

WORKING WITH PEOPLE

Introduction to

**HUMAN NEEDS, VALUES,
GUIDING PRINCIPLES, AND
EFFECTIVE TEACHING STRATEGIES**

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FORWARD

WORKING WITH PEOPLE who have a developmental disability or a mental illness is a challenging and rewarding experience for people who understand the tremendous impact they can have in the life of an individual. Your job is defined by the relationship between you and the individuals you work with. This material is devoted to helping you understand the significance of that relationship: your role as a teacher, and your responsibility to promote individual dignity and respect within the community setting. Often the quality of your relationship with the individual bridges gaps that keep people with disabilities from enjoying the same rights and freedoms you enjoy.

Maintaining healthy relationships requires effort. Your relationship with the people you work with is an especially unique one. You must be able and willing to juggle many different roles. Whenever you interact with an individual, you are both teacher and role model.

This material focuses on how your role as a teacher is fundamental to helping a person with a disability exercise their basic rights and enjoy society's freedoms. You will learn how society's beliefs and values toward people with disabilities have had a negative effect upon the lives of individuals. You will also learn about the effects different teaching theories have on the relationship between two people. You will learn how to establish an effective teaching relationship. You will also learn to recognize and change beliefs and attitudes that may limit or devalue people with disabilities.

While this material is written primarily for those who work with people living in community residential settings, the Michigan Department of Community Health believes these relationship issues are universal to all people for whom services are being provided. The principles and strategies described in this section are applicable in all other settings, including community employment or activity settings, educational and recreational programs; and, hospitals and centers working with people with disabilities.

We want you to succeed in promoting successful opportunities for people with disabilities, so they are included and accepted by society as fully participating and contributing citizens of Michigan. Our real education comes from those with whom we have the privilege of working. Fundamentally, this section comes from the lessons of human experience, and our desire for respect, acceptance and autonomy. It is a privilege to share this information and to wish you success in assuring that all people, regardless of developmental or mental disabilities, have a fair and just opportunity to succeed at attaining their individual goals.

OUTCOMES

►After completing this part, you should be able to:

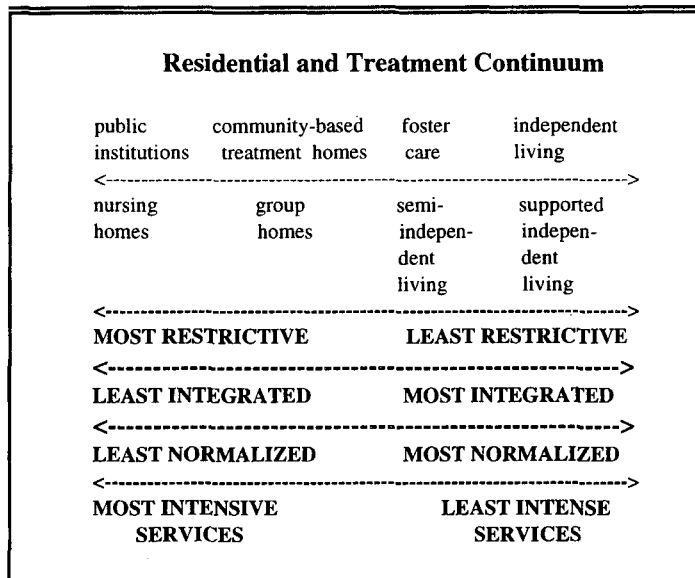
1. Identify five different types of needs that all human beings have.
2. Recognize that behavior is an expression of, or response to a need.
3. Identify examples of behavior used to communicate needs.
4. Identify at least five different factors that people with disabilities have had to overcome as they attempt to become fully participating members of society.
5. Identify your responsibilities and ways you can help people with disabilities as they work to become fully participating members of society.
6. Identify the basic values and guiding principles associated with the Principle of Normalization.
7. Recognize several factors that influence a person's ability to relate with other people, places or things.
8. Identify your responsibilities to promote inclusion, self-esteem and acceptance for and among the people with whom you work.
9. Identify your role as a teacher.
10. Identify various types of posture and their effect on others' behavior.
11. Understand that how you value a person affects the way you treat them.
12. Identify opportunities for giving rewards.
13. Demonstrate physical and verbal rewards, and rewards that include gestures (pats on the back, nods of the head, a smile)
14. Describe how one's own attitudes, values, feelings and behavior impacts on others' behavior.
15. List values we follow in our teaching approach to people living in a residential community.
16. Identify the three goals of teaching.
17. Demonstrate a beginning level skill in teaching.
18. Recognize the components of effective teaching.

19. Identify factors which influence a person's ability to deal with demands of daily life.
20. Define "Functional Curriculum."
21. Identify eight considerations which must be made in determining what is important to teach.
22. Develop a list of activities which are functional within the home or workplace.
23. Identify the function of an individual's behavior.
24. Recognize how opportunities for choice influence behavior.
25. Identify teaching strategies that help add success before, throughout, and during the learning experience.
26. Recognize an example of reward.
27. Identify the uses of reward.
28. Identify rules which must be followed in using reward procedures, and recognize examples of those rules.
29. Identify factors which influence behavior.
30. Recognize different forms of reward.
31. Understand that human interaction is the most important reward tool available to staff.
32. Recognize the need to be enthusiastic and use multiple forms of reward.
33. Recognize the need to have the individual share rewards with the teacher.

INTRODUCTION

Society has held many different views of people with developmental disabilities or mental illness. In times past, they were not seen as a contributing member of society. Most people thought of people with disabilities as either sick or a threat to society. Behavior exhibited by people with mental illness or developmental disabilities was not tolerated. People with disabilities were rejected and segregated by removing them from homes and communities and placing them in institutions. Once placed in an institution, there were few opportunities to return to community settings. Their disabilities were ridiculed and portrayed as evil or menacing in the popular media. Whatever their age, they were seen as perpetual children. They were allowed to do only menial or childish tasks. They were subjected to inappropriate techniques of control; often, they were forced to live in non-supportive environments lacking in meaningful relationships with people. There were few opportunities to go places and do things. People saw individuals with disabilities as needing society's total protection; and/or society needing to be protected from individuals with disabilities.

In either case, society's response was to remove these individuals from the mainstream of community life and provide services in institutional settings. Great emphasis was placed on diagnosing the individual's disability. Fixing the disability then became the focus of treatment. Rarely did these "fixes" work. The individual was forgotten in these settings and may never had the opportunity to return to the mainstream of society again. This approach is known as the medical, or the traditional model used in public institutions for people with mental illness or developmental disabilities. Fortunately, Michigan abandoned this model for people with disabilities many years ago.



Things began to change in the 1960's. Advances in knowledge and technological services, combined with new attitudes toward civil rights, paved the way for these changes. People came to understand that disability is in the eye of the beholder - not in the person with a disability. The values, beliefs and attitudes of most members of society defines what is acceptable behavior or unacceptable behavior. These values, beliefs and attitudes shape society's acceptance or exclusion of persons with disabilities in the mainstream of community life. As these attitudes toward people with disabilities started to change, so did ideas about how individuals should be treated. Perhaps the single most important development was an idea called "normalization." This idea arose in Denmark and Sweden. "Normalization" has been the driving force behind the exciting revolution in human services. This single idea has led society to improve its acceptance of persons with disabilities.

► **NORMALIZATION is the idea that people with disabilities are allowed and supported by society to live a life as close to typical as possible.**

The principle of normalization focuses attention on the ways society discriminates against people with disabilities. This discrimination was justified by society in the past because people with disabilities were not valued. This lack of valuing people with disabilities led to people being segregated, isolated, deprived of basic human rights and mistreated by society.

Normalization has helped us understand that people with disabilities do not need to be "fixed" or controlled. This revolutionary idea has helped us understand that the role of caregivers and human service organizations is not to "manage" people. This single idea has helped society develop ways to support individuals with disabilities in participating in the mainstream of community life.

Today, people with disabilities are living and participating in the everyday life of their communities all across Michigan. The principle of normalization places high priority on the acceptance, integration, and inclusion of all people in all aspects of community life, regardless of any disability that they may have. People without disabilities take it for granted that they can participate fully in community life. The principle of normalization promotes and provides strategies to help people with disabilities learn new skills and behaviors so they can also participate fully in community life.

Despite these new directions in human services, some staff and provider agencies continue to follow old assumptions about people with disabilities. They may continue to restrict choices and opportunities for individuals. They may continue to follow practices that exclude people from participating fully in community life. They may continue to use old techniques to control or manage people. This training will help you understand and recognize how those old assumptions have a negative and devaluing effect on people. This training will provide you with the knowledge and skills necessary to promote the successful lives of people with disabilities.

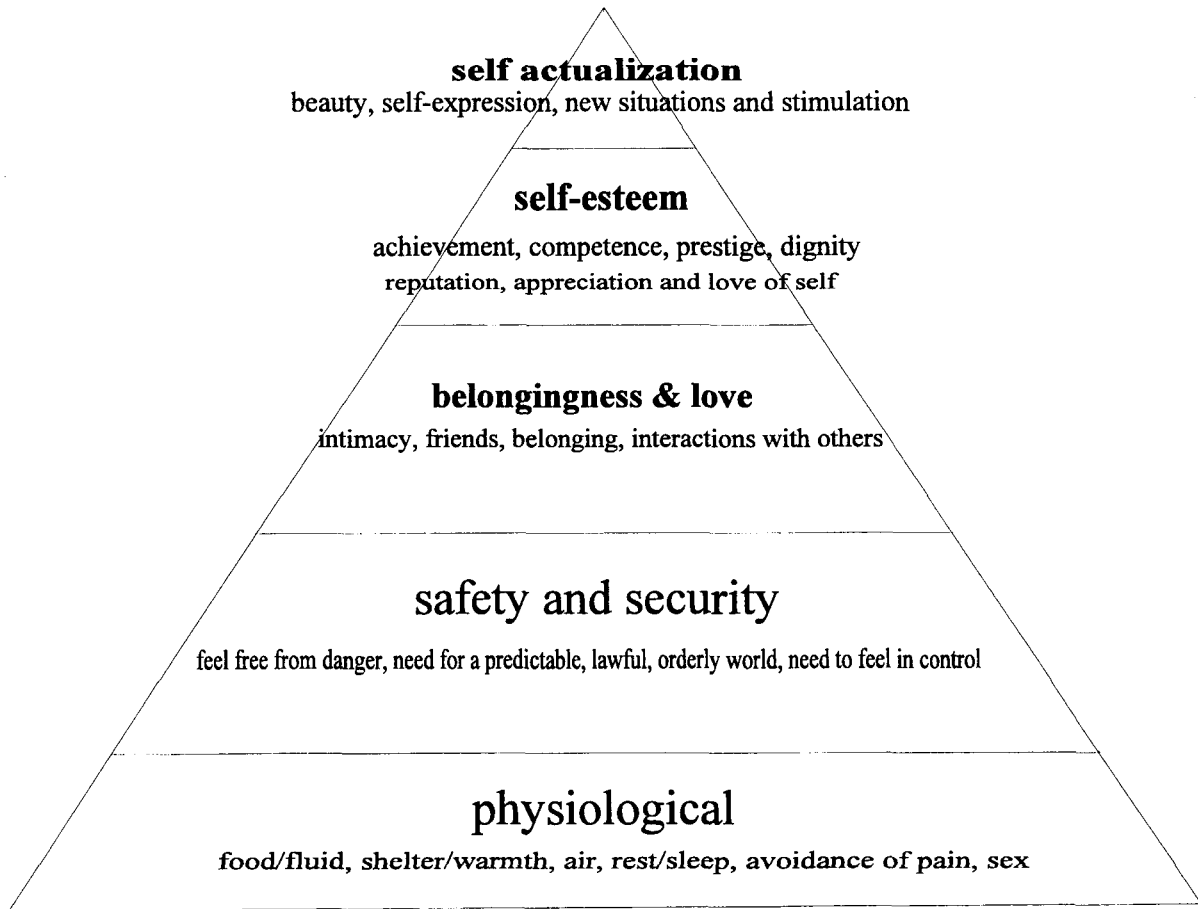
It is important to have a clear understanding of the needs of people we are expected to serve. You will form a better understanding of how people with disabilities communicate their needs. We will then examine why people with disabilities have had to struggle for acceptance and the

right to participate in society. You will see how to apply the principle of normalization daily in helping individuals learn new skills and behaviors. Finally, you will examine ways to establish good relationships with the people you are working with, so you can be an effective teacher and role model.

UNDERSTANDING HUMAN NEEDS

- ▶ **At the end of this part, you should be able to:**
- **Apply Maslow's Hierarchy of Human Needs in understanding how individuals express their needs differently;**
- **Your role in helping those you work with learn effective ways of communicating their needs;**
- **How you can respond to "attention-getting" behaviors.**
- **How you can enhance individuals' self-esteem.**

An important lesson in working successfully with another person who happens to have a disability is to learn that, just like you, they are unique individuals. At the same time, they are more like you than different from you. To understand this idea, let's look at the type of basic needs we all have as human beings. One model of studying basic human needs is **Maslow's Hierarchy of Human Needs**. In this model, human needs take the shape of a pyramid and are divided into five levels. At the base of the pyramid are physiological needs, followed by the need for safety and security. Next comes the need for belonging and affection, then self esteem and respect, and finally, the need for "self actualization".



Many people have difficulty expressing these needs. Some people have learned more sophisticated or effective ways of communicating their needs than others. Because of the nature of some people's disabilities, they may have more difficulty than others in effectively communicating their needs. As these different levels of basic human needs are defined below,

examples of behavior used by persons with disabilities to communicate their needs are given. There are many different ways to express needs, and not all are addressed below. As you review the needs pyramid, identify ways you communicate basic needs which you share in common with people who have a disability.

▲ Physiological Needs:

When people are hungry or cold, they will try to get food or warmth. A person who is cold and unable to verbally communicate how they feel may express their needs non-verbally by increased pacing, by taking a blanket (even if it is not theirs), or by becoming more agitated and demanding. The person's behavior becomes the method of expressing their need.

Other needs can be just as powerful as the need for food or warmth. Including the needs for fluid, shelter, air, sleep, sexual expression, and freedom from pain. People feel compelled to communicate these needs by whatever means they can. People act out their needs through their behavior if they are unable to verbally communicate their needs. Aggression, self-abuse, property destruction, frustration, anger, stealing, hoarding, pacing and wandering may be ways people use to communicate their needs. This is especially true when more appropriate forms of expression are not recognized or taught by caregivers. When people find their behaviors are successful in meeting their needs, they tend to use them again when they have a similar need.

The challenge for caregivers is to know and care enough for the individuals they work with to recognize that behavior and verbal expressions are sincere and desperate means to secure an individual's basic needs. It is unethical to act in any way that ignores or suppresses a person's attempt to express or meet these needs. The caregiver's job begins with understanding what the person is attempting to communicate, and helps them learn more effective ways of communicating their needs.

▲ Safety and Security Needs:

The experiences of life and how well an individual's physiological needs have been understood and met by loved ones or caregivers determines how we express our safety and security needs.

To grow as an individual, we need to develop a sense of trust in those who help us meet our basic physiological needs. For most people, this responsibility is fulfilled by an individual's parents. This involves recognizing that safety and security needs will be met in a predictable manner. Predictability contributes to our sense of safety and security. The more predictable our surroundings and the people around us, the more safe and secure we feel.

Imagine as a young child how you would feel and act if your mother forgot to prepare supper. Imagine now as an adult how you feel and act when a spouse or child fails to come home at a set time. Think how you would respond if your boss forgot to give you your paycheck. Everyone becomes anxious and acts out in various ways when their sense of safety or security is threatened.

The individuals you work with react much the same way when their routines or expectations are disrupted or disappointed. People with disabilities may have lived in a series of settings where they were unable to develop close relationships with others. They may never have developed a sense of predictability for the people that cared for them, or for the environments where they lived. They may not have been given the responsibility or the control over making their own decisions. In contrast, they may recently have been required to leave a community residential setting and the familiar care of people they had come to trust.

Some threats to safety are based on incorrect perceptions of reality. A person may react to your offer of assistance as a threat or assault. In this case, it doesn't matter what your intent was. That person will respond appropriately to his/her perception of the situation. Your intent may not have been wrong but it may have been perceived as threatening or frightening. These

misunderstandings often can be cleared up by explaining to the person where you wanted them to go, or what you wanted them to do before you proceed with further assistance. There are effective ways to communicate with people who have multiple disabilities (i.e., blindness, deafness and mental retardation). When a person responds that they do not want to do the activity you choose, and you physically or psychologically force them to do that activity, a sense of trust is not likely to develop.

Trust between caregivers and individuals is essential to feel safe. Safety and security needs also include knowing someone is concerned about you and cares about your feelings. A touch, a hug, a caring word, the proper tone of voice, or simply listening can convey feelings of comfort, safety and security. Demands, excessive prompts, physical force and threats may be seen by the person as violent. When these interactions are used, you will fail to develop the trust and safety essential for an effective relationship between you and the people you are working with.

▲ Need for Belonging and Affection:

Most people want to belong to a group. It is natural for a person to have a strong desire, or need, for the affection of others. People seek out others with common interests and concerns. They want to be around people who can meet their needs. We all prefer to be with others who understand our feelings and needs, even in times of great sadness and joy. People willing to listen, even when we are unable to express our feelings or needs effectively, are typically the people we choose to be with. We avoid, ignore or become angry with people who treat us impersonally, or misunderstand our efforts to communicate. When individuals have no language, which is true for many people with serious mental illness or developmental disabilities, they use behavior to communicate their basic needs for companionship and affection.

