

## PRESENTER'S SUPPLEMENTS

### INTRODUCTION TO DEVELOPMENTAL DISABILITIES

#### Presenter's Script

*Let's get to know each other. I'm \_\_\_\_\_ and I work for \_\_\_\_\_. I'll be your trainer today.*

*Today we'll be talking about your role as a DSP. We will talk about such things as ethics, information on what a Developmental Disability is and review some major conditions that are associated with intellectual disability.*

*You will also notice that in our discussions we will be using the term "intellectual disability" which is now used to replace the term "mental retardation." We will talk more about this when we cover the section "People First Language".*

**NOTE: Be sure to mention the self-advocate introductions at the beginning of each module.**

#### List of Materials Needed:

- ✓ DSP job description
- ✓ Agency release of information form
- ✓ MHDD Confidentiality Act

## DSP Code of Ethics

The Direct Support Person helps the people they support lead self-directed lives and to participate fully in the social and civic life of the community and of the nation. We focus on empowerment and participation because, historically, people with disabilities have frequently been forgotten in our society. The amount of success you experience as a DSP is directly dependent on the degree of trust and respect generated in the relationships with those we help support.

The DSP who supports people in their communities will always be called upon to make independent judgments involving both practical and ethical reasoning. A strong ethical foundation is critical to guide DSPs in the highly personal and intimate work they perform. The bond of partnership and respect must exist in a helping relationship. The beliefs and attitudes that are associated with being an effective human service Direct Support Person are contained in the DSP Code of Ethics.

### Presenter – Direct Support Person Roles and Responsibilities

*Presenter may wish to use these additional points to discuss each topic in the "Code of Ethics"*

#### DSP Code of Ethics (NADSP)

##### 1. Person-Centered Supports

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

## 2. Promoting Physical and Emotional Well-Being

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

## 3. Integrity and Responsibility

- Be conscious of my own values and how they influence my professional decisions.
- Maintain competency in my profession through learning and ongoing communication with others.
- Assume responsibility and accountability for my decisions and actions.
- Actively seek advice and guidance on ethical issues from others as needed when making decisions.

- Recognize the importance of modeling valued behaviors to co-workers, persons receiving support, and the community at-large.
- Practice responsible work habits.

#### **4. Confidentiality**

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

#### **5. Justice, Fairness and Equity**

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

#### **6. Respect**

- Seek to understand the individuals I support today in the context of their personal history, their social and family networks, and their hopes and dreams for the future.
- Honor the choices and preferences of the people I support.
- Protect the privacy of the people I support.
- Uphold the human rights of the people I support.
- Interact with the people I support in a respectful manner.

- Recognize and respect the cultural context (e.g. religion, sexual orientation, ethnicity, socio-economic class) of the person supported and his/her social network.
- Provide opportunities and supports that help the individuals I support be viewed with respect and as integral members of their communities.

## **7. Relationships**

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

## **8. Self-Determination**

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

## 9. **Advocacy**

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

## **DSP Job Description**

**BE SURE TO DISTRIBUTE YOUR AGENCY'S DSP JOB DESCRIPTION.  
TRAINEES SHOULD INSERT IT IN THEIR "INTRODUCTION TO  
DEVELOPMENTAL DISABILITIES" NOTEBOOK.**

You should go over the job description with the DSPs and explain how it pertains to the competencies they will be learning in this module and the role they have as DSPs in supporting people with developmental disabilities. Discuss how the job description aligns with the agency's *Mission Statement*.

## **Developmental Disability Definitions**

Review the developmental disabilities definitions.

- Explain the characteristics of, and the difference between, developmental delays and developmental disabilities.
- Discuss and explain a person may have a developmental disability without having intellectual disability.

### **Different Categories of Developmental Disabilities:**

Have the trainees read the information about each category of developmental disabilities and then review and discuss each one.

## Intellectual Disabilities

Explain and discuss the current terminology used to refer to people with **mental retardation** is the phrase "**intellectual disability**."

