

QIDP TRAINING FACILITATOR GUIDE

MODULE 1

Introduction to the World of the QIDP

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Background reading materials are listed at the end of the module.

Icons

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means be prepared to discuss agency specific information.



means be prepared to facilitate discussion.

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- Develop relevant examples to reinforce the points in the modules;
- Duplicate materials for each trainee

Sign-In Sheets

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Trainee Notebook Page 5

Facilitator Instructions: As a large group, discuss each of the vital points for communicating effectively. Use the talking points mentioned below to facilitate discussion.

- Verbal Communication - What we say and how we say it.
- Non-Verbal Communication- What we communicate without words.
- Listening Skills - How we interpret both the verbal and non-verbal messages sent by others.
- Negotiation - Working with others to find a mutually agreeable outcome.
- Problem Solving - Working with others to identify, define and solve problems.

Verbal/non-verbal communication

- **Being polite and courteous, respecting other people’s view-points and being aware of cultural differences is an important point to consider when communicating. Be sure to keep your own emotions in check and be aware of others.**
- **Nonverbal communication should reinforce what is being said, not contradict it. If you say one thing, but your body language says something else, your listener will likely feel you’re being dishonest. For example, you can’t say “yes” while shaking your head no.**
- **If you disagree with or dislike what’s being said, you may use negative body language to rebuff the other person’s message, such as crossing your arms, avoiding eye contact, or tapping your feet. You don’t have to agree, or even like what’s being said, but to communicate effectively without making the other person defensive it’s important to avoid sending negative signals**

Listening Skills

- **Listening is the most fundamental component of interpersonal communication. Listening is not something that just happens (that is hearing), listening is an active process in which a conscious decision is made to listen to and understand the messages of the speaker.**
- **Remain neutral and non-judgmental. This means trying not to take sides and form opinions, especially early in the conversation.**
- **Active listening involves listening with all the senses, giving full attention to the speaker and actively showing verbal and non-verbal signs of listening.**

Negotiation

Negotiation is a process by which compromise or agreement is reached while avoiding argument and dispute. The principles of fairness, seeking mutual benefit and maintaining a relationship are keys to a successful outcome.

Trainee Notebook Page 5
(Continued)



Facilitator Instructions: Discuss the common barriers to organization listed. Ask participants to share their strategies to address those barriers. Include information below to facilitate discussion.

Common Barriers:

- Feeling overwhelmed
- Procrastination
- Multi-tasking
- Jumping between tasks
- Getting hung up on a task
- Getting distracted

Strategies may include:

- **Organize your day – use the first hour of the day to assess priorities and to focus on what you absolutely need to get done. If need be, ask for help prioritizing your list.**
- **Tackle your list in chunks. Create your list focusing on tasks that MUST be completed daily, which must be completed within the week and those due within the next month. Re-examine at the end of the week and reprioritize for the next week.**
- **Clear your workspace. Get rid of things you don't need and place the things you need in an orderly manner. A cluttered environment is a distracting environment.**
- **Reward yourself – Schedule short breaks or make a deal that you'll reward yourself when you come to a pre-determined milestone in a large or uninteresting project.**

My Roles and Responsibilities as a Q

Trainee Notebook Page 7

Facilitator Instructions: As a group, discuss each of the points listed and whether the trainee will be responsible for the duty described. If the Q is not responsible, discuss which agency staff are responsible for that particular duty. Discuss each topic with relevant details on agency procedures.

My Roles and Responsibilities as a Q

Trainee Notebook Page 12

Facilitator Instructions: Divide trainees into small groups and brainstorm very specific strategies for assisting the people we serve with flourishing based upon Seligman's PERMA model. Use talking points below to facilitate ideas and discussion.

Positive Emotions can be viewed as happiness and joy.

- **Subjective determination, but is expressed behaviorally as being in a state of calm; peaceful**
- **The degree to which a person believes they experience positive emotions in the present (joy, excitement, love) in the future (optimism, hope) and in the past (forgiveness, serenity)**

Engagement is associated with participation in activities such as sports, work, hobbies and spending time with friends.

- **Positive emotional bond that's established with work, hobbies**
- **Total absorption (commitment and union) when engaged in work or hobby**

Positive Relationships are at the core of well-being. Positive relationships with family, friends, neighbors and colleagues should be intentionally sought and fostered.

Close relationships of support, empathy and recognition

Meaning comes from a connection to a bigger cause, living for a greater purpose.

- **Associated with belonging to serve a cause bigger than self (assisting those in need; volunteering, etc.)**
- **The practice of spirituality that has meaning to one's culture**

Accomplishment involves goal achievement, learning a skill or realizing a dream.

- **Getting results after undertaking a task**
- **Working toward immediate and future goals**

My Roles and Responsibilities as a Q

Trainee Notebook Page 16

Time Management Matrix

Facilitator Instructions: As a large group, discuss and categorize the QIDP duties found on page 6. You may want to record class decisions on flip chart or white board.

Discuss how certain factors could prompt a change in priorities and, therefore, cause one to shift responsibilities from one quadrant to another. For example, 'ordering supplies' would likely fall into the not-urgent category, unless you have run completely out and staff cannot document program information without needed supplies. Writing staff evaluations would also be considered non-urgent, unless you have put them off for a long period of time and the due date is almost upon you.

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MODULE 2

Leadership and Communication

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Leadership Styles in Action

Trainee Notebook Page 6

Facilitator Instructions: Trainees should answer the following, then discuss as a group. Only partial sample answers are included to facilitate discussion.