Staff sometimes do not recognize an individual's "attention-getting behavior" (e.g., joining you in the office; repeatedly bringing you a shoe to be tied; holding back from an activity until you individually prompt them) is a way that individual has learned to get others to care about them.

You can help an individual achieve needs for belonging and affection by giving your time and companionship freely and genuinely.

Another way you can help individuals meet their needs for belonging and affection is to help them learn they can be friends with the other people in the community residential setting. The opportunity for sharing and support among individuals residing in community residential settings should be encouraged. This can be done by teaching them to share, to know each other by name, and to cooperate in both household chores and recreational activities.

▲ Need for Self-Esteem and Self-Respect:

As a person working with people who have a disability, you will spend a significant amount of your time meeting the first two levels of need: physiological and safety/security. As the people you work with begin to realize that their basic needs for food, fluid, warmth, rest, and sleep, are being met in a predictable, kind and considerate manner, they will begin to develop a sense of safety and security. This can only be accomplished in a setting where caregivers recognize and promote the individual's need for control over their surroundings and their interactions with others.

This is a significant change in how we understand and treat people with disabilities. In times long past, staff were expected to control and manage that person's behavior. Today, the expectation of staff is to create supportive and nurturing environments with relationships that help the person learn successful ways to meet their own needs and to participate successfully in the company of other people.

It is at this time that people begin to focus some of their energy on the higher needs described by *Maslow's Hierarchy of Human Needs*.

Self-esteem is described as the value people place on themselves and their ability to influence others with their thoughts, ideas, and knowledge. It involves being able to do things in life successfully - sometimes independently, sometimes with the help of others. Self-esteem requires the person to have meaningful relationships with people, and develop the skills necessary to succeed at everyday tasks. One's sense of self-esteem influences how one interacts with the world. The job for caregivers is to teach the person how to establish and maintain effective relationships; and, to learn skills for daily living.

Self-esteem may include: physical appearance; accomplishments; status in one's family, community, work and social groups; and, the respect that comes with these attributes. Consider how you feel when you are given a compliment for the clothes you are wearing, the behavior of your child, or the success you have had at school, in sports, or in some social project. Consider how you feel when you feel that your contributions and efforts are not recognized or taken seriously.

People's experiences with others and in various situations may not always have been positive, and may not have resulted in developing good self-esteem and self-respect. This may have been true for some people you work with. People with disabilities require compliments and recognition for their efforts and successes.

When the feedback a person receives is critical or hostile, the individual is not likely to develop a sense of self-esteem or self-respect. They are likely to say or do things that demonstrate their feelings have been hurt, or that they don't feel safe or respected. If these behaviors are not recognized as a means to communicate needs, or are viewed as inappropriate, then we may respond in ways that contribute to the problem, rather than provide a solution.

How To Enhance Self-Esteem

You can be instrumental in creating opportunities for individuals to enhance their sense of self-esteem:

1. Recognize and act upon things that are important to the individual.
2. Focus first on establishing and maintaining a good relationship. (It is more difficult to learn a task if the learner doesn't trust the teacher.)
3. Find ways to teach tasks in small steps or in easier ways so the person always experiences success. Encourage them to participate in a task even if they only can do one small step of the task.
4. Then, focus on helping the person participate and succeed at any level they can.
5. Recognize, honor and celebrate the value of their accomplishments.
6. Help them to participate in all daily living activities.
7. When challenging behavior or difficulties occur, focus on strengthening the relationship.
8. Make sure the person's physiological, safety/security needs are being met, and that he/she feels a sense of respect and acceptance from you.
9. Understand that the problem is more likely to be how the activity is structured or presented rather than how the individual does the activity. Fix the activity, not the person.
10. Be open and willing to share how you think the person is feeling when they are having a bad day, and when they seem to be feeling badly.
11. Let them know that you accept them and trust them during good and bad times.
12. During bad moments, find ways of shifting the focus to the relationship, rather than insisting on compliance or task completion. Communicate that they are safe.
13. Consider your job an opportunity and privilege to help another person master life and teach them how they can effectively relate to others.
14. Always communicate respect and value for the individuals you are working with.

The focus does not always need to be on the other person's accomplishments. To be able to work effectively with other people, you want to talk openly and freely about you and your experiences. It is the mutual sharing of experiences, the natural give-and-take, upon which relationships and

self-esteem are built. You want the person to learn to return compliments and show happiness and pleasure when talking or doing things with you and others in their daily lives.

As the caregiver, you want to encourage the individual to repeat stories about past accomplishments and relationships, while encouraging them to discuss present and future plans. If the individual is not able to verbally communicate, you can relate experiences you are aware of from the person's past. Fostering positive self-esteem can also mean appreciating others just for being who they are. Perhaps they have a special sense of humor, or are especially good at completing a simple task, or have beautiful hands. Affirming these special qualities and abilities can enhance self-esteem.

Acknowledging these contributions and encouraging these stories are effective methods staff can do to maintain individuals' positive feelings about themselves.

For people who cannot speak or effectively communicate their needs, you must try to anticipate and understand their needs. With your words and touch, you can communicate understanding and acceptance.

▲ Need for Self Actualization:

Maslow considered this the highest form of human need. "Self-actualization" is uniquely defined by each individual. Opportunities for personal growth and enrichment are essential for this need to be met. This need is often understood by a person coming to terms and accepting their mortality and their legacy to family and friends. This does not necessarily occur at the end of a person's life. There are many activities you can do with the people you are working with to help them achieve a sense of accomplishment, or self-actualization. Activities that promote this sense may include: performing volunteer work; organizing photo albums or scrapbooks; written, taped or drawn memoirs; paintings; personal possessions; and, sharing knowledge or skills with others. Personal belongings and "treasures" that are private, but shared with people they feel particularly

close to can help satisfy this need. Activities take on a new importance and value when you as the caregiver recognize and celebrate the importance of each contribution the individual makes daily in living activities and relationships.

A LEARNING EXPERIENCE:

In small groups (or individually if working/reading alone), discuss what you and the individuals you work with share in common for the following needs. Identify how you would feel if these needs were not met, or what behavior you would use to demonstrate your frustration if you were unable to talk about your feelings. How would you feel or behave if someone would not listen to you, or tried to stop you from communicating these basic needs? How would you react if someone physically tried to prevent you from achieving your goals, or verbally put down your attempts to achieve goals? How would you react if someone failed to give you adequate opportunities, support or encouragement to achieve your goals?

If you were asked to assign the following topics to one of **Maslow's** need levels, be able to discuss why you choose one level or another.

Need for comfortable space or privacy, or freedom from unwanted intrusion.

Need to be able to talk to another person, or to feel the other person is listening and trying to understand what you are saying.

Freedom from insults, shaming by others, stigma, humiliation.

Need to be free from physical and psychological threats or abuse. The need to feel safe and secure in the presence of those who provide you personal care.

Need to make own decisions; have control over your own life.

To be able to move at one's own pace, and not be rushed or hurried by others.

Need to retain personal items and identifying material.

To be free from physical or emotional pain, hunger, thirst, excessive heat or cold.

Need to be aware of surroundings and free from confusion about what is happening.

Be prepared to discuss suggestions that you may have for how to address problems associated with the above topics among people with mental illness and developmental disabilities.

Summary

Understanding the Hierarchy of Human Needs can help you recognize the similarities and uniqueness each of us share. Our experiences and responses to people, events, and the environment, plus our abilities, attitudes, and knowledge all influence how we deal with the demands of daily life. We all need food, water, and shelter. We need to feel safe and secure. We need to feel as though we belong, and that others enjoy our presence. We each need to have positive self-concept, and be accepted by others. We need experiences that give pleasure and satisfaction. Many people have not had these needs met. How people deal with daily life may depend on how you as a caregiver build trust, safety, self-esteem and opportunities for self-actualization.

UNDERSTANDING WHY THERE HAS BEEN A STRUGGLE TO ACHIEVE HUMAN NEEDS

► After reading this part, you should:

- Know the difference between the terms "different" and "devalued" and ways to help individuals experience acceptance for their unique abilities and ways of expressing themselves.
- Understand why individuals need to experience and be rewarded for choosing age-appropriate activities;
- See why it is important to break the cycle of "self-fulfilling prophecies."

UNDERSTANDING THE STIGMATIZING EFFECT OF DISABILITY

Society has generally rejected people with a developmental disability and/or a mental illness as different from "normal" people. (This was discussed briefly during the introduction to this reading material.) They have been looked at as being different from "normal" people. This difference frightened most other people. It was not valued, or appreciated, by most people. The combination of being both different and devalued results in people being stigmatized.

It will help you understand the struggle of people with disabilities to become full citizens if you understand the difference between the terms *different* and *devalued* is important. Many individuals are different, but not devalued. Many famous people may act differently from other people, but their actions have not caused them to be devalued by most people. When the famous

movie star or rock-and-roller acts differently, they can do so because they are valued by society. Among your loved ones and your friends, where you are valued as a person, your behavior is often excused as eccentric. People still tolerate you and may even admire your daring to be different.

However, most people who have a disability are devalued. This means their presence and characteristics are not appreciated by other members of society. Therefore, they are not allowed to act differently, and when they do, their behavior is less tolerated. The exact same behavior that is accepted or tolerated from a famous person or by your friends is not always applied in treating people with disabilities with the same degree of tolerance. Their *different* behavior is not *valued*, and they are regarded as *devalued* members of society.

As a person working with people who have either a mental illness or a developmental disability, you will be expected to teach people with disabilities the skills necessary to participate in settings and activities as other people take for granted. Using positive teaching methods that project a positive expectation and image is important.. The methods we use to achieve desired behaviors/outcomes should be acceptable to and valued by people who do not have a developmental disability or a mental illness. The techniques and interactions between you and the people you work with must demonstrate respect for the individual. If they do not, then you have not succeeded in reducing the **stigma** associated with people who have a disability.

UNDERSTANDING THE POWER OF LANGUAGE, ATTITUDES AND ACTIONS

The techniques and the quality of your interactions when working with people who are disabled have a tremendous impact upon society. The use of punishment, behavior-controlling medications and physical management send a message to the public regarding people

with disabilities. Unfortunately, these techniques have been misused in the past. This has contributed to people with disabilities being further **stigmatized** by society. You can play a significant role in changing this.

Michigan requires that people with disabilities be treated respectfully and responsibly at all times, and under all circumstances by those working with them. Teaching efforts that increase the skills and abilities of people with disabilities are cancelled (wiped out) if you use techniques that are not valued by most other people. The respect you show and the quality of your interactions with people who have a disability communicates a strong message of value for the person you are working with.

If a technique cannot be used in a public setting (i.e., McDonald's, Meijer's, or county park), then the technique should not be used in the privacy of the person's home. If the police or protective services agents of the local Department of Social Services are called to intervene or investigate an allegation that you mistreated, abused or acted violently toward a family member or another person (who happens not to have a disability), then that same interaction or technique is not acceptable with people who have a developmental disability or mental illness.

We need to be careful of the language used to describe people with disabilities. Our words can have a tremendous effect upon the acceptance of people with disabilities by others. There is a tendency to describe people by their disability. This happens when staff refer to a person as a "schizoid," "quad," a "CP," "crazy," "patient," "retard," "mental case," or an "non-amb." If an employee refers to a person you are working with as a "vegetable and pretzel," how do you think the public perceive this individual? What sense of value is attributed to this person? Likewise, characterizing people with dated terms or labels, such as "moron", "retardate," "mongoloid," "trainable," "idiot," or "sicko" only reinforces negative messages from the past. Such slang as "stupid," "pea brain," "cretin," "dimwit," "fool," "ignoramus," "imbecile," "simpleton," "oaf," "dunce" or "blockhead," etc. should never be used to describe an individual or their actions. Most people would be hard pressed to explain what these words mean and yet they use them as if

they truly described other individuals. Staff should correct each other when inappropriate labels are used.

The use of labels can be seen in the conversations of ordinary people. You may hear two people talking and one says, "What's the matter with that guy?" And another would answer, "He's a mongoloid." Then the two nod and give each other knowing looks *as if they knew everything* about the man. But of course, they knew nothing of that person as an individual. They know nothing of that individual's skills and talents. They know nothing of his needs, wants or dreams. Such practices are cruel and unfair to both themselves and the person with the disability. They missed the opportunity to meet a new and interesting friend.

The U.S. Government has responded to this issue of labeling and "message sending" by directing governmental agencies to *abandon the use of categorical labels in defining persons with developmental disabilities*. Attention is now focused on actual barriers that stand in the way of normal development, instead of labels or disability groups. The law states any person having substantial developmental impairments in at least three of the following everyday living skills is in need of special understanding and help from the government:

1. self-care
2. receptive and expressive language
3. learning
4. mobility
5. self-direction
6. capacity for independent living
7. economic sufficiency

When you treat adults with disabilities as if they are children you send another devaluing message. Adults with developmental disabilities are not "children who never grew up." Childhood activities and toys should not be used in adult programs or community residential settings.

Common examples to be avoided are: participating in egg hunting contests; using three piece puzzles and stacking toys to teach fine motor skills; displaying child-oriented decorations in bedrooms or on knick-knack shelves. When you hear a psychologist describe an adult as functioning at a two year level this information is misunderstood when it is used to justify age-inappropriate activities or opportunities. The challenge to all who work with people who have a developmental disability or a mental illness is to include them in a variety of age-appropriate settings and activities. You can encourage and reward the choice of age-appropriate activities and personal possessions.

An argument that you may hear is that it is "not fair to take these possessions away", or that the person would have nothing to do if they did not have these age-inappropriate items or activities to keep them busy. Sometimes you hear the argument that the person will become angry or "act out" if the item/activity is taken away.

You can educate the person making these statements that some people with disabilities have been never had age-appropriate opportunities and expectations until now. Thus, they may have developed a preference for activities and possessions that are not appropriate for their age. You can explain that you are helping the individual learn new and more appropriate behaviors that promote his/her development and image.

Sometimes the person you are working with have a strong preference for an age-inappropriate possession or activity, such as a rag doll the carry to all places. Your efforts should be directed toward providing a variety of alternatives and give the individual the necessary guidance and reward for making more age-appropriate choices. Your response should not be to take away the inappropriate object. Your response should be to promote more appropriate choices

The messages relayed by your expectations, and interactions, and the language you use to describe your job and the people you work with are extremely important. They help to shape the acceptance of people with developmental disabilities or mental illness. You are making an

excellent contribution to the lives and welfare of people when you project a positive image to the public when you are on duty, and when you discuss your job with other people.

UNDERSTANDING THE IMPORTANCE OF BECOMING A VALUED MEMBER OF SOCIETY

Each of us play different roles during different times or stages in our lives. Some social roles are more valued than others. This part examines how social roles may impact on the people with whom you are working. A role is an expected behavior that is usually determined by the status, occupation, and/or wealth of an individual in a community. We expect different behaviors from people who are teachers, or doctors, or shopkeepers. These are called formal roles because there are clear expectations about how a person in the role should behave. People behave differently based upon their role of the moment. Some roles are more informal because of a lack of well-defined expectations. Informal roles may include talking with friends, standing in line at the grocery store, or playing ball.

People play many different formal and informal roles within the same day. At home you may be a parent and help a young child to dress. At work, you assume a specific role, such as direct care worker, assistant community residential setting supervisor, or case manager. After work, you may play the role of team member on a bowling league or a dinner guest at a nice restaurant, or you may go to a movie with a friend. Depending on the time of day, who you are with and what demands or opportunities are present, you can play many different roles during the day.

Some roles are more valued than others. Most people would rather be attending a sporting event than be the parking lot attendant. But the parking lot attendant knows that the role is only temporary. Eventually the attendant will return to another role as a student, parent, or aspiring musician. Most people know that from time to time they will have to fill a non-valued role - do things that they don't like to do. However, they do so with the belief that they will move on to more valued roles.

On the other hand, how would you feel if you could only have one role in life? Your life would be boring and monotonous. What if this role was not highly valued by other people? You would have low self-esteem and be depressed. People with developmental disabilities and/or mental illness frequently have had the opportunity to play only one role. Unfortunately, this role has usually been defined by the type of disability that person has. This is because of the limits and lack of acceptance placed on the person by society.

