

Training Objectives

As a result of participating in this segment of training, learners will be able to:

1. Recall the historical treatment of people who have disabilities
2. Recognize criteria of the definition of developmental disabilities
3. Differentiate characteristics of specific developmental disabilities
4. Justify the “Principal of Normalization”
5. Defend the right to self-advocacy and self-determination
6. Discriminate between harmful labeling of people and People First language
7. Share one strategy for demonstrating respect or ideas for community participation of individuals we support

Estimated Time

90 minutes to 2 hours depending on the number of participants

Supplies

Laptop or computer connected to a projector/monitor

External speakers for laptop or computer

Internet access

Paper and pens for participants








Toolkit (per participant)

Half-sheets of paper or 3x5 cards per participant








Pre-printed cards of sheets of paper with one value listed to a page in large font (found at the end of this Chapter’s Facilitator Guide)

Preparation before training		<p>Review Facilitator Guide for this chapter and ensure each participant has their Toolkit available.</p> <p>OPTION 1: Watch the History of Developmental Disabilities video in its entirety and discuss key concepts at the conclusion. Refer to the “Pause & Ask” sections in this guide for suggested questions.</p> <p>OPTION 2: Be prepared to pause the video at the <i>suggested</i> scenes to engage in discussion.</p>
Opening: Engaging Activity (3 minutes)		
Ask	?	<p>Start the conversation with some of the following questions:</p> <p>What is your experience with people with developmental disabilities? What do you know about where people with developmental disabilities have lived?</p>



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 <p>Say</p>		<p>Does anyone have a family member who has an intellectual disability? Where do they live?</p> <p>The video you are about to watch is much like a journey through time about people with developmental disabilities. The journey provides a historical snapshot that spans from 400 BC to present. You will see the struggles of institutionalized living of the past, to the increase in opportunities and equality in the form of supported living of today.</p>
<p>Immerse (31 minutes)</p>		
<p>Show</p> 		<p>Show <i>History of Developmental Disabilities</i> video (31:00)</p>
<p>Note</p>		<p>Note to Facilitator: Dates referenced in his history of DD video have been noted according to various research sources. If viewers believe dates are inaccurate in any way, you will want to relate that to conflicting information obtained from the various sources.</p> <p>Corrections/Clarifications to make note of:</p> <p><i>"People first language first mentioned in the 1970's"</i> - The ideology of referring to an individual first before their disability was first mentioned in or around the 1970's. It became a philosophy and a language or respect as we know it today around the 1980's.</p> <p><i>"Willowbrook Expose first mentioned in 1966, but was filmed in 1970"</i> - The Geraldo Rivera documentary 'Willowbrook: The Last Great Disgrace' was filmed and broadcast in 1970, but we mentioned in during the 1966 era of the film. This was intentional as it ties in to the initial testimony by Donna J Stone in 1960 and the book published by Dr. Burton Blatt in 1966.</p>
<p>OPTIONAL Teach and Train either DURING video or FOLLOWING video (60 minutes)</p>		
<p>OPTION: Pause</p> <p>Ask</p>	 	<p>At the visual of 1600-1800s</p> <p>What causes hatred? Responses could include fear, lack of education, ignorance. We fear what we don't understand.</p>

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<p>OPTION: Pause</p> <p>Ask</p> <p>Say</p>	  	<p>At the 3:36 mark in the video, pause. Pause the video after the Lakeland Village picture and reference, and the historical 3 pictures that rotate on a “block.” (This will be just before/as the picture of Mt. Rainier appears.)</p> <p>What does the term developmental disability mean, in your own words?</p> <p>Here is how the state of Washington defines developmental disability. A disability attributable to:</p> <ul style="list-style-type: none"> • Intellectual Disability • Cerebral Palsy • Epilepsy • Autism, or another neurological or other condition closely related to intellectual disability or that requires treatment similar to that required for individuals with intellectual disabilities, which: <ul style="list-style-type: none"> • Originated before the individual attained age eighteen; • Continued or can be expected to continue indefinitely, and • Results in substantial limitations to an individual's intellectual and/or adaptive functioning.”
<p>Activity (To be done during or after the video)</p>		<p>List as many developmental disabilities that the group can think of on the whiteboard (or chart paper).</p> <p>Assign one or more persons to write as the group contributes ideas.</p>
<p>Ask</p>		<p>Ask participants to share what they know about various diagnoses.</p>
<p>Note</p> <p>Toolkit</p>	 	<p>Note to facilitator: People may offer disabilities that are more of a physical nature, such as blindness, hearing impairments, Multiple Sclerosis, etc. Or, they may list mental illnesses such as Bipolar Disorder, Depression, Schizophrenia, etc.</p> <p>If this occurs, you may want to encourage participants to refer to Chapter 9 in the Toolkit <i>Major Kinds of Mental Illnesses at a Glance</i>. This may be a good opportunity to distinguish between a diagnosis, disability, developmental disability and a dual diagnosis.</p> <p>A person could have a qualifying diagnosis that doesn’t necessarily constitute the need for services. For example, a person could incur blindness as a result of illness or accident that would not necessarily be a developmental disability unless it happened before age 18. A person could be born with Cerebral Palsy, but not be affected to the extent of needing services.</p>