1. Give four reasons that an autocratic leadership style is not effective for a QIDP.

Answers may include:

- Discourages new ideas
- Not within the philosophy of working as a team
- Not interested in personal goals of others
- May have others feeling that they are not valued within the organization

2. List four specific ways that a QIDP can use democratic leadership.

- Working with staff on problem solving
- Creating a safe environment where people feel free to share ideas
- Allowing the group to make the final decision
- Being objective and fact minded

3. What do you think is the difference between delegation and a delegative leadership style?

- The Leader still has ultimate responsibility in the delegative style

Walking the Talk

Trainee Notebook Page 9

Facilitator Instructions: Either working individually or in pairs, have trainees identify behaviors that exemplify the listed values. Then discuss as a group. Use agency specific values, policy and procedure in the discussion where appropriate.

Leadership Values	How do you exemplify this value: habits, behaviors, etc.
Integrity	
Positive Attitude	
Discretionary Effort	
Accountability	
Honesty	
Compassion	
Respect	
Stewardship	

Discussion Points

Trainee Notebook Page 13

Facilitator Instructions: Work in small groups. Have each group answer the following and then discuss.

Word Choice



Discuss how you might give the same information to a parent, a doctor, and a DSP. How might your word choices change in each of the conversations?

Discussion may include vocabulary level used, sentence length and structure, use of visual cues to enhance word understanding, specific medical or disability related 'jargon'.

Tone



A great deal of humor is based upon sarcasm. Discuss why sarcasm may be problematic when communicating with the people we serve.

Sarcasm involves sending and receiving verbal messages that do not match the speaker's tone of voice, body language and/or facial expression so the message is hard to interpret. Individuals will become unsure of your meaning when communicating and will likely begin to mistrust you.



Sometimes we raise our voice without realizing we are doing it. Discuss some situations where you unknowingly raise your voice without realizing it.

Answers may include such times as: when speaking in a noisy area or when trying to alert someone of danger.

Cadence



Discuss situations in which the cadence and speed of your speech effect how a message is heard by the listener.

Speaking quickly may degrade the clarity of speech making it more difficult to be understood. We must also consider the fact the some people we help support need more time to process the communication before it is truly received.

Noise



Consider the noise conveyed by a large man with a very deep tone. How might stature and appearance affect the way a message is heard and processed?

It may be intimidating and cause distraction from the message.

Opportunities for Effective Communication

Trainee Notebook Page 16

Facilitators Instructions: In groups, have trainees use the following chart to identify potential communication barriers, noting solutions you may have identified from the material covered thus far. Discuss. See limited examples listed below.

Who	What are you likely to talk about with this group?	Considerations When Communicating <i>Barriers / Solutions</i>
Individual (Client)	Goals, plans	<p>Problem with speech (articulation) where the individual is not easily understood.</p> <p>Consider supplementing discussions with pictures so the topic area can be more thoroughly explored and distraction/frustration over communication remains at a minimum</p>
Family Members	Sexual issues	<p>The family may not want to talk about the subject.</p> <p>Provide educational tools for parents.</p>
Direct Service/ Support Staff	Programmatic issues	<p>Staff may think they know better and adapt the ISP to how <i>they</i> think programs should be run.</p> <p>Model appropriate behavior; 1:1 discussion of individual rights and the DSP role</p>
Other Agencies, Other Providers	Discuss agency specific issues	

Communicating Using DISC

Trainee Notebook Page 20

1. How would you communicate with an individual you help support if you knew he/she was a D?
 - **Be direct using simple sentences.**
 - **Do not discuss a number of topics at one time; stick to business.**
 - **Use a goal-oriented approach**
 - **Provide win/win situations**
2. Suppose you determined that you were leading a group of S's? What are four things you should NOT do in your group meeting?
 - **Do NOT cause or foster disharmony among the group**
 - **Do NOT rush discussions and consensus**
 - **Do NOT hinder friendly discussion among group members**
 - **Do NOT ignore opinions of others**
3. If you are on the phone with an individual's guardian, whom you knew to be a C, how might you communicate the need for the individual to switch day programs?
 - **Use data/facts to examine the situation from all sides**
 - **Focus on the quality of service that will be gained.**
4. You have identified your boss as an I communicator. How would you provide feedback to your boss on a specific program he/she just asked you to review?
 - **Choose a light-hearted sociable approach**
 - **Ask what impression the boss has on the program**
 - **Be ready for a quick decision**
5. What style communicator are you? How do you know?
 - **Solicit answers from around the room.**

SCENARIOS

Trainee Notebook Page 23

Facilitator Instructions: Have participants work in small groups to brainstorm how best to handle each the situations presented in each scenario. Discuss as a large group. Then discuss the other difficult meeting scenarios. Use the following talking points to facilitate discussion.

Scenario 1:

- **Attempt closure on the topic.**
- **Ask if the topic needs to go to the ‘parking lot’ to be discussed at a time when full attention can be given to resolution.**

Scenario 2:

- **Start the meeting on time. Making a practice of late starts just gets everyone in the habit of arriving late.**
- **Don’t allow the late arrival to disrupt the meeting. You can say something like “Marlon, you can ask Joe or Mary to catch you up at break time; right now we’re discussing _____.”**

Scenario 3:

- **Answers vary here. They usually start with asking the mother for further details and clarification, and then (whether in the meeting or afterward), talking to the individual. Additional conversations should be had with the house manager/lead staff and DSPs, as well as the other individuals in the home, as appropriate.**
- **Make sure to follow-up with the mother about the plan developed, if you’ve found evidence of the bullying. If not, the ‘plan’ may be as simple as, “I plan to check in with Jim and the house staff frequently to see if this changes, but I haven’t been able to find any specific evidence of bullying. Jim and I are going to work on increasing his involvement in social activities so he doesn’t spend so much time alone in his room.”**

Other Difficult Meeting Scenarios to Discuss:

Someone who makes a good point, but one that is not related to the topic

- **“Bob, excuse me, but I’m not sure how that fits into the discussion. Can you clarify for me?”**
- **Acknowledge the story; ask what key piece of it he wants captured/included in the discussion.**

Someone who makes an irrelevant, unworkable suggestion

- **“Tell why that might work, because my initial reaction is that it wouldn’t.”**
- **“Stan, I think that’s a great point, and I’m glad you’re looking at this from all angles. We are really short on time, however, so let’s let the group decide if we need to discuss that perspective.”**

