



# **Washington State's RESIDENTIAL SERVICES CURRICULUM 4.1 EDITION**

## **FACILITATOR GUIDE**

**Program Manager: Jan Sprow, M.Ed., DDA Residential Training**

Funding for the revisions made to the Residential Services Curriculum 4<sup>th</sup> Edition provided by Roads to Community Living. Public Access to this curriculum is permitted.

The design and development of this training’s Facilitator Guides, Participant Curriculum, and Visuals for each chapter were produced by the following training team members at the companies of **Embassy Management LLC**:

**Project Manager**

Heidi Scott, PhD Chief Learning Officer

**Training Team** (In alphabetical order)

Jennifer Barker, Staff Training Coordinator

Christine Cone, Eastern WA Regional Training Manager

Kathryn L Davies-Crane, Staff Training Coordinator

Sheila Krein, Staff Training Coordinator

Chase Lawrence, Lead Content Developer/Social Media Coordinator

Megan Marshall, Western WA Regional Training Manager

Many thanks go to those who edited and contributed to the original content of this curriculum and to the editing and information accuracy of this edition:

**Committee Members**

**Community Advocates: John Stern and Colleen Erskine**

Joanne O’Neill, The Arc of Washington State

Emily Rogers, Self Advocates in Leadership (SAIL)

Cheryl Monk, Self Advocates in Leadership (SAIL)

Robert Wardell, Self Advocates in Leadership (SAIL)

**Community Residential Services Providers**

Manuel Arambul, SL Start

Jill Brubacher, Alpha Supported Living Services

Duane Davis, Volunteers Of America

Janene DeJong, Access Living

Christine Grimstead, Kent Community Living

Roger Krebs, SL Start

Tami LaDoux, TCRS

Sandi Miller, Aacres, LLC

Karen Ritter, Ambitions of Washington

Joan Wright, Community Resources

**DSHS / Developmental Disabilities Administration (DDA) Staff:**

Janet Adams, Quality Programs and Services  
Office Chief

Tom Farrow, Unit Manager Roads to  
Community Living

Linda Gil, Staff and Provider Training Program  
Manager

Miguel Salas, Psychologist, Roads to  
Community Living

Shaw Seaman, Unit Manager, Quality Programs  
and Services

Gaye Sherman, DDA Regional Psychologist

Saif Hakim, Residential Services Program  
Manager

Amber Johnson, DDA, Rainier School  
Psychologist

Karen Elmdorf, DDA Region 1, Nursing Care  
Consultant

Jan Sprow, Residential Training Program  
Manager

Sher Stecher, Quality Programs and Services  
Administrative Assistant

Suemary Trobaugh, Training Unit Quality  
Assurance PM, ALTSA

**Video Credit: All videos were written, produced, directed, and edited by Embassy Management, LLC with the exception of the following.**

USDA Food Safety (Producer & Director) (Aug. 10<sup>th</sup>, 2011)  
*Food Safety – Check Your Steps* (Motion Picture)  
USA: [www.usda.gov](http://www.usda.gov)  
Used with permission for educational purposes.

USDA Food Safety (Producer & Director) (July 2<sup>nd</sup>, 2013)  
*Recipes for Disaster – Bacteria BBQ* (Motion Picture)  
USA: [www.usda.gov](http://www.usda.gov)  
Used with permission for educational purposes.

UK Fire Service (Producer & Director) (Sep. 18<sup>th</sup>, 2007)  
*Death In The Kitchen* (Motion Picture)  
United Kingdom: [www.gov.uk/firekills](http://www.gov.uk/firekills)  
Used with permission for educational purposes.

National Fire Protection Association (Producer), & National Institute for Standards & Tech in association with the US Department of Commerce (Director) (December 18, 1993)  
*Christmas Tree Fire* (Motion Picture)  
USA: [www.fire.nist.gov/tree\\_fire.htm](http://www.fire.nist.gov/tree_fire.htm)  
Used with permission for educational purposes.

CBS This Morning (Producer), & Kay M. Lim (Director) (Nov. 28<sup>th</sup>, 2010)  
*“Where’s Molly?”* (Motion Picture)  
USA: [www.cbsnews.com/cbs-this-morning](http://www.cbsnews.com/cbs-this-morning)  
Used with permission under a creative commons attribution license.

CoorDown (Producer) (March 13<sup>th</sup>, 2014)  
*“Dear Future Mom”* (Motion Picture)  
Italy: [www.coordown.it](http://www.coordown.it)  
Used with permission under a creative commons attribution license.

Service Alternatives of Washington (Producer & Director) (March 13<sup>th</sup>, 2014)  
*Make A Difference Workshop* (Motion Picture)  
USA: [www.servalt.com](http://www.servalt.com)  
Used with written permission (Feb. 2015) from the producers.

Friedlander, Dr. Isaiah, Ph.D. (Producer & Director) (April 27<sup>th</sup>, 2009)  
*Diabetes Made Simple* (Motion Picture)  
USA: [www.vimeo.com/user37589671](http://www.vimeo.com/user37589671)  
Used with permission under a creative commons attribution license.

Howcast.com (Producer & Director) (May 17<sup>th</sup>, 2012)  
*What is Drug Abuse?* (Motion Picture)  
USA: [www.howcast.com](http://www.howcast.com)  
Used with permission under a creative commons attribution license.

Howcast.com (Producer & Director) (May 17<sup>th</sup>, 2012)  
*What is Substance Abuse?* (Motion Picture)  
USA: [www.howcast.com](http://www.howcast.com)  
Used with permission under a creative commons attribution license.

Heritage Home of Canada (Producer), & Albert Nerenberg (Director) (May 9<sup>th</sup>, 2010)  
*Laughter Therapy Session* (Motion Picture)  
Canada: [www.cmha.ca](http://www.cmha.ca)  
Used with permission under a creative commons attribution license.

Misra, Vivek (Producer & Director) (June 5<sup>th</sup>, 2014)  
*Generalized Tonic Clonic Seizure*  
USA: <https://youtu.be/hciaAeYLJSw>  
Used with permission under a creative commons attribution license.

Razmus, A. (Producer & Director) (Feb. 18<sup>th</sup>, 2012)  
*Complex Partial Seizure*  
France: <https://youtu.be/vMHqdgU2tg0>  
Used with permission under a creative commons attribution license.

Reyes, Ben (Producer & Director) (Feb. 26<sup>th</sup> 2013)  
*Change The Stigma – Mental Health PSA*  
USA: <https://youtu.be/aOqZqhCma6Q>  
Used with permission under a creative commons attribution license.

# INTRODUCTION TO WASHINGTON STATE'S RESIDENTIAL SERVICES CURRICULUM 4.1 EDITION FACILITATOR GUIDE

Welcome to Washington State's Residential Services Curriculum! You have this Facilitator's Guide in order to provide consistent, thorough, and effective training of staff. The content is mandatory and no parts of it are optional. You may not alter the course content. If you complete this training in less than 40 hours it is your responsibility to make up the difference with additional information from the 30 hour menu of options. See WAC 388-829 for additional information.

The training has been designed with the adult learner in mind. Because of this, you will notice the following concepts are considered in the design of this training:

- Adults need to know why they need to learn something before undertaking to learn it.
- Adults have a self-concept of being responsible for their own decisions, for their own lives.
- Adults arrive at a formal training event with a great deal of life experiences and knowledge.
- Adults are motivated to learn things they believe will help them be able to cope effectively, perform tasks, or deal with problems in their real-life situations.

(Knowles, 1998)

We also believe that all people need to be respected, and that adults learn most easily when they are communicated and interacted with in respectful ways in the learning environment.

Additionally, a variety of learning styles have been acknowledged throughout the activities and resources within each chapter of this curriculum. Following the Facilitator Guide ensures that all learners experience segments of learning that are engaging and "easy" for them to learn because it appeals to the strengths of their natural learning style(s).

As you facilitate this training, you have a great opportunity to model compassion, respect, appropriate, and professional behavior. Remaining focused on effectively modeling your interaction with participants provides an example of the same level of respect and care that you anticipate staff will use with individuals supported.







There are **four components to the resources** provided to you in this curriculum:


1. **Facilitator's Guide (Order code: FFDSHS162)**
2. **Participant Curriculum and Fundamentals (Order Code: FFDSHS163)**
3. **Visuals per Chapter** with videos embedded and found on <https://www.dshs.wa.gov/node/10621/>
4. **Chapter Assessments**

## 1. Facilitator’s Guide

There are a number of facts in your **Facilitator’s Guide** to help you gain the most from it as a tool to help you succeed in delivering this training.

<b>Objectives</b>	Training objectives have been crafted to clarify for you, as well as for participants, exactly what is to result from the training for each chapter. Chapter assessments are written to evaluate whether or not the objectives have been reached.
<b>Estimated Time</b>	Depending upon the number of participants in your training group, a time range estimating the duration of training the chapter’s content is provided. Additionally, each segment of content in the chapters include an estimated duration. This will help you plan your training day including breaks, lunch, and your anticipated schedule.
<b>Supplies</b>	The materials required for each chapter are listed. Be sure you have prepared and have all supplies on hand.
<b>Opening: Engaging Activity</b>	Each chapter’s content opens with an engaging activity designed to “hook” participants and/or stir some curiosity to learn about the topic. These may be very simple, but they are strategically included in each chapter to infuse your training day(s) with vitality.
<b>Immerse</b>	This training was built around the “Designing Training Framework” (© 2012, Brandi Maynard, PhD, & Heidi Scott, PhD), which provides an easy-to-use approach to instructional design. In this model, a series of system feedback loops are used which generally begin with immersing learners in an experience. This experience provides a shared reference for all participants. (It also gives participants a hook on which to “hang their learning.”)
<b>Teach and Train</b>	Sections of each chapter’s Facilitator’s Guide have content that may be clear to you but new to participants. Hence, you will need to teach and train. Typically, these Teach and Train segments follow an “Immerse” portion. Sometimes there are a number of these cycles in a chapter. Become familiar with the content in these sections so you can guide dialogue, and accurately respond to questions.
<b>Apply- Demonstrate Learning Application to Real Work</b>	This training was developed to equip staff to provide excellent support to individuals in the residential setting. Therefore, each chapter includes opportunities for participants to demonstrate their understanding of concepts with application to their real work and responsibilities. Generally, this follows Immerse and the Teach and Train segments; it may loop a number of times in longer chapters with a great deal of content. These are the sections of each chapter that drive home the meaning of the content. This increases the likelihood that the “training sticks”

	and will effect the participants’ approach to similar, on-the-job situations.
<b>Reflection &amp; Celebration of Participants’ Discovery on the Topic</b>	This training was geared to highly impact the knowledge, skills, and behaviors of staff who attend. Often, providing opportunities for Reflection are overlooked in training. Yet, reflecting on what we have learned, and perhaps sharing some personal “take away” related to the content and how we perceive this impacting us in our work helps drive success in the training. At the close of each chapter, there should be a great deal of learning to celebrate!
 <b>Say</b>	This icon is used in Facilitator Guides to indicate specific language you will want to use. These are often written to help you smoothly launch an activity, or drive home specific content.
 <b>Ask</b>	The question mark is an icon used in Facilitator Guides to help you ask the right questions. Often, great training requires facilitators to ask the right questions rather than just talking about the right answers. These specific questions will help keep the training on track to reach the objectives.
 <b>Activity</b>	All of the chapters’ Facilitator Guides include a number of activities. These are meant to immerse participants in the learning process. These activities are also provided to reach a variety of learning styles. This icon is your prompt that participants will be “doing” something.
 <b>Note</b>	Often there are specific notes to facilitators provided in the chapters’ Facilitator Guides. These may prepare you to field content-related questions, or provide quick ideas on how to effectively facilitate the section.
 <b>Curriculum</b>	All of the Facilitator Guides reference a variety of times you will want participants to turn to a certain page in their Curriculum. This icon provides you clarity on what content area they are turning to, as well as information on what the learners are to do in their Curriculums.
 <b>Show</b>	This icon in Facilitator Guides gives you a description (name) and duration of a video. You will want to become familiar with each video. You can maximize learning through discussion in the class following each clip. The videos are typically short and provide a brief break for you. As they play, take a moment to review your Facilitator Guide. This will help you focus the discussion.
<b>Options</b>	Sometimes there are Options provided in the Facilitator Guides. Being aware of these prior to live training will be a benefit to you. The size of your group may impact which options you believe will be best for your group.

<p><b>Thumbnails of Visuals</b></p> 	<p>Thumbnails of visuals are provided throughout your Facilitator Guides. Some of the thumbnails of visuals are used in activities, others indicate a video, and some are simply placeholders. These give you a visual cue to advance the presentation. The thumbnails of videos will become very helpful as you become familiar with the videos. As the training facilitator, you always have the prerogative to advance over visuals if you choose (or if you forgot to use them in all of the chapter’s content). You will access all videos through the link to visuals provided on the state’s website.</p>
---	--

**2. Participant Curriculum and Fundamentals**

**Participant Curriculum:**

The participant **Curriculum** has two sections. The first section includes chapter pages intended to provide active learning in the classroom. These pages relate to the content you will be training, and when completed in class, will also provide learners with a reference tool. When prompted in your Facilitator Guide, have participants turn to specific content in their Curriculums. You will need to use these resources.

Additionally, every Curriculum provides a section of the chapters’ **Fundamentals**. There are a few chapters where participants will be asked to use the chapter’s corresponding “Fundamentals” section for activities. For all participants, this summary of Fundamentals will be a valuable resource and a “quick guide” to information broken into chapter topics. Some learning styles will depend upon being able to read this type of summary of content to help cement their learning.

**3. Visuals (including videos) per chapter:**

Links to visuals, including videos, are provided on the state’s website for each chapter of this curriculum. You will want to become familiar with the visuals and videos so that you are equipped to leverage each in your training. These may be accessed from this site: <https://www.dshs.wa.gov/node/10621/>

**Use Google Chrome to display all slides.** For optimal video performance and playback, you will need to use Google Chrome over Internet Explorer, Firefox, or Safari. If you are using a state or agency owned computer and do not have Google Chrome currently installed, please consult your IT professional(s) in order to get the browser installed on your computer. Please go to [www.Google.com/chrome](http://www.Google.com/chrome) to download. Other sites may add malwear.

**Other things to note:**

**Video Closed Captioning** activates the subtitles that are embedded within each video. Once you've turned on the closed captioning for the first video, it will automatically activate for the rest of the videos in the presentation. To turn on closed captioning, look for the CC icon located to the lower right hand corner of the video.



Click it and select English (United States).

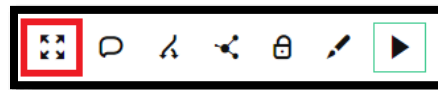
This will activate the rest of the CC for all videos.

using the left and forward and forward and LEFT



**Navigating slide visuals** can be done by right arrow keys on the keyboard to move backward. RIGHT arrow moves you forward and LEFT arrow moves you backward.

**Viewing slides in full screen** can be activated by clicking the expanding icon located below the slides.



**4. End-of-Chapter Assessments** are provided for you to administer upon completion of each chapter. These have been designed to evaluate whether or not the participant has met Chapter's Training Objectives. Be sure to use the results from each chapter's assessment to guide any follow-on learning or dialogue during the remainder of your training. (And you will collect and shred all completed assessments following each training you provide.)

**Evaluations** are a necessary part of providing good training. As trainers we can learn from our students/participants and improve their learning experience. If you provide the Residential Services Curriculum in its entirety please have participants complete an evaluation form. If you are using chapters individually, please complete evaluations at the end of each chapter.

**Best practices in your training include:**

**Preparation** – There is no substitute for preparation. Take the time needed to become familiar with all the training material provided to help you and help your participants succeed!

Advance preparation of any handouts that are not included in the Curriculum will keep you on task and not running to the printer. Find some cartoons to use on the tables as participants arrive or note some activity to engage them from the minute they walk in the door. Preparing easel sheets by using pencil before anyone arrives makes you look very smart! You can go over the pencil marks with markers and no one is the wiser that you had the drawing or information already prepared.



**Ground Rules** – Determine ahead of time what Ground Rules you will establish at the beginning of your first training. For example, when will participants be welcomed to use their phones? How do you want participants to handle needing to use the restroom at times that are not formal break times? Think through your expectations and how you will invite ideas from participants. Consider what will help this group’s learning experience, and be able to share your expectations.

**Greeting participants** – Be early enough to have all materials prepared so that you are able to warmly greet each participant individually when he or she enters the training room. Try to learn their names. Decrease learner anxiety through a friendly environment.

**Music** – If possible (which it should be), plan to have background music playing as participants enter the training room and get comfortable as they wait for the training to begin.

**Breaks** are to be given at your discretion. The training has been designed to be as experiential and active as possible. Provide restroom breaks as appropriate.

**Provide examples** of people (using a pseudonym or only initials) in your agency who may have challenges in the areas being trained, as appropriate. As appropriate and fitting, share real-work situations you are aware of that the new DSP’s you are training may face in supporting an individual (due to specific needs). This may help new staff retain their learning as they anticipate application in the work setting.

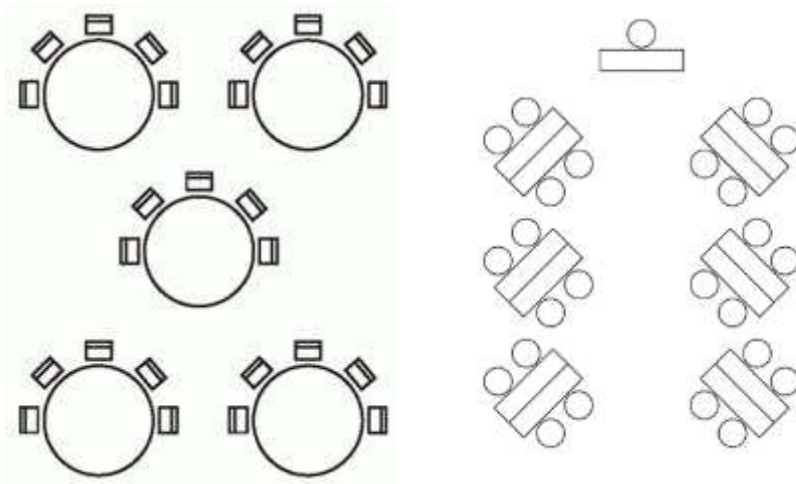
**Best Practices for Teaching Methods** – When learning a new skill practice needs to happen in a real situation. If the skill requires water and soap, those tools need to be available in the learning environment. Practice with other participants needs to take place before practice with an individual. Our goal needs to be skilled staff providing support, not learning a skill with the individual. Once the skill is mastered, the participant is ready to work with the individual they are supporting. They will learn to be flexible and to support in the appropriate teaching methods necessary for that individual.