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		<p>This will be covered later during that chapter.</p>
<p>Toolkit</p>		<p>Encourage participants to refer to the Toolkit pages in CH 2, <i>Developmental Disabilities Characteristics and Considerations</i>.</p> <ul style="list-style-type: none"> • Option 1: The facilitator reads the Toolkit page referenced above. The answers are located in the Fundamentals section of the Toolkit. Have learners fill in blanks as facilitators lead the dialogue. • Option 2: Invite participants to work in small groups or in pairs to fill in the blanks regarding the characteristics and considerations for each named disability. Be sure to direct participants to the section at the end of the Toolkit for this chapter called, <i>Fundamentals: Overview of Developmental Disabilities</i>. Encourage them to discuss the answers as they search for and find them. After people have worked to fill in the blanks using the resource of the Fundamentals section, discuss and encourage participants to complete any parts not yet done. • Option 3: You may opt to have participants turn in the Toolkit to the Fundamentals: Overview of Developmental Disabilities section of the Toolkit. You may determine that discussing this material and inviting participants to add notes works best. (If you choose this Option, participants will not fill-in-the-blanks in the Toolkit pages in CH 2, <i>Developmental Disabilities Characteristics and Considerations</i>.)
<p>Note</p>		<p>Note to facilitator: The content from the Fundamentals section is provided below for your quick reference. Underlined, bold words are the answers.</p> <p>Understanding Developmental Disabilities <i>Intellectual Disabilities</i></p> <p>People with intellectual disability are individuals who have difficulty learning general knowledge as well as adaptive behavior. Adaptive behavior is the way an individual adjusts to the environment. When an individual has difficulty with adaptive behavior, he/she will also have difficulty meeting expectations for personal independence at his/her age level.</p> <p>Characteristics and Considerations</p> <ol style="list-style-type: none"> 1. Learns more <u>slowly</u>, but with time and <u>patience</u> can often learn





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		<p>new skills and acquire knowledge to the same level as those without disabilities.</p> <ol style="list-style-type: none"> 2. Has a more difficult time remembering things that are learned. 3. Has a more difficult time transferring what is learned from one situation to a new situation. 4. Thinks about things in more concrete ways. 5. Keeps learning and developing throughout life just like anyone else. 6. There are different levels of intellectual disability from mild to moderate to severe; therefore individuals need different types of assistance in daily living. <p><i>Cerebral Palsy</i></p> <p>While most with Cerebral Palsy have average or above average intelligence, they have difficulty with body movement due to damage to the brain.</p> <p>Characteristics and Considerations</p> <ol style="list-style-type: none"> 1. May have limited control over their movements in one or more of the following ways: <ul style="list-style-type: none"> ✓ Excessive muscle tightening ✓ Awkward or involuntary movements ✓ Poor balance and poor motor coordination ✓ Speech difficulties ✓ Tremors or shaking that occur while trying to perform coordinated movements 2. Cerebral refers to the brain and Palsy to a condition that affects physical movement. 3. It ranges from mild to severe. 4. People can lead more independent lives through physical therapy and the use of adaptive devices (for example, computers and wheelchairs). <p><i>Epilepsy</i></p> <p>People with a diagnosis of epilepsy or seizure disorder tend to have recurring seizures, usually resulting from a disorder of the central nervous system. A seizure is often described as an abrupt electrical storm, or eruption, that occurs in the brain.</p> <p>Characteristics and Considerations</p> <ol style="list-style-type: none"> 1. Has seizures related to other health issues. 2. Can involve full body convulsions, brief partial movements,
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		<p>drop attacks, or lack of responsiveness (absence).</p> <ol style="list-style-type: none"> 3. Anything that the brain can do in its normal function, it can do abnormally in the form of a seizure. 4. Frequently controlled by medications or VNS (Vagal Nerve Stimulus). 5. Supports should be focused on safety and reassurance. <p><i>Autism Spectrum Disorder</i></p> <p>Autism is a spectrum of closely-related disorders with a shared core of symptoms. The level of disability and the combination of symptoms varies tremendously from person to person.</p> <p>Characteristics and Considerations</p> <ol style="list-style-type: none"> 1. Some of the most common symptoms include: <ul style="list-style-type: none"> ✓ Problems with social skills ✓ Difficulties with communication ✓ Difficulties reading or exhibiting typical emotional responses ✓ Repetitive and/or inflexible behaviors 2. Problems with sensory integration. 3. The level of disability and the combination of symptoms varies tremendously from person to person. In fact, two people with the same diagnosis may look very different when it comes to their behaviors and abilities. 4. Some helpful ways to help an individual with autism include: Provide alternative forms of communication like sign language, PECS (Picture Exchange Communication System), communication software or electronic devices. Look for sensitivity to sounds, taste, touch and environment and adapt as appropriate. 5. Follow routines based on person’s preferences.
<p>Pause</p>		<p>At the 13:12 mark in the video, after the clip of <i>Where’s Molly</i>, hit Pause.</p>
<p>Ask</p>		<p>What are your thoughts about the <i>Where’s Molly</i> segment?</p>
<p>Pause</p>		<p>At the 14:01 mark in the progression of the video, at the 1960 segment and the <i>Willowbrook</i> content, hit Pause.</p>
<p>Ask</p>		<p>What fear, confusion or anger might you feel? How do the images you saw make you feel?</p>







