

Division of Developmental Disabilities DSP Curriculum Presenter's Introductory Modules Guide

Direct Support Persons (DSPs) working in adult and children's community residential and day program settings must:

- Successfully complete a Division of Developmental Disabilities approved Direct Support Persons (DSP) Training Program within 120 calendar days from their hire date.
- Part of the requirements for training include at least forty (40) hours of **classroom** training.
- The classroom training must address all of the Informational competencies required by the Department of Human Services, Division of Developmental Disabilities.
- The DSP training modules used in the Division of Developmental Disabilities Direct Support Persons Training Program address the required **informational** competencies.
- A complete list of these informational, as well as required **Interventional** competencies, can be found on the DHS web site in the Division's Training Requirements Manual <http://www.dhs.state.il.us/page.aspx?item=48120>

The forty (40) hours of DSP classroom training consists of the 7 modules with training hours allocated to each module as follows:

- | | |
|--|----------|
| • Introduction to Developmental Disabilities | 4 hours |
| • Human Rights | 4 hours |
| • Abuse and Neglect Prevention, Recognition and Intervention | 3 hours |
| • Human Interaction and Communication | 4 hours |
| • Service Plan Development and Implementation | 4 hours |
| • First Aid and CPR* (must keep certification current) | 6 hours |
| • Basic Health and Safety | 15 hours |

- * The agency is responsible for this training module. The agency schedules a training session for the DSPs with either the American Red Cross or American Heart Association. The DSPs must receive certification verifying successful completion of CPR training.

Instructor Qualifications

DSP instructors must be approved by the Division and have written verification of approval on file at their agency. For further information on these requirements see the Training Requirements Manual.

DHS Training Modules

Each of the modules consists of a DSP Notebook and Presenter's Supplementary Information for that module. The presenter would, therefore, have a combination of the DSP Notebook and the Presenter's Supplementary Information and maintain them together in their training binder. To differentiate presenter information from the trainees's information, the presenter's information should be printed on colored paper. These pages are then inserted into the DSP Notebook just before the corresponding DSP notebook page. Presenter's page numbers are followed by a letter. For example, Presenter's supplement page 4A would be inserted in the DSP Notebook before page 4. If more than one presenter's supplement page is needed for a particular DSP notebook page, the following pages would be designated 4B, 4C, etc.

The Presenter's Supplements are provided to assist the presenter with additional information pertinent to the topic being discussed. These supplements also contain instructions on activities, facilitation exercises, answers to quizzes, cues to appropriate times to distribute additional materials, etc.

Agencies are encouraged to supplement both the general information provided in each module with agency specific information and the presenter's supplements with guidance, exercises and other information developed by agency trainers.

Training Guidelines

Class Size: Recommended at least 10, but no more than 25.

Materials:

- Sign-In Sheets
- DSP Notebooks (1 for each Trainee)
- DSP Notebooks with Presenter Supplements (1 for each Presenter)

Materials needed specific to the module being trained are listed in the Presenter's Supplement at the beginning of each module. In addition to these course specific materials, the presenter may wish to have the following equipment available to facilitate presentation of each of the modules:

- Markers
- Flipcharts
- Laptop/LED projector
- TV/DVD player

Preparing for DSP Training:

1. read over the entire module;
2. gather additional agency-specific information and reference materials;
3. determine which videos and reference materials to incorporate into which module and when the best time is to introduce each;
4. make sure all information is current and up-to-date;
5. anticipate questions and prepare appropriate responses;
6. develop relevant examples to reinforce the points in the modules;
7. duplicate materials for each trainee
8. try to make the training fun, informative, interactive and as unlike a classroom setting as possible.

Conducting Training

When you arrive at the training site, make sure that the room is set up as you want it. Also, make sure that if support staff is used to assist with training, they understand their roles (i.e., distributing and collecting materials, assisting participants with group activities, etc.).

You are responsible for seeing that the session flows smoothly. The following tips can help you keep the session flowing smoothly as well as anticipating and handling the unexpected.

- welcome participants at the door, and give each person a copy of the handouts;
- go over housekeeping details;
- indicate restroom locations;
- explain smoking policy;
- ask them to turn cell phones off or put them on vibrate;
- encourage their active participation during training.

Training Implementation Strategies

Introduce your agency's background, goals, philosophies, service population, services offered, facilities, structure, personnel, policies and procedures.

Explain that the DSP curriculum contains information for DSPs in many different types of residential settings, including those who will be providing supports to adults, young adults and/or children who live with the families and receive home and community-based services and:

- are person-centered and family-directed.

- direct service persons can be employees of the person and his/her family, or employed through community agencies.

As the training begins, stop after each main point to determine if the trainees have understood the material or have questions. You may also want to take time to answer questions as they arise.

Because these are adult learners, care should be taken to ensure that they are treated as such. We recommend that you set up tables/chairs in a horseshoe fashion if possible and consider playing relaxing, but energizing music during times when it is appropriate. Allow time for comments and questions and validate their ideas and feelings. There are few wrong answers, only better ones. Stress success and foster an environment where success is achievable.

Important Note: The OJT *Activities* in Module 6 are for classroom *practice* and are not meant to replace the OJT/CBTAs in Appendix 3.

Example of Introduction for Each Module:

The module you will be learning about today is called (module name)_____. It will "introduce" you to some of the situations and issues you will face every day in your job. Please read the letter on the first page of each module in your notebook. It was written by a self-advocate and will give insight on their perspective of their hopes and dreams as well as their expectations for your relationship with them.

The courses you will be taking are set up around learning specific competencies expected of a DSP. Competencies are nothing more than the things you will need to know and the things you will need to do to support people with developmental disabilities effectively. You will learn these competencies as you move through each module.

PRESENTER'S SUPPLEMENTS

INTRODUCTION TO DEVELOPMENTAL DISABILITIES

Presenter's Script

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

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

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

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

List of Materials Needed:

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

DSP Code of Ethics

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

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

Presenter – Direct Support Person Roles and Responsibilities

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

DSP Code of Ethics (NADSP)

1. Person-Centered Supports

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

2. Promoting Physical and Emotional Well-Being

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

3. Integrity and Responsibility

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

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

4. Confidentiality

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

5. Justice, Fairness and Equity

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

6. Respect

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

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

7. Relationships

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

8. Self-Determination

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

9. **Advocacy**

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

DSP Job Description

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

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

Developmental Disability Definitions

Review the developmental disabilities definitions.

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

Different Categories of Developmental Disabilities:

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

Intellectual Disabilities

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

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

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

Mental Illness

Presenter's Script

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

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

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

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

MI Causes and Treatments

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

Dual Diagnosis (MI/DD)

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

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

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

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

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

Autism Spectrum Disorder

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

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

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

Fetal Alcohol Spectrum Disorders

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

Epilepsy

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

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

- Explain how lights and beepers can trigger seizures in some people.

Epilepsy Training Available

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

Epilepsy Foundation of Greater Southern Illinois

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

Epilepsy Foundation North/Central Illinois Iowa & Nebraska

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

Epilepsy Foundation of Greater Chicago

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



Cerebral Palsy (CP)

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

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

Causes of CP

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

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

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

Prognosis

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

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

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

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

ACTIVITY

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

Related Condition

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

It is attributable to-

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

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

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

Positive Behavior Supports

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

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

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

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

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

Supplemental Activity Next Page

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

Positive Behavior Supports

Control vs. Respect

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

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

(Give as many examples as needed)

People First Language

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

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

Say:

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

Instead of:

The handicapped or disabled.
 He's mentally retarded.

 She's autistic.
 He's Down's.
 She's learning disabled.
 He's a quadriplegic/crippled.

Presenter - People First Language

Please translate these statements into people first language:

STATEMENT:

He's a mongoloid.

He's a quadriplegic.

Mary is non-verbal.

Lilly is confined to a wheelchair.

Laura is autistic.

He had a behavior.

Adam is low functioning.

Connie is non-compliant.

Jane is a tube-feeder.

PEOPLE FIRST STATEMENT:

He is a person with Down's syndrome.

He has a physical disability.

Mary uses gestures to communicate.

Lilly uses a wheelchair to get around.

Laura is a person with autism.

He (state what he did).

Adam requires lots of assistance

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

Jane receives nutrition via G-tube.

Confidentiality

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

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

1. Conversations

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

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

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

2. Meetings

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

3. Records

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

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

4. Past employees

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

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

Release of Information Form

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

Presenter Script

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

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

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

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

Community Inclusion

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

Community Inclusion is a success when people:

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

Here are some strategies for successful community connections:

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

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

Narratives for Scenarios 1, 2 and 3

Scenario #1

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

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

Question #2: Should Fred quit his job?

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

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

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

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

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

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

Scenario 2

Question #1: Was this the right decision?

Answer: No.

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

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

Scenario #3

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

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

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

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

A Credo for Support

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

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

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

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

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

CONCLUSION OF TRAINING

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

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

Last Page

Introductory Script

Today we will be focusing on the evolution of human rights for persons with developmental disabilities. We will also cover this agency's (or facility's) policies on human rights, information about this agency's human rights and behavior management committees and what your role is in protecting individual rights.

Please take a moment to read over the **Table of Contents** for this module and familiarize yourself with the topics that we will discuss today.

Next we have the introduction that is written by self advocates. Please take a moment to read this introduction and then we will discuss human rights from the self-advocates' perspective.

You may want to ask trainees to define "self-advocate."

Materials needed for this module include:

- Sample of Agency Behavior Plan with confidential information removed.
- Note cards (5 for each participant) to be used in activity "Losing an Important Thing in your Life"
- Example of agency Client Rights Statement specific to their work site. (Be sure to black out personal information, if any). Discuss this with trainees, touching on your agency's policies.

Evolution of Rights

You would think that rights, such as those in the Constitution, would be for everybody; however, until fairly recently, individuals with disabilities were considered to have no rights.

It wasn't until 1971 that the United Nations issued its "Declaration on the Rights of the Mentally Retarded Persons."

This declaration can be found at:

http://www.un.org/esa/socdev/enable/disdevelopmental.htm#_Toc35445324

- 1971 is not that long ago.
- The declaration helped mobilize advocacy groups and brought about legislative changes and legal actions. This resulted in highlighting rights issues for individuals with disabilities.
- These same rights are now available to all individuals. It is our responsibility to make sure these rights are protected for each individual we support. This is especially true when it comes to providing an environment that is free from abuse and neglect. We will discuss those topics in Module 3.

Advocacy

Over the years there have been important court decisions that have helped ensure the rights of people with developmental disabilities. We will discuss some of those later today. However, advocacy groups and individuals, such as yourself, are needed to assist and support individuals in protecting those rights.

Ask DSPs for ways that they can act as advocates for the people they support. Presenter may record them on a flip chart or wipe-off board.

Responses may include the following:

- Listening carefully to what another person says, and speaking up for the person's needs
- Working hard to know what someone really wants or needs
- Allowing the individual to take risks that are in accordance with their ISP.
- Allowing opportunities for choice whenever possible.

The Right to Dignity and Respect through Positive Interactions

Presenter should discuss some interactions that might be considered a restriction of individual rights.

For example: A DSP tells a person, "If you don't clean your room, you can't go shopping today."

Discuss how this is not proper because restriction of freedom of movement must be a part of the service plan. The DSP cannot restrict someone from accessing the community unless it is in the Service Plan!

Then discuss how saying "If you clean your room now we can go shopping earlier!" is a **positive interaction** attempting to reach the same end.

Sample Empowerment Worksheet

Discuss how to rephrase each statement to reflect a positive interaction.

Discuss how giving acceptable options to some of the cases provides structure for responses.

For example, using a question form for statement number one "Do you want to go take a bath?" might not produce a successful response, as one can just say "No!"

The question "Do you want to take a bath now or after your TV show is finished?" provides more structure but allows choice as well as a positive tone.

Discuss how each statement can be made as a positive interaction empowering the individual.

The Right to Intimacy

We've talked about some of the Constitutional rights of people with developmental disabilities. We're going to discuss some of these rights that you may deal with on a day-to-day basis as a DSP.

We will be discussing such things as:

- **The Right to Intimacy**
- **The Right to Privacy**
- **Free access to the Telephone**
- **The Right to Freedom of Movement**
- **The Right to Free Association**

Cultural Competency

In your role as a DSP, you may interact with people from various backgrounds and cultures. Therefore, it is important to understand how culture can affect behavior. That is, cultural differences are sometimes interpreted as intellectual disadvantages.

Sometimes there are different perceptions about families and how involved they become in the support of the individual. Cultures vary widely in this respect. A person of one culture may expect, as a matter of course, that his/her whole family (parents, siblings, children, cousins, aunts, uncles, etc.) will be involved with the service process. An individual of another culture may be humiliated by the involvement of just one other family member.

Sometimes people of various cultures may see 'seeking help' for an individual as a sign of weakness because the family considers themselves as responsible for the care of all its members. If the family is seen as responsible for the care of all its members, then seeking help from agencies is seen as dishonorable and injurious to family pride.

For example, within some cultures, disability may be seen as punishment by God, and therefore a source of shame and guilt. This may lead to resignation and overprotection of the individual. With little expected of him or her. Persons with disabilities may be treated as children, and/or shielded from the public. Some cultures may try to treat the person at home until it becomes a crisis.

The Choice Making Process and Personal Freedoms

It is our human right to make our own decisions. People with intellectual disabilities have often been denied the opportunity to choose some things like what to eat, what to do, and who to spend time with. **Without experience people do not know how to make a decision.**

Most of us take choice-making for granted. We make choices every day. Many of the "choices" that people with intellectual disabilities are offered would not meet most people's definition of choice. For example, for a person who wants a job, a choice of which sheltered workshop station to sit at is not a **real** choice.

Sometimes a person may have very limited communication or very limited experience from which to make a choice. As a DSP, you may be called upon to help support decision making.

Guardianship

Sometimes an individual with Developmental Disabilities may also have a guardian. The guardian has the ultimate responsibility for ensuring an individual's rights are protected. An individual may have a guardian appointed by the court if s/he is unable to make or communicate decisions regarding his/her own welfare.

Almost anyone can serve as an individual's guardian. If an individual has no interested family or friend(s), the Office of State Guardian may be appointed as guardian.

Behavior Management and Human Rights Committees

The Behavior Management and Human Rights Committees also serve important functions within our agency.