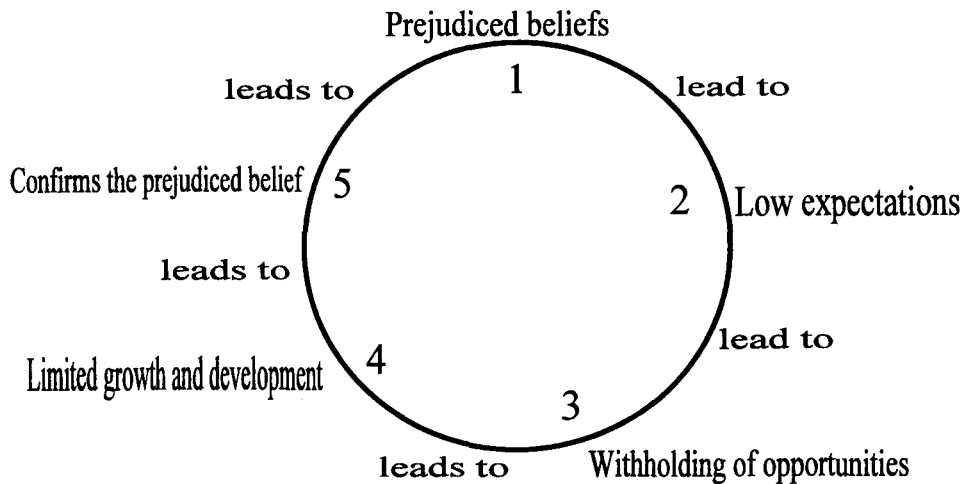
You can help the people you are working with to develop self-esteem and acceptance by teaching him/her the skills necessary to play a variety of valued and age appropriate roles. People with disabilities should have the same opportunities to attend a sporting event and to be a parking lot attendant as other people have. Help other people to see the person with disability as an individual. Help them to realize that this is a person with strengths and capacities, not just disability type with weaknesses and deficits.

A LEARNING EXPERIENCE:

Think of the people with whom you provide support at work. Do those individuals have the opportunity to play different and valued social roles? Do they play these roles in the same setting and at the same time as people without a disability? Be sure you have considered as many possible roles as possible: student, good friend, teacher, winner, leader, sports team member, citizen, voter, juror, shopper, husband, wife, lover, son, daughter, grandchild, employee, member of a religious congregation, etc.

UNDERSTANDING THE DIFFICULTY OF OVERCOMING THE EXPECTATIONS OF OTHERS

VICIOUS CYCLE OF SELF-FULFILLING PROPHECIES



Self-fulfilling prophecies are formed according to the following sequence:

1. *Prejudiced beliefs* about the capabilities of people with developmental disabilities or mental illness lead to -
2. *Low expectations* of what they can accomplish, which lead to -
3. *Withholding of opportunities* for learning and decision making, which leads to -
4. *Limited growth and development*, which -
5. *Confirms* the prejudiced belief (which takes you back to step one).

This is a vicious cycle of self-fulfilling prophecies. The messages you send to the public about the people you work with and the general nature of your job can either alter or continue old stereotypes about people with disabilities.

Consider the example of where the staff of a community residential setting do not believe people with disabilities can make their own decisions. As a result, they are not taught *how* to make decisions. When you first begin working there, should you be surprised to realize that many of the individuals residing there are not able to make their own decisions? If you already believed that people with disabilities were not able to make their own decisions, this situation would *confirm* your *prejudiced belief*. This would result in you having *low expectations* for the people you are working with to make their own decisions. This would limit their opportunities to grow and learn because you would be likely to *withhold opportunities* for them to *grow and develop* the skills needed to make good decisions. This is an example of a self-fulfilling prophecy. It is not surprising that these individuals cannot make decisions without additional help and staff supervision.

It is your job to help break the vicious cycle of self-fulfilling prophecies. To do this, people with disabilities must be portrayed as unique individuals with strengths and capacities. This will reduce prejudiced beliefs. Expectations are then changed. New opportunities are presented for people to occupy different social roles and engage in new activities. The vicious cycle of self-fulfilling prophecies is broken! You have done your job!!

CHANGING THE WORLD - YOU ARE NOT ALONE

You will not be alone in changing the public image and status of people with disabilities. The U.S. Constitution, the Michigan Constitution, the Michigan Mental Health Code, the state and federal court system, and all providers of mental health services to people with developmental disabilities and/or mental illness are working to make this change. Legally, you and all service providers for people with disabilities are responsible to act in a way that supports these opportunities for growth and development.

At the foundation of this change process is the concept known as the "normalization principle", which for years has successfully challenged service providers and society in defining those areas where attention must be focused to produce outcomes desired for people with disabilities. This principle is also a useful tool for helping change occur.

The normalization principle recognizes that the focus for change cannot rest on the people with the disability alone. However, it is essential to the change process for people with disabilities to be empowered to influence and direct their own lives. Significant progress toward this goal can be made by recognizing the significance of the relationship that exists between consumers of our services and providers of care and services in community residential settings, workshops, schools, recreational settings, centers and hospitals, and by the public. Many problems in how services are planned and provided can be solved only at the service system level; however, your relationship with the individual as a person, and, the quality of your service can do much to promote an individual's welfare and acceptance - sometimes more than what all the human service agencies put together can do for that individual.

VALUES and GUIDING PRINCIPLES

- ▶ **Our job is to join with others to offer the necessary support so all people with mental illness or developmental disabilities can:**
 - **Be included in community life;**
 - **Make increasingly responsible choices about their daily living activities;**
 - **Have greater control over their life circumstances;**
 - **Establish and maintain relationships and a sense of belonging;**
 - **Develop and exercise their competencies and talents; and**
 - **Experience personal security and self-respect.**

THE PRINCIPLE OF NORMALIZATION

Sometimes a way of looking at issues can change the world. When people viewed the planet Earth from outer space for the first time it had a profound effect on how people thought of each other and on their relationship with nature.



In the “world of disabilities” a concept called the *principle of normalization* has had a similar effect on how governments, the general public, service or support programs (Like the Department of Community Health and Community Mental Health Service Programs and the people with disabilities themselves, view their roles, rights and responsibilities.

This revolutionary concept has already had tremendous impact in the field of developmental disabilities. It has inspired people to critically, constructively and creatively re-examine the roles, rights and responsibilities of people with developmental disabilities. This principle also has significant implications and applications for the psycho-social development of persons with mental illness. It has already helped service providers for persons with developmental disabilities, and consumers see the world in a more clear way. It has given us a sensible way to re-examine attitudes and services for people with disabilities. As a result, the quality of living for persons with disabilities has been raised to new heights never imagined before.

The *principle of normalization* grew out of the realization by N.E. Bank-Mikkelsen of Denmark when he compared the quality of life for those individuals who were required to live in institutions because of their disabilities, with the quality of life of most people without disabilities. He was one of the first professionals in the field to question why people with disabilities should not enjoy the comforts of life that he and the public took for granted.

He compared the living situations of people with disabilities with the comforts of home; and, he questioned the lack of privacy, personal belongings, personal relationships and the justifications for separating people with disabilities from those without disabilities and why they would be treated differently in school, work and other settings. He could not find any justifiable reason for these differences and argued that it was both unfair and detrimental to the development of people with disabilities. He began to advocate that there must be a better way to provide care and treatment for people with disabilities. This was in 1952.

By 1972 this idea was already having a profound effect around the world. Wolf Wolfensberger, an American, proposed a technical definition of the *principle of normalization* that has come to be used in this country: "Utilization of means which are as culturally normative as possible, in order to establish and/or maintain personal behaviors and characteristics which are as culturally normative as possible."

EXERCISE: *The Principle of Normalization*

Whether people fully accept this principle or not, they often struggle to grasp its full meaning. Normalization covers at least the following areas. On a separate page you should write your ideas of what each of these items includes or refers to. Your instructor may ask you to share these ideas with the class and will provide additional clarification of how the *principle of normalization* is applied in your community:

Normalization means . . . *a normal rhythm of the day.*

Normalization means . . . *a normal rhythm of the week.*

Normalization means . . . *normal developmental experiences of the life cycle.*

Normalization means . . . *having a range of choices, wishes, and desires respected and considered.*

Normalization means . . . *living in a world of two sexes.*

Normalization means . . . *the right to normal economic standards.*

Normalization means . . . *living in normal housing in a normal neighborhood.*

FIVE DIMENSIONS OF THE PRINCIPLE OF NORMALIZATION

► **After reading this part, you will understand the five dimensions of normalization:**

- **Community presence;**
- **Community participation;**
- **Skill enhancement;**
- **Image enhancement; and**
- **Autonomy and empowerment.**

Here you learn about the impact that the principle of normalization has had on the lives of people with disabilities and the systems that provide them with support in their daily lives. Five dimensions of the principle of normalization are commonly considered, including: community presence, community participation, skill enhancement, image enhancement; and, autonomy and empowerment. These dimensions are addressed below with clarification of the attitudes and actions that are necessary for you to satisfactorily work with and support the lives and opportunities of people with disabilities.

COMMUNITY PRESENCE - Welcome to the neighborhood!

The first dimension of normalization is community presence. This means that both the people with disabilities and the programs that serve them will be physically integrated throughout the community. Services and activities should not be clumped together in one building or one part of town.

Community presence is not limited to where one lives or works. People with disabilities should have access to and use of all community resources, including restaurants, businesses, public

transportation and entertainment facilities. All places open to you for business, recreation, education or public accommodation are settings where people with disabilities should be present. The 1990 Americans with Disabilities Act guaranteed this right of access and participation to all persons with disabilities.

To promote community presence, the people you are working with should participate in shopping trips and in community or recreational events with other people. The normalization principle teaches us not to endorse people with disabilities being isolated from the general public. The normalization principle does not endorse events limited only to people with disabilities as the most effective way of supporting people with disabilities even when they are offered in public settings. The people you are working with should shop in stores and play in recreational events at the same time and with other people of the community. Businesses and other organizations should be discouraged from establishing special shopping times or separate waiting rooms for people with disabilities.

The community residential setting where you work is located where it is, in part because of the principle of normalization. This location represents a commitment to providing people with disabilities the opportunity to live in regular neighborhoods and communities.

Living in a neighborhood provides a sense of ownership and belonging. You will be expected to help those you work with participate in neighborhood activities and the upkeep of their home. Many people enjoy working in the garden or taking an evening walk after a full day of work. People residing in a community residential setting should be supported in these kind of activities. Community presence is one form of physical integration into the community. Our goal is for community participation.

COMMUNITY PARTICIPATION - Can't we all get along?

Community participation is the second dimension of the normalization principle. This principle establishes the expectation that people with disabilities are socially included in the community. This is different from places and locations as discussed under community presence. Community participation addresses how people without disabilities interact and relate to people with disabilities. How well people relate to each other, regardless if one has a disability, is the result of how well each understands, accepts and respects the other.

You can promote mutual respect and acceptance of people with disabilities by assuring that the people with whom you are working satisfactorily complete their personal hygiene and grooming. By today's standards, there is a large degree of tolerance for different levels of personal hygiene and dress. Remember that these differences are less tolerated or accepted for people with a disability. For them to receive the respect necessary during interactions with people who do not know them well,, they need to have a good appearance and act politely.

Community participation also involves the quality of interactions between people that the individual knows well, including the opportunity for meaningful relationships with friends and family. For some adults with disabilities, these interactions extend to spouses and their own children. You are asked to teach or support the individual as they try to establish and maintain these relationships. To do this, you must first have an effective relationship with the individual. This is your responsibility.

In the past, when people resided in large centers for people with developmental disabilities or in hospitals for people with mental illness, few opportunities were available to participate in the community. Community residential settings, or supervised or semi-independent apartment programs offer many more opportunities for informal and formal personal interactions. Foster care, shared living, and independent living opportunities provide even more possibilities for community participation.

For community participation to be meaningful, every effort should be made to assure that the people you work with have the opportunity to successfully participate in community activities. Whenever possible, encourage people with disabilities to participate in activities open to all members of the community. If their needs are not met during these events, they have only been physically integrated into the community, and are not participating citizens. You may need to structure the individuals involvement in the activity to assure successful participation. Ways to help you do this will be discussed later in this chapter.

SKILL ENHANCEMENT - The more I can do the more I can become.

The third dimension of normalization challenges society, caregivers and service organizations to expect and teach people with disabilities to perform within their age range and according to the expectations of our culture. There is more likely to be resistance to this idea from caregivers and the people without disabilities, than from people with a disability.

Our culture values growth throughout life - not only during infancy and childhood - but also into adulthood and through maturity. This belief and value of growth must be present in residential, educational, vocational, and recreational programs - any setting that provides support services. You are expected to have a high, yet realistic expectation for skill enhancement of those with whom you work. You are responsible for teaching individuals the skills necessary for successful daily living and expressing belief in the learning ability of people with disabilities.

All staff working with people who have a disability must be committed to helping each person achieve their greatest level of independence. This can be accomplished through an intensive active treatment program. This program recognizes the need to teach functional skills. Functional skills are those abilities that help individuals learn daily living and social skills. These training opportunities must be consistently offered to individuals in response to their need(s) of the moment. Programs must be planned and implemented at structured times and across various settings. All interactions with the individual, whether planned or unplanned, must be recognized as a "teachable moment".

As a staff person, you must be knowledgeable of the individual's needs. These needs are outlined in each person's individualized service plan. The plan details goals, objectives, and strategies to accomplish objectives. The plan designates you to be responsible for teaching skills and behavior. You should always be able to identify the goals and techniques you are using to help the person achieve their individual skills. Failure to provide those services at the times and in the manner prescribed by the treatment plan is a serious violation of the individual's right to treatment. Staff convenience or lack of knowledge is not a legitimate reason for not implementing or withholding a prescribed program or required service. If you have not been trained in a particular procedure that is part of an individual's treatment program, bring this to your supervisor's attention immediately.

Our culture values individualization. **Individualization means the uniqueness and autonomy of each person is respected.** Differences in preferences and performance should be supported and not necessarily targeted for change. This requires us to be more tolerant of individual differences. Regimentation, group management techniques, the use of intrusive or aversive management techniques, and invasion of privacy or disrespect for personal property and emotional welfare will not be tolerated. Where such conditions exist, you are expected to act as an advocate for the individual and work to eliminate or reduce the need for such measures.

Individualization is also related to the responsibility you have to increase the person's ability to determine their own schedule of activities and to make decisions about their life. Programs not relevant to the individual will fail to meet these goals. Therefore, program and treatment decisions must be made wisely and with respect to the individual being served.

Skills develop when a person has the opportunity to participate in a task or a situation. With every opportunity, there is the risk of failure. Some programs and staff avoid offering opportunities to individuals, either to protect them from failure or because they lack confidence in a person's abilities. All people learn through making a series of mistakes that are effectively corrected by those responsible for teaching. The direction toward growth and independence is in

taking risks to learn more complex tasks. This is how children learn about the world; this is how adults succeed in their jobs. If people learn from minor failures, they are prepared to risk learning new ideas or accepting more complex responsibilities.

In this chapter you are studying some methods to help minimize these failures and to provide the supportive structure necessary for learning. Avoid overprotection. Structure tasks and opportunities to help individuals maximize their ability to succeed. If mistakes occur, restructure the task and keep the activity moving. Do not overprotect the person from failure; promote and help them succeed in accomplishing new tasks and activities.

People with disabilities should not be neglected or abandoned to the natural risks in their environment. While it is desirable for people to experience the natural consequences of the choices they make, their personal safety is your responsibility. You have been employed to assist individuals in making meaningful choices. This requires you to provide guidelines and assistance through the decisionmaking process. When their decision causes them distress, you are responsible to support them through their disappointment. This material will later examine methods you can use to successfully structure these situations so the person experiences growth and development.

When you tolerate differences and respect individualization, you learn from and are guided by the individual in how they experience the dignity of risk and the opportunity to learn from increasingly challenging situations. Their skills and talents enhance their image and acceptance by other people residing in the community.

IMAGE ENHANCEMENT - There's more to this book than the cover.

The fourth dimension of the normalization principle strongly advocates that programs for people with disabilities project a positive image of the people they serve and the techniques used to help those served. There are two reasons why a positive image is vital. First, it is human nature to treat people as they are perceived. When a person appears unkept or acts poorly, he/she is more likely to be treated in the same way.

Second, a person treated in a negative fashion starts to act accordingly. When people with disabilities are subjected to aversive/intrusive physical management techniques to control their behavior, it should not be surprising when they use the same techniques on other people. Each of these situations represent the age old question of which came first - the chicken or the egg? Was the person first treated poorly, or did they first act poorly? The answer is not nearly as important as realizing that this is another example of the self-fulfilling prophecy (see earlier discussion). You have the responsibility of stopping this cycle by not interacting inappropriately with the individual you are working with. You have the responsibility to set a good example of how people respect and tolerate each other.

People who work with individuals with disabilities have a particular responsibility to act as role models. For some people you work with, you and your co-workers may be their only role models. You have a very powerful influence on the self-image of the people with whom you work. When you treat them respectfully, they are more likely to treat you respectfully. You also have a major responsibility for how they are perceived by others in the community. You can encourage others in your community if you act in a conscientious and respectful manner toward those with whom you work.

Enhancing the image of people with developmental disabilities or mental illness can be accomplished by helping them improve their personal appearance, skills and behaviors. As these areas improve, the expectations of others begin to increase and the self-fulfilling prophecy begins

to yield positive results. The cycle of negative expectations and negative outcomes can be broken and replaced by a positive cycle.

The image of people with disabilities is not enhanced when their programs and activities are not age-appropriate, or are conducted in settings not valued by other members of the community. If you were to carry a Super Heros lunch box to work, your co-workers may raise their eyebrows and be reluctant to interact with you.

When adults with disabilities wear child-like clothes or have child-like haircuts, or color with crayons, or play childhood games, people view these adults as different. You can encourage those with disabilities to wear more age-appropriate clothes, have age-appropriate possessions and show age-appropriate behaviors.

A person's self-esteem can be increased or damaged by the way you introduce one person to another. Under certain circumstances, it is more appropriate to introduce a person as Mr., Ms., or Mrs. Usually, only children are introduced by their first name. Leaving a person out of conversation that involves them can also hurt their self-esteem. This is a sign of disrespect to the person with a disability.

