

PRESENTER – Materials Needed for Module 4

- ❖ **Completed Agency ISP Document (redacted)**
- ❖ **Copies of People First Language Exercise (in Presenter Supplements)**

Presenters – Intro to the IDT Process

All individuals receiving funded services are required to have an individualized plan of care or individual service/support plan (ISP). Individual Service Plans provide the opportunity for enhancing the quality of life of each person by outlining his or her individualized services and supports

The individual and their team are responsible for developing the individual plan of support. ISP teams are composed of people who care about and know the individual. The team may also ask specialists, consultants or specific provider staff to contribute to the plan by completing evaluations, or by observing and collecting information that is basic to the preparation of the plan.

The ISP team is ultimately responsible for assessing and documenting each person's:

- Personal choices and preferences.
- Significant health care, mental health or behavioral needs and related maintenance needs.
- Safety and financial skills.

The ISP teams translate this information into goals and objectives, which are then contained within the written plan. The plan results in outcomes that maintain or change services or supports to reflect what is most important to and most important for the individual in their daily life.

PRESENTER - ACTIVE TREATMENT

Presenter may wish to include the following:

What is active treatment?

“Active treatment” is a term used to describe the process of teaching independent living skills to people with disabilities. It includes specialized and general training as well as services and supports to assist a person to gain the skills and behaviors necessary to function with as much self-determination and independence as possible.

What does an “active treatment provider” do?

The short answer – “TEACH”. The best active treatment providers approach all of their interactions with persons receiving services as an opportunity to teach a new skill or expand on a skill previously acquired.

When is active treatment done?

Active treatment should be occurring throughout the day, at all times. Active treatment is not an isolated event. It is the result of all the therapeutic interactions and training done throughout the day. To be most effective, active treatment should be happening all the time and occurring in all areas of life.

Active treatment includes implementation of **formal**, written programs.

Active treatment also includes **informal** activities in the areas of leisure, communication, social skills, community travel, money management, activities of daily living, as well as many other aspects of independent living.

Remember that actions/behavior is forms of communication. When persons use actions to communicate, be sure to **use the verbal label** that goes along with the desired response.

Example - Person served pulls on staff’s arm for attention. Staff responds by saying (labeling) “*Help. Would you like help with your coat?*”

Remember that you don’t need to use these techniques one by one. You can combine them and use several at the same time.

Example - incorporate naming (naming objects) while you are doing self-talk (describing your actions as you perform them).

Teaching Activities Should Be...

- **Functional** - teach new skills.
- **Meaningful** - Real tasks. There is dignity and purpose in the task. Test: *If the person who is engaged in the activity wasn't doing it, would someone need to be paid to do it for them?* Minimize "busy work" that is discarded when the activity is completed.
- **Follow normalized rhythm** - teach skills at a time/place where they would be used. Use natural cues as the prompt of when to do something. Consider the daily routine and what would typically happen next within the "normal rhythm of life."
- **Age Appropriate** - Use materials and activities that adults without disabilities would use/do.
- **Emphasizes group participation** - work with group and have all persons participating. People can learn from each other.

Opportunities for Active Treatment include the following:

- **Example:** Let's say groceries have just been purchased and now need to be put away. Instead of the DSP putting the groceries away while the person stands in another part of the room watching, active treatment can be incorporated into this activity by the DSP explaining what they are doing while they are doing it ("self-talk") and perhaps asking the person to assist by organizing the items in boxes and helping with transferring the items to the shelves or drawers.
- **Example:** If a person has a formal goal to grasp a toothbrush, staff should also support the person to use this skill as the opportunity arises (grasping a fork, grasping a hairbrush, etc.). Informal goals don't necessarily have data collected.

