MODULE 3

ASSESSING AND ENHANCING QUALITY OUTCOMES
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“Do you see my behavior, 
Or, do you see my story?”

Source: a Self-advocate.
Background Reading


*Outcome Management: Achieving Outcomes for People with Disabilities* by Art Dykstra, Jr.
Habilitation vs. Rehabilitation

Programs for individuals with a developmental disability need to focus both on habilitation and rehabilitation.

First, QIDPs need to know the difference between habilitation and rehabilitation.

Habilitation--The process of supplying a person with the means to develop maximum independence in activities of daily living through training or treatment.

Rehabilitation--The restoration of an individual or a part to normal or near normal function after a disabling disease, injury, addiction, or incarceration.


Changing Philosophies in Service and Program Planning

The change in emphasis from the “traditional” method to person-centered supports is a movement away from “fixing” a person towards maximizing a person’s quality of life.

The traditional method is characterized by a focus on:

- identifying deficits
- planning interventions to remove deficits

The person-centered method is characterized by a focus on the individual’s:

- desired lifestyle outcomes (hopes, dreams, etc.)
- abilities
- preferences/choices
- current circumstances

Examples of person-centered supports include:

- People living in homes they choose for themselves.
- People living with people they choose to live with.
- People choosing their leisure-time activities while they are at home just like everyone else.
- Support staff and others respecting the person’s home just as they do the homes of other people they might visit. For example, they knock before entering the home, or the person’s room, and they ask people before using their things, like phones or television.
- People are employed, or are engaged in daily activities that they enjoy and that help them develop and maintain relationships they feel are important.
Interviewing: Knowing the People You Support

It is important to know the people you support, including their desires in life. You learn about someone in many ways. Some ways are informal, such as visiting with the person. Some ways are more formal; an interview is a formal way to gather information from an individual at a particular time and place in his or her life. Knowing this information from an individual will help to better individualize services and supports, and guide person centered plans. You may also want to interview family, friends, and caregivers to help create a balanced picture of a person’s values and desires.

Before interviewing someone, first determine the purpose of the interview and the process and questions that you will use. Questions you consider should fall in line with quality of life factors common to each of us. For example, does the person:

- Feel safe
- Feel respected
- Choose where and with whom the person lives
- Understand and exercise the citizen rights that are important to them
- Experience freedom from abuse and neglect
- Have the best possible health
- Have enough friends
- Choose where to work and the type of work
- Set personal goals
- Have a religious and spiritual life
- Have the ability to respond to emergencies
- Take a vacation
- Manage and save money
- Enjoy a hobby or other leisure interest
- Pursue other interests
After you have decided the process and line of questioning, whether it is based upon an accreditation agency’s standards or some other format, it is important to recognize what is discovered as being important to the person today may not be as important in the future. People often change their minds over time as a result of new and different experiences and understandings. For instance, a person might indicate a desire to live in an apartment with a number of other people, but later realize that having only one housemate would allow for more privacy.

It is important for QIDPs to be in tune to very subtle as well as major behavioral forms of communication by clarifying your understanding of what the person is telling you. Ensure open lines of two-way communication. Reading and reviewing the person’s case history and other documents ahead of the discussion may assist you in understanding the person. However, the information you gather directly from the individual and the support person is the most important and relevant at the time.
Individual Life Quality Outcomes

This section can be used as a guide to help you increase the level of excellence of your services and supports. It can be used as a tool to strengthen your relationships with the people you serve and in promoting activities which will enhance the quality of their lives.

Continual assessment and reassessment of service quality are essential to assuring, as best you can, the individual qualities of life and to advancing the overall level of service quality. Quality improvement is a process which requires continuous attention to the services that are provided and the individual’s satisfaction with those services.

The following is a list of 24 service quality outcomes.

CHOICE
1. Individuals identify their needs, wants, likes and dislikes.
2. Individuals make major life decisions.
3. Individuals make decisions regarding everyday matters.
4. Individuals have a major role in choosing the providers of their services and supports.
5. Individuals’ services and supports change as wants, needs and preferences change.

RELATIONSHIPS
6. Individuals have friends and caring relationships (this could include romantic).
7. Individuals build community supports which may include family, friends, service providers/professionals and other community members.

LIFESTYLE
8. Individuals are part of the mainstream of community life and live, work and play in integrated environments.
9. Individuals’ lifestyles reflect their cultural preferences.
10. Individuals are independent and productive.
11. Individuals have stable living arrangements.
12. Individuals are comfortable where they live.
HEALTH AND WELL-BEING
13. Individuals are safe.
14. Individuals have the best possible health.
15. Individuals know what to do in the event of threats to health, safety and well-being.
16. Individuals have access to needed health care.

RIGHTS
17. Individuals exercise rights and responsibilities.
18. Individuals are free from abuse, neglect and exploitation.
19. Individuals are treated with dignity and respect.
20. Individuals receive appropriate generic services and supports.
21. Individuals have advocates and/or access to advocacy services.

SATISFACTION
22. Individuals achieve personal goals.
23. Individuals are satisfied with services and supports.
24. Individuals are satisfied with their lives.

SUGGESTIONS FOR SERVICE QUALITY ENHANCEMENT

The following provides information and suggestions for service quality enhancement and self-assessment for each of these 24 outcomes:

CHOICE
1. Individuals identify their needs, wants, likes and dislikes.

About this Outcome
This outcome recognizes that all people have individual needs, wants, likes and dislikes and can express them in some way (with words, gestures or behaviors) so that the people around them are aware of and understand their preferences and respond to them. Their ISP and services and supports are centered on the individual and take into account their needs and preferences. There are many ways to find out about someone’s preferences. Some of the information comes from asking the person, family member, friends and people who work with the individual about the things he or she likes to do and can do well. It is also important to find out what prevents the person from doing the things he or she likes to do. Additional supports (such as interpreter services or communication devices) may be necessary help overcome communication barriers. If people can’t talk for
themselves with or without supports, it’s important to spend time with them and to observe how they react to different situations in order to understand their preferences.

**Examples of Opportunities for Service Quality Enhancement**
This outcome is accomplished when the wants, needs, likes and dislikes of individuals are known (or there is an active plan to identify those preferences) through:

• talking with or spending time with each person served and talking to others who know him or her well;

• providing additional supports as necessary to assist each person to communicate his or her preferences;

• including each person or people who know him or her best in planning for services and supports; and,

• knowing the goals in each person’s ISP.

• Individual preferences are reflected in each person’s daily life activities.