When we talk to children, we use certain tones and phrases that are inappropriate when used with adults. When adults with disabilities are spoken to in a child-like manner, it can lower their self-esteem, and may project an inappropriate image to others in the community. Avoid labels, language or descriptions that suggest pity, charity, or dependence.

The principle of normalization does not deny that people have disabilities. However, it does encourage caregivers to avoid adding to the negative image that already exists. A person that performs skillfully in their daily interactions with others projects a more positive image. When a person is seen to be responsible and to effectively exercise control over the direction of their lives, they are empowered.

AUTONOMY AND EMPOWERMENT - Power to the People!

Autonomy and empowerment is the fifth and most important dimension of normalization. Throughout history, different groups of people have been deprived of their right to participate in the mainstream of society. The remedy has always been for these individuals to gain and exercise their legal right to participate in all aspects of community life. Autonomy and empowerment are very closely identified with legal rights.

All people in our society, whether they have a disability or not, have basic rights. All citizens in our society have the right to equal protection under the law, due process, freedom from abuse and the right to medical treatment. As a person reaches a specific age, the law grants additional rights, privileges and responsibilities. People with disabilities who have a guardian retain their basic rights at all times. Other rights and privileges may be exercised at the discretion of the guardian. Even then, the law safeguards the individual from the irresponsible exercise of a guardian who may overprotect or disregard the basic values of life, liberty and the pursuit of happiness granted by citizenship.

Autonomy and empowerment also means holding the power and control necessary to manage your own life. As you work with people, this means respecting the right of the individual to make his/her own decisions. Your job is to help provide the person with the opportunity to make wise decisions, and to learn the most effective way to deal with the opportunities, challenges and setbacks of life. This requires that you not arbitrarily exercise control over the individual's life. This also requires you to be prepared to transfer control to that individual.

Restrictions and limitations on personal possessions, relationships, the choice of roommates, or where to live, and leisure-time activities should be clearly justified. Those restrictions or limitations should be periodically reviewed and lifted as soon as possible. When they are imposed, there must be a program in place designed to eliminate or modify those restrictions at the earliest possible opportunity.

People with mental illness or developmental disabilities frequently need assistance in making decisions. You can teach them to make wise decisions by offering choices and respecting their decisions. Examples include: being allowed to draw their own bath or take a shower; to have hot or cold cereal; to turn on radios or the T.V. when they want to; to be involved with housekeeping chores and decide when to vacuum the rug or dust the furniture; and, the freedom to choose one activity over another - or to kick back and relax for 15 minutes.

Sometimes these decisions can be challenging or difficult for staff to honor when they are pressed for time, or feel that they have to make all the decisions. Remember, adults with disabilities are not children. As adults, they have the right to make these decisions and many more. Your job is to help them make realistic choices and to support them in ways that help them experience success, rather than failure or frustration.

The autonomy of people with developmental disabilities or mental illness can best be promoted by providing them with opportunities to participate in decision making about daily plans and decisions. Who will fix dinner tonight? What will we have? Whose turn is it to take out the garbage? What do we want to do this weekend? What program do we want to watch after the laundry is folded and put away? These are a few examples of how all people, regardless of the level of their disability, can be involved with making decisions about their daily lives. Another significant indication of whether a person has autonomy and control to run their own life is whether they are involved and have the dominant voice in directing the development of their individualized treatment plan.

When people are not able to voice their preferences or you question their ability to understand, do not leave them out of the planning and discussion. They must be given the opportunity to participate in the process. When you consistently give them the opportunity to participate in the decision making process, they learn to make their preferences known by their behavior or tone of their voice. Participation of people with disabilities can be increased by directing all questions of

choice and opportunities to make decisions toward that individual. Staff should proceed with the activity only after the person has spoken or communicated a choice by his or her behavior.

Being Prepared for Opposition to the Principle of Normalization

Many argue that the concept of normalization will never work because it is not realistic. They argue that the world just doesn't work that way - and they are right, it does not!

But . . . the principle of normalization gives sensible guidelines on how services and relationships with people who have a disability should be structured. The principle helps us recognize when and why changes need to be made. It gives guidance on how to make changes, so new problems are less likely.

Do not be convinced by those who argue that this is the way it has to be done. Or, that there are no other alternatives. You may become an advocate for change. There is always a way you can assist or help the people you are working with in finding ways to make their lives more satisfying and to gain more control over their lives.

Others will argue you are not being realistic. This way of thinking implies that the individual will never be able to control their behavior or make decisions for themselves. Recognize this for what it is - a self-fulfilling prophecy.

Another argument says normalization is hard to do and cannot be done all the time. This may be true, but that is the challenge we have accepted and must work to achieve. The principle of normalization offers us guidelines on how best to achieve the goals of autonomy and empowerment for the people you are working with.

Direct care staff have not done their jobs if they cleaned the house, if they prepared supper, if they gave all those residing in the house a bath. Our job is to help people develop these skills

and to participate in activities to the fullest extent possible. When we make compromises for our convenience or because we don't believe the person has the potential to learn, we are not carrying out the principle of normalization.

The most discouraging argument of all against normalization is that "you can't make people normal." That is not the goal of the principle. The principle of normalization provides a way to understand how our decisions and interactions affect the lives of people with disabilities. The goal of normalization is not to make people normal, but to normalize the environment in which these individuals live and, where necessary, to provide the necessary supports or adaptations to assure the development of the individual's potential.. Because we value people with disabilities, we are more likely to provide a valued environment and opportunities for skills and relationships to develop.

A Summary of Values and The Guiding Principle of Normalization:

The normalization principle is extremely positive. It has a significant impact on the lives of people with developmental disabilities and continues to give individuals with disabilities, their families and advocates, and the service systems (such as the community residential settings) a guiding sense of direction. When the principle of normalization has been carefully considered, it helps us discover the conditions and practices which restricted opportunities for people with disabilities to achieve their fullest potential. The principle of normalization guides us in doing and saying everything we can wherever possible to integrate people who have disabilities into everyday community life, to enjoy all that we value for ourselves. The principle does not argue for *the normalization of people*. The normalization principle calls for *normalized environments*, which are more nurturing and empowering for persons with disabilities. Until the principle of normalization was understood by human service personnel, advocates, parents and consumers, we often did not know how to treat or arrange services for people with disabilities. Just as the world looks back in disbelief at how people assumed for so long that the Earth was flat, we

shudder when we think about how services and relationships have been for people with disabilities.

UNDERSTANDING THE PEOPLE YOU WORK WITH

► **At the end of the section, you will:**

- **Understand how the people you work with share many of the physical and mental challenges you do;**
- **Understand how the people you work with share many of the feelings and frustrations you do;**
- **Realize the importance of verbal and non-verbal communication - how you communicate, and how you understand and respond to the verbal and non-verbal communication of those with whom you work.**

People with disabilities are first people - and always people! They are people like you, your family members and friends. Like you, they have individual differences, preferences and skills, and they express their needs in unique and often subtle ways. They may be healthy or have relatively minor to very serious health conditions. Even when they are chronically ill or physically handicapped, they want to be as independent as a close friend or family member you know with a similar condition. Their senses of sight and hearing may be as well developed, or better, than yours. Their physical needs may be correctable by glasses, hearing aids or other

devices; some may have lost their sight and/or hearing or may have been born blind and/or deaf. They may have difficulties walking and use a wheelchair or walker.

Just like other people, individuals with disabilities have varying degrees of energy. They may have short attention spans for things you think are important. In contrast, they may have long attention spans for things you find boring. They may not always use their time constructively, but may be responsive to someone who offers them assistance. They appreciate people willing to take time just to be with them, and who don't rush them through new activities, or when things aren't going well.

They may need help preparing and eating their meal. Like everyone else, they take great pleasure out of a good meal and good companionship. They want to be helpful and will respond eagerly to a request for assistance. They like the opportunity to participate in an activity when it is suggested by a known and trusted friend or caregiver. We all want to feel important and accepted for who we are and what our skills or talents are.

Sometimes we just want to be left alone, and we respect people who understand this and give us space. On the other hand, when things are going badly and we are upset or frustrated, we also appreciate the person who will lend us their shoulder to cry on. We also appreciate someone who gives us gentle support and encourages us to try again. When this person gives us good advice, we respect their wisdom. For some people with disabilities, this may mean a task or situation must be broken down into simple steps.

Like so many other people, individuals with disabilities may be less able than some to convey their wants, needs and feelings. Often, they use their behavior to make up for their lack of verbal abilities. They may be more direct and less subtle than some people, but they also can be timid and shy. Like you, they have a fully intact emotional capacity and find people, places and things bring them joy, excitement, pride, anxiety, fear, sorrow, shame, and sympathy. They, too, have difficulties understanding and managing their feelings. This may cause them to become frustrated, angry and withdrawn - feelings common to all human beings.

MISCUES, MANNERS AND MISUNDERSTANDINGS

Some people are rude and inconsiderate, while others always seem to carry themselves with grace and dignity even under the most difficult situations. When you or a friend you know behaves in an unacceptable or impolite manner, excuses are made and somebody always tries to make the best out of the situation. You may be that "somebody" in the life of a person you are working with. How you handle that situation can set the stage for whether the situation can be resolved without escalating. This is no different than a mutual friend or family member intervening when two people have an argument or disagreement. You can help the person learn how to manage the way they handle the situation more effectively the next time things don't go the way he/she thinks they should.

Some folks need to be reminded of manners and social graces. We have all reminded friends and family members to say hello or goodbye, to wish each other well and congratulations, to say thank you and offer expressions of appreciation or encouragement when someone is down. Sometimes remarks and behavior seem to be thoughtless or cruel. Usually this is not the person's intent - they are more likely to be unaware of the impact of their remark or behavior. Often, in the "heat of the moment", they are focused only on their needs, and unable to recognize the needs of others.

Every time we interact with another person, we pay close attention to their body language, facial expressions, and the look of one's eyes. This may be the way the person with disabilities communicates best. Posture, gestures and the emotional quality or tone of voice often communicates a person's intent more effectively than their words. We can communicate respect and appreciation to the person by our own non-verbal actions. Our words should be carefully chosen and spoken, so they communicate respect and value, even in the most difficult or challenging situations. During these situations it is generally best to speak in a calm, soft voice that is the opposite of the individuals agitated, loud voice.

At times, we may misunderstand or misconstrue the meanings of things other people say or do to us. We may misinterpret messages, and insist we are right. Our perception of events, people and

things may be clouded by our needs or frustrations toward those that block our access to what we want at that time. Just as we are puzzled by why our friends or family members sometimes misunderstand us over and over again, the people you work with will become frustrated with you when you don't understand their efforts to communicate how they are feeling or what they want.

There are many other ways the people you work with are like you. Their past experiences may have been more limited than yours. Their mental and physical conditions may be challenged or compromised by developmental disabilities and/or mental illness. Their needs may be prioritized differently than yours. They may have more difficulty expressing themselves than you. Yet, they share the same needs and goals we all share.

Remember: we are all people first!

HOW PEOPLE RELATE TO PEOPLE, PLACES AND THINGS

► **At the end of this part, you will be able to:**

- **Identify factors influencing a person's ability to deal with life's demands;**
- **Understand how values, attitudes, beliefs and expectations can influence behavior - our own and those we work with; and**
- **How positive descriptions of individuals' capacities can influence public perceptions and how we work with people in the residential community.**

Many factors influence a person's ability to deal with the demands of life. How we behave today and respond to a current life situation may be based on how we responded and behaved in the past. Here are some factors that influence thinking and behavior:

- **Early life experiences** - Relationships to the people close to us, along with cultural ethnic influences, and attitudes.
- **Expectations** - What did significant others expect from us? How did we respond to those expectations? What do we expect of ourselves now?
- **Stress** - What kinds of things are stressful? How do we respond to these stresses?
- **Communication** - Can we express thoughts, feelings, wants, or needs? Can the people we work with express their thoughts, feelings, wants and needs? In the past, what happened when opinions or feelings were expressed?

- **Understanding** - Do people we work with understand why certain things happened or are happening? Do they understand why things are being done to, or for them? Do they understand why things are done, sometimes without their involvement or consent?
- **Supports** - Do we have family, friends, and community acceptance? Do the people we work with have this same support system?
- **Illnesses** - Have the people we work with or someone close to us experienced a severe illness? Did the illness cause a disability? What were the emotional and behavioral responses of these individuals to their illness or disability?
- **Physical Needs** - Has the person been homeless, hungry, cold, or abused? Have they experienced humane physical contact?

How people attempt to meet their needs may determine how they deal with life's demands and stresses. Social scientists have long known that the values, attitudes, beliefs, and expectations of people can strongly influence behavior. But how do these values, attitudes, beliefs and expectations differ? *Webster's New World Dictionary* defines them like this:

- **Attitude** - "A manner of acting, feeling, or thinking that shows one's disposition, opinion, etc."
- **Values** - "That quality of a thing according to which it is thought of as being more or less desirable, useful, estimable, or important." "Worth, or the degree of worth."
- **Belief** - "Conviction that certain things are true."

If our "attitude" shows interest and caring about people, they are more likely to tell us what they think, want and need. If we "value" a person and show that we think they have worth, they are more likely to think of themselves as worthwhile. If we "believe" everyone can learn, grow, and change, we are more likely to see people learn, grow, and change. Our actions and the way we behave toward people, show others our attitudes, values, and beliefs. For example:

- If we want a person to be more involved in program activities, we ask them about their activity likes and interests. This show an attitude of caring and concern.

- When we "value" other people, we seek them out, start a conversation, spend time with them, and praise them for jobs well done.
- If we "believe" disabled people can take control of their own lives, we allow them to make their own decisions and choices about what to do and when to do it.

FINDING CAPACITIES IN PEOPLE

It is the nature of therapeutic relationships for the worker to emphasize and build upon an individual's capacities. All people bring important gifts to a relationship and to community life. We have examined earlier how the positive characteristics and qualities of people with disabilities have been denied or ignored. In the past, in dealing with people with disabilities, we focused on identifying and fixing deficits and negative characteristics. The consequence is the gifts and capacities people with disabilities bring to the community may be completely overlooked. Review the descriptions on the next page that describe the same individual, and decide which description shows the potential for a more therapeutic relationship and a belief in the potential for the individual to learn new skills and behaviors.

Which of the following descriptions of the same person would you prefer if they were descriptions of you?

Description #1: Mary is a physically large 18 year-old female. She is enrolled in an education program for children with moderate mental handicaps. She is physically handicapped. Her right side and arm seem partially paralyzed. Her speech is slow and considered, related to brain dysfunction and injury. There are signs of scars on her right arm. She has speech defects, and lags in developmental speech. She has epilepsy and delayed mobility. There is left hemiparesis associated with brain damage. She scores at first-grade level on information, spelling and reading, and at second grade in math. Her perceptual development appears so simplified that it is hard to believe this type of reproduction comes from an 18 year-old woman. She has a full-scale IQ of 58. Verbal quotient is 62, showing function within mild mental retardation. Age equivalency is 10 years, eight months.

Description #2: Mary is generally healthy, although she has chronic allergies. She could live independently if something were to happen to her grandmother. Alma wants to have her own apartment. She has 15 significant people in her network. They include her teacher, friends from school and family members. Her friendships with non-handicapped peers have decreased over time. Mary goes all over town on her own. She walks to the grocery store and other shops. She goes to the Freewill Baptist Church. She visits a lot of people. She would like to be able to get out of town

more. Mary decorates her room. She chooses to visit her father. Her grandmother makes many choices for her and decides how her check is spent. She is congenial and helpful, and has a pleasant personality. She is in the "trainable mentally retarded class" and likes to tell other people what to do. Mary cooks simple meals. She gets up at 6 a.m. every day and cooks breakfast for everyone. She is a good babysitter for Maria, her little sister. She shows leadership ability. She likes to travel. She likes music and dancing. She likes "circle a word" and math exercises. She likes to help clean. She likes to watch TV. She doesn't like to wash dishes, tend to babies or read. Mary wants to acquire a skill through the vocational technical school. She wants her own apartment and a job. She would like to be able to drive. Mary wants to have more friends.

Description # 1 of Mary is consistent with a treatment model that focuses on weakness and deficits.

Description # 2 of Mary is consistent with a treatment model that focuses on strengths and capacities.

Which description would you rather hear presented if somebody was talking about you?

Labels and stereotypes limit the ability of staff and community members to see people's capacity - the presence or potential to develop relationships, skills and abilities. When community members perceive people with disabilities through labels or stereotypes, they tend to treat those people as incompetent, childish or menacing. These often unconscious assumptions close many doors to people with developmental disabilities or mental illness.

Consequently, it takes strength and determination by all caregivers to find capacities in people with disabilities and to help others see how competent people are when given the opportunity to express their gifts.

YOUR ROLE, YOUR RESPONSIBILITY

► **After reading this part, you will:**

- **Understand that behavior always represents an attempt to communicate individual needs;**
- **See that one of our primary roles as caregivers is to pay attention to behavior - especially when individuals are unable to verbally communicate their wants, needs and feelings;**
- **Understand the importance of giving constructive, consistent responses to an individual's communications;**
- **Recognize the importance of helping an individual accomplish, on their own, as many steps in tasks or activities as they can.**

One of the most important roles and responsibilities you have in working with people diagnosed with a developmental disability or mental illness is to be sensitive to what the person is experiencing at any given time - how they are feeling, what need is driving their behavior, and what they are trying to communicate.