PRESENTER - The Importance of Leisure

- ❖ Leisure time choices that people make give us information on which to build future options for choice making. The process begins by staff providing a variety of leisure activities and assists each individual to participate in those of his or her choice.
- ❖ Many times people with developmental disabilities have a vast amount of "free time" which makes leisure activities very important
- ❖ Leisure time activities can help reduce inappropriate social behaviors. Behaviors like body rocking, aggression, self-stimulation can result from empty free time. People engaged in individualized leisure activities find it difficult to engage in dysfunctional behaviors at the same time.
- ❖ Leisure time activities can help with teaching social and communication skills
- ❖ Leisure time activities can help promote health and wellness along with helping to reduce stress and anxiety
- ❖ Leisure activities should be provided through integrated community programs
- ❖ Individualization, choice and a range of options are needed for leisure programs. (A daily schedule that provides for a crafts class between 7 and 8 P.M. for 6 people living in a CILA does **not** place that class in the range of leisure activities.

PRESENTER – Goals and Objectives

Introductory Points

Why developing goals and objectives is so important:

- To assist persons served in the most systematic way possible to experience success while achieving their fullest potential.
- Establishing goals and objectives creates an environment where service providers must identify individual person's needs, wants, and desires and then developing training to meet these.
- Required by regulatory agencies who provide funding.
- Required by federal statute.

Why are there specific ways to write goals and objectives?

- So that we can answer this question: "What will this person be like if he/she goes through the training provided?"
- To give us a way to get empirical evidence to determine if the individual is improving
- To help us define the performance standards we expect each person to achieve as he/she progresses through training
- To help us determine what time and materials will be needed for the training

Goals and Objectives are NOT the same thing!

A goal is defined as: "the expected result or condition that involves a relatively long period of time to achieve, that is specified in terms of behavioral outcomes in a statement of relatively broad scope, and that provides guidance in establishing specific, short-term objectives directed toward its attainment."

PRESENTER – Goals and Objectives

Writing Goals

Determining goals for an individual may involve such activities as:

- Interviewing the person served, as well as persons closest to the person served; and staff who work most closely with the person
- Observing/investigating: make sure we know what the real goal for the person is:
 - (***Provide an example from the instructor's experience; or use this example:*** An individual indicated that he wanted to become a pilot. The QIDP took the person to the local airport, but the individual was not much interested in the airplanes. The Q noticed that he spent a lot of time talking to anyone he saw who was wearing some kind of uniform. Upon further investigation, the QIDP discovered that the individual was really more interested in acquiring a job where a "uniform" was required. His limited experience made him think that the only way to do that was to be a pilot!)
- Do not forget that people's interests change over time; it is necessary to continually be sure to review the goal with the individual to be sure that this is the path they wish to continue to take.
- Sometimes counseling may be involved; there may be certain realities that may need to be faced; like overcoming a health or mobility issue before progressing on to achieving another skill or ability.
- Think about who shall be responsible for monitoring the goal achievement (usually this is the QIDP but it does not have to be).
- Determine what steps will be needed to achieve the goal, see if they can be established in a logical chronology; however, remember that more than one step (or objective) can be worked on simultaneously.
- Set a deadline—choose a date when everyone agrees the goal can reasonably be attained.

Other considerations:

- There should be a correlation between the individual's needs and desires and the number of goals developed. This may require some prioritization of goals. Medical needs, for example, are usually of high priority. Depending on the individual's current status and level of functioning, some goals may become more important. For example, for one individual, learning to develop independence in self-care skills may have to take precedence over developing academic skills.
- Learning to develop independence in self-care skills may have to take precedence over developing academic skills. However, that is not to say that with some individuals, some goals can be concentrated upon simultaneously.
- Use your knowledge of growth and development to know where the person falls in his attainment of developmental milestones. You can be assisted in this regard with standardized evaluations of developmental levels approved for use.
- Goals should be reviewed at least annually, and based upon fact-based assessment, readjusted as needed.

Behavioral Objectives

- A behavioral objective is an attempt to define clearly the successful completion of behavioral change. Objectives are measurable intermediate steps between the person's present level of performance and the desired level as stated in the goal.
- Qualities of a well written objective are that they be:
 - Sequential
 - Relate directly to a goal
 - Are measurable
 - Behavior to be changed is observable
 - Are singularly stated—no compound objectives

How to write good behavioral objectives

A behavioral objective is one sentence, which is composed of five parts: in this order:

- Conditions
- Person
- Behavior
- Performance
- Timeline

The five parts explained and defined:

Conditions:

Describes the things that have happened or are required to happen during the program; or the things the individual will be given to carry out the program.

