



## INDIVIDUAL SERVICE PLAN DEVELOPMENT AND IMPLEMENTATION



## TABLE OF CONTENTS

INTRODUCTION .....	3
WHAT YOU WILL LEARN IN THIS MODULE .....	4
WHAT IS A SERVICE PLAN?.....	5
DESCRIPTION OF INDIVIDUAL SERVICE PLAN FOR ADULTS .....	7
QUIZ ON SERVICE PLAN COMPONENTS .....	7
LIFE CHANGES .....	8
LIFE GOALS .....	ERROR! BOOKMARK NOT DEFINED.
STEPS IN THE CHOICE MAKING PROCESS .....	9
ISP SCAVENGER HUNT .....	10
WHAT MAKES A GOOD SERVICE PLAN?.....	12
WHAT IS THE IDT?.....	13
THE DSP'S ROLE IN THE INTERDISCIPLINARY TEAM PROCESS (IDT) .....	14
SERVICE PLANNING .....	15
WHO MAKES UP THE INTERDISCIPLINARY TEAM? .....	15
NON-PROFESSIONALS .....	16
FAMILY INVOLVEMENT .....	16
WHAT IS PERSON-CENTERED PLANNING? .....	18
QUIZ - WHAT IS PERSON-CENTERED PLANNING? .....	19
YOU AND I .....	20
NORMALIZATION .....	21
NORMALIZATION EXERCISE .....	22
SOURCES OF COMFORT AND DISCOMFORT.....	22
DEFINITIONS.....	23

Module 5 DSP Notebook      Individual Service Plan Development & Implementation

NORMALIZATION ACTIVITY .....24

ACTIVE TREATMENT .....26

ACTIVE TREATMENT - IT'S AN ATTITUDE.....28

STIMULATION ACTIVITIES COMPARED TO REAL ACTIVITIES .....30

IMPLEMENTATION OF AN INDIVIDUAL'S SERVICE PLAN.....31

RESOURCES AVAILABLE FOR VOCATIONAL OPPORTUNITIES .....32

Submitting the Application and Resume ..... 33

LEARNING STYLES .....34

TASK ANALYSIS..... 35

TASK ANALYSIS ACTIVITY .....36

SHAPING ..... 37

PROMPTING..... 37

FADING ..... 37

DISCOVERING REINFORCERS..... 38

TYPES OF REINFORCERS..... 38

POSITIVE REINFORCEMENT..... 38

NEGATIVE REINFORCEMENT ..... 38

GUIDELINES OF CONTINGENT REINFORCEMENT ..... 38

PERSONAL REINFORCERS EXERCISE.....39

YOUR ROLE IN CARRYING OUT THE INDIVIDUAL SERVICE PLAN .....39

MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES CONFIDENTIALITY ACT.....41

RELEASE OF INFORMATION FORM .....42

DOCUMENTATION.....42

DOCUMENTING ISP IMPLEMENTATION .....43

A PENNY IS.....?.....44

MARTIN LUTHER KING SAID .....45

SECTIONS OF THE SERVICE PLAN .....46

## INTRODUCTION

*"My name is April. This year I ran my own ISP meeting by myself. To get ready for the meeting I told my staff at my house what was important to me and they made a list for me. I told staff the most important things first. We talked about me moving to a new house. This was most important to me. I invited people to my meeting. I told my house manager that I wanted to have food at my meeting so he brought some. I was a little shy at first but then I told everyone what I wanted."*

Submitted by April, self-advocate from Chicago Heights, IL



## Module 5 DSP Notebook    Individual Service Plan Development & Implementation

This module contains information for Direct Support Persons (DSPs) who provide supports in all types of residential living arrangements, including adults and young adults living at home with their families and receiving home and community based services through one of the Division of DD's Medicaid Home and Community-Based Service waiver programs. The service delivery methods are participant and family directed. Direct care providers can be employees of the person and his/her family, or employed through community agencies.

### What You Will Learn In This Module:

- The components of a service plan.
- Different learning styles.
- What is considered to be a good service plan?
- The importance of family and guardian(s) involvement.
- The importance of confidentiality.
- How to work effectively with the interdisciplinary team.
- How to utilize family involvement for the benefit of the person.
- The importance of respect in supporting people with developmental disabilities
- Task analysis and chaining
- Active treatment/habilitation
- How to facilitate choice making
- What Person-Centered Planning means

Service Plan Areas:

- What an Individual Service Plan (ISP) is
- The sections of an ISP
- What is considered to be a good ISP
- What makes a good ISP
- What the Interdisciplinary Team is and what they do
- How an ISP is implemented.

## What Is A Service Plan?

Most people who receive DD services have what is known as a service plan. Service plans are developed by service providers, with input from the person served, to clarify what services and supports they will provide and the priority of those services. These service plans often have very specific goals or objectives that the person is expected to achieve as a result of receiving the services.

A service plan outlines a person's dreams, goals, and objectives. It also tells how these dreams, goals, and objectives, will be met. These are used to achieve the outcomes a person wants in his/her life. These plans could also be called individual treatment plans.

It is important for service providers to be familiar with each other and coordinate their efforts. This is important for people receiving services who cannot clearly communicate and have special medical or behavioral support needs. Without informing each other about strategies and events, it is possible for service providers to make things worse instead of better for the person.

Module 5 DSP Notebook    Individual Service Plan Development & Implementation

Service plans are also done to substantiate the need for funding requests. Direct support persons hired by families are paid through a fiscal intermediary service that processes the DSPs' wages and payroll taxes. They may write checks for the service recipient and keep track of the amount of money spent and still available. Service plans can help people understand what kinds of things are proper to buy and what kinds of things are not.

