Inclusion

Show Slide #29: Video: The Power of Dreams: The Journey to Inclusive Lives and click to play video.

- Lead a discussion with the class on one or more of the following, or make up your own questions:
  - — Has this training changed the way you view your work? How?
  - — What are some of the things you have found most useful?
  - — How have they added to the quality of life of the people you support?
  - — Watching the video, what feelings came up for you?
  - — Do you feel the individuals you work with are included in the community? If yes, why? And if no, how can you support them to be included?

- The following relates to a learning outcome and may appear on the quiz.

  Outcome: Identify ways to support the inclusion of individuals in their community.

- **Inclusion** means being a valued participant in the community, both giving to and benefiting from community life.

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

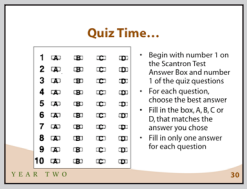
Every society adopts a vision of a good world, of how things should be. Our vision grows out of a deep belief that all people are created equal. This does not mean that people are alike in their abilities, talents, or intelligence. In fact, we all know that every person is a unique individual. Our society, 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.

Quiz: Life Quality

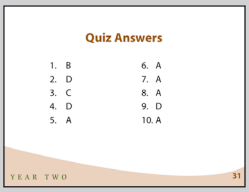
Show Slide #30: Quiz Time...

- Review directions for filling out a Scantron form.
- Give students 20 minutes to take the quiz.



Show Slide #31: Quiz Answers

- Discuss questions and answers as a class. Remind students to mark the correct answers so they can use the corrected quizzes as a study guide for the test after training.



Answers:

1. B
2. D
3. C
4. D
5. A

Quiz: Life Quality

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

1. **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. A
6. A
7. A
8. A
9. D
10. A

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.

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?*

Appendices

Appendix 1-A /NADSP Code of Ethics

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

Advocacy

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

Interpretive Statements

As a DSP, I will:

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

Person-Centered Supports

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

Interpretive Statements

As a DSP, I will:

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

Promoting Physical and Emotional Well-Being

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

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 (continued)

Justice, Fairness, and Equity

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

Interpretive Statements

As a DSP, I will:

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

Respect

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

Interpretive Statements

As a DSP, I will:

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

Relationships

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

Interpretive Statements

As a DSP, I will:

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

Appendix 1-A/NADSP Code of Ethics (continued)

Self-Determination

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

Interpretive Statements

As a DSP, I will:

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

Appendix 1-B- Looking at Service Quality

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 difficulties; for example, problems with boyfriends or girlfriends.	❑	❑	❑

Appendix 1-B- Looking at Service Quality (continued)

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

Appendix 1-B- Looking at Service Quality (continued)

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).

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

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

*Next, write down the area with the highest **Could Be Improved** and **No** numbers:*

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

Adapted from Department of Developmental Services (1999)

Trainer Resource Guide

Resources

Resources

The DSP Profession

Resource	*Source or Website*
Members of Each Other: Building Community in Company with People with Developmental Disabilities *by O'Brien, J. and Connie Lyle (1996)* *Inclusion Press; ISBN 1-895418-24-0* *A collection of essays related to inclusion, exclusion, and building community. Also contains discussion about "circles", including potential problems. This is a practical and philosophical approach to these issues.*	*Publication*
City Parks & Recreation Programs *YMCA/YWCA* *Boys & Girls Clubs* *Boy Scouts/amp Fire USA* *Big Brother 7 Big Sisters* *Community Centers* *Libraries* *United Way Agency* *Easter Seal* *United Cerebral Palsy* *Community Colleges* *Senior Centers/Adult*	*Local Contact Agencies*
American Association on Intellectual and Developmental Disabilities *Oldest & largest interdisciplinary organization of professionals concerned about intellectual & related disabilities.*	**aaidd.org**
Association for Persons with Severe Handicaps *Association of people with disabilities, their family members, advocates & professionals concerned with independence for all individuals with disabilities.*	**tash.org**
Association of University Centers on Disabilities *AUCD members train and educate the next generation of leaders in disability-related research, training, service delivery, and policy advocacy.*	**aucd.org**
Best Buddies of California *Educate high school & college students, corporate and community citizens, & employers about the needs and abilities of people with intellectual disabilities.*	**www.bestbuddies california.org**

The DSP profession *(continued)*

Resource	*Source or Website*
California Community Care Licensing Division *Promote the health, safety, and quality of life of each person in community care.*	**ccld.ca.gov**
Community Services for Autistic Adults and Children *Autism links.*	**www.csaac.org**
Council for Exceptional Children *Improve educational outcomes for individuals with exceptionalities*	**www.cec.sped.org**
Deaf Education *Educational enhancement for the field of Deaf Education.*	**deafed.net**
Department of Developmental Services *Is the agency through which the State of California provides services and supports to children & adults with developmental disabilities.*	**dds.ca.gov**
Disability Resources on the Internet *(CALIFORNIA): organization that monitors, reviews, and reports on hundreds of disability-related topics.*	**www.disabilityresources.org/CALIFORNIA.html**
Educational Resources Information Center *Provides information on the education of individuals with disabilities as well as those who are gifted.*	**eric.ed.gov**
Institute for Community Inclusion *Supports the rights of children and adults with disabilities to participate in all aspects of the community.*	**communityinclusion.org**
President's Committee for People with Intellectual Disabilities *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.*	**www.acf.hhs.gov/programs/pcpid**
Protection and Advocacy, Inc *Advancing the human and legal rights of people with disabilities.*	**pai-ca.org**