**About this Outcome**
This outcome is about individuals exercising control over major life decisions. To make sure that people with developmental disabilities have opportunities for decision-making, individuals (and where appropriate, their parents, legal guardian, or conservator) should participate in decisions affecting their own lives, including, but not limited to, where and with whom they live, their relationships with people in their community, the way in which they spend their time (including education, employment, leisure), and the pursuit of their own personal future. In addition, they should have the opportunity to actively participate in the development of their Individual Service Plan (ISP) including the planning for and selection of services and supports. Other ways to support people in developing this important skill include providing: (1) options to choose from; (2) understandable information about each option; and (3) opportunities to directly experience each option. Agencies should respect the choices made by individuals, or where appropriate, their parents, legal guardians, or conservator.

**Examples of Opportunities for Service Quality Enhancement**

**Support the individuals in making major decisions, including:**

• where to live and with whom;

• what kind of a job, education and/or training they have; and,

• how to budget their money.
When individuals need training and support in making major life decisions or have difficulty communicating those decisions:

- Provide each person with understandable information about the choices he or she has (e.g., videotapes/dvds, talking with peers);
- Provide each person with opportunities to learn about the options (job tryouts, field trips);
- Provide each person with opportunities to make major life decisions (e.g. where to live, which job); and,
- Make sure you know someone in each person’s life who knows him or her well enough to speak for him or her when major life decisions must be made, if necessary.

**CHOICE**

3. Individuals make decisions about everyday matters.

**About this Outcome**

This outcome is about individuals (and where appropriate, their parents, legal guardian or conservator) making everyday decisions about things like what to wear, what and when to eat, and how to spend free time. People should be provided with opportunities to exercise decision-making skills in all aspects of day-to-day living, including daily living routines, choice of everyday companions, leisure and social activities. People are supported in developing this important skill when given: (1) options to choose from; (2) understandable information about each option; and, (3) opportunities to directly experience each option. Agencies should respect the choices made by individuals, or where appropriate, their parents, legal guardians, or conservator.

**Examples of Opportunities for Service Quality Enhancement**

Support each person served in making everyday decisions, including:

- when to get up
- when to go to bed
- what to wear
- when to take care of personal hygiene
- what to eat
- what to do in free time
- who to spend time with
- how to use spending money; and
- whether or not to exercise.
When individuals need training and support in making everyday decisions or have difficulty communicating those decisions:

- Provide each person with opportunities to make choices each day. (e.g., a jacket or sweater, cold or hot cereal, going to the movie or shopping at the mall);
- Provide each person with understandable information about everyday choices (e.g., dvds to watch, talking with peers);
- Provide each person with opportunities to learn about the options (e.g., eating a new food, learning a new game); and,
- Be sure you know someone in each person's life who knows him or her well enough to speak for him or her when everyday decisions must be made.

CHOICE
4. Individuals have a major role in choosing the providers of their services and supports.

About this Outcome

This outcome emphasizes that individuals should have a leadership role in choosing the providers of services and supports. When making choices between service providers, we usually think about when services and supports are available, who delivers them, how well they are provided, how well they will meet our needs and the cost of the service. In choosing service providers, consider the individual's (or parent, conservator, or guardian where appropriate) choice in the selection process. Other factors to be considered include: service quality; success in achieving individual goals; natural community, home and work settings; and, the costs of services and supports of the same quality. Services and supports should not be continued unless the individual is satisfied.

Examples of Opportunities for Service Quality Enhancement

When supporting persons served in having a major role in choosing the providers of their services and supports:

- Support each person in learning about his or her service options; and,
- Make available understandable information about services to any individuals, family members, or others involved in a service selection.
About this Outcome

As people grow and change, their needs and preferences may change, including personal and service relationships. They may develop new friendships, change jobs, learn a new hobby or participate in different social activities based on changing interests, age or health conditions. In order to reflect those natural changes, services and supports should be flexible and available to meet an individual’s needs throughout his or her lifetime.

Changes in services and supports should occur based on the needs or preferences of the individual. However, there are times when things happen that may be beyond the individual’s control (e.g., a staff member leaves, an agency closes). In those instances, attention should be given to preparing the individual for change and providing service options from which to choose.

Examples of Opportunities for Service Quality Enhancement
Try to ensure that services and supports change in response to the individual’s changing needs and preferences.

When a person wants or needs a change in services and supports, support him or her by:

- adapting services and supports to the individual’s changing needs and preferences;
- providing information about alternative service options from which to choose; and,
- assisting the person to prepare for and make the change (e.g., finding a new job, learning a new hobby, participating in new social activities).

About this Outcome

This outcome is about individuals choosing and developing friendships and intimate relationships. These relationships are based on shared interests, compatibility, shared work environments or mutual economic interests. Relationships are developed through opportunities to socialize with family members, neighbors, coworkers and fellow community members. Support may be needed to achieve this outcome, ranging from transportation, family counseling, or sexuality training.
Examples of Opportunities for Service Quality Enhancement

Help the people you serve develop friendships and caring relationships by helping them to have:

- regular contact with friends and family (e.g., providing privacy for telephone calls, helping with transportation for visits);
- opportunities to develop friendships with whomever they choose (encouraging a variety of activities to meet people);
- a choice of whom they spend their time with;
- a place to spend time with their friends at home or elsewhere (and privacy if desired); and,
- supports and services which facilitate the development of friendships (e.g., transportation, scheduling activities) and/or caring relationships (e.g., information and training for adults regarding dating, sexuality, responsible intimacy, marriage).

RELATIONSHIPS

7. Individuals build community supports which may include family, friends, service providers/professionals and other community members.

About this Outcome

Everyone has a group of individuals that they count on for friendship, advice and social contact. We all have the experience of developing different types of these supportive relationships at work, at home and in the community. While people with developmental disabilities typically have supports which include family members and service providers/professionals, they often need some help in developing (e.g., getting to places where people participate in social activities) and keeping supportive relationships (help in setting up a phone contact or activity) with friends and other community members. One of the aims of this outcome is to provide opportunities for people with and without disabilities to participate in life activities together. These relationships are to be respected and fostered and regional centers may assist individuals and their families in identifying and building circles of support within their community.

Examples of Opportunities for Service Quality Enhancement:

Assist people in building community supports with family members, friends or community members by:

- helping with making arrangements or providing transportation as needed;
- facilitating involvement in a variety of community activities;
- helping him or her have a formal or informal support group of nonpaid community members (e.g., friends, neighbors, co-workers, etc.); or,
- providing assistance to develop a support group if needed and wanted.
LI FESTYLE
8. Individuals are part of the mainstream of community life and live, work and play in integrated environments.