Discuss agency specific topics such as:

- **How often each committee meets**
- **How many individuals serve on each committee**
- **Who serves on each committee**
- **Types of issues that get brought to each committee.**

Point out that even though they may not directly appear at the HRC, DSPs have an important role as the first-line staff who knows an individual best. Their input is vital!

The BMC is responsible for reviewing the technical aspects of behavior plans. The HRC is responsible for ensuring that no rights are being violated.

Behavior Treatment Plan

Distribute a sample of a Behavior Treatment Plan (BTP) for the trainees to insert in their notebooks. Make sure all confidential information is removed or blacked out.

Spend a few minutes going over it. Discuss with trainees things that may be discussed by the Human Rights Committee such as ensuring that:

- The behavior treatment plan does not unduly restrict a person's rights and **if** the rights are restricted, what is the plan to potentially regain rights.
- All staff have clear, specific instructions on how to respond when specific behaviors arise.

ACTIVITY – LOSING AN IMPORTANT THING IN YOUR LIFE

(Presenter will need to have five note cards for each trainee for this activity)

Instructions: *Write down the five most important things in your life. This might be a person, a belief, an object, etc.*

“Record each one on a separate index card.”

“When finished, look at your cards.”

(The Presenter then takes one index card and throws the card on the floor in front of the card's 'owner'. This can be done in 'round robin' style until only one or two cards are left for each person.)

Trainees are asked to record their feelings on a blank sheet of paper after having these important things taken away from them.

- *How did this exercise make you feel? Angry? Frustrated? Frightened? Like a traitor?*
- *Feelings like you experienced are entirely normal any time you are forced to give up someone or something of value to you. This sense of loss is also felt by persons with developmental disabilities in a variety of ways. You will never know what or who is important to an individual until you get to know him/her.*

Think about:

Human Rights Issues

Human Rights Violations

Human Rights Questions

Human Rights Situations

The Dignity of Risk

It is vital to remember that the adults we support are fully adults. When considering the idea of risk, we may want to ask questions such as “What supports would we put in place for ourselves or friends or family who want to do things they've never done before? When planning new experiences, the DSP can use some of these tips:

- Talk about things before you experience them
- Research the best safety practices and decide if it makes sense for the current situation
- Try something for a short period of time and see if it is a success
- Try doing something with someone who has more experience than we do
- Evaluate the experience and make new decisions about going forward.

THE DIGNITY OF RISK

Have the DSPs read *The Dignity of Risk* and then discuss it in class.

Human Rights Scenarios

Allow 10-15 minutes for the group to discuss each scenario. Have them take turns reporting their thoughts for each.

Scenarios 1-3

After reading the scenarios, prompt with questions such as *"How could you help to be an advocate in each of these situations?"*

Presenter Script

"As a DSP, you work more closely on a daily basis with an individual you will be supporting than anyone else. Therefore, you are sometimes in the best position to understand the real issues. This is one of the reasons it is so important for you to be in regular communication with your supervisor and Interdisciplinary Team (IDT)."

Scenario 4

DISCUSS: What skills would we want to make sure are in place before Susan gets to do what she wants?

Some of the issues DSPs may bring up include:

- Ability to cross the street
- Socialization with strangers
- Ability to count change for purchases

DISCUSS: how to find the balance between allowing Susan to exercise her rights, but, at the same time, ensuring her safety.

After the DSPs have read *"The Dignity of Risk,"* explain and how important it is for the DSP to assist the individual in making their own decisions. We often want to make decisions for them, but discuss: **"Why is this not a good idea?"**

Bring up the following:

- Creates dependency
- Takes control of individuals life away from him/her
- Removes opportunities for choice

DISCUSS: It is the DSP's job to prepare the individual to follow through on whatever the person's choice is, but also minimize the risks associated with choice.

Scenario 5

DISCUSS:

Mental Health & Developmental Disabilities Confidentiality **Act**

<http://www.ilga.gov/legislation/>

An important role of the DSP is to protect the privacy of people they support.

Scenario 6

DISCUSS:

- Agency policies regarding negligence of duties
- Importance of respect and the DSP's role in facilitating the person's choices.
- Functional Activities and the role of a DSP as advocate providing supports that ensure that people they support are viewed with respect as well as valuable members of their community.
- The importance of modeling good behavior to persons supported as well as the community at large.

CONCLUSION OF TRAINING

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

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

Last page

INTRODUCTORY SCRIPT

Today we will be focusing on what your responsibilities are in recognizing, reporting and preventing abuse and neglect. Our agency procedures in this area come from the Inspector General's Office Rule 50. Please take a moment to read over the **Table of Contents** for this module and familiarize yourself with the topics that we will discuss today.

Points to emphasize:

- Everyone is at some risk for abuse, neglect and exploitation; however, people with disabilities are at a greater risk.
- Perpetrators (people who abuse, neglect and exploit others) are often not strangers but rather caregivers or someone else close to the person with a disability.
- Maltreatment includes inappropriate interaction, employee misconduct, abuse & neglect.
- Abuse, neglect and exploitation of individuals is never acceptable. Any form of maltreatment should never be tolerated!
- You have a legal and moral obligation to report abuse, neglect and exploitation that you witness, are told of, or have reason to suspect. When in doubt, report! **All allegations must be reported to OIG within four hours of initial discovery.**
- You must cooperate fully with every OIG investigation. Failure to do so can result in you being disciplined or discharged.
- You can be fired and prosecuted if you abuse or neglect someone.
- **OIG's Abuse/Neglect Reporting Hotline: 1-800-368-1463**
- Prevention is the key to protecting the individuals that you support from harm. You must learn, practice, use and model the prevention strategies provided in this training every day!

Maltreatment

Presenter's Script:

All forms of employee misconduct and inappropriate interactions are reportable to this agency, but are not reportable to OIG (or IDPH) unless they involve abuse or neglect. One way to know if the incident is OIG (or IDPH) reportable is to review the definitions of reportable abuse and neglect.

Examples of inappropriate interaction or misconduct:

Inappropriate interactions are interactions between staff and individuals which demonstrate a lack of respect for the individual. They may be inadvertent, but, nevertheless, they did occur.

A tired employee uses a little less care (no harm or injury is caused) than usual when transferring an individual out of his/her wheelchair.

Inappropriate interaction (left uncorrected) tends to escalate over time and become more ingrained, more severe, more pervasive and may lead to abuse or neglect.

Scenarios for Discussion

Discuss the following scenarios with regard to actions taken and implications of abuse.

Scenario 1

Tom is a staff person working with Melanie, a person she helps support.

As part of an approved behavioral program, when Melanie gets upset she goes to her room to relax.

Melanie is upset right now and is yelling in the dining room.

Tom says in a loud angry voice (and with a threatening pose) "Melanie you need to go to your room, now!"

Melanie becomes even more upset and refuses to go to her room.

Tom grabs her by the arms and gives her a shake and says, "GO TO YOUR ROOM!"

TRAINER'S NOTE: This scenario constitutes verbal and physical abuse.

Scenario 2

Charlotte is a very picky eater but loves dessert.

She has no weight concerns and does not have any dietary restrictions, but Rita, a staff person, is concerned that Charlotte will only eat junk food.

At dinner, to motivate Charlotte to eat her meal, Rita tells Charlotte, "Eat your meal or you won't get your dessert."

Charlotte ate her whole meal.

TRAINER'S NOTE: Charlotte has no dietary restriction and is not overweight. Staff cannot impose their own values and choices on program participants. Clearly, Charlotte's rights have been compromised. It would not be an abuse situation but staff should bring it to the attention of the QIDP and/or the clinical team.

20A

Indicator Exercise - What am I Really Seeing

Presenter's Script:

Read the paragraph concerning John's observations about Fred and answer the questions.

What indicators are present in scene one?

Answers:

Behavioral and verbal:

- Fred is losing his temper more frequently.

Physical:

- Dark stain marks on his underwear.
- Fred reporting that his buttocks have been itchy.
- Fred reporting that his bottom is sore.
- Scratches and redness around Fred's anal area.

What are possible explanations for these indicators?

Poor hygiene; lack of supervision, self-stimulation, laundry detergent

What type of maltreatment might be occurring?

Sexual Abuse.

What is your responsibility in responding to John's report?

It is your responsibility to document your observations and follow your agency's policies for reporting the indicators.

False Reporting of Abuse and Neglect Activity

Distribute a copy of your agency's policy on false reporting.

Presenter's Script:

False reports of abuse and neglect do occur.

It is always expected that you will report your suspicions to your supervisor at this agency or to OIG. Explain under what circumstances they (rather than the supervisor) would report to OIG. It is not ok for you to make up reports for ANY reason.

- What are some things you might do if someone makes a false report against you or another employee?

Discuss any agency policies on false reporting for reasons of revenge, anger, disliking a co-worker or anything other than actual suspicion.

Discuss the "boy who cried wolf" analogy.

Responses may vary, but stress the idea that they should talk to their supervisor if a false reporting situation arises. It is the supervisor's responsibility to determine what action should be taken against the false reporter.

Emphasize:

- It is **not** up to you to determine whether or not an individual is being truthful.
- You must follow agency (or facility) reporting policy and procedures. (Describe.)

What should you do to protect yourselves from individuals with a history of making false reports of abuse and neglect? (Refer to DSP notebook for suggestions. Emphasize documentation.

Answers to False Reporting Exercise

Directions: After discussing your agency policy on false reporting, ask the trainees to read the questions and write their answers to these questions based on the discussion:

Question:

1. What role do you have in reporting and investigating the allegation at your agency or facility?

Answer:

All allegations must be reported to your supervisor so that they can be investigated.

Question:

2. What can you do to minimize the negative impact on individuals and the home/work environment while an investigation is being conducted?

Answer:

Report and ensure the confidentiality and privacy of all parties involved to the maximum extent possible.

Do not participate in gossip. Maintain the routine of the home/work environment to the maximum extent possible.

Question:

3. What can you do to maintain confidentiality while the investigation is being conducted?

Answer:

Do not participate in gossip. Instruct other caregivers to refrain from gossip. Separate the accused from the environment.

Recognition Activity (with Answers)

Directions: Divide the trainees into small groups.

Each group will designate a recorder. After reading and discussing the brief scenarios, the recorder will write in the first column "yes" if you would report this to your supervisor or "no" if you would not. If you wrote "yes" in the first column, in the second column, write what type of abuse/neglect you think has occurred.

Choose from:

- ***Physical Abuse***
- ***Sexual Abuse***
- ***Neglect***
- ***Mental Abuse***
- ***Inappropriate Behavior***
- ***Financial Exploitation.***

| Did abuse occur? | Yes/No? | What Type? | Report to OIG? |
|---|----------------|-------------------------------|---------------------------|
| 1. An employee does not cut up a client's food as prescribed in his/her ISP and the client chokes. | Yes | Neglect | |
| 2. An employee shoves a client to get the client to stop asking to go on an outing. | Yes | Physical Abuse | |
| 3. An employee yells, "Don't touch that stove, it's hot!" at a client. | No | | |
| 4. A client trips over a crack in the sidewalk and falls, spraining his ankle. | No | | |
| 5. When a client asks for juice rather than coffee, an employee says, "Drink that or you get nothing." | Yes | Inappropriate Behavior | |
| 6. An employee calls a client "lazy" and the client cries. | Yes | Mental Abuse | |
| 7. An employee allows two clients to fight so they can "figure it out on their own." | Yes | Neglect | |

| | | | |
|---|-------------------|--------------------------------------|--|
| <p>8. An employee slaps a client in the face after the client kicks the employee in the leg.</p> | <p>Yes</p> | <p>Physical Abuse</p> | |
| <p>9. One employee says to another employee about a client "Oh he drives me nuts, he's such a stupid jerk." The employees are alone in a room.</p> | <p>No</p> | <p>Inappropriate Behavior</p> | |
| <p>10. An employee does not notify anyone or assist the client with changing herself when he notices that client has soiled her pants.</p> | <p>Yes</p> | <p>Neglect</p> | |
| <p>11. An employee makes a client sit out of work after that client complained about the employee to his Q.</p> | <p>Yes</p> | <p>Mental Abuse</p> | |
| <p>12. An employee makes a client wait to go to the bathroom to change soiled pants, saying, "You should have told me sooner that you needed to go to the bathroom."</p> | <p>Yes</p> | <p>Neglect</p> | |
| <p>13. An employee observes that a client cut her hand and is bleeding heavily, but does not attend to that because that employee is talking with another employee about his weekend.</p> | <p>Yes</p> | <p>Neglect</p> | |
| <p>14. An employee chooses not to follow a client's behavior plan (giving that client his daily \$1 for pop) even though he met the criteria, because he called the employee a name. This results in the client becoming aggressive.</p> | <p>Yes</p> | <p>Mental Abuse</p> | |
| <p>15. An employee says to a client, "Do that again and you'll be sorry."</p> | <p>Yes</p> | <p>Mental Abuse</p> | |

| | | | |
|--|------------|-------------------------------|--|
| 16. An employee 'borrows' a client's wristwatch because his is broken. | Yes | Financial Exploitation | |
| 17. You hear an employee swear at a client. The client shies away. | Yes | Mental Abuse | |
| 18. You see an employee take money from a client's envelope that holds his incentive pay for his behavior plan. | Yes | Financial Exploitation | |
| 19. An employee does not read the medication labels and puts too many pills in the client's pill cup. Although the client tries to protest, the employee orders the client to take the pills. The client is hospitalized. | Yes | Neglect | |
| 20. An employee demands each individual pay one dollar upon returning from a day program, claiming "for services rendered." | Yes | Financial Exploitation | |
| 21. You see a bruise on a client that was not there the day before and looks like a handprint. | Yes | Physical Abuse | |
| 22. A client tells you that a staff at her group home touched her "down there." | Yes | Sexual Abuse | |
| 23. You hear an employee say, "You should be ashamed of yourself" to a client who has just hit another client. | No | Inappropriate Behavior | |
| 24. A client reports to program on a very cold snowy day wearing shorts, flip-flops, and no coat or gloves. His toes and fingers are purple. The client lives at home with his elderly mother. | Yes | Neglect | |

Prevention – Teamwork

Ask the group to answer the following questions?

What are some characteristics of teamwork and why they are important?

Possible answers:

A team can be defined as: two or more people working closely together, encouraging and supporting one another to achieve mutually agreed upon and appropriate goals in an efficient way.

Teams are used to increase productivity, improve quality of services, maximize employee potential, improve morale, reduce the need for high levels of management, and reduce turnover.