Someone who whispers or writes notes to others throughout the meeting

- **Non-Verbal Communication:** look at person, raise eyebrows, wave hand, stop person who is talking and let the side conversation carry on.
- **Ask a Question:**
 - “Did you have something you wanted to add?”
 - “Susan, do you have a question for Sam?”
- **Give a brief summary of what was just said, then ask for an opinion:** “I believe we’d all be interested in your thoughts on this.”
- **Verbally intervene:**
 - “Just a reminder, we agreed to ‘one conversation at once.’”
 - “I’m afraid we’re going to miss out on the good ideas when everyone is talking at once. I know I can’t keep track of all these thoughts.”
 - “Susan, please hold your comments until Sam is finished.”
 - “We’ll hear from Sam, then Susan, then Paula.”
- **Group signal or hold:**
 - Say “do we need to take a break?”
 - Raise a hand to quiet all conversations.

Someone who makes a presentation for which (s)he is clearly unprepared

- This is tricky. You have to gauge whether it might be appropriate to jump in and help, or whether that would make it worse.
- If possible, give them an out (e.g. “Jim, we can go to Jenny first if you need a couple of minutes to prepare.”)

Someone who makes a sexist comment

- **First time:** “I hope that comment wasn’t an indication that we all need armor for this meeting.” Or simply, “That isn’t language we tolerate in these meetings/at this agency.”
- **Second time:** “We welcome all ideas and comments that contribute to the group, but not those that contribute negatively.”
- **Third time:** “Bill, this isn’t the first time you’ve targeted Jen in this meeting. Please stop.”
- “Bill, what is the specific concern you have with Jen’s idea/suggestion?”
- **Fourth time:** “Bill, if this is something personal between you and Jen, it isn’t appropriate to play it out here. Can you continue with us productively, or is there an issue you need to resolve first privately?”
- **For group:** third time, say “Team, how are you feeling about Bill making all these comments?”
- **Follow-up with your supervisor.**
- If you have to, stop the meeting and pull the person out to talk to him/her.

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MODULE 3

Behavioral Supports

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Understanding Behavior

Trainee Notebook Pages 2 and 3

Facilitator Instructions: Discuss each group of situations/life experiences and their influence on behavior. Break the participants up into small groups. Have each group select a spokesperson and come up with responses. Then, discuss as a large group. Use the following additional information to facilitate discussion.

Behavior is related to many things. Usually it has a purpose and has a function. Examples of purpose and function are getting something, avoiding something undesirable or enjoying something. Sometimes behavior is related to a history of trauma. Some 'behaviors occur because a person has been reminded of something traumatic and respond in a manner that may have kept them safe in the past (fight, flight, freeze for example).

Some behaviors, like unexplained movements or sounds, are neurologically based and cannot be changed with behavioral interventions. These behaviors often “just seem to happen.” While the individual has no control over these behaviors, sometimes the individual or staff is able to figure out that certain stimuli in the environment are helping to trigger their occurrence.

Behavior is a result of or response to something the person is experiencing or has experienced. The stimulus for a particular behavior can come from any of these sources:

- **Physiological** (from within the physical part of us);
- **Social** (from any situation involving all people we have ever encountered);
- **Psychological** (from emotions, feelings or thought processes); or
- **Environmental** (from any part of our surroundings).

Some examples of internal and external sources just listed are:

1. Physiological - such as feeling full or satisfied, feeling pain, having skips in your heart [that can mean you have less oxygen to the brain], low blood sugar so you feel really hungry and can't think, needing to go to the bathroom, etc.;
2. Social - such as seeing a face that reminds you of someone you don't like, going to a party, seeing the same faces day after day, sitting in church, going to a movie, being at a dance, etc.
3. Psychological - such as an angry response to a particular word, hearing someone laugh when we don't understand why, being called a name, being given a compliment, feeling frustrated because things are not as you want them to be, thinking about something nice that happened, etc.; and
4. Environmental - such as a dark corner, a rainstorm, a beautiful garden, a hot sultry day, a car horn blowing, coffee brewing, etc.

Defining Behavior in Observable Terms

Trainee Notebook Page 5

Facilitator Instructions: Work in small groups. Be certain that responses are clearly defined and specific actions so that everyone who reads the statement clearly understands what the target behavior looks like. See example below. Discuss as large group.

Jenny is not a good worker

“Jenny does not come to work on time.”

“Jenny does not complete work assigned to her.”

Tom talks too much.

Jeremy is impulsive

Martha is unsafe.

Debi is a bully.

Antecedent-Behavior-Consequence

Trainee Notebook Page 8

Facilitator Instructions: Have trainees work individually. For the following, each element is coded as: antecedent (A); challenging behavior (B) and consequence (C).

1. Billy has loved music since he was a small child. Every year his sister buys him CDs for his birthday. He is twenty-two years old and likes to go to concerts. Often he can be found wearing his headphones to listen to his iPod. Mark, his roommate **pulled his earphones out of his ears (A)**. **Billy hit Mark (B)** in the face with his iPod. Mark yelled for staff and **Billy went to his favorite chair to listen to his iPod again (C)**.
2. *Samantha's sister Grace is teasing her. Samantha leaves the room. Grace follows her but Samantha leaves the room again.* **Grace sneaks up on her from behind and says "Booo" (A)**. **Samantha pushes Grace and screams for their mom (B)**. It is likely that **Mom arrives and rescues Samantha. (C)**
3. Fred is working on his homework and **begins to encounter problems that are difficult (A)** for him to complete. Fred **begins banging his head and yelling (B)**. **His dad tells him to take a break (C)** from his homework.
4. Steve is in his room. He calls for his roommate, Bart to come listen to music with him. **Bart** is watching TV and **ignores Steve (A)**. **Steve continues to yell (B)**. **Bart goes to Steve's room (C)**.