**Snacks, Ibuprofen, Water, Tums, etc.** – Having items like these on hand may make the difference in allowing participants to comfortably learn.

**FUN!** One of the most exciting things about adult learners is that they like to have fun while learning.

**Please follow the principles of best teaching practices.** Participants will be given the opportunity to see skills modeled, to practice with guidance and to independently perform the skills tasks. Participants learning new skills need the opportunity to practice in a safe environment before performing tasks with or for an individual that we support.

**Room set up** – Consider using one of these diagrams to guide how your training room is set up.



This will allow for easier pairing and small groupings for activities. Add some kinesthetic “fiddlers” to each table, post it notes, pens, paper and other materials as outlined in each chapter before you get started. Make it colorful and useful – not things just to clutter the tables.

**We hope you enjoy** the experience of preparing and delivering effective training. May your preparation, and the delivery of this training, benefit you in equipping staff to succeed in their work as Direct Support Professionals.

Knowles, Malcom, (1998). *The adult learner: the definitive classic in adult education and human resource development*, Houston, TX, Gulf Publishing Company.

**Residential Services Curriculum 4<sup>th</sup> Edition**  
**Supporting Individuals With Disabilities in Community Residential Settings**  
**TABLE OF CONTENTS**

---

**Introduction**

**Chapter 1:** DSP Staff Roles, Self-Care, and Boundaries (code: CE1512580 2.5 hours)

**Chapter 2:** Overview of Developmental Disabilities (code: CE1512581 2 hours)

**Chapter 3:** Residential Service Guidelines and Individual Services (code: CE151258 2.5 hours)

**Chapter 4:** Introduction to Positive Behavior Support (PBS) (code: CE15125803 3 hours)

**Chapter 5:** Effective Communication (code: CE1512584 4 hours)

**Chapter 6:** Habilitation Skills (code: CE1512585 1.5 hours)

**Chapter 7:** Individual Instruction and Support Plans for Individuals (code: CE1512586 2 hours)  
(used to be 4)

**Chapter 8:** Nutrition and Dietary Guidelines (code: CE1512587 4 Hours)

**Chapter 9:** Healthcare / Health Management (code: CE1512588 4 hours)

**Chapter 10:** Medication Management (code: CE1512589 2.5 hours)

**Chapter 11:** Emergency Procedures (code: CE1512590 3 hours)

**Chapter 12:** Personal Care Skills Acquisition and Support (code: CE1512591 8 hours)

**Chapter 13:** Confidentiality (HIPAA) (code: CE1512592 1.5 hours)

**Chapter 14:** Mandatory Reporting (code: CE1512593 2 hours)  
**(42.5 hours)**

**Chapter 15:** Study Guide for Skills Acquisition. Preparing for the Prometrics Exam (code: CE1512594 8 hours) This is to be used as a refresher when people are preparing to take the Prometrics exam.

All videos **NOT** produced by Embassy Management, LLC are used with permission either in writing or under the Creative Commons Attribution authority.



***Training Objectives***

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





1. Illustrate at least 2 ways to build relationships that involve respect, value or equity
2. Point out attributes of cultural competencies (being aware and respectful of the many differences between people)
3. Explain the value of cultural competency in working with individuals you are supporting
4. Identify attributes of professional behavior in the work setting as a direct support professional (Common Care Practices)
5. Differentiate behaviors as acceptable in either this work role or at a friend's home
6. Utilize person centered thinking throughout all modules
7. Classify behaviors of appropriate professional boundaries
8. Define the expectations of a direct support professional role
  - a. Cell phones
  - b. Internet use
  - c. Photos
  - d. Eating food from the household
  - e. Borrowing clothes
  - f. Buying yourself a coffee when supported individual is getting a coffee
  - g. Recognizing and respecting the culture of the individual being supported
  - h. Staying after work to continue watching a show or game
9. Identify requirements that must be completed prior to performing specific nurse-delegated tasks
10. Recognize at least 3 boundaries to use in specific, challenging scenarios
11. Define grief and loss;
  - i. Describe common losses an individual and long-term care worker may experience;
  - ii. Identify common symptoms associated with grief and loss;
  - iii. Describe why self-care is important during the grieving process; and
  - iv. Identify beneficial ways and resources to work through feelings of grief and loss
12. Examine options for debriefing regarding work
13. Give examples of self-care
14. Construct an action plan for self-care when working in this role






***Estimated Time***










2 hours and 45 minutes; depending on the number of participants and outgoing nature of the class

**Supplies**

- Laptop or computer connected to a projector/monitor
- External speakers for laptop or computer
- Internet access
- Paper and pens for participants
- Fat, colorful markers
- Ball of yarn (optional activity for opener)
- Cut strips/cards of the specific, challenging scenarios for demonstrating activity (see final page of this Facilitator Guide)
- Some sort of indicators of Yes and No for each participant (these may be green and red paper, or index cards with YES and NO hand printed on them, etc.)
- Direct Support Professional (DSP) Curriculum Toolkit per participant







<b>Preparation before training</b>		<b>Print a Facilitator Guide, and DSP Curriculum Toolkits necessary for each staff. Ensure each participant has a pen.</b>
<b>Opening: Engaging Activity (3 minutes, depending on the size of the group)</b>		
<p><b>Say</b></p> 		<p>Welcome to Washington State’s DSP Residential Services Training. Since we are going to spend close to 40 hours together, let’s spend a few minutes building some relationships with one another. Please take a piece of paper and fold it in thirds [show them]. With a marker, write your name on it so that it shows up on both sides when the triangle sits on the table in front of you.</p> <p>Please cover ground rules for your location. (This may include where the restrooms are, breaks, cell phone expectations, food/beverage, etc.)</p>
<b>Immerse (15 minutes)</b>		
<p><b>Activity</b></p> 		<p><b>Common Connections</b></p> <p>Invite participants to view the keywords on the screen and think about which 3 items (out of 5 items) they will choose to share about themselves with the group. (Key words: Family, Work Experience, Places You’ve Lived, Traditions, Hobbies)</p> <p>Ask for a volunteer to go first. Explain that as each person begins to share about themselves they must place their name tent in front of them (indicating they have shared).</p> <p>As all people in the room listen, after at least 3 facts have been shared, any person may then indicate (by raising a hand) how one of the facts relate to themselves. That person then places his name tent in front of him and shares at least 3 facts about himself with the group. Everyone listens, and when another person is ready to “connect” to a fact shared, that person places her name tent on the table for all to share and begins</p>

		<p>telling 3 facts about herself. This continues until all people have placed their name tents on the table for all to see, and have shared about themselves.</p> <p>Be sure that you as the training facilitator also join in the sharing process. You may want to consider being the 2<sup>nd</sup> person to share, so you can demonstrate the “connecting” process.</p> <p><b>OPTION:</b> Include a ball of yarn that begins with the first person. When the 2<sup>nd</sup> person begins to “connect” and share, the end of the yarn remains with person number 1, and the ball of yarn is given/tossed to the 2<sup>nd</sup> person. This continues, so that each person that shares hangs on to a part of the same string of yarn. (This visual representation of the many “connections” in the room will be referenced in the next activity.)</p>
<b>Teach and Train (5 minutes)</b>		
<p><b>Say</b></p> 		<p>Take a look at the words on the screen. How many of these were referenced in facts that were shared by people in this room?</p> <p>Discuss and point out how these things were dealt with in respectful ways. For example, if someone shared something that may be rather unique from the norm in the group, how was it handled in order to help the person feel valued?</p> <p>Or, if (as the trainer) you needed to redirect language to be more appropriate or culturally sensitive, draw attention to this here ... in a very delicate manner.</p>
<p><b>Ask</b></p> 		<p>How would demonstrating value for the differences between the people in this room, the people you will work with, and the people you will support help you build relationships?</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Cultural Competency describes our knowledge, value, appreciation, and respect for those with whom we interact (individuals served, personnel, families/caregivers and other stakeholders). This includes their race, ethnic group, age, sexual orientation, socioeconomic status, communities, beliefs, values, preferences, practices, and skills.</p>

Immerse (5 minutes)		
<p><b>Say</b></p>		<p>Let's watch how some new employees learn expectations for their roles at work.</p>
<p><b>Show</b></p>  		<p>Show video <i>Orientation Game</i> (1:46) depicting scenes to cover some of Objectives 4, 5, 6, 7 &amp; 8.</p>
Teach and Train (5 minutes)		
<p><b>Ask</b></p>		<p><b>Discuss the following concepts through dialogue.</b></p> <ol style="list-style-type: none"> <li>1. What are some attributes of professional behavior in the work setting as a direct support professional?</li> <li>2. How might some behaviors be acceptable in your friend's home but not in the home of someone you support?</li> </ol>
Immerse (20 minutes)		
<p><b>Say</b></p> 		<p>Now it's our turn to play the <i>Orientation Game</i> and classify some behaviors of appropriate professional boundaries.</p>
<p><b>Curriculum Toolkit</b></p>		<p>First we will take a few minutes to read and mark our own votes on the <i>Orientation Game</i> in the Curriculum Toolkit section of this chapter. Then we will use similar rules to those we just saw in the video as we play our own orientation game.</p>
<p><b>Activity</b></p>		<p>We will use similar rules to those we just saw in the video. Hand out the Yes/No paddles of some sort, and ensure participant understand the rules.</p> <p>The <i>Orientation Game</i> – Read the following items below and allow time for participants to hold up their answer whether they believe that “Yes,” or “No” is the proper response to the scenario.</p> <ol style="list-style-type: none"> <li>1. You should give your phone number to people you support so they can contact you when you're not on shift.</li> </ol> <p><i>Answer: No, your personal time is for you to unwind and those you support may not have great judgment skills to discern when or how often is appropriate to call. Furthermore, you may work with someone who could use this information against you.</i></p>






		<p>2. Posting pictures of the people you work with on your Facebook page is a great way to help them meet new friends.  <i>Answer: No, this is a HIPAA violation. If the person you support has their own Facebook page you might be tasked with helping them read or create posts.</i></p> <p>3. Your lunch was forgotten at home today and you're hungry. You know the person you support has a personal stash of cashews. If you just take a handful no one will notice.  <i>Answer: No, if someone has a personal snack set aside it is clearly special to that person. Typically, those we support are buying their own food with their own funds. Become familiar with the rules and policies regarding staff meals if you work in a setting that encourages family style dining.</i></p> <p>4. You're out hiking with someone you support when the weather shifts and it begins to rain. You have an extra jacket but the company has a "no loaning or borrowing" policy. Should you lend her the jacket?  <i>Answer: Yes, the health and welfare of those you support should always be the first consideration. If you find yourself in an unusual situation you may need to consider the spirit of the policy rather than the language of the policy.</i></p> <p>5. While out running errands, the person you support decides to stop for coffee. Since you are a little short on cash you borrow some of their spending cash to pay for your coffee, too. This allows you both to sit down for a nice break.  <i>Answer: No, if you're short on funds order a glass of ice water. It is never okay to ask those you support to buy you goods or services. If "going out for coffee" or any other activity is part of a person's set goals there may be funds available to cover staff's expenses. Familiarize yourself with the plans and policies and be proactive to set up successful integration in the community.</i></p> <p>6. Growing up in England you have never celebrated the Thanksgiving holiday. There are only two people living in the home where you work so it seems foolish to buy them a whole turkey to celebrate a single day. You decide to buy lunchmeat and make turkey and cranberry sandwiches.  <i>Answer: No, we are in the business of supporting people to live enriched lives based on their choices, values and beliefs. Our personal judgment should not affect our support.</i></p> <p>7. The game is tied and there are only 10 minutes left on the clock. Your scheduled shift is over and you're off the clock so you sit down with the guys you support to watch the end of the game.  <i>Answer: No, this is shift work and at the end of your shift it is time to go. Exceptions may be made if you are specifically invited and arrangements have been made with your supervisor.</i></p>
--	--	---

		<p>8. You’ve taken the core curriculum class and have been delegated to assist the two people you support. An eardrops prescription was just delivered to address one person’s ear infection. The prescription states to begin as soon as possible. You’ve left a message with the nurse and are waiting for him to call you. Do you need to wait for the nurse to call?  <i>Answer: Yes, each delegated task requires specific training from the nurse.</i></p>
<p><b>Apply - Demonstrate Learning Application to Real Work (35 minutes)</b></p>		
<p><b>Say</b></p>  <p><b>Activity</b></p>  <p><b>Note</b></p> 	  	<p>Let’s apply some of these expectations of the DSP role in what may be actual scenarios in your work. Sometimes you may be faced with specific, challenging situations. We will have the opportunity to read a scenario card in a small group, and then act it out. Our task is to work as a team to figure out how a DSP should optimally respond in order to best support the needs of the individual, as well as maintain our professional boundaries.</p> <p>Place people in small groups of 2 or 3 (depending upon the size of the class and of the roles to play in each scenario; ideally, each person will play a role).          Provide a few minutes for teams to prepare their demonstration.</p> <p>Set Ground Rules for the demonstrations:</p> <ol style="list-style-type: none"> <li>1. We will focus on listening and watching each group’s demonstration.</li> <li>2. We will be prepared to discuss or provide feedback to help us learn.</li> </ol> <p><b>Note to Facilitator:</b> Because people may be tempted to continue to plan their own demonstrations while other groups present, consider asking all participants to return to their seats (so they are not sitting with their team).</p> <p><b>OPTIONS:</b>          If your class is above 12 people, consider having two groups separate in different locations to present scenarios. Your physical location will determine if you can facilitate and oversee both groups with teams presenting so you can provide input.</p> <p>If your class has only 2-3 people in it, you may want to have them demonstrate multiple scenarios.</p>

	<p>See copies of Scenarios below for your reference, AND be sure to note the key questions following each to help guide your debrief.</p> <p><b>Demonstration Scenarios for CH 1 DSP Roles, Self-Care &amp; Boundaries</b>  <b>COPY &amp; CUT TO GIVE TO PARTICIPANT GROUPS</b></p> <p><b>1. Dinner Time; In your small group, prepare a 2-minute demonstration demonstrating how to maintain professional boundaries in this situation. Our task is to work as a team to figure out how a DSP should optimally respond in order to best support the needs of the individual, as well as maintain our professional boundaries.</b></p> <p>You are serving dinner for individuals, including one person who is dependent on staff to feed him. Because he has a very rigid schedule with his meds, he must eat at a certain time. You are going to feed him right now. Your coworker is going to help his roommates get their food and they are anxiously waiting. Just as your coworker starts to help serve the food, her phone rings and she reaches into her pocket to answer. The conversation sounds heated and inappropriate and goes on for longer than it should. Meanwhile, the individuals waiting to eat start to get anxious, rocking back and forth, humming loudly, and clapping their hands. Although your coworker is familiar with the outbursts which have occurred when meal time is postponed, she is oblivious right now to the increasing signs of anxiety which have previously lead into acting out behavior like throwing objects to the floor (including plates of food), hitting at others, and damaging property. As a newer staff you may feel it isn't your place to tell her to get off the phone and back to the task at hand.</p> <p><b>What are the professional boundaries being crossed?</b></p> <p><b>2. Vegetarian; In your small group, prepare a 2-minute demonstration demonstrating how to maintain professional boundaries in this situation. Our task is to work as a team to figure out how a DSP should optimally respond in order to best support the needs of the individual, as well as maintain our professional boundaries.</b></p> <p>You are a vegetarian who used to cook in a vegan restaurant. The restaurant closed and you are now working in a supported living home with people who like to eat meat. The expectation is that all of the individuals and staff work together to create healthy menus to enhance the health and lives of the people who live there. The menus have been designed as recommended by a nutritionist, and most meals contain some form of meat. You tell your supervisor, "I don't cook meat for a number of reasons, but I will prepare tofu and beans for protein." Your</p>
--	--

	<p>supervisor replies, “You don’t have to eat it, just cook it for others.”  <b>What are some professional boundaries that are being crossed and what are the outcomes of potentially violating those boundaries?</b></p> <p><b>3. Smoke; In your small group, prepare a 2-minute demonstration demonstrating how to maintain professional boundaries in this situation. Our task is to work as a team to figure out how a DSP should optimally respond in order to best support the needs of the individual, as well as maintain our professional boundaries.</b></p> <p>Wesley is out of cigarettes. He’s also out of spending money. Staff told him earlier in the day that he could use some grocery money this evening to pick up a pack of cigarettes tonight. He has been asking you and the other staff to lend him “just one” and promising that this will be the last one he ever borrows. He notices a neighbor out smoking on the porch, which contributes to him becoming agitated, pacing the floor, circling you and clenching his fists. You are trying to figure out what to do, knowing full well that you have a pack of cigarettes poking out of your shirt pocket.</p> <p><b>What can you say and do to support him? What are some professional boundaries your team may need to review?</b></p> <p><b>4. When A Puppy Visits; In your small group, prepare a 2-minute demonstration demonstrating how to maintain professional boundaries in this situation. Our task is to work as a team to figure out how a DSP should optimally respond in order to best support the needs of the individual, as well as maintain our professional boundaries.</b></p> <p>Donna is a new coworker who brought her tiny puppy to work today in Belle’s home. Donna’s husband dropped her off on his way to work and will pick her up after her shift ends in 8 hours. It is winter and the temperature outside is well below freezing. Donna explains that due to the age of the puppy, she can’t leave it home alone. Belle is afraid of dogs. She begins to yell and pace. Donna tries to reassure Belle that her dog won’t hurt her, but Belle is continuing to escalate, getting louder, pacing faster.</p> <p><b>What can you do to support Belle and your coworker? What boundaries have been crossed? What can you do about the dog being at work today?</b></p> <p><b>5. Snow Work Day; In your small group, prepare a 2-minute demonstration demonstrating how to maintain professional boundaries in this situation. Our task is to work as a team to figure out how a DSP should optimally respond in order to best support the needs of the individual, as well as maintain our professional boundaries.</b></p>
--	---