We make a serious mistake if we view behavior as an end in itself or merely a sign of a developmental disability or mental illness. Behavior always serves a purpose. Behavior

always is an attempt to communicate. The responsibility for staff who work with people is to come to know the purpose of an individual's behavior, and to help that person achieve his or her wants, or express their needs in a clear and constructive manner.

Behavior that may appear irrational and unreasonable can be understood when we begin the difficult search for meaning. When the individual cannot convey verbally what he or she is experiencing, our means of understanding is by paying attention to the individual's behavior.

People unable to ask or explain in words what they want or need will present the more serious challenges to staff. People without verbal skills rely on their feelings to interpret their world and act accordingly. These individuals' behavior may take the form of moving toward or away from people; touching, holding or hitting; turning upon themselves in self-abusive ways; or making a repetitive sound of comfort or distress.

Staff must become skilled at recognizing, understanding, interpreting and acting upon the meaning of each individual's behavior. Establishing communication requires staff to reach out and search for understanding. This is best achieved when an effective relationship exists between the individual and the caregiver. For many people with disabilities, this relationship develops mainly at an emotional level, rather than at rational, or cognitive level.

When staff, with guidance from the Interdisciplinary Team, are unable to determine the exact meaning of a person's behavior, it is recommended that staff develop a positive, constructive and consistent response to the person's effort to communicate. With time and consistency, the individual will recognize your efforts to understand their behavior, and will clarify his or her meaning by continuing to communicate with you until you do understand. Do not impose your will upon the individual. Conformity is not our goal.

Behavior is never meaningless. Even if the person's repetitive behavior seems without cause or purpose, and there are no medical factors contributing to the behavior, it may be the only means the person has to express himself/herself. Show respect and appreciation to the individual and gently guide them through your response to their needs. If carefully observed, people who are

angry or upset will change the intensity or frequency of their troubled behavior when given comfort and support from their caregiver.

This is not to be confused with reinforcing inappropriate behavior. This is a transitional phase which leads to much more intense reinforcement for constructive and more adaptive behavior. A common example is the difficulty many people with disabilities have transitioning from one activity to another. Often, they will become upset and demonstrate this difficult behavior. Staff can assist the person by first anticipating this reaction and providing concrete/tangible prompts that convey the purpose of the change.

If the person still becomes upset, provide reassurance of safety and well-being by concentrating on strengthening the relationship. Modify and adapt the task to make it both meaningful to the person at that point in time. By providing this support, you can help the individual make the transition successfully.

A second staff role and responsibility is recognizing that the people you work with are capable of initiating and participating in all activities in the residential community. This also includes working or going to school, and participating in recreational activities.

It is important not to think of the persons you work with as unable to do anything for himself or herself in skill areas (such as self-care), simply because he/she does not initiate action. Sometimes, the details of daily living - like blowing one's nose, eating with utensils, putting on stockings or shoes, taking out dentures, rinsing mouths - require that caregivers provide assistance. However, these tasks must never be done to them, or even for them. They need help getting started, but avoid using excessive verbal prompts (telling a person what he/she should do next). Verbal prompts often become demands. It is more effective to hand the person a tissue or a spoon which will often initiate the desired response. Then, verbally interact with the individual with praise and support.

The goal is to help individuals initiate and complete as many steps of skills or activities as they can. Non-verbal suggestions for next steps are most effective in helping the individual continue the task or activity on their own.

The person's ability to participate in self-care may be hidden by depression, frustration, or a caregiver that misreads non-performance for lack of ability. It is important to expect the individual to control as much of their own lives as possible. Accepting that an individual cannot change or learn because of their impaired functioning does not communicate an image of respect or dignity. It conveys the attitude: "He's just like that (because of his disability)." Such thinking dismisses the person's ability, and does not seek to understand the nature of his disability or how to encourage learning skills necessary for self-growth. The staff upon whom the individual depends must have respect for the person they serve. They must visualize the individual's potential ability to learn new skills and behaviors, even with their disability.

THE CASE FOR TEACHING FUNCTIONAL SKILLS

It is not uncommon for teaching strategies to focus upon a particular skill and at the same time ignore bigger questions like: "Where would the person use this skill?," or "Where and how are the best ways to teach this skill?," or "Will learning this skill help enrich this person's life?"

We discussed earlier that relationships are the framework for effective teaching. If we ignore the question of what to teach, we run the danger of teaching things which devalue the person, and the person's contributions. The following example asks hard questions about: "What do we teach?," and "What shouldn't we teach?"

WHAT IS A FUNCTIONAL CURRICULUM?

► **At the end of this part, you will be able to:**

- **Define a functional curriculum; and**
- **Understand how to choose which skills to teach, so individuals can learn new skills and behaviors that lead to greater independence in their lives.**

A functional curriculum is teaching -

1. WHAT IS IMPORTANT;
2. WHAT MAKES SENSE TO TEACH;
3. WHAT SKILLS THE PERSON CAN REALLY USE; AND
4. TEACHING SKILLS THAT ASSIST THE PERSON TO LIVE, WORK, AND ENJOY THEIR LIFE.

A functional curriculum can be defined, in part, by providing or determining the answers to the following questions:

WHAT TO TEACH?	<i>Things that are important.</i>
WHERE TO TEACH?	<i>In the community.</i>
WHEN TO TEACH?	<i>when doing the skill means something.</i>
HOW TO TEACH?	<i>So the person can master the skill and enjoy the experience...but also learn from some of their mistakes, so they "earn" mastery of a skill.</i>

What are useful skills to teach? This question that can be answered only on an individual basis. Here are some guidelines to assist the decision making process:

WHAT IS IMPORTANT TO TEACH?

Are the skills for teaching considered age-appropriate?

- If the skills are "silly", they may or may not be appropriate for an adult to learn.
- If the skills are not typically associated with persons of similar age, they may not be appropriate for a person with whom you are working.

Are the skills required across a variety of environments?

- If the skills are not needed in the community, or at home, or at work, WHY teach them?

Can these skills be used often?

- If the skills are never used in the community (or at home), WHY teach them?

Does someone have to perform the skill for the person?

- If someone has to keep doing something for a person, and the person may be capable of learning to do it themselves, WHY NOT teach that skill?

How do peers use the skill?

- One way to decide what is important to teach is to look at persons of similar age and see what is important to them (community living skills, friendship skills, vocational skills). Then adapt a curriculum for a person in a community residential setting. (e.g., how to prepare a dinner and invite others over for dinner).

What skill would the person prefer?

- Another way to decide what is important to teach is to -
 - a) Ask the person what they like (and then teach it to them).
 - b) Observe their likes and dislikes and teach their likes.
- The idea is most persons study and go into fields they like and are good at, and avoid skills they do not do well in. Certainly, we just cannot do things we like all day. At least part of the time, we ought to follow our interests and refine them. This should apply to the functional curriculum for persons living in the community residential setting, too!

What is the person's present level of performance of these skills?

- It is important to assess where the person is coming from. What current strengths does a person have? How can strengths be built on and refined? Again, people tend to learn

what they like and have interest in. A good teacher finds these "hidden" strengths and teaches the person to use "what they have." This is especially important for us. We work with what the person has!

What family needs have been considered when determining skills?

- Persons in the community live with others and with staff. Both see individuals - their strengths, likes, dislikes, interests. In deciding what is important to teach, those in the residential community setting can provide information about what the person can use, how often, and where it will be important. It is critical for us to LISTEN carefully to all community residential setting input!

FINDING FUNCTIONAL ACTIVITIES IS CHALLENGING!

What we do everyday is our best. We teach adult living skills. We teach in the community - where skills are truly needed. We encourage positive and appropriate social skills. We try to defuse any challenging behaviors. We encourage persons with severe handicaps to work in the community through our supported employment program. The skills we teach are functional if they focus on the following:

THE STRUCTURE OF TEACHING

Behavior is something all staff must try to understand. There is a logical and adaptive cause behind all human behavior. The cause may be physiological, psychological, or in response to environmental factors, but there is always a reason behind behavior. (See *Maslow's Hierarchy of Needs*)

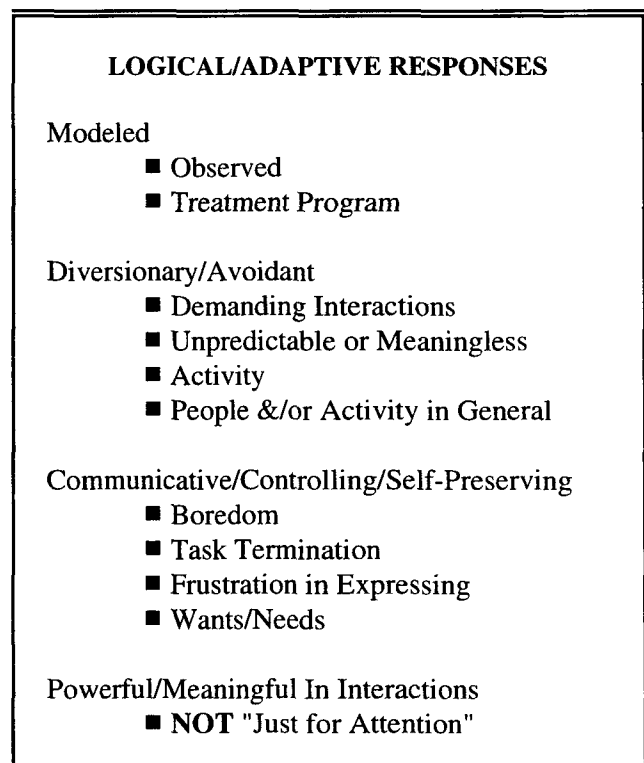


Figure 14

When trying to understand the cause of behavior, begin by looking at the "function" of the behavior. What does this behavior do for the person? Does the behavior help them get away from something they don't like or don't want to do? Does the behavior help them avoid a situation where they know they are likely to fail or feel threatened by demands? What need is the behavior attempting to communicate? Why do they feel the need to resort to such extremes to get someone's attention, or to protect themselves from something they see as threatening?

Don't excuse or devalue the behavior as non-meaningful or "only for attention."

That is the fundamental reason for all behavior. Behavior is designed to communicate or satisfy a basic need.

When a student is in a classroom and raises his hand, the teacher calls on the individual. Therefore, the "function" of the student's behavior in raising his hand is: the teacher recognizes the student's desire to speak. When trying to understand the function of behavior, ask yourself what does or does not happen because of the behavior that is expressed?

A LEARNING EXPERIENCE

ACTIVITY

Think of an individual you know (someone you live with or a close friend). List (2) behaviors of the individual. Next define the function(s) the behavior serves for the individual (i.e., what does he/she get and/or avoid by doing the behavior?)

BEHAVIOR

WHAT DOES HE/SHE GET?

WHAT IS AVOIDED?

1.

2.

There are many different variables that can have an impact on behavior. One of these is referred to as environment: the physical surroundings, the individuals found in these surroundings, and the events that occur in these surroundings. When someone mentions environmental variables or factors, it means what is happening in that person's environment.

Environment refers to things that are happening around an individual which impact upon the person's behavior.

An example of an environmental factor: an individual, who lives alone and does not drive, has a favorite pastime - shopping. This person, ideally, should live in an area in which he/she could walk to a shopping center. The environmental factor which impacts the person's behavior is the proximity of the shopping center to the home. If there is not a shopping center close to the person's home, then the person will not be able to enjoy his/her favorite pastime - shopping!

Another example: an individual who likes to play board games with others should live in an environment where he/she is with others who also like to play board games.

When you are trying to figure out the "why" of a behavior, it is important to look at the environment and what factors promote or prevent different behaviors.

In the next part, we will learn about "reward." When we say "reward," we mean all interactions between a teacher and learner which make a session fun, pleasant, rewarding, of benefit to both teacher and the learner, and free of negative, corrective and controlling actions. In a basic sense, "reward" communicates we enjoy being with the other person.

TEACHING STRATEGIES

► **At the end of this part, you should:**

- **Know the skills that make up teaching;**
- **Understand effective ways to teach others;**
- **Understand the teaching strategy of reward, or reinforcement;**
- **Learn how discovering "why" a behavior takes place can help you decide actions that can teach effective skills and behaviors.**

Teaching strategies are an important skill area for all staff to develop. A teacher must always be alert to the needs of his or her students. Those needs and how they express them can change from one moment to the next. The teacher must be flexible and willing to make adjustments in response to the individual needs. The teacher cannot be rigid and demanding. The teacher must be fair and understanding, while maintaining high expectations. Teaching is an art you can learn.

Frequently, an individual's perception of staff is shaped by the teaching strategies that are used. Acquiring good teaching strategies teaches new skills. It also helps the individual develop positive attitudes and feelings towards staff. Be familiar with all of the techniques below. The most important teaching strategy, however, is the power of reward, sometimes known as **reinforcement**.

TEACHING	TEACHING STRATEGIES
DYNAMIC - Not static	● Task Analysis
SUBTLE ADJUSTMENTS - Not rigid, static steps with straightforward results	● Reinforcement ● Sequential Learning "Routines"
A GIVE-AND-TAKE BETWEEN - Your PROMPTS, ASSISTANCE & FEEDBACK	*Visual, Tactile & Kinesthetic Cues (*Sight, Touch and Body Movement Cues)
The Person's MOMENT-TO- MOMENT RESPONSES	● Natural Cues ● Prompting & Fading
Your ADJUSTMENTS TO THESE RESPONSES	Most-To-Least Fading Errorless Learning
An ART	

Reinforcement is the process in which behavior is more likely to repeat itself when followed by a positive (reinforcing) consequence. If the consequence is not reinforcing the behavior will not repeat itself.

This part shows the tremendous power of a warm smile, a pat on the back, and a kind word. In addition, you will learn how to look at situations from different points of view. Discovering the "why" in a given situation can help you to decide the best course of action. Developing a sense of "why" things happen helps head off problems before they have a chance to get started. You already have learned "why" behavior occurs. It is an attempt to communicate a need, or respond to an event that is either positive or threatening. When this behavior is reinforced, it tends to repeat when the need or event is similar at a future time.

The strategies in this part can be used for group or individual interactions, formal or informal programming, residential or community settings (such as a doctor's office), and for building a relationship with the individual.

HELPING INDIVIDUALS SUCCEED IN ACTIVITIES

There are several strategies you can use to help the person succeed during an activity. First, "keep it simple." For some people, it is unreasonable to expect they will complete all aspects of the task. If you have this expectation, or place this demand on the person, both you and the person are going to become frustrated. Simplify the activity by expecting the person to complete, or assist you in completing a small portion of the whole task. The task should be meaningful and you should have fair expectations about what the person is able to do.

It is also helpful if you do the task WITH the person. Do not stand back and act as an "overlord". This creates social distance between the two of you. Encourage the person to enjoy your

presence and to participate cooperatively. When working in a group with other individuals in the community residential setting, help them learn to relate to you and with each other.

Make the task happen. Repeated verbal instructions or extensive physical prompts are not helpful. If the person is distracted from the task, or hesitates to begin without direction, take more of an active role in doing the task yourself. Be ready to reward any and all efforts by the person to participate. Modify what you are asking the person to do so the steps are clear and easy. Use a "natural cue" to communicate what is expected. For example, place the already folded towel in the person's hand. It is very likely that he/she will at least hold on to the towel. Then by holding on to the towel (or lightly touching the person's wrist), you can move the towel to the completed pile. Reward the individual's participation even when it is at a very low level. The interaction is more the focus than the task.

Save verbal and social rewards for expressing pleasure at being with the person and talking about important events in the person's life and yours. This adds value to the task and emphasizes the importance of maintaining a good relationship. Do not use contrived rewards, like saying "good job" over and over again. Keep a balance between your expectations for task participation and relationship building. Remember, the relationship is more important than the task.

Keep the task going, but be sensitive to the tolerance level and frustration the person may display when they feel less secure in their ability to complete the task. Sometimes they may be distracted because they have a physiological need (i.e., thirst, hunger, need to go to the bathroom). Respect these needs and do not hesitate to offer these options.

RECOGNIZING EXAMPLES OF REWARD

Reward means to strengthen or support an individual's behavior. Reward helps teach individuals how to interact in a positive fashion, or how to teach new skills. Reward is a very practical tool for staff because it is always available and seldom causes problems for the teacher. This part

explains different forms or modes of reward, and stresses the importance of interacting with individuals as the primary method of reward.

The following are common forms of reward you may use in your work:

VERBAL - This includes pleasant conversation (telling an individual they are doing something well, or joking around in a positive way). This type of reward is most effective when it is natural and not artificial or stilted.

PHYSICAL - This includes handshakes, high fives, and hugs of approval. Physical reward includes any non-sexual physical touch meant to convey warmth or approval.

EDIBLE - Although this type of reward is seldom found in program plans now, this is when food or drink is used to reward behavior. This can also include sitting down with the person to share a cup of coffee or enjoying a cookie after you and the individual are finished baking them for the evening dessert.

TOKEN REWARD - Any tangible reward which the individual must earn before receiving. This type of reward is not seen very often, with the exception of an individual's weekly paycheck.