Teamwork means jobs/tasks are shared by several people with each person doing their part in order to successfully complete jobs/tasks.

Team member roles and responsibilities are clarified.

The team develops ground rules and expectations.

What do you do to promote effective teamwork?

Effective team leaders set a "can-do" tone in meetings; appreciate, involve, and encourage each member; deal with conflicts; and provide ongoing, honest feedback.

Team members should:

- compromise in order to complete the work in the best possible way
- put aside personal feelings
- Put the needs of the persons served first.

Achieving Team Expectations

Once we understand the “why” and the “what” of a team, it’s important to address the “how.” Discuss how agency (or facility) co-workers can promote a team spirit. Discussion topics can be:

- How can we work together as a group?
- How is our group going to be organized?
- What norms, expectations, or ground rules do we want to establish?
- How will we interact and work with each other?
- How can we create an environment where we all feel safe, comfortable, and nourished?

Other teamwork tips:

- Set team goals.
- Create an action plan.
- Implement the plan and document results.

Celebrate accomplishments and move on to the next task!

Prevention: Creating and Maintaining a Respectful, Healthy Environment

Break the class into groups and ask them to answer the following questions:

How would you describe the perfect respectful, healthy, engaging environment?

The person's personal preferences evident and reflected in the decorating; fresh atmosphere; adequate space for freedom of movement; adaptive equipment and modifications if needed to support the person's independence (wide hallways and entry ways; grab bars in bathrooms, etc.)

What does it look like?

Clean inside and outside; room to move around in the house without bumping into other people; a comfortable bed that is big enough for the person, things in the bathroom work well and are easy to get to; there are things to do in the house for fun and exercise, the home is safe, well-organized, comfortable and decorated to the person's tastes.

What does it sound like?

Calming music, or music to suit the person's tastes.

What does it feel like?

Non-threatening.

Describe the perfect DSP to work in this environment?

DSPs who are respectful of each other working in harmony.

Prevention: Attitude

Ask trainees to Please read Haim Ginott's statement in your notebooks. It poignantly illustrates the powerful influence your attitude can have on the lives of the people you support.

Attitude means what you think or feel about a person, object, situation or fact. The attitude that you bring to work each day directly impacts the individuals that you support and your job performance.

Taking your anger and frustration out on individuals, DSPs and other caregivers is wrong and is inappropriate interaction, which may be a form of abuse or neglect. Here are some examples of this behavior (sometimes called displaced anger):

- You are angry with your boss at work, but you take your anger out on your spouse.
- You are angry with the person who cut you off in traffic, but you take your anger out on your kids when you get home.

Awareness of emotions is an important step in the prevention of abuse and neglect.

Ask the group to answer the questions in their notebook on Prevention/Attitude.

Suggestions for answers:

What are some things that can happen in your life that might cause you have a bad attitude at work?

Family issues/problems; finances, illness of self or family member; school pressures.

***What are some examples of how you feel when you have a bad attitude?
That is, how does a bad attitude make you feel?***

Angry, disgusted, short on patience.

What are some things you personally can do either before or after work to help you have a good attitude for work?

Exercise, good nutrition, recreational activities

What are some things you can do during work that can help you keep your emotions in check?

Thought stopping - stop, think, relax, reconsider.
Going for a walk
Talking with a friend

Stress

Negative stress and burnout can contribute to creating an environment that is ripe for inappropriate interaction and abuse and neglect.

Discuss the definition of STRESS. Then ask the group to give examples of stress warning signs.

Your body sends out physical, emotional, and behavioral warning signs of stress.

- *Emotional*
- *Physical*
- *Behavior*

Open a discussion on "What do You do to Reduce Stress in Your Life?"

Record Answers on a Flip Chart and Discuss.

Burnout

Burnout is a condition of physical and mental exhaustion that can result from continuous emotional pressure of working intensely with people for prolonged periods of time. Unrelieved stress over a prolonged period of time can lead to burnout.

Discuss the symptoms of burnout and how it can be prevented.

Supporting the Emotions of People with Developmental Disabilities

As a DSP, you will also help the people you support work through their own emotions. At times this may prove to be a bit stressful.

Let's discuss some things that may help you understand the emotions of the people you help support.

SCENARIO I

Ask trainees to "Please read Scenarios 1 & 2" and then answer these questions:

If you were Shirley, how would you react in this situation? How would you feel?

Possible answers:

- *I would feel angry.*
- *I would feel upset.*
- *I would shout at the other person.*
- *I would need time to regain my composure.*

How would you want others to react?

Possible answers:

- *I would want an apology.*
- *I would want to help fix the situation.*

If you were the direct support persons involved, how would you approach this situation with Shirley? Florence?

Possible answers:

- *I would remain calm and listen to Shirley.*
- *I would help Shirley problem solve.*
- *I would comfort Florence.*
- *I would ask Florence to apologize to Shirley.*

If you were Mary, how would you react in this situation? How would you feel?

Possible answers:

- I would feel angry.
- I would feel upset.
- I would shout at the other person
- I would need time to regain my composure.

Scenario II

If you are married or share your home with someone else and something similar happened in your household, how would you want them to respond to you in this type of scenario?

- I would want an apology.
- I would want to help fixing the situation.

It's Not Your Job to Punish or Control

- Your job and the job of DSPs and other caregivers is **not** to punish and control.
- Punishment and control often leads to a power struggle.
- Power struggles usually escalate and can result in some form of maltreatment.
- **Everyone loses in a power struggle!**

CONCLUSION OF TRAINING

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

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

Last page

Introductory Script

Today we will be focusing on **Human Interaction and Communication** and the importance of your role as a DSP in this process.

Please take a moment to read over the **Table of Contents** for this module and familiarize yourself with the topics that we will discuss today.

We will be emphasizing such things as:

- The importance of non-verbal communication
- How different communication challenges affect interaction
- How effective listening can facilitate communication
- The role of the DSP in facilitating effective communication

Also, please also take a moment to read the page which is titled "**Red Light, Green Light.**" This was written by a self advocate from an organization called Illinois Voices. Illinois Voices is a State-wide self-advocacy initiative designed to empower people with developmental disabilities to make their own decisions, stand up for their rights and speak for themselves about their strengths and desires. www.ilvoices.com

Materials Needed for this Module

- **Masking tape (for activity)**
- **Samples of augmentative communication devices used at the agency**
- **Redacted communication program sample**
- **Note cards with emotions written on (for activity)**
- **Internet access/projector for viewing web videos**

The Importance of Communication

Communication can be a very subtle process. By keeping an open mind to all the subtle things that communication can be, you will be more likely to utilize many opportunities and methods to communicate. Not all people use words to communicate. Even the tightening or loosening of a muscle can be a form of communication!

In this Module we will learn that every communication has a purpose. Even if the receiver of the message doesn't understand it, the message still has meaning. It is our jobs as Direct Care Staff to try to understand what the message is that the person is trying to communicate.

You cannot do this unless you:

- Understand the communication process
- Know what an individual is able to communicate
- Know how an individual communicates best

Individuals are constantly giving and/or receiving communication. As a DSP, your challenge is to broaden your idea of what you believe communication to be.

The Communication Process

That has certain elements.

These include:

- a sender
 - a receiver
 - a message
 - feedback
-
- **Sender**, the initiator of a message
 - **Receiver**, the one that receives the message (the listener) and the decoder of a message
 - **Message**, the verbal and nonverbal components of language that is sent to the receiver by the sender which conveys an idea
 - **Feedback**, the receiver's verbal and nonverbal responses to a message such as a nod for understanding (nonverbal), a raised eyebrow for being confused (nonverbal), or asking a question to clarify the message (verbal).

If any of these elements are missing or compromised in some way, there will be a disruption in the communication process.

The Presenter may choose one or all of the following activities to incorporate into this module.

Non-Verbal Communication Activities

ACTIVITY (A)

This exercise helps you understand the difficulties people with limited vocabularies have communicating their choices.

We are going to do a "Communication Exercise." First, find a partner. Write 10 words on a piece of paper. (Don't tell them what they will be communicating with these words.) After they have written down the 10 words, say "Now tell your partner what you would like for dinner tonight using only these ten words." (Allow 10 minutes)

After the exercise, emphasize that behavior is also a form of communication.

Understanding behaviors is a difficult task as some of us express emotions differently.

Non-Verbal Communication

ACTIVITY (B)

Presenter Instructions

Presenter should put a long piece of tape on the floor. Then presenter tells trainees:

"Without using words (talking), writing anything down on paper, or showing a driver's license or state identification card, line up according to birthday order" (from 1/1 through 12/31). Examples of birthdays are 3/14, 6/28, 11/9.

TIP: Do not point to where line should begin!

Once people feel that they are in birthday order, have them go down the line beginning with 1/1 to see if they lined up correctly. You can see how easily people become frustrated when they cannot speak or use writing to communicate their birthdays. This is a great lesson in communication and in teamwork because everyone has to work together to ensure that they are lined up correctly in birthday order!

Non-Verbal Communication ACTIVITY (C)

This activity may be used to demonstrate that facial expression/body language can convey how a person is feeling, even though the person may not have **words** to communicate.

Instructions

Presenter should write a word on a note card which indicates an emotion. Some examples include:

- ✓ **Happiness**
 - ✓ **Pain**
 - ✓ **Frustration**
 - ✓ **Fear**
 - ✓ **Excitement**
 - ✓ **Confusion**
 - ✓ **Anger, etc.**
- Have each participant "choose a card" (presenter holds a card "face down" and allows trainees to choose a card. (If there are a large number of trainees, presenter can have duplicate cards so all get a chance to participate).
 - Have each person attempt to "communicate" (act out) that emotion.
 - Have the other participants try to guess which emotion the person is trying to communicate

Presenter should emphasize that:

- ✓ Some persons with whom they will be working may not use the spoken word to communicate.
- ✓ Explain that they may use sign language, hand gestures, communication boards, pictures, electronic devices, etc.
- ✓ Discuss the importance of observation skills when persons served use facial expressions, body movements and behaviors to communicate their wishes.
- ✓ Explain that all behavior communicates something.

Ways People Communicate

Presenter' Script

The messages we send or receive can be communicated in a variety of ways.

Turn to the page in your notebook with the heading "Ways People

Communicate" and list all the ways you can think of that we communicate verbally and non-verbally.

Possible answers:

Verbal

- Speech
- Written communication

Non-verbal

- Sounds (bells, whistles, music, grunts)
- Gestures
- Body movements
- Tone of voice
- Facial expressions
- Sign language
- Augmentative communication (pictures, boards, books, touch talkers)

Augmentative/Alternative Communication (AAC)

Augmentative, sometimes referred to as alternative communication (AAC) is a method of communication used by individuals with severe speech and language disabilities, those who have Cerebral Palsy, Autism, ALS, suffered from a stroke, etc. The type of device must be chosen carefully and is done by a professional. These individuals will use gestures, communications boards, pictures, symbols, drawings or a combination of all of these.

The **goal** of augmentative/alternative communication is:

- To find a way to get the message across to anyone, not only familiar people.
- To reduce frustration
- To help make communication more accurate and meaningful
- To support participation in the world!

Presenter should bring examples of types of augmentative communication devices/programs being used by individuals at the agency that the DSP will support.

Who Uses Augmentative Alternative Communication (AAC)?

AAC users are children and adults with communication disorders due to cerebral palsy, autism, Down syndrome, ALS or Lou Gehrig's disease, stroke, traumatic brain injury, multiple sclerosis, and Parkinson's disease.

Note: The celebrated physicist with Amyotrophic lateral sclerosis (ALS), Dr. Stephen Hawking, has used speech devices for years in his professional and personal life. As a highly accomplished scientist, Hawking has produced

What does an AAC device do?

Before computers were invented, a simple picture board was made with pictures to describe typical wants and needs. A non-verbal person could point to a picture of a hamburger to say "I'm hungry," or a book to say "I'm going to do my homework now."

Communication boards are still utilized today, but now we also have sophisticated electronic communication devices. Electronic AAC devices give users unlimited ways to express themselves. Users spell out words, or use abbreviations and symbols for short-cuts. There are all sorts of programming tools for AAC communicators to program messages with and have ready for future use.

WEB VIDEO demonstrating various types of AACs

(Video is one hour in length; presenter may wish to show in entirety or some portion) <http://www.archive.org/details/gov.ntis.ava20263vnb1.02>

WEB VIDEO demonstrating various types of AACs

(Video is one hour in length; presenter may wish to show in entirety or some portion) <http://www.archive.org/details/gov.ntis.ava20263vnb1.02>

The Presenter may wish to review the following sources for AACs that are most applicable to your agency's population. Share examples of the various types of AACs available.

- **Dynavox Technologies**

Dynavox Technologies offers a diverse line of AAC devices and software, along with training and workshops offered nationwide. Visit the Dynavox Web site for a comparison of all Dynavox devices (the DV4, MT4, Dynamo, MightyMo, MiniMo, etc.):

<http://www.enkidu.net/Default.aspx?tabid=50>

- **Mayer-Johnson Company**

Makers of Boardmaker and Speaking Dynamically Pro, SuperTalker, and Advocate. Learn more here: <http://www.mayer-johnson.com>

- **Premke Romich Company (PRC)**
PRC makes several AAC devices, including the Pathfinder, Vanguard, Vantage, SpringBoard, and Chatbox. PRC also produces switch-activated devices and computer-access equipment. See PRC's entire product line:
<http://store.prentrom.com/cgi-bin/store/index.html>
- **Satillo Corporation**
<http://www.satillo.com>
Satillo Corporation not only offers their Chat products but communication products from a number of other manufacturers that specialize in augmentative communication products. These products vary in purpose and level of use required by the communicator.
- **Words +**
<http://www.words-plus.com>
Makers of communication and computer access products, including E-Z Keys, used by Dr. Stephen Hawking. In addition to word-prediction and basic speech output, E-Z Keys provides access to environmental and electrical devices.

Publications and Resources

- To receive literature in augmentative communication, see the **Augmentative Communication, Inc.** Web site:
<http://www.augcominc.com/>
- **The American-Speech Language-Hearing Association (ASHA)** offers a wide array of free informational brochures for people who have communication disorders, their care-givers, and families. Find publications, along with a directory of certified audiologists and speech-language pathologists, plus a list of self-help groups:
<http://www.herring.org/speech.html>.
- **Does My Child Have a Speech Problem?**, a book by Katherine L. Martin, a speech pathologist, examining normal speech development in children and a look at potential disorders. Contact Chicago Review Press
<http://www.ipgbook.com>

Causes of Communication Challenges

Presenter script

"Anyone can develop a communication challenge during his/her lifetime. These challenges can affect our ability to express ourselves or in the way we receive, interpret or understand information."