		<p>Randy is confused about what time he should catch the bus for work. Frequently he gets up early and is ready to go an hour earlier than necessary. This morning Randy is angry that your coworker is not letting him leave for work now and has threatened to beat up anyone who tries to stop him from leaving. To add injury to insult there are six inches of new snow which means even though the bus will pick him up at 8:30, it will likely be late. You know Randy could go outside to wait, but it is icy and windy out there and Randy has a habit of taking off his coat outside. Your coworker calls her boyfriend who has a black belt in martial arts, to see if he can give Randy a lift. After all, with the snow and bad road conditions, he will likely get to work on time, anyway. Your coworker's boyfriend says he is willing to come over and take Randy to work, and he is not worried about Randy's threats.</p> <p><b>What boundaries are being crossed? How do you handle your next steps?</b></p> <p><b>6. Ritzy; In your small group, prepare a 2-minute demonstration demonstrating how to maintain professional boundaries in this situation. Our task is to work as a team to figure out how a DSP should optimally respond in order to best support the needs of the individual, as well as maintain our professional boundaries.</b></p> <p>Your coworker Stella agreed to work extra hours tonight, even though it means she'll be leaving later than originally planned to go to her best friend's bachelorette party. To help her save time she brought her make-up, heels, and a short dress to get ready and change into before signing out for the evening. During the last hour of your shift, the people you support are watching a rented DVD, you are doing all the evening shift documentation, and Stella is getting ready to go in one of the bedrooms that contains a big mirror. (Stella asked the individual if she could use the room and got permission from her.)</p> <p><b>What boundaries are being crossed? How could this be handled better?</b></p>
<p><b>Teach and Train (15 minutes)</b></p>		
<p><b>Curriculum Toolkit</b></p>		<p><b>YOUR ROLES AS DSPs</b></p> <p>Ask participants to turn in their Curriculum Toolkits to chapter 1 with content about their Roles as DSPs. Discuss these facts below.</p>
<p><b>Ask</b></p>		<p>Ask how they saw these roles in action during the demonstrations. The goal of your job is to enrich a person's life, as defined by the individual you support.</p> <ul style="list-style-type: none"> <li>• The individuals you support will determine the specifics of your job. Your roles will include:             <ul style="list-style-type: none"> <li>○ <b>Partner</b> - Supporting individuals in leading independent</li> </ul> </li> </ul>


		<p>lives and participating in and contributing to the community.</p> <ul style="list-style-type: none"> <li>○ <b>Resource</b> - Finding creative and fun ways to help individuals learn meaningful skills to increase independence, and providing them with information to make informed choices for themselves.</li> <li>○ <b>Teacher</b> - Teaching new skills to help people achieve independence in their own lives.</li> <li>○ <b>Ambassador</b> - Connecting to the individual’s community, connecting individuals with developmental disabilities with others, such as neighbors, friends, and community members.</li> <li>○ <b>Advocate</b> - Supporting individuals in exercising their rights and responsibilities.</li> <li>○ <b>Encourager</b> - Seeking to understand the likes, dislikes, hopes, and goals of the individuals you support, and cheering individuals on as they make progress toward their life goals.</li> <li>○ <b>Provider</b> - Giving instruction and support in areas of health and safety, and in competencies of daily living skills.</li> </ul> <ul style="list-style-type: none"> <li>• All of the roles you play have a common focus on supporting individuals to live the lives they desire.</li> <li>• It is easy to get roles confused. You are not the boss or their parent.</li> </ul> <p>Teaming with Others to Support Individuals</p> <ul style="list-style-type: none"> <li>○ Another important role that you play is that of a team member.</li> <li>○ As a DSP, you are a member of multiple teams.</li> <li>○ Working as a team is often better than working alone.</li> <li>○ Sharing information and ideas with team members leads to creative planning and problem solving.</li> </ul>
<p><b>Curriculum Toolkit Fundamentals</b></p> <p>!!!!!!!!!!!!!!</p>		<p>Throughout your training we will be discussing people’s rights. These rights are not different than your rights. We discuss them because they are frequently overlooked in the interest of time, money or other resources, or even under the veil of health and safety. It is difficult to teach every type of right that people enjoy. Since it is not something we typically think about, your course will be full of areas where we point this out.</p> <p>We have a responsibility to provide support in the way that the person wants it. We would refer to these as <b>common care practices or supported independence</b>. It is expected that you will model and use</p>



	<p>these practices daily. It is a job expectation that you know them and that they can be seen by the casual observer. No matter which role you are currently in during the process of your day, these common care practices are to be used.</p> <p>Ask the group if they have been with the people they support and what practices they now see as beneficial to making the IISP and the PBSP work? (They should talk about prevention, choice, Guiding values.) How have these skills helped them with the work they do?</p> <p>There are six common care skills that you need to acquire and make part of your daily work. It's more about being intentional in your respect of the person you are supporting. Each of you will need to assess yourselves first to ensure that you are using these common care practices and once you think you are perfect at it, start mentoring others. I say mentoring because you are not the boss of other staff. You are a teammate and teammates support each other.</p> <p>Let's review these common care practices to ensure that you can see some of this in yourself.</p> <p>Turn in your Curriculum Toolkit Fundamentals to Chapter 1. On the checklist mark down those items that you want to pay attention to for yourself or that are something you hadn't thought about. Only use the first column for how you would rank yourself today. We'll come back to this form again in Chapter 12 and then you can revisit it to check in with yourself to see if you are making progress. (read what the 1, 2, 3, and 4 stand for on the worksheet.)</p> <p><b>Skills Acquisition: COMMON CARE PRACTICES</b></p> <ol style="list-style-type: none"> <li>1. Encourage the person to be as independent as they can be:              Ask what assistance they need              Ask what they can do for themselves              Ask for their preferences              Offer choices              Ask how they want something done.              Wait for them to ask for help              Be patient</li> </ol> <p>Remember you are new. You will be anxious to be helpful and to "fix" things. You will think, "I can do this faster, I'll just help out and get it done so we can move on to something else." The problem is that with independence it also means having the right to fail, to struggle, to take longer than you do, to complete it so that pride and value are also part of the task.</p>
--	--








	<p>2. Respect person’s right to:          Say no or refuse          To make a mistake          To struggle with the task          To take longer          Choose when, how and where they receive support/care          Feel and be safe during support/care          Know what is observed about them and how it is reported; and          Have clean linens, clothing, implements, assistive devices, etc.          Voice complaints (swearing and cursing)          Have and express personal beliefs</p> <p>The hard part about respecting someone else’s right to make a mistake or to struggle is that it’s just plain hard to watch. We are tempted to “rescue”.</p> <p>3. Keep the person safe at all times:          Position a safe distance from the edge of the bed or chair          Keep them warm          Encourage them to keep their area clear so they can move easily          Roll them towards you instead of away from you          Provide privacy          Use a gentle touch so you don’t hurt or scrape their skin          Do NOT use verbal or physical abuse.          Tailor interaction          Provide appropriate support (water temp, sunscreen)          Monitor</p> <p>Preventing bad things from happening is different from just keeping people safe. In your life time, have you done anything that wasn’t safe when you first started it? Riding a bicycle, skateboard, motorcycle.... But if you hadn’t continued to pursue the activity you would never have built the skills needed to achieve the task. When we talk about a person feeling safe, what does that mean? (respect, trust...)</p> <p>4. Use infection control processes to keep the person healthy and minimize germs:          Wash your hands when you enter and exit their room and as you gather supplies for a task before touching the person          Disinfect non-disposable items after use          Wear gloves whenever you might come in contact with bodily fluids          Use other personal Protective Equipment (PPE) as needed (more on this in chapter 12)          Keep the environment as clean as possible          Define expectations of clean for person and agency</p>
--	--








	<p>Ask – Do you see/smell what I see/smell?</p> <p>Bathing did not become popular until Marco Polo visited China to find that bathing was part of their daily habit. They thought he smelled bad and taught him this skill. Not bathing has a huge impact on infection control and we expect people will smell good and be clean as part of our cultural values. Doctors learned to wash their hands in the mid 1800’s which stopped the spread of infectious diseases and contaminating surgical sites. Wiping off door knobs and other controls on a regular basis can stop the spread of cold and flu germs and keep people healthier. IF you don’t do these things at home, you may be learning some new prevention skills that you can apply there as well. In Japan and other parts of the world, when a person has a cold, they wear a mask to help prevent the spread of germs. Be purposeful and intentional. Make it part of your daily routine to prevent the spread of germs.</p> <p>5. Talk to the person and use active listening skills:          Tell them what actions you are going to do before you do it          Listen to their words and tone          Observe body language and facial expressions          Ask for feedback          Give them your undivided attention          Use age appropriate language          Reflective Listening          Talk to them as adults @ eye level</p> <p>Communication in your work will be difficult until you learn the language. People with Developmental Disabilities, learning disabilities, mental health issues – may have difficulty communicating with you initially and you will have difficulty understanding what they need or want. Do not give up! Ask for help! “What did that mean?” “I don’t understand what you need me to do.” Making sure the person you support knows that you are trying will go a long way to build trust and a positive relationship.</p> <p>6. Support the whole person:          Problem solve with them not for them          Give them choices          Ask their preferences          Know what triggers certain behaviors or responses and what you can do to promote their emotional or physical success          Be proactive and anticipate their needs          Talk to them as an equal to yourself          Do not embarrass or demean them by:          Gawking, staring at them or something on them</p>
--	--






		<p>Using inappropriate words                      Wrinkling your nose because they smell                      Grunting when you move them                      Adjusting clothing, underwear, bras in public places</p> <p>We may think it’s funny or we may do display things that we are not aware of. Do you wrinkle your nose when you smell something bad or make loud comments “That smells so bad you could knock a buzzard off a manure wagon!” Funny right? Not in this setting. It’s embarrassing and disrespectful. It will not help you to build a trusting relationship with the person you support. Always ask yourself – Will my actions help or hurt my relationship with this person? Take a pause if you are about to do something that Jiminy Cricket wouldn’t approve of! (the cricket from Walt Disney that tells you to listen to your conscience.) Now we are going to practice demonstrating common care and ethical behavior in providing personal care by using scenarios to demonstrate what we have learned so far.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> As you guide the debrief from the demonstration for the group observed, draw their attention to the fact that there is nothing about “controlling” those we support.</p>
<p><b>Activity and Teach and Train (10-15 minutes)</b></p>		
<p><b>Activity</b></p>		<p>On a piece of paper, write down your morning routine before you go to work. What time do you get up? Do you shower, brush your teeth before or after breakfast? Do you eat the same food? Exercise? Smoke? What time do you leave for work? How do you get to work? Be specific!</p> <p>(Have participants stand up and form a circle. Now ask them to pass their routine to the right. If it’s a large group ask them to pass it one more time. Maybe two more times. )</p> <p>If you had to follow the routine that you were just handed, how would you feel?</p> <p>(Allow the group to respond and to have some discussion.) Have them return to their seats.</p>
<p><b>Ask</b></p>		<p><b>All of the roles</b> you will be using with your work in this field are governed by keeping the person you are supporting at the front of your thoughts and actions. We call this “Person Centered Thinking”. While there are many tools that address person centered planning, the</p>





		<p>“thinking” part is something that takes place for everything you are doing. Are you supporting the person to have the kind of day they would like to have? Can they get up when they want to? Can they eat what they want?</p>
		<p><b>Now ask participants</b> to write down what happens on a good day in their own life?</p> <p>Now ask them what happens when things aren’t good. What happens to make it a bad day?</p> <p>Every day in supported living you have the opportunity to help someone else have a good day. Knowing what that looks like can direct you to be a better Direct Support Professional. Over the next 40 hours of training, you will be learning many new skills and ways to think about being person centered. They won’t be labeled “person centered”. Learning to ask questions about the person, getting to know them and building a positive relationship with them is the CORE of our work.</p>
<b>Ask</b>		<p><b>Proper Attire for DSPs</b></p> <p>When we consider appropriate attire for DSPs, how might your dress help you fulfill your “Role” that we have discussed?</p>
<b>Curriculum Toolkit</b>		<p>Encourage participants to review their Curriculum Toolkit and the Roles noted there.</p> <p>After reading each bullet point below, invite dialogue about the Role(s) that are supported by fulfilling each.</p> <ul style="list-style-type: none"> <li>• You should dress in a manner that can safely and comfortably support a variety of home living activities.</li> <li>• Your attire should not call attention to you or set you apart from the person you are supporting.</li> </ul> <p>Refer to your agency’s dress policy for specific guidelines. For example, review proper attire for supporting individuals in the community protection program.</p>
<b>Activity and Teach and Train (10-15 minutes)</b>		
<b>Say</b>		<p>Let’s take a look at some issues a professional person is having with Boundaries in the workplace. Do the expectations of professional boundaries change between a bank teller and a direct support professional?</p> <p>Show <i>Bank Teller</i> Video (1:20)</p>

<p><b>Show</b></p>  <p><b>Say</b></p> <p><b>Curriculum Toolkit</b></p> 	   	<p>There were a number of things in this video that may have been perceived as offensive. So let's take a look at the important things about <i>Maintaining Professional Boundaries</i>.</p> <p>Fill in the blank exercise located in CH 1 Curriculum Toolkit.  <b>Maintaining Professional Boundaries – The answers for the Curriculum Toolkit activity are in bold and underlined below.</b></p> <ol style="list-style-type: none"> <li>1. Be <b><u>Present</u></b> - Begin and end shifts as they are scheduled to help maintain a good balance between work life and home life.</li> <li>2. Avoid Special <b><u>Favors</u></b> – A friendly staff is different than a friend. Following individual plans and company policies provides clear expectations for everyone involved.</li> <li>3. <b><u>Social Media</u></b> Consideration – Sharing any work related information on personal social media sites is problematic and potentially illegal.</li> <li>4. Keep <b><u>Physical</u></b> Contact Professional – A handshake, high-five or a pat on the shoulder models socially appropriate greetings.</li> <li>5. <b><u>Borrowing</u></b> is Never Acceptable - Do not give or lend money, clothing or any personal items to or from those who live where you work.</li> <li>6. Personal <b><u>Opinions &amp; Beliefs</u></b> Belong in Your Personal Life – Be respectful of other people's religious, political and social beliefs. Keep your personal beliefs private.</li> <li>7. Engage in Polite <b><u>Professional Conversations</u></b> - Complaining about job duties and co-workers or the use of profanity creates a hostile working and living environment.</li> <li>8. <b><u>Appearances</u></b> Do Matter – Closed toe shoes, clean, casual clothing covering the torso and thighs, provide a measure of protection and reflect your professional attitude.</li> <li>9. Know <b><u>Where</u></b> to Go –Consider who to speak with for a crucial conversation regarding co-workers, practices, or personal issues that may impede your ability to provide support.</li> </ol> <p>Discuss boundaries when it comes to appropriate options for DSP's to debrief from work.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> This is an important topic to discuss as it will provide a natural transition to the topic of Self-Care.</p>


Immerse (5 minutes)		
<p><b>Say</b></p>		<p>Stress from work happens in most jobs. Being a DSP comes with challenges and pressures that may leave you stressed – and if not dealt with, could lead to burn out.</p>
<p><b>Ask</b></p>		<p>What can a stressed person look like? What behaviors might you see from someone who is overwhelmed with challenges from work? Responses may include: poor emotional control, inability to listen to others, expressing negativity about your role or work, inability to see the big picture, allowing or permitting an unsafe or unclean work environment, low ability to problem solve, etc.</p>
<p><b>Say</b></p>		<p>In order to prepare you for your work as a DSP, and to equip you to remain healthy and able to confidently do your job, let's learn some strategies for Self-Care.</p>
Teach and Train (8-10 minutes)		
<p><b>Say</b></p>		<p>Each of us have areas of our life that are important to us. What are some parts of your life that are priorities to you?</p> <p>Capture these on the whiteboard as people offer suggestions. Remember to value all concepts shared – even if some are very different than yours.</p>
<p><b>Curriculum Toolkit</b></p>		<p>Invite participants to turn to the page in their Curriculum Toolkit and use <i>the Bank of Life Areas of Importance</i> and begin to write down the top areas of importance in their lives now (as opposed to a different time period or age in their lives).</p>
<p><b>Activity</b></p>		<p>Provide participants 4-5 minutes to work in their Curriculum Toolkit to complete the identification of the areas of their lives that are currently most important to them, as well as to indicate which areas they feel they are living as they desire.</p> <p>Invite people to share about an area they wrote down as currently being most important to them.</p>







<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Sometimes when asking for personal information to be shared in the training room, it may help for you as the trainer to go first and model the level of authenticity and vulnerability that is appropriate.</p> <p><b>OPTION:</b> If you have a large group, you may want to ask people to get in groups of 3 and share, rather than completing this activity as one group.</p>
<p><b>Immerse (5 minutes)</b></p>		
<p><b>Curriculum Toolkit</b></p>  		<p>Invite participant to craft an Action Plan for self-care in their Curriculum Toolkit.</p> <p>Inform participants that this activity is a personal one and that they will not be asked to share. This is their opportunity to develop a plan of action to take just one area of current importance in their lives and set plans in motion to make improvements they want to see.</p> <p>Provide 4-5 minutes for people to complete their Action Plan.</p>
<p><b>Activity</b></p>		
<p><b>Apply- Demonstrate Learning Application to Real Work (3-5 minutes)</b></p>		
<p><b>Ask</b></p>		<p>How could our awareness and assessment of what is personally important to us help us in our roles as DSPs?</p> <p>Responses may include a variety of behaviors related to characteristics of a professional attitude.</p> <ul style="list-style-type: none"> <li>• A positive attitude about your role with the individual you support</li> <li>• Treat the individual and team members with dignity and trust</li> <li>• Objectivity and the ability to look at the big picture</li> <li>• Active listening</li> <li>• Use of your talents, experience, and creativity to address issues</li> <li>• Control of your emotions</li> <li>• Assurance of a safe and comfortable environment</li> <li>• The ability to separate your personal life from your professional life</li> </ul>