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Pause		At the 23:58 mark in the video, where the text “1990” appears, select the Pause button.
Toolkit		In the Toolkit for CH 2, invite participants to reflect on what is a normal life, and write in their response.
Ask		<p>What is a normal life? Responses will vary, to which the point can be made that we all have different opinions about what a normal life is, and we get to make that determination for ourselves. Throughout history people who were born with disabilities didn’t usually get to make that determination for themselves.</p> <p>Why didn’t people question institutions (or their conditions) as a placement option for infants born with disabilities or for children who were recognized as being disabled? Answers may include:</p> <ul style="list-style-type: none"> • It was the <u>only</u> option, no other choice. • Life was hard enough without adding the care required for a child with so many extra needs. • So much extra support was not feasible and there were no outside social service agencies at the time. • The child would not live long nor be expected to be able to contribute to the agricultural way of life to support him or herself. • Doctors told parents to institutionalize children born with disabilities like saying, “It was the best thing for the child.” • People were embarrassed to have a child with a disability. • Ultimately, they didn’t know what else to do.
Note		<p>Note to Facilitator: The following points may be helpful in explaining the Principle of Normalization in more detail:</p> <ul style="list-style-type: none"> • The normalization principle means making available to all people with disabilities patterns of life and conditions of everyday living which are as close as possible to the regular circumstances and ways of life or society. (Bengt Nirje) • The Principle of Normalization was developed initially in Scandinavia and followed by Wolf Wolfensberger from Canada in the 1970’s. • PASS Workshops and other types of training shaped the development of the Residential & County Guidelines. • The Principle of Normalization refers to the means by which a person is supported, including: <ul style="list-style-type: none"> ○ Acceptance of people with developmental disabilities








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		<ul style="list-style-type: none"> ○ Offering them the same conditions as others ○ Awareness of the normal rhythm of life ○ Providing the typical conditions of life (home, work, recreation, etc.) ○ Freedom of choice ● The Principle of Normalization does not mean: <ul style="list-style-type: none"> ○ Making people “normal”; ○ Forcing them to conform to societal norms; or ○ Dumping people without support. ● Understanding the risk of “devaluation”: <ul style="list-style-type: none"> ○ People, who are viewed as different, such as the people you are supporting, are at risk of being DEVALUED. ○ DEVALUATION occurs when someone’s worth is belittled or diminished. The person is perceived to have less worth than other people. Sometimes that can be expressed as less than human or sub-human. ○ People who are devalued are at great risk of experiencing DISCRIMINATION. ○ DISCRIMINATION means unequal treatment of different persons, categories, or groups of people based on traits or characteristics that are devalued.
<p>Say</p>		<p>The Principle of Normalization instigated the closing of institutions, allowing people with disabilities to move into communities with the supports they need, including:</p> <ul style="list-style-type: none"> ● Acceptance (institutions were usually outside of communities so this meant people with disabilities were living next door in communities) ● Awareness of the normal rhythm of life (family, friends, birth, aging, and death, etc.) ● Providing the typical conditions of life (home, work, shopping, housekeeping, relationships, recreation, etc.) ● Freedom of choice (where to live, who to live with or not, voting, decorating a home, having a bedroom with a door, choosing with whom to share a bedroom, clothes, worship, saying NO, etc.) ● And being recognized as a valued, contributing member of the community, a king or queen in his or her own home, and attaining (and giving) respect, love, and a life worth living and remembering ● Directing the staff in a person’s home rather than being directed by the staff in the home ● Receiving support <i>as needed</i> to achieve the same quality of life