Presenter invites group to list as many causes of communication challenges as the group can and records on flipchart.

List the following if overlooked by DSPs:

- Birth defects (prematurity or birth complications such as cerebral palsy)
- Diseases (strokes, meningitis)
- Injuries caused by accidents (closed head injuries, etc.)
- Autism
- Different languages or cultures
- Aging process (such as loss of hearing/vision)
- Substance abuse

Presenter script

"Today we will discuss the following causes of communication challenges"

- Hearing Disabilities
- Visual Disabilities
- Speech and Language difficulties
- Autism and Autism Spectrum Disorders

Communication Challenges for People with Autism and Autism Spectrum Disorder (ASD)

A recommended resource on this topic is:

"In My Language"

8 minute video demonstrating aspects of autism and communication:

<http://youtu.be/JnylM1hI2jc>

Types of Sign Language Systems

Resource: **An interactive DVD with some basic signs** has been developed by the American Sign Language Project in conjunction with DePaul University.

For more information please visit:

<http://asl.cs.depaul.edu/contact.htm>

Common Effects of Communication Challenges

Challenges affect all aspects of a person's life. For example, communication challenges affect areas such as learning, understanding time, organizing information, making friends, and being independent. Let's take a look at some of the most common effects of communication challenges.

Presenter should use as many examples of each communication challenge as appropriate for your agency.

Problems with Understanding Questions

If an individual cannot understand words like 'who,' 'where,' 'when,' 'why,' 'how' and 'which,' s/he cannot answer questions or respond to requests. The individual may not respond because/he doesn't understand what you want him/her to do.

Sometimes we may interpret his/her lack of response as non-compliance or lack of interest. Our job is to realize why the person isn't responding, so we can help the person better understand the request."

Problems with Negation

Ask the DSP to suggest other ways that they could communicate that plans had changed without using a negative word.

Examples can include such statements as:

"We will go swimming another day"

"Let's make a cake today"

"Would you like to take a walk today?"

Presenter should also discuss with trainees how supplementing visual cues can assist with understanding (calendar, shoes to symbolize walking, holding up cake mix box when discussing baking the cake, etc.)

Talking to the People you Help Support

Below is more information about some of the numbers in the series of communication tips:

5. Parallel talk - This is very similar to self-talk but you include talk about what others are doing as well. Usually done while you are working alongside another person where you are both engaged in a similar activity. This is NOT simply giving the other person verbal prompts on what to do next. Example (during an art activity): *"Look everyone. John is using the blue paint. He's painting the sky. Sue has red. Do you like red? Sue is making a red flower. I think I'll use yellow for my flowers. etc. etc. etc...."*

6. Self-talk - This is the technique that works great with groups of people who have very limited communication so they don't respond verbally to staff attempts to talk. Staff should just talk about what the staff person is doing, using specific words and labels for the actions and objects. There's no need to wait for response from persons receiving services. Just talk about what you are doing. Example: *"It's time for me to wipe the table. I need bleach water and paper towels. First, I'll spray the table. I missed a spot. There I got it. Now I need to wait for the bleach water to work. Now I'll dry the table. I need to be sure to dry it all. Now I'll put everything away. The spray goes into the cabinet. The paper towels go into the trash. etc. etc. etc....."*

7. Naming (Labeling) - Label objects and actions as you encounter them throughout the day. Encourage persons in your group to repeat the labels (using words or signs). Reinforce all attempts - even if they aren't perfect.

8. Empowering People through Corrective Role Modeling - Used when a person uses incorrect grammar, wrong word, or mispronounces something. Staff should repeat the information; uses correct grammar/pronunciation and slightly emphasize the corrected word. Example: person served says "I **goed** to work." Staff corrects by saying "You **went** to work today." or person says "thorry." Staff models correct pronunciation by saying "you're **sorry**" (with emphasize on the correct sound).

Verbal Abuse As we've discussed in other training courses, you must never verbally abuse a person. This type of abuse is defined as "harm caused by an act or omission that precipitates emotional distress or maladaptive behavior in the individual, or could precipitate emotional distress or maladaptive behavior, **including the use of words, signs, gestures or other actions toward or about and in the presence of individuals.**"

Expansion - if person served uses one or two words/signs to communicate, expand the information into a more detailed sentence by adding additional words. Example: Person served says "out." Staff expands to "Go out. You want to go outside."

Listening Effectively

Listening is an important part of communication.

Become an active listener. Use all the available clues to figure out what an individual is attempting to communicate to you. In other words, be an involved partner in the communication process.

Be aware of non-verbal communication. It may indicate how the person is feeling physically or emotionally. Also, remember that people are communicating non-verbally, even when they are being silent. Their silence can be an important communication.

Pay attention to the tone and inflection of the person's voice. Monitor your own voice tone, etc., to ensure that you are sending the message you intend to send.

Don't tune-out what the individual says because it doesn't seem to make sense, or be understandable. Make an effort to understand what s/he is saying. For example, pay attention to those communication methods s/he prefers, and join him/her in using them.

Keep in mind that the person's inappropriate or ineffective behaviors may be an attempt to communicate some need to you. Pay attention to the message behind the behavior. If possible, try to meet that need, and then teach a better way to communicate.

Show you are listening. Make eye contact, nod or restate what the individual said, ask open ended questions to show you are paying attention.

Summarize the conversation. Review, condense and/or clarify what the person said.

Individual's Right to Express Emotion

An individual who is unable to express ideas, feelings or needs, and who is unable to understand the environment may express the pressures and frustrations s/he feels through behaviors that cause problems for him/herself or others. S/he may also have learned that attention-seeking behaviors do, in fact help him/her meet needs.

Problem behaviors may be the person's only way to communicate. Our job is to teach the person more effective, acceptable, and appropriate ways to communicate.

By helping him/her develop alternative ways to meet his/her needs, we can teach the individuals that s/he can make a positive impact upon their environment.

Communication Roadblocks

✓ Directive Language

Presenter Script

"Our behavior can build roadblocks to communication. This happens when we:

- *Order*
- *Warn*
- *Command*
- *Direct*

These behaviors represent a struggle for power or control. They are not consistent with developing a supportive relationship. Part of our job is to offer the people we support as much choice and flexibility as possible while maintaining their safety."

Presenter should:

Ask DSPs to generate a list of behaviors which could be roadblocks to communication. These might include:

- **Threaten**
- **Promise**
- **Moralize**
- **Preach**
- **Advise**
- **Lecture**
- **Judge**
- **Criticize, etc.**

✓ Decision Making

Presenter Script: *Another roadblock to communication involves our role with regard to choice making. There are many decisions we make for the individuals we support because we do not think that they have the ability to do this on their own. We often want to make decisions for them."*

*Why is this **NOT** a good idea?"*

Presenter should bring up the following and ask trainees for additional reasons:

- Creates dependency
- Takes control of an individual's life away from him/her
- Removes opportunities for choice

"We feel justified in making decisions for an individual because we feel we know what is in the person's best interest. We don't feel s/he can make good decisions because of his/her disability and lack of experiences.

However, we need to advocate for the individuals we are supporting. This includes encouraging an individual to exercise his/her rights and providing him/her with opportunities to make decisions.

She/he may initially only feel comfortable making decisions about what s/he wants for dinner or what movie to watch. As s/he becomes more comfortable with making choices, his/her choices may include an element of risk.

Your job will then be to prepare the individual to follow through on his/her choice while minimizing the risks associated with the choice.

Discuss the following Steps in the Choice Making Process with Trainees:

1. Observe the individual.
2. Identify opportunities for choice or preference.
3. Assist the individual in developing a range of choices.
4. Recognize the health, safety, financial and risk parameters associated with the choice.
5. Offer opportunities for choice.
6. Show value to the individual's choice.
7. Educate and negotiate when choices are outside of the parameters.
8. Process the choice experience with the individual.
9. Document the choice experience.

Communication Programs (Agency)

Presenter will provide trainees with sample copy of agency communication program.

Presenter's Script:

"Let's spend the next few minutes looking at a sample communication program/plan."

Spend a few minutes reviewing the sample communication plans. Point out what the DSP's responsibility is for correctly implementing a communication plan. Presenter may also wish to instruct DSPs where the speech/language and hearing evaluations are located in the person's record.

Supporting a Grieving Person with a Developmental Disability

We have social structures, support systems, teachings and rituals that help us understand and recover from significant loss. It is not uncommon for adults to feel they must protect others from these difficulties, including children, elderly, and persons with disabilities.

Historically, there has been more time and energy spent on *controlling* people with disabilities with medication, physical restraints and other restrictions. Counseling was often excluded as an option.

It is imperative that all people be able to access the supports given to understand death and loss. Protecting someone usually results in more problems in that grief and mourning will not be properly experienced, leading to more significant future difficulties.

Here are some points to consider when offering grief support to an individual with intellectual disabilities:

- It's important to listen-understanding the permanence may come slowly
- Avoid assessment of skills during the grief process
- Minimize change
- Respect photos & other mementos
- Actively seek out non-verbal rituals

Presenter may wish to give other examples as needed.

Have trainees read over the supplement on supporting a grieving person. Class may wish to discuss the material as a group.

CONCLUSION OF TRAINING

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

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

Last page

INTRODUCTORY SCRIPT

INDIVIDUAL SERVICE PLAN DEVELOPMENT AND IMPLEMENTATION

Today we will be focusing on service plan implementation. Take a moment to read over the Table of Contents and to familiarize yourself with the information we will be covering.

"I am distributing an example of a Service Plan for you to insert in your notebook. It was prepared by staff at this agency. Please take a few minutes to review this and let me know if you have any questions."

(Presenter should be sure that all identifying information is redacted to protect confidentiality as required by HIPAA)

Materials needed for this Module

- ✓ **Copies of Redacted Agency Service plan**
- ✓ **Items for Task Analysis Activity**
 - Paper bags
 - Paper plates
 - Napkins
 - Plastic knives, spoons
 - Individual servings of peanut butter & jelly,
 - Sliced bread
 - Toothbrushes
 - Toothpaste
 - Small cup
 - Sneaker type of shoe
 - Shoe laces
- ✓ **Note Cards**
- ✓ **Colored Pencils**

What is the Service Plan?

These are the answers to the exercise on **common service plan names** used in the field of developmental disabilities.

Service plans are also known as:

IPPs: *individual **program** plans*

ISPs: *individual **service** plans*

IHPs: *individual **habilitation** plans*

IEPs: *individual **education** plans*

LIFE CHANGES - ACTIVITY

Presenter Instructions:

Give the DSPs 5 minutes to complete their list of changes that have taken place in their lives in the last year.

Then discuss how the trainees would feel if they had to wait until an annual meeting to make adjustments in their plans. They might feel:

- frustrated;
- angry;
- controlled;
- hopeless; etc.

Note how a change in one area may cause a change in other life areas.

ISP Scavenger Hunt

Presenter Instructions:

Divide the DSPs into groups of 4-5 people.

Presenter Script

Work with your assigned group to find the scavenger hunt topics in the sample Individual Service Plan (ISP) I distributed earlier and fill in blanks with the location and page number(s). Answer as many questions as possible. (Note: The answers may be found in more than one location in the ISP.)

The group answering the greatest number of questions correctly within the shortest amount of time wins (receives a prize?)

**Give each group up to 30 minutes to find the information in the ISP.
Then go over the answers.**

What Makes a Good Service Plan?

Presenter Instructions:

Using the redacted agency ISPs, the group will review points that make a good service plan and discuss these in relation to the service plan just reviewed.

Presenter Script:

"What makes the ISP you have just reviewed a good one?"

Note:

Presenter may wish to distribute **additional samples of individual goal statements** from the agency, or the individuals the DSPs will be working with. Point out how they fit each of the criteria listed under "What Makes a Good Service Plan?"

Interdisciplinary Team Process (IDT) and Service Planning

How will you know what supports the people you will be working with will need? One way is to get to know them. Another way is to participate in service planning. The person's service plan is set up at an interdisciplinary team meeting which:

- usually meets annually
- sets up a service plan
- consists of the person served, the guardians, QIDPs, and others who affect the lives of the person
- the IDT reviews goals, revises goals and sets new goals

Explain the definition of Qualified Intellectual Disabilities Professional (QIDP) to the trainees. *A QIDP refers to persons with a Bachelor's degree in a human service related field and at least one year's experience in direct service with people with developmental disabilities. Illinois community agency QIDP designations are authorized by the Illinois Department of Human Services Division of Developmental Disabilities Bureau of Quality Management.*

QIDPs usually lead the IDT meeting.

Discuss your agency's QIDP's job duties. Explain that the DSP's role in the IDT is to assist the QIDP in determining the best course of action for the persons served. This is done by getting to know the person and learning his/her likes/dislikes, documenting your observations, and making recommendations about what you think should be included in his/her plans. You may be asked to document a certain behavior. It will be up to you to report your observations about the wants and needs of the person so that you and others can try to meet those wants and needs.

Explain that in accordance with a person-centered planning philosophy, each person's service plan is tailored to meet their individual needs and preferences.

Who Makes up the Interdisciplinary Team?

Presenter should discuss their agency-specific IDT process and the members who generally make up the team.

Person Centered Planning

A **person centered plan** reflects a process:

- That is respectful of the person with the disability, the family and those who support the individual;
- Where the time and effort necessary is spent to be sure that the “voice” of the person with the disability is heard, regardless of the severity and nature of the disability, and;
- Where there is a focus on learning:
 - What is important to the person in how he or she wants to live;
 - What is important to those who love the person; and
 - Any issues of health and safety (from the perspective of the person)

A well done plan requires partnerships between; the person, those who know the person; those who will develop the plan; and those who will implement the plan.

Presenter should cite specific examples of the person centered approach using the ISP brought to class.

PERSON-CENTERED PLANNING QUIZ

Presenter Instructions

Give trainees a few minutes to complete the **Quiz – What Is Person Centered Planning?** Discuss answers as needed.