The DSP profession *(continued)*

Resource	*Source or Website*
SafetyNet *Articles, presentations and tools based directly on trends among Californian individuals with developmental disabilities and intended to ensure that they are safe and healthy.*	**www.ddssafety.net**
S.E.E. Center *Promote understanding of principals of Signing Exact English and its use.*	**seecenter.org**
Shift Happens (book) *Offers something for people & organizations serving individuals with disabilities as well as every parent & teacher. (Produced by ARC of Delaware.)*	**shifthappens.tv**
Special Education Resources on the Internet *Is a collection of Internet accessible information resources of interest to those involved in the fields related to Special Education.*	**seriweb.com**
The Alliance for Direct Support Professionals *Committed to strengthening the quality of human service support by strengthening the direct support workforce.*	**nadsp.org**
The Quality Mall *Collect and disseminate information related to or useful in promoting quality of life for persons with developmental disabilities.*	**qualitymall.org**
United Cerebral Palsy *Is the leading source of information of cerebral palsy and is a pivotal advocate for the rights of persons with any disability.*	**www.ucp.org**

Information on Developmental Disabilities

Resource	*Source or Website*
Members of Each Other: Building Community in Company with People with Developmental Disabilities *by O'Brien, J. and Connie Lyle (1996)* *Inclusion Press; ISBN 1-895418-24-0* *A collection of essays related to inclusion, exclusion, and building community. Also contains discussion about "circles", including potential problems. This is a practical and philosophical approach to these issues.*	*Publication*
ADA Hot links and Document Center *Plain language description of ADA and its content. (International Center for disability Information at West Virginia University)*	**askjan.org/links/adalinks.htm**
American Association on Intellectual and Developmental Disabilities *Oldest & largest interdisciplinary organization of professionals concerned about intellectual & related disabilities.*	**aaidd.org**
American Speech–Language Hearing Association *To ensure that all people with speech, language, and hearing disorders have access to quality services to help them communicate more effectively.*	**asha.org/public**
ARC-National *Works to include all children and adults with cognitive, intellectual, and developmental disabilities in every community.*	**thearc.org**
Association for Persons with Severe Handicaps *Association of people with disabilities, their family members, advocates & professionals concerned with independence for all individuals with disabilities.*	**tash.org**
Association of Regional Center Agencies *Advocate in promoting the continuing entitlement of individuals with developmental disabilities to all services that enable full community inclusion.*	**arcanet.org**
Association of University Centers on Disabilities *AUCD members train and educate the next generation of leaders in disability-related research, training, service delivery, and policy advocacy.*	**aucd.org**

Information on Developmental Disabilities *(continued)*

Resource	*Source or Website*
Best Buddies of California *Educate high school & college students, corporate and community citizens, & employers about the needs and abilities of people with intellectual disabilities.*	**www.bestbuddies california.org**
California Attorney General's Crime & Violence Prevention Center *Preventing crime and violence in California.*	**safestate.org**
California Dept. of Aging *Working primarily with the area agencies on Aging who serve seniors, adults with disabilities, and caregivers.*	**www.aging.ca.gov**
California State Independent Living Council *Philosophy of people with disabilities who work for self-determination, equal opportunities and self-respect.*	**calsilc.org**
Consumer Corner *Information about the Consumer Advisory Committee (CAC); information and links for consumers, families and professionals.*	**www.dds.ca.gov/ ConsumerCorner/ Home.cfm**
Consumer Product Safety Commission *Works to save lives and keep families safe by reducing the risk of injuries and deaths associated with consumer products.*	**cpsc.gov**
Deaf Education *Educational enhancement for the field of Deaf Education.*	**deafed.net**
Disability Resources on the Internet *(CALIFORNIA): organization that monitors, reviews, and reports on hundreds of disability-related topics.*	**www.disabilityresources. org/CALIFORNIA.html**
Educational Resources Information Center *Provides information on the education of individuals with disabilities as well as those who are gifted.*	**eric.ed.gov**
Epilepsy Foundation *Seek to ensure that people with seizures are able to participate in all life experiences and prevent, control and cure epilepsy.*	**epilepsyfoundation.org**