Examples: "When presented with 10 addition problems..."

"Given the instruction 'John, look at me'...."

"Given a straight line drawn on the floor..."

Person:

- Use the individual's name, not nickname, not "he" "she" or "you"
- The person should immediately follow the condition

Examples: "Given the instruction: 'John, look at me', John will...."

"Given a straight line drawn on the floor, Sarah will...."

Behavior:

Specify the one behavior that the individual will perform in measurable and observable terms. This means the behavior must be OVERT (sensed through one of the five senses, and able to be measured); not COVERT. Look at the differences between these terms:

COVERT

Distinguish
Conclude
Concentrate
Think
Recognize
Be aware
Infer
Realize
Feel
Be curious
Solve
Learn
Know
Understand
Be able
Like

OVERT

Draw
Fill in
Underline
Repeat out loud
Point to
Walk
Count out loud
Pick up
Place beside
Circle
Name
Climb
Repeat
Sort
Push
Select

Performance:

Performance describes the degree to which the person will perform the task satisfactorily. This may be done by various methodologies:

- How many—i.e., the number of responses; ex.: “will walk a straight line 15 times”
- How long—i.e., time-related—for what length of time; ex. “will package plastic soap dishes into the box for 20 consecutive minutes”
- How often--# of responses that are time-related; ex.: “ will make his bed four out of seven times in one week”
- How well—to what degree or at what level of accuracy; ex. “write down the sums of addition problems with 80% correct score or higher.”

Some of the best performance criteria combine criteria together; for example: “write down the sums of addition problems with at least 80% correct score on 4 out of 5 addition assignments within a two week period.” (how well, how many, how long)

Timeline:

The timeline is the date which is set by which the performance criteria should be achieved. The timeline date must always include month, date, and year.

Now you should practice attempting to write some behavioral objectives
(See Objectives Worksheet)

Presenter can choose options for the trainees to complete the Objectives worksheet. This can be accomplished by having trainees work individually, in small groups or as a large group.

PRESENTER - OBJECTIVES WORKSHEET

Practice I: Underline the condition statement in each of the objectives below:

- 1. When shown a red colored card and asked "What color is this?", John will state out loud "red" nine times out of ten by May 14, 2012.**
- 2. Given a bolt-grid and ten bolts of various sizes, Mary will place all ten bolts onto the corresponding bolt on the bolt grid nine times out of ten by June 4, 2011.**
- 3. After using her toothbrush, Rachel will place the toothbrush in the holder two out of three times by February 28, 2011.**
- 4. Before leaving the classroom, William will put on his coat nine days out of ten by March 30, 2010.**

Practice II: In the spaces below, add condition statements to the beginning of each of the sentences below:

- 1. When Given the verbal prompt "Thomas, tie your shoes" Thomas will tie his shoes nine times out of ten by September 30, 2010**
- 2. When handed a fork by staff Terry will place the fork to the left of the dinner plate four out of five times by May 6, 2011.**
- 3. Upon handing Ellen a pen and her paycheck with endorsement side facing up, Ellen will write her name cursively on the endorsement section of her paycheck for the next five pay periods, by August 1, 2012.**
- 4. When handed the condiment basket' Jan will select the sugar substitute packet for her cereal for ten consecutive breakfasts by October 31, 2012.**

Practice III: Listed below are some statements which contain either overt or covert behavior. Place a C for Covert in the blanks before those statements expressing covert behavior and an O for Overt in the blanks for those statements expressing overt behavior.

- ___ **O** Mary will walk.
- ___ **O** John will catch a ball
- ___ **C** Henry will remember.
- ___ **O** Sarah will pick up
- ___ **C** William will indicate.
- ___ **C** Harriet will be able to
- ___ **C** Jim will learn to
- ___ **O** Fred will make the sign.
- ___ **C** Summer will understand.