ANSWERS

- keeping the focus always on the **person** and his/her abilities.
- **individually** tailoring things to the person.
- planning for the person utilizing available **resources** to assist the person in obtaining his/her goals and objectives.
- incorporating what is important to the person. It focuses on the **strengths** not the person's deficits or limitations, nor those of the system.
- demonstrating **respect** and **dignity** in all that we do to support a person with developmental disabilities.
- protecting the person's **confidentiality**.

Community Inclusion

Although individuals with disabilities are living in their communities and participating in community activities, they often do not have the opportunities to build the kinds of relationships that the rest of us take for granted. Too often persons with disabilities have no real best friend, or their relationships are limited to their immediate family, human service staff, and others with disabilities.

When providing support in the community...

- **Treat the individual with the respect you would give anyone with the same age, in public and private situations, and help him/her find ways to spend time with other people of the same age.**
- **Know that problems will arise. Trust people to solve them.**
- **Be creative, providing the necessary help as unobtrusively as possible.**
- **Support members of the community by helping them learn what they need to know to be comfortable with the person.**
- **Learn as much as possible about the event, before you take the person.**
- **If needed, visit the setting before coming with the person. Get to know others who will be involved if possible.**
- **Offer to attend with the person. Or see if the person has a friend he or she would like to invite.**
- **Be available to answer questions. If the person is nervous or inexperienced, you can practice possible social situations. Try to help the person think through problem situations.**

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

Adapted from: Amado, A.N., Conklin, F., & Wells, J. (1990) Friends: *A Manual for Connecting Persons with Disabilities and Community Members*. St Paul, Minnesota: Human Services Research and Development Center.

Teaching Functional Skills

A person's service plan will include a description of the activities the person is learning, suggested behavioral interventions, etc.

You are responsible for implementing each program exactly the way it is written.

What are "functional skills"?

"Functional skills" are independent living skills. These are services and supports needed that assist a person to gain the skills and behaviors necessary to function with as much self-determination and independence as possible. Functional skills include 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.

When should functional skills be taught?

Teaching should be occurring throughout the day, at all times. To be most effective, teaching should be happening all the time and occurring in all areas of life. Teaching functional skills may include implementation of formal, written programs or informal activities.

Teaching Activities Should Be -

- **Functional** – An activity is functional if it increases the individual's ability to participate in and/or to control his/her life
- **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?* Minimizes "busy work" that is discarded when the activity is completed.
- **Follow natural 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 "natural rhythm of life."
- **Age Appropriate** - Uses materials and activities that adults without disabilities would use/do.
- **Emphasizes group participation** - work with a group and have all persons participating. People can learn from each other.

Please review the section "**Talking to people you help support**" in the Human Communication & Interaction module for communication tips to facilitate teaching strategies.

Here are some examples of how communication can help with teaching:

Remember that actions/behaviors are forms of communication. When persons use actions to communicate, you can verbally use the **label** that goes along with the desired response.

Example - Person served pulls on staff's arm for attention. Staff responds by saying (**labeling**) "*Help. You want help with your coat.*"

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, teaching functional skills can be incorporated into this activity by the DSP explaining what they are doing while they are doing it and perhaps asking the person to assist by organizing the items in boxes and helping with transferring the items to the shelves or drawers.

Stimulation Activities Compared To Real Activities:

Active Treatment also means assisting people in identifying and experiencing real activities. Consider how to incorporate real activities into lives of the people you support.

Presenter should encourage trainees to suggest as many “real” activities for each stimulation activity as possible. Presenter may use real life examples and encourage trainees to use creativity in suggesting activities.

Presenter may use some of these activities to complete the activity on the following page.

| Stimulation Activities | Real Activities |
|---|--|
| Smelling different bottled scents | Smelling and touching different produce at the farmer’s market. |
| Touching stuffed animals | Petting animals at the shelter. |
| Feeling a soft cloth on your face or mouth. | Feeling a warm or cool breeze against your cheeks (or having a facial at a salon). |
| A paid staff member talking to you as a scheduled activity. | A friend or family member talking and visiting with you. |
| Going for a ride in the van with the group. | Riding in someone’s car or the city bus. |
| Touching a variety of baby toys in a bag. | Shaking hands with different people. |
| Catching a ball in the yard at the group home. | Catching a ball and returning it to a team member at the baseball park. |
| Sorting different shaped blocks. | Sorting silverware at a restaurant. |
| Walking up and down a hallway | Walking around the block or from the car to a store. |

ACTIVE TREATMENT ACTIVITY

Ask the trainees to read through the example of a service plan and think about individual activities of daily living; skills training; and any suggested behavioral interventions. Have them list possible opportunities for habilitation/active treatment and list their answers on a flip chart or blackboard and discuss.

Active Treatment Resource: *Creating a Meaningful Day - An Innovative Curriculum for Adults with Significant Intellectual Disabilities* by Linda Cofield-Van Dyke

Learning Styles

For many years, educators have noticed that some students prefer certain methods of learning more than others. These learning styles form a student's unique learning preference and aid teachers in the planning of small-group and individualized instruction. **This section examines the different types of learning styles that involve the senses. These learning styles are:**

The Visual/Verbal Learning Style

Information is presented visually and in a written language format. In a classroom setting, instructors use the blackboard (or overhead projector) to list the essential points of a lecture, or provide an outline to follow along with during the lecture. The learner benefits from information obtained from textbooks and class notes. The learner often sees information "in mind's eye" when trying to remember something.

Learning Strategies for the Visual/ Verbal Learner:

Use color coding to aid recall when studying new information in textbook or notes.

- Use highlighter pens to highlight different kinds of information in contrasting colors.
- Write notes summarizing key information obtained from the textbook and lecture.
- Flashcards of words and concepts that need to be memorized can be used. Use highlighter pens to emphasize key points on the cards. Limit the amount of information per card so learners can take a mental "picture" of the information.
- Information presented in diagrams or illustrations, write out explanations for the information.
- When a problem involves a sequence of steps, write out in detail how to do each step.
- Make use of computer word processing. Copy key information from your notes and textbook into a computer. Use the print-outs for visual review.

The Visual/Nonverbal Learning Style

Information is presented visually and in a picture or design format. In a classroom setting, instructors use visual aids such as film, video, maps and charts. Learners benefit from information obtained from the pictures and diagrams in textbooks and like to work in a quiet room and may not like to work in study groups. To remember something, they often visualize a picture. They may have an artistic side that enjoys activities having to do with visual art and design.

Learning Strategies for the Visual/Non- Verbal Learner:

- Make flashcards of key information that needs to be memorized.
- Draw symbols and pictures on the cards to facilitate recall.
- Use highlighter pens to highlight key words and pictures on the flashcards.
- Limit the amount of information per card, so the mind can take a mental "picture" of the information.
- Write key words, symbols, and diagrams in the margins of the textbook that will help you remember the text. Use highlighter pens of contrasting colors to "color code" the information.
- When a mathematical problem involves a sequence of steps, draw a series of boxes, each containing the appropriate bit of information in sequence.
- Use large square graph paper to assist in creating charts and diagrams that illustrate key concepts.
- Use the computer to assist in organizing material that needs to be memorized.
- As much as possible, translate words and ideas into symbols, pictures, and diagrams.

The Tactile/Kinesthetic Learning Style

Individuals learn best when they are physically engaged in a "hands on" activity and are being physically active in the learning environment. It is beneficial for instructors to encourage in-class demonstrations, "hands on" student learning experiences, and field work outside the classroom.

Strategies for the Tactile/Kinesthetic Learner:

- Sit near the front of the room and take notes throughout the class period.
- Don't worry about correct spelling or writing in complete sentences.
- Jot down key words and draw pictures or make charts to help remember the information.
- When studying, walk back and forth with textbook, notes, or flashcards in hand and read the information out loud.
- Think of ways to make learning tangible, i.e. something the learner can put their hands on. For example, make a model that illustrates a key concept.
- Spend time in the field (e.g. a museum, historical site, or job site) to gain first-hand experience of the subject matter.
- To learn a sequence of steps, make 3"x 5" flashcards for each step. Arrange the cards on a table top to represent the correct sequence. Put words, symbols, or pictures on the flashcards -- anything that helps you remember the information. Use highlighter pens in contrasting colors to emphasize important points. Limit the amount of information per card to aid recall. Practice putting the cards in order until the sequence becomes automatic.

The Auditory/Verbal Learning Style

Individuals learn best when information is presented auditory in an oral language format. In a classroom setting, they benefit from listening to lecture and participating in group discussions. They also benefit from obtaining information from audio tape. When trying to remember something, they often "hear" the way someone told you the information, or the way they previously repeated it out loud. They learn best when interacting with others in a listening/speaking exchange.

Strategies for the Auditory/Verbal Learner:

- Join a study group to assist you in learning course material. Or, work with a "study buddy" on an ongoing basis to review key information and prepare for exams.
- When studying alone, talk out loud to aid recall. Get in a quiet room and read notes and textbooks out loud.
- Record lectures; use audio tapes such as commercial books on tape to aid recall. Or, create audio tapes by reading notes and textbook information into a tape recorder. Review the tapes whenever you can.
- When learning mathematical or technical information, "talk your way" through the new information. State the problem in your own words. Reason through solutions to problems by talking out loud to yourself or with a study partner. To learn a sequence of steps, write them out in sentence form and read them out loud.
- Listen to audio tapes containing important course information on a tape or CD player.

FOR MORE TIPS FOR VERBAL/AUDITORY LEARNERS GO TO:

http://www.mendocino.edu/tc/pg/5459/for_verbalauditory_learners.html

Task Analysis

Task Analysis (TA) is a written training plan that teaches staff how to implement the objective. **The TA must:**

- Contain a schedule for how the program is to be implemented
- Contain a means in which to collect data.
- 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: "Eating with Utensils." When you think about it (which we rarely do), eating with a knife and fork is really a bunch of distinct simple behaviors performed one after another. **Just analyze the task!**

TASK ANALYSIS ACTIVITY ONE

Materials:

- ✓ **Note Cards**
- ✓ **Colored Markers or pencils**

Presenter Instructions:

Distribute note cards and markers to the trainees. Ask the trainees to make 3" x 5" flashcards for each step of brushing teeth. Put words, symbols, or pictures on the flashcards -- anything that helps the individuals remember the steps and information. Limit the amount of information per card to aid recall. Arrange the flashcard on a table top in the correct sequence.

Alternate Directions:

Ask trainees to draw pictures that could be used as learning aids with step-by-step instructions to tying a shoe. **Use only pictures**, no words.

Task Analysis Activity Two

Materials needed:

- bag containing: paper plate, napkin, plastic knife, plastic spoon, individual serving of peanut butter, individual serving of jelly, two slices of bread
- bag containing toothbrush, toothpaste, small cup
- bag containing a sneaker with laces removed, laces for shoe

Presenter Instructions:

Have participants get into three groups.

Ask one of the groups to write out the directions for making a peanut butter and jelly sandwich; another group to write out the directions for brushing teeth; and the third group to write out the directions for lacing and tying a shoe.

After the groups finish writing out the directions, have them give their directions to another group (group should not have the directions they wrote). Give each group the bag of items that corresponds with the directions they have. Instruct them to complete the task of making a peanut butter and jelly sandwich, brushing teeth, or lacing and tying a sneaker following the directions **exactly** as they are written.

Following the Task Analysis Activity, facilitate participant discussions on the following:

1. Did the directions accurately describe the task to be completed?
2. What worked? What didn't?
3. Is there more than one way to do the task?
4. What happens when each staff does a task differently when helping a person with a developmental disability learn to do a task?
5. Why is it important to do a program plan the way it is written?
6. What should staff do if the program plan doesn't seem to be working?

Ask questions such as:

- Is there more than one way to do the same thing?
- What happens if each of you does a task differently with an individual?
- Why is it important to implement an individual's training plan the way it is written?

Techniques for Teaching New Skills

"The definitions that follow may help you explain some of the different types of teaching techniques that are used in the developmental disabilities field."

Shaping and Chaining

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.

This process of working forward step by step to accomplish a simple task is sometimes called **forward chaining**.

In some cases we work backwards to teach certain skills. For instance, what was the last step that you did in brushing your teeth or lacing shoes?

Once the individual learns that last step, you would then work on the next to the last step plus the last step. You would keep working backwards.

When you teach the last step first, it is called **backward chaining**.

Prompting is used to increase the likelihood that a person will engage in the correct behavior at the correct time. The use of prompts increases the likelihood that a correct response will occur. The function of prompts is to produce an instance of the correct behavior so that it can be reinforced.

Fading means gradual removal of prompt.

Chaining Activity

Presenter Instructions:

Ask trainees to break into three groups once again. Using a different paper sack this time with one of the clothing items enclosed, practice the principles of backward chaining. One person in the group should record the steps of the backward chaining process.

When through, compare the task analysis of the backward chaining to the forward chaining for the same sack.

While still in groups and using the sacks, have trainees demonstrate hand over hand techniques and verbal prompts to assist another trainee in putting on the shirt, lacing the shoe, or putting on the belt.

Discovering Reinforcers

Remember, not everyone has the same reinforcers!

- Not all people are reinforced by the same things
- It is the job of the Direct Support Person to get to know the people they support
- This will allow them to discover likes and dislikes of the person and allow them to discover reinforcers that work!
- Have a number of reinforcers from which to choose (if the same reinforcer is used, the person will tire of it and it will no longer be reinforcing!)

Now let's think about your personal reinforcers. Fill in the blanks with primary reinforcers and secondary reinforcers.

Primary and Secondary Reinforcers

Primary reinforcers: are ones that satisfy a biological need. Food, water, and sex are all primary reinforcers because they satisfy biological desires.

A secondary reinforcer is also known as a conditioned reinforcer. It is a previously neutral stimulus that has become reinforcing to an organism through association with another reinforcer. Examples of secondary reinforcers are praise, grades, money, and feelings of success.

Examples of secondary reinforcers (verbal and non-verbal) are:

| | | |
|-----------------------------|----------------|----------------|
| smiling | congratulating | praising |
| paying special attention to | shaking hands | "thumbs up" |
| awards | applause | peer attention |

Documentation

Documentation provides a written record of events, health issues, behavioral progress and what is important or meaningful to the persons you support. Documentation communicates consistency in supports and continuity of care of people. It ensures that the supports are provided the same way by each staff person. Effective documentation can have an impact on the person's overall quality of life, health status, behavioral progress, strengths and preferences, and other issues. For example, documentation can show if all the DSPs' responses are the same when people have seizures, need help with toileting, hand washing, etc.