Discuss how our values and attitudes can influence, or even determine, how persons are perceived. Over the years, various labels have been used to classify people with disabilities. Labels tend to take on negative meanings and images that demean and stereotype people with disabilities. This further emphasizes differences, rather than highlighting individuality and abilities. -Labels can close off our thinking and cause us to make predictions about people, based only on the label itself.

There are different categories of **Intellectual disability** (mild, moderate, severe and profound). Discuss the characteristics of persons having been diagnosed with these different levels of intellectual disability. Then, consider what activities and supports (with emphasis on "always teaching") might be appropriate for people who fall into the different levels.

## Mental Illness

### Presenter's Script

*DSPs should understand that mental illness and developmental disabilities are not the same.* The information below is to supplement the information in the DSP notebooks.

Mental illnesses are disorder of the brain in which behavior, mood, thought processes, relationships and ability to cope with life stressors are disturbed or outside the norm.

Mental illnesses CANNOT be overcome through "will power." Mental illnesses ARE NOT a reflection of choice or character.

Mental illness in the DD population often hard to recognize. It is important to note that signs/symptoms of mental disorders cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. (Just being a little "weird" or eccentric doesn't necessarily mean you have a mental disorder).

### MI Causes and Treatments

- Mental illnesses are biologically-based brain disorders, NOT the result of personal weakness
- Causes are largely unknown, but can include:
  - Imbalance of neurotransmitters
  - CAT scans reveal physical differences
- Mental illnesses are treatable, not "curable", with goals of symptom reduction and return to prior level of functioning.

## Dual Diagnosis (MI/DD)

People who experience disabilities are no less likely to experience mental health issues as anyone else. In fact, in some cases, people may be more likely to experience a mental health disorder (e.g., depression). When a person experiences both a developmental disability and a mental illness, he/she is said to have a "dual-diagnosis."

- Note: the same term ("dual diagnosis") can be used to describe someone with MI and a substance abuse disorder or MR and a substance abuse disorder

Next, we are going to discuss some **conditions** that are associated with **intellectual disability**. They are:

- **Autism Spectrum Disorder**
- **Fetal Alcohol Spectrum Disorders**
- **Down Syndrome**
- **Epilepsy**
- **Cerebral Palsy**

**It is important to remember that, although these things are associated with intellectual disability, intellectual disability does not always accompany these conditions.**

## Autism Spectrum Disorder

Persons with autism spectrum disorder display restricted, repetitive, and stereotyped patterns of behavior, interests and activities. There may be a preoccupation with patterns of interest that is abnormal, either in intensity or focus and an adherence to routines and rituals. They may insist on sameness and show resistance to or distress over small changes in environment and routine.

Autism spectrum disorder affects many parts of the brain. How this occurs is poorly understood.

- Parents usually notice signs very early in their child's life.
- Early behavioral or cognitive intervention can help children gain self-care, social, and communication skills.
- There is no known cure.

## **Fetal Alcohol Spectrum Disorders**

FASDs are caused by a woman's drinking alcohol while she is pregnant. There is no known amount of alcohol that is safe to drink while pregnant. All drinks that contain alcohol can harm an unborn baby. There is no safe time to drink during pregnancy. Alcohol can harm a baby at any time during pregnancy. So, to prevent FASDs, a woman should not drink alcohol while she is pregnant, or even when she might get pregnant. FASDs are 100% preventable. If a woman doesn't drink alcohol while she is pregnant, her child will not have an FASD.

## Epilepsy

Discuss the definition of epilepsy and the different types of seizures people with epilepsy can have.

- Epilepsy is a common chronic neurological disorder that is characterized by recurrent unprovoked seizures.
- These seizures happen when the electrical system of the brain malfunctions.
- The seizures may be convulsive.
- The person may appear to be in a trance.
- During complex partial seizures, the person may walk or make other movements while he/she is, in effect, unconscious.
- Discuss how to support the person during and after the seizure.
  
- Explain how lights and beepers can trigger seizures in some people.