PRESENCE - Being physically WITH the person and participating in the activity side-by-side as a partner. This can include giving smiles, pleasant looks, and showing positive body language.

Reward is to be given freely and not thought of as something the person must earn. Our job is to make it possible for the person to receive rewards and approval for accomplishments.

Concentrate on making sure individuals receive far more verbal and physical rewards than demands or prompts. Being aware of the amount of reward or reinforcement you use at particular times is very important to your success as a teacher. A good way to start and end any interaction with a person is to say or do something rewarding. The more times you provide reward while interacting with an individual, the more successful you will be in helping the person participate in the task or activity. A rule of thumb is to provide at least four rewards for every prompt or demand given. If that is not enough, you should provide more rewards and decrease the use of prompts and demands. You may be able to accomplish more by simplifying the task.

Human qualities of reward and reinforcement are stressed because it is a basic fundamental need for all human beings. You will find if you cannot interact positively with an individual, you will have a difficult time helping that individual develop their potential. If the person does not see you as a source of reward and acceptance, they will not develop a sense of trust in you. They may come to avoid you or engage in behavior that forces you to pay attention, even if the attention is not rewarding. When they become frustrated at a situation's demands, they may react to your efforts to help them as threatening if they do not see you as a consistent source of reward. You must demonstrate repeatedly that you can be trusted to provide a safe and secure relationship that is based on the values of human reward.

Learning to interact in a positive fashion with others is the single most important "skill" you can acquire -

- Human reward is always available - at home, the doctor's office, or in the middle of the night.
- Human reward increases and emphasizes a person's competence. This competence can be extended to other areas of their life.
- Human reward can be given in different ways - over a period of time, with more frequency, and with a high level of attention in the interaction.

- Human reward can be delivered by almost anyone, in any situation.
- Human reward is not something that wears out or loses effectiveness.

IDENTIFYING THE USES OF REWARD

A person's environment and whether their needs are being met or threatened are very important factors in influencing how she or he behaves. Although a person may be physically challenged, and have learning difficulties, their needs are similar to our own.

For us to feel comfortable, we want our basic needs satisfied. If it is hot and we are thirsty, we focus our attention on getting a drink. If we know the people who are present and enjoy their company, we feel safe and secure in their presence. If the task we are doing is difficult, we may hesitate until we are sure we can handle the situation. Therefore, the environment must be rewarding to enhance learning and development.

People who have disabilities would react no differently to these situations than you would. Since many people with disabilities are not always able to effectively communicate or address their own needs independently, they often resort to behavioral expressions to get their point across. Many behavioral challenges are not the result of the person's disability. They are using learned behavior.

The principle of reward is primarily involved in developing relationships, strengthening behavior, and increasing the frequency of behavior. This is extremely important because many individuals' difficulties result from not developing any meaningful relationships. Thus, they have not learned appropriate patterns of behavior. The principles of reward are used to:

1. Help develop a relationship.
2. Maintain appropriate interactions with others.

3. Refine existing skills.
4. Teach a new skill.

Staff need to guard against becoming mechanical dispensers of rewards. Individuals need to live in rewarding environments, not be rewarded for "good behavior." This means staff should focus on positive interactions with the individual. Then, it becomes relatively easy to teach new skills, because the teacher's presence is rewarding. An individual relaxed around the teacher can concentrate on learning.

IDENTIFYING THE LESSONS OF REWARD

The power of reward can be increased considerably by following a few simple rules. It is important to practice these strategies to become good at providing effective rewards. You may want to ask another person to observe you and provide feedback. Make a conscious effort to deliver more rewards than demands or prompts to the individual.

Look for opportunities to reward an individual before a problem arises. Frequently, we wait for them to complete some prescribed step before rewarding. Make a conscious effort to follow these lessons:

LESSON 1 - Begin to interact the minute you encounter an individual. Work on shaking hands before trying to teach or reward for an activity.

LESSON 2 - Reward the minute they make any effort. If you begin rewarding at Lesson #1, it is more likely you will get to Lesson #2. If Lesson #3 appears too challenging, simplify it immediately, or keep the task going by doing more of the work yourself.

LESSON 3 - Always spend some rewarding time with an individual before ending an activity. Try to help them get involved with something else before leaving. A promise to come back must be kept.

LESSON 4 - Use a schedule to provide activities for an individual when they are not having problems. Increase reward during these times.

LESSON 5 - Conversations should take place whenever possible. Be available to talk frequently.

Enthusiastic reward is often hard for staff to keep up for any length of time. This happens sometimes because the same phrase is used over and over, such as "good job" or "nice work." Talk enthusiastically about what the person has been doing or would like to do. Discuss what is planned for dinner or on the TV tonight. Remind the person about the plans for tomorrow, or how fun the outing was last weekend. Rewards can involve more than saying "good job . . . good job . . . good job."

LESSON 6 - In order for rewards to be effective, they must be enthusiastic and interesting. Remember that conversation is a verbal reward. Talk about yourself or tell a story. Intersperse different kinds of reward into the interaction. Try a hug, handshake, or high five, combined with verbal reward. Sometimes when we reward an individual, we think we are not really getting through. It can be difficult to keep our enthusiasm at a high level, if we don't think the person is giving anything back to us.

LESSON 7 - Make sure the individual is sharing reward with you. You can hold your hand out and wait for the individual to take your hand and shake it. In this way, you can be reasonably sure you are getting through, and that the person finds this the interaction a rewarding experience. Staff also can hold their arms out for a hug, or put hands up in the air and wait for the individual to respond. These are examples of sharing reward with someone.

INTRODUCTION TO YOUR ROLE AS A TEACHER

OUR GOALS FOR TEACHING

1. TEACH THE PERSON THAT HUMAN PRESENCE...
 - ...IS SAFE AND SECURE.
 - ...IS CONSISTENT AND PREDICTABLE.
 - ...SIGNALS THE ONSET OF REWARD
2. TEACH THE PERSON THAT HUMAN INTERACTION & PARTICIPATION...
 - ...PREDICTABLY YIELDS REWARD
 - ...RESULTS IN EQUAL VALUING OF THE TEACHER AND THE LEARNER.
3. TEACH THE PERSON THE VALUE AND MEANING OF HUMAN REWARD.
 - ...HOW TO ACCEPT AND SEEK REWARD.
 - ...HOW TO GIVE REWARDS.
 - ...HOW TO SHARE REWARDS.

RECOGNIZING THE ROLE OF THE CAREGIVER AS THAT OF TEACHER

During the "Introduction to Residential Services in Community Settings and Your Role as Direct Care Staff" phase of this training, you learned that one role in your job is that of teacher and trainer. This includes providing new knowledge, skills practice, feedback and support for the maintenance of new behaviors. This includes the people with whom you are working. In this part, we are going to cover the teaching part of our duties in very specific detail. We are going to define teaching much more precisely, because it is central to everything else we do in our work. We are going to pin down the major goal of our teaching. We will take a closer look at the important elements of the teaching process and practice doing the skills needed to teach effectively.

This is the definition we will use for "teaching":

Teaching is a process involving two or more people interacting, in which the participants share information, abilities and talents, experience, and each other's presence. The result is growth of the participants in information, abilities, experience, and their acceptance of each other.

Every time we teach someone else, we impose different parts of ourselves onto that person's life. We are giving to that person what we feel is important information, what we believe are valuable skills, and the benefit of our "expert" judgment. We often forget the importance of the other person's perspective and experience. If we are to become effective teachers, we have to recognize that teaching is not the process of pouring knowledge into someone else's head. It is a process of sharing, in which teacher and learner experience some changes and gain from the contact.

THE INSTITUTIONAL PATTERN OF TEACHING

► **After reading this part, you should:**

- **Recognize why the Institutional Pattern of teaching does not allow a person to be valued for appropriate behaviors.**
- **Understand how using the Institutional Pattern of teaching can produce the opposite teaching goal we seek - to reward desired behavior.**
- **See why positive learning and meaningful relationships are unlikely to happen using the Institutional Pattern of teaching.**

In the past, the most common process of teaching was the "Institutional Pattern". The Institutional Pattern of teaching emphasizes the correction of challenging behaviors. A teacher following this pattern makes sure people are not doing things we, as individuals or society, have decided they should not do. To be successful in this type of teaching, one spends a majority of time paying attention to "inappropriate" behaviors and stopping them. Traditionally, this has been accomplished by punishing a person for what he or she should not be doing. These teaching efforts focused on "fixing" the person.

When punishment does not work in getting rid of behaviors we don't want to see, the alternative is to increase control over the person, and punish more intensely. The immediate objective of this type of teaching is to make the results ("consequences") of the challenging behavior distasteful, unpleasant, and painful. The person being taught finally accepts the control and adopts the teacher's point of view, deciding this behavior is not worth the hassle to repeat. This process also imposes a separation, or hierarchy of roles, between teacher and the student.

<p align="center">OLD ASSUMPTIONS AND TEACHING APPROACHES</p>	<p align="center">ACTIONS THAT "FIX" OTHERS</p>
<p>BUILDING BLOCK APPROACH</p> <ul style="list-style-type: none"> - Use educational model for skills acquisition - Hierarchical movement - Preparation for "the real world" 	<p>modify control</p> <p>supervise evaluate</p> <p>heal instruct</p> <p>shape manage</p>
<p>NON-COMPLIANCE DETOUR</p> <ul style="list-style-type: none"> - Use behavioral technology to establish compliance - Pre-requisite to involvement in educational model 	<p>correct enlighten</p> <p>teach direct</p> <p>guide train</p> <p>discipline drill</p>
<p>SINGULAR OWNERSHIP OF PROBLEM</p> <ul style="list-style-type: none"> - Both skill deficit and behavioral challenge; "reside" within the person - Targeted changes occur within the person 	<p>prepare advise</p> <p>persuade order</p> <p>monitor coach</p>
<p>DISTINCT HIERARCHIAL ROLES</p> <ul style="list-style-type: none"> - Teacher/Learner - Staff/Client - Support worker/Person-in-need 	

CONCERNS WITH THE INSTITUTIONAL PATTERN OF TEACHING

There are some real moral and ethical problems with this pattern of teaching. First, the important thing the teacher attends to are undesired behaviors. Whatever a person does which is good or effective or valued escapes notice and is not recognized at all. We communicate to the learner the overwhelming importance of undesired behaviors, or what we want the person not to do. We spend our time "taking away" behaviors. Our definition of "appropriate" behavior becomes "not doing things". If we followed this Institutional Pattern of teaching, we would never say our goal was to teach a person not to do anything. However, this is exactly what our actions communicate.

This model of teaching focuses on the individual as handicapped - rather than on the individual with many gifts and talents, and the capacity to learn and participate fully in life.

Staff operating in this type of system typically see people with disabilities as different from themselves. Since this difference is not valued, the people are not valued. Soon, it becomes easy to justify the use of treatment or teaching strategies that are different from what would be acceptable to use with our loved ones.

There is another serious problem with this pattern of teaching: we place all the weight and value of our attention on "undesired" responses. In doing this, we communicate to the person the type of behavior we find important, what we expect, and where we place the value of our dealings together. When the undesired behavior does not occur, we may not interact much with the learner. The learner sees if he or she wants to interact with us, the way to do so is to do the undesired behavior, to get our attention and hold it. The pattern accomplishes exactly the opposite of what was planned.

RESULTING DIRECTIONS	THE RESULTS
<ul style="list-style-type: none"> ● Focus on the person as handicapped ● Different treatment of "different people" ● Focus on changing targeted behaviors ● Avoidance of relationships ● Interactions often demanding and/or controlling ● Positive relationships left to chance or personality "matches" 	<ul style="list-style-type: none"> ● Compliance becomes a focus ● Our words and touch become demanding/controlling ● Participation becomes aversive for both individuals ● A power struggle or distancing in the relationship ● Reduced opportunities to participate isolates and disables the person ● Differentiation of activity and relationship: ● Positive interactions frequently "given" - not shared, and most often occurs at non-participatory times

Ethically, the problem with the Institutional Pattern of teaching is it has been used convincingly to justify some terribly inhumane things for one person to do to another person. A very real danger is found in trying to answer the question, "What do we do if the behavior continues?" The answer has been that if a particular punishment does not work, the solution is to increase the

punishment. And, if the undesired behavior persists, make the consequences even more harsh. This opens the door to some really cruel punishments justified by the need to control another person. If our objective is simply to stop behavior, then we increase severity of the punishment, impose physical control, and isolate the person from enjoyed activities and environment. We continue these actions until the behavior stops completely. The personal relationship between the participants is: I, the teacher, am in charge and you, the learner, will do as I say (i.e., I am up here and you are down there).

Positive learning and meaningful relationships do not develop using the Institutional Pattern of teaching.

THE EDUCATIONAL PATTERN OF TEACHING

► **After reading this part, you should:**

- **Know several teaching ideas that limit a person's ability to learn new skills appropriate for their age and present abilities;**
- **Be able to give examples of the Educational Pattern of teaching;**
- **Understand why simply giving a person information does not mean they will be able to use and apply that information in everyday life;**
- **Understand why those learning new skills or behaviors may not see themselves as part of the learning process under the Educational Pattern of teaching.**

The second pattern of teaching is the traditional Educational Pattern of teaching. We don't mean public education. This pattern places an exclusive emphasis on the accumulation of skills and abilities and the lifelong effect of labels, such as "trainable" and "educable".

It is very important for anyone to have a wide range of skills and abilities. It is important to know things and to know how to use certain skills to develop, grow and have a satisfying life. We need to learn how to do things and we want to learn how to do things. This teaching pattern, however, says that to teach an individual, I must pour information or abilities from my head into yours.

The learner in this kind of relationship becomes nothing more than a "recipient" - a receiver of our actions. To make the task the most important part of teaching leads to an incorrect conclusion. That conclusion is we can "put" information and skills into another person and they will "have" the knowledge or abilities. In fact, it is not just the teacher whose actions are important to the teaching process. Participation by the learner is essential.

The ultimate goal of the Educational Pattern is the myth that we are going to be able to construct a person, piece by piece, so he or she is eventually and completely "independent". If you think you are a reasonably independent and self-sufficient person, how many things do you do now that you learned entirely on your own? With independence, it is essential for a person to learn skills and abilities as they live in and draw support from their community. All people are entitled to independence in making choices and acting on them in personal life. Beyond independence, we need to teach others how to become "interdependent" in their communities, to rely on others and allow others to rely on them.

The Educational Pattern of teaching ignores the sharing aspect of teaching. What is not acknowledged is the teacher is also growing and developing as a direct result of the contact. The relationship between the teacher and the learner becomes: "I have something to give to you. You have nothing to give to me. I know. You do not yet know." Interactions and activities in the Educational Pattern of teaching are all "one-way". As in the Institutional Pattern, the message is: "I, the teacher, am up here, high above you in value and importance." This can be carried even further: The temptation is to value the learner who knows a greater number of

things over one who knows fewer things (those common "high functioning" and "low functioning" labels).

Five Schools of Thought Which Unnecessarily Limit Learning By Persons With Disabilities

- 1. Developmental Age Hypothesis** often results in persons with severe disabilities receiving instruction in environments, engaging in activities and using materials designed for much younger groups.
- 2. All-or-Nothing Hypothesis** instruction is not initiated until there are assurances the person can acquire all the skills. This often excludes people from taking part in chronologically age-appropriate activities and fosters dependence.
- 3. Independent Performance Hypothesis** means that before instruction on a skill sequence, it must be determined whether the person is capable of performing the whole sequence without assistance or supervision. This approach shelters the person and does not allow functioning in an environment that might actually promote independence.
- 4. Prerequisite Skill Hypothesis** refers to the idea that certain skills must be acquired before access to other environments is allowed so that unnecessary failure and frustration does not occur. A sufficient number of these skills is rarely attained and the person is excluded.
- 5. Artificial Approximation Hypothesis** says that a person is first taught the skill in an environment other than the natural one. For example, teaching someone to ride a bus using a cardboard model of a bus instead of a real bus. The natural environment is much different than the one in which training is given. Therefore, it is less likely the skills will be performed properly in the natural environment.

Another problem with the Educational Pattern is that skills become a matter of what is important to us, as individuals or as a system. We may choose things to be taught without regard to the individual and what that person needs or wants to know. We take it for granted that we decide what we need to know and what we want to know. We do not all need the same things and we all do not like the same things. We can forget that this should apply to the people with whom we work, too. They should have some choice in what is presented to be learned.

A result of the Educational Pattern of teaching is the problem of contingent reward. This means that the learner is only rewarded for accurate results. If you do this, then you get "X". The im-

plication is the only way to get "X" is by doing this task. This process puts reward completely out of reach of many people. For others, rewards for learning are so difficult to attain, they may feel it is not be worth the effort required.

The goal of the Educational Pattern is independence for the person learning. The emphasis is not on the person or the interaction between teacher and the learner. The emphasis is on the activity or skill to be presented and mastered. The tool for reward in the Educational Pattern is contingent reinforcement. As in the previous pattern, the relationship is one of different classes: I am the teacher with more value than you, the learner.

THE EFFECTIVE TEACHING PATTERN

► **After reading this part, you will:**

- **See that the Effective Teaching Pattern focuses on the value of the learner, and equality between teacher and learner in the teaching process;**
- **Understand that Effective Teaching stresses unqualified acceptance of the person;**
- **See that Effective Teaching focuses on the learner not seeing the teacher as a threat.**

The final pattern of teaching is the one we will use. The Effective Teaching pattern strongly emphasizes the importance of the relationship between teacher and learner. The key to Effective Teaching is not in the task to be taught nor in the technique to present information and skills, but in what takes place between the teacher and the learner.