<p><b>Say</b></p>		<p>We bring our whole selves to work each day. That is why it is important for us to each take care of ourselves! In another chapter (Positive Behavior Support) we will learn specific strategies for how to remain objective, calm and supportive. And that will build upon our knowledge and habits of Self-Care.</p> <p>Our awareness of the differences in what we all (in this room) find to be areas of importance in our lives provides a framework for how to acknowledge and respect this diversity. It also prepares us for being aware that the people we support will most likely hold a variety of areas of importance in their lives that are different than ours. And our role includes respecting and valuing that.</p>
<p><b>Immerse (8-10 minutes)</b></p>		
<p><b>Ask</b></p> 		<p>Please do not raise your hand, but how many of us have experienced grief or loss where you felt like the earth crumbled in your hands?</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> If you are comfortable briefly sharing an appropriate experience of grief in your life, this may be valuable to help participants connect with the reality of grief and loss. It is NOT recommended that you ask people to share personal experiences of grief or loss.</p> <p>Dialogue and guide the conversation to stay on topic as the lists of answers (below) are verbally generated.</p>
<p><b>Ask</b></p>		<p>What are some common types of grief and loss that people experience in life? Some examples may include: death, divorce, loss of dream, health, relocating, when friendships change, etc. Drive home the fact that PEOPLE (staff and those we support) all face different types of grief or loss.</p> <p>What are common symptoms associated with grief and loss? Some examples may include: depression, crying, lack of emotion, over-eating or under-eating, excessive drinking, withdrawing from typical activities, reckless behavior, denial, excessive exercise, sleeping excessively, becoming a recluse, insomnia, perfectionism, blaming, suicide ideation, promiscuity, etc.</p>

Teach and Train (8-10 minutes)		
<b>Say</b>		<p>You and I deal with grief in loss in life. The people we support also face grief and loss in life. It is important that our Self-Care is in place to help us navigate grief and loss effectively.</p> <p>Let's consider some beneficial ways and resources to work through feelings of grief and loss. Please use your Curriculum Toolkit and circle the strategies, resources, and ways to effectively deal with loss and grief that you believe may work for YOU.</p>
<b>Curriculum Toolkit</b>		<p>Give participants just 1-2 minutes to complete this activity in their Curriculum Toolkit.</p>
<b>Activity</b>		<p>Invite participants to share at least one item that they circled or wrote in on their Curriculum Toolkit for how to effectively deal with loss and grief. If a few would like to add why they chose it that is great.</p>
<b>Note</b>		<p><b>Note to Facilitator:</b> Information is provided below for you (as the Trainer) in understanding the value of some of these strategies.</p> <p><b>Local Support Groups</b> Support Groups bring people together to share success and sadness, hope, and encouragement recognizing a person is not the only one suffering or recovering from a loss.</p> <p><b>Health Care</b> Doctors may find it clinically necessary to help jump start serotonin or to help maintain a healthy level of serotonin to manage depression.</p> <p><b>Counseling</b> There are a number of different styles of counseling to help a person resolve ongoing issues with grief or loss.</p> <p><b>Spiritual Guidance</b> A spiritual leader can lead prayers and listen, provide comfort and guidance during a personal crisis.</p> <p><b>Yoga</b> Yoga is a form of exercise that can help people with physical and mental balance, strength, and personal centering.</p> <p><b>Exercise</b> Doing strength building, playing on a team, blowing off steam with</p>



		<p>physical exertion are all healthy acts that help to recover and rebuild after setbacks.</p> <p><b>Friends</b> The best friends are those who listen without judgment, love without expectations, and will sit quietly when that is what is needed most</p> <p><b>Red cross</b> The Red Cross and other local help groups respond to house fires and natural disasters with supports to keep people safe during crises and recovery.</p> <p><b>Creativity</b> Painting, drawing, coloring, cooking playing drums or musical instruments, singing etc. all use the creative parts of the brain which help recovery.</p> <p><b>Hotlines</b> Mental Health Hotlines are there in the moment to listen and provide immediate support during emergency and suicidal ideation.</p> <p><b>Volunteer Opportunities</b> The opportunity to Volunteer takes the mind off of personal loss and allows us to give to others, which in turn is uplifting.</p> <p><b>Note to Facilitator:</b> If you are pressed for time, or the group is overly talkative and open you may want to not ask for people to share what they circled in their Curriculum Toolkit for this activity. Rather, you might find it more expedient to say something like this to transition from the activity. “I could see that most of us found at least one item to circle. What is important is that we all know a variety of coping strategies exist for ourselves to deal with loss and grief in healthy ways. And as we support people who may also experience grief and loss in their lives, these same strategies may be beneficial.</p>
<p><b>Show video</b></p>		<p>It is important to note that the people you will be supporting are often referred to as “people with special needs”. Watch the video to see what special truly means and keep in mind the message from this video throughout your work here.</p>
<p><b>Reflection &amp; Celebration (2 minutes)</b></p>		

<p><b>Say</b></p> 		<p>Let's put our hands in the air together and give ourselves a round of applause! We have completed our learning for Chapter 1!</p>
<p><b>Activity</b></p>		<p>Please administer the test at the end of this chapter.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> 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 test with participants, note where people are having difficulty 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 tests in this course, please collect and shred all upon completion.</p>
<p><b>Activity</b></p>		<p>Please administer the assessment at the end of this chapter.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Please review the objectives in the Curriculum 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 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>

		Due to the confidential nature of the assessments in this course, please collect and shred all completed assessments.
--	--	---

**Demonstration Scenarios for CH 1 DSP Roles, Self-Care & Boundaries**  
**COPY & CUT TO GIVE TO PARTICIPANT GROUPS**

**1. Dinner Time; In your small group, prepare a 2-minute demonstration demonstrating how to maintain professional boundaries in this situation. Our task is to work as a team to figure out how a DSP should optimally respond in order to best support the needs of the individual, as well as maintain our professional boundaries.**

You are serving dinner for individuals, including one person who is dependent on staff to feed him. Because he has a very rigid schedule with his meds, he must eat at a certain time. You are going to feed him right now. Your coworker is going to help his roommates get their food and they are anxiously waiting. Just as your coworker starts to help serve the food, her phone rings and she reaches into her pocket to answer. The conversation sounds heated and inappropriate and goes on for longer than it should. Meanwhile, the individuals waiting to eat start to get anxious, rocking back and forth, humming loudly, and clapping their hands. Although your coworker is familiar with the outbursts which have occurred when meal time is postponed, she is oblivious right now to the increasing signs of anxiety which have previously lead into acting out behavior like throwing objects to the floor (including plates of food), hitting at others, and damaging property. As a newer staff you may feel it isn't your place to tell her to get off the phone and back to the task at hand.

**2. Vegetarian; In your small group, prepare a 2-minute demonstration demonstrating how to maintain professional boundaries in this situation. Our task is to work as a team to figure out how a DSP should optimally respond in order to best support the needs of the individual, as well as maintain our professional boundaries.**

You are a vegetarian who used to cook in a vegan restaurant. The restaurant closed and you are now working in a supported living home with people who like to eat meat. The expectation is that all of the individuals and staff work together to create healthy menus to enhance the health and lives of the people who live there. The menus have been designed as recommended by a nutritionist, and most meals contain some form of meat. You tell your supervisor, "I don't cook meat for a number of reasons, but I will prepare tofu and beans for protein." Your supervisor replies, "You don't have to eat it, just cook it for others."

This page left intentionally blank.

**3. Smoke; In your small group, prepare a 2-minute demonstration demonstrating how to maintain professional boundaries in this situation. Our task is to work as a team to figure out how a DSP should optimally respond in order to best support the needs of the individual, as well as maintain our professional boundaries.**

Wesley is out of cigarettes. He's also out of spending money. Staff told him earlier in the day that he could use some grocery money this evening to pick up a pack of cigarettes tonight. He has been asking you and the other staff to lend him "just one" and promising that this will be the last one he ever borrows. He notices a neighbor out smoking on the porch, which contributes to him becoming agitated, pacing the floor, circling you and clenching his fists. You are trying to figure out what to do, knowing full well that you have a pack of cigarettes poking out of your shirt pocket.

**4. When A Puppy Visits; In your small group, prepare a 2-minute demonstration demonstrating how to maintain professional boundaries in this situation. Our task is to work as a team to figure out how a DSP should optimally respond in order to best support the needs of the individual, as well as maintain our professional boundaries.**

Donna is a new coworker who brought her tiny puppy to work today in Belle's home. Donna's husband dropped her off on his way to work and will pick her up after her shift ends in 8 hours. It is winter and the temperature outside is well below freezing. Donna explains that due to the age of the puppy, she can't leave it home alone. Belle is afraid of dogs. She begins to yell and pace. Donna tries to reassure Belle that her dog won't hurt her, but Belle is continuing to escalate, getting louder, pacing faster.

This page left intentionally blank.

**5. Snow Work Day; In your small group, prepare a 2-minute demonstration demonstrating how to maintain professional boundaries in this situation. Our task is to work as a team to figure out how a DSP should optimally respond in order to best support the needs of the individual, as well as maintain our professional boundaries.**

Randy is confused about what time he should catch the bus for work. Frequently he gets up early and is ready to go an hour earlier than necessary. This morning Randy is angry that your coworker is not letting him leave for work now and has threatened to beat up anyone who tries to stop him from leaving. To add injury to insult there are six inches of new snow which means even though the bus will pick him up at 8:30, it will likely be late. You know Randy could go outside to wait, but it is icy and windy out there and Randy has a habit of taking off his coat outside. Your coworker calls her boyfriend who has a black belt in martial arts, to see if he can give Randy a lift. After all, with the snow and bad road conditions, he will likely get to work on time, anyway. Your coworker's boyfriend says he is willing to come over and take Randy to work, and he is not worried about Randy's threats.

**6. Ritzy; In your small group, prepare a 2-minute demonstration demonstrating how to maintain professional boundaries in this situation. Our task is to work as a team to figure out how a DSP should optimally respond in order to best support the needs of the individual, as well as maintain our professional boundaries.**

Your coworker Stella agreed to work extra hours tonight, even though it means she'll be leaving later than originally planned to go to her best friend's bachelorette party. To help her save time she brought her make-up, heels, and a short dress to get ready and change into before signing out for the evening. During the last hour of your shift, the people you support are watching a rented DVD, you are doing all the evening shift documentation, and Stella is getting ready to go in one of the bedrooms that contains a big mirror. (Stella asked the individual if she could use the room and got permission from her.)



**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








Curriculum 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)

<b>Preparation before training</b>		<p>Review Facilitator Guide for this chapter and ensure each participant has their Curriculum 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 &amp; 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>
<b>Opening: Engaging Activity (3 minutes)</b>		
<b>Ask</b>	?	<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>



## CH 2: OVERVIEW OF DEVELOPMENTAL DISABILITIES

 <b>Say</b>		<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>
<b>Immerse (31 minutes)</b>		
<b>Show</b> 		<p>Show <i>History of Developmental Disabilities</i> video (31:00)</p>
<b>Note</b>		<p><b>Note to Facilitator:</b> 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><b><i>"People first language first mentioned in the 1970's"</i></b>          - 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 of respect as we know it today around the 1980's.</p> <p><b><i>"Willowbrook Expose first mentioned in 1966, but was filmed in 1970"</i></b>          - 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>
<b>OPTIONAL Teach and Train either DURING video or FOLLOWING video (60 minutes)</b>		
<b>OPTION: Pause</b>          <b>Ask</b>	          	<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>

## CH 2: OVERVIEW OF DEVELOPMENTAL DISABILITIES

<p><b>OPTION:</b> <b>Pause</b></p> <p><b>Ask</b></p> <p><b>Say</b></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"> <li>• Intellectual Disability</li> <li>• Cerebral Palsy</li> <li>• Epilepsy</li> <li>• 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"> <li>• Originated before the individual attained age eighteen;</li> <li>• Continued or can be expected to continue indefinitely, and</li> <li>• Results in substantial limitations to an individual's intellectual and/or adaptive functioning.”</li> </ul> </li> </ul>
<p><b>Activity</b> (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><b>Ask</b></p>		<p>Ask participants to share what they know about various diagnoses.</p>
<p><b>Note</b></p> <p><b>Curriculum Toolkit</b></p>	  	<p><b>Note to facilitator:</b> 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 Curriculum Toolkit <i>Major Kinds of Mental Illnesses at a Glance</i>.</p> <p>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</p>

## CH 2: OVERVIEW OF DEVELOPMENTAL DISABILITIES

		<p>needing services.</p> <p>This will be covered later during that chapter.</p>
<b>Curriculum Toolkit</b>		<p>Encourage participants to refer to the Curriculum Toolkit pages in CH 2, <i>Developmental Disabilities Characteristics and Considerations</i>.</p> <ul style="list-style-type: none"> <li>• <b>Option 1:</b> The facilitator reads the Curriculum Toolkit page referenced above. The answers are located in the <b>Fundamentals</b> section of the Curriculum Toolkit. Have learners fill in blanks as facilitators lead the dialogue.</li> <li>• <b>Option 2:</b> 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 Curriculum 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 <b>Fundamentals</b> section, discuss and encourage participants to complete any parts not yet done.</li> <li>• <b>Option 3:</b> You may opt to have participants turn in the Curriculum Toolkit to the <b>Fundamentals: Overview of Developmental Disabilities</b> section of the Curriculum 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 Curriculum Toolkit pages in CH 2, <i>Developmental Disabilities Characteristics and Considerations</i>.)</li> </ul>
<b>Note</b>		<p><b>Note to facilitator:</b> The content from the <b>Fundamentals</b> section is provided below for your quick reference. Underlined, bold words are the answers.</p> <p><b>Understanding Developmental Disabilities</b> <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>

## CH 2: OVERVIEW OF DEVELOPMENTAL DISABILITIES

### Characteristics and Considerations

1. Learns more **slowly**, but with time and **patience** can often learn new skills and acquire knowledge to the same level as those without disabilities.
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.

### *Cerebral Palsy*

While most with Cerebral Palsy have average or above average intelligence, they have difficulty with body movement due to damage to the brain.



### Characteristics and Considerations

1. May have limited control over their movements in one or more of the following ways:
  - ✓ 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).







### *Epilepsy*

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.


## CH 2: OVERVIEW OF DEVELOPMENTAL DISABILITIES

		<p>Characteristics and Considerations</p> <ol style="list-style-type: none"> <li>1. Has seizures related to other health issues.</li> <li>2. Can involve full body <b>convulsions</b>, brief partial movements, drop attacks, or lack of responsiveness (absence).</li> <li>3. Anything that the brain can do in its normal function, it can do abnormally in the form of a seizure.</li> <li>4. Frequently controlled by medications or VNS (Vagal Nerve Stimulus).</li> <li>5. Supports should be focused on <b>safety</b> and reassurance.</li> </ol> <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"> <li>1. Some of the most common symptoms include:             <ul style="list-style-type: none"> <li>✓ Problems with <b>social</b> skills</li> <li>✓ Difficulties with <b>communication</b></li> <li>✓ Difficulties <b>reading</b> or <b>exhibiting</b> typical emotional responses</li> <li>✓ <b>Repetitive</b> and/or inflexible behaviors</li> </ul> </li> <li>2. Problems with <b>sensory</b> integration.</li> <li>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.</li> <li>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.</li> <li>5. Follow <b>routines</b> based on person’s preferences.</li> </ol>
<p><b>Pause</b></p>		<p>At the 13:12 mark in the video, after the clip of <i>Where’s Molly</i>, hit Pause.</p>
<p><b>Ask</b></p>		<p>What are your thoughts about the <i>Where’s Molly</i> segment?</p>

## CH 2: OVERVIEW OF DEVELOPMENTAL DISABILITIES






<p><b>Pause</b></p> <p><b>Ask</b></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>What fear, confusion or anger might you feel? How do the images you saw make you feel?</p>
<p><b>Pause</b></p> <p><b>Curriculum Toolkit</b></p> <p><b>Ask</b></p>	    	<p>At the 23:58 mark in the video, where the text “1990” appears, select the Pause button.</p> <p>In the Curriculum Toolkit for CH 2, invite participants to reflect on what is a normal life, and write in their response.</p> <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"> <li>• It was the <u>only</u> option, no other choice.</li> <li>• Life was hard enough without adding the care required for a child with so many extra needs.</li> <li>• So much extra support was not feasible and there were no outside social service agencies at the time.</li> <li>• 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.</li> <li>• Doctors told parents to institutionalize children born with disabilities like saying, “It was the best thing for the child.”</li> <li>• People were embarrassed to have a child with a disability.</li> <li>• Ultimately, they didn’t know what else to do.</li> </ul>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> The following points may be helpful in explaining the Principle of Normalization in more detail:</p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• The Principle of Normalization was developed initially in Scandinavia and followed by Wolf Wolfensberger from Canada</li> </ul>

## CH 2: OVERVIEW OF DEVELOPMENTAL DISABILITIES








		<p>in the 1970's.</p> <ul style="list-style-type: none"> <li>• PASS Workshops and other types of training shaped the development of the Residential &amp; County Guidelines.</li> <li>• The <b>Principle of Normalization</b> refers to the means by which a person is supported, including:             <ul style="list-style-type: none"> <li>○ Acceptance of people with developmental disabilities</li> <li>○ Offering them the same conditions as others</li> <li>○ Awareness of the normal rhythm of life</li> <li>○ Providing the typical conditions of life (home, work, recreation, etc.)</li> <li>○ Freedom of choice</li> </ul> </li> <li>• The Principle of Normalization does not mean:             <ul style="list-style-type: none"> <li>○ Making people “normal”;</li> <li>○ Forcing them to conform to societal norms; or</li> <li>○ Dumping people without support.</li> </ul> </li> <li>• Understanding the risk of “devaluation”:             <ul style="list-style-type: none"> <li>○ People, who are viewed as different, such as the people you are supporting, are at risk of being <b>DEVALUED</b>.</li> <li>○ <b>DEVALUATION</b> 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.</li> <li>○ People who are devalued are at great risk of experiencing <b>DISCRIMINATION</b>.</li> <li>○ <b>DISCRIMINATION</b> means unequal treatment of different persons, categories, or groups of people based on traits or characteristics that are devalued.</li> </ul> </li> </ul>
<p><b>Say</b></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"> <li>• Acceptance (institutions were usually outside of communities so this meant people with disabilities were living next door in communities)</li> <li>• Awareness of the normal rhythm of life (family, friends, birth, aging, and death, etc.)</li> <li>• Providing the typical conditions of life (home, work, shopping, housekeeping, relationships, recreation, etc.)</li> <li>• 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.)</li> <li>• And being recognized as a valued, contributing member of the community, a king or queen in his or her own home, and</li> </ul>











## CH 2: OVERVIEW OF DEVELOPMENTAL DISABILITIES

		<p>attaining (and giving) respect, love, and a life worth living and remembering</p> <ul style="list-style-type: none"> <li>• Directing the staff in a person’s home rather than being directed by the staff in the home</li> <li>• Receiving support <i>as needed</i> to achieve the same quality of life promised by the Constitution of the United States to citizens of the United States</li> </ul>
<b>Curriculum Toolkit</b>		Invite participants to turn to the CH 2 page with the <i>Where Do You Stand?</i> activity.
<b>Activity</b>		Complete the <i>Where Do You Stand?</i> activity in the Curriculum Toolkit. (Follow the instructions on the activity.) Then: <ul style="list-style-type: none"> <li>• 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.)</li> <li>• Ask participants to go stand by the value they ranked #1 for the family they grew up in.</li> <li>• Note how people have arranged themselves.</li> <li>• Ask participants to go stand by the #1 Value they hold for their family now.</li> </ul>
<b>Ask</b>		<p>Is the place they are standing different now than where they began in the activity?</p> <p>Did everyone move somewhere else?</p> <p>Does anyone want to share his or her observations about this exercise?</p> <p>Are you surprised at the choices other people made?</p> <p>How does understanding your values help you better understand the values of others and provide personalized support?</p> <p>How can you justify the Principle of Normalization?</p>
<b>OPTION Pause</b>		At the 26:22 mark in the video, after the People First definition, hit Pause.
<b>Activity</b>		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.