Using the information you just read, along with your acronyms list found in the Introduction to Developmental Disabilities module, fill in the blanks in the exercise below.

Service plans could be known as:

IPPs' individual \_\_\_\_\_ plans

ISPs' individual \_\_\_\_\_ plans

IHPs' individual \_\_\_\_\_ plans

IEPs' individual \_\_\_\_\_ plans

PCP's individual \_\_\_\_\_ plans

These are probably the most common names for service plans.

## Description of Individual Service Plan for Adults Person Centered Plan (PCP)

Although each agency has its own ISP (PCP) format, there are some basic elements and information contained in almost all plans as follows in the Appendix of this Module.:

Note: Because of their highly individualized nature, not all service plans contain all the components listed. Some plans may have additional information not listed in the Appendix.

### QUIZ ON SERVICE PLAN COMPONENTS

The service plan should:

- X Identify goals, objectives and \_\_\_\_\_;
- X Be related to an individual's desired dreams \_\_\_\_\_;
- X Be \_\_\_\_\_ or written specifically for the person;
- X Be \_\_\_\_\_;
- X Define specific (dreams) goals reflecting the person's desires for \_\_\_\_\_ in different life areas;
- X Identify those \_\_\_\_\_ for service development and implementation; and
- X Be re-evaluated and \_\_\_\_\_ as needed.

## Life Changes

Just as people change, service plans need to be revised to reflect growth, new interests and desires. Service plans are reviewed a minimum of once per year at meetings called, *annuals*.

More and more, agencies are getting away from that practice and holding meetings to discuss these plans on an *as needed basis*.

In a year's time, much in your own life changes. This includes developing new interests and desires, changing where you live or work, who your friends are, etc.

### Activity:

On a separate piece of paper, list the changes that have taken place in your own life in the past year. Include interests, dreams, goals, relationships, births, deaths, etc. Then we will discuss how you would feel if you had to wait for an annual meeting to make adjustments to your plans.

### My Self, My World, and My Dreams

Persons with developmental disabilities should direct my world and dreams areas of my life where they have the opportunity to learn to become more independent or learn things that will help them achieve greater satisfaction in their lives. Dreams can be anything from becoming more independent in tooth brushing to maintaining an independent residence. However, it may take a long period of time to accomplish even one of dreams. With the support and help of their families, caregivers, and clinicians, people with developmental disabilities can learn throughout their lives and obtain many new skills.

### Examples of dreams :

- X Self-care Live in my own house
- X Computer skills Go on a real vacation
- X Mobility – use of public transportation Drive myself to work
- X Self-direction Make more of my decisions on what/where/when to do????
- X Ability to live independently live on my own



There are four levels of supports that persons with developmental disabilities need to achieve their goals:

- Intermittent - Support is provided only when needed - at special times in the individual's life.
- Limited - Support is ongoing, but only for certain specified activities.
- Extensive - Supports are regular and ongoing for a range of life activities.
- Pervasive - Supports are highly intense and constant for all life activities.

People should get enough supports to be safe, healthy and well-cared for. To every extent possible, DSPs should protect the individuals' health and safety while respecting their independence, freedom and right to choose and exercise control over their lives.

### **Steps in the Choice Making Process**

As a DSP you will want the person you support to make as many choices for themselves as possible. Here are some tips that can help you assist with choice making

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

## ISP PCP Scavenger Hunt

Directions: Work with your assigned group to find the answer to as many of the following questions as possible.

1. Where is the following information found in the ISP? *Use page number(s) to indicate the location(s). Note - it may be in more than one location.*

Assessment results		Personal Preferences	
Background/Historical		Personal Rights	
Communication Style		Personal Values	
Education		Personality	
Financial		Recent Life Changes	
Goals Dreams		Social Relationships	
Interests & Activities		Strengths & Weaknesses	
Learning Style		Vision for the Future/dreams	
Medical/Dental/Nutritional		Vocation Work	
Personal Description			

2. How does this person communicate?
3. List one of this individual's favorite activities.
4. List one of this individual's goals.
5. How will this goal dreams be achieved?
6. When is this goal to be met?
7. What responsibility do you as a DSP have in supporting the individual in achieving this goal?
8. Does this person have a behavior management (intervention) plan? If so, what is your role in implementing it?
9. What is this individual's current medical condition? What can you do to support his/her health?

10. Name a recent life change.

11. List five things below that you would like to know more about in order to provide support to this individual:

- 1.
- 2.
- 3.
- 4.
- 5.

DRAFT

## What Makes A Good Service Plan?

How do you know that the ISP you just reviewed is an accurate reflection of the person? Things to check for:

- X It was unique to this individual.
- X Focused on abilities.
- X Showed the person's choices & preferences.
- X Was respectful.
- X People significant to the individual were involved.
- X Identified social connections.
- X Maintained confidentiality.
- X Hopes/Dreams/Goals are a priority to the individual.
- X Hopes/Dreams/Goals are realistic.
- X Hopes/Dreams/Goals are precise & measurable.
- X Hopes/Dreams/Goals state how they are to be met.

The plan should include a personalized statement of the person's expectations for the future and state who will be responsible for providing the supports and services to reach those goals. Additionally, the plan should address natural supports and connections for people with other citizens of the community.

Insert additional samples of individual goal statements. Point out how they fit each of the criteria listed above.



### What is the IDT?

The Interdisciplinary Team (IDT) consists of at least the person, parents (except when the person or the person's guardian does not desire them to participate), the guardian, as well as representatives of disciplines and services necessary to identify the person's needs and to design services and alternatives to meet them. At least one member of the team must be a Qualified Support Professional (QSP).