About this Outcome
This outcome is about involvement and participation of people with developmental disabilities in the community. People should be provided with opportunities to be integrated into the life of their community in the areas of work, education, recreation, social activities, and community service. People should have the choice to live and participate in the community in the same ways as their neighbors, friends and fellow community members (of the same age). In order to assist the individual to achieve this outcome, services and supports should be provided to the maximum extent possible in natural home, community, work and recreational settings.

Examples of Opportunities for Service Quality Enhancement:
Provide supports that will help individuals be involved in the life of his or her community such as:

- having access to understandable information about everyday community activities (e.g., newspaper, television);
- having opportunities to choose and participate in everyday community activities (e.g., shopping, banking, eating, learning, meeting friends) with other community members on a regular basis;
- having opportunities to work in typical community jobs with other community members;
- having supports and services which enable them to participate (e.g., job training, transportation, mobility training) in everyday community activities and work with other community members on a regular basis.

LI FESTYLE
9. Individuals’ lifestyles reflect their cultural preferences.

About this Outcome
This outcome focuses on the differences in language, religion, country of origin, ethnicity and race that affect our individual lifestyles. Recognize this diversity when it states that the assessment process (which assists in the development of the ISP) shall reflect awareness of, and sensitivity to, the lifestyle and cultural background of the person and the family. When cultural preferences are indicated, they should be reflected in individualized services and supports.
Examples of Opportunities for Service Quality Enhancement:

**Support individuals in having a lifestyle that reflects their cultural preferences, by providing them with:**

- opportunities to communicate with others who understand their culture;
- opportunities to practice religious, cultural or ethnic traditions and holidays;
- understandable information about services and supports with help from an interpreter if needed,
- supports and services which reflect language, cultural and ethnic preferences, holidays, music, clothing, special foods).

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**LIFESTYLE**

10. Individuals are independent and productive.

About this Outcome

Independence (e.g., doing things for yourself) and productivity (e.g., social, cultural, spiritual, or fiscal contribution to family, community or society) are often referred to as outcomes. For example, understand the importance of achieving independent, productive, and normal lives. This outcome focuses on whether people have the necessary training and/or supports (e.g., adaptive or assistive technology, direct support person) that will enable them to be as independent and productive as possible. Services and supports should be individualized to the person’s age, degree of disability and physical health to assist the person in achieving their maximum potential.

Examples of Opportunities for Service Quality Enhancement

For persons served to achieve independence and productivity, provide access to:

- adaptive technology, assistive devices (e.g., wheelchair, environmental controls), personal support as needed;
- a method of communication (e.g., speech synthesizer, computer, adapted telephone);
- the opportunity to complete the activities of everyday life (e.g., eating, dressing, personal care, exercise, getting around, social and recreational activities) with as little support as is needed;
- the opportunity to be productive (e.g., paid work, volunteer work) with as little support as is needed; and,
- the opportunity to learn skills (e.g., personal care, getting around, job training) which leads to greater independence and productivity.
About this Outcome
This outcome is about a person's living arrangement. Services and supports for people with developmental disabilities should: (1) promote a stable and healthy living environment for each individual; (2) be available for people based on their needs and choices, regardless of their age or degree of disability. When a change in living arrangement is needed or cannot be avoided, careful planning needs to occur to ensure the best possible transition to the individual's new living arrangement.

Examples of Opportunities for Service Quality Enhancement
Provide an environment in which each person:

- experiences a sense of security
- has emergency and crisis intervention services as needed.

About this Outcome
In addition to typical appearances of comfort, the special needs of the individual and their privacy must be considered. People should have things of their own that are personal and private. Comfort means different things to different people. Consideration should be given to personal needs and preferences in décor, room arrangement and use of living space.

Examples of Opportunities for Service Quality Enhancement:
Provide an environment for persons served that is comfortable and includes:

- access to living space (e.g., kitchen, living room, yard) as desired;
- his or her own bedroom or one that is shared with someone that he or she chooses;
- privacy (e.g., curtains & shades, for personal care, visiting with friends and relatives);
- a secure place to keep personal effects (e.g., mementos, pictures) and records;
- a key to his or her home;
- personal things around that express his or her individuality;
- furniture and décor that suits his or her taste and activity to the extent possible;
- the special equipment (e.g., wheelchair modifications, sheepskin wraps for arms and legs, etc.) it takes to get around a home.
About this Outcome
Recognize the value of safety by stressing that people have a right to be free from harm and to live in a healthy environment. Individuals have a right to be free from hazardous procedures. The individual’s safety has to be a prime concern for service providers, and for those involved in relationships with the individual. However, a concern for safety has to be balanced with sensitivity to the individual’s right to make decisions and to try new experiences. This balance is achieved when appropriate services and supports are in place that provide opportunity and practice for people to learn safety skills, but do not expose the person to danger or harm. If the individual cannot provide for his/her own safety, the necessary services and supports should be planned to meet this objective.

Examples of Opportunities for Service Quality Enhancement

In order to assure that each person served has a feeling of safety and security, provide:

- opportunities and practice for learning safety skills as needed that do not expose him or her to danger or harm;
- training on fire extinguishers and smoke alarms;
- special furniture and equipment as needed;
- site safety practices inside and outside; and,
- training on staying safe in the community and among strangers.
- a safe work or training environment (e.g., equipment, safety skill development).

About this Outcome
In addition to shelter and comfort, health is considered to be a valued outcome. Recognize this by identifying an individual’s right to receive prompt medical care and treatment and promoting a healthy living environment. Health includes general physical, mental and dental well-being. As with other outcomes, individuals should receive information and training in methods to increase or maintain their own health (e.g., being responsible for their own medication, eating nutritious meals, etc.) and be provided with opportunities to demonstrate their skills in these areas. If people cannot take the full responsibility for their own health, services and supports must be planned to meet this objective.
Examples of Opportunities for Service Quality Enhancement:

Provide information, training and services that promote individuals achieving the best possible health by supporting him or her to:

- eat a healthy diet on a regular basis;
- get regular exercise;
- take prescribed medicine for special health conditions that they have;
- monitor special health conditions and follow any prescribed medical regimens;
- maintain a safe weight range for their height;
- complete personal care (e.g., bathing, dental hygiene) on a regular basis;
- practice safe sex;
- do not use to excess addictive substances (e.g., alcohol, tobacco, drugs);
- do not place themselves in dangerous or high-risk situations; and
- access supportive counseling, when desired.