Developing a Hypothesis Statement

Trainee Notebook Page 9

Facilitator Instructions:

Work in small groups and answer the following. Then discuss as large group. See sample responses below.

Escape/Avoidance of Tasks or Requests



Discuss situations that might result in escape maintained behavior
Yelling/screaming to be able to go to room
Avoiding a particular person or situation because of past trauma

Obtain Attention/Tangibles



Discuss situations that might involve attention seeking behavior?
Scratching face so staff will come over

Communication



Discuss the relationship between poor communication and aggressive behaviors.
Frustration as the result of inability to get wants/needs met

Alleviation of Pain



What challenging behavior may be a result of an earache?
What challenging behavior might be a result of a stomach ache?
Slapping at ear (or part of body that hurts)
Aggressive behavior as response to pain

Self-Stimulation or Sensory Stimulation



Why might it be extra difficult to decrease behaviors that are reinforced by sensory stimulation?
It may be difficult to find a replacement behavior that is more reinforcing

Replacement Skills

Trainee Notebook Page 10

Facilitator Instructions: Work in small groups. Determine appropriate replacement skills for each hypothesis. See examples below, then discuss as large group. See additional talking point below.

Examples – Hypotheses	Replacement Skills
When a staff person’s attention is withdrawn or focused on others, Charles makes noises; his behavior results in the staff person talking to him and moving closer to him.	<i>Teach Charles to ask for attention in an appropriate manner. Encourage him to interact with peers or get involved with other activities while waiting.</i>
When unanticipated changes in the routine occur, Elisa throws her materials; having to pick them up delays the transition to the next activity.	<i>Teach Elisa to ask for clarification regarding schedule changes (e.g., by pointing to the picture schedule).</i>
When Ben finishes an activity early, he bites his fingernails and cuticles; this gives him another form of stimulation.	<i>Teach Ben to ask for something else to do or initiate another activity when he finishes early.</i>

Question to initiate discussion:

- *Aren’t some people incapable of learning due to severe communication or other deficits?*

People with the most severe cognitive and physical challenges are still able to develop capacities that will improve their ability to interact and function. Depending on an individual’s specific disabilities, it may be necessary to utilize augmentative devices and/or ongoing assistance from support providers.

Differential Reinforcement

Trainee Notebook Page 12

Facilitator Instructions: Elicit answers from large group. Obtain as many responses as possible for each behavior listed below. For example, possible answers for “pinching” may include object manipulation, carrying objects, putting on hand lotion, etc.; for “scratching”, the incompatible behavior may be “putting hands on hips”, etc. Use additional talking points below to facilitate discussion.



Identify incompatible behaviors for those below:

Pinching

Rocking

Scratching

Hand mouthing

Additional Information:

- **Incompatible behavior** is a behavior that cannot be performed simultaneously with the target response. For example, sitting in a chair is incompatible with standing up. The incompatible response interferes with the target response.
- **Functional Communication Training** - is a procedure in which the individual is taught to obtain a reinforcer by performing a desired behavior. For example, John stamps his feet on the floor to get his DSP’s attention. A more socially appropriate way would be to teach John to perform an alternative behavior, such as raising his hand or holding up a picture card to get his DSP’s attention.

Understanding Kevin's Data

Trainee Notebook Page 17

1. What is different about weekday mornings (when there are problem behaviors recorded) and weekend mornings (no problem behaviors recorded)?

Kevin has to wake up early on weekdays and gets to sleep in on weekends. Perhaps Kevin doesn't like to be rushed to get up and get ready. Perhaps Kevin needs more sleep during the week.

2. Why are Tuesday evenings (no problem behaviors recorded) different from the rest of the weekday evenings (Mon/Wed/Thurs/Fri) when there are behaviors?

On Tuesdays, they go on a community outing. Perhaps Kevin enjoys doing things outside of the home and does not enjoy the evenings at home.

3. What is different about weekend activities (no problem behaviors recorded) and weekday evenings when there are problem behaviors?

The group goes out into the community on the weekends but remain home during the weekdays. Perhaps Kevin has difficulty getting along with one or more of the people in the home.

4. Why do you think Kevin has no problem behaviors during the weekend?

His schedule is more relaxed on the weekend and he gets to go out into the community and do things he likes.

5. What minor changes would you make in Kevin's schedule to help his day go more smoothly and hopefully reduce some of his challenging behaviors?

Look for other community outing possibilities during the week. Look at Kevin's bedtime and discuss the possibility of an earlier bedtime to help with morning routine. Look at the times he has outbursts to see if there is a person or event that is triggering the behavior. Allow more choices for Kevin about his free time. Perhaps there are other things he would like to do at home than the board games/social time. Look at transition times to see if Kevin has trouble moving from one activity to another. Perhaps a written or picture schedule that Kevin helps develop might help him to anticipate what is coming next.

Ask trainees what other questions they would ask of staff to further analyze Kevin's behavior patterns.

Supplemental Activity

Trainee Notebook Page 22

Facilitator Instructions: Use a redacted behavior plan of someone supported at the agency and discuss the environmental set-ups, antecedents and consequences. If unavailable, use the following as an example of each of these areas.

ENVIRONMENTAL SET-UPS

What things should be in place in this person's environment? *Door open, minimum 15-minute checks, compression hose, daily exercise, mattress/ floor pad beside bed, a pillow for her to hug while you change her Depends. No hugging, even if she says, "I love you," instead, give a compliment. Trained staff. Consistency, structure, routine. Good boundaries. Access to an exit for you as staff.*

What things should not be present in this person's environment?

Sharp objects that can be used as weapons including pencils, long pull cord on nurse call bell, staples. Staff who are easy going, very sensitive or extremely bossy, or new untrained staff. Arguing with her. Displaying fear or weakness. Promises that can't be kept. Personal things about yourself. Invasion of her space; do not lean on her wheelchair or bed. Do not leave valuables out in the open. Don't be alone without a witness.