The IDT process assesses the strengths and needs of persons with mental developmental disabilities with input from the person requesting and/or receiving services and from those providing services. The IDT works to develop and implement the person's service plan.



## The DSP's Role in the Interdisciplinary Team Process (IDT)

The persons you support have many abilities, gifts, talents, hopes and dreams. It is your job to help the person realize their dreams and hopes to their fullest extent possible. One way to assist in accomplishing this is through the IDT process.

Your role with the IDT is to assist the QSP QIPD in determining the best course of action for the persons you will be supporting. How will you do that? By getting to know the persons you support and learning their likes and dislikes, documenting your observations, and making recommendations about what you think should be included in their plans. You may be asked to document certain behaviors. It will be up to you to report your observations about the wants and needs of the person. Others can then develop a plan, with the person's input, to meet their wants and needs in order to support change in the person's behavior. This is not an easy job.

How will you know what supports are needed by the persons with whom you will be assisting? First, build a relationship with them and get to know them as a person. In order to do this, it is very important to understand that you need to listen to people objectively, without judgment. This is essential to the service planning process. In fact, one of the most important roles of the DSP is the day-to-day getting to know the people they support and what they want, then representing that to other members of the team.

## SERVICE PLANNING

The people you support are encouraged to invite anyone they choose to the service planning meeting. The QSP QIPD is responsible for the meeting. At this meeting all the persons who support a person with a developmental disability meet, with the person with the developmental disability, to discuss a plan for the person's life. Goals, both work and home/community life, are evaluated and set for the upcoming year.

How to Prepare a Personal Profile:

- What is the does the persons dreams want in their life without the "boundaries of procedures?"
- What do they dream? Has anyone ever asked?
- Who are the person's closest supports i.e., family, friends (NON paid staff)?
- Who are the person's closest support professionals, non professionals, paid or unpaid?

Each person's plan will be individualized. That's because the service plan is *person-centered*. By person-centered, we mean the needs, wants and desires of the person served carries primary importance.

source for pictures: <http://www.accessleisuresac.org>

### Who Makes Up the Interdisciplinary Team?

A few people are involved in developing the ISP. These people make up what is called the interdisciplinary team. It is often known as the IDT. The most important member of the team is the person being served and there should never be a meeting without the person. Its primary purpose is to assist the individual with developmental disabilities in making decisions about life goals.

#### Members:

The client person receiving services  
The professionals who generally



sit on the team include the following:

- X QSP QIDP
- X Psychologist/Psychiatrist
- X Social Worker
- X Doctor/Nurse
- X DSP
- X Nutritionist
- X OT/PT
- X Teacher
- X Residential Representative
- X Day Program Representative
- X Vocational Rep/Job Coach

Note: It is usually the DSP who works most closely with the person being supported. Your role is vital to the team.

### Non-Professionals

- X Friends
- X Family
- X Guardians
- X Co-Workers

## Family Involvement

Don't underestimate the importance of family involvement. Family members can provide a wealth of information useful in the planning process. Also, they act as a natural support system for the individual and give meaning to his/her life. We should respect and use them as resources.



At times family members may not acknowledge their relatives as adults or may resist implementing portions of the service plan. The more involvement they have in the planning process the less likely this will be a concern for them.

Your responsibilities include helping family members:

- X see their relative as a person with dreams, hopes, and skills;
- X understand the individual's strengths aptitudes, and competencies;
- X identify how they can serve as resources and supports for the individual's active participation in community life; and

Module 5 DSP Notebook    Individual Service Plan Development & Implementation

X respect the person's life goals dreams and achievements.

People should be selected for the team based on their expertise, interest, connection, and respect for the person for whom the planning is intended.

Information from the team members can be in the form of assessments, reports, anecdotes or test results.

Fill in the blank below. The answer is on the next page.

The \_\_\_\_\_ with a developmental disability is by far the most important member of the IDT.

Answer to question on previous page:

The person with a developmental disability is by far the most important member of the ID

## What Is Person-Centered Planning?

It is important to remember that a person centered plan is a means *not* an end. The person centered plan is a process, not a piece of paper. The life that a person wants is the outcome, *not* the plan that describes it. Person centered planning is a written planning tool giving a description of where the person wants their life to go and what needs to be done to get there.

We've talked a bit about what person centered planning is, but sometimes knowing what it *isn't* makes things even clearer. A person-centered plan *isn't*:

Picture source: [Line Drawings by Martha Perske, a nationally-known artist.](#)



- ❖ Stagnant (it must be revisited and re-evaluated)
- ❖ Limited to available services
- ❖ Unrealistic
- ❖ A written plan, separate from a process
- ❖ A mystical quick or easy process

Person-centered planning involves: keeping the focus on the person and his/her abilities. Person-centered planning means individually tailoring things for the person.

It starts with the person at the center and grows outward. It utilizes available resources to assist the person in obtaining his/her goals and objectives. It incorporates what is important to the person. It focuses on the strengths of the person, not the person's deficits or limitations or those of the system.

At all times we should demonstrate respect and dignity in all that we do to support a person with a developmental disability. This includes protecting the person's confidentiality.

### QUIZ - What Is Person-Centered Planning?

(Fill in the blanks with the information from the previous page.)

Person-centered planning involves:

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

Remember what we learned about people first language in the last module. The way we speak shows respect or a lack of respect for an individual. We should focus on an individual's strengths, not their problems. Even our speech should reflect this focus. The ISP should also reflect this and be written in people first language.

**Individual First, Disability Last!**

## You and I

### Person with a Developmental Disability

"I am a resident of Sunny Hill group home."

"I am admitted."

"If I imagine the phone ringing, I'm psychotic."

"When I ask someone out to dinner, it's an outing."