## **Epilepsy Training Available**

Individuals may contact the nearest location listed below to schedule training as well as receive free materials on epilepsy. All agencies listed are affiliates of the Epilepsy Foundation of America.

### **Epilepsy Foundation of Greater Southern Illinois**

140 Iowa Ave, Suite A  
Belleville, IL 62220-3940  
(618)236-2181  
(866)848-0472  
Fax (618)236-3654  
[www.efgreateril.org](http://www.efgreateril.org)

### **Epilepsy Foundation North/Central Illinois Iowa & Nebraska**

321 W. State St., Suite 208  
Rockford, IL 61101-1119  
(815)964-2689  
(800)221-2689  
Fax (815)964-2731  
[www.epilepsyheartland.org](http://www.epilepsyheartland.org)

### **Epilepsy Foundation of Greater Chicago**

17 N. State St., Suite 1300  
Chicago, IL 60602-3297  
(312)939-8622  
(800)273-6027  
Fax (312)939-0931  
<http://www.epilepsychicago.org/>



## Cerebral Palsy (CP)

CP is a condition of the brain, usually from birth, which causes problems with:

- movement
  - delayed motor development
  - lack of coordination
- 
- All types of CP are characterized by abnormal muscle tone, posture (i.e., slouching over while sitting), reflexes, or motor development and coordination. There can be joint and bone deformities and contractures (permanently fixed, tight muscles and joints). The classical symptoms are spasticity, spasms, other involuntary movements (e.g. facial gestures), unsteady gait, problems with balance, and/or soft tissue findings consisting largely of decreased muscle mass. Scissor walking (where the knees come in and cross) and toe walking are common among people with CP. The effects of cerebral palsy may range from virtually unnoticeable to “clumsy” and awkward movements on one end of the spectrum to such severe impairments that coordinated movements are almost impossible on the other end of the spectrum.
  - Babies born with severe CP often have an irregular posture; their bodies may be either very floppy or very stiff. Birth defects, such as spinal curvature, a small jawbone, or a small head sometimes occur along with CP. Symptoms may appear, change, or become more severe as a child gets older. Some babies born with CP do not show obvious signs right away.
  - Secondary conditions can include seizures, epilepsy, speech or communication disorders, eating problems, sensory impairments, mental retardation, learning disabilities, and/or behavioral disorders.

### Causes of CP

- Despite years of debate, the cause of the majority of CP cases is uncertain.
- Some contributing causes of CP are asphyxia, hypoxia of the brain, birth trauma, premature birth, central nervous system infections and certain infections in the mother during and before birth. CP is also more common in multiple births.
- Between 40% and 50% of all children who develop cerebral palsy were born prematurely. Premature infants are vulnerable, in part because their organs are not fully developed, increasing the risk of hypoxic injury to the brain that may manifest as CP. A problem in interpreting this is the difficulty in differentiating between CP

caused by damage to the brain that results from inadequate oxygenation and CP that arises from prenatal brain damage that then precipitates premature delivery.

- After birth, other causes include toxins, severe jaundice, lead poisoning, physical brain injury, shaken baby syndrome, incidents involving hypoxia to the brain (such as near drowning), and encephalitis or meningitis. The three most common causes of asphyxia in the young child are: choking on foreign objects such as toys and pieces of food; poisoning; and near drowning.

## Prognosis

CP is not a progressive disorder (meaning the actual brain damage does not worsen), but the symptoms can become worse over time due to 'wear and tear.' A person with CP may improve somewhat during childhood if he or she receives extensive care from specialists, but once bones and musculature become more established, orthopedic surgery may be required for fundamental improvement. People who have CP tend to develop arthritis at a younger age than normal because of the pressure placed on joints by excessively toned and stiff muscles.

The full intellectual potential of a child born with CP will often not be known until the child starts school. People with CP are more likely to have some type of learning disability, but this is unrelated to a person's intellect or IQ level. Intellectual level among people with CP varies from genius to mentally retarded, as it does in the general population. Experts have stated that it is important to not underestimate the capabilities of persons with CP and to give them every opportunity to learn.