ANTECEDENTS

What is likely to happen right before a problem behavior?

She starts to talk about self-harming. She may say things like: "I want to hurt someone, I'll fall off the bed, Name don't poke yourself with a pen." When she says, "Name don't cut yourself," she means "come talk to me, I need help calming down, I'm upset." She may talk about fanciful things. Don't go along with it. Don't try to correct her. If she talks out loud within ear shot, start a conversation.

What should you do if an event happens that usually comes right before a problem behavior?

How can things be changed so the event does not occur?

Stop what you are doing to ask her if she wants to talk. If you get upset & feel yourself getting agitated or if she attempts to hurt you, ask someone else to take your place and leave the area until you are calm or the behavior has stopped.

BEHAVIOR

What are the problem behaviors to decrease? (*Self-abuse, physical aggression, verbal aggression, etc.*)

What are the appropriate behaviors to increase? *Name will express her emotions in an appropriate way.*

CONSEQUENCES

What should you do if the person does the problem behaviors that are to be decreased?

Interrupt immediately. Do not talk about her hurting herself, keep a straight face, stay calm.

Say: "When you are ready to talk, I will talk to you" or "Do you need to talk?" stay nearby & wait for her to calm down & ask again. Do not place demands on her, show faces or gestures to show displeasure or say, "Stop don't do that, what are you doing?" Don't leave the room, don't problem solve. Say, "You look upset, your voice is raised, do you want to talk?" When she keeps asking the same question, answer once. Remind her that you discussed it or answered it already and repeat the same answer. Then tell her you're done talking about it. Do not use an angry or annoyed tone. Just matter of fact- We are done. If she brings up a different topic, engage in conversation. Try to move on.

What should you do if the person does the appropriate behaviors that are to be increased?

Talk about her feelings & validate them, empathize, say: "I understand," agree with her.

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MODULE 4

Person Centered Planning

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The Differences between Person Centered Planning and Traditional Planning

Trainee Notebook Page 4

Facilitator Instructions: Use the following responses as a guide.

Traditional Planning	Person Centered Planning
	A support team made up of the individual, legally authorized representative, family members, service providers and other community members meet as frequently as needed to develop and implement a future vision and goals for the individual. The team will meet based upon the needs of the individual, but at least annually.
Relies on standardized and non-standardized tests and assessments.	
	A support team gathers, organizes, and manages assessment information into a personal profile and individualized future vision and goals that directly relate to the dreams and desires of the individual.
	The individual, family members, friends, and general community members define the personal profile and future vision and look to service providers for supports. Programs are developed around the needs of the individual.
Meetings are scheduled for the convenience of staff.	
	Goals are not just written to comply with rules and regulations but focus primarily on the desires of the individual being served.

Trainee Notebook Page 6**Facilitator Instructions:**

As a large group, discuss the factors listed in relation to how they may help or hinder the Person Centered Planning process. Use information specific to your agency as much as possible. The talking points below can be used to facilitate discussion.

- **Person Centered Planning involves a thinking process which is requires a cultural shift; it creates challenge because some people (guardians, staff, and administrators) aren't ready to embrace this different way of thinking.**
- **This different way of thinking involves power sharing and new roles for the client, families, communities and the people providing the services.**
- **Perceptions that rules and regulations prohibit Person Centered Planning.**
- **Current agency paper work is not written in a person centered way.**
- **If staff are overworked, there may not be sufficient time to get to know individuals well and, therefore, not be able to truly develop a plan that considers individual needs/desires.**
- **The organization itself or guardians of individuals may be risk averse, therefore unwilling to follow the dreams and desires of individuals if any type of risk is involved.**
- **The location of the residence/agency may be in an area where minimal opportunities for work/recreation/community involvement are readily and safely available within the community.**
- **Transportation issues in your location may hinder or enhance community involvement. Discuss specifics.**
- **Funding issues may suggest that certain areas of the plan are not currently feasible.**

Getting to Know You

Trainee Notebook Pages 7-8

Facilitator Instructions: Discuss the concept of getting to know the person in order to enhance your ability to help them to achieve their dreams and goals.

In this activity, discuss how the type of questions that were asked reveal information that is superficial in nature and reveal very little (or nothing) about what really makes the person 'tick'. Also consider how the questions center on topics may make the individual uncomfortable.

Discuss with the larger group:

- What kind of questions could you ask the person to really get a good idea of who they are and what they would like to accomplish?
- What kind of questions would indicate how a person would like to spend their day?

Trainee Notebook Page 9**Facilitator Instructions:**

As a large group discuss what the purpose of the “narrative” section of a Person Centered Plan is. Discuss if your agency uses this section in the ISP. Answer the following, soliciting answers from the group.

Discuss the following:

How likely is it that the writer of this narrative learned the information about Greg through one and only one conversation?

Does this narrative make you want to know more about Greg?

What are Greg’s goals?

What types of supports might you arrange to help Greg accomplish his goals?

What other questions would you ask Greg?

Creative ISP Meetings

Trainee Notebook Page 21

Facilitator Instructions: Below are some possible answers.

Traditional Meeting	Creative Alternative
Location: Agency conference room	Any accessible, comfortable place where the individual and families feel free to speak
QIDP sits at the “head” of the table	The person served sits where they are most comfortable, which may be at the head of the table
QIDP starts the meeting and introduces everyone	QIDP introduces everyone and allows time for conversation before starting the meeting
Discussion focuses on assessment results	Discussion focuses on dreams and goals of the individual and ways to accomplish them.

Writing Goals and Objectives

Trainee Notebook Page 22

“The height of an intellectually disabled person’s level of functioning is determined by the availability of training technology and the amount of resources society is willing to allocate and not by significant limitations in biological potential.” -Marc Gold, The Principles and Practices of Universal Enhancement, Tom Pomeranz.