"I am on a special diet because I am 5 pounds over my ideal body weight."

"I am on a program to learn leisure skills."

"If I don't like something and I mention it, I'm being difficult."

"If I'm crying and upset, staff tell me to go to my room."

"I wanted to talk with the nice looking guy behind me at the grocery store. The staff told me that it was inappropriate to talk to strangers."

"If I get angry, people say that I'm dangerous."

"For all of the things above, I'm told to take a pill or am hospitalized."

### Person without a Developmental Disability

"I live in an apartment on Cherry Street."

"I moved in with my family and friends."

"If I imagine the phone ringing, I'm stressed out."

"When I ask someone out to dinner, it's a date."

"My doctor gave up trying to tell me."

"My shirt says 'couch potato'."

"If I don't like something and I mention it, I'm being honest."

"If I'm crying and upset, my friends gather around me to comfort me."

"I met my boyfriend when he asked if I knew where the coffee shop was."

"If I get angry, people say that I'm upset."

"I am not."



Source: North American Riding for the Handicapped Association (NARHA)

## Normalization

Normalization is another term you are likely to hear a lot. It refers to treating individuals with developmental disabilities the same as we would anyone else.

We should not have different standards for an individual just because he/she has a developmental disability.

It is really quite simple. Each time we do something we simply need to ask ourselves one question: *Is this how I want to live or be treated?*

## NORMALIZATION EXERCISE SOURCES OF COMFORT AND DISCOMFORT

Often times when we communicate with people with a developmental disability, we don't phrase things appropriately. This exercise will help you think of a better way to phrase your questions that you use to determine the person's preferences.



What comforts you?

What makes you sad?

What makes you happy?

What makes you angry?  
How do you control your anger?

Who do you like to be with?

What scares you? What do you do to  
calm your fears?

## Definitions

Active Treatment CA process in which individuals receive continuous, competent training, an identified level of supervision and individualized support which promotes skills and independence; and individuals receiving services need continuous, competent training, an identified level of supervision and individualized supports in order to function on a daily basis.

Age-appropriate programs, possessions, settings and activities which are appropriate for a person's chronological age.

Choice exposing the individual to an assortment of experiences that could serve as a basis for decision making. (John is given a chance to taste whole wheat bread as well as white bread.)

Normalization treating an individual with developmental disabilities like anyone else.

Preference an individual's personal choice after being exposed to an assortment of things or experiences. (John indicates he prefers whole wheat bread to white bread. How does he know? Because he has tasted both.)

You should also encourage and reinforce the choice of the age appropriate activities.

Age Appropriate Treatment Activities:

- Preparing/cooking Meals
- Reading the newspaper
- Completing crosswords puzzles
- Playing checkers
- Listening to music

## Normalization Activity

**Directions:** Spend a few minutes in your group reading the scenario and completing the following table.

**Scenario:** Henry lives in a CILA group home. He is 39 years old and works at a local pharmacy 3 hour a day unpacking supplies and putting things on the shelves. He enjoys his work a lot and views his house mates as his friends. He likes to do things with them and to play with plastic toy soldiers and action figures. Staff has always viewed this as Henry's choice. He frequently asks staff to take him shopping for more of the toys.

Leisure Activities:	Appropriate ?		If not, list some alternatives that could be offered to increase experience and exposure.
	Yes	No	
Flower arranging			
Playing hopscotch			
Toy soldiers & action figures			
Watching <i>Sesame Street</i>			
Shopping			
Setting up and playing with model trains			
Going to the movies			
Playing with a rattle			
<b>Clothing:</b>			
Super Man pajamas			
Athletic (tennis) shoes			

Module 5 DSP Notebook Individual Service Plan Development & Implementation

	appropriate		
<b>Clothing (cont.):</b>	Yes	No	
Jeans			
Sweat pants every day			
Clothes identical to everyone in his home			
<b>Food:</b>			
The same food each day of the week (Mondays--Hot dogs, Tuesdays--Roast Chicken, etc.)			
Cooking his own meals			
Going to the grocery store			
<b>Housing:</b>			
Eating each meal with 50 other people.			
Spider man bedding & curtains			
Cleaning his own room			
<b>Possessions:</b>			
Stuffed animals			
Picture albums			
Swing set & slide			
<b>Transportation:</b>			
Yellow school bus with the agency name painted in large letters on the side			
Tricycle			
Public transportation			

## ACTIVE TREATMENT



picture graphics source: dshs.wa.gov/

We often hear the term "active treatment" used to describe something that staff are doing at a given time. Example: "I was in the living room doing active treatment." This is not an accurate use of the term. Active treatment is a PROCESS. It's not just "keeping people busy." If you perform your job duties well, active treatment will be the RESULT of your interactions with people. The test of whether or not what you are doing is really "active treatment" is found in the answer to these questions:

- Did the person served LEARN something as the result of your interactions that will allow him/her to become function more INDEPENDENTLY?
- Did the person served INCREASE his/her SKILLS as the result of the services you provided?
- Did the activities and services you provided help PREVENT the LOSS of skills the person already had?

### How can service providers maximize the success of active treatment efforts?

- Know each person's dreams goals and objectives and consistently implement formal and informal training.
- Look for opportunities to practice skills throughout the day.
- Encourage each person to do as much for themselves as possible.
- Provide the least intrusive prompt needed to accomplish tasks. Make prompts simple, clear and easy to understand.
- Talk to and listen to people you support.
- "Teach" rather than "do".
- Get people actively involved in the routine of their home (doing chores, making choices, etc.)
- Be a good role model.
- Use language stimulation techniques throughout the day.
- Keep your interactions positive and encouraging.