Practice IV: Listed below are some statements that are objectives. Look at the objectives and circle whether the objective has overt or covert behavior. If you believe the behavior is covert, in the blank provided, write down how you would re-word the objective to make it overt.

1. Given five coins of which one is a dime and the instruction, "point to the dime", Rosemary will point to the dime nine times out of ten by June 1, 2012.

COVERT OVERT Reworded?

2. After using the bathroom, Sam will wash his hands with soap and water nine times out of ten by May 15, 2012.

COVERT OVERT Reworded?

3. When at meals, Jerry will learn to lift his spoon from the plate to his mouth for ten consecutive meals by December 15, 2011.

COVERT OVERT Reworded?
When at meals, Jerry will lift his spoon from the plate to his mouth for ten consecutive meals by December 15, 2011

4. When presented with a picture of a dog and asked "What is this?", Jerry will be able to sign "dog" nine times out of ten by January 1, 2012.

COVERT OVERT Reworded?
When presented with a picture of a dog and asked "What is this?", Jerry will sign "dog" nine out of ten times by January 1, 2012.

Practice V: In the objectives written below, the performance criteria for each has been omitted. In parentheses next to the blank will be indicated the type of performance criteria you should insert on the blank provided.

1. Given the verbal prompt, "It is time to eat," Rachel will walk to the dining room (How Often) **eight out of ten times for one week** by January 1, 2012.
2. Given a drill and drill bit, Harry will insert the bit into the drill chuck (How Well) **with 90% accuracy (might also add: 8 out of 10 times)** by August 1, 2011.
3. Upon sitting at her work station, Marion will assemble battery packages (How Long) **20 consecutive minutes (might also add 4 out of 5 times)** by November 30, 2011.
4. Given fifteen double digit subtraction problems, Jason will write the answers (how well and how many) **with at least a score of 80%, 4 out of 5 times** by September 30, 2012.

Chuck Padget, Kreider Services.

PRESENTERS – Task Analysis

**To view a 7 minute video on task analysis, go to:
<http://silo.hunter.cuny.edu/e8jdJbbt>**

Many of the day-to-day behaviors that we perform, without even attending to what we're doing, are really quite complex, comprised of many smaller, discrete, singular, specific sub-behaviors that we perform in a certain order.

Consider "one" behavior done easily even when you are tired and distracted: Brushing your teeth. When you think about it (which we rarely do), brushing is really a bunch of distinct simple behaviors performed one after another. Just analyze the task (Ah ha! Now you know where the name came from).

- Brushing Teeth
- Pick up the tooth brush
- Wet the brush
- Take the cap off the tube
- Put paste on the brush
- Brush the outside of the bottom row of teeth
- Brush the outside of the top row of teeth
- Brush the biting surface of the top row of teeth
- Brush the biting surface of the bottom row of teeth
- Brush the inside surface of the bottom row of teeth
- Brush the inside surface of the top row of teeth
- Spit
- Rinse the brush
- Replace the brush in the holder
- Grasp cup
- Fill cup with water
- Rinse teeth with water
- Spit
- Replace cup in holder
- Screw cap back on tube
- Place tube back in toiletry/shave kit

While you may brush your teeth in a different order you get the idea. Others of you are already thinking: "Gee, each of those steps could have been 'broken down' or sub-divided into even smaller steps".

For example, the first step, "picking up the toothbrush" requires the behaviors of locating the toothbrush, reaching toward it, grasping it, turning the bristles upward, etc. How small you decide to make the steps will depend on your best guess as to how well the person will be able to remember, understand, and perform the T.A. process and the sequential steps. Some individuals will display the desired behavior after only 5 steps being provided for them to follow. Others would need 20 increments in order to become competent in that action.

Task analysis is used most often with those who have problems mastering complex behaviors (e.g., individuals with autism, people who have intellectual disabilities or have mental illness, young children).