The ability to live independently with CP also varies widely depending on the severity of the disability. Some persons with CP will require personal assistant services for all activities of daily living. Others can live semi-independently, needing support only for certain activities. Still others can live in complete independence. The need for personal assistance often changes with increasing age and the associated functional decline.

<http://www.cerebralpalsy.org/>

## ACTIVITY

Review "Related Condition" definitions for developmental disability listed below. Then write on the board or flip chart all the conditions that qualify Tom's condition as a developmental disability.

### Related Condition

This is a severe, chronic disability that meets *all* of the following conditions:

It is attributable to-

- Cerebral palsy or epilepsy; or any other condition, other than mental illness, found to be closely related to an intellectual disability because this condition results in an impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disability, and requires treatment or services similar to those required for these persons.
- It is manifested before the individual reaches age 22.
- It is likely to continue indefinitely.
- It results in substantial functional limitations in three or more of the following areas of major life activity:
  - Self-care (taking care of their own basic needs);
  - Language (communicating with others);
  - Learning (ability to learn new things);
  - Mobility (getting from place to place);
  - Self-direction (motivating and guiding themselves through daily living activities);
  - Capacity for independent living (living independently including ability to earn enough money to live on).
- Children can be classified as having a developmental disability if it seems they will have these problems when they get older.

**Next we will discuss some important things that you as a DSP need to be familiar with. These are:**

- **Positive Behavior Supports**
- **People First Language**
- **Confidentiality**
- **Community Inclusion**

## Positive Behavior Supports

Most behaviors communicate messages, that is, the behavior serves a purpose. For example, a person who walks away from a workstation may do so because of boredom with the task, because of frustration in not being able to do the task, or because he or she want to take a break. Staff should search for the message that the behavior communicates.

Sometimes the **environment** can have influence on the behavior. Perhaps a new peer or new staff or change in method of teaching can cause challenging behavior. Sometimes changing the environment helps decrease the challenging behavior.

Many times behavior is an attempt to **communicate** something. Many people with developmental disabilities are non-verbal. They may not have a more effective communication system and use some type of behavior to get needs met.

If there is **too little meaningful stimulation**, the person will naturally seek out some form of self-stimulation which can potentially interfere with functional behaviors and become challenging. Everybody needs an active stimulating life.

Everyone has **sensory needs** and preferences. If a person does not have a variety of effective and acceptable ways to meet those sensory needs, then the person will invent some ways to meet those needs. This sometimes takes the form of challenging behavior.

### Supplemental Activity Next Page

**Presenter may wish to make copies of the activity on the following page and have trainees complete answers. Discuss.**

## **Positive Behavior Supports**

**Choose an individual that you help support.**

- 1. Describe an interfering behavior that a person you support demonstrates.**
- 2. Describe the context (circumstances, environment) in which the behavior happens.**
- 3. Develop a hypothesis about why the behavior happens. What function or purpose does the behavior accomplish?**
- 4. Is there a way in which the person can accomplish that function in a more effective manner?**

## **Positive Behavior Supports**

### **Control vs. Respect**

**Presenter should stress that just because someone you support may not appear to be listening to you or responding to your requests, it doesn't mean that the DSP is not doing their job.**

**The DSP can earn respect by giving others more choice and/or responsibility**

**(Give as many examples as needed)**

## People First Language

- As the term implies, People First Language refers to the individual first and the disability second. It's the difference in saying the autistic and a child with autism spectrum disorder.
- Your success as a DSP will largely depend on the positive and supportive relationship you establish with the individual to whom you provide support.
- This rapport is built on trust, respect and understanding of those things that the other person values. One very important part of developing a good relationship is the way people not only speak *to* each other, but the words we use to talk *about* each other.
- Historically, people with disabilities have been regarded as individuals to be pitied, feared or ignored. They have been portrayed as helpless victims, repulsive adversaries, heroic individuals overcoming tragedy, and charity cases who must depend on others for their well being and care. Media coverage frequently focused on heartwarming features and inspirational stories that reinforced stereotypes, patronized and underestimated individuals' capabilities.
- In your career as a DSP, you will hear the term '**people first language**'. Simply put, it means putting the person *before* the disability. Language can reinforce stereotypes and misconceptions. Using the wrong word can label, anger and detract from the message. How language or words are used can reinforce negative feelings or can change attitudes toward people with disabilities.