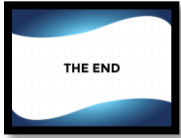



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		promised by the Constitution of the United States to citizens of the United States
Toolkit		Invite participants to turn to the CH 2 page with the <i>Where Do You Stand?</i> activity.
Activity		Complete the <i>Where Do You Stand?</i> activity in the Toolkit. (Follow the instructions on the activity.) Then: <ul style="list-style-type: none"> • Place pre-printed cards of sheets of paper with one value listed to a page in large font around the room, leaving whatever space you can. (Facilitator, please find these at the end of this Chapter’s Facilitator Guide.) • Ask participants to go stand by the value they ranked #1 for the family they grew up in. • Note how people have arranged themselves. • Ask participants to go stand by the #1 Value they hold for their family now.
Ask		Is the place they are standing different now than where they began in the activity? Did everyone move somewhere else? Does anyone want to share his or her observations about this exercise? Are you surprised at the choices other people made? How does understanding your values help you better understand the values of others and provide personalized support? How can you justify the Principle of Normalization?
OPTION Pause		At the 26:22 mark in the video, after the People First definition, hit Pause.
Activity		Ask participants to think of a weakness they possess that they are willing to share with the group. It could be physical or learning limitation, or something to do with their personality.
Ask		Ask the group to each write their weakness on a half-sheet of paper or a 3x5 card. Then have them hold the card up in front of them for all to view. Invite participants to pair up and introduce themselves using their

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		written weakness ... NOT their actual name. What would it feel like if every time you were introduced or referred to, it was done by first referencing your weakness?
Activity		Let's practice using some People First language. What would you say instead of the following phrases: - Retarded person (possible answer may include "person with a disability") - Epileptic (possible answer may include "young woman with epilepsy," or "she has seizures") - Autistic consumer (possible answer may include "child with Autism") - Confined to a wheelchair" (possible answer may include "man who uses a wheelchair")
Say		Discuss alternatives using People First language.
Reminder: If you chose to show the entire video at one time, be sure to use the above segments to Teach and Train here.		
Note	 	Note to Facilitator: The experience level of participants and size of the group will dictate the amount of time required for this Teach and Train content.
Apply- Demonstrate Learning Application to Real Work (3-5 minutes)		
Activity		Share one strategy for demonstrating respect for a person's values, or share ideas for community participation of individuals we support.
Reflection & Celebration (15 minutes)		
Note		Note to Facilitator: Self-determination is the ability of individuals to control their lives, to achieve self-defined goals, and to participate fully in society. The self-advocacy movement has led to an increased awareness of the entitlement of individuals with developmental disabilities to determine the course of their lives.
Ask		Self-determination and self-advocacy are just a couple of the positive results of the evolution of providing services and community inclusion for people who have developmental and intellectual disabilities.

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<p>Say</p>		<p>[As the facilitator, raise your own hand and ask] Have some of these people made poor choices as they moved forward in community living? Have any of us?</p> <p>Of course! But if we never tried we would never move forward. . . any of us. We survive the consequences of our mistakes, redefine our goals, and take it for granted that we are part of our society and we are in control of our own lives.</p> <p>The future is wide open!</p> <p>Let's watch a video about the power and celebration of self-determination.</p>
<p>Show</p> 		<p>Show <i>Dear Future Mom</i> video (2:50)</p>
<p>Say</p> 		<p>We have come leaps and bounds from where we were centuries ago. In the past, people with developmental disabilities lacked control over their own lives. Today, people are advocating for themselves and determining their own future.</p>
<p>Activity</p>		<p>Please administer the test at the end of this chapter.</p>
<p>Note</p>		<p>Note to Facilitator: Please review the objectives in the Toolkit on the first page with participants. Ask participants to circle the objectives for this chapter in which they believe they need more clarity. Allow for question and answer dialogue to ensure that all of the objectives have been met.</p> <p>Hand out the assessment for this chapter to each participant. End of chapter assessments should take approximately 10 minutes.</p> <p>As a learning tool, it will be important for each participant to leave the training with the correct answers. Please review the answers and ensure that each participant has marked the correct answer. When you review the assessment with participants, note where people are having difficulty</p>

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		<p>and review that section again with the whole group or determine where you will address this in the next chapter. Ensure that you reteach/retrain topics where learning gaps were identified.</p> <p>Due to the confidential nature of the assessments in this course, please collect and shred all completed assessments.</p>
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The following pages are signs (2 per page) that can be cut and posted.

Tradition & Ritual

Hierarchy

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Equity, Social Justice

Religion

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Work

Independence

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Education

Money

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Love

Food

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Other (List)