The process of breaking a complex behavior (a chain of simple behaviors that follow one another in order) down into its component parts takes a little practice, but soon you'll be able to construct behavior chains for the easier to analyze motor skills, followed by the more difficult to delineate academic and social behaviors.

How are the "links" in the chain of behaviors developed? What process do teachers go through in devising the list of sequential actions? There are a number of ways: You might just imagine the desired behavior and write down the possible "steps". Or you might engage in that behavior, noting the sub-behaviors that lead to the final product. You could brainstorm with a more experienced colleague who has probably taught the behavior before.

Once you have determined the sequence of the discrete links in the chain of a complex behavior, it's time to instruct the individual in joining them together. As you might suspect the process of teaching the links in the chain is called "Chaining".

Tying shoes

(shorter version for people who need help with the first few steps)

Grab one lace in each hand.

Pull the shoe laces tight with a vertical pull.

Cross the shoe laces.

Pull the front lace around the back of the other.

Put that lace through the hole.

Tighten the laces with a horizontal pull.

Make a bow.

Tighten the bow.

Tying shoes

(longer version)

Pinch the laces.

Pull the laces.

Hang the ends of the laces from the corresponding sides of the shoe.

Pick up the laces in the corresponding hands.

Lift the laces above the shoe.

Cross the right lace over the left one to form a tepee.

Bring the left lace toward the student.

Pull the left lace through the tepee.

Pull the laces away from one another.

Bend the left lace to form a loop.

Pinch the loop with the left hand.

Bring the right lace over the fingers and around the loop.

Push the right lace through the hole.

Pull the loops away from one another.

PRESENTERS – Shaping and Chaining

Shaping

If a behavior never occurs, we say that it is not in the person's repertoire. Shaping is a way of adding behaviors to a person's repertoire. Shaping is used when the target behavior does not yet exist. In shaping, what is reinforced is some approximation of the target behavior.

Approximation means any behavior that resembles the desired behavior or takes the person closer to the desired behavior. Successive approximations are steps toward the target behavior, the behavior you want to shape.

In playing "Hot & Cold", you reinforce any movement that takes the player closer to the prize. Each of those successive movements is a closer approximation of the desired behavior. If the prize is under the couch, and the player is moving toward the couch, every time the player takes a step toward the couch, you are yelling "hotter", and you are reinforcing the behavior. If the player moves away from the couch, you would yell, "colder" (non-reinforcing).

During a successful shaping program, prompts are *faded*. Fading refers to the gradual withdrawal of prompts that have artificially supported a behavior.

Chaining:

The new behavior you want to build may be a series or chain of behaviors. A behavior chain is a series of related behaviors, each of which provides the cue for the next and the last that produces a reinforcer.

Practically any complex behavior we do in the way of operant behavior is part of a chain or a multitude of chains: eating, getting dressed, using the computer, counting, brushing your teeth, riding a bike, walking to school and so on. Behavior chains are very important to all of us; as is the procedure for building chains, which is called **chaining**.

Chaining is the reinforcement of successive elements of a behavior chain. If you are teaching your child the alphabet, you are attempting to build a chain, if you are teaching the tying of shoelaces, you are also attempting to build a chain.

There are two chaining procedures, forward and backward chaining.

Forward Chaining:

Forward chaining is a chaining procedure that begins with the first element in the chain and progresses to the last element (A to Z). In forward chaining, you start with the first task in the chain (A). Once the child can perform that element satisfactorily, you have him perform *the first **and** second* elements (A & B) and reinforce this effort. Do not teach "A", then teach "B" separately; "A" and "B" are taught together. When these are mastered, you can move to "A", "B" and "C". Notice they are not taught in isolation; hence the term 'chain'.

Backward Chaining:

This is often a very effective way of developing complex sequences of behavior. In forward chaining, you are teaching A to Z; in backward teaching, you are teaching Z to A. Backward chaining is a chaining procedure that begins with the last element in the chain and proceeds to the first element.