*I will give you some examples of language that is considered NOT to be People First Language. We'll take turns trying to come up with a phrase that uses People First language. Presenter should solicit preferred terminology from trainees.*

### **Say:**

People with disabilities.  
He has a cognitive disability (diagnosis).  
She has autism (or an autism diagnosis).  
He has a diagnosis of Down syndrome.  
She has a learning disability (diagnosis).  
He uses a wheelchair

### **Instead of:**

The handicapped or disabled.  
He's mentally retarded.  
  
She's autistic.  
He's Down's.  
She's learning disabled.  
He's a quadriplegic/crippled.

## Presenter - People First Language

Please translate these statements into people first language:

**STATEMENT:**

He's a mongoloid.

He's a quadriplegic.

Mary is non-verbal.

Lilly is confined to a wheelchair.

Laura is autistic.

He had a behavior.

Adam is low functioning.

Connie is non-compliant.

Jane is a tube-feeder.

**PEOPLE FIRST STATEMENT:**

He is a person with Down's syndrome.

He has a physical disability.

Mary uses gestures to communicate.

Lilly uses a wheelchair to get around.

Laura is a person with autism.

He (state what he did).

Adam requires lots of assistance

Or  
Connie likes to do things her own way.  
Connie doesn't like to do what is asked.

Jane receives nutrition via G-tube.

## Confidentiality

Remember that in most cases confidentiality is violated through careless actions.

Here are some situations in which confidentiality can be easily violated:

### 1. Conversations

Just because someone has a need to know certain information, it doesn't mean you should talk about it just anywhere. Keep in mind the environment in which the information is being shared. Ask yourself:

- Can other people hear me?
- Is there someone else present who does not **need to know** this information?

Public settings are not the place to carry on confidential discussions.

### 2. Meetings

Before sharing information at a meeting, ensure that all participants present have a need to know the information.

### 3. Records

Confidential material about the people you support is maintained in their personal records. Here are some ways you can help maintain the privacy of records where you work:

- Do not leave records in public areas
- Keep records under your supervision. Do not leave them lying around
- Clearly label all materials as confidential

### 4. Past employees

Many times you may encounter past employees in the community. You may be approached for information regarding people you help support. When you are faced with this situation it's best to keep the conversation very basic. You may just respond "They are doing fine."

*Presenter should discuss important points of the Mental Health and Developmental Disabilities Confidentiality Act.*

## **Release of Information Form**

**(Distribute your agency's Release of Information form.)**

### **Presenter Script**

*"There are times when you might be asked to release confidential information on behalf of an individual.*

*There are specific procedures for releasing confidential information.  
Let's spend a few minutes going over our agency's policy and the Release of Information form."*

Discuss how the forms are to be completed, where they are filed, and any other documentation which may be required.

Then explain that in order for anyone to release information about a person supported in one of our programs, the person supported must sign a release of information form. If that person has a legal guardian, then the legal guardian would sign the release of information form.

## Community Inclusion

The term "**inclusion**," used with respect to individuals with developmental disabilities, means the acceptance and encouragement of the presence and participation of individuals with developmental disabilities, by individuals without disabilities, in social, educational, work, and community activities, that enables individuals with developmental disabilities to fully participate in their community.

### **Community Inclusion is a success when people:**

- Have relationships with people who are not paid to spend time with them.
- People have opportunities to experience a variety of social roles that include friendships, contributing to the community and gaining new skills.
- People have opportunities and resources to do and accomplish things that are important to them.
- People experience a sense of belonging.
- Live in homes close to community resources, with regular contact with individuals without disabilities in their communities.
- Take full advantage of their integration into the same community resources as individuals without disabilities, living, learning, working, and enjoying life in regular contact with individuals without disabilities.