- Position yourself in a way that you can see all members of your group.
- Regularly encourage members of your group to join in with learning activities.

## Active Treatment I e w a a c y h s i n g

### Tips for Making Your Interactions More Therapeutic (Maximizing Opportunities for Active Treatment to Occur)

- Think of yourself as a "teacher." Look at every interaction with people as an opportunity to TEACH something.
- Involve all members of the group in your activities by increasing verbal and physical interactions. Regularly invite people into the group if they are not involved.
- Do things WITH persons, not FOR them. (One noted teacher/author on this subject jokes that staff fingerprints should never be found within areas where persons served receive quality services. That's because persons served are performing all the tasks, not staff, even if persons served are doing it with hand-over-hand guidance.)
- If persons served are resistive to hand-over-hand guidance, try hand-on-hand activity with the hand of the person served on top of the staffperson's.

- Consider all the things that must be done for the person served. Find ways to get them more involved, even if initially it is only a small part of the task.

Active Treatment isn't just "table top" activities or implementing formal programs.

Involve persons in routine household duties such as cleaning, organizing, storing, etc.

### **TREATMENT means ALWAYS TEACHING**

What did YOU teach today?

Source: Jayma Tucker, Illinois Department of Human Service, Division of Developmental Disabilities, Bureau of Quality Review

### **ACTIVE TREATMENT - IT'S AN ATTITUDE**

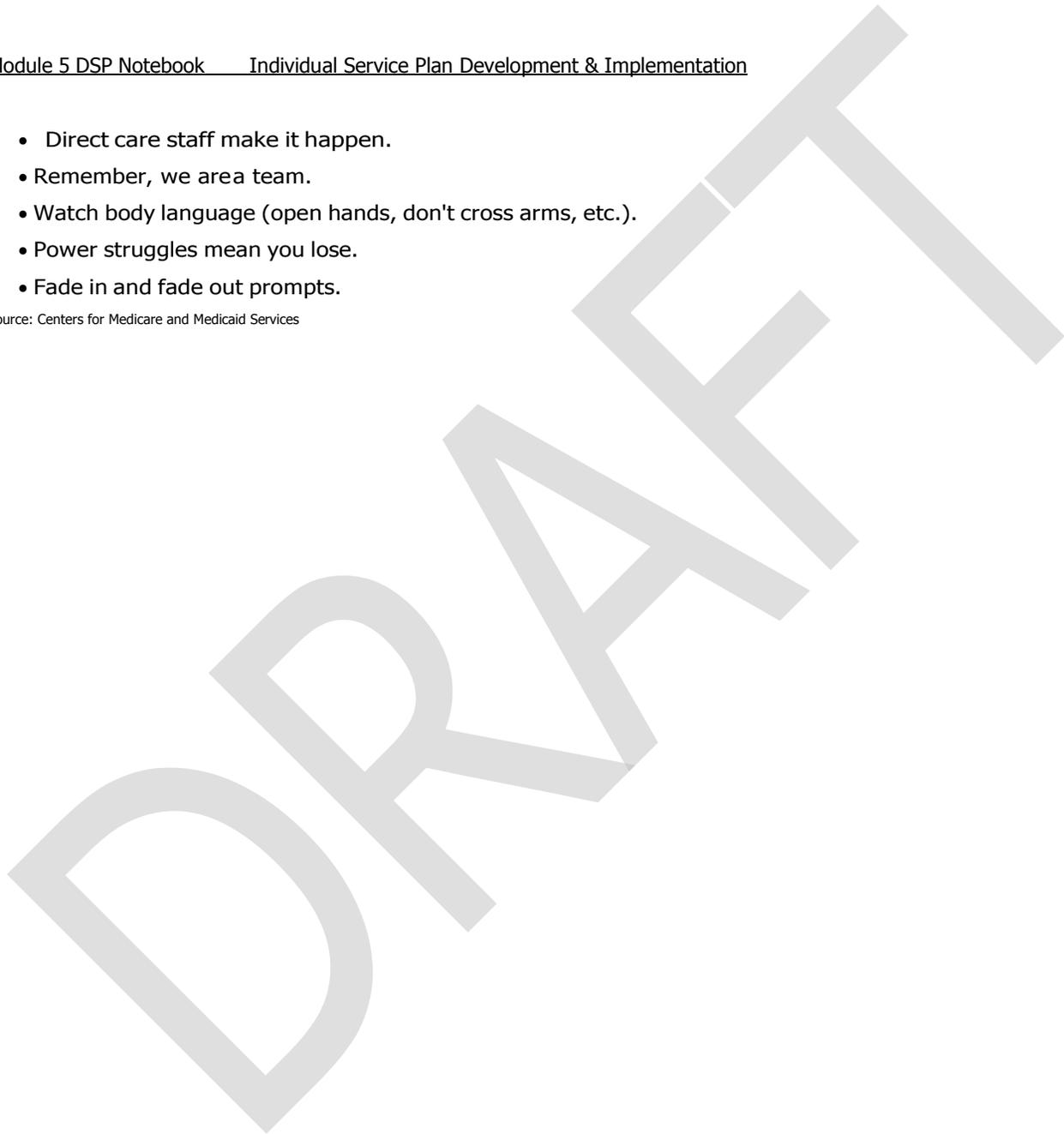
- We are teachers, not caretakers.
- Our first responsibility is to protect from harm.
- Focus on abilities, not disabilities.
- Options and choices for everyone.
- It's not our job to say no, but to show a better way.
- Self-esteem and independence go hand in hand.
- RESPECT ourselves, each other, and the people we serve.
- Maximize positive contacts.
- Don't take it personally/Break the chain.
- The best prompts are nonverbal and subtle.
- The best training environments are natural.
- Remember to reinforce desired/positive behavior.