To illustrate backward chaining, consider the following example: I want to teach someone to complete a six-piece puzzle. The steps are:

1. put in first piece
2. put in second piece
3. put in third piece
4. put in fourth piece
5. put in fifth piece
6. put in sixth piece

To backward chain this task, I would follow steps one through 5 myself, presenting the task as completed except for the last piece. Then, I would (using whatever prompt level necessary) teach the individual to put in the sixth piece (step 6). When he/she can successfully do this a number of times, I will teach steps 5 & 6 (completing steps 1 through 4 myself beforehand).

Backward chaining this puzzle gave the individual the idea of what he/she was doing ahead of time (there weren't just a bunch of puzzle pieces laying there) and teaching in this way gives an even clearer clue of the next step. I would be reinforcing each step as I am teaching it, but once the individual learns step 6, I will only reinforce steps 5 & 6 together (next link in the chain).

Foundations of Person-Centered Planning

Directions: Review a completed planning document. Read the whole plan and then reflect on the following questions. Write down your responses. Base your responses only on what you find on the written plan.

1. Do you know what is most important to the person? For example, do you know whom the person loves most in the world? Do you know his or her "pet peeves"? Why does this person get out of bed in the morning? What makes for a good day? What was the hardest thing this person has ever lived through? What is missing to really understand this person and the important events of his or her life?
2. Were the words used to describe the person and his or her goal the words you would use to describe your goals? For example, are words like "socially isolated" used to describe "lonely?" Are goals listed on the plan ones that a person would actually have for him or herself? For example, is a goal of "being to work on time 20 out of 30 trials" important to a person? Or is the goal of "keeping my job" more likely to be significant?
3. How many goals and objectives on the plan focus on valued social roles (NOT ridding the person of 'bad' habits)? How many were focused on contribution to community or enhancing relationships with unpaid people in his or her life? If this plan were successfully achieved, how would the person's life be better? How do you know?
4. Based on what you have read, was this a service-centered plan, a person-centered plan, or something in between? Why is this your response?

PRESENTERS - What Is A Rights Restriction?

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 (this is 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;
- Escorts;
- Braces, helmets, splints for behavior control;
- Mechanical restraints

Medication

- Psychoactive drugs and medications used for behavior control

PRESENTER – People First Language Instructions

Presenter will need to make copies of the following Exercise and distribute to trainees. During the Exercise, remember to emphasize how the language we use can shape attitudes of people around us.

Presenter may also want to discuss how language has changed over the years with regards to people with developmental and intellectual disabilities. Words such as “Feeble-minded”, “moron”, “idiot” were used as diagnostic terms.

Our language regarding Intellectual Disabilities continues to evolve. In February 1, 2010, the Division of Developmental Disabilities replaced the use of “**QMRP**” (Qualified *Mental Retardation* Professional with “**QSP**” (Qualified Support Professional).

Effective 1/1/2012, Public Act 097-0227, required all state agencies to replace the term “mental retardation” with “intellectual disability” or “intellectually disabled” in all rules, policies and procedures. This change required the Department of Human Services to now refer to QMRP or QSPs as “Qualified Intellectual Disabilities Professional or QIDPs.

It is the Division’s belief that this new terminology is more respectful to persons with intellectual disabilities. It should be understood, however, that materials from the federal Centers for Medicare and Medicaid Services will continue to use the term “QMRP” until replacement language is adopted by that entity.

PRESENTER - People First Language

Please translate these statements into people first language:

He's a mongoloid.

He is a person with Down's syndrome.

He's a quadriplegic.

He has a physical disability.

Mary is non-verbal.

Mary uses gestures to communicate.

Lilly is confined to a wheelchair.

Lilly uses a wheelchair to get around.

Laura is autistic.

Laura is a person with autism.

He had a behavior.

He (stated what he did).

Adam is low functioning.

Adam requires lots of assistance.

Connie is non-compliant.

Or

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

Jane is a tube-feeder.

Jane receives nutrition via G-tube.

People First Language

Please translate these statements into people first language:

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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.