### **Here are some strategies for successful community connections:**

- Learn as much as possible about the event, before you take the person on a community outing.
- If needed, visit the setting before coming with the person. Get to know others who will be involved if possible.
- Offer to attend with the person. Or see if the person has a friend he or she would like to invite.
- Be available to answer questions. If the person is nervous or inexperienced, you can practice possible social situations. Try to help the person think through problem situations.

Remember, people are more likely to continue with an activity if their first experience with it is a good one. Your role will be different in each situation. It may take some time before the person can be involved without you. Or, he or she may never be able to participate without your assistance.

## Narratives for Scenarios 1, 2 and 3

### Scenario #1

**Question #1: Should Fred be allowed to wear his own clothes?**

**Answer:** No. McDonald's Corporation has a dress code and requires uniforms based on your duties. Fred should not be given special treatment and allowed to wear his own personal clothes while working.

**Question #2: Should Fred quit his job?**

**Answer:** That is for Fred to decide. If he feels he can't work under the current conditions and McDonald's Corporation is not willing to assist in improving the working conditions, Fred may need to find another position. Support Fred in whatever decision he makes.

**Question #3: What are some solutions to the problem?**

**Answer:** Have Fred talk to McDonald's management about talking to the kids. Request management to ban the students from the restaurant if the problem persists.

Consider having Fred talk to the students with management there. Obviously, you should talk with the students in a private setting and not in the dining area.

Work with Fred so that he can gain skills to handle situations where people are being cruel. That may mean leaving the situation and getting the manager each time a similar situation occurs.

Find out what policy McDonald's Corporation has for dealing with unruly customers. Make sure they are following that policy the same as they would for any employee.

## Scenario 2

**Question #1:** Was this the right decision?

**Answer:** No.

**Question #2:** What were the alternative(s)?

- Talk to Sally. Find out the specifics.
- Early intervention would have been the best answer; however, that didn't happen.
- Ask for an IEP meeting.
- Meet with the teacher.
- Meet with the administration
- Meet with the school board
- Involve the special education staff if she was in a regular education classroom with a regular education teacher.
- Have the parent/guardian observe in the classroom.
- Ask for a psychological. The parent/guardian may ask for one psychological per school year.
- Ask for a psychiatric evaluation.

### Scenario #3

**Question #1:** What else would you like to know about Charles?

- Who does he like to talk to?
- Does he have a locker?
- Can he put his radio somewhere during lunch?

**Question #2:** What are some ideas for supporting Charles?

- Talk to the people he likes.
- Keep a behavior log. Look for patterns (time, day, location, persons present, weather).
- After analyzing the information, observe Charles during the most frequent time, etc., when the maladaptive behavior occurs.
- Talk to Charles to find out what upsets him.
- Talk to administration and explain the rights violation that is occurring.

## **A Credo for Support**

Assign reading to "The Credo for Support" to trainees and discuss the following.

"Credo for Support" reminds all of us who work with people with developmental disabilities how we should relate to those with special needs. The "Credo" is a series of suggestions for people who care about and support someone with a disability. It prompts readers to question the common perceptions of disability, professionalism and support.

The powerful use of "do not" statements describes existing treatments of individuals with disabilities; each "do not" statement is countered with an "empowering" alternative which challenges the reader to examine their beliefs and practices. The message is one of listening, supporting, valuing, following

A powerful video of the "Credo" was a winner of the 1996 TASH Media Award. This 5 minute video includes people with disabilities reciting the "Credo for Support". The Presenter may play the video in class (or, if unable to view in classroom because of technological challenges) may assign as optional exercise and discuss in class.

<http://www.youtube.com/watch?v=wunHDfZFxXw>

## **CONCLUSION OF TRAINING**

Ask trainees what questions they have and carefully go over them.

Spend a few minutes introducing the On-the-Job (OJT) Training activities and Competency-Based Training Assessments (CBTAs) for this module.

**Last Page**