Information on Developmental Disabilities *(continued)*

Resource	*Source or Website*
Independent Living Resource Center of San Francisco *To ensure that people with disabilities are full social and economic partners, both within their families and in a fully accessible community.*	**www.ilrcsf.org**
Institute for Community Inclusion *Supports the rights of children and adults with disabilities to participate in all aspects of the community.*	**communityinclusion.org**
National Down Syndrome Society *The Internet's most comprehensive information source on Down Syndrome.*	**ndss.org**
National Dual Diagnosis Association *Advance mental wellness for persons with developmental disabilities through the promotion of excellence in mental health care.*	**thenadd.org**
National Rehabilitation Information Center for Independence *Comprehensive database for disability and rehabilitation resources.*	**naric.com/sitemap**
New York Access to Health: NOAH *A partnership project which provides online access to high quality full-text consumer health information.*	**noah-health.org**
Office of Special Education & Rehabilitative Services *Committed to improving results and outcomes for people with disabilities of all ages.*	**www2.ed.gov/about/offices/list/osers/index.html**
President's Committee for People with Intellectual Disabilities *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.*	**www.acf.hhs.gov/programs/pcpid/**
SafetyNet *Articles, presentations and tools based directly on trends among Californian individuals with developmental disabilities and intended to ensure that they are safe and healthy.*	**www.ddssafety.net**

Information on Developmental Disabilities *(continued)*

Resource	*Source or Website*
Shift Happens (book) *Offers something for people & organizations serving individuals with disabilities as well as every parent & teacher. (Produced by ARC of Delaware.)*	**shifthappens.tv**
Special Education Resources on the Internet *Is a collection of Internet accessible information resources of interest to those involved in the fields related to Special Education.*	**seriweb.com**
Special Education Technology British Columbia *Assertive device resource directory*	**www.setbc.org**
Special Olympics of California *Sports training & competition in a variety of Olympic-type sports for people eight years and older with developmental disabilities*	**sonc.org** (Northern California) **sosc.org** (Southern California)
Spine Universe *Maintaining a healthy spine through good body mechanics and accurate information.*	**spineuniverse.com**
State Council on Developmental Disabilities *Assist in planning, coordinating, monitoring & evaluating services for individuals with developmental disabilities and their families.*	**www.scdd.ca.gov/ Special_Education_ Resources.htm**
State Office of Emergency Services (California) *Supporting special needs and vulnerable populations in disasters.*	**preparenow.org/prepare**
The Alliance for Direct Support Professionals *Committed to strengthening the quality of human service support by strengthening the direct support workforce.*	**nadsp.org**
United Cerebral Palsy *Is the leading source of information of cerebral palsy and is a pivotal advocate for the rights of persons with any disability.*	**www.ucp.org**
U.S. Fall Prevention Program for Seniors *Selected programs using home assessment and modification.*	**www.cdc.gov/ncipc/ falls/default.htm**

Information on Developmental Disabilities *(continued)*

Resource	*Source or Website*
U.S. Fire Administration *Information you need to decide what you must do to protect your family from fire.*	**usfa.fema.gov**
United States Fire Administration- **(Kids fire safety web site)** *Tips that can help you and your family be safe from fire.*	**usfa.fema.gov/kids**
U.S. Food & Drug Administration *Reviewing clinical research; promote public health to ensure foods are safe sanitary and properly labeled.*	**fda.gov**

The California Developmental Disabilities Service System

Resource	***Source or Website***
California Community Care Licensing Division *Promote the health, safety, and quality of life of each person in community care.*	**ccld.ca.gov**
Consumer Corner *Information about the Consumer Advisory Committee (CAC); information and links for consumers, families and professionals.*	**www.dds.ca.gov/ ConsumerCorner/ Home.cfm**
Department of Developmental Services *Is the agency through which the State of California provides services and supports to children & adults with developmental disabilities.*	**dds.ca.gov**
Protection and Advocacy, Inc *Advancing the human and legal rights of people with disabilities.*	**pai-ca.org**
SafetyNet *Articles, presentations and tools based directly on trends among Californian individuals with developmental disabilities and intended to ensure that they are safe and healthy.*	**www.ddssafety.net**

Risk Management

Resource	*Source or Website*
Assessing Health Risk in Developmental Disabilities by Karen Green McGowan & Jim McGowan (1995); McGowan Publications. *This book explains the rationale and use of the KMG Fragility Scale. Mcgowanconsultants.com*	Publication
Disaster Preparedness for People with Disabilities by American Red Cross Disaster Services (1996) A self-instructional manual for people with disabilities. *It contains a number of exercises and checklists and includes a number of considerations (for example, protecting one's assistance dog) not found in more generic guides.*	Publication
First Aid Fast by American Red Cross (1995); Stay Well Printer; ISBN: 0815102585. *This booklet, complete with pictures and diagrams, indicates what to do in a variety of emergency situations.*	Publication
Hazards at Home by Bill Gutman (1996); Twenty-First century Books; ISBN:0805041419. *This book deals with fall, fires and burns, poisons, firearms, swimming pools and other drowning dangers, tools and machinery, and how to help in case of an accident.*	Publication
Poison! How to Handle the Hazardous Substances in Your Home by Jim Morelli (1997); Andrews and McMeel; ISBN: 083622721. *The back cover begins: "You live in a toxic dump. There's no getting around it. If you wash dishes, do laundry, or clean the toilet, oven, or sink, chances are good that you use a poisonous material to do it." Morelli worked in a Poison Control Center, and thus has first-hand knowledge of the kinds of work involved.*	Publication