Because of the system's prior use of the first two patterns of teaching - the Institutional Pattern and the Educational Pattern - people with whom we work may have learned that human presence can signal a cold and disinterested encounter. It can also represent a threat and a very real risk to the learner. Since we want to place interaction at the center of our teaching process, one of the first things we need to teach is that our presence is a signal of safety, not a threat. We need to show that our presence indicates a reward for that person, and that their presence is rewarding to us. We do this by unqualified acceptance of the person and by giving rewards that do not require compliance.

SEVEN KEY VALUES WHICH SHAPE OUR TEACHING STRATEGIES	EFFECTIVE TEACHING
<p>1. Relationships with other people equals power. If a person is connected with a large number and variety of people, the person is seen as more powerful. It is our job to assist people in securing quality relationships with others in a variety of settings.</p> <p>2. Everyone can learn and improve.</p> <p>3. Everyone deserves opportunities to participate in living life to the fullest.</p> <p>4. Decision making and choices lead to a richer life.</p> <p>5. If control is important in one's life, the most important type of control is self-control. Efforts to instill control in people must be directed toward the ultimate goal of self-control. Then, our job as teachers is accomplished.</p> <p>6. Everyone must be given respect and dignity. The golden rule is golden for all. We must always challenge ourselves to treat others as we wish to be treated.</p> <p>7. You have many opportunities to teach. The best opportunities are those that have a purpose. Offer choice and empower the person. Look for common missions, and appreciate the other person's capabilities and shortcomings.</p> <p>Build bridges to people, places and things.</p>	<p>Options Based on Values</p> <ul style="list-style-type: none"> - An examination of our assumptions and attitudes reflected in our interactions. - Includes current technology consistent with value-base. - A new definition of our role in the lives of others. - An option to current psychological education theory and practice. - Seeks a balance between relationship and activity. - Hard work.

Initially, you may need to invest the most in developing a positive relationship with the person you are working with. It is an enormous gain when someone whose behaviors have pushed people to a distance finally begins to accept kind words, encouragement, a pat on the back, or other forms of reward. When this happens, it is a sign the person has begun to recognize our presence as a safe presence, not a threat. We have taught the person to accept rewards from us.

The next step is for the person to learn to accept and share rewards with us. As our teaching relationship with the person grows, they will begin to reciprocate or give back warmth and reward when we approach him or her. The learner will not at this point initiate any reward sharing. The ultimate step in helping a person grow and learn is when the person learns to accept and share rewards, AND initiate such warm human contacts.

To be successful with this means of teaching, we have to accept the value of the person with whom we work. The most important thing for us in teaching has to be an equality and a sharing of experience between teacher and learner. Both people are changed in a positive way by contact with each other. We will cover this in more detail when we talk about posture in teaching and the way we value others.

If we place a person's value at the focus of our teaching, and make our goal helping the person learn to share in interactions with others, then the tasks we teach take on less importance. The tasks we choose to use become the way we teach the person to accept, share and initiate rewarding contacts with others. The task is no longer the purpose and end result of our teaching efforts.

The key points of our strategy for effective teaching are these: first, to teach the person to seek and share rewarding contact with others. Emphasis is on the value of the person, on the equality between teacher and learner, and on the benefit to both from the contact. The means to teach the person the task and our effective teaching will be through unconditional reward.

As we develop our relationship with the person, the ability to do additional things will be an added benefit of our teaching. Our success will be found in warmth and acceptance of interacting. Finally the relationship between teacher and learner is one of sharing reward. Sharing cannot occur other than on a foundation of equality and wholehearted acceptance of each person by the other.

NEW ATTITUDES	NEW ASSUMPTIONS
<p>We are responsible for : initiating the development of relationship with a person</p>	<p>All persons are mind-body-spirit entities;</p>
<p>Maintaining fairness for the person</p>	<p>In each person, there is an inherent hunger for warmth and affection, for feelings of "being with others," regardless of the intensity of the person's efforts to distance themselves from others; and</p>
<p>Guiding the person toward positive and successful experiences through:</p> <ul style="list-style-type: none"> - Prevention - Anticipation - Shared participation and support 	<p>All people are interdependent beings, needing and relying on one another throughout their lives to share both abilities and support in meeting daily needs, as well as warmth, acceptance and affection in nurturing personal relationships.</p>
<p>Change is not always the result of specific interventions (direct cause-effect)</p> <ul style="list-style-type: none"> - Interactional effects - Accumulative effects - Reflective effects: overnight changes 	
<p>Remain respectful, accepting and tolerant regardless of the nature of the interaction</p>	
<p>View all challenging interactions as logical and adaptive for the person</p>	

GUIDING VALUES

- **Mutual dignity and respect;**
- **Unconditional acceptance of ALL - regardless of strengths and needs; and**
- **Mutuality: non-hierarchical status.**

NEXT

If we are going to use this teaching pattern effectively, we need some specific "how-to" skills for ourselves. We need some step-by-step procedures which answer the question, "**WHAT IS IT THAT I'M SUPPOSED TO DO?**" Our description over the last few pages is a start. The remainder of this training will translate that philosophy into action. On the following pages are the elements of an effective teaching session. Use these elements as a guideline for setting up your teaching session and for evaluating how well your session goes.

COMPARISON OF DIFFERENT TEACHING PATTERNS

CHARACTERISTICS	INSTITUTIONAL PATTERN	EDUCATIONAL PATTERN	THE EFFECTIVE TEACHING PATTERN
The Goal of the Pattern is	CONTROL	INDEPENDENCE	INTERDEPENDENCE
The Focus is on	CHALLENGING BEHAVIOR	THE TASK	THE VALUE OF THE PERSON
The Tool Used is	PUNISHMENT	CONTINGENT REWARD	UNQUALIFIED REWARD
The Predictable Sequence of Events is	from NON-COMPLIANCE to PUNISHMENT to MORE NON-COMPLIANCE to MORE PUNISHMENT	from DEPENDENCE to MORE INDEPENDENCE to MORE ISOLATION	from REJECTION to ACCEPTANCE to RECIPROICATION to INITIATING
The Relationship is	TEACHER OVER LEARNER	TEACHER OVER LEARNER	TEACHER & LEARNER ARE EQUAL AND SHARING
Possible Problems	INHUMAN NO GROWTH VIOLENCE	COLD DISTANCING ISOLATING	TAKES A LOT OF HARD WORK AND EFFORT TO- WARD GROWTH BY BOTH THE TEACHER AND THE LEARNER

THE STRUCTURE OF TEACHING

► **At the end of this part, you should:**

- **Know how to plan teaching sessions offering individual choices - breaking tasks into workable steps; ensuring success; providing rewards throughout the activity; keeping the activity going;**
- **Understand what is meant by "rewards" to the learner and the teacher;**
- **Know ways you can teach silently, prompt effectively and be sensitive to the learner's behavior and your own;**
- **Understand how to adapt activities to help others accomplish all or parts of a task; how to use natural cues, materials and experiences in teaching;**
- **Understand how to accept a balance between the time it takes a person to do an activity and how accurate they are.**

One critical point to remember: there is no quick route or shortcut to teaching people. Knowing this training unit will not magically endow you with effectiveness as a teacher in a residential

community or work site. Becoming an effective teacher requires lots of practice and feedback. You may benefit from watching your own teaching skills on videotape, or by getting objective observations of co-workers.

We will talk at length about and practice "reward". When we say "reward," we mean all interactions between a teacher and learner which make the session fun, pleasant, rewarding, of benefit to both teacher and the learner, and free of negative, corrective and controlling actions.

Some examples of reward in this meaning are listed here. Certainly, there are many other possibilities. We'll be seeing and using other examples of human reward later in the training.

REWARD EXAMPLES	TEACHING IS...
<p>Handshakes Touching the arm Touching the hand Resting a hand on the shoulder Arm around the shoulder High Five Smile Laugh "That's great!"</p>	<p>DYNAMIC - NOT STATIC</p> <p>SUBTLE ADJUSTMENTS -</p> <p>Not rigid, static steps</p> <p>A give-and-take between your prompts, assistance and feedback</p> <p>The person's moment-to-moment responses</p> <p>Your adjustments to these responses</p> <p>AN ART</p>

1. PLAN YOUR TEACHING SESSION:

Know what your goals are. Know--

- what the task will be;
- how you plan to present the task;
- know how many steps are in the task;
- how to set up the location;
- you need to practice your part of the session;
- always have a back-up plan.

2. OFFER CHOICES:

- Prepare tasks in a variety of life areas: household tasks, personal care, leisure activities, social contacts;
- Prepare and present two options whenever possible (e.g., two shirts to wear for the day, two chores to choose from, two preferred leisure activities, times);
- Build variety and choice into your plan.

3. MAKE THE TASK ERRORLESS:

- Break the task down into workable steps (task analysis);
- Set up the materials, the site, the positions of the learner and teacher, so learning is errorless;
- Minimize the chance of other materials or people competing for the learner's attention.

4. ENSURE SUCCESS FROM THE START:

- Start with a task or task step the learner has already mastered;
- Don't wait for the person to get it right;
- Jump in - encourage participation and make success and reward happen.

5. REWARD FROM THE BEGINNING AND THROUGHOUT:

When the learner begins to respond, that is participation -

- Focus initially on building a good relationship based on trust, safety and mutual learning;
- Reward immediately and enthusiastically
- Continue rewarding throughout the activity.

Aim for four or more rewards of various kinds for every one prompt of any kind.

6. KEEP THE FLOW GOING:

- Be sure to get things moving and keep them moving;
- Set up materials and the location to prevent empty pauses in the session;
- You may have to improvise.

7. ADAPT REWARD TO THE CIRCUMSTANCES:

- If the person is having difficulty and you find yourself using more prompts, increase your reward (frequency, tone, energy level);
- As the person learns and requires less support, rewards can be given less frequently.

8. BE AWARE OF SMALL CHANGES IN BEHAVIOR:

- Be sensitive to subtle changes in a teaching session and from one session to the next.
- Adapt your rewards to the person with whom you're working, rather than molding them into an inflexible plan of reward-and-prompt.

9. REMEMBER THE MAIN GOAL:

- Give rewards;
- Ask for rewards;
- Prompt rewards;
- Respond with enthusiasm when learner returns rewards

10. TEACH SILENTLY:

- Too many verbal instructions can cause confusion and weaken the effect of verbal rewards.
- Use physical directions and gestures at all opportunities.

11. PROMPT EFFECTIVELY:

- Immediately use the kind of prompt which previously helped the person participate.
- Remember, we are teaching that participation leads predictably to reward.
- Try a different kind of prompt.
- Sometimes rather than prompting again, the best approach may be to wait patiently until the learner returns to participation.
- Simplify the task when more than one prompt is necessary.

12. ADD STEPS AND TASKS:

- As the person becomes better at a task and interacting with the teacher, more complex tasks can be started.

13. REMAIN CALM:

- If the learner begins to get upset, the teacher needs to become calm.
- The emphasis on teaching is in valuing the person.

14. LEARN FROM EXPERIENCE:

Ask yourself these questions:

- Where did we get in accepting, sharing and reciprocating rewards?
- What did I communicate to this person about my posture and values?
- What prompts were effective?
- What task or task step can be a good starting point next time?

15. MAKE REWARD HAPPEN!!

THINGS WE KNOW THAT HELP PEOPLE LEARN NEW SKILLS:	RESULTING DIRECTIONS	THE RESULTS
<ol style="list-style-type: none"> 1. People learn best in places where they happen - like how to shave in the bathroom or how to make a bed in the bedroom. 2. People learn best when they use the real item - like using real money when learning to count. 3. People learn best when they do tasks at the time they are usually done - like brushing teeth after a meal or before going to bed. 4. People learn best when what they learn is useful - like using the telephone, or writing a check. 5. Think about tasks to teach that help the person become more independent where they live, work and have fun. 6. Most important is that people learn to feel safe and secure with people who truly care for them as individuals. It is important that people learn to "give back" the feeling of pleasure and affection we all hope to find in the company of others. 	<ul style="list-style-type: none"> ● Focus on mutual change ● Family/Community Model SHARED strengths and limitations; SHARED support/learning experiences; SHARED activities and happenings; RESULT in interdependent relationships ● Learn and live a meaningful existence in the present ● Social and physical integration 	<ul style="list-style-type: none"> ● Relationship grows - FROM fairness, TO mutual respect, TO mutual enjoyment ● Activities create opportunities to - Be with others; Enjoy others; Share and develop strengths <p>Develop interdependent relationships</p>

CREATING & SUPPORTING DIGNIFIED LIVES FOR ALL:

Structure:

- Maintain positive direction
- Limits, but does not control
- Full and balanced schedule

Predictability

- Consistency
- Timekeepers

Empowerment

- Choices: Limited options
- Respectful and dignifying outcomes

Independence

- Acknowledge person's strengths
- Teach and support person in sharing strengths
- Share strengths with others
- Expand and vary circles of friends in community

THE ROLE OF THE CAREGIVER AS A TEACHER -

GROUP ACTIVITY QUESTIONS

INSTRUCTIONS: Answer the questions assigned to your group on newsprint. Label your newsprint with the title of your group assignment. Write large enough so everyone can read your work. Make your answers brief. You do not need to repeat the questions on newsprint.

1. THE INSTITUTIONAL PATTERN OF TEACHING:

- a. What is the goal of this pattern of teaching?
- b. What is the emphasis (focus) in this pattern of teaching?
- c. What is the teaching tool used in this pattern of teaching?
- d. What is the relationship between the teacher and the learner in this pattern of teaching?

2. THE EDUCATIONAL PATTERN OF TEACHING:

- a. What is the goal of this pattern of teaching?
- b. What is the emphasis (focus) in this pattern of teaching?
- c. What is the teaching tool used in this pattern of teaching?
- d. What is the relationship between the teacher and the learner in this pattern of teaching?

3. THE EFFECTIVE TEACHING PATTERN:

- a. What is the goal of this pattern of teaching?
- b. What is the emphasis (focus) in this pattern of teaching?
- c. What is the teaching tool used in this pattern of teaching?
- d. What is the relationship between the teacher and the learner in this pattern of teaching?

4. THE STRUCTURE OF TEACHING (POINTS 1 THROUGH 5):

For each of the guidelines listed, give a short (3-5-word) explanation.

5. THE STRUCTURE OF TEACHING (POINTS 6 THROUGH 10):

For each of the guidelines listed, give a short (3-5-word) explanation.

6. THE STRUCTURE OF TEACHING (POINTS 11 THROUGH 14):

For each of the guidelines listed, give a short (3-5-word) explanation.

7. REWARD AND RECIPROCATION:

For each of the guidelines listed, give a short (3-5 word) explanation.

STRATEGIES FOR HELPING INDIVIDUALS LEARN NEW SKILLS

- 1. INTEGRATION:** This concept means we encourage and implement community-based programs because persons with severe handicaps have a **RIGHT** to learn, work and enjoy their community activities and resources. All homes need food. Integration can start in the grocery store. Buying one item in a real store helps a person become integrated in their community.
- 2. PARTIAL PARTICIPATION:** This concept means finding the strengths a person has within an activity and allowing them to learn from their strengths. Even though a person may not be able to complete all steps to a task independently, we can teach the **WHOLE** activity, and let them do **WHAT THEY CAN**. An individual may not be able to make instant macaroni from beginning to end. However, they probably can pour the ingredients in the packets into the pan and stir the mixture.
- 3. ADAPTATION:** This concept means finding ways a person can participate or do a task even though it is not accomplished in the usual way. The person may need a **PHYSICAL, ENVIRONMENTAL OR INSTRUCTIONAL** adaptation, or some type of **DEVICE** to do the task (e.g., a special spoon to eat without spilling). The person may also need the instructor to simply **ACCEPT** the fact they require **INTERVENTION** (help) with several steps of an activity. Sometimes individuals are required to separate objects into different sections (i.e., putting the silverware away), and this may be difficult to learn at first. This activity can be adapted by simply covering the slots that are not needed for particular items of silverware.
- 4. NATURAL CUES AND MATERIALS:** This concept means we need to use real materials and not simulated (fake) materials. We need to use real money to teach money; real eggs for cooking eggs; real bus passes. People need to learn the real stuff. If you want someone to vacuum and do not want to use a verbal prompt, roll the vacuum into the room and offer the handle to the individual.
- 5. SENSITIVE TO TRADE OFFS:** All persons are sensitive to "trade-offs." In other words, if you try to push too hard to improve your speed on a task, your performance on the task typically suffers. You were going too fast and traded off speed for accuracy. Likewise, if you focus on accuracy, your speed typically suffers (you tried so hard to get it right, that you completed the task very slowly - trading accuracy for speed). Therefore, teachers need to be sensitive that everyone has certain limitations. They are only going to work so fast (and keep a certain accuracy level). Pay attention to the person, not the task. If they appear tired, offer a break.