## CH 2: OVERVIEW OF DEVELOPMENTAL DISABILITIES

<b>Ask</b>		<p>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.</p> <p>Invite participants to pair up and introduce themselves using their 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?</p>
<b>Activity</b>		<p>Let's practice using some People First language. What would you say instead of the following phrases:</p> <ul style="list-style-type: none"> <li>- Retarded person (possible answer may include "person with a disability")</li> <li>- Epileptic (possible answer may include "young woman with epilepsy," or "she has seizures")</li> <li>- Autistic consumer (possible answer may include "child with Autism")</li> <li>- Confined to a wheelchair" (possible answer may include "man who uses a wheelchair")</li> </ul>
<b>Say</b>		<p>Discuss alternatives using People First language.</p>
<p><b>Reminder: If you chose to show the entire video at one time, be sure to use the above segments to Teach and Train here.</b></p>		
<b>Note</b>		<p><b>Note to Facilitator:</b> The experience level of participants and size of the group will dictate the amount of time required for this Teach and Train content.</p>
		
<p><b>Apply- Demonstrate Learning Application to Real Work (3-5 minutes)</b></p>		
<b>Activity</b>		<p>Share one strategy for demonstrating respect for a person's values, or share ideas for community participation of individuals we support.</p>
<p><b>Reflection &amp; Celebration (15 minutes)</b></p>		
<b>Note</b>		<p><b>Note to Facilitator:</b> Self-determination is the ability of individuals to control their lives, to achieve self-defined goals, and to participate fully in society.</p> <p>The self-advocacy movement has led to an increased awareness of the entitlement of individuals with developmental disabilities to determine</p>

## CH 2: OVERVIEW OF DEVELOPMENTAL DISABILITIES

		the course of their lives.
<b>Ask</b>		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.
<b>Say</b>		<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>
<b>Show</b>	 	Show <i>Dear Future Mom</i> video (2:50)
<b>Say</b>	 	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.
<b>Activity</b>		Please administer the test at the end of this chapter.
<b>Note</b>		<p><b>Note to Facilitator:</b> Please review the objectives in the Curriculum 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>

**CH 2: OVERVIEW OF  
DEVELOPMENTAL DISABILITIES**

---

		<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 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>
--	--	--

The following pages are signs (2 per page) that can be cut and posted.

# Tradition & Ritual

# Hierarchy

This page left intentionally blank.

# Equity, Social Justice

# Religion



This page left intentionally blank.

# Work

# Independence

This page left intentionally blank.

# Education

# Money

This page left intentionally blank.

Love

Food

This page left intentionally blank.

# Other (List)



**Training Objectives**

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





1. Identify the Residential Service Guidelines
2. Defend the value of each of the six Residential Service Guidelines
3. Relate the importance of the Residential Service Guidelines to their lives (as staff) and to the lives of those we support
4. Create a dramatization of the qualities of a meaningful life, using a variety of mediums
5. Balance health and safety versus power and choice in problem solving scenarios








**Estimated Time**







2 to 2.5 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
- Residential Services Curriculum Toolkit (per participant)
- Post-it Notes (3 or 4 post-its per participant)
- White board & white board markers
- Problem Solving Scenario cards: Health & Safety vs. Power & Choice
- Envelopes and blank paper for Thank You Card activity






<b>Preparation before training</b>		Review Facilitator Guide for this chapter and ensure each participant has their Curriculum Toolkit available.
<b>Opening: Engaging Activity (6 minutes)</b>		
<p><b>Say</b></p>  		<p>I am going to give each of you 3 post-it notes. Write one thing on each note that you value and you think you wouldn't want to live without. For example, perhaps folks may write down: Parent, Fitness, Finish my degree, New car, Read, Driver's License.</p> <p>OPTION: You may choose to write your initials on the post-it (this will allow the trainer to insure everyone is included in the activity).</p>
<b>Note</b>		<p><b>Note to Facilitator:</b> While participants are writing their notes, write the Residential Service Guidelines on chart paper or whiteboard. It is recommended to write them in this sequence to make the acronym C-H-I-R-P-S.</p>



		<ul style="list-style-type: none"> <li>• Competence</li> <li>• Health and Safety</li> <li>• Integration</li> <li>• Relationship</li> <li>• Power and Choice</li> <li>• Status</li> </ul>
<p><b>Activity</b></p>		<p>Have participants decide under which word (that you placed on the board/walls) they believe each of their values fit.</p> <p>Provide a few minutes for participants to get up and place their notes under each Residential Service Guideline.</p>
<p><b>Teach and Train (15 minutes)</b></p>		
<p><b>Curriculum Toolkit</b></p>		<p>Have participants turn to the Curriculum Toolkit section of this chapter: <i>Residential Service Guidelines</i>.</p>
<p><b>Activity</b></p>		<p>Walk participants through the page in the Curriculum Toolkit, discussing each Residential Service Guideline as you help them each one.</p>
<p><b>Ask</b></p>		<p>As we look at the values on the sticky-notes we have placed on the wall, what additional Residential Service Guidelines might they also fit under?</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> While the Residential Service Guidelines appear separated on the visual, this is an opportunity to emphasize the categories of important areas of life spill into one another.</p>
<p><b>Apply- Demonstrate Learning Application to Real Work (10-15 minutes)</b></p>		
<p><b>Activity</b></p>		<p>Have participants take someone else’s post-it note off of the wall and return to their seat.</p> <p>Explain that the note that has been taken from the wall represents the thing you value under that Residential Service Guideline which will no longer be a part of your life.</p>

<p><b>Ask</b></p>		<p>How do you feel about losing one of the things you value in your life? How do you feel about the person who removed that important thing from your life? How do you think this activity relates to your work with individuals you will support?</p>
<p><b>Immerse (45 minutes)</b></p>		
<p><b>Say</b></p> 		<p>Most of us will support individuals throughout portions of each day. We are going to work in small teams to creatively approach the assigned portion of a day we are given in this next activity. We will need to consider what a meaningful life could look like during the hours of a day that your group is assigned. Since you may not know the people you will be supporting yet, use your own experiences and interests with your group for ideas.</p>
<p><b>Curriculum Toolkit</b></p>		<p>Refer to the Curriculum Toolkit section for this chapter to make for their time slot presentations, or to take notes when groups present.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Assign participants to small groups and give each group a time segment of the day:</p> <ul style="list-style-type: none"> <li>• 8am-noon</li> <li>• noon-4pm</li> <li>• 4pm-8pm</li> <li>• 8pm-midnight</li> </ul>
<p><b>Activity</b></p>		<p>Explain to participants that the task for each group is to think beyond, “I took the individual into the community...” and consider that a meaningful life is more. In each group’s portion of the day they were assigned, they need to come up with a way to creatively share (in 2-3 minutes) what a meaningful life may look like or include during that period of time in a day.</p> <p>Encourage groups to think of using the following ideas (or making these things) to showcase in 2-3 minutes what a meaningful like may look like:</p> <ul style="list-style-type: none"> <li>• cartoon</li> <li>• book</li> <li>• song</li> <li>• storybook</li> <li>• rap</li> <li>• poem</li> <li>• news article</li> <li>• news brief</li> <li>• skit</li> </ul>

		<ul style="list-style-type: none"> <li>use personal technology to aid group’s presentation</li> </ul> <p>Provide 10-15 minutes for groups to create their 2-3 minute presentation for their assigned segment of a day.</p>
<b>Activity</b>		<p>Allow groups 3 minutes to present their showcase of a meaningful day. Invite them to present from the time periods of the morning to the end of the day.</p>
<b>Teach and Train (10 minutes)</b>		
<b>Ask</b>		<p>The following questions may be helpful in debriefing the group presentations about a meaningful life:</p> <ul style="list-style-type: none"> <li>What were some challenges for your group in deciding what a meaningful life looks like for your assigned timeframe?</li> <li>Where did you get your ideas?</li> <li>Did you see your life represented in the presentations?</li> <li>Were there any presentations that were not appealing or not your preference? Why?</li> <li>How do we determine qualities of a meaningful life with those we support?</li> <li>What examples did you see of the Residential Service Guidelines?</li> <li>Were all of the Residential Service Guidelines represented?</li> </ul>
<b>Note</b>		<p><b>Note to Facilitators:</b> Guide the discussion to include asking opinions, listening, honoring choices, making suggestions, trying new things, and empowering people to be in charge of their lives.</p>
<b>Apply- Demonstrate Learning Application to Real Work (45 minutes)</b>		
<b>Activity</b>		<p><b>Problem Solving Scenarios: Health &amp; Safety vs. Power &amp; Choice</b></p> <p>In small groups have people problem solve the following scenarios. Depending on the size of the class, you can choose to have each group focus on one or all 5. Allow groups 2-5 min. to discuss options depending on how many scenarios the groups are examining. (Print scenarios from the last pages of this chapter if you would like; cut into strips as Scenario Cards to provide groups.)</p> <ul style="list-style-type: none"> <li>Food- Person you support has high blood pressure, and wants to eat pre-packaged ramen noodles on a daily basis.</li> </ul>



		<ul style="list-style-type: none"> <li>• Activity- Person you support wants to walk to the neighborhood market alone, but there is concern about a lack of street safety skills. There is only one staff per 3 supported individuals and the housemates don't want to go.</li> <li>• Smoking- You support someone who smokes and has been diagnosed with asthma.</li> <li>• Staying up late- The person you work with has a doctor's order to check his blood sugar at 7 am every morning and he insists on staying up late. This causes him to yell at the staff when they try to wake him for the glucose check.</li> <li>• Refusing to bathe/shower- A woman you support has a skin condition that requires daily bathing and application of medicated lotion. She often refuses to take a shower, sometimes for several days in a row.</li> </ul>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Remind participants that our number one responsibility is to help people to manage and protect their health and safety. Refer the group back to the DSP Roles discussed earlier (Advocate, Partner, Encourager). Even if their choices may pose a risk, we need to allow for that dignity of risk. This needs to be balanced with common sense; the individual requires your support to ensure safety. Discuss this fine line.</p>
<p><b>Reflection &amp; Celebration (5 minutes)</b></p>		
<p><b>Say</b></p> 		<p>Let's each think of whom we have in our lives that have helped fulfill one of the Residential Service Guidelines and contribute to our meaningful life. We will take a few minutes and write a thank you note to that person. This is just for you to do with, as you like. You may use the envelope provided.</p> <p>We are celebrating the fact that now we know what Residential Service Guidelines are!</p>
<p><b>Activity</b></p> 		<p>Take a few moments and allow time to write thank you cards.</p>

<b>Activity</b>		Please administer the assessment at the end of this chapter.
<b>Note</b>		<p><b>Note to Facilitator:</b> Please review the objectives in the Curriculum 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 student to leave the training with the correct answers. Please review the answers and ensure that each student has marked the correct answer. When you review the assessment with students, note where people are having difficulty 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>

**Problem Solving Scenario: Health & Safety vs. Power & Choice**

Food

Person you support has high blood pressure, and wants to eat pre-packaged ramen noodles on a daily basis.

\*\*\*\*\*

**Problem Solving Scenario: Health & Safety vs. Power & Choice**

Activity

Person you support wants to walk to the neighborhood market alone, but there is concern about a lack of street safety skills. There is only one staff per 3 supported individuals and the housemates don't want to go.

\*\*\*\*\*

**Problem Solving Scenario: Health & Safety vs. Power & Choice**

Smoking

You support someone who smokes and has been diagnosed with asthma.

\*\*\*\*\*

**Problem Solving Scenario: Health & Safety vs. Power & Choice**

Staying up late

The person you work with has a doctor's order to check his blood sugar at 7 am every morning and he insists on staying up late. This causes him to yell at the staff when they try to wake him for the glucose check.

\*\*\*\*\*

**Problem Solving Scenario: Health & Safety vs. Power & Choice**

Refusing to bathe/shower

A woman you support has a skin condition that requires daily bathing and application of medicated lotion. She often refuses to take a shower, sometimes for several days in a row.

***Training Objectives***

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

1. Name two functions of behavior
2. List at least two examples of triggers (antecedents)
3. Examine the categories of setting events (physical/medical, environmental, social/psychological)
4. Summarize the purpose of a functional assessment
5. Identify environmental elements that support positive behavior
6. Distinguish between natural consequences
7. Identify why punishment is unacceptable
8. Identify conditions that create potential power struggles
9. Role play active (reflective) listening skills
10. Provide examples of how dignity and respect are reflected in daily interactions
11. Recognize the stages of the escalation cycle and what types of interventions might be appropriate at each stage

***Estimated Time***

3 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

Residential Services Curriculum Toolkit (per participant)




*Communication Cards* for communication exercise (found at the end of this guide, which should be copied & cut out, and can be glued or taped onto 3x5 index cards)

PBS Problem Solving Scenarios






<b>Preparation before training</b>		Review Facilitator Guide for this chapter and ensure each participant has their Curriculum Toolkit available. Copy the last pages of this facilitator guide, cut out the <i>Communication Cards</i> and PBS Problem Solving Scenarios.
<b>Opening: Engaging Activity (7 minutes)</b>		
 <b>Note</b>		<p><b>Note to Facilitator:</b> Ask the following question exactly as stated. Raise your own hand when you ask the question, but do not tell participants to raise theirs.</p> <p>What you will see is that most people will raise their own hands in response to the question. This provides the opening to talk about how we learn behavior, i.e., social learning, social cues, modeling, etc.</p>
<b>Ask</b>		How many of you would like an all-expenses paid vacation? Why did you raise your hands?
<b>Say</b>		Learned behavior serves a purpose; it has a function.
 <b>Note</b>  <b>Curriculum Toolkit</b>	  	<p>Label an easel chart with two columns. In the first column write: “To get something” and in the other column write: “To avoid something”. You will complete the list as participants share their answers to the next several questions.</p> <p>See <i>Functions of Behavior</i> in the Curriculum Toolkit section of this chapter. Encourage participants to take notes and use a reference in your dialogue.</p>
<b>Ask</b>		<p><b>Label #1 “Get something.”</b></p> <p>Ask the group: When you observe a child in a store having a tantrum what are they trying to “get”? (Answers could include a toy, food item, or just attention.) Some learned behaviors tell us that if we act a certain way, we get something we want. We tend to think of this as something that someone gives us.</p>




## CH 4: INTRODUCTION TO POSITIVE BEHAVIOR SUPPORT (PBS)









		<p>Another function of behavior is “Automatic reinforcement” when no other individual is part of the equation. We get something that we want but no one else is involved. These can be things like self-stimulation, rocking, nervous knees (when the knee “jiggles”),</p> <p>Now ask the group: Why do you drive the speed limit? When someone answers, “to avoid a speeding ticket,” <b>label #2 “Avoid something.”</b></p> <p>What happens in your vehicle when you don’t put on your seatbelt? How do you react? When someone says, “I put on my seatbelt,” ask, Why?</p> <p>As they answer, “Stop something negative from continuing.” The annoying chime stops when you put the seatbelt on.</p>
<b>Teach and Train (3 minutes)</b>		
<p><b>Say</b></p>		<p>These are the two basic functions of behavior. In the past you have heard of three functions but newer information indicates that people have two functions of behavior with sub categories.</p> <p>“Get something” could refer to a tangible object, attention, control, or stimulation. Automatic reinforcement occurs when a person’s behavior creates a favorable outcome for them while no other person was involved in any way.</p> <p>“Avoid something” could be to avoid attention or an undesired activity. Stop something negative from continuing could refer to environmental stimulus or unwanted attention.</p>
<b>Immerse (25 minutes)</b>		
<p><b>Say</b></p>		<p>Functional assessments attempt to determine the function (or purpose) of someone’s behavior. They are the foundation for positive behavior support plan development. This is how we ensure that people get their needs met in effective and socially acceptable ways.</p> <p>Behavior does not occur in a vacuum. There are reasons for behavior, and assessing this helps us understand why it occurs.</p>
<p><b>Curriculum Toolkit</b></p>		<p>In order to address behavioral concerns we must first understand them.</p>

CH 4: INTRODUCTION TO  
POSITIVE BEHAVIOR SUPPORT (PBS)






		<p>Refer to the Curriculum Toolkit section for this section called <i>Evaluation</i>.</p>
<p><b>Say</b></p>		<p>The areas we want to evaluate when determining the function of behavior are:</p> <p><u>Communication</u>: Do they use words in a non-typical way? What nonverbal cues do they use Do they need adaptive equipment?</p> <p><u>Skills (abilities)</u>: Are we asking them to do something they are not about to manage? Is there a skill they want to learn?</p> <p><u>History/Interest</u>: What are their life experiences? Have they experienced trauma? What brings this person joy?</p> <p><u>Diagnosis</u>: Are there chronic health conditions? Do they have a dual diagnosis? Are they receiving adequate support?</p> <p><u>Medications</u>: Are effects and side effects being monitored? Are there problematic drug interactions?</p> <p><u>Possible triggers/setting events</u>: Are there environmental, medical/physical, social/psychological circumstances to consider? What happens just before the problem behavior?</p>
<p><b>Activity</b></p> 		<p><b>Communication Activity:</b> Use the <i>Communication Cards</i> found at the end of this guide, which should be copied &amp; cut out, and can be glued or taped onto 3x5 index cards. (See list of Supplies at the beginning of this Guide.)</p> <p>Pass one card to each person with the instructions not to show it to others. You can preselect role plays to assign to specific participants if desired.</p> <p>Explain that the person acting out the card is <u>not to use words</u> unless their card has specific instructions to do so.</p> <p>Have staff take turns attempting to communicate what is on their card while the rest of the group tries to understand. Some statements might be more easily understood than others. With larger groups, you could pair staff, and have them practice in their pairs simultaneously. It is most beneficial to have all staff hear and participate in all of the possible communications.</p> <p><i>Communication Card</i> Statements:</p> <ul style="list-style-type: none"> <li>• I am thinking of the day my mother visited me six months ago. I miss her.</li> </ul>