Risk Management *(continued)*

Resource	*Source or Website*
Wellness Digest, Vol. 1, No. 2 by California Department of Developmental Services *This issue is devoted to medication administration. Ed Anamizu, PharmD, served as consulting editor and was assisted by Mary Jann, R.N. both have extensive background and experience with medication usage by people with developmental disabilities.*	Publication
American Red Cross *Provides locally relevant humanitarian services that help people within the community be safer, healthier and more self-reliant.*	**redcross.org**
California Community Care Licensing Division *Promote the health, safety, and quality of life of each person in community care.*	**http://ccld.ca.gov**
California Poison Control System *A toll-free 800 number is available to all areas of California by calling 1-800-876-4766 anywhere in California, you can obtain emergency information.*	**calpoison.org**
Consumer Corner *Information about the Consumer Advisory Committee (CAC); information and links for consumers, families and professionals.*	**www.dds.ca.gov/ ConsumerCorner/ Home.cfm**
Consumer Product Safety Commission *Works to save lives and keep families safe by reducing the risk of injuries and deaths associated with consumer products.*	**cpsc.gov**
SafetyNet *Articles, presentations and tools based directly on trends among Californian individuals with developmental disabilities and intended to ensure that they are safe and healthy.*	**www.ddssafety.net**
Spine Universe *Maintaining a healthy spine through good body mechanics and accurate information.*	**spineuniverse.com**
State Office of Emergency Services (California) *Supporting special needs and vulnerable populations in disasters.*	**Preparenow.org/prepare**

Risk Management *(continued)*

Resource	*Source or Website*
U.S. Fall Prevention Program for Seniors *Selected programs using home assessment and modification.*	**www.cdc.gov/ncipc/falls/default.htm**
U.S. Fire Administration *Information you need to decide what you must do to protect your family from fire.*	**usfa.fema.gov**
United States Fire Administration- **(Kids fire safety web site)** *Tips that can help you and your family be safe from fire.*	**usfa.fema.gov/kid**
U.S. Food & Drug Administration *Reviewing clinical research; promote public health to ensure foods are safe, sanitary and properly labeled.*	**fda.gov**

Health/Wellness

Resource	*Source or Website*
A Parent's Guide to Medical Emergencies by Janet Zand, Rachel Walton, and Bob Roundtree (1997); Avery Publishing Group; ISBN: 0895297361. *This book provides guidance for parents in meeting the emergency needs of their children.*	Publication
Complete Guide to Prescription & Nonprescription Drugs by H. Winter Griffith 2001 (Serial) (Pedigree: November 1998), $10-$20. 2004 Edition will be released on November 4, 2003. *Psychotropic Medications in Persons with Developmental Disabilities, an overview for families and other are providers written by Dr. Bryan King, in booklet published by Frank D, Lanterman Regional Center*	Publication
Dangerous Drug Interactions: The People's Pharmacy Guide by Joe Graedon & Teresa Graedon (1999); St. Martin's Press revised edition, ISBN:0312968264 *This book summarizes much of what is known about drug interaction, not only with other medications (both prescription and Over-The–counter), but with foods, vitamins and minerals, herbs, and alcohol. One chapter on drug interaction of particular interest to women, children, and the elderly. Excellent index. Dean Edell, M.D., Medical Journalist in San Franscisco, says: "At last, someone has tackled this most complex and critical area. Only the Graedons could make this clear and understandable. A "must have" for anyone interested in their health."*	Publication
FDA Tips for Taking Medicines: How to Get the Most Benefit with the Fewest Risks by U.S. Food and drug administration (n.d.); reprint Publication No. FDA 96-3221. Write FDA, 5600 Fishers Lane, Rockville, MD 20856, Attn:HFE-88, *This reprint includes a patient check-off chart for help in taking medications at the right time. Special sections advise patients on medications while in the hospital, protection against tampering, medication counseling, and tips for giving medicine to children. Single copy free.*	Publication

Health/Wellness *(continued)*

Resource	*Source or Website*
Health and Wellness Reference Guide by Smith Consultant Group and McGowan Consultants; developed for the Commission on Compliance, State of Tennessee (July 1998). *This is a general reference for nurses and others working with direct care staff in various settings.*	Publication
Physician's Desk Reference, The PDR Family Guide to Over-The-Counter Drugs (Three Rivers Press: December 1998), $15-$25. *Most bookstores will have the PDR (Physician's Desk Reference), which is the most comprehensive source of information on prescription drugs. It is fairly expensive ($75-$100). There are a number of other excellent sources. Ask the individual's physician or pharmacist to recommend one.*	Publication
Pocket Guide to Prescription Drugs *(*Pocket Books: January 1999), $50%10.00	Publication
Poison! How to Handle the Hazardous Substances in Your Home by Jim Morelli (1997); Andrews and McMeel; ISBN: 083622721. *The back cover begins: "You live in a toxic dump. There's no getting around it. If you wash dishes, do laundry, or clean the toilet, oven, or sink, chances are good that you use a poisonous material to do it." Morelli worked in a Poison Control Center, and thus has first-hand knowledge of the kinds of work involved.*	Publication
The American Pharmaceutical Association's Guide to Prescription Drugs by Donald Sullivan, Ph.D., R.P.h (1998); A Signet Book; ISBN: 0451199438 *Written in clear, easy-to-understand language, and organized alphabetically, this book provides the most up-to-date information you need to know about the most commonly prescribed drugs.* *$5-$10.00*	Publication
The Pill Book: The Illustrated Guide to the Most–Prescribed Drugs in the United States (1998), by Silverman, Harold M., editor. Bantam books.	Publication