**HEALTH and WELL-BEING**

15. Individuals know what to do in the event of threats to health, safety and well-being.

**About this Outcome**

This outcome focuses on the responsibility of individuals for their own well-being and includes such things as environmental risks (e.g., earthquakes, tornados), physical risks (e.g., falling, burns, being in an unsafe area), and financial risks (e.g., running out of spending money before the end of the month). Everyone encounters a variety of possible dangers and risks in the course of everyday living, and needs the knowledge and skills necessary to respond appropriately to those situations. The opportunity for prompt medical care and treatment can be increased when individuals recognize and report problems associated with their health, safety and well-being. This includes, among other things, identifying the source of the threat, whether or not help is needed and, if needed, who can help. When individuals cannot identify or report threats to their health, safety and well-being, services and supports should be planned to meet this objective (e.g., individualized training, education and/or advocacy). Emergency back-up plans should also be in place as needed.
Examples of Opportunities for Service Quality Enhancement

In the event of threats to individuals’ health, safety and well-being, they should:

- recognize the source of the possible danger or risk (e.g., health, environment, person);
- know what to do to end a possible danger or risk or take the appropriate precautions (e.g., call for help, go to the doctor) to prevent one;
- know where to report possible danger or risk (e.g., service providers, family, 911);
- know how to seek help (e.g., hospital, police, counselor); and have support from others in dealing with possible dangers or risk.
- receive training and support in how to identify the source of threats to health, safety and well-being;
- have training and support in seeking help.

HEALTH and WELL-BEING
16. Individuals have access to needed health care.

About this Outcome
Access to health care is essential for maintaining good health and receiving prompt medical care and treatment. Access means that: (1) health care professionals are available for specific health conditions and/or to monitor ongoing health; (2) health care is provided in a way which is accessible to people with developmental disabilities (e.g., supports, interpreters); and, (3) transportation to the site of the health care is available as needed.

In general, health care professionals include: physicians; dentists; mental health practitioners; and others recognized as health care professionals, such as physical therapists, dietitians, speech therapists, etc.

Examples of Opportunities for Service Quality Enhancement:

Ensure that each person has access to health care professionals and services including:

- a physician who knows them and is familiar with and able to work with people with a developmental disability;
- physician/dentist/other health professionals for routine health care needs;
- a dentist who knows them;
- emergency medical services as needed;
• mental health services as needed;
• other recognized health care professionals as needed;
• supports to assist in understanding and making health care decisions, including medical advocate if a sexual assault occurs.

**RIGHTS**

17. Individuals exercise rights and responsibilities.

**About this Outcome**

People with developmental disabilities have the same legal rights guaranteed to all other individuals by the Constitution and laws of the United States and the State of Illinois. In addition, people with developmental disabilities have a right to: treatment and habilitation; dignity, privacy, and humane care; prompt medical care and treatment; religious freedom; social interaction; physical exercise; and, freedom from harm and hazardous procedures. Also, people have the right to make choices in their own lives, such as: where to live; who to live with; who to have relationships with; education and employment; leisure; and, planning for the future. Rights fall into several categories, such as personal (e.g., privacy rights), educational (e.g., a free and appropriate education), citizen (e.g., voting), and access (e.g., public transportation). Along with all of these rights are responsibilities, such as respecting the privacy rights of others, being an informed voter, etc. In addition, training, opportunities and supports to exercise rights are important aspects of achieving this outcome.

**Examples of Opportunities for Service Quality Enhancement**

In order to support individuals in the exercise of their rights and responsibilities, ensure that they:

• know their rights and responsibilities;
• have frequent opportunities to use them (e.g., freedom of choice, vote);
• have training and support on rights and responsibilities as needed (e.g., not breaking the laws of the community, state and nation);
• know how to make a complaint (e.g., grievance procedures, fair hearings, ombudsperson, etc.); and,
• have someone to assist them (e.g., guardian, conservator, advocate) if they do not know or understand their rights and responsibilities or how to make a complaint.
About this Outcome
Abuse, neglect and exploitation are each forms of mistreatment which may affect the person physically (bodily harm), emotionally (mental health status) or financially (theft or loss of funds). One of the basic rights of people with developmental disabilities is a right to be free from harm, including unnecessary physical restraint, isolation, excessive medication, abuse (mental or sexual), or neglect. These rights extend to the person’s living, working and community environments. Training and support in self-advocacy (as needed) are important aspects of this outcome.

Examples of Opportunities for Service Quality Enhancement
In order to keep people free from abuse, neglect and exploitation, ensure that they have:
- a healthy, physical appearance (appear to be free from physical, nutritional or mental abuse);
- no symptoms of abuse, neglect, exploitation or over-medication;
- a bank account or safe place to keep their money and access to it as desired;
- training and support about how to prevent and report (as needed) abuse, neglect, or exploitation;
- a way to communicate that they feel safe from harm or that they have been abused, neglected, or exploited to someone in their life who can recognize harm from abuse, neglect, or exploitation and takes immediate and appropriate action; and,
- a family member, friend, and/or service coordinator who has frequent contact and can identify and report problems.

About this Outcome
This outcome incorporates a basic right. Dignity and humane care is a basic right of people with developmental disabilities. In practice, dignity and respect are measured by looking at how individuals are treated by others, including those who provide services and supports. These rights extend to the person’s living, working and community environments.
Examples of Opportunities for Service Quality Enhancement

- Positive interactions with people.
- Ensure if any staff has generally positive interactions with the individuals.
- Think of individuals as people with unique gifts and talents.
- Promote individuals being treated with dignity and respect by others (friends, relatives, coworkers, other service providers).

About this Outcome

This outcome focuses on the services and supports a person receives from publicly-funded agencies having a legal obligation to serve the general public. These are known as generic services and they are typically available to people whether they have a disability or not (for example, community colleges, public parks, libraries, senior centers). Generic services also include public benefits, such as Social Security which are available to people with disabilities.

This outcome looks at the degree to which individuals receive information about generic services, whether the services are provided when requested, and advocacy efforts needed when services are not provided.

Examples of Opportunities for Service Quality Enhancement

Assist individuals in accessing and receiving generic services and supports they qualify for, including:

- Social Security, Medicare/Medicaid, and other benefits; public elementary and secondary education;
- adult learning programs such as adult education or a community college;
- local community resources (e.g., public parks, library, senior center, transportation services);
- state and federally-funded services (e.g., mental health, rehabilitation,
  employment training,
  community agencies which support victims of violence.