Documentation completed over a long period of time provides a history of what has been going on in the person's life and the types of supports he/she has been given. It

Presenter should discuss various agency-specific forms and documentation requirements.

may show patterns and provide clues to the cause of challenging behaviors.

Documentation provides information that can be transferred among staff members and this can be very important in identifying and responding to many health related issues.

Documentation Scenario

Presenter should ensure that the following are reflected in the documentation:

- Date
- Time of occurrence
- Documentation of what was **observed**
- Initials only (not full names) of others involved
- Information should contain the **4 W's**
- Only facts and objective descriptions

Presenter can take this opportunity to review specific agency procedures regarding documentation of different situations.

A Penny Is...

Directions:

Presenter Script

Draw a picture of the face or tail of a penny in the circle provided. Include as much detail as possible in your drawing.

- After trainees complete the drawing, compare details of pennies that were sketched. Presenter may want to draw the "correct" sketch on a flipchart.
- Discuss how we see pennies every day, but are really unaware of the details on a penny.
- Compare this to how important it is in the role of DSP to be **observant to detail** in order to provide effective documentation.
- It is also important to be **timely** in documentation, so the DSP can remember as much detail as possible when recording information.

Sections of the Service Plan (ISP)

Most service plans contain the following:

- Personal Description—
- Medical/Dental/Nutritional—
- Background/Historical—
- Social Relationships—
- Goals/Objectives—
- Interests and Activities—
- Personal Values—
- Personality, Feelings, & Emotions—
- Sources of Comfort and Discomfort—
- Assessments—
- Strengths and Weaknesses—
- Vocation—
- Education—
- Financial—
- Communication Style—
- Learning Style—
- Personal Rights—
- Recent Life Changes—
- Vision for the Future—

Because of their highly individualized nature, not all service plans contain all of these components. Some plans may have additional information not listed here.

CONCLUSION OF TRAINING

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

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

Last page

Presenter's Script:

The module we will be covering today deals with the medical aspects of your job and the people you will be supporting. The topics range from information on precautionary measures you should take to control infections and prevent diseases, recognize symptoms, understand how germs are spread, hand washing, glove use, confidentiality and concerns of older adults. Please take some time to look over the topics we will be discussing that are listed in the Table of Contents.

The on the Job Training *Activities* (OJTs) covered in this module are:**Name of OJT Activity**

Hand Washing

Removing Disposable Gloves

Trainer's Note: The OJT's in this section are for practice only. They are not meant to replace performance of the OJT/CBTAs in Appendix 3.

Materials needed for this module:

- Scratch paper for the trainees
- Marker board for the presenter
- Glow Germ liquid
- Glow Germ powder
- black light
- extension cord
- sink
- soap, towels
- disposable gloves in necessary sizes

Principles of Support Activity:

Materials needed:

Scratch paper for the trainees
Marker board for the presenter

Presenter's script:

As a DSP, your role is to provide supports to the people with whom you will be working. While providing those supports, there are certain principles, or guidelines you will need to remember.

The principles are listed in your notebook. After you have reviewed the ones listed in your notebook, we will divide up into six groups and I will assign one of these principles to each group. Think of ways you might practice the principle assigned to your group.

(DSPs can discuss the suggestions in their notebooks or they may have other suggested guidelines they would like to discuss)

On a Marker Board write these 6 major principles of support:

- **Safety**
- **Privacy**
- **Dignity**
- **Communication**
- **Infection Control**
- **Independence**

Divide the class into six groups and assign one principal to each group and read the question* (see below) for each category for the respective group to consider. Allow them five minutes for them to jot down their ideas on scrap paper. After five minutes, ask each group to read and discuss their ideas on how they would practice the principle they were assigned and write their responses under each category.

1. Safety

*What are some things you might do which could keep both you and the individuals you'll be supporting safe from accidents and injury?

2. Dignity

*What are some ways you can provide dignity for the individuals you will be supporting?

3. Privacy

*What are ways that you can ensure privacy for the individuals you will be supporting?

4. Communication

*Why and how should you communicate with individuals?

5. Infection Control

*What can you do to avoid the spread of infections?

6. Independence

*How can you encourage independence in the people you will be supporting?

CONTROLLING THE SPREAD OF GERMS

Presenter's Script:

How Germs Are Spread

One of the main reasons people get sick is that they pick up germs from a variety of sources. Knowing how germs are spread can help you remember ways you can prevent the spread of germs.

Let's review how germs can be spread by direct contact, indirect contact, or droplet spread.

It is VERY important that you not transmit infection to the people you will be supporting.

The BEST way to control the spread of germs is by washing your hands.

Now we will discuss the proper technique for hand washing.

Review OJT hand-washing activity. Have the trainees practice washing hands with a partner review and instructor review. They are to check off each box after successful completion of each step.

Discuss ways they might know when 30 seconds is over (for example, sing a song, count, etc.).

Glow Germ Powder Activity

Assemble the materials for the activity:

Glow Germ liquid
Glow Germ powder
black light
extension cord
sink
soap, towels
disposable gloves in necessary sizes

Instructions:

After having touched a variety of people, objects, etc., turn on a black light. Using an extension cord, walk around the room and shine the black light on the places you touched.

Presenter's Script:

I put an invisible powder on my hands before you came in. Let's say this powder represents the germs you could spread. Let's use the black light to see where they have spread. This represents the spread of "germs."

Use black light to see the powder (germs) on tables, people, books, etc. Comment on how much the "germs" were spread.

Ordering Information:

Glo Germ
P.O. Box 189
Moab, Utah 84532
Phone: 800-842-6622
Fax: 435-259-5930
Email: dma@glogerm.com
Website: <http://www.glogerm.com/>

Answers to Ways to Prevent Germ Transmission Exercise

- Wear disposable gloves and remove correctly.
- Wash hands frequently with soap and water using clean towel to dry.
- Cover mouth & nose when sneezing or coughing.
- Wear goggles when necessary.
- Clean stethoscope, etc., with alcohol wipe.
- Clean tub/shower with bleach solution.
- Have people use a fresh, clean washcloth each time.
- Have people bathe from the top down.
- Use fresh, clean water for each bath.
- Disinfect bodily fluid spills with 1/4 cup bleach per gallon of water (1:10 solution).
- Handling soiled laundry as little as possible.
- Wash soiled clothing and linens separately from other clothes.
- Use paper towels throughout the house.
- Make sure people follow good hand-washing practices.
- Keep clean and soiled hands away from the face and other areas of the body.
- Each person must use own toiletries and equipment (combs, razors, etc.).
- If cloth towels are used, they must be washed frequently and stored in the person's room.
- Clean contaminated surfaces frequently (kitchen counters, toilets, sinks, bathtubs, showers, floor, doorknobs, telephones, etc.).
- Do not rinse mop in kitchen sink.
- Put sponge in dishwasher or microwave after washing dishes.
- Use a cleaning solution of 1/4 cup bleach to 1 gallon of water for cleaning bathrooms, floors, and places where people are diapered or where they have been incontinent.

OJT Practice Activity - Removing Disposable Gloves

Presenter's Script:

Although there's no special way to put on gloves, we will be learning the proper way to remove them.

*Get a partner and check off whether the proper steps are done.
Then I will check you.*

INTRODUCTION

Presenter's Script:

Today we are going to review some concepts about human growth & development that you may already know. It is important that you review this information because you will be using it with the individuals you will be supporting.

As you may remember, when a baby is born, s/he immediately begins growing and developing. That cuddly baby becomes an active toddler. The toddler becomes a preschooler, etc. That growth and development continues until adulthood. These stages of physical development occur as well for people with developmental disabilities. However, stages of cognitive and emotional development may likely be delayed and may likely stop at certain stages before full development occurs.

Human Development

Ask the trainees to read and then discuss the pages entitled:

"Developmental Milestones,"
"Factors which Contribute to a Variety in Rate of Development" and
"Stages of Normal Human Development"

Presenter's Script:

People with mental retardation and other developmental disabilities grow the same way that you and I did. However, with certain types of disabilities, there may be factors which influence the rate that people grow. Some factors which caused the developmental disability may affect how a person looks. There may also be differences in the person's internal systems which could be undetected by just looking at someone.

Others may have had something happen to them that prevented them from developing and maturing in a normal manner. Others' development may have been influenced by environmental factors. Some of these factors may apply to the individuals you support.

These differences may be what causes problems with learning, motor skills, speech, sensory acuity, language, etc., in the people you support.

Stages of Language Development

Many children with intellectual delay move through many of the early stages in the same order as normally developing people. However, beyond the early states differences emerge.

Delays in language development may differ depending on the cause of the developmental delay. For example, some studies have found that children with Down syndrome use simpler and shorter sentences as compared to other children.

For people with Autism Spectrum Disorder language development can be delayed or the person may entirely lack any type of expressive language.

Cognitive Growth

Presenter's Script:

*The French psychologist **Jean Piaget** developed a Developmental Ladder. He believed children must go through each stage in order. If they did not, he felt that an adult would be limited in his or her ability to function in the world...he or she would be mentally retarded.*

Do you think this is true?

Human Reflexes & Senses

Presenter's Script:

Sometimes babies don't even need to be taught skills, they know them already!

These are called reflexes or instincts. Do you know what they are?

Instincts in humans can also be seen in what are called instinctive reflexes.

*Reflexes, such as the **Babinski Reflex** (fanning of the toes when the foot is stroked), are seen in babies and indicate stages of development.*

These reflexes can truly be considered instinctive because they are generally free of environmental influences or conditioning

Additionally, as adults, we continue to use our senses in order to investigate our world.

With what organ(s) do we experience each of these senses? This is the way most babies perceive their world.

Discuss what impact the presence of sensory impairment may have in the role of the DSP.

NEWBORN REFLEXES

As a newborn and young infant, most babies' development and physical reactions will be determined by primitive reflexes. For example, if you brush the newborn's cheek, he/she will likely turn his/her head (**rooting reflex**), which helps the newborn find a breast or bottle for a feeding. Or if you place a nipple in his/her mouth, as it touches the roof of his mouth, it will cause him/her to begin sucking (**sucking reflex**).

There are many of other types of reflexes, most of which are present at birth, including the moro or startle reflex, walking or stepping, tonic neck reflex and the palmar and plantar grasp.

It is not always easy to demonstrate these reflexes and not all babies do them all of the time, so don't be surprised if the Pediatrician can't trigger all of the reflexes. More important, is the baby's overall growth and development. Absent, asymmetric or persistent reflexes might be a sign of a neurological problem, though, and need further evaluation.

Moro Reflex Also called the startle reflex, the moro is usually triggered if the baby is startled by a loud noise or if his/her head falls backward or quickly changes position. The baby's response to the moro will include spreading his/her arms and legs out widely and extending his neck. He/she will then quickly bring his/her arms back together and cry. The moro reflex is usually present at birth and disappears by 3-6 months.

Grasp This reflex is shown by placing a finger or an object into the baby's open palm, which will cause a reflex grasp or grip. If you try to pull away, the grip will get even stronger. In addition to the palmar grasp, there is also a plantar grasp, which is elicited by stroking the bottom of his foot, which will cause it to flex and the toes to curl. The palmar and plantar grasp usually disappear by 5-6 months and 9-12 months respectively.

Stepping/Walking If you hold your baby under his/her arms, support the head, and allow the feet to touch a flat surface, he/she will appear to take steps and walk. This reflex usually disappears by 2-3 months, until it reappears as he/she learns to walk at around 10-15 months.

http://www.keepkidshealthy.com/newborn/newborn_reflexes.html

Aging and People with Developmental Disabilities

The life expectancy and age-related medical conditions of adults with developmental disabilities are similar to that of the general population unless they have severe levels of cognitive impairment, Down syndrome, cerebral palsy, or have multiple disabilities.

The onset of age-related changes for people with intellectual disabilities may occur earlier for certain disabling conditions such as Down syndrome. Some research has indicated that sensory, cognitive, and adaptive skill losses occur earlier for adults with Down syndrome compared to the general population and other adults with intellectual disabilities.

Persons with a lifelong history of certain medications (e.g., psychotropics, anti-seizure) are at a higher risk of developing secondary conditions (e.g., osteoporosis, tardive dyskinesia).

What are the Age-Related Concerns of Adults with Developmental Disabilities and their Families?

- Developing sufficient housing options for older adults
- Enabling adults to "age in place", that is, the need for services and supports that enable them to maintain functioning and continue living as in-dependently as possible
- Supporting productive and meaningful lives

Let's talk about some of the physical changes that may occur in older adults that you help support.

Sexuality and People with Developmental Disabilities

Before discussing "Sexual Development, the presenter may wish to discuss the following topics with the trainees:

- According to the World Health Organization, "Sexuality is an integral part of the personality of everyone: man, woman and child; it is a basic need and aspect of being human that cannot be separated from other aspects of life. " (World Health Organization, 1975)
- While not all individuals choose to be sexually active, all individuals are sexual beings. Expressions of sexuality include, but are not limited to, socialization, activities of friendship, boundaries in relationships, body awareness, human connectedness, genital interactions, assertiveness, self image, self-care, decision making, and personal code of ethics.
- People with intellectual disabilities can have and want to have relationships that include sexual expression.
- It is important for people with intellectual disability to have age appropriate, comprehensive sexuality education. Sexuality education should include not only facts about sex and biology, but must also teach people to manage and enjoy relationships, make responsible choices and distinguish right from wrong.
- Sexuality education helps people with an intellectual disability recognize if someone is trying to take advantage of them so they can recognize inappropriate sexual advances early on, better protect themselves from exploitation and/or be able to report incidents of suspected sexual abuse.

Sexual Development

Presenter's Script:

Just as you and I grew and developed, the individuals you will be supporting also grew and developed, only some may have stopped developing sooner than others. Sexual development also exists in people you will be supporting. Some characteristics of sexual development are listed here.

It is important for you to use the correct terminology when discussing body parts and sexuality questions. Please complete the worksheet on the next page that will test your knowledge about body parts.