Module 5 DSP Notebook    Individual Service Plan Development & Implementation

- Direct care staff make it happen.
- Remember, we are a team.
- Watch body language (open hands, don't cross arms, etc.).
- Power struggles mean you lose.
- Fade in and fade out prompts.

Source: Centers for Medicare and Medicaid Services



**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.

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 care 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 CILA 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.

## IMPLEMENTATION OF A PERSON'S SERVICE PLAN

DSPs assist in the development and facilitate the implementation of the person's individualized plan to achieve specific outcomes that incorporate the person's preferences, needs and interests. DSPs help in facilitating the service plan by reviewing it, identifying and reporting important information including achievements and outcomes to coworkers, supervisors and extended team members. They follow ethical standards of practice and recognize their own support service limitations with regard to the service plan implementation.

The DSPs role in the implementation of the person's service plan also includes:

- Reading, writing and following through on all communication in the daily logs.
- Respecting and maintaining confidentiality of all personal information (such as medical information, history, current programming).
- Respecting the people's privacy.
- Communicating with, asking questions of and receiving feedback from supervisor(s).
- Providing parents/guardians with information concerning incidents, progress, medication changes, medical issues) as requested by team members, agency policy or supervisor.
- Implementing an individualized plan based on the individual's preferences, needs and interests.
- Implementing individualized programs with accuracy and consistency.
- Identifying and using various instructional strategies and effective teaching techniques.
- Assisting people in developing and using appropriate social skills while in the community.

Community Inclusion and Resource Needs. People you support may need ongoing and/or temporary services and equipment to help them achieve their community inclusion goals. You may be involved in coordinating the specific services and equipment the person will need for his/her outings in the community. This might be transportation, adaptive equipment, the supports of a DSP, or other resources. General skill-building needs can be linked to community inclusion, but should not stand as a barrier. For example, you may find that a person is more likely to comb his or her hair before going out, especially if there is someone he or she wants to impress. However, don't deny the person access to an outing because he or she has messy hair.

You may need to brainstorm with other IDT members to plan short-term and long term solutions. (For example, a family member drives for the first 3 months while alternative transportation is arranged.)

- Are there other family, friends or other associates who may be interested in helping? Don't be afraid to ask!
- How will set-backs or unexpected events be dealt with? Is there a back-up plan in the event barriers are experienced?
- What steps need to be taken to ensure safety and comfort of person? What can the person do for him or herself to be safer? What do others need to do?

Other strategies for successful community connections:

- 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.

- Try to remain in the background as much as possible. However, it's also important to support the individual and others in the situation, for as long as necessary.

## Resources Available for Vocational Opportunities

DSPs can support people who are seeking vocational opportunities by first helping them research community resources that could provide those vocational opportunities. When these are identified, DSPs can assist with the application process.

Tips for researching community resources:

- Look in the local newspaper or weekly shopper
- Contact the Chamber of Commerce for a list of organizations, groups and clubs and contact those

- Contact the local tourism office
- Look in the yellow pages
- Ask family, friends and co-workers
- Contact the local community education office
- Search the Internet
- Contact the local library
- Contact out the local park and recreation office
- Check out local volunteer agencies
- Check with public schools and colleges

### Submitting the Application and Resume

It is the DSPs' and job seeker's responsibility to find out about the specific procedures for submitting a job application. The DSP and job seeker can ask the employer:

- What is needed to apply for a position? An application, resume, or both?
- Who should the application and resume be submitted to? A supervisor or a personnel representative?
- Should the applications and resumes be submitted in person, emailed, or entered on a computer-based job application form?
- By what date do they need to be submitted?

## Learning Styles of Adult Learners

We all have a preferred way of learning and learn in a variety of ways--by seeing, hearing, touching, doing, etc. Adult learners bring experiences and self-awareness to learning that younger learners do not. To understand adult learning, you should understand learning domains, learning styles, and how and why adults learn. Educators have determined that most adults, adolescents, and children learn best by experiencing a blend of activities that promote the three learning domains: cognitive, affective, and behavioral. Cognitive refers to knowledge or a body of subject matter, affective refers to attitudes and beliefs, and behavior refers to practical application.

People with developmental disabilities are just like us. They have preferred ways of learning too. In order for DSPs to identify and use various instructional strategies, and effective teaching techniques, it is important to understand different learning styles. Often times we learn using a combination of ways, although, we usually have one preferred way of learning. In each person's ISP you will find information on which learning style is most effective to teach new tasks. The three primary learning styles are: visual, auditory, and kinesthetic.

Visual learners tend to learn by looking, seeing, viewing, and watching. Visual learners need to see an instructor's facial expressions and body language to fully understand new information. They tend to sit at the front of the room to avoid visual distractions. They tend to think in pictures and learn best from visual displays. During a lecture or discussion, they tend to take detailed notes to absorb information.

Auditory learners tend to learn by listening, hearing, and speaking. Auditory learners learn best through lectures, discussions, and brainstorming. They interpret the underlying meaning of speech by listening to voice tone, pitch, and speed and other speech nuances. Written information has little meaning to them until they hear it. They benefit best by reading text out loud and using a tape recorder.

Kinesthetic learners tend to learn by experiencing, moving, and doing. Kinesthetic learners learn best through a hands-on approach and actively exploring the physical world around them. They have difficulty sitting still for long periods of time, and easily become distracted by their need for activity and exploration.

We retain approximately 10 percent of what we see; 30 to 40 percent of what we see *and* hear; and 90 percent of what we see, hear, *and* do. We all have the

capability to learn via all three styles, but are usually dominate in one.