Facilitator Instructions: In a large group, use a white board or flip chart to note the implications of the statement above. Use the talking points below to facilitate discussion.

Past Perceptions of Intellectual Disability

- Intelligence was determined by I.Q. tests and IQ was sufficient to define a person’s potential
- It is meaningful to catalog individuals according to their tested intelligence and tested adaptive level.
- People stopped learning after the ‘developmental period’

Current Perceptions

- Intelligence, as defined by tests, is a concept of little use
- Development is life long
- The context of a person’s environment and opportunity for learning for learning are the only significant limitations in the development of one’s potential.

Objective Practice

Trainee Notebook Page 24

Facilitator Instructions: Trainees may work in groups or on their own to rewrite the objective. Be sure that all five elements are included and that the resulting objective is measurable.

Consider the following objective:

John will walk from his apartment to work without assistance in less than 15 minutes, without breaking any safety rules, for 10 consecutive working mornings.

Question: What is the observable behavior?

This objective may be considered to be a “multiple” objective.

Consider the following question:

What exactly are staff documenting as the behavior to be measured?

- Walking without assistance?
- How fast he walks?
- How safely he walks?

With this type of learning objective, staff may not know what they are supposed to be taking data on and, therefore, data may not reflect what you think is being measured.

Also note that there is no date for completion.

Writing Learning Objectives

Trainee Notebook Page 25

Facilitator Instructions: Work in Small groups. Use the desired behavior listed to develop learning objectives. Be sure that multiple objectives are not present and assure that use of the five elements of behavioral objectives is present. See examples below.

Behavior	Learning Objective
John cleans.	After breakfast on Saturday, John will independently wipe down the breakfast table for 8 consecutive times by March 15, 2015.
Sophie brushes her teeth.	
Greg does laundry.	On every day that Greg showers, Greg will put his dirty clothes in the hamper for six consecutive weeks by June 15, 2015.
Cynthia knows her meds.	
Richard goes to the library.	
Aubrey pays the cashier.	
Doug makes his bed.	
Gina makes dinner.	
Eddie goes grocery shopping.	

QIDP TRAINING FACILITATOR GUIDE

MODULE 5

Record Keeping

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Accurate Documentation?

Trainee Notebook Page 5

Facilitator Instructions: Some examples have been provided for you. Have the trainees work to complete the objectives and discuss as a large group.

Subjective Quote	Objective Suggestion
Bob seems to have a stomach ache.	Bob held is stomach two hours following dinner and told staff his stomach hurt after being asked about it.
Courtney acted out.	Courtney pulled the covers off of her bed and threw the pillows around the room when staff suggested that she take her morning shower.
Sarah fell on the driveway.	Sarah stubbed her foot over a bump where the sidewalk meets the drive way and fell down.
Joseph appears restless.	
Hillary would not eat.	
Steven should go to the doctor for a physical soon.	
Robert would not get out of bed.	
Jorge attacked Frank.	

Documentation Guide

Trainee Notebook Page 10

Facilitator Instructions: Review your agency's documentation guidelines for these specific issues with the class.

Issue	Example	Where to Document	Other Necessary Action
Work Related	<i>Difficulty with Job</i>	<i>Progress Note</i>	<i>No</i>
Elopement			
Vehicle Accident			
Yelling			
Physical Aggression			
General Upset			
Fell (No Injury)			
Burn (While Cooking)			
Unusual Crying			
Report of "Not Feeling Well"			
Seizure with Injury			
Blood Exposure			
Fell (Bruise on Leg)			
Alcohol or Drugs			
Sexually Inappropriate Behavior - Self			
Sexually Inappropriate Behavior - Others			
Parent Phone Call with Message for Staff			
Newly Scheduled Family Visit			

Documentation Orientation

Trainee Notebook Page 11

Facilitator Instructions: Trainees should review Mario's documentation and make suggestions for improvement. Some suggested answers are provided for you.

Mario works as a DSP in a residence and helps support Tom who lives there. Yesterday, Mario noticed that Tom was acting differently from his 'usual self.' Below is the documentation that Mario wrote about Tom. Can you find any errors in Mario's documentation?

Tom seems crabby and he's complaining a lot. He's complaining that his stomach aches. He didn't eat most of his dinner. He just wants to lay down and watch TV. I think he probably has heartburn because of what he said. I told him to just go to bed early and maybe he'll feel better tomorrow.

Can you make some suggestions to help Mario with his documentation? Write your suggestions below.

- **Document A.M. or P.M.**
- **Should not use subjective terms such as 'crabby'.**
- **Should have quoted what Tom actually said and did.**
- **Could have been more specific about events (ate only 10% of his dinner).**
- **Mario shouldn't have made the diagnosis of heartburn (he should have described symptoms that he observed or heard Tom say).**

Documentation Review

Optional Activity

Facilitator Instructions: Assist trainee in obtaining an incident report that has already been completed. Instruct trainee to evaluate the report based on the following criteria. Spend time discussing the responses.

- Is not judgmental; only based on facts not personal opinions
- Is legible and written in ink
- Is done retrospectively
- Is specific when describing behaviors and events
- The event is described chronologically, from beginning to end
- Any errors are corrected according to agency procedure
- Does not have “White Out” used

QIDP TRAINING FACILITATOR GUIDE

MODULE 6

Advocacy, Rights and Resources

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Trainee Notebook Page 9

Facilitator Instructions: Facilitate a discussion regarding the topic below. You may wish to break trainees up into small groups or discuss as large group.



How might the following situations lead to unintended rights restrictions?

- 4 roommates-1 telephone
- 2 ladies live together and 1 has very restrictive diet due to serious health concerns
- Hoarding
- A person was found guilty of theft from Walmart
- 2 roommates-1 has a history of trying to harm herself

Consider each of the above situations discussing concepts of Rights vs. Safety and treatment or program needs. Mention that there are times that the rights of many will be restricted due to the needs of one individual. Discuss formal restrictive programs and the need for 'restriction of rights' documentation in all individuals' records that are affected by the restriction.