Health/Wellness *(continued)*

Resource	*Source or Website*
The Pill Book Guide to Over-The-Counter Medications (1997) by Rapp, Robert P., editor. Bantam books.	Publication
AARP Health and Wellness *Healthy tips on exercise, eating right, and personal care.*	**aarp.org/health**
American Dietetic Association *Provides nutrition information with news releases and consumer tips- Nutrition Fact Sheets and the Good Nutrition reading List.*	**eatright.org**
California Dental Association *Value oral health and expand the communities understanding of the importance of preventative and restorative and dental are services.*	**cda.org**
California Dept. of Aging *Working primarily with the area agencies on Aging who serve seniors, adults with disabilities, and caregivers.*	**www.aging.ca.gov**
California Poison Control System *A toll-free 800 number is available to all areas of California by calling 1-800-876-4766 anywhere in California, you can obtain emergency information.*	**calpoison.org**
Center for Disease Control- Disability & Health *Promote the health and well being of the estimated 54 million people with disabilities living in the United States.*	**cdc.gov/ncbddd/dh**
Centers for Disease Control and Prevention *Lead federal agency for protecting the health and safety of people-providing credible information to enhance health decisions, and promoting health through strong partnerships.*	**www.cdc.gov**
Consumer Corner *Information about the Consumer Advisory Committee (CAC); information and links for consumers, families and professionals.*	**www.dds.ca.gov/ ConsumerCorner/ Home.cfm**

Health/Wellness *(continued)*

Resource	*Source or Website*
Consumer Product Safety Commission *Works to save lives and keep families safe by reducing the risk of injuries and deaths associated with consumer products.*	**cpsc.gov**
Consumer Reports - Health *Personal care, food & beverages, health and fitness.*	**consumerreports.org**
Disability Resources on the Internet *(CALIFORNIA): organization that monitors, reviews, and reports on hundreds of disability-related topics.*	**www.disabilityresources.org/CALIFORNIA.html**
Epilepsy Foundation *Seek to ensure that people with seizures are able to participate in all life experiences and prevent, control and cure epilepsy.*	**epilepsyfoundation.org**
Healthy People 2010 – Leading Health Indicators *Illustrate individual behaviors, physical and social environmental factors, and important health systems issues that greatly affect the health of individuals and communities.*	**Healthypeople.gov/Ihi**
Mayo Clinic – Health & Medical Information *Information on health and medical topics.*	**Mayoclinic.org/healthinfo**
New York Access to Health: NOAH *A partnership project which provides online access to high quality full-text consumer health information.*	**noah-health.org**
Safe Medication *Database can help you find the important information you need to use medications safely and effectively.*	**safemedication.com**
SafetyNet *Articles, presentations and tools based directly on trends among Californian individuals with developmental disabilities and intended to ensure that they are safe and healthy.*	**www.ddssafety.net**
Spine Universe *Maintaining a healthy spine through good body mechanics and accurate information.*	**spineuniverse.com**

Health/Wellness *(continued)*

Resource	*Source or Website*
UC Berkeley Wellness Letter *Variety of subjects related to food and nutrition, exercise, self-care, preventive medicine, and emotional well-being.*	**berkeleywellness.com**
UCSD Healthguide *Comprehensive collection of features and health news; all you need to know to keep you and your family healthy.*	**health.ucsd.edu/ guide/index.aspx**
U.S. Food & Drug Administration *Reviewing clinical research; promote public health to ensure foods are safe, sanitary and properly labeled.*	**fda.gov**
Web MD *Valuable health information, tools for managing your health, and support to those seeking information.*	**webmd.com**

Communication

Resource	*Source or Website*
Members of Each Other: Building Community in Company with People with Developmental Disabilities by O'Brien, J. and Connie Lyle (1996) Inclusion Press; ISBN 1-895418-24-0 *A collection of essays related to inclusion, exclusion, and building community. Also contains discussion about "circles", including potential problems. This is a practical and philosophical approach to these issues.*	Publication
ADA Hot Links and Document Center *Plain language description of ADA and its content. (International Center for disability Information at West Virginia University)*	**askjan.org/links/adalinks.htm**
American Dietetic Association *Provides nutrition information with news releases and consumer tips- Nutrition Fact Sheets and the Good Nutrition reading List.*	**eatright.org**
American Speech–Language Hearing Association *To ensure that all people with speech, language, and hearing disorders have access to quality services to help them communicate more effectively.*	**asha.org/public**
ARC-National *Works to include all children and adults with cognitive, intellectual, and developmental disabilities in every community.*	**www.thearc.org/netcommunity**
Assistive Technology, Inc. *Assistive Technology, Inc. serves the disability and special education markets by providing innovative software and hardware solutions for people with special needs and for the professionals who work with them.*	**www.assistivetech.com**
Association of University Centers on Disabilities *AUCD members train and educate the next generation of leaders in disability-related research, training, service delivery, and policy advocacy.*	**aucd.org**