The table below shows some of the methods that appeal to visual, auditory, and kinesthetic learners. Training should take into account all three styles.

VISUAL	AUDITORY	KINETHESTIC
Transparencies	Lectures	Role plays
Videos/Slides	Group discussions	Simulations
Flip charts	Informal conversations	Practice demonstrations
Readings	Stories and examples	Writing/Note taking
Demonstrations	Brainstorms	Activities

Knowing people's preferred learning style will help us develop appropriate learning strategies. Let's look more closely at some ways in which we assist people with developmental disabilities in learning a new task.

### Task Analysis

Sometimes a task an individual is learning is too complicated for the person to learn all at once (e.g., brushing your teeth). Therefore, we break the task down into *teachable steps*.

This allows the learner to develop multi-step, complex skills that would otherwise be difficult to acquire. Identifying the step-by-step sequence does this. This requires a task analysis.

You should note that much of our own learning is done in steps. Many of the things we learn, remember, and do are done in this process.

You are going to get practice in doing just this in the next exercise.

## Task Analysis Activity

Your instructor will guide you through the next activity. After completion, please consider the following questions:

1. What happens when each staff does a task differently when helping a person with a developmental disability learn to do a task?
2. Why is it important to do a program plan the way it is written?
3. What should staff do if the program plan doesn't seem to be working?

Also consider. . .

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

## TECHNIQUES FOR TEACHING SKILLS

The task analysis exercise you just did demonstrates a very important step in teaching a new skill. However, many times, a person you support may not be able to learn all of the steps at one time. Teaching techniques sometimes used are:

### Shaping

*Shaping* is a way of adding behaviors to a person's repertoire. Shaping is used when the target behavior does not yet exist. Following are some different types of shaping. These are:

- Forward chaining is a procedure that teaches a task from start to finish. It involves teaching people one step at a time, working forward step by step to accomplish a simple task.
- Backward chaining involves teaching the last step first.
- Modeling is a training method in which the individual learns by observing another perform the behavior that is to be learned.

### Prompting

*Prompts* are a signal or cue to perform in a specified manner.

- Verbal prompts use words to initiate, continue or complete a task
- Gestural prompts use a hint or suggestion without using physical contact
- Physical prompts use physical touch to initiate, continue or complete the task
- Hand-Over-Hand is a physical prompt that involves actual physical guidance

### Fading

*Fading* involves reducing the amount of information given in order to decrease dependence.

Remember, as staff members you are always teaching, whether it is by active involvement with the individual or by modeling appropriate behavior with staff and/or individuals. (Dale DiLeo, *Enhancing the Lives of Adults with Disabilities*.)



## DISCOVERING REINFORCERS

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

- Get to know the person well
- Ask the person to help choose the type of reinforcers he would like to earn
- Observe what the person enjoys doing

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

### Types of Reinforcers:

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

### Positive Reinforcement:

A stimulus that, when added to the environment as a consequence of a behavior, results in an increase (frequency, duration, or intensity or maintenance) of that behavior.

### Negative Reinforcement:

A stimulus that, when removed from the environment as a consequence of a behavior, results in an increase or maintenance of that behavior.

### Guidelines of Contingent Reinforcement

- Reinforce immediately
- Reinforce consistently

- Reinforce improvement
- Reinforcers are contingent on a specified behavior
- Reinforcers must be salient
- Pair secondary/social reinforcer with primary reinforcer
- Fade primary reinforcer

### PERSONAL REINFORCERS EXERCISE

Identify 3 items that are usually primary reinforcers for you:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



Identify 3 secondary/social reinforcers for you:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Your Role in Carrying out the Person Centered Plan

Remember, your role is vital in developing and implementing the PCP. You must:

- X Be Consistent- Lack of consistency leads to confusion.
- X Offer a sufficient number of trials-Individuals may need a lot of practice to attain their goals. Look for opportunities to practice and reinforce learning in natural settings and across environments. (E.g., Spending and counting money at Wal-Mart, using a napkin at McDonalds.)
- X Understand the PCP You need to understand your role in each area of the ISP.
- X Implement the PCP in a positive manner- Offer praise and encourage the individual using positive body language and tone. Treat the individual with dignity and in a non-condescending manner. Explain rather than demand or threaten. Support the individual in achieving his/her dreams.
- X Document all required behaviors, successes and concerns related to

Module 5 DSP Notebook    Individual Service Plan Development & Implementation

the PCP The PCP is constantly changing to meet the needs, goals and desires of the individual for whom it is written. Documentation will help identify those areas that need adjustment.

*NOTE: Communicate with your supervisor when a goal is not working, or you are having a difficult time with the implementation of a goal.*

DRAFT

## Mental Health and Developmental Disabilities Confidentiality Act

Much of what you hear, see, and read and otherwise learn about the people you support is highly private, confidential information. You are responsible for protecting and safeguarding information pertaining to these people.

The National Alliance of Direct Support Professionals Code of Ethics explains it very well:

*As a DSP, I will safeguard and respect the confidentiality and privacy of the people I support.*

*As a DSP, I will:*

- *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 imminent harm to others or to the person I support.*

## Release of Information Form

Insert your agency's Release of Information Form here.

Before you release information about a person served, that person 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.

## Documentation

Documentation provides a written record of an action, incident, issue or observation. Federal and state regulations require your agency/facility to maintain documentation on many different issues. For instance the Centers for Medicare and Medicaid (CMS) that funds many services for people with disabilities requires documentation that the services people receive are needed and that they were provided.

Other reason for documentation:

- To ensure that supports are provided the same way by each staff person.
- To help you recognize signs and symptoms that may be contributing to challenging behavior.
- To identify support methods that are effective for the person you support.
- To document the person's progress on meeting goals and dreams.