Discuss your Agency's specific rights statement. You may wish to have copies of this statement available for trainees to clarify agency policy and procedure.

Trainee Notebook Page 10

Facilitator Instructions: Facilitate a discussion regarding the topic below.



Learned helplessness can occur when decisions are made for people all the time. How can you be sure to avoid learned helplessness while still protecting people from harm?

Sometimes the people that mean the best for individuals supported are actually the obstacles that hinder true independence. Our well-meaning attempts to support individuals can actually promote this learned helplessness and hamper the ability to learn the skills necessary to self-advocate and become independent and self-sufficient. Learned helplessness may also lead to increased risk. Everyone needs to be able to say “no” and assert their rights.

Discuss the 3 types of power: Power Over, Power With, Power Within. QIDPs should strive to share “power with” persons they are supporting rather than engage in “power over” relationships.

Discuss the “Dignity of Risk” and how we all learned significant things in our lives by taking risk. Discuss how failure at a certain task actually opens an avenue for training and education for the individual. Mitigate risk by being aware of significant issues in the person’s risk assessment.



With rights comes responsibility. Discuss citizen responsibilities associated with the situations below.

Having a cell phone

Driving a car

Voting

Dating

Having a debit card

Discuss the fact that with rights come responsibilities, which is true for all of us. Discuss each topics above and list responsibilities that come with each of these “rights”. Allow the class to work in small groups then discuss as large group.

For example, in order to drive a car we need to be responsible for:

- Knowing the rules of the road
- Obtaining and keeping current a driver’s license
- Obtaining and keeping current insurance

Trainee Notebook Page 12

Facilitator Instructions: Facilitate a discussion regarding the topic below.



What might you do in preparation for recommending the need for a guardian?

It's important to remember that having a guardian may ultimately restrict independent decision making by the individual, therefore a guardian should only be appointed if necessary and for only those areas where it is needed. The need for guardianship should be discussed with the individual. Be sure to answer any questions or concerns that the individual may have about the meaning of guardianship and the legal process for guardianship. Research the alternatives to guardianship which may be appropriate for the person such as: powers of attorney for health care or financial decisions, trusts, representative payeeships living wills or using guardianship for specific issues only.

Review and discuss the specific information on pages 10-12 in this Module.

Trainee Notebook Page 13

Facilitator Instructions: Facilitate a discussion regarding the topic below.



Are there legitimate reasons to restrict a person's access to possessions?

Guide discussion as to why personal possessions may need to be restricted due to safety/health reasons. Review what needs to be in place for any type of restrictive program (See Module 3 *Behavioral Supports* for this information). Discuss the function of *your* agency Human Right Committee (HRC) regarding restrictive programming

Discuss each of the specifics of potential areas of restriction as discussed on pages 13 and 14:

- **Potential Limitations on Movement**
- **Medication**
- **Medical Procedures that May Require Review**
- **Individual disagrees with physician recommendation**

Use as many examples as appropriate and be sure to discuss agency policy and procedure for the above as it related to rights issues.

Prevention of Abuse and Neglect

Trainee Notebook Page 15-16

Facilitator Instructions

Discuss each point as it relates to prevention of abuse, neglect and financial exploitation. Use the “Takeaways” presented for each area as discussion points. Relate these to your agency practices as appropriate.

QIDP TRAINING FACILITATOR GUIDE

MODULE 7

Environmental Safety and Supports

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A Quality Home Environment

Trainee Notebook Page 3

Facilitator Instructions: Discuss what each participant considers as characteristics that make a place feel like a HOME.

Possible characteristics may include:

- The environment is safe
- Respect for personal choice is evident
- People are communicating/laughing
- Communication is made in a pleasant tone of voice
- The home is free of hazards and in good repair
- Individual needs are met regarding privacy, mobility, etc.
- The home is clean with no foul odors

Scenarios

Trainee Notebook Page 5

Scenario 1

- Use a measuring cup with raised numbers (if the person does not know Braille).
- Use tactile markings (fabric paint works well for this) to help indicate the correct setting on an oven or microwave.
- Use varying numbers of rubber bands to help distinguish canned goods (one for canned fruits; two for canned vegetables, etc.).
- Eliminate glare as much as possible; install under the counter lights or and/or use gooseneck, adjustable arm lamps to position light directly onto work area.
- Use contrasting colors. For example use a cutting board that contrasts in color with the items being cut. Oven mitts, dish towels and utensils that contrast with countertops can make them easier to find.
- Develop a system so you know where utensils, spices ingredients are stored. Be sure all know to return items to the same place.
- Use small countertop appliances such as crock pots, toaster ovens or “George Foreman” type grill.
- Only use front burners on stove to avoid reaching.
- Wear short sleeves and use long sleeved oven mitts.
- Use a pizza cutter instead of a knife for cutting.

For more information on assistance for people with visual difficulties:

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

Scenario 2

For people who use wheelchairs, there are many structural modifications that may need to take place to make an environment *accessible*. Depending on the needs of the individual, there are some *adaptations* to consider which are relatively low cost. These include:

- Removing cabinet doors and other parts of base cabinets allowing a front approach to a counter and work area.
- Replace knobs with u-shaped handles.
- Install lazy-susans, pull-out trays.
- Utensils should be close to work areas.
- Hand long barbecue tongs in various locations to retrieve things too high to reach.
- Use peg-boards to hand pot, pans and utensils.
- Use a rolling cart or cutting-block table with wheels to use as a work center or to take food, dishes to and from table.
- To help see food that is cooking, attach removable mirror at an angle behind cooktop

- **Use clear glass cookware to be able to see food cooking.**
- **If a problem with doorways being too narrow; some hardware stores have hinges that allow the door to open and drop back in line with the frame and provide an extra few inches for access.**

For more information on home modifications:

<https://www.disability.gov/disability-can-get-help-modifying-home-make-accessible/>

QIDP TRAINING FACILITATOR GUIDE

MODULE 8

Medical Supports

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PICA**Trainee Notebook Page 35**

Facilitator Instructions: Facilitate a discussion regarding the topics below.