Sexuality Terms Worksheet Answers

Directions: After reviewing the definitions, ask the trainees to draw a line from the word on the left of the worksheet to the correct description. The answers are below.

| | |
|--------------|---|
| Penis | Small, erectile organ near the opening of the vagina. |
| Vagina | Male sex gland which produces sperm. |
| Testes | Canal in the female that receives the penis during intercourse. Also, the fetus passes through it at birth. |
| Genitals | Male sex organ, also used for urination. |
| Clitoris | External sex organs. |
| Intercourse | Stimulation of the genitals through manipulation or means other than intercourse. |
| Masturbation | Sexual union of two people in which the penis is inserted into a body orifice of the other. |
| Ejaculation | Outer covering of skin at the tip of the penis. |
| Scrotum | Expulsion of semen from the male body. |
| Foreskin | Pouch of skin that hangs behind the penis and contains the testes. |
| Uterus | Opening where solid waste leaves the body. |
| Anus | Place in a woman's body where the fetus develops: the womb. |

Presenter's Script:

Today we will be talking about health conditions and symptoms that affect not only the individuals you will be supporting, but also others...even you. You may be able to use much of what you learn today in your own life.

People with developmental disabilities may also have other types of medical conditions and diseases which may or may not be related. Sometimes their disability could "predispose" them (or make them more likely to have) a second condition. These conditions and diseases may include high blood pressure, heart disease, asthma, cancer, diabetes, cold, flu, etc.

How do you know when someone has one of these or other diseases? The person will usually have **symptoms**. How do people who are sick act? Can you think of behaviors you or someone you know has exhibited when they were ill? How might people who feel ill position their bodies?

The topics we will be covering will help you identify and report **symptoms** and **signs** of illnesses.

Trainer's Note: The OJT's in this section are for practice only. They are not meant to replace performance of the OJT/CBTAs in Appendix 3.

REPORTING SIGNS AND SYMPTOMS

One of the things you will be reporting will be signs and symptoms of illness.

Think of as many signs and symptoms as you can that might be included in a progress note report.

(Explain that they are to write only the symptoms, not a diagnosis.)

Look at the list of signs and symptoms and choose a few to identify as either signs or symptoms. Explain why you think they are one or the other.

Review your agency standards on what should be reported, i.e. what may have occurred, what to do about it, to whom to report information, etc.

Documentation Exercise

Scenario 1

9/7/**

At around 4:45 pm, Mary said she had a sore throat and asked for some Tylenol. DSP noticed that Mary had a runny nose and coughed a few times. DSP assisted Mary in taking two Tylenol tablets at 5:00 pm. (See MAR.) DSP will check on Mary in two hours and document outcome of PRN medication use.

Suggested Answers for "Types of Behaviors that Can Indicate a Sign of Illness" Exercise

Discuss any behaviors that can indicate a sign of an illness that the DSP did not mention. Possible answers are listed below:

General Activity Level:

- Quiet
- Restless
- Drowsy
- Alert
- Nervous
- Calm
- Overactive

Specific Behaviors

- Refusing to eat
- Crying
- Holding stomach
- Rubbing elbow
- Jerking movements
- Limping
- Hitting face or head

Body Positioning

- Outstretched
- Twisted
- Bent over
- Cramped
- Fetal position (legs and arms drawn in toward the body)

The "Fatal Four"- Specific risks for people with developmental disabilities

There are four major health issues that are more common in people with developmental disabilities and cause both morbidity and mortality. They are frequently referred to as the "fatal four": aspiration, dehydration, constipation and epileptic seizures.

Aspiration, dehydration, and constipation may be insidious conditions that often go unrecognized until they cause a major illness and/or even death. Many of the symptoms of these conditions are subtle and persons with disabilities may not be able to express their discomfort or give indications that they are not feeling well.

If a person has epileptic seizures, it is the suddenness and the unpredictability of this disorder that places the person at risk. Hospitalizations and/or death may be caused by injury, aspiration, drowning, or status epilepticus. Astuteness of the staff and careful monitoring can greatly minimize the risks and ensure timely interventions. The following information will help the RN identify persons that have "fatal four" risks and help guide them in their assessment, plan of care and protocols.

SEIZURES

**DISTRIBUTE A COPY OF YOUR AGENCY'S
SEIZURE REPORT FORM**

Tardive Dyskinesia

Presenter may wish to share these Youtube videos that show some of the effects of tardive dyskinesia

http://www.youtube.com/watch?v=W_3bbpFjI68

<http://www.youtube.com/watch?v=BJjXgKa4cbE>

INTRODUCTION

Presenter's Script:

Today we will be learning about issues pertaining to keeping individuals well, such as assisting individuals with eating, food allergies, food safety, nutrition & diets, exercise, mental health, and aging.

As part of your job as a DSP, you may be assisting individuals with meal planning, preparation and cleanup. Because your role is to provide support, there are some things you need to know in order to guide individuals to get and stay healthy.

Healthy Eating

DISTRIBUTE COPIES OF ANY SPECIAL DIETS THAT ARE BEING FOLLOWED BY PERSONS SERVED AT YOUR AGENCY AND DISCUSS

Discuss each section of the plate and what appropriate serving sizes are.

Review how to categorize foods according to the MyPlate concept. Discuss what the trainees themselves ate yesterday and help them determine whether or not they ate a balanced diet.

Diet Restrictions

Presenter's Script:

You may find that some individuals have certain restrictions on their diet that a medical doctor has prescribed due to being overweight, having a medical condition, or as a result of a medication they may be taking. You will need to be alert to these special needs and assist the individual to choose foods accordingly. These diets may be low salt, low fat, high fiber, no sweets, high calorie, etc. The goal may be to lose or gain weight, lower body water or something else.

Answers to Activity: Reducing Fat in the Diet

Suggested answers - substitutes that would result in less fat in the diet.

| Instead of: | Choose: |
|---|--|
| Whole milk | <u>1%, nonfat, soy or rice milk</u> |
| Ice cream | <u>sherbet, low fat ice cream</u> |
| Butter, margarine | <u>olive oil, yogurt, salsa, applesauce</u> |
| Regular cheese | <u>low or reduced fat cheese</u> |
| French fries, hash browns | <u>baked or boiled potatoes</u> |
| Sour cream | <u>salsa, yogurt, non or low fat yogurt</u> |
| Tuna packed in oil | <u>water packed tuna</u> |
| Cooking oil, lard, shortening | <u>olive oil, canola oil, or cooking spray</u> |
| Fatty meats | <u>trimmed meat, skinless chicken, fish</u> |
| Vegetables in cream or butter sauce | <u>steamed, microwaved or cooked in broth</u> |
| Potato chips | <u>Pretzels, oven baked chips</u> |

Answers to Food Label Exercise

What do labels tell you about calories?

1. Calories pre serving
2. Calories per serving from fat
3. Percentage of several elements based on a 2,000 calorie diet
4. Recommended limits for fat, saturated fat, cholesterol and sodium for diets of 2,000 and 2,500 calories

What, if anything, does the order of ingredients tell you?

By volume of weight, the first ingredient is the most prevalent and the last ingredient is the least.

What did you learn from the label about fat, cholesterol, sodium and fiber?

1. The amount of each per serving
2. Daily values of each based on a 2,000 or 2,500 calorie diet
3. Whether there is any of it in the product

What else can you learn from food labels?

1. Percent of daily requirement for certain vitamins and minerals
2. Selected other information

Answers to Healthy Cooking Activity:

What are the healthiest ways to cook these foods?

- Raw vegetables - steam, boil, microwave
- Meat - broil, grill
- Canned vegetables - steam, boil, microwave
- Potatoes - bake, boil, microwave

What is the least healthy way to cook foods? fry

Note: See ServSafe web site for food safety training videos and DVDs

<http://www.servsafe.com/catalog/ProductList.aspx?SCID=7&RCID=1>

ANSWERS TO PHYSICAL FITNESS ACTIVITIES QUIZ

Presenter's Script:

EXERCISE - WHEN YOU BEGIN:

When people begin an exercise program, they should start out easy and work their way up to a more rigorous regime.

Cardiovascular Activities:

- Jogging
- Walking
- Biking
- swimming
- Aerobics classes
- Stair climbing
- Team sports

Strength Training:

- Weight lifting
- Isometrics
- Adding weights to aerobics
- Throwing and catching a ball

Flexibility Training

- Stretching
- Aerobics
- Yoga

Visiting the Doctor

As part of the duties in your role as DSP, you will be assisting people visit the doctor and dentist as part of staying well.

In the following pages we will discuss some important areas that will help make the visit a bit less traumatic for the individual and for you!

PRESENTER'S SUPPLEMENTS

Presenter Script:

In this Module you will practice OJT Activities:

- OJT Activity #40 Hair Grooming
- OJT Activity #23 Testing Water Temperature
- OJT Activity # 52 Shaving
- OJT Activity #26 Oral Hygiene
- OJT Activity #53 Teaching Hand Washing
- OJT Activity #54 Changing Bed Sheets
- OJT Activity #25 Assisting an Individual with Bathing
- OJT Activity #50 Cleaning and Trimming Nails
- OJT Activity #55 Shampooing Hair
- OJT Activity #56 Denture Care

Trainer's Note: The OJT's in this section are for practice only. They are not meant to replace performance of the OJT/CBTAs in Appendix 3.

Activities of Daily Living (ADLs)

ADLs are everyday routines generally involving functional mobility and personal care, such as bathing, dressing, toileting, and meal preparation. An inability to perform these renders one dependent on others.

They include the following:

- * Eating
- * Using the Bathroom
- * Selecting proper attire
- * Grooming
- * Maintaining continence
- * Putting on clothes
- * Bathing
- * Walking and transferring (such as moving from bed to wheelchair)

As a person providing these services, DSPs must always remember to treat people with dignity and respect and provide reassurance to people being supported that they are safe. Always allow sufficient time to complete these, so the person does not feel hurried or rushed.

Assisting with Meals

PREPARING THE ENVIRONMENT

- Ensure the tables, chairs, and dining area are clean
- Make sure there are no unsightly or odor producing articles
- Make sure the dining area is well lighted
- Keep noise down to a minimum
- Clean off any wheelchair trays
- Ensure there is a calm, soothing atmosphere

PREPARING THE INDIVIDUAL

- Provide an opportunity to use the toilet
- Make sure the individuals are clean and dry before a meal is served
- Encourage or assist individuals to wash their hands
- Make sure any required adaptive feeding equipment is present, operable and clean
- Communicate to individuals who are visually and/or hearing impaired that it is time to eat

Positioning While and After Eating

ESSENTIALS OF POSITIONING

- Make sure the individual is *relaxed*
- Ensure that the chair fits the individual
- Make sure the body is as upright as possible
- Don't let the head tip back
- Make sure the *feet* are supported
- Reposition *immediately*, if the individual moves out of position
- Keep the individual in as close to an *upright* position as possible for an hour after eating
- Alert the visually or hearing impaired that you will be positioning him or her

COMMUNICATE WITH THE INDIVIDUAL DURING THE MEAL

- Create a pleasant *social* experience
- Tell the individual what foods are on the tray or plate
- *Describe* what is occurring during the meal

ENCOURAGE INDEPENDENCE
ALLOW THE INDIVIDUAL AS MANY CHOICES AS POSSIBLE!

Gait Belts

Presenter should explain specific agency policy and procedure for the use of gait belts.

Be sure to emphasize that these are never used for staff convenience.

For individuals residing in ICFs/DD

Program Directive "02.03.07.020 Adaptive, Corrective, Mobility, Orthotic, Prosthetic, Protective, and Support Devices" states that gait belts are considered a mobility device and must have a physician's order.

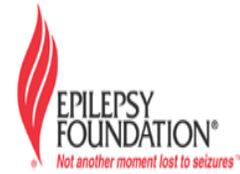
Presenter Supplement

This Module will deal with individual safety in the home and outside environment.

In this Module you will practice OJT Activity #58 Bed to Wheelchair Transfer.
Other practice activities include:
Wheelchair to Toilet Transfer
Wheelchair to Tub Transfer

Trainer's Note: The OJT's in this section are for practice only. They are not meant to replace performance of the OJT/CBTAs in Appendix 3.

NOTE: The following contacts are available to contact for epilepsy training in your area



Epilepsy Training Available

Individuals may contact the nearest location listed below to schedule training as well as receive free materials on epilepsy. Remember this training can be used by QIDPs to meet requirements for DHS continuing education units.

Epilepsy Foundation of Greater Southern Illinois

140 Iowa Ave, Suite A
Belleville, IL 62220-3940
(618) 236-2181
(866) 848-0472
Fax (618) 236-3654
WWW.EFGREATERSIL.ORG

Epilepsy Foundation of Greater Southern Illinois - Southern Illinois Region

1100 D South 42nd Street
Mt. Vernon, IL 62864
(618) 244-6680
Fax (618) 244-6686
WWW.EFGREATERSIL.ORG

Epilepsy Foundation North/Central Illinois Iowa & Nebraska

321 W. State St., Suite 208
Rockford, IL 61101-1119
(815) 964-2689
(800) 221-2689
Fax (815) 964-2731
WWW.EPILEPSYHEARTLAND.ORG/

Epilepsy Foundation Greater Chicago

17 N. State St., Suite 1300
Chicago, IL 60602-3297
(312) 939-8622
(800) 273-6027
Fax (312) 939-0931
www.epilepsyfoundation.org/chicago/

Information provided by the Epilepsy Foundation of Greater Southern Illinois
All agencies listed above are affiliates of the Epilepsy Foundation of America.

SAFE FOOD HANDLING

Despite the fact that the United States has the safest food supply in the world, it is not invincible. In Illinois, it is estimated that as many as 250,000 cases of foodborne illness may occur each year. However, because these illnesses can be quite mild and because the vast majority of them occur in the home, many go unreported. Yet, foodborne illnesses can lead to serious complications and even death. Therefore, how you handle food in your home can mean the difference between health and illness.

The following suggestions will help you to select, store and prepare foods properly.

Selecting Food at the Store

If you have a number of errands to run in addition to shopping for food, be sure to make the grocery store your last stop. If possible, keep a cooler in your car for transporting refrigerated or frozen items. Take food items home immediately and put them in your refrigerator or freezer. NEVER leave food in a hot vehicle!

Check use-by dates and make sure you can use the food by those dates.

Make sure the food items you buy are in good condition. Refrigerated food should be cold to the touch. Frozen foods should be solid. Canned goods should not be dented, cracked or bulging. Produce should appear fresh. Meat should have a good color and be firm to the touch.

Storing Food at Home

To keep bacteria from rapidly reproducing, be sure your refrigerator is set at the proper temperature. (If you think your refrigerator is not maintaining the correct temperature, get an appliance thermometer from a hardware store and check the accuracy of the temperature setting.) To keep bacteria in check, the refrigerator should run at 40 degrees F, the freezer unit at 0 degrees F. A good general rule to follow is to keep the refrigerator as cold as possible without freezing milk or lettuce.