## CH 4: INTRODUCTION TO POSITIVE BEHAVIOR SUPPORT (PBS)







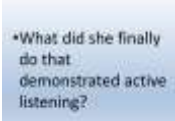

		<ul style="list-style-type: none"> <li>• Who are these people in my home today? And why did that person point at me? I am frightened and anxious.</li> <li>• Consider this blank. Don't express any emotion or behavior.</li> <li>• I have the most terrible headache. (No use of arms)</li> <li>• Nobody has really talked to me all day, or sat down at my level to even let me see them. I am so lonely.</li> <li>• I have an itch in the middle of my back and I can't reach it. (No use of hands)</li> <li>• I am not sure why, but I am feeling cranky.</li> <li>• I haven't eaten yet today, and I am so hungry! But, I will only eat my favorite food. (Close eyes to indicate blindness)</li> <li>• I have my spending check and I want to shop! (You speak, but can only answer "Batman" for yes, and "Robin" for no.)</li> <li>• I can't find my book, and I am almost done reading it.</li> <li>• I am worried about my work at my new job. I am not sure I am doing a good job.</li> <li>• I am sure my housemate took my favorite mug, and I want it back! It is not fair that my stuff gets taken!</li> </ul>
<p><b>Ask</b></p>		<p>What was difficult about trying to communicate? What was difficult about trying to listen? Did anyone feel like giving up? Or, did you find yourself frustrated to the point of wanting to physically or verbally lash out?</p> <p>Your experience only lasted a few minutes. How would your behavior change if this was your life?</p>
<p><b>Say</b></p>		<p>Communication is only one piece that we evaluate in understanding the function of behavior. However, it is the catalyst which allows <u>all</u> of us to get our needs met.</p> <p>There are other reasons that people may act in ways we might not expect. It could be that we have made an assumption about someone's skill set. Our history and diagnosis will also change how we interact. Side effects of medications may change our ability to cope. Finally, all of us are subject to a variety of setting events; circumstances that set the stage for a "good" or "bad" day.</p>
<p><b>Immerse (5 minutes)</b></p>		
<p><b>Ask</b></p>		<p>What does a really good start to your day look like? Invite the person next to you to describe. (30 seconds)</p> <p>What does a really bad day look like? Invite the person next to you to describe. (30 seconds)</p>

		<p>What if there was a product that helped you and those in your life recognize what sets the stage for your day? Would you buy what this guy is selling?</p>
<p><b>Show</b></p>		<p>Show <i>Don't Getta Tone</i> video (3:26), which depict setting events.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> While participants are viewing the video, you may want to label a whiteboard or chart pad with the three categories of setting events (physical/medical, environmental, social/psychological).</p>
<p><b>Apply (20 minutes)</b></p>		
<p><b>Ask</b></p> 		<p>What kind of setting events did you see?</p> <p>As responses are shared, list them under the appropriate category of setting events (physical/medical, environmental, social/psychological) on the whiteboard or chart paper.</p>
<p><b>Activity</b></p>		<p>In groups or pairs, have class participants list other setting events that could fall under those categories. Large groups could work on a single category.</p> <p>Small groups could work on all categories, depending on class size and dynamics. After 3-5 minutes ask the groups to either post their lists where all can see, or list their ideas on the board under the categories.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Be sure to keep the list on the board, for an upcoming role play activity.</p> <p>Acknowledge that a variety of setting events may overlap into multiple categories (i.e., “my roommate is noisy” could fall under social as well as environmental setting events.)</p>
<p><b>Ask</b></p>		<p>Why might it be helpful to identify possible setting events for someone you are supporting?</p> <p>Responses should include:</p>






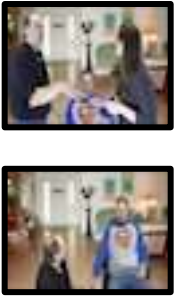


## CH 4: INTRODUCTION TO POSITIVE BEHAVIOR SUPPORT (PBS)

		<ul style="list-style-type: none"> <li>• knowing the setting events can help us not take the behavior personally</li> <li>• we may have the ability to change or influence the setting events to support more positive behavior</li> </ul>
<b>Immerse (35 minutes)</b>		
<b>Say</b>		Some environmental setting events are ones we do not have control over, like the weather, the change of seasons, time of the sunrise and sunset, etc. There are some elements of people’s environments that we may be able to change in order to support positive behavior.
<b>Activity</b> 		<p>Divide the class into at least 3 groups, and distribute the PBS Problem Solving Scenarios, one for each group (copied and cut from the end of this facilitator guide).</p> <p>Have each group discuss what could be done to change the environment based on the hypothetical situation. Once the groups have had 2-3 minutes to problem solve, provide time to share with the whole group.</p>
<b>Note</b>		<p><b>Note to Facilitator:</b> There are three PBS Problem Solving Scenarios provided. (More can be added based on class size as needed.) For very large classes, more than one group could problem solve the same scenario.</p> <ol style="list-style-type: none"> <li>1. A young man who uses a wheelchair is frustrated because he wants to prepare his own food, but his kitchen is not very accessible. This causes the staff to prepare the food for him, since it is “easier.”</li> <li>2. A woman you support is very routine-oriented, to the point of becoming escalated when her routines change. She does not tell time, nor does she read.</li> <li>3. An elderly gentleman receiving services seems very easily over-stimulated, which causes increased anxiety.</li> </ol>
<b>Say</b>		When we have an opportunity to create more supportive environments, we should take the steps to do so!

## CH 4: INTRODUCTION TO POSITIVE BEHAVIOR SUPPORT (PBS)









<p><b>Activity</b></p> 		<p>Now we are going to generate a list of triggers. Invite people to share with the person next to them 2 things that really annoy them, or “push their buttons.”</p> <p>Once pairs have shared, ask them to capture the triggers on a whiteboard or chart paper legibly for everyone to see for the next activity.</p>
<p><b>Activity</b></p>		<p>Role-play: Count all off by three’s. Have participants with #1 choose a trigger, without sharing. Have participants with #2 choose one or two setting events, without initially sharing (although it may come out in the role play). Have the #3’s be the Observer of the role-play.</p> <p>Have pairs of one’s and two’s role-play the presentation of the trigger in light of the setting events. The person presenting the trigger will start the conversation by stating the chosen trigger, and should be persistent, such as repeating, “We need to go, you better hurry!” if the trigger is “Being rushed.” (The #3 Observer role should be prepare to share what they saw.)</p> <p>Allow at least 1-2 min. for the role-plays.</p>
<p><b>Ask</b></p>		<p>Bring the conversation back to the whole group. Observers; what did you see and hear?</p> <p>Did any of you experience any roadblocks or power struggles, i.e., potential arguments, raised voices, refusal to talk, etc.? Would active listening have helped?</p>
<p><b>Immerse (20 minutes)</b></p>		
<p><b>Show</b></p> 		<p>Active listening can be hard, especially when you feel you have a solution.</p> <p>Show <i>It’s Not About the Tail</i> video (2:08)</p>
<p><b>Ask</b></p> 		<p>What did the woman eventually do that demonstrated active listening?</p> <ul style="list-style-type: none"> <li>• Validating feelings like, “That must be really hard.”</li> <li>• Supportive body language: nodding, eye contact, proximity</li> <li>• Silence: allowing Joe to talk without interrupting</li> </ul>

## CH 4: INTRODUCTION TO POSITIVE BEHAVIOR SUPPORT (PBS)





<p><b>Say</b></p> 		<p>We are going to replay the role-play in order to practice active listening, by one's and three's switching roles. This time the "one's" choose one or two setting events, and the "three's" choose a trigger, without sharing. And our two's will be the observers.</p>
<p><b>Activity</b></p>		<p>Allow at least 1-2 min. for the conversations.</p> <p>Debrief the difference between this version of the role play with the first version. Ensure you lead the conversation to include that active listening implies what the person has to say is valid and worthy of your respect.</p>
<p><b>Say</b></p>		<p>Speaking of respect, think about what it would be like to hire a plumber who came into your home and didn't bother to greet you, or ask you what you needed. Would that be acceptable?</p>
<p><b>Apply- Demonstrate Learning Application to Real Work (15 minutes)</b></p>		
<p><b>Ask</b></p>		<p>What is a dignified and respectful way for someone you have hired to enter your home?</p> <p>How does this translate to the work we do in people's homes? Have groups work together to list as many daily interactions they can imagine where dignity and respect could be demonstrated. Allow groups an opportunity to share their ideas.</p>
<p><b>Show</b></p> 		<p>Here are 2 examples of a greeting when coming into a supported person's home: Talking "past" rather than "to" an Individual</p> <p>Show <i>Entering a Person's Home</i> videos (3:00)</p>
<p><b>Ask</b></p>		<p>Travis seemed mildly irritated when his support staff didn't acknowledge him. What do you think might happen if they continue to speak around him instead of including him?</p>












## CH 4: INTRODUCTION TO POSITIVE BEHAVIOR SUPPORT (PBS)

		<p>When he doesn't get his needs met, he may start to escalate.</p> <p>Without knowing Travis, what do you guess he might do in order to be included?</p>
<b>Teach &amp; Train (15 minutes)</b>		
<b>Curriculum Toolkit</b>		In your Curriculum Toolkit for section for this chapter, look at the list named <i>Escalating Behavior</i> list.
<b>Activity</b>		Using a scale of 1 – 10, write in each behavior. 1 is the mildest and 10 is the most intense.
<b>Curriculum Toolkit</b>		Ask for a few volunteers to share what they rated as most and least intense. Referring to the roller coaster image <i>Escalating Cycle</i> on the Curriculum Toolkit page, ask people to label it with the following: Baseline, Escalation, Peak, and De-escalation. Once labeled, ask them to consider where some of the behaviors would fall on the cycle.
<b>Note</b>		<b>Note to Facilitator:</b> Answers will vary based on personal experience, i.e., swearing could be baseline for one person, and peak escalation for someone else. Use these differences as a way to illustrate that behavior takes on different meaning for different people. (This is a great place to reference examples from work about what escalates people supported.)
<b>Say</b>		By labeling the degrees of intensity, we can assess appropriate strategies or interventions that are effective for the different stages of escalation.
<b>Activity</b>		Have participants write any 5 of the behaviors they rated on the blanks provided on the Curriculum Toolkit page. Review the variety of strategies shown.
<b>Curriculum Toolkit</b>		Invite people to draw lines to connect any behavior to the strategy (or strategies) they feel might be most successful to support someone to get their needs met. Remind participants to consider where they believe the behavior would fall on the escalation cycle.
<b>Apply- Demonstrate Learning Application to Real Work (20 minutes)</b>		
<b>Ask</b>		What do you think would happen if instead of considering how to support someone based on their levels of escalation, your response was to control them?

## CH 4: INTRODUCTION TO POSITIVE BEHAVIOR SUPPORT (PBS)

<p><b>Say</b></p>		<p>For example you might say: “Stop it!” “You need to calm down!” “Get a grip!” Let’s watch an example of how this type of response is <i>not</i> helpful.</p>
<p><b>Say</b></p> <div style="background-color: #8ebf42; color: white; padding: 5px; margin-top: 10px; text-align: center;">             Consequences         </div>		<p>Trying to control someone’s behavior does not help to get their needs met. It can also lead to us mistakenly thinking that punishment is helpful. Punishment is not a way to teach, it is about trying to enforce consequences. Natural and logical consequences are how we learn best.</p> <p>Natural consequences, which may be negative OR positive, are:</p> <ul style="list-style-type: none"> <li>• universal - would occur with any of us</li> <li>• a result of actions or inaction</li> <li>• not imposed by staff</li> <li>• based on societal norms</li> <li>• not punishment</li> <li>• the best teacher for future behavior</li> </ul> <p>Example:                  “If I didn’t make my bed this morning, does that effect whether or not I go to the movies tonight?” The answer is “no” the two are unrelated. If I spend all my money at lunch, however, I will not be able to afford to go to the movies tonight – this is a “natural consequence.”</p> <p>If we tell someone that they cannot go to the movies if they don’t make their bed, or because they yelled at staff earlier, then we are imposing punishment. Not only would this provide fuel for a power struggle, it is disrespectful, and could be deemed abuse, particularly in adult supported living settings.</p>
<b>Reflection &amp; Celebration (15 minutes)</b>		
<p><b>Ask</b></p> 		<p>So what is the purpose of behavior?                  Response you should hear: how we get our needs met.</p> <p>What is the purpose of this chapter?                  Response should be close to: how we, direct support professionals, help people we support get their needs met in effective and socially acceptable ways.</p>

<p><b>Ask</b></p>		<p>What if...            There was a way to know about the setting events or triggers for a person you support?</p> <p>What if...            You had a list of strategies that were most successful in encouraging people to choose appropriate ways to handle challenges?</p> <p>What if...            We collected that information and used it to create a Positive Behavior Support Plan?</p>
<p><b>Say</b></p>		<p>Good news! People you support will have a Positive Behavior Support Plan designed to help them overcome challenging behavior that might be getting in the way of their success. That plan will provide you with important tools!</p>
<p><b>Curriculum Toolkit</b></p>		<p>In the Curriculum Toolkit section for this chapter, find the page labeled <i>My PBS Plan</i>.</p>
<p><b>Say</b></p>		<p>You will have an opportunity to write a brief plan for yourself. There are more components in a plan for people you support, but because this is about you, there are some details you already know. Included would be a description and history of:</p> <ul style="list-style-type: none"> <li>• abilities</li> <li>• life experiences &amp; interests</li> <li>• communication skills</li> <li>• medical/psychiatric conditions</li> <li>• medications currently prescribed</li> </ul> <p>In addition, you would find the functional assessment of the challenging behavior(s), teaching strategies, plans for data collection and more.</p>
<p><b>Activity</b></p>		<p>Take a few moments to reflect on what you know, what you have learned, and apply it to this plan for yourself.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Once people have had a few minutes of reflection and writing, ask for a few volunteers to share what they wrote. Be sure to validate and praise contributions, illustrating the point that we are all on a continual path of learning and growing. We could all use a little PBS on that path!</p>

<p><b>Activity</b></p> 		<p>Please administer the assessment at the end of this chapter.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> 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 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 upon completion.</p>

This page left intentionally blank.

### Communication Activity Cards

<p>I am thinking of the day my mother visited me six months ago. I miss her.</p>	<p>Who are these people in my home today? And why did that person point at me? I am frightened and anxious.</p>
<p>Consider this blank. Don't express any emotion or behavior.</p>	<p>I have the most terrible headache.  (No use of arms)</p>
<p>Nobody has really talked to me all day, or sat down at my level to even let me see them. I am so lonely.</p>	<p>I have an itch in the middle of my back and I can't reach it.  (No use of hands)</p>
<p>I am not sure why, but I am feeling cranky.</p>	<p>I haven't eaten yet today, and I am so hungry! But, I will only eat my favorite food.  (Close your eyes to indicate blindness)</p>
<p>I have my spending check and I want to shop!  (You speak, but can <u>only</u> answer "Batman" for yes, and "Robin" for no.)</p>	<p>I can't find my book, and I am almost done reading it.</p>
<p>I am worried about my work at my new job. I am not sure I am doing a good job.</p>	<p>I am sure my housemate took my favorite mug, and I want it back! It is not fair that my stuff gets taken!</p>

This page left intentionally blank.

### Problem Solving Scenarios

(Copy and cut into strips to distribute)

1. A young man who uses a wheelchair is frustrated because he wants to prepare his own food, but his kitchen is not very accessible. This causes the staff to prepare the food for him, since it is “easier.”
  
2. A woman you support is very routine-oriented, to the point of becoming escalated when her routines change. She does not tell time, nor does she read.
  
3. An elderly gentleman receiving services seems very easily over-stimulated, which causes increased anxiety.



**Training Objectives**

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

1. Demonstrate 5 different types of communication.
2. Apply active listening
3. Demonstrate ethical and respectful interactions with people who have developmental disabilities

**Estimated Time**

4 hours, depending on the number of participants

**Supplies**

Enough sets of Rory’s Story Cubes from Gamewright so that each table or group of four has a set. (Available in four different sets at Fred Meyer.)

Blank paper


Pens or colorful markers



If you would like the social stories and PECS in color, you may down load this Facilitator’s Guide at the following link and print for yourself. Black and white copies of these pages are printed in this guide and the **Fundamentals** portion of the Curriculum Toolkit.




Activity cards, printed, laminated and cut apart






*\*Located at end of this chapter’s facilitator guide.*


This chapter has no visuals other than the title and ending slides.