Be prepared to discuss the following regarding individuals that are served by your agency:



Is anyone here currently serving or has anyone previously served an individual with PICA?

What measures have you used to interfere with the disorder? Have you had any success?

How does Pica differ from Prader-Willi?

Pica

Pica is a compulsive craving for eating, chewing or licking non-food items, such things as paint chips, chalk, plaster, glue, rust, ice, coffee grounds or cigarette ashes. Pica can lead to medical conditions such as lead poisoning, malnutrition, abdominal problems, intestinal obstruction, mercury poisoning, phosphorus intoxication and dental ailments.

Prader-Willi Syndrome

Individuals with Prader-Willi Syndrome, which is caused by a defect in the hypothalamus, have an insatiable appetite. Physical conditions may include obesity, sleep disorders, delayed motor development, abnormal growth, speech impairments, stunted sexual development, poor muscle tone, dental problems and diabetes type II.

QIDP TRAINING FACILITATOR GUIDE

MODULE 9

Rules and Regulations

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Guardianship and Advocacy

Trainee Notebook Page 6

Facilitator Instructions: Facilitate a discussion regarding the topic below.

Discuss the role of guardianship as it relates to a person's day to day life.

The Illinois Probate Act gives the court the flexibility to tailor guardianship to meet the needs and capabilities of disabled persons. Depending on the decision-making capacity of the disabled person, the court can appoint a limited guardian or a plenary guardian. These guardians may be either:

- A guardian of person
- A guardian of estate
- A guardian of both person and estate

A limited guardian is granted the power to make only those decisions about personal care and/or personal finances that the court specifies. A plenary guardian generally has the power to make all decisions about personal care and/or finances for the disabled person

A guardian of the person is appointed by the court when a disabled individual cannot make or communicate responsible decisions regarding his personal care. This guardian will make decisions about medical treatment, residential placement, social services and other needs.

The court appoints a “guardian of the estate” when a disabled person is unable to make or communicate responsible decisions regarding the management of his or her estate or finances. The guardian will, subject to court supervision, make decisions about the ward's funds, income or other assets.

After reviewing each type of guardianship, discuss how each affects the individuals supported at your agency.

Rules and Regulations

Trainee Notebook Page 8

Rule 115

Discuss the following topics as they relate to Rule 115.



ISPs must be signed by guardians. Under what circumstances might this be delayed or not happen and how do you handle it?

Reference: Title 59; Section 115.230 Interdisciplinary Process

Discuss any circumstances that have occurred at your agency and how they were handled.



Direct service employees must have a minimum of 80 hours of on the job training. What is your role in their training?

Direct Support Persons (with the exception of respite workers, job coaches, secretaries and other support staff) must successfully complete 120 hours of training (40 hours classroom and 80 hours on-the-job) using an IDHS approved course within 120 days of starting to work as DSPs. The training program must be presented in a minimum time frame of three weeks, but cannot exceed 120 days, unless the training program is conducted by a community college or other educational institution on a term, semester, or trimester schedule.

Discuss how the QIDP is involved in training new DSP staff and the importance of communication with new staff. Discuss what information the QIDP can relay to new staff to provide a foundation for a positive relationship for the new employee and the people they help support.



What is your role in fire and tornado safety training and drill?

Reference Title 59; Section 115.300

Discuss QIDP role in evaluation drills, accommodations for individuals needing assistance to evacuate, corrective action for evacuation drills, fire extinguishers, purchase and maintenance of safety devices (smoke alarms, etc.)



What type of internal review processes does your agency maintain to ensure that the requirements for the CILA rule continue to be met?

Discuss specific agency policies.

Trainee Notebook Page 9**Rule 50**

Discuss the following topics as they relate to Rule 50.



How does your agency ensure that every staff member receives Rule 50 training and what is your role in that training?

Discuss specific agency policies and timelines for Rule 50 training.

Rule 116

Discuss the following topics as they relate to Rule 116.



In which programs does your agency train direct support employees to administer medications?

Discuss specific types of programs/services that your agency provides. In which programs do direct care staff administer medications? What are the specifics of that training? How does your agency document authorization of direct care staff with regard to medication administration?



Discuss your agency's general practice with regard to medication storage.

Reference: Section 116.80 Storage and Disposal of Medications

Discuss all components of this section of Rule 116 and how they are accomplished at your agency.

Trainee Notebook Page 10**Rule 119**

Discuss the following topics as they relate to Rule 119.



As a QIDP for a residential program how will you stay informed of a person's day program services? (vice versa)

Reference: Title 59; Part 119.220

Discuss the importance of having continuity of care between the home and work environment and how this is accomplished according to agency procedure.



How many different programs do the people that you will support participate in and are they within your agency or others? How will you stay informed of the many activities that the people you support are involved in?

Discuss agency affiliations and the procedure for communication between locations.

Rule 350

Discuss the following topics as they relate to Rule 350.



How are evening and weekend community based activities scheduled and encouraged and what will be your role in them?

Reference Title 77 Section 350.1050

Discuss agency procedure for scheduling activities and QIDP involvement.



What is your agency's expectation for QIDPs with regard to amount of time spent in the residence and day training?

Discuss agency expectations.

Rules and Regulations

Trainee Notebook Page 11

Facilitator Instructions: Be prepared to give detailed information on the rules that apply to your agency. Discuss the different types of programs that your agency has available and which rules correspond to which programs.

Trainee Notebook Page 12

Facilitator Instructions: Discuss agency policy and procedure regarding reporting requirements for the listed situations. Discuss additional situations where an official report is required. Provide agency forms as applicable and discuss how to complete each relevant form and the agency procedure after form completion.

Reporting Regulations