Assure individuals have training and advocacy to assist them in utilizing generic services as needed.
About this Outcome
This outcome is available to any individual or family member. This outcome is especially important for people who lack close family and friends and/or have difficulty expressing themselves or need support in understanding their rights and how to exercise them. Advocate for the civil, legal, and service rights of persons with developmental disabilities. Also provide information about federal, state and local generic services as well as advocacy for those services on behalf of individuals.

Examples of Opportunities for Service Quality Enhancement
Ensure that individuals have advocates and/or access to advocacy services, including:

- a family member, friend, and/or service coordinator who will advocate for them when they cannot or do not advocate for themselves;
- understandable information about advocacy services
- training and support in self-advocacy, as needed and desired; and,
- persons to accompany and/or represent them in ISP meetings or other important discussions or activities.
- a medical and/or legal advocate who will advocate for the person if an act of sexual or domestic violence occurs.

SATISFACTION
22. Individuals achieve personal goals.

About this Outcome
Everyone has dreams and desires about things that they need or want to achieve in their life. When an individual decides what they want to achieve, they set a personal goal. Personal goals range from every day activities (e.g., getting regular exercise, learning to use the bus) to major goals (changing jobs, going back to school, moving into a different living arrangement). Individuals either achieve their goals or are taking steps to achieve them and are satisfied with their progress.
Examples of Opportunities for Service Quality Enhancement

Providing support to people in achieving his or her goals, for example:

Around the home (e.g., using the microwave, recording a favorite T.V. show), in self care (e.g., using a toothbrush, taking a shower); self improvement (e.g., exercise, weight control); saving for something (e.g., clothes, furniture, outing); learning new skills at work (e.g., shelving products as a stock clerk, raking leaves on a landscape crew); finding or changing a job; getting more involved in local community activities; or, making a new friend.

When individuals achieve personal goals they typically:

- feel good about what they have accomplished or their progress toward their goal;
- express pride in their achievement.

SATISFACTION
23. Individuals are satisfied with services and supports.

About this Outcome
Service satisfaction is an important outcome. No service or support specified in the ISP and provided by any agency or individual shall continue unless the individual (or where appropriate, his or her parents, legal guardian, or conservator) is satisfied and reasonable progress has been made towards meeting objectives.

Examples of Opportunities for Service Quality Enhancement:

Work to assure satisfaction with services and supports by asking each individual and his or her family members, as appropriate, what they believe is working well and what things could be better. When someone expresses dissatisfaction, strive to improve the situation and ask what changes he/she would like to have happen.

Individuals who are satisfied with services and supports, typically:

- express their satisfaction when asked;
- want to continue with their current services and supports and/or their service provider;
- show their satisfaction is some way when they cannot communicate it;
- have a personal advocate who expresses satisfaction if they cannot express or show it themselves.
SATISFACTION
24. Individuals are satisfied with their lives.

About this Outcome
For many of us the question that means the most in terms of life quality is: Are we satisfied with our lives? A person’s satisfaction with their life reflects a general sense of well-being involving a range of life experiences in the areas of choice and decision-making, relationships, participation in the life of their community, health and safety, and home, work and leisure. This outcome is about individual perception of personal life quality.

Examples of Opportunities for Service Quality Enhancement:
Support each person served in achieving life satisfaction by asking him or her or his or her family members, as appropriate, about life satisfaction and what could make things better and working with them to increase their satisfaction with their lives.

Individuals who are satisfied with their lives, typically:

- express their satisfaction when asked;
- express a positive outlook on life;
- show their satisfaction in other ways when they cannot communicate it;
- have a personal advocate who expresses satisfaction if they cannot express or show it; and,
- seek to maintain what they have.

As the individuals you serve have greater opportunities to make choices, exercise their rights and make decisions about their everyday lives, they will be better able to express their satisfaction with service quality and with their lives and to work in partnership with you in designing quality services.

Source: Excerpts taken from *Looking at Service Quality Handbook for Providers of Services and Supports* California Department of Developmental Services

[www.dds.ca.gov/Publications/docs/LookingServiceQuality.pdf](http://www.dds.ca.gov/Publications/docs/LookingServiceQuality.pdf)
The Choice Making Process

Assessing Interests and Preferences to Promote Choice Making

Promoting active choice making is a primary way to address self-determination for people with severe disabilities. Making a choice involves the identification and communication of a preference. For people with severe disabilities, there are multiple barriers to making choices. Because many people have such a limited number of opportunities, they do not know how to make choices. Therefore, they need specific and direct instruction in this skill. Other people with severe disabilities do not express their preferences through conventional means and the use of alternative means to assess personal preferences must be explored.

Here are some tips that can help you assist with choice making

- Get to know the person.
- Identify opportunities for choice or preference.
- Assist the person in developing a range of choices.
- Recognize the health, safety, financial and risk parameters associated with the choice.
- Offer opportunities for choice.
- Show you value the person's choice.
- Educate and negotiate when choices are outside of the parameters.
- Process the choice experience with the person.
- Document the choice experience.
- Offer alternative means to express choice, if needed.

Individuals cannot achieve the outcomes they want unless they are given opportunities to make choices. Making a choice can be broken down into a three-tiered process:

1. The individual must first be exposed to a variety of situations & events.
2. The individual is then allowed the opportunity to indicate preference.
3. S/he then makes a choice.
Assessing Behavior

Positive Behavior Supports
At its most basic level, all behavior is communication. This is particularly true for people who do not express themselves by talking or have limited communication skills. Behavior is what we do to get what we want or to get away from something we don’t want. People with intellectual disabilities don’t engage in ‘behaviors’ because they have a disability, they engage in behaviors that have worked for them to get what they want. However, understanding what a person is trying to communicate through behavior may not always be easy.

People don’t “have” behaviors; rather, they use their actions for specific reasons. They are actually communicating how they feel or what they want. According to the Basic Principles of Learning:

- All behavior occurs for a reason
- Both good and bad behaviors continue to occur because they work
- Both good and bad behaviors stop occurring because they no longer work

Positive behavior support is a way to help people get what they want or get away from something they don’t want in a way that’s safe for them and others around them.

For the support plan to be effective, we must first ‘listen’ to the behavior and try to figure out what the person is trying to tell us. Perhaps it may be as simple as sitting next to a different person in the workplace. Perhaps the plan may include giving them something they like when they engage in a particular behavior. However, Positive Behavior Supports never use ‘aversives’ or things people don’t like or things that give them pain.