<p><b>Preparation before training</b></p> 		<p>In addition to reviewing the Facilitator Guide for this chapter, having enough Tool Kits and pens for each participant, reviewing your visuals, and preparing which questions you’ll ask, prepare the materials for the following activities included at the end of this facilitator guide chapter:</p> <ul style="list-style-type: none"> <li>✓ Activity cards</li> </ul> <p>Room set up: Please set up your training space with the following ideas to set the environment for different types of communication. You may want to have a large arrow on the floor that directs participants to the sign in sheet. The environment of the room can be your tour guide through this chapter. Be creative.</p>
<b>Engage/Immerse (5 minutes)</b>		
<b>Ask</b>	<b>?</b>	<p>Does anyone remember the first time or the last time you met a person who did not speak the same language you spoke?</p>







		<p>What did you do to attempt to communicate with them? (Listen to answers.)</p> <p>Have you ever noticed that sometimes when a person doesn't speak the same language, others attempt to communicate by speaking louder?</p> <p>Or rather than attempting to communicate, people will ignore each other?</p> <p>Imagine you are being dropped into a busy city where you do not speak the language. You will not be rescued until you obtain three items: Apple pie, white tube socks with a red stripe, and a roll of toilet paper, how will you communicate your needs?</p>
<p><b>Note</b></p>		<p>You could use the commercial on TV where people are talking but one person doesn't understand because he didn't watch the new TV show. Or some other situation where you thought you should understand but didn't.</p>
<p><b>Teach and Train (15 minutes)</b></p>		
<p><b>Activity</b></p>		<p>Invite small groups at tables to work together to create a list of factors that can impact communication. You can also encourage them to write their list in their tool kits in the space provided.</p> <p>After allowing a few minutes to pass, invite each group to share their lists and give examples, while you write them on the dry erase board. Accept all answers and be sure to add (if not included) this list of factors and examples:</p> <ul style="list-style-type: none"> <li>• the environment (forest, city, hospital, football game, car)</li> <li>• <b>body language</b> (body language doesn't always mirror spoken language, or culturally has different meaning)</li> <li>• emotional level or <b>tone and pitch</b> (feelings of anger, excitement, grief)</li> <li>• noise level or <b>volume</b> (rock concert, funeral, classroom, home)</li> <li>• our past history with the individual (helpful, mindful, frustrated)</li> <li>• what we have been told by others about the individual</li> <li>• pain (level/tolerance of pain varies per person)</li> <li>• hunger (if truly hungry, "<i>hangry</i>", a combination of hunger and anger, getting nourishment is the main focus of communication)</li> <li>• feelings of confidence or lack of (interviews, reporting emergency situations, being challenged by authority, defensive)</li> </ul>

		<ul style="list-style-type: none"> <li>• cultural differences (eye contact, <b>proximity</b>)</li> <li>• biases and assumptions (perception is NOT reality but it is how we are prone to believe)</li> <li>• time of day (alert, drowsy, busy, unfocused)</li> <li>• mood (related to mental health, current situation, hormonal)</li> <li>• familiarity (easier to talk to people we have established relationships with unless the relationship is compromised)</li> <li>• first and second languages (which language do we have in common)</li> <li>• different priorities, etc. (in a hurry, not my concern, too much information or oversharing)</li> <li>• physical impairments (hearing and/or visual impairments, speech impediments, dynovox or computer generated voices take a while to input data and then convey a message)</li> <li>• written information (unclear, foreign terms, lacking in reading or comprehension skills)</li> </ul>
<b>Say</b>		<p>It's amazing we don't miscommunicate <i>all</i> the time given how many things influence communication.</p> <p>As we look at communication from a number of different perspectives today, we're going to examine communication between individuals, ourselves, and those around us.</p>
<b>Ask</b>		<p>Looking at this list, which of these factors could or do influence our communication with:</p> <ul style="list-style-type: none"> <li>• the people we support?</li> <li>• our coworkers and management?</li> <li>• our friends or family?</li> </ul>
<b>Note</b>		<p>Although communication could be impacted by all these factors, there may be more factors with a specific group. Putting a checkmark in three different colors to represent the three groups may be a method to capture the groups' ideas. Or numbering 1, 2, or 3 for the different groups is another way to capture these factors and their impact. It will also be useful in looking at the following questions.</p>




<p><b>Ask</b></p>		<p>Point out environment, noise level, time of day, pain, hunger, and mood, then ask:</p> <ul style="list-style-type: none"> <li>• How might the individual you support be experiencing communication based on these factors? And does that differ from how our coworkers, managers, family, or friends might be impacted?</li> </ul>
<p><b>Say</b></p>		<p>Most of us have learned through trial and error (for some, more errors than for others) how to successfully convey meaning through use of tone, pitch, and volume as well as body language. That being said, we sometimes forget how important it is that our spoken words match our body language.</p> <p>If someone asks a question of me (as the facilitator) and I roll my eyes, look another direction, and shrug while saying, I will find that answer for you... I am pretty sure, that even though I meant what I said, how I conveyed that answer didn't look very convincing.</p>
<p><b>Ask</b></p>		<p>What impact would this perspective have on how we see the individuals we support if they too don't use verbal language that matches body language, or if they don't have a spoken language and we are interpreting their body language?</p>
<p><b>Ask</b></p>		<p>Have you ever asked a question and then waited for the answer? (long pause) And waited...and asked again? Do any of you have any experience communicating with people who use assistive devices such as a computer, dynavox, or PECs to communicate?</p> <p>People who use assistive devices to communicate are still at the mercy of how long it takes to enter an answer into their communication device. It can be frustrating to wait for an answer, but also frustrating to know the answer and not be able to communicate it quickly.</p>
<p><b>Say</b></p>		<p>There are people who do and do not have disabilities who use spoken language at a slower pace than others. Understanding a question or request does take time to be evaluated before the person can send back a response. Meanwhile, if the person giving the message or making the request gets in a hurry, the frustration level is affected for both.</p>

		<p>Some questions to ask may include:</p> <ul style="list-style-type: none"> <li>• Generally speaking, is applying this skill/perspective more difficult for the individuals we support? If so, what can we do to compensate or assist them?</li> <li>• If this were successfully applied to how we interact with our peers, how would this impact the individuals we support?</li> <li>• Is this skill/perspective easier or more difficult to apply with the individuals we support? Why?</li> <li>• What impact would successfully employing this skill/perspective have on how the individual you support relates to you?</li> <li>• How could the absence of this skill/principle impact the individuals we support?</li> <li>• How would applying this skill/principle help us to identify and meet the needs of the individuals we support?</li> <li>• Why might the individual you support be able to do this? What can we do to assist?</li> </ul>
<p><b>Engage (5 minutes)</b></p>		
<p><b>Activity</b></p>		<p>Write this sentence on the dry erase board: <i>I heard what you said.</i></p> <p>Invite the group to choose a partner. Decide who will be the messenger and who will be the receiver. The messenger will deliver the sentence by first putting an emphasis on <u>YOU</u>. The receiver will translate what was said on a scratch paper. Then the messenger will repeat the sentence with the emphasis on <u>HEARD</u>. The receiver will translate what was said. The third time the sentence is repeated the messenger can put the emphasis on <u>SAID</u> or use an altered voice as if a cartoon character would say it, or how someone might use baby talk to say it. Again the receiver will interpret on scratch paper. The last time the messenger says the sentence, the receiver will be non-hearing. The receiver will interpret how the messenger sent the message knowing the receiver is deaf.</p> <p>You may repeat the activity so that all participants have the chance to interpret. Invite them to change roles and write another sentence: <i>The dog was barking.</i></p> <p>Repeat the prior activity with emphasis on first DOG, second WAS, and third BARKING or with a cartoon or baby talk voice, and the last time being said to a person who isn't able to hear.)</p>





<p><b>Ask</b></p>		<p>How did the receivers interpret the message? (accusatory, sarcastic)</p> <p>How did the same words have different meaning when the emphasis changed? (smart-alecky, angry, playful, etc.)</p> <p>What did the messenger do differently when they were speaking to a non-hearing person? (more facial expression, louder tone of voice, body language and gestures emphasized)</p> <p>Listen and acknowledge responses.</p>
<p><b>Say</b></p>		<p>We will discuss different ways to communicate. The first, as you have experienced, is verbal. Verbal messages include gestures, facial expressions, tone, pitch, volume, pictures, and behavior, to name a few.</p>
<p><b>Ask</b></p>		<p>What can go wrong when you are simply speaking with someone?</p> <p>Listen to all answers, then ask for a complete silence.</p>
<p><b>Activity</b></p>		<p>Without saying a word, write this statement on the dry erase board:</p> <p style="text-align: center;">What did you do?</p> <p>Ask the group to write down how they interpret this question.</p>
<p><b>Ask</b></p>		<p>What were some of the interpretations?</p> <p>Even in our written word, people can determine a tone or meaning that may not be there. This should be applied when reading emails or other written documentation.</p>
<p><b>Teach/Train (1 hour)</b></p>		
<p><b>Tool Kit</b></p>		<p>Turn to your Curriculum Toolkit. Did we miss any of the non-verbal communication identified here?</p> <p>Sample clarification questions:</p> <ul style="list-style-type: none"> <li>✓ How could “tone of voice” put someone on the defensive?</li> <li>✓ How might “facial expressions” add a negative sub-message?</li> <li>✓ How could “volume” escalate conflict?</li> <li>✓ How could “proximity” make someone feel unsafe?</li> <li>✓ How could “eye contact” communicate blame?</li> <li>✓ What “gestures” might escalate conflict?</li> </ul>

<b>Activity</b>		With a partner, take turns demonstrating how you might say, “It’s a wonderful day,” using a non-verbal method from your Curriculum Toolkit.
<b>Ask</b>		What did you experience?
<b>Activity</b>		Invite pairs to take turns saying, “You look very nice today!” with an angry tone, loud volume and a little too close for comfort.
<b>Ask</b>		What did you experience?
<b>Activity</b>		<p>Try whispering the same sentence using a creepy voice from your favorite apocalyptic movie, putting your hands up in front of you like you plan to grab the person in front of you.</p> <p>Try the same sentence with your hand over your mouth, with the person at your back. If I read lips for communication, I have no idea that you are even talking.</p> <p>Just creepy right? Not that people who have disabilities don’t like a scary movie but if she didn’t know you, and you are saying this creepy statement in her home, in this tone, what message is she getting, no matter who you are?</p> <p>What do you think a person who uses English as a second language might feel?</p> <p>Think about being at home, in the bathroom, using an electronic toothbrush. Did you hear what someone said to you from the other room? Probably not.</p> <p>Thoughtful, respectful communication is our goal for this training. Not just what we already know, but what we need to know to make us purposeful in our communication with the people we support.</p>
<b>Tool Kit</b>		Turn to the miscommunication questions in your Curriculum Toolkit. What impact could miscommunication have on.....






**CH 5: EFFECTIVE COMMUNICATION**  
**RESIDENTIAL SERVICES CURRICULUM**

<p><b>Activity</b></p>		<p>Go through each relationship and discuss how the relationship is under minded, trust is impacted and people can get hurt. For each relationship ensure the discussion includes:</p> <ul style="list-style-type: none"> <li>✓ Personal life: friends and family, trust</li> <li>✓ The person you support: needs not met, challenging behaviors escalate, goals not achieved, integration doesn't happen, competence disappears</li> <li>✓ Relationship with the individual: lack of trust, negative relationship</li> <li>✓ DDA caseworkers: Under payment, wrong resource, loss of provider referrals to your agency</li> <li>✓ Medical: wrong diagnosis, medication, drug interactions</li> <li>✓ Family: lack of trust, press coverage, loss of persons receiving services with your agency, loss of job for you.</li> </ul>
<p><b>Say</b></p>		<p>Use this opportunity to point out miscommunication you have experienced with the people you support within your agency. This may be something that impacted the staff, person(s) you support, or even your agency.</p> <p>We talked about the consequences of people's actions in an earlier chapter. Remind staff of their responsibilities.</p>
<p><b>Say</b></p>		<p>Another verbal form of communication is called echolalia (ek-o-lay-lia) where people repeat what they hear. Have you ever done that to someone? Some of us did this as kids, especially to our siblings or friends that irritated us, and it's something our parents told us was rude. Some of the people we support can only speak when they are repeating what they hear. Sometimes they may whisper what they hear back to you. It's not our job to echo back.</p> <p>If a Direct Support Professional says, "I want to go to McDonald's." and a person who is supported repeats, "I want to go to McDonald's." What should be your response?</p> <p>Answers might include verifying what the person said by asking: When would you like to go? Where would you like to go? Or do not respond until the person brings it up again.</p> <p>A trainer tells the story of a person she knew who would ask, "Are you cold?" because she typically echoed staff messages. Her staff played a</p>








		<p>game with her, and would ask her back, “Are you cold?” She was unable to answer that she was actually cold. By asking the question, she was indicating she needed our help to get a blanket or offer her tea.</p> <p>Communication may not be simple for each person. It may take more detective work or more education for you to be able to communicate effectively with people we support.</p>
<b>Immerse (20 minutes)</b>		
<b>Activity</b>		<p>On each table you will find bags of dice with pictures on them. As a team at your table dump the dice out on the table and see what cubes are facing up. No, you can’t turn them over to see what other options you have.</p> <p>As a team, review the cubes and create a sentence or two using just the dice. Write down the message you are intending for everyone to understand and place it face down on the table.</p> <p>Ask the teams to go to each table to see the message in the cubes. Each team will write down what they think the message says and leave their answer on the table face down. Move from table to table completing the same task until each group is back at their original table.</p> <p>Compare their messages with the original.</p>
<b>Ask</b>		<p>Why are they different? Possible answers: Different experiences, feelings, relationships which influenced their response.</p>
<b>Note</b>		<p><b>Note to Facilitator:</b> If you do not have dice, ask the participants to draw pictures to communicate their message.</p>
<b>Teach and Train (30 minutes)</b>		
<b>Say</b>		<p>Many of the people we support are non-verbal but that doesn’t mean they don’t communicate! Some may not have words but they have thoughts, desires, opinions and most have a way of expressing themselves in ways that can be difficult to understand.</p> <p>Sign language is the most familiar form of non-verbal communication. You will find that many of the people you will support use some form of sign language along with other modalities. Sign language is a pre-determined gesture that has meaning to the individual and the person</p>




**CH 5: EFFECTIVE COMMUNICATION  
RESIDENTIAL SERVICES CURRICULUM**

		<p>they are speaking to. American Sign Language (ASL) is the most common signing in use in this country.</p> <p>A word of caution. Just because you (might) know sign language, does not mean the people we support use it like you do. Over the years, many individuals have developed their own signs! It will be your responsibility to learn and become familiar with the particular signs they use.</p>
<b>Curriculum Toolkit</b>		In your <b>Fundamentals</b> section of the Curriculum Toolkit for this chapter, you will see several sign language pictures.
<b>Activity</b>		Read and Model each sign as you go through each word and have participants practice each sign with you. Continue to use these signs throughout the rest of your training to encourage use and communication. Correct hand and finger placement as needed. (You may want to add “break” to the list.)
<b>Note</b>		<b>Note to Facilitator:</b> Discuss people you support and some of their more unusual signs. Tell participants where to find this information. If you have books with sign language pictures, bring that to your training and teach a few more than we have suggested here. Even if you don’t support anyone with these signs, DDA feels that it is to the benefit of each Direct Support Professional to experience some sign language. Review your expectations for staff to learn sign language. Should they take a class to be fluent?
<b>Ask</b>		What other types of gestures do you think people use while communicating? Pointing, tapping, facial expressions, laughter, crying, acting out...
<b>Immerse/Engage (15 minutes)</b>		
<b>Activity</b>		<p>Every one please stand up and find a partner that you have not worked with before or that you don’t know well.</p> <p>Please be safe as we do this activity. Since we are trying to experience learning, please keep challenging behaviors to a minimum. You may have seen some challenging behaviors while you were in your on the job training but we don’t want to see all of those today.</p> <p>I am handing one person in your team a card. Please do not look at it quite yet. On your card you will find different things to communicate to</p>



**CH 5: EFFECTIVE COMMUNICATION  
RESIDENTIAL SERVICES CURRICULUM**

		<p>your partner. Once your partner guesses what you are communicating, go to the next card. Switch modes as I call them out to you.</p> <ol style="list-style-type: none"> <li>1. Gestures – these can be: pointing, head nods, standing next to something they want</li> <li>2. Put your hands behind your back and only use: Expressions – feelings, but without other gestures Laughter Crying</li> <li>3. Challenging behavior</li> </ol>
<b>Note</b>		<b>Note to Facilitator:</b> If your class size is small consider doing this ala charades so that one person is doing all of the gestures while the rest of the group is guessing.
<b>Ask</b>		<p>Which mode was the hardest to understand?</p> <p>Does it differ from person to person?</p> <p>Where will you find information on how a person communicates?</p>
<b>Note</b>		<b>Note to Facilitator:</b> This is the perfect opportunity to share a communication plan for one of the people you support. Keep it confidential. Even in a room full of people who work for the same agency there is a “need to know” relationship. If you don’t work with that person, you don’t have a “need to know.”
<b>Immerse/Engage (5 minutes)</b>		
<b>Activity</b>		<p>Break the room into small groups, giving each group an easel /Poster paper. Ask each group to brainstorm the icons they see daily and write their answers on an easel sheet. Don’t give too much information but you can use a stop sign as a starting point.</p> <p>Allow 3 minutes for this brainstorm. Share the information on each poster.</p> <p>Review one or two of the symbols to determine what information these icons relay to those who see them.</p>
<b>Teach and Train (15 minutes)</b>		
<b>Say</b>		Turn to the <b>Fundamentals</b> section of your Curriculum Toolkit where you will see the Picture Exchange Communication System (PECS).