Communication *(continued)*

Resource	*Source or Website*
Consumer Corner *Information about the Consumer Advisory Committee (CAC); information and links for consumers, families and professionals.*	**www.dds.ca.gov/ ConsumerCorner/ Home.cfm**
Deaf Education *Educational enhancement for the field of Deaf Education.*	**deafed.net**
Educational Resources Information Center *Provides information on the education of individuals with disabilities as well as those who are gifted.*	**eric.ed.gov**
Office of Special Education & Rehabilitative Services *Committed to improving results and outcomes for people with disabilities of all ages.*	**www2.ed.gov/about/ offices/list/osers/ index.html**
President's Committee for People with Intellectual Disabilities *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.*	**www.acf.hhs.gov/ programs/pcpid/ index.html**
RJ Copper & Associates *Software and hardware for Persons with Special Needs.*	**www.rjcooper.com**
SafetyNet *Articles, presentations and tools based directly on trends among Californian individuals with developmental disabilities and intended to ensure that they are safe and healthy.*	**www.ddssafety.net**
S.E.E. Center *Promote understanding of principals of Signing Exact English and its use.*	**seecenter.org**
Special Education Resources on the Internet *Is a collection of Internet accessible information resources of interest to those involved in the fields related to Special Education.*	**seriweb.com**
Special Education Technology British Columbia *Assertive device resource directory*	**www.setbc.org/**

Communication *(continued)*

Resource	*Source or Website*
The Quality Mall *Collect and disseminate information related to or useful in promoting quality of life for persons with developmental disabilities.*	**qualitymall.org**
United Cerebral Palsy *Is the leading source of information of cerebral palsy and is a pivotal advocate for the rights of persons with any disability.*	**www.ucp.org**

Positive Behavior Support

Resource	*Source or Website*
Functional Analysis of Problem Behavior: From Effective Assessment to Effective Support. by Repp, A.C. & Horner, N.N. (1999). Belmont, CA: Wadsworth Publishing	Publication
Functional Assessment and Program Development for Problem Behavior Support and Teaching Strategies by O'Neill, R., Horner, R., Albin, R., Storey., K., and Spreage, J. (1997) Pacific Grove, Brooks/Cole Publishing. (800) 345-9706	Publication
Nonaversive Intervention for Behavior Problem by Meyer, L.H., & Evans, I.M. (1989) A manual for home and Community Baltimore: Paul H. Brookes Publishers	Publication
Positive Behavioral Support by Kincaid, D., (1996) (Including People with Difficult Behavior in the Community. Baltimore, MD: Paul H. Brookes Publishers	Publication
Ten Ways to Support a Person with Challenging Behavior Fact Sheet (1999) The Beach Center on Disability The University of Kansas, Lawrence, Kansas Excerpted from: Pitonyak, D. (1997) **10 Things You Can Do to Support a Person with Difficult Behaviors.** The Community Journal, Blacksberg, VA PBS-FS-009-2000	Publication
American Association on Intellectual and Developmental Disabilities *Oldest & largest interdisciplinary organization of professionals concerned about intellectual & related disabilities.*	**aaidd.org**
American Red Cross *Provides locally relevant humanitarian services that help people within the community be safer, healthier and more self-reliant.*	**redcross.org**
ARC-National *Works to include all children and adults with cognitive, intellectual, and developmental disabilities in every community.*	**thearc.org**

Positive Behavior Support *(continued)*

Resource	*Source or Website*
Association for Persons with Severe Handicaps *Association of people with disabilities, their family members, advocates & Professionals concerned with independence for all individuals with disabilities.*	**tash.org**
Association of University Centers on Disabilities *AUCD members train and educate the next generation of leaders in disability-related research, training, service delivery, and policy advocacy.*	**aucd.org**
California Community Care Licensing Division *Promote the health, safety, and quality of life of each person in community care.*	**http://ccld.ca.gov**
California State Independent Living Council *Philosophy of people with disabilities who work for self-determination, equal opportunities and self-respect.*	**calsilc.org**
Community Services for Autistic Adults and Children *Autism links.*	**www.csaac.org**
Council for Exceptional Children *Improve educational outcomes for individuals with exceptionalities*	**www.cec.sped.org**
Deaf Education *Educational enhancement for the field of Deaf Education.*	**deafed.net**
Department of Developmental Services *Is the agency through which the State of California provides services and supports to children & adults with developmental disabilities.*	**dds.ca.gov**
Disability Resources on the Internet *(CALIFORNIA): organization that monitors, reviews, and reports on hundreds of disability-related topics.*	**www.disabilityresources.org/CALIFORNIA.html**
Educational Resources Information Center *Provides information on the education of individuals with disabilities as well as those who are gifted.*	**eric.ed.gov**

