

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