What is ‘behavior?’
A behavior is anything a person does that is observable and measureable. In other words, a behavior can be seen and counted.

When identifying a behavior, use specific words to indicate exactly what the person is doing. This allows all staff members to have a clear understanding if you use behavioral terms.

For example, the statement “John has several seizures a day” does not indicate how serious the problem is. A clearer statement would be “John had 3 tonic clonic seizures yesterday.”
**Steps to Building a Behavior Treatment Program**

1. Choose a philosophy upon which to base your program.
2. Define the challenging behavior(s) you want to decrease.
3. Begin baseline data collection on challenging behavior with an ABC sheet.
5. Complete reinforce assessments.
6. Analyze data and interviews to determine function(s) baseline of each behavior.
7. Define the behavior you want to increase-which may be a replacement behavior.
8. Write the behavior plan to include both definitions and environmental conditions.
9. Submit the plan to the HRC if it contains any elements of restrictions.
10. Plans with restrictive measures also require guardian’s approval and signature.
11. Create a final data sheet.
12. Train staff and family-all who work with the individual.
13. Assign responsibilities for data sheets and generating the reports.
14. Monitor the implementation of the plan through direct observation and review data.
15. Do random monitoring as well as scheduled.
16. Re-evaluate the plan’s effectiveness and revise as needed.

**Functional Analysis**

A functional analysis consists of at least two measures. The interview is one measure of function. Data are usually the second measure. A good analysis of behavior can help increase your understanding of what the person is trying to tell you. A written functional assessment studies the person’s environment and the behavior of the person. The assessment may look at activity patterns, people in the environment, support staff and the physical environment to determine why the problem behaviors occur.

In other words, the functional analysis should attempt to identify what function or purpose the behavior serves for the person. We might ask questions such as:

- Does it get them something they want?
- Does it help them get away from something they don’t want?
- Is it the only way they know to express themselves?
- Are they experiencing pain or discomfort?

If we can identify the function of the behavior, we are better able to determine what **replacement behavior** can be taught.
Everyone who interacts with the person served in any significant way should receive training in the plan.

ABCs

A functional analysis is sometimes referred to an ABC chart. ABC stands for:

Antecedent

Behavior

Consequence

A stands for antecedents - the events that have led up to the behavior's occurrence. They are important because each behavior has a cause; it is an attempt to communicate a message. Without charting this important information these events may go unnoticed.

B stands for behavior - the specific behavior you are trying to increase or decrease.

C stands for consequences - what happens after the behavior occurs. The consequence influences whether the behavior will be repeated.

An ABC is part of a functional analysis because it records the conditions before the event occurred and what happened after the challenging behavior.

An example of ABC is:
- Antecedent: Staff person starts the teeth brushing
- Behavior: Individual hits the staff person
- Consequences: Staff person stops the teeth brushing

The ABC chart can help in the study of behaviors and their antecedents and consequences. This chart can also help to make decisions based on the data. Following the analysis, the staff are better able to design strategies that help the individual to communicate needs and/ or desires in more appropriate ways. Also, strategies can be designed to give the individual more control over their environment.

Data Collection

In order to analyze a person's behavior in detail, it is necessary to collect information or data. The data give a precise report about the behavior and can be used in the development of a behavior plan. It is important to gather data before a behavior plan is implemented. These data are called "baseline" data.

Data collection and analysis are used to determine if the plan is achieving the desired results. Many times progress is made one tiny step at a time. Tracking behavior is a very
significant part of a positive behavior support plan. Many times people confuse a positive reinforcement plan with a positive behavior support plan. There is no real plan in place if there is no tracking to monitor progress, and using observations to modify the plan if necessary.

Sometimes the reason that a certain behavior began is not the same reason it continues. For example, George began banging his head because he had a headache, but the behavior maintained because of associated attention he received.

It’s important to remember that any behavior can become a habit and eventually a chronic behavior. Generally, the longer a behavior is in place, the longer it will take to change.
Discovering Reinforcers

Positive and personal reinforcers include actions, consequences, or rewards that can cause an increase in desired behavior. Activities or incentives can be used, for example, to promote lifestyle changes such as increased exercise in free-time activities; healthy snacks, etc. When choosing personal reinforcers, it is important to:

- Get to know the person well
- Ask the person to help choose the type of reinforcers he would like to earn
- Observe what the person enjoys doing
- Ask others that know the person well
- Give a choice of items or activities

A reinforcer is any stimulus or event that when it follows a behavior, increases the probability that the behavior will occur again.

Remember...

- No single item or event is reinforcing to everyone
- The strength of an item to serve as a reinforcer can vary with time and circumstances

Types of Reinforcers:

Primary (substances that sustain life - food, water)
Secondary/Social (conditioned reinforcers that are generalized from primary reinforcers - money, social interactions, tokens, etc.)

When using praise as a secondary reinforcer, praise the person immediately after the desired behavior occurs.

With Effective Praise, you offer the praise:

- Immediately
- Frequently
- Enthusiastically
- With eye contact
- Using a variety of statements

Why use Praise and Positive Feedback as Positive Reinforcers?

- Praise and feedback are always available and cost nothing
- It is normal for people to receive praise and feedback
- People rarely get tired of being praised
- Praise and feedback can be provided without disrupting ongoing activities
Tips on How to Facilitate Desired Behavior

- Always pay attention to new or infrequent behaviors, if you would like to see them occur again.

- Attend to inappropriate behavior as little as possible. If you do need to intervene, do not spend a lot of time discussing the incident, especially at the time it occurs. At a later time, you can simply identify the behavior and explain why it is inappropriate.

- If another person is providing attention for an inappropriate behavior, move that person without drawing more attention to the behavior.

- Let people do as much as they can on their own.

- Realize that shaping and refining behavior takes time and that some individuals progress very slowly - one step at a time. Also remember to give positive feedback after accomplishing each step.

- Promote age appropriate behavior. Encourage people to engage in activities and dress in ways typical for their age group.

- Always state your verbal instructions in a positive way instead of a negative way.

- Make sure your verbal instructions and statements are as clear as possible.

- Give the reason why you want the person to engage in the requested behavior.

- State the positive consequences of behaviors whenever possible.

- Be an appropriate role model.

- Be “proactive", not “reactive”. Do not wait for something to happen; try to anticipate it.

- Avoid forcing your personal values on others and moralizing about their behavior.

- Show others that you mean what you say. Don’t make promises unless you will be able to keep them.

- Don't issue threats to get people to comply.

- Don't assume anything. Diagnostic labels and past performance often cause people to assume incorrectly. Speak to the person even if you're not sure whether the person understands.