Positive Behavior Support *(continued)*

Resource	*Source or Website*
Epilepsy Foundation *Seek to ensure that people with seizures are able to participate in all life experiences and prevent, control and cure epilepsy.*	**epilepsyfoundation.org**
Independent Living Resource Center of San Francisco *To ensure that people with disabilities are full social and economic partners, both within their families and in a fully accessible community.*	**www.ilrcsf.org**
Institute for Community Inclusion *Supports the rights of children and adults with disabilities to participate in all aspects of the community.*	**communityinclusion.org**
National Down Syndrome Society *The Internet's most comprehensive information source on Down Syndrome.*	**ndss.org**
National Dual Diagnosis Association *Advance mental wellness for persons with developmental disabilities through the promotion of excellence in mental health care.*	**thenadd.org**
National Rehabilitation Information Center for Independence *Comprehensive database for disability and rehabilitation resources.*	**naric.com/sitemap**
New York Access to Health: NOAH *A partnership project which provides online access to high quality full-text consumer health information.*	**noah-health.org**
Office of Special Education & Rehabilitative Services *Committed to improving results and outcomes for people with disabilities of all ages.*	**www2.ed.gov/about/offices/list/osers/index.html**
President's Committee for People with Intellectual Disabilities *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.*	**www.acf.hhs.gov/programs/pcpid**

Positive Behavior Support *(continued)*

Resource	*Source or Website*
Protection and Advocacy, Inc *Advancing the human and legal rights of people with disabilities.*	**pai-ca.org**
SafetyNet *Articles, presentations and tools based directly on trends among Californian individuals with developmental disabilities and intended to ensure that they are safe and healthy.*	**www.ddssafety.net**
Shift Happens: (book) *Offers something for people & organizations serving individuals with disabilities as well as every parent & teacher. (Produced by ARC of Delaware.)*	**shifthappens.tv**
Special Education Resources on the Internet *Is a collection of Internet accessible information resources of interest to those involved in the fields related to Special Education.*	**seriweb.com**
Special Education Technology British Columbia *Assertive device resource directory*	**www.setbc.org**
State Council on Developmental Disabilities *Assist in planning, coordinating, monitoring & evaluating services for individuals with developmental disabilities and their families.*	**www.scdd.ca.gov**
The Alliance for Direct Support Professionals *Committed to strengthening the quality of human service support by strengthening the direct support workforce.*	**nadsp.org**
The Quality Mall *Collect and disseminate information related to or useful in promoting quality of life for persons with developmental disabilities.*	**qualitymall.org**
United Cerebral Palsy *Is the leading source of information of cerebral palsy and is a pivotal advocate for the rights of persons with any disability.*	**www.ucp.org**

Positive Behavior Support *(continued)*

Resource	*Source or Website*
Office of Special Education (OSEP), US Department of Education, Positive Behavorial Interventions and Supports. *Technical assistance website.*	**www.pbis.org**
Web site of good information on PBS	**beachcenter@ku.edu**
Beach Center on Disability *The University of Kansas* *Haworth Hall, Room 3136* *1200 Sunnyside Avenue* *Lawrence, KS 66045-7534* *Phone: 785-864-7600* *Fax: 785-864-7605*	**www.beachcenter.org**
Association for Positive Behavior Support- *An organization dedicated to the advancement of positive support behavior. Resource website.*	**Bridges4kids.org**

Person-Centered Planning

Resource	*Source or Website*
American Association on Intellectual and Developmental Disabilities *Oldest & largest interdisciplinary organization of professionals concerned about intellectual & related disabilities.*	**aaidd.org**
ARC-National *Works to include all children and adults with cognitive, intellectual, and developmental disabilities in every community.*	**www.thearc.org/ netcommunity**
Association for Persons with Severe Handicaps *Association of people with disabilities, their family members, advocates & professionals concerned with independence for all individuals with disabilities.*	**tash.org**
Association of University Centers on Disabilities *AUCD members train and educate the next generation of leaders in disability-related research, training, service delivery, and policy advocacy.*	**aucd.org**
California Community Care Licensing Division *Promote the health, safety, and quality of life of each person in community care.*	**ccld.ca.gov**
California State Independent Living Council *Philosophy of people with disabilities who work for self-determination, equal opportunities and self-respect.*	**calsilc.org**
Community Services for Autistic Adults and Children *Autism links.*	**www.csaac./org**
Consumer Corner *Information about the Consumer Advisory Committee (CAC); information and links for consumers, families and professionals.*	**www.dds.ca.gov/ ConsumerCorner/ Home.cfm**
Council for Exceptional Children *Improve educational outcomes for individuals with exceptionalities*	**www.cec.sped.org**
Department of Developmental Services *Is the agency through which the State of California provides services and supports to children & adults with developmental disabilities.*	**dds.ca.gov**

Person-Centered Planning *(continued)*

Resource	*Source or Website*
Disability Resources on the Internet *(CALIFORNIA): organization that monitors, reviews, and reports on hundreds of disability-related topics.*	**www.disabilityresources.org/CALIFORNIA.html**
Educational Resources Information Center *Provides information on the education of individuals with disabilities as well as those who are gifted.*	**eric.ed.gov**
Epilepsy Foundation *Seek to ensure that people with seizures are able to participate in all life experiences and prevent, control and cure epilepsy.*	**epilepsyfoundation.org**
Independent Living Resource Center of San Francisco *To ensure that people with disabilities are full social and economic partners, both within their families and in a fully accessible community.*	**www.ilrcsf.org**
Institute for Community Inclusion *Supports the rights of children and adults with disabilities to participate in all aspects of the community.*	**communityinclusion.org**
National Down Syndrome Society *The Internet's most comprehensive information source on Down Syndrome.*	**ndss.org**
National Dual Diagnosis Association *Advance mental wellness for persons with developmental disabilities through the promotion of excellence in mental health care.*	**thenadd.org**
National Rehabilitation Information Center for Independence *Comprehensive database for disability and rehabilitation resources.*	**naric.com/sitemap**
Office of Special Education & Rehabilitative Services *Committed to improving results and outcomes for people with disabilities of all ages.*	**www2.ed.gov/about/offices/list/osers/index.html**
Protection and Advocacy, Inc *Advancing the human and legal rights of people with disabilities.*	**pai-ca.org**