Your facility/agency's QSP should provide you with information on what types of documentation, logs and reports you will be responsible for.

Documentation completed over a long period of time shows what has been going on in the person's life and the types of support he or she has received. If there is information about a person's past that is unknown to staff, good historical records/documentation can fill these missing gaps. Historical records can be compared to current records to evaluate improvements or deterioration in the person's health and welfare.

Things not to document are:

- Complaints about other staff
- Disagreements you have with agency policy
- Your own personal problems
- Negative comments made by other co-workers
- Negative comments about people served

## Documenting PCP Implementation

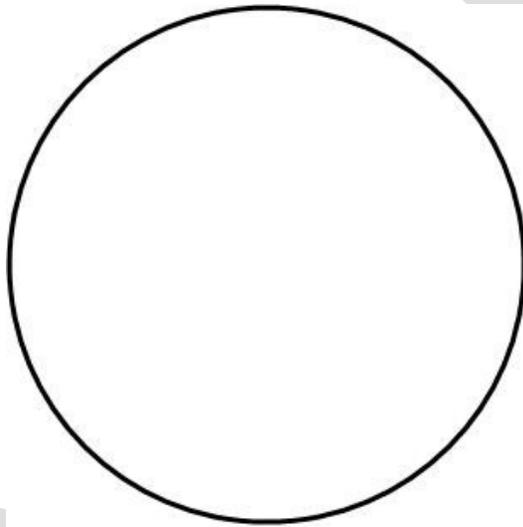
As a DSP:

- You are responsible for implementing the PCP.
- Document the outcomes of the implementation trials daily.
- Communicate with your supervisor when a goal is not working, or you have a difficult time with the implementation of a goal.

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



A Penny Is.....?



Martin Luther King said:

“I have a dream.”

He didn't say:

“I have an annual plan with  
quarterly goals and objectives.”

Inclusion News, 1997-1998



## SECTIONS OF THE SERVICE PLAN

Most service plans contain the following information:

**Personal Description-** This section describes the person. It goes beyond the old way of describing a person ( i.e., 25-yr. old black male with down syndrome).

**Medical/Dental/Nutritional-** This section contains a summary of significant medical issues. This includes any medication the person takes and the reasons. There may be nutritional information mentioned here, as well.

**Background/Historical-** This is a summary of significant events that have happened in the individual's life. These events may be a clue as to what shaped who the person is today.

**Social Relationships-** Here is where details of the person's social life are outlined. Important people are mentioned, as well as, all types of relationships (e.g., family, friends, work, staff members). Some of these relationships may be positive and others not. Sometimes we draw maps to show how these people are related. These show graphically, the connections between people. This area would indicate whether the person prefers to be with people or by himself/herself.

**Goals/Objectives-** This section identifies the areas targeted for development. The information for this section is gathered through interviews, assessments, and on-going interactions with the person. Goals can be from any area, but they need to be important to the person, not necessarily the staff providing input into the plan. We must set goals in various areas to obtain funding. This includes economic self-sufficiency, daily living skills, and community integration. We look at what the person wants to learn and prioritize short and long term goals based on the person's preferences.

**Interests and Activities-** This is where we learn what interests the person outside of work and home responsibilities. Leisure activities, hobbies, sports, or just about any other interest can be listed in this section.

**Personal Values-** This section makes a statement about what is important to the person. This is useful to know because often times we are motivated by what we value the most.

Personality, Feelings, & Emotions- We need to know these things about the person in order to develop a supportive environment. Therefore, getting to know the person is essential.

Sources of Comfort and Discomfort- This section will outline what things provide comfort as well as, discomfort to the person. You may want to remember that we can never know everything about a person. So, this section may have information only known to the staff who wrote it. Further, as people grow and change, this area of the plan may have to undergo change. Again, you will learn much about the person as you interact with him/her.

Assessments- The results of assessments or tests may be included here. For example, PT/OT, IQ, speech and language, etc.

Strengths and Weaknesses- Here we learn about the abilities as well as areas which require support.

Vocation- This section will describe the kinds of work the individual likes to do or would like to do.

Education- A summary of the person's educational background as well educational goals.

Financial - This area discusses financial information about the person including sources of income and needs for the future.

Communication Style- The best way to communicate with the person would be spelled out here. People can and do communicate in a variety of ways and it is important for you to understand how to communicate with each person you will be working with.

Learning Style- How the person learns is outlined. This includes strategies you can use to work most effectively given the person's specific situation.

Personal Rights- In this area, we would learn which rights are most important to the person. Also, what if any rights restrictions might be in place and details of the situation.

Recent Life Changes- Anything that has recently occurred in a person's life which may have an effect on his/her day-to-day functioning should be noted here. This is another area that would be updated continually.

Vision for the Future- Just as we have dreams and hopes for the future, so do people we support in our programs. You need to get to know the person. This will assist you in identifying his/her hopes and dreams. Then you can assist the person in realizing them.

Each PCP is tailored to the individual. Therefore, not all service plans contain all of these components. Some plans may have additional information not listed here.

Additional Information: Service Plans are developed and signed by the individual or guardian, the QIDP, and all service providers. Service Plans explain significant changes in services or providers and indicate that the individual, family members and Service Facilitator participated in the decision process regarding these changes.

Service Plans contain formal (e.g., ICAP) and informal assessment information, including an indication that individual preferences were considered.

Service Plans contain at least one measurable dreams. Service Plans contain an explanation of instructional methods for assisting the individual in moving toward accomplishment of his/her goal(s) and a way to monitor the individual's progress in achieving the goal. It also contains the name(s) or role(s) of the person(s) responsible for assisting the individual in achieving the goal.