YOUR RELATIONSHIP WITH THE PEOPLE YOU ARE WORKING WITH

► **At the end of this part, you should:**

- **Know the basic components of an effective relationship and how to apply those ideas in teaching skills and abilities;**
- **Understand the meaning of "posture" and how using a particular posture affects your ability to teach new skills and behaviors;**
- **Understand why the SOLIDARITY posture is the one most likely to promote effective relationships between caregivers and care-receivers; and**
- **Understand how commitment and reciprocation mutually contribute toward developing effective relationships with those you are teaching.**

In your relationship with individuals in a community residential setting, you have the responsibility of establishing what has been described as an effective relationship.

There are three basic components to an effective relationship:

- **INCLUSION;**
- **SELF-ESTEEM;**
- **ACCEPTANCE.**

INCLUSION

Inclusion conveys belonging, membership, involvement and closeness. It is the opposite of exclusion. For example, a direct care worker talks to a person unable to speak while helping her dress. Thus, she is including her in the interaction even though the individual cannot respond verbally.

There are many ways we exclude people. When we exclude a person from our relationship, we show a lack of respect or low regard for the individual. For each of the following examples of exclusion, discuss how you could assure the individual is included.

1. We exclude people from our empathy and tenderness by not becoming involved with their needs.
2. We exclude people by not listening to them.

3. We exclude people from transactions with local businesses; from introducing people to those we stop and talk to; when we talk in front of them, or direct questions about them to others in their presence.
4. We exclude people from making their own decisions (of all types).
5. We exclude them from planning and scheduling their daily activities.
6. We exclude people by not taking their advice, or listening to their suggestions.
7. We exclude people because we don't find them interesting, or because they do not meet our needs.

SELF-ESTEEM

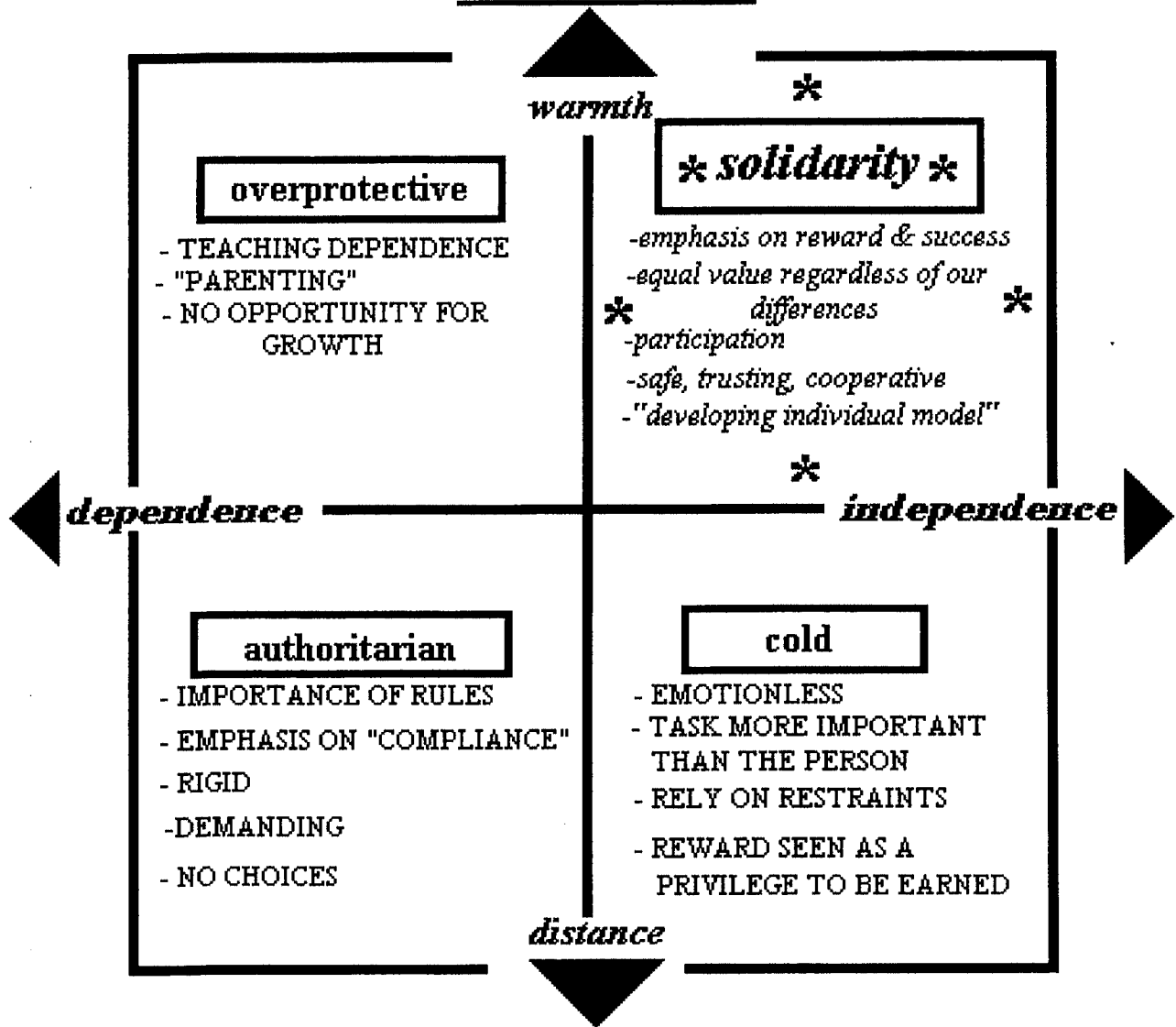
People with disabilities need to feel they are valued by those who care for them, and that they have influence on things and people in their environment. Without feeling some measure of control, people are not motivated to learn new skills or behaviors. They may behave in a manner that is less than what they are capable of. They may try to achieve control through inappropriate behavior. For example - while assisting a person at mealtime, a direct care person says: "Do you want to eat your dessert now, or do you want to eat it a little later?" This provides the individual some measure of control over his/her life. However, if the staff person ignores the person's wishes, the person loses his/her sense of control, and may become withdrawn or angry in an effort to regain control. Respect and inclusion are demonstrated by the direct care worker when he/she acknowledges and acts upon the initial choice/decision made by the individual.

ACCEPTANCE

Everyone needs to feel cared about, valued and appreciated. In many ways, you are a role model to the individuals with whom you work. They learn effective ways of communicating their needs by observing your verbal and non-verbal interactions with other staff and individuals in the community residential setting.

There are four different interactional styles that describe the nature of relationships between people. Each of these styles has its own "posture" that is recognizable. Refer to the following chart and the text that follows.

YOUR POSTURE



WHAT IS POSTURE?

- **Posture is the set of attitudes, values and beliefs that guide and direct our actions in any life circumstance.**

WHY IS POSTURE IMPORTANT?

- All interactions are shaped by attitudes, values and beliefs of each individuals in contact with one another.
- In teaching, we cannot avoid revealing our posture to the person we are teaching and to others.
- Our posture affects the goals, content and way we teach. It determines what, when, how and why we teach.
- If we do not make the effort to identify and define our own posture, we may change when faced with someone with challenging behavior. We risk adopting a posture which devalues the person being taught.

OPTIONAL ASSUMPTIONS	GUIDING VALUES
<ul style="list-style-type: none"> - All persons are mind-body-spirit entities; - In each person there is an inherent hunger for warmth and affection. There is a need to be with others, regardless of the intensity of the person's effort to distance himself/herself from others; - All people are interdependent beings, needing and relying on one another throughout their lives to share abilities and receive support in meeting daily needs. They also seek warmth, acceptance and affection in nurturing personal relationships. 	<ul style="list-style-type: none"> - Mutual dignity and respect; -Unconditional acceptance of ALL - regardless of strengths and needs; and - Mutuality: Non-hierarchical status.

THE SOLIDARITY POSTURE

The Solidarity Posture described previously is the posture your interactions and relationships with other people should most closely resemble. The other three postures (i.e., over-protective, authoritarian, and cold) all have characteristics that produce negative outcomes. These postures are to be avoided.

The **SOLIDARITY POSTURE** assumes people are more than the sum of their parts. Each person we work with has a strong desire to be with those who will accept them as individuals. People who display warmth and acceptance at all times are the people we come to trust. Even when an individual acts in a way that distances himself/herself from others (i.e., striking out or withdrawing into themselves), this person is believed to be showing a strong need to be with people.

People, regardless of how skilled they are, always need to rely on one another to meet mutual needs. This places an expectation on caregivers to help individuals develop the need to be helpful and nurturing toward one another.

To achieve maximum benefit and develop effective relationships, both parties must give and expect mutual dignity and respect. For the caregiver, this demands that the focus of their relationship with the individual concentrates on accepting the individual and developing their skills. This requires unconditional respect for the person, regardless of their behavior. We work to help that person find more effective methods of expressing their needs. This also means the relationship between caregiver and care-receiver must be a partnership. Neither caregiver nor care-receiver can see the caregiver as in charge.

To accomplish this restructuring of relationship, it is necessary for new attitudes to be in place. Those working with people who have a disability are responsible for initiating a relationship with that individual. When a person engages in behavior that is objectionable or challenging, YOU must behave in a way that strengthens the relationship between the two of you.

NEW ATTITUDES

We are responsible for -

Initiating the development of a personal relationship with the care-receiver;

Maintaining fairness for that person;

Guiding the person toward positive and successful experience through

-

- **Prevention**
- **Anticipation**
- **Shared participation and support**

Change is not always the result of specific interventions (Direct Cause-Effect)

- **Interactional effects**
- **Accumulative effects**
- **Reflective effects: overnight changes**

Remain respectful, accepting and tolerant, regardless of the nature of interaction;

View all challenging interactions as logical and adaptive for the person.

To promote an effective relationship, you need to be fair. This means you cannot hold unreasonable expectations. You must offer individual ways to participate side-by-side with you in activities so he/she can succeed in that activity. When the task is too challenging or the individual becomes distracted, this may mean that you will temporarily need to pick up some extra duties.

You are to guide the person toward successful experiences. To accomplish this, you need to structure situations and activities which prevent the person from becoming frustrated or upset. You need to anticipate situations likely to be too demanding or frustrating for the individual. When you recognize the situation or activity is more than the person can tolerate, you are responsible to make immediate adjustments. Then, the next time you start this activity, you have a better understanding of how to present the activity.

Activities are always to be presented in a manner that encourages both you and the person with whom you are working to participate and support each other during the activity.

Understand that "Rome-was-not-built-in-a-day". Your teaching and relationship-building activities take time to develop into meaningful relationships. Each interaction represents another opportunity to develop an effective relationship. Unfortunately, it is easier to destroy a relationship in one interaction, than it is to build up a relationship with one interaction.

Regardless of the individual's behavior, you must remain respectful, accepting and tolerant. This kind of attitude helps positive relationships develop. Behavior is an effort by the individual to communicate their basic needs. When you recognize behavior as logical, and the most effective way the person has to communicate their needs at that particular time, you have an opportunity to more effectively assist the individual. Never dismiss their behavior as simply "a means to get attention." This is exactly why we all show certain behaviors!

To develop an effective relationship with the individual you are working with, there are several factors that can help you be successful -

1) Commitment - are you truly open and committed to forming this relationship? Are you prepared to take on most of the responsibility to assure the relationship succeeds? Are you prepared to teach the other person the skills necessary to help the relationship succeed?

2) Reciprocation - The effectiveness and meaningfulness of any relationship is the degree to which individuals show respect and value toward each other. During your interactions with individuals, you must help them learn new ways of showing they appreciate you and your efforts. You do this by encouraging them to say "thank-you"; by offering your hand to shake theirs; by encouraging them to smile back at you.

These responses will be very satisfying and will encourage you to continue working with the individual on whatever task you are teaching. The goal is for the relationship to gradually move from mutual respect toward actual enjoyment of one another's presence. Eventually, there may be a true sense of friendship between you and that individual.

3) Mutuality - Mutuality requires commitment and reciprocation, along with new ways of thinking about relationships. Mutuality asks us to perceive the task (i.e., relationship-building or daily living task) as one in which we are mutually participating. We do not set up barriers to separate us from those we are teaching. We work to include activities that are mutually satisfying, and that allow us to recognize a person's strengths and talents. Weaknesses are more likely seen as opportunities to demonstrate commitment to the individual, rather than providing correction. Commitment is demonstrated by the way you change an activity to make sure the person experiences no further failure or frustration.

DEVELOPING RELATIONSHIPS

● *COMMITMENT*

- Open to developing relationships with people
- Objectively teaches another person about the nature of a personal relationship

● *RECIPROCATION*

- Teaches the person to value us
- Makes the person more natural
- Moves from mutual respect to mutual enjoyment

● *MUTUALITY*

- New patterns of interacting
- Common experience
- Shared strengths and weaknesses

Finding A Balance Between Relationship and Task Involvement

FINDING A BALANCE

<u>Relationship</u>	<u>Task Involvement</u>
<ul style="list-style-type: none"> ● Establish trust ● Define your presence as value-focused ● Move from Hierarchical Position (Staff-Client) to Mutual Relationship (Friends) ● Interdependence with: Us Peers Community ● Developed simultaneously, not sequentially ● Interaction and inter-related ● Balance affected by - Fairness Needs of moment History of person History of relationship 	<ul style="list-style-type: none"> ● Allow, foster and maintain respect, dignity and involvement in the person's environment ● Teach ● Vehicle for valued interactions with others ● Expand participation to allow development of personal strengths and expanded circles of relationships

During any interaction with a person who has a developmental disability or mental illness, there is an opportunity to teach the person a new skill, or more effective way of expressing a need. This teaching is most effective when it is from a posture of **solidarity**. You now know this posture focuses not only on methods of teaching a task, but also on the importance of the relationship that exists between you and the person.

At times, it is likely you will give more attention to one aspect of this interaction than another. The box above shows how to find and maintain a balance between the relationship component and the task component of the interactions we have with individuals.

- 1) Focus on establishing and maintaining a sense of trust. The task and the environment must be perceived by the individual as safe and non-threatening. Allow and foster the person's participation at whatever level they are capable.
- 2) Present and conduct yourself as one who respects and accepts the individual for who they are. Communicate this by your words, actions, tone of voice, and quality of the interaction. Maintain reasonable expectations for task performance and find ways to help the person succeed.
- 3) Avoid feeling you need to be boss, or in total control of the situation at all times. Accept the individual as a partner and be open to give-and-take to achieve the desired outcome. Remember - you are teaching the task, and this will take time and commitment.
- 4) Tasks should be viewed as opportunities to do things together. Tasks (or things we do) become vehicles for communicating our respect for each other.

- 5) Guide the person, and they will become more competent in a task. Help expand their abilities and strengths. Help the individual realize how these tasks can help them deal effectively with other people and in other situations.

- 6) Encourage the person to participate with you in the task at whatever level they are capable, and to complete as many task steps as possible. Don't insist they complete one step before participating in another. Use the situation to demonstrate you are fair and reasonable. Help them perform part of the task until they are ready for the next phase.

- 7) Recognize that balance is affected by the individual's sense of fairness, needs of the moment, and the history of the person and this particular relationship. When the person perceives you are being unfair or unreasonable, they will communicate this in the way they know best. It is also possible that other needs (as discussed under Human Needs) may be more important to the individual at this point in time. Those needs should be addressed before encouraging the person to move forward. The history of the person in this type of situation and task will influence how she/he responds. So will the quality of your relationship with this person as it has developed over time. Being flexible, having realistic expectations, and encouraging an individual's involvement at any level helps them learn new skills and behaviors, and develop a bond between you, the caregiver, and the individual, the care-receiver.

DIALOGUE

PURPOSES

- To lay the foundation for a spirit of companionship;
- To express a more authentic and personal option to the traditional caregiver - client roles and interactions;
- To increase feelings of empathy and mutuality with the person.

CHARACTERISTICS:

- Authentic
- Honest
- Empathic
- Non-Contingent
- Non-Hierarchical
- A mix of personal sharing, joking, conversing, storytelling
- Interactive with the person
- Including getting responses from the person - verbal or non-verbal
- Deepens as we increase understanding of and commitment to the person
- Exposes our vulnerability as a human being

The purpose of dialogue is to help you and the person you are working with to establish and remember the reason for your interaction. Without a meaningful dialogue between the two of you, it is easy for the interaction to become "unbalanced." Too much attention may be given to task completion or wrestling with the question of who is in control.

For "dialogue" to be effective, it must be authentic - not artificial or contrived. This is why you are discouraged from telling a person over and over again (often to the exclusion of any other conversation) that they are doing a good job.

Consider the **characteristics** described in the box above for an understanding of what is meant by the concept of dialogue.

Summary and Conclusions

People who choose to work with those who have a developmental disability or mental illness can find their work offers a challenging and rewarding experience. Caregivers must be aware of the needs of the individual, and prepared to help them develop skills to meet their needs. They must also be willing to challenge beliefs and attitudes they hold, and which society holds, that may negatively impact on the lives of individuals.

The essence of your job is the relationship between you and the individual. This material is to help you understand the significance of that relationship; your role as a teacher; and, your responsibility to promote individual dignity and respect within a community residential setting. Often the quality of your relationship with the individual will bridge the gap that keeps people with disabilities from enjoying the same rights and freedoms as anyone else.

This material has focused on how your role as a teacher (whether you are working with the individual in a community residential setting, work setting, educational, recreational, hospital or center setting) is fundamental to helping a person with a disability exercise their basic rights and enjoy the freedoms of this society.

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