- Never speak about the person with a disability as if the person wasn't present. It isn't polite, nor is it supportive.
**Understanding Risk**

The "Dignity of Risk" has been discussed since the 1960s. Dignity of Risk reflects a commitment to each person's right to control his or her destiny and fully experience life, both the good and the bad. Although Dignity of Risk is frequently debated, it is less often practiced. So what's the problem?

Our concern about risk stems our uncertainty and confusion about responsibility. First, we are unsure of our responsibility for keeping a person "safe from harm" in balance with respect for the person's right to make choices that may be bad for them or to refuse treatment. Second, we have little experience defining the person's responsibility (and ability) to acknowledge the potential consequences associated with typical risks encountered in life.

Safety is not an absence of risk. Instead, safety is matching the level of risk to personal well being. The service provider's challenge is to manage risk, not avoid it.

While we cannot guarantee people safety from harm, we can diligently assess individual variables related to risk within the service process. This "risk" assessment is individualized. Risk cannot be evaluated in the absence of knowledge about the person. The degree of risk is determined by weighing the dangers in the environment, individual skills, experiences, and supports. Skills, experience and supports can lessen the amount of risk present in a given situation. Beyond the accepted minimum safety standards, no guidelines can ensure unquestionable safety. A reasonable precaution for one person is an outrageous intrusion for another.

Each person's support needs for any new situation or experience must be defined through the service process. If the person needs little or no support, consider the activity routine. For example, even though driving a car poses risks, these risks are considered reasonable for a person who has the needed skills, experience and supports. Risk increases when skill, experience and support are limited. The following guidelines enable us to manage risk and identify supports for people:

- **Give people permission to try.** Take action and enable the person to experience new situations. Many discussions about risk get mired in the hypothetical particulars of a specific event or activity that have not yet taken place. Don't let this happen. Act by learning about the person and then assisting the person to gain experience and skill under the safest conditions.

- **Assess the true cost of failure.** All risky situations are not equal. Some consequences are minor and inconvenient; others are dramatic and permanent.
Minimize risk through dialogue. Don't assume that people understand the skills and experiences required for different situations. Discuss requirements and outcomes with people and develop a shared understanding.

Plan for "what if" situations. Anticipate and plan for mistakes or failure. Practice contingencies. This prevents minor failures from becoming major disasters.

Give people the opportunity to learn from small mistakes. No person should be placed in the position of making major risky decisions, without the benefit of previous experience and practice.

Support the person. When risk increases, so does the need for support. The service provider's responsibility is to individually assess risks and take reasonable precautions to prevent foreseeable dangers. This is different from protecting people from all potential consequences. Learning includes action, and all action carries risk. Avoiding all risk prevents people from learning and from leading a life that is full and rich.

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Dignity of Risk

What if...

...you never got to make a mistake?

...your money was always kept in a envelope where you couldn’t get to it?

...you were always treated like a child?

...your only chance to be with people different from you was with your own family?

...the job you did was not useful?

...you never got to make a decision?

...the only risky thing you could do was act out?

...you couldn’t go outside because the last time you went out, it rained?

...you took the wrong bus once and now you can’t take another one?

...you got into trouble and were sent away and couldn’t come back because they always remembered that you were “trouble”?

...you worked and got paid $0.46/hour?

...you had to wear your winter coat when it rained because it was all you had?

...you had no privacy?

...you could do part of the grocery shopping but you weren’t allowed to do any, because you weren’t able to do all of the shopping?

...you spent three hours each day just waiting?

...you grew old and never knew adulthood?

...you never got a chance?

Changing Expectations/Planning for the Future: A Parent Advocacy Manual, by Dorothy Sauber, Association for Retarded Citizens of Minnesota, Minneapolis, MN.

N-6-24-11
Know the Person's Risk Management Plan

Be aware of all habits and potential behaviors of the adults or children in the home that can present dangers such as:

- Self abuse
- Pica behavior
- Lighting fires
- History of aggressive/abusive behaviors

Develop a Risk Management Plan to assure there is proper supervision based on the needs of the individuals.

Knowing the risk management plan for potential behaviors would entail some form of a functional assessment to help understand the individual's behaviors. These behaviors may be to escape, avoid, or to obtain something, most behavior intervention plans stem from the knowledge of why an individual misbehaves and should be based on a functional assessment. Understanding the function of problem behaviors should help formulate plans to minimize risk of harm. Example: If a person has a history of elopement to get attention or to escape, alarms may be needed on the doors or windows.

Risk management also involves medical and mental health risks. For example, Bowel Movement Tracking should be done for all clients with a diagnosis, history, or risk of constipation.

Risk assessment tools are used as a resource for planning purposes to ensure the health and safety of people supported as well as a tool to encourage individual choice and actions and to minimize occurrence of serious incidents.

Some general areas of potential risk that may be considered include:

- Community safety
- Health/Medical
- Sexuality/relationships
- Abuse
- Financial exploitation
- Pica
- Home environment
- Fire safety
- Personal care/daily living,
- Mental health,
- Police involvement
- Informed consent
- Support services
Some specific issues that may be included in your agency's risk assessment/management plan may include:

- Compromised communication skills
- History of pregnancy or parenthood
- Substance abuse
- Risky sexual behaviors
- Refusal of services
- History of sexually aggressive behavior
- Stealing
- Destruction of property
- Predatory behavior
- Self injury
- Pica
- Multiple visits to emergency room
- Significant change in health or mental status
- Mobility impairment
- Swallowing difficulty
- History of choking or aspiration
- History of suicidal ideation or suicidal gestures
Quality Assurance

Agency QIDP quality enhancement activities associated with Quality Assurance (QA) focus on compliance with established processes and procedures. Many aspects of the QA activities focus on compliance with standards and regulations. The focus of many of the facility’s management goals and objectives is on maintaining an acceptable level of compliance with State and Federal standards and regulations that apply to the facility. The outcome of both internal and external review mechanisms is often the impetus for establishing a new QA activity or the development of a new management goal or objective.