Person-Centered Planning *(continued)*

Resource	*Source or Website*
President's Committee for People with Intellectual Disabilities *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.*	**www.acf.hhs.gov/programs/pcpid/index.html**
SafetyNet *Articles, presentations and tools based directly on trends among Californian individuals with developmental disabilities and intended to ensure that they are safe and healthy.*	**www.ddssafety.net**
Shift Happens: (book) *Offers something for people & organizations serving individuals with disabilities as well as every parent & teacher. (Produced by ARC of Delaware.)*	**shifthappens.tv**
Special Education Resources on the Internet *Is a collection of Internet accessible information resources of interest to those involved in the fields related to Special Education.*	**seriweb.com**
Special Education Technology British Columbia *Assertive device resource directory*	**www.setbc.org**
State Council on Developmental Disabilities *Assist in planning, coordinating, monitoring & evaluating services for individuals with developmental disabilities and their families.*	**www.scdd.ca.gov**
The Quality Mall *Collect and disseminate information related to or useful in promoting quality of life for persons with developmental disabilities.*	**qualitymall.org**
United Cerebral Palsy *Is the leading source of information of cerebral palsy and is a pivotal advocate for the rights of persons with any disability.*	**www.ucp.org**

Instruction/Training & Development

Resource	*Source or Website*
American Association on Intellectual and Developmental Disabilities *Oldest & largest interdisciplinary organization of professionals concerned about intellectual & related disabilities.*	**aaidd.org**
American Red Cross *Provides locally relevant humanitarian services that help people within the community be safer, healthier and more self-reliant.*	**redcross.org**
Association for Persons with Severe Handicaps *Association of people with disabilities, their family members, advocates & professionals concerned with independence for all individuals with disabilities.*	**tash.org**
Association of University Centers on Disabilities *AUCD members train and educate the next generation of leaders in disability-related research, training, service delivery, and policy advocacy.*	**aucd.org**
Community Services for Autistic Adults and Children *Autism links.*	**www.csaac.org**
Council for Exceptional Children *Improve educational outcomes for individuals with exceptionalities*	**www.cec.sped.org**
Deaf Education *Educational enhancement for the field of Deaf Education.*	**deafed.net**
Department of Developmental Services *Is the agency through which the State of California provides services and supports to children & adults with developmental disabilities.*	**dds.ca.gov**
Disability Resources on the Internet *(CALIFORNIA): organization that monitors, reviews, and reports on hundreds of disability-related topics.*	**www.disabilityresources.org/CALIFORNIA.html**
Educational Resources Information Center *Provides information on the education of individuals with disabilities as well as those who are gifted.*	**eric.ed.gov**

Instructional/Training & Development *(continued)*

Resource	*Source or Website*
Epilepsy Foundation *Seek to ensure that people with seizures are able to participate in all life experiences and prevent, control and cure epilepsy.*	**epilepsyfoundation.org**
Independent Living Resource Center of San Francisco *To ensure that people with disabilities are full social and economic partners, both within their families and in a fully accessible community.*	**www.ilrcsf.org**
Institute for Community Inclusion *Supports the rights of children and adults with disabilities to participate in all aspects of the community.*	**communityinclusion.org**
National Down Syndrome Society *The Internet's most comprehensive information source on Down Syndrome.*	**ndss.org**
National Dual Diagnosis Association *Advance mental wellness for persons with developmental disabilities through the promotion of excellence in mental health care.*	**thenadd.org**
New York Access to Health: NOAH *A partnership project which provides online access to high quality full-text consumer health information.*	**noah-health.org**
SafetyNet *Articles, presentations and tools based directly on trends among Californian individuals with developmental disabilities and intended to ensure that they are safe and healthy.*	**www.ddssafety.net**
Shift Happens: (book) *Offers something for people & organizations serving individuals with disabilities as well as every parent & teacher. (Produced by ARC of Delaware.)*	**shifthappens.tv**
Special Education Resources on the Internet *Is a collection of Internet accessible information resources of interest to those involved in the fields related to Special Education.*	**seriweb.com**

Instructional/Training & Development *(continued)*

Resource	*Source or Website*
Special Education Technology British Columbia *Assertive device resource directory*	**www.setbc.org**
The Alliance for Direct Support Professionals *Committed to strengthening the quality of human service support by strengthening the direct support workforce.*	**nadsp.org**
The Quality Mall *Collect and disseminate information related to or useful in promoting quality of life for persons with developmental disabilities.*	**qualitymall.org**