If you don't plan to use it within a few days, freeze fresh meat, poultry or fish.

When refrigerating raw meat, poultry or fish, be sure to place the package on a plate so that their juices do not drip on other food. Raw juices can contain bacteria.

Always keep eggs in the refrigerator.

Preparing Food

Be sure to wash your hands in warm soapy water before preparing food and after using the bathroom, changing diapers and handling pets.

Kitchen towels, sponges and cloths can harbor bacteria. Wash them often and replace sponges every few weeks.

Keep raw meat, poultry and fish and their juices away from other food. For example, after cutting up meat or poultry, be sure to wash your hands, the knife and the cutting board in hot soapy water before you start to dice salad ingredients.

Thaw food in the microwave or in the refrigerator. DO NOT thaw items on the kitchen counter. This allows bacteria to grow in the outer layers of the food before the inside thaws. If you plan to marinate food, do it in the refrigerator, too.

Cooking Food

Thorough cooking kills harmful bacteria. If you eat meat, poultry, fish, oysters or eggs that are raw or only partially cooked, you may be exposing yourself to bacteria that can make you ill. This is particularly important for children, pregnant women, the elderly, and those whose immune systems are compromised by illness or by medical treatment (for example, chemotherapy).

Use a meat thermometer to ensure that meat and poultry are cooked to the appropriate temperature. Check the chart at the end of this fact sheet for the proper internal cooking temperatures for various meats and poultry.

Salmonella, a bacteria that causes food poisoning, can grow inside fresh, unbroken eggs. Be sure to cook eggs until the yolk and white are firm, not runny. Scramble eggs to a firm texture. Avoid recipes in which eggs remain

raw or only partially cooked (for example, mousse, egg drinks, Caesar salad, etc.). Pasteurized eggs or egg substitute can be used instead.

If you prepare and cook food ahead of time, divide large portions into small, shallow containers and refrigerate. This ensures rapid, safe cooling.

Safe Microwaving

While microwaves are great time savers, they can leave cold spots in food. Bacteria can survive in these spots.

Be sure to cover food with a lid or plastic wrap so steam can help to promote thorough cooking. Vent plastic wrap and make sure it doesn't touch the food.

Stir and rotate food for even cooking. If your microwave does not have a turntable, rotate the dish by hand once or twice during the cooking time.

Observe the standing time called for in a recipe or on package directions. During the standing time, the food finishes cooking.

Use an oven temperature probe or a meat thermometer to check that food is done. Be sure to check several spots.

Serving Food

Never leave perishable food unrefrigerated for more than two hours. Bacteria that can cause food poisoning grow quickly at warm temperatures.

Always use clean dishes and utensils to serve food, not those you used to prepare the food. If you grill food, serve it on a clean plate, not on the one that held the raw meat, poultry or fish.

Pack lunches in insulated carriers with a cold pack. Be sure your children know not to leave lunches in direct sunlight or on warm radiators.

Carry picnic food in a cooler with a cold pack. Try to keep the cooler in the shade and do not open the lid any more than is necessary.

If you have a party, keep cold food on ice or keep refrigerated until time to

replenish platters. If serving hot food, maintain it at 140 degrees F or divide into smaller serving platters, which can be refrigerated until time to warm them up for serving.

Handling Leftovers

Divide large amounts of leftovers into small, shallow containers for quick cooling in the refrigerator. Don't pack the refrigerator; cool air must be able to circulate to keep food safe.

With poultry or other stuffed meats, remove stuffing and refrigerate it in a separate container.

Reheating Food

Bring sauces, soups and gravies to a boil. Heat other leftovers thoroughly to 165 degrees F.

Microwave leftovers using a lid or vented plastic wrap to ensure thorough heating.

Keeping Food

Never taste food that looks or smells strange. Just discard it. A good rule to follow is – When in doubt, throw it out.

Feeling Ill?

If you or a family member develop nausea, vomiting, diarrhea, fever or abdominal cramps, you could have food poisoning. Sometimes, though, it is not easy to tell. Symptoms of foodborne illnesses can appear anywhere from 30 minutes to two weeks after eating the contaminated food. Most often, people get sick with four to 48 hours after eating bad food.

Some foodborne illnesses will resolve themselves without treatment. However, if the symptoms are severe or if the victim is very young, old, pregnant or already ill, call a doctor or go to a nearby hospital immediately.

Consumer guidelines from U.S. Department of Agriculture, Food Safety and Inspection Services; and U.S. Food and Drug Administration

PRESENTER'S Small Group Activity

Your group home has decided to invite several people over for Thanksgiving dinner. You have a large kitchen and dining room, so this will work out well. Including individuals, families, friends, and staff, there will be approximately 27 people at this get together. The individuals in your group home have chosen the following foods to comprise the menu:

Turkey
Stuffing
Giblet gravy
Ham
Candied Sweet Potatoes
Fresh Green Beans
Cranberry Sauce
Rice
Hot Dinner Rolls
Butter
Iced Tea

Banana Cream Pie
Pumpkin Pie
Coffee

Six people live in your group home and you will assist three of them in purchasing the foods while the other three will assist in food preparation.

Using the principles of food sanitation and safety, identify important principles in the preparation of this meal. Discuss food purchasing, preparation and storage of leftovers.

Here are the facts which you need to consider in your groups:

You purchase frozen turkeys. Discuss storing and thawing as well as cooking the turkey you purchased.

Frozen Turkey

Keep frozen until you're ready to thaw it.

Turkeys can be kept in the freezer indefinitely. However, cook turkeys within 1 year for the best quality.

Thawing Your Turkey

There are three ways to thaw your turkey safely:

Thawing in the Microwave Oven:

Check your owner’s manual for the minutes per pound and the power level to use for thawing.

Remove all outside wrapping.

Place on a microwave-safe dish to catch any juices that might leak.

Cook your turkey immediately after thawing in the microwave.

Do not refreeze.

Thawing in the Refrigerator:

Keep the turkey in its original wrapper.

Place it on a tray to catch any juices that may leak.

A thawed turkey can remain in the refrigerator for 1 to 2 days.

If necessary, a turkey that has been properly thawed in the refrigerator may be refrozen.

| | |
|-----------------------------|---|
| Thawing in the refrigerator | Time to thaw (allow 24 hours for every 4 to 5 pounds) |
| 4 to 12 pounds | 1 to 3 days |
| 12 to 16 pounds | 3 to 4 days |
| 16 to 20 pounds | 4 to 5 days |
| 20 to 24 pounds | 5 to 6 days |

Thawing in Cold Water:

Wrap your turkey securely, making sure water is not able to leak through the wrapping.

Submerge the wrapped turkey in cold tap water.

Change the water every 30 minutes.

Cook the turkey immediately after it is thawed.

Do not refreeze.

| | |
|-----------------------|---|
| Thawing in cold water | Time to thaw (allow 30 minutes per pound) |
| 4 to 12 pounds | 2 to 6 hours |
| 12 to 16 pounds | 6 to 8 hours |
| 16 to 20 pounds | 8 to 10 hours |
| 20 to 24 pounds | 10 to 12 hours |

1. John, who lives in the group home, is assisting with cooking this dinner. He has cooked about three times the amount of rice needed. Discuss storage of the left over rice.

You can store cooked rice for about 6 days in the refrigerator or up to 6 months in the freezer. To reheat it, add 2 tablespoons of water for each cup of cooked rice and put it over very low heat in a covered pan on the stove or reheat it in a microwave oven.

There is a form of bacteria (bacillus cereus) that occurs naturally in many samples of uncooked rice. It can survive the cooking process and multiply to harmful levels if the rice is allowed to cool for an extended period without refrigeration. Leftover cooked rice should be placed in a shallow container to allow it to cool quickly, and stored in the refrigerator for up to a week or in the freezer for half a year or more.

2. Martin lives in the group home and his mother has insisted on stuffing the turkey the night before. She always does that with her turkeys and bakes them early in the morning. That way, she says the oven is free for other baking. She just called you and is on her way over to the group home to stuff the turkey. She won't take no for an answer. What would you recommend?

The USDA does not recommend buying retail-stuffed, uncooked turkeys from a store or restaurant. DO NOT THAW a commercially pre-stuffed frozen turkey before cooking. If this product has been placed in the refrigerator, and it has completely thawed, discard both the turkey and the stuffing.

If you plan to prepare stuffing using raw meat, poultry, or shellfish, you should cook these ingredients before stuffing the turkey to reduce the risk of foodborne illness from bacteria that

may be found in raw ingredients. The wet ingredients for stuffing can be prepared ahead of time and refrigerated. However, do not mix wet and dry ingredients until just before spooning the stuffing mixture into the turkey cavity.

If stuffing is prepared ahead of time, it must be cooked immediately and refrigerated in shallow containers. Do not stuff whole poultry with cooked stuffing.

Cook Immediately! Immediately place the stuffed, raw turkey in an oven set no lower than 325 °F.

3. Instead of making iced tea as the dinner menu calls for, Bob decided to make lemonade and he poured it into an unlined decorative copper pitcher rather than the plain glass pitcher which you had asked him to use.

4. The gravy was made two hours ago and left in a covered pot sitting on the kitchen cabinet. Is the gravy safe to serve?

No, unless it was kept heated to 140 degrees during that time.

5. Tim's aunt came for dinner and brought macaroni salad. She said that she came directly from her daughter's home where she was for about 3 hours and left the salad in her car feeling that it was cold enough. The high temperature today was 37 degrees F. and it was very sunny. Should you serve the salad? You wonder did it get warmer than 37 degrees in the car.. You hate to hurt her feelings by not serving the salad.

Leftovers should be stored in the refrigerator within 2 hours after cooking is completed. Why just 2 hours? Because bacteria that cause food poisoning can multiply to undesirable levels on perishable foods left at room temperature for longer than that.

The "Danger Zone"

Bacteria, or other germs, need time, food and moisture (or wetness) to grow; but they won't grow when the temperature of the food is colder than 41° F or hotter than 140° F. The temperatures in between 41° and 140° are in the "Danger Zone." Keep potentially hazardous foods out of the "Danger Zone!" For example, when food is left in the "Danger Zone", bacteria can grow fast, and make poisons that can make your customers and family very sick.

6. Most of your dinner guests ate the pumpkin pie. By the time food was put away, that banana cream pie had been out of the refrigerator for 1 ½ hours. Do you think that it will be safe to eat tomorrow?

Yes

7. You just noticed an empty, opened can of green beans in the wastebasket. The can is severely dented and soiled. You asked did someone just open the can and Harry says that he did and added the contents to the fresh green beans because he didn't think there would be enough beans for all of the guests. Are the beans safe to eat?

The number one way to tell if a can is potentially dangerous is to push on the top and bottom of the can. If the top or bottom of the can moves in any way or makes a popping sound, the can's seal has been broken and air has made its way inside. Popped cans should be discarded or returned to the store where they were purchased for replacement. On the other hand, if the can does not make a noise or move, it is most likely safe to eat despite any dents

Another way to tell if a can is safe to eat is by simply looking at the can. If the can is bulging and bloated it is most likely unsafe. Cans will bulge and bloat when bacteria begins to produce gasses which push the can outward. You can also tell by looking at the dented can if it rusting. Rust can weaken the integrity of the can and allow air and bacteria to enter it.

8. The ham which you purchased for this dinner is a canned ham and you bought it in the refrigerated section of the meat counter. The can says "refrigerate" till used. Unbeknownst to you, when Mark was unpacking the groceries, he put the ham on the pantry shelf. You went shopping two days ago. Is this ham going to be safe to use?

There are two kinds of Canned Ham. One that can be stored on a shelf (aka shelf-stable), and one that must be stored refrigerated.

The shelf-stable one is good for up to 2 years on a shelf, at room temperature. It is sterilized in the can during processing. It is usually packed for family-size in what the industry calls "pear-shape cans" (the ones that are flat at the bottom, rounded on top), but for institutions, they may be packed in larger cans called "pullman cans."

The ones that must be stored refrigerated are good unopened for 6 to 9 months. They are pasteurized, but not sterilized. Often ham packed in "pullman cans" requires refrigeration.

SDS

PRESENTER –

Be sure and bring a **Safety Data Sheet (SDS)** from a cleaning product as an example to show the trainees.

16A

Fires

Presenter may wish to show the following video on fire safety. The video can be found at:

<http://www.firstalert.eu/create-a-safer-home/get-out-alive-video>

Presenter's EpiPens

Given that EpiPens are provided for emergency use and are widely prescribed within the general population, the Division of Developmental Disabilities does not consider the use to be governed by Rule 116, but is to be used as a first aid measure. As with all medication, appropriate use and documentation is required and will be monitored by the Division of Developmental Disabilities, Bureau of Quality Management and/or the Illinois Department of Public Health Developmental Disabilities Section, where applicable.

- Anyone should be able to assist someone experiencing a serious allergic reaction, which includes assisting someone with the use of an EpiPen.
- If an agency serves a person with a known allergy that may require the use of an EpiPen, staff must be trained in the use of the EpiPen and be well trained in the specific clinical signs and symptoms to monitor for allergic reaction. Training can be obtained through the American Heart Association or the American Red Cross at the time of CPR training. The person's physician can instruct on specific monitoring signs and symptoms. It is standard that two "in date" (unexpired) EpiPens are available for use at all times. This is important because the duration of efficacy is limited to roughly 20 minutes. The person may require a second dose prior to the arrival of emergency services.
- Individuals with serious allergies should have a medical alert identification in their possession when outside of their home.
- If a person with a known history of life-threatening allergies experiences an allergic reaction, emergency services (911) must be immediately notified. Please recall that the duration of efficacy of an EpiPen is approximately 20 minutes; hence, the person must be triaged at the closest emergency department for continued assessment and treatment.
- All people receiving services who cannot self-administer the EpiPen must be monitored by staff who are aware of the person's condition. Monitoring by staff must continue unless that person successfully completes training to safely self-administer the EpiPen and is determined able to ensure EpiPen availability at all times.
- Life-threatening allergies can occur immediately at the time of exposure and incapacitate an individual within a short period of time.

- Given the serious nature of life-threatening allergies, the EpiPen auto-injector must be immediately available for use as a first aid measure.
- Appropriate documentation of allergic reactions and use of an EpiPen is expected.

Lilia Teninty, Director
Division of Developmental Disabilities
December 2, 2008