A major portion of the QA activities at ________ revolve around the use of standard forms used regularly to validate compliance with a variety of State and Federal regulations. The frequency of use of each document is determined by the nature of the issue being addressed. Some forms are reviewed on a regular basis by management staff. In other cases, the data from the forms are used to prepare reports which are then reviewed by management staff. If there is evidence of a need to improve compliance with a particular procedure or standard, the data may be incorporated into a management goal or objective. It would then be included in the annual Program Evaluation report or in the DD Division Quality Indicators.
Quality Enhancement activities go beyond the point of minimum compliance (Quality Assurance) and focus on the realization, attainment or achievement of personal outcome measures as defined by the individuals who live at ________. Individuals who live at ________, their family members and guardians have ample opportunity to provide input into the establishment of the goals and objectives. While several facility management goals and objectives focus on personal outcomes for people, it should be noted that the management goals and objectives are established by facility staff. The true measure of quality for each individual is based upon the ________’s ability to provide services and supports in a manner which will help each person achieve the personal outcomes as he or she has defined them.
Least Restrictive Environment

The Fourteenth Amendment to the Constitution declares:

“All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.”

The IDT is responsible for determining if the individual is appropriate for a less restrictive environment. If this is determined to be so, documentation must be included in the individual's plan identifying a time frame for transition. The individual's QIDP or QMHP are responsible for monitoring the individual's transitional plan supervision and supports.

If a determination is made that an individual is appropriate for intermittent supervision and supports, the PAS agency in conjunction with the provider agency must submit a completed CILA rate determination to the Department for development of a rate to support the intermittent supervision and supports.

Underlying Assumptions

- The use of restrictive practices is a major event in the lives of all concerned and should be employed only when positive supports are ineffective.
- Regular evaluation of the plan must take place. That can only be done accurately with the use of effective data collection techniques.
- Restrictions are presumptively viewed as temporary and must be coupled with training in the acquisition of positive behavioral skills.

Restrictive Interventions which must be reviewed (a descriptive, rather than exhaustive, list)

All interventions with restrictive components, such as:

Limitations on access:

- To personal possessions (money, mail, clothing, cigarettes);
- To personal or public space (locked areas, off limits areas);
- To food or drink;
- To activities;
- To friends, family, children, significant others, etc.;
- To community services;
Limitation on movement

- Bed rails;
- Mitts;
- Belts;
- Therapeutic holds;
- Bed or door alarms
- Escorts;
- Braces, helmets, splints for behavior control;
- Mechanical restraints.

Medication

- Psychoactive drugs and medications used for behavior control

**How to survive an HRC submission**

- Know the history behind the issues under consideration.
- Know what has been tried before and what happened.
- Be sure you understand what is maintaining the behavior (Attention, escape, etc)
- Submit data, preferably in graph form.
- Use the best available techniques. If the issue is important enough to restrict a fellow human being, we should at least carry out our interventions according to best practices.

**The submission should include following:**

- Functional Assessment of the target behavior for which the restrictive behavior is designed.
- Documentation that indicates the risks of the target behavior versus the risk of the proposed restrictive intervention.
- Efforts to replace the target behavior.
- Documentation that the behavioral support plan is reviewed regularly by the person’s support team.
- Definition of the targeted behavior or behaviors.
- Informed consent from the individual or the individual's legal representative.
Scenario Four

Rachel is now living in a home with three other women. This home is a Community Integrated Living Arrangement (CILA) and is owned by the agency providing the services and supports to Rachel. There is currently 24-hour supervision of this home.

Rachel wishes to become more independent in getting around the neighborhood/community. She loves to shop and go to the mall and prefers in many instances to do things alone. She has experience living in a large residential environment with many people and has always been part of a supervised group when she has used community resources. Since she moved to this new home six months ago, she has enjoyed exploring her neighborhood and mall.

She has informed you that she wants to take the bus to the mall by herself. You are concerned that Rachel would be at risk if she did this without prior experience, support, and training. Rather than denying this request (not valuing her request) you can use this desire to facilitate choice making.
Scenario Four Questions

1. What are some questions you might ask Rachel to help her understand the health, safety, and financial parameters of this request? **Note:** Walking Rachel through this task analysis will help her identify where she needs support and/or training. These questions are not meant to dissuade her from the outcome she desires. Instead it creates a base of information staff can use to negotiate a realistic option/choice with Rachel.

   - *Do you know where the bus stop is?*

2. Consider your answers to the previous question. List below a range of choices you and Rachel would have to decide on.

   - *I could ride the bus with you and do my own shopping while you do yours.*

   - 
   - 
   - 
   - 
   - 
   - 
   - 
   -
3. How does this negotiated option show you value her choice?

4. What opportunities for training and support does this choice offer Rachel?
   
   - Telling time
   - 
   - 
   - 
   - 
   - 
   - 
   - 
   -
Directions: Set aside some time during your next work day to complete this OJT Activity from the Direct Support Person curriculum; Appendix 3. Follow the steps listed below and document your experience for review during your next class.

OJT Activity #43:
Opportunities for Choice

Approximate Time to Complete:
1-2 hours

Recommended Number of Practice Opportunities:
1-2 practice sessions

Interventional Competencies Addressed:
- Communicates effectively in verbal and written form.
- Intervenes or identifies advocacy issues.
- Offers opportunities for choice.
- Educates individuals in choice making and their potential outcomes.
- Assists in individual self-advocacy efforts.
- Creates opportunities for the individual to speak on his/her own behalf in a variety of situations.
- Is respectful.
- Actively engages in a non-directive manner with individuals.
- Establishes rapport.
- Supports choice.
- Listens to the individual.
- Facilitates choice in the person’s life by assisting in identifying positives and negatives.

On the Job Training Activity Steps:
1. Identify an individual to assist you in the choice process.
2. Identify an opportunity for choice.
3. Assist the individual in developing a range of choices.
4. Identify the health, safety, financial parameters and risk associated with the choice.
5. Offer the individual the opportunity to make a choice.
6. Show the individual that you value his choice.
7. Educate and negotiate with the individual when choices are outside the parameters.
Principles of Adult Learning

The principles of adult learning and the coaching and training tips that follow may assist you in teaching individuals the choice process:

- Adult learners must be active participants in the learning process.
- Learner motivation is enhanced by experiences of success (e.g., repetition with reinforcement).
- Learning is dramatically increased when multiple senses are involved (e.g., hearing, saying, touching, doing, etc.).
- Generalization of learning is enhanced when practiced in varied contexts.
- Individual, cultural, and sub-cultural styles of learning exist that need to be reflected in designing learning experiences for staff.
- Staff will bring self-concepts to the training situation that will affect their learning.
- Staff may tend to be motivated to learn when they feel accepted and affirmed by the trainer/supervisor.
- Learning is enhanced when staff can associate new knowledge with previous knowledge.
- Staff members are more motivated when they understand the purpose and importance of new learning.
- Learning is directly influenced by the physical and social environment.