**CH 5: EFFECTIVE COMMUNICATION  
RESIDENTIAL SERVICES CURRICULUM**





<p><b>Curriculum Toolkit</b></p>		<p>PECS is a software program where you can select different icons for the same thing. It helps to use one icon to indicate the same action or word. What kinds of things do you see on the PECS in your Curriculum Toolkit? Take some answers. (Behavior, what I can do, what’s next?)</p> <p>First let’s understand that picture exchange systems can be PECS as you see here, they can be objects, or they can be realistic pictures of something. People may start with an object exchange system and move to a picture or the PECs. It is totally a personal preference. Pictures may be in black and white or in color – also a personal preference. People may have books full of PECs to use when they are away from home or only use pictures to indicate the steps in a skill they are learning. Not everyone will attend to looking at pictures or objects for their communication. The best assessment to determine which system is best is with a Professional Speech Pathologist skilled in working with people with developmental disabilities.</p>
<p><b>Activity</b></p>		<p>Turn in <b>Fundamentals</b> for this section of the Curriculum Toolkit to the feeling chart. How might you work with someone to talk about their feelings if they communicate non-verbally? Locate the feelings on the PECS sheet. Which icon would you choose if you were sad? Happy? What’s the difference between disappointed and sad? Is this too many? Could you give a choice of just three or four? Sure. It will depend on the person. Some people may be able to look at 6-10 feelings and choose while others might only be able to choose 1-3. Where would you find information about this?</p>
<p><b>Immerse/Engage (15 minutes)</b></p>		
<p><b>Say</b></p>		<p>In the past and probably currently in use people may use something called a dynavox. These devices are programmable and can speak for the person. Some people have used these devices for many years. With the invention of the computer and our current electronic devices many could improve their communication by changing to a different style. They choose to remain with what makes them most comfortable just as you might choose to use familiar language when you are with friends or family. Others have learned to use an electronic device that more resemble the same devices that you use. Communication style is usually discovered while people are still in school but you may find that some clients have a real fascination with electronic devices. People have learned to communicate using typewriters, computer keyboards, and other writing tools as well. It will depend on the person you are supporting and whether or not you will learn to use any kind of equipment related to communication.</p>

**CH 5: EFFECTIVE COMMUNICATION  
RESIDENTIAL SERVICES CURRICULUM**

		<p>If you have a cell phone with you go ahead and pull that out of your pocket. Go to your settings and see if you have accessibility as one of your settings. What kind of tasks are on your phone that would make it more accessible to a person with a disability? Facilitate a conversation regarding reasonable accommodation for communication.</p> <p>What about other electronic devices? Can you see how our society is learning to include these accommodations in our everyday lives? Which residential guideline does this address for someone with a disability? (Inclusion, relationships, status, competence)</p> <p>If you were dependent on one of these devices to communicate, how do you think you would feel if your device was broken, stolen or lost for long periods of time? Could you survive without your voice if you didn't have your cell phone and texting to replace it?</p> <p>Taking care of communication devices and systems are your responsibility. Which role do you think this falls under? Turn back to Chapter 1 in your Curriculum Toolkit and review your roles as DSPs. How many of your roles talk about respect and dignity? Respecting personal property, especially items used for communication, is an important role for you to play. It's the person's voice. Protect it and respect whatever tools may be used for this.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> If you support people who use electronic devices or other devices for communication have them available and show the whole class how it might work. However, if this is not possible do not remove a device from someone to share with a new class. You may also want to discuss cost, who pays for it and how to get it repaired or replaced.</p>
<p><b>Say</b></p>		<p>Let's look at social stories briefly. Some of the people we support can manage their own behavior better when they know what to do. If you say, "Don't hit Jan." Their inclination is to "Hit Jan." When they ride a bus they may get confused. Since we want them to ride the bus independently, we might have a social story that rides along on the bus with them that they can pull out and review if they get confused or lost.</p> <p>A social story tells the person the next step. It provides instructions. It doesn't have to be in the form of PECS but it could be drawn on a piece of paper. There is a right way and a wrong way to write social stories. For our purposes today we aren't terribly concerned about that. If the person you will support has any social stories these have already been written and additional instruction will be provided if you are to write them.</p>

**CH 5: EFFECTIVE COMMUNICATION**  
**RESIDENTIAL SERVICES CURRICULUM**

<p><b>Activity</b></p>		<p>Just for a little more insight into this let’s try telling Jan that she is going to ride the bus. When she gets on the bus she is to sit in the second seat. She is not to sit behind the bus driver because she tends to pull hair and the bus driver gets a little distracted with that. What would your picture look like to tell Jan where she is to sit?</p> <p>On a piece of paper, draw your instructions for Jan. Be ready to post them in 5 minutes. You may work alone or with a partner.</p> <p>Review the pictures. Which one is right? It would depend on the person who is using it.</p>
<p><b>Immerse/Engage (15 minutes)</b></p>		
<p><b>Say</b></p>		<p>There are two parts to every conversation. There’s the speaker and then there’s the listener. Is communication complete if the person listening didn’t understand? Didn’t hear? Didn’t follow the instructions? Of course not. Sometimes the way we stand or look tells the speaker that they are getting through to us. How do you know that you have been “heard”? Take some answers. This will include people did what you asked them to do, you got what you wanted...</p>
<p><b>Teach and Train (10 minutes)</b></p>		
<p><b>Tool Kit Activity</b></p>		<p>As the facilitator make 4 chart papers with a line across the top and a line down the middle. (This is called a T chart). Below the line at the top and to mark the columns you created write a + on one side and – on the other. Above the line at the top write one of these topics on each chart so that you have four charts labeled:</p> <ol style="list-style-type: none"> <li>1. Thoughts</li> <li>2. Body Language and gestures</li> <li>3. Eye Contact</li> <li>4. Vocal Qualities and Verbal Tracking (Verbal tracking involves only restating or summarizing what the client has already said. Verbal tracking does not include your personal or professional opinion about what your client said.)</li> </ol> <p>As a group, create a list for the positive and negative behaviors we use when listening to people and write their answers on the charts. Go through one chart at a time. Let them know they can also write them in their Curriculum Toolkit. (For sample answers, see the <b>Fundamentals</b> section of your Curriculum Toolkit for this chapter.)</p>
<p><b>Ask</b></p>		<p>Do you recognize yourself in any of the negative attending behaviors? What would you do to erase this behavior for yourself?</p>
<p><b>Teach and Train (20 minutes)</b></p>		

<p><b>Say</b></p>		<p>Open ended questions allow the person you are talking to provide information with more details. Instead of asking a closed question that can be answered “yes” or “no,” learning to ask open ended questions can:</p> <ul style="list-style-type: none"> <li>• Allows others to contribute more to finding solutions</li> <li>• Allows others to open up and talk about themselves more</li> <li>• Increases the level of true listening</li> <li>• Builds relationships by increasing understanding</li> <li>• Can be used to guide someone towards positive choices</li> <li>• Allows the listener to gather more information and understand better</li> </ul> <p>The list could on. What’s the difference between the following questions?</p> <p>Did you have fun at school today?  Or  Tell me what happened during lunch today.</p> <p>Is one more inviting than the other?</p>
<p><b>Tool Kit Activity</b></p>		<p>Have everyone find a partner they have not worked with. To demonstrate, have them turn to the Open Ended Questions graphic in their Tool Kit, and together as a group, change them from closed to open questions.</p> <p>Lead a discussion about the benefits of Open Ended questions as listed in the Tool Kit, asking for specific examples. Also, ask for additional benefits and have them add them to the list in their Tool Kit.</p>
<p><b>Activity</b></p>		<p>Following the exercise, debrief about their experience. Using questions, be certain to help them make the connection between becoming skilled at open ended questions and building relationships with the individuals they support. (For example - how could Open Ended questions help you get to know an individual better?)</p>
<p><b>Tool Kit Activity</b></p>		<p><u>Reflective Listening Skills</u> - Read the definition of Reflective Listening and have participants fill in the blanks in their Tool Kit.</p>
<p><b>Activity</b></p>		<p><u>Reflective Listening Discussion Activity</u> - This activity will enable participants to dig deeper into the benefits of Reflective Listening in building trust and rapport and helping individuals to de-escalate.</p>





**CH 5: EFFECTIVE COMMUNICATION  
RESIDENTIAL SERVICES CURRICULUM**






		<ul style="list-style-type: none"> <li>✓ Provide everyone with two cards - one will say “A” and the other will say “B” (you could also use the different colored poker chips, or two different colors of cardstock and have one color represent “A” and the other, “B”).</li> <li>✓ Let them know that you’re going to read each statement below (also printed in the Tool Kit), and they are to choose which statement they believe is most correct by holding up the appropriate card. (Correct statements are underlined)</li> <li>✓ After each statement, ask questions or have a brief discussion as described below.</li> </ul>	
		<u>A</u>	<u>B</u>
		Reflective listening validates a person’s perspective and/or actions.	<u>Reflective listening communicates acceptance of a person’s feelings.</u>
		<p>➤ <i>Tell them: It’s important to distinguish between validating actions, and validating feelings. Reflective listening looks for and accepts the person’s emotions, no matter how strong, but it does not validate negative behavior. For example, if an individual were to say, “I wish I could just punch Roger in the face,” a reflective listening response might be “It sounds like you’re really angry.”</i></p>	
		<u>Trying to solve someone’s problem while they are upset can make things worse.</u>	The primary goal of reflective listening is to help them solve their problems.
		<ul style="list-style-type: none"> <li>➤ <i>Have you ever been in a situation where someone was offering you advice and trying to solve your problem when all you wanted to do was vent? How did that feel?</i></li> <li>➤ <i>Did that calm you down or make you more upset?</i></li> <li>➤ <i>How have you felt in the past when someone has told you to “calm down?”</i></li> <li>➤ <i>How does some of our original anger transfer over to the person who is trying to “help” in such situations?</i></li> </ul>	
		<u>It’s more important that someone feels understood, than it is that they be told that things will be okay.</u>	It’s more important that someone be told that things will be okay than it is for them to feel understood.







**CH 5: EFFECTIVE COMMUNICATION  
RESIDENTIAL SERVICES CURRICULUM**


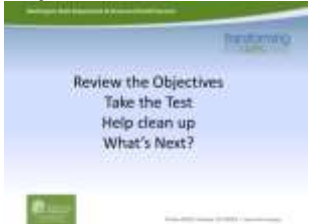

		<ul style="list-style-type: none"> <li>➤ <i>How might an individual mistake being told that “everything is going to be okay” for a lack of acceptance or caring?</i></li> <li>➤ <i>Can you think of a time when you felt minimized by someone who is telling you that “everything was going to be okay?” Why did it make you feel that way?</i></li> </ul>		
		<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Reflective listening elevates emotions.</td> <td style="width: 50%;"><u>Reflective listening builds trust.</u></td> </tr> </table>	Reflective listening elevates emotions.	<u>Reflective listening builds trust.</u>
Reflective listening elevates emotions.	<u>Reflective listening builds trust.</u>			
		<ul style="list-style-type: none"> <li>➤ <i>When someone takes the time to give you their undivided attention and really listen, how does that make you feel?</i></li> <li>➤ <i>What impact does it have on your relationship?</i></li> <li>➤ <i>How often do you think the individuals we support are denied the opportunity to have someone truly take the time to listen without minimizing, judging or problem solving?</i></li> </ul>		
		<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><u>Reflective listening can communicate “tell me more.”</u></td> <td style="width: 50%;">Reflective listening communicates logic and reason.</td> </tr> </table>	<u>Reflective listening can communicate “tell me more.”</u>	Reflective listening communicates logic and reason.
<u>Reflective listening can communicate “tell me more.”</u>	Reflective listening communicates logic and reason.			
		<ul style="list-style-type: none"> <li>➤ <i><u>Tell them:</u> Effective reflective listening doesn’t try to rush forward with a solution. It recognizes the person’s need to vent and displays genuine interest in the individual. Reflecting a person’s feelings back to them is another way of saying, “Tell me more...”</i></li> </ul>		
		<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">People solve problems better when their emotions are heightened.</td> <td style="width: 50%;"><u>People solve problems better when their emotions are not heightened.</u></td> </tr> </table>	People solve problems better when their emotions are heightened.	<u>People solve problems better when their emotions are not heightened.</u>
People solve problems better when their emotions are heightened.	<u>People solve problems better when their emotions are not heightened.</u>			
		<ul style="list-style-type: none"> <li>➤ <i><u>Tell them:</u> When we are upset, a number of physiological things happen that make it very difficult for us to think logically. Two examples: rapid breathing causes an imbalance that does not allow enough oxygen to get to our brain, and the more emotional parts of our brain (such as the amygdala) have heightened activity, while the more logical parts of our brain have decreased activity.</i></li> <li>➤ <i>If this is true, how can we best help an individual in the midst of heightened emotions?</i></li> </ul>		
<b>Ask</b>	<b>?</b>	<p>Debrief the conversation by looking at the Curriculum Toolkit “Improv it” and reading through the beginning statements. Do these statements work in any situation? Most likely not. The idea is to work with the feelings, ideas, desires of the person you are supporting and <b>not to:</b></p> <ul style="list-style-type: none"> <li>○ Impose your own thoughts into the conversation unless asked.</li> <li>○ Finish the person’s sentence and do what you think they want</li> </ul>		

		<ul style="list-style-type: none"> <li>○ Escalate challenging behavior</li> </ul>
<b>Engage/Immerse (5 minutes)</b>		
<b>Activity</b>		List on an easel sheet or whiteboard nice things we do for each other on a daily basis. (Examples may include: <i>Please</i> and <i>Thank you</i> , open doors for each other.)
<b>Teach/Train (20 minutes)</b>		
<b>Say</b>		<p>Just as we follow cultural norms for polite behavior there are a few little tricks of the trade to help you communicate more effectively with people who have disabilities.</p> <ol style="list-style-type: none"> <li>1. Don't stumble over your words. If you are speaking to someone who can't see and your comment starts with "did you see that?" move on. The person who can't see gets it. They appreciate that you are including them in the conversation. Sometimes it may be appropriate to follow up with very visual statements, "Did you see how the yellow and red blend together in the sunset over the sandy beach."</li> <li>2. Keep your hands in sight not in your pockets. Hands in pockets build a distrusting relationship. What do you have to hide?</li> <li>3. Remove barriers between you and the person. If you are behind a counter or desk, move to the same side with the person talking to you.</li> <li>4. A wheelchair is an extension of the person's body. Don't lean on it. Do sit across from the person to help them avoid neck strain and to make them more comfortable. Be on an even playing field during communication. Don't talk to them from the rear. That means they have to twist in the wheelchair to see you and sometimes to see your face to capture the meaning of the communication. Likewise, keep walkers and canes within easy reach when people sit down. If you must move it away to maintain a safe environment, come back frequently to check to see if the person needs it. Create a signal they can give you that they need their equipment.</li> <li>5. Smile. Body language and facial expressions are 80 % of communication. Context is important. Use visuals as needed. Tell jokes, share movies, laugh, cry and be empathetic but do not assume that everyone is miserable. They aren't.</li> </ol>

<p><b>Tool Kit</b></p> <p><b>Activity</b></p>	  	<p>Have everyone turn to the “Communicating with Individuals Who Communicate Nonverbally” in their Tool Kit.</p> <ul style="list-style-type: none"> <li>✓ Read or have someone read each bullet point.</li> <li>✓ Discuss the experiences of those who have worked with individuals whose primary form of communication is nonverbal.</li> <li>✓ Ask how individuals might communicate their needs such as pain or hunger.</li> <li>✓ Ask if any of the points would benefit the individuals they currently support or have supported in the past.</li> <li>✓ Ask if there are other communication methods that they have experienced.</li> <li>✓ Ask if there are any other communication ideas they can think of.</li> <li>✓ Ask how important relationship development is in effectively communicating with someone whose primary method is nonverbal.</li> </ul>
<p><b>Ask</b></p>		<p>What information was new to you today? Do you feel a little more comfortable with communicating with the people you will support? If not, that’s ok. You are still building relationships, learning about different ways to support this person and learning to communicate will take place over time. You may not understand everything they say now but you will learn things that others before you did not learn. You will become a trusted staff.</p>
<p><b>Reflection &amp; Celebration (15 minutes)</b></p>		
<p><b>Activity</b></p>		<p>Please administer the assessment at the end of this chapter.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Please review the objectives in the Curriculum 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</p>

	<p>that each participant has marked the correct answer. When you review the assessment with participants, note where people are having difficulty 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>
--	---

<p><b>Activity</b></p> 		<p>Divide the participants into groups and provide each group with a <i>Limitation</i>, copied and cut from the section at the end of this Facilitator Guide.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> These cards may be randomly assigned by you, or you may have the groups choose from the slips of paper drawn from a box, bowl, etc.</p>
<p><b>Activity</b></p>		<p>Instruct each group to create a list on scratch paper with as many ways they can think of to assist someone with that limitation to wash him or herself while bathing or showering. Suggest they have one person in the group physically demonstrate the limitation, so group members can test ideas. Encourage participants to think about both assistive devices and methods they could use.</p> <p>The limitations are:</p> <ul style="list-style-type: none"> <li>• Vision impairment</li> <li>• Weak on the right side</li> <li>• No use of arms, uses a wheelchair</li> <li>• Hearing impairment</li> <li>• Unable to stand upright</li> <li>• Unable to grasp</li> <li>• Difficulty remembering steps</li> <li>• Refuses to participate</li> </ul> <p>Once groups have had 3-4 minutes to brainstorm, ask one member from each group to share their ideas for how to assist someone with that limitation.</p>

<p><b>Curriculum Toolkit</b></p>		<p>Encourage everyone to write down suggestions and ideas they hear on their Curriculum Toolkit page for this chapter.</p>
<p><b>Say</b></p> 		<p>Learning to do something for yourself can be empowering, but also scary and difficult. Even being <i>asked</i> to learn a new skill can be overwhelming. Imagine how intimidating it could be to be expected to perform that skill for the first time.</p>

SIGN LANGUAGE

help



eat / food



water



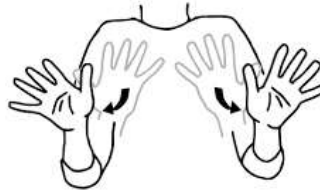
want



more



finished



bathroom



father/dad



mother/mom



please



yes



no



stop

thank you



This page left intentionally blank.

PECS and Social Stories

















I take care of my feet	I wash them with soap	I dry them well	I use powder
Sometimes my toes or feet itch or hurt	I have a cream that for my feet to make them feel better	I wear clean socks	Now I have happy feet!

I feel	happy	sad	angry	look	quiet	listen	good
sorry	share	take turns	speak	and		stop	help
				quiet			
think	helper	well done!	why?		quiet	noisy	OK



This page left intentionally blank.

1	2	3	4	5	6
Hello 	computer 	shopping 	music 	Work time 	home 
1	2	3	4	5	6
library 	shopping 	speech therapy 	Work time 	swimming 	home 
					

## 10 Tips on Nonverbal Communication

### 1. Pay Attention to Nonverbal Signals

Pay attention to things like eye contact, gestures, posture, body movements, and tone of voice. All of these signals can convey important information that isn't put into words.

### 2. Look for Incongruent Behaviors

Research has shown that when words fail to match up with nonverbal signals, people tend to ignore what has been said and focus instead on nonverbal expressions of moods, thoughts, and emotions.

### 3. Concentrate on Your Tone of Voice When Speaking

Your tone of voice can convey a wealth of information, ranging from enthusiasm to disinterest to anger. Start noticing how your tone of voice affects how others respond to you and try using tone of voice to emphasize ideas that you want to communicate.

### 4. Use Good Eye Contact

While eye contact is an important part of communication, it's important to remember that good eye contact does not mean staring fixedly into someone's eyes. How can you tell how much eye contact is correct? Some communication experts recommend intervals of eye contact lasting four to five seconds.

### 5. Ask Questions about Nonverbal Signals

If you are confused about another person's nonverbal signals, don't be afraid to ask questions. A good idea is to repeat back your interpretation of what has been said and ask for clarification.

### 6. Use Signals to Make Communication More Effective and Meaningful

You can improve your spoken communication by using nonverbal signals and gestures that reinforce and support what you are saying. This can be especially useful when making presentations or when speaking to a large group of people.

### 7. Look at Signals as a Group

A single gesture can mean any number of things, or maybe even nothing at all. The key to accurately reading nonverbal behavior is to look for groups of signals that reinforce a common point.

### 8. Consider Context

When you are communicating with others, always consider the situation and the context in which the communication occurs. If you are trying to improve your own nonverbal communication, concentrate on ways to make your signals match the level of formality necessitated by the situation.

### 9. Be Aware That Signals Can be Misread

Always remember to look for groups of behavior. A person's overall demeanor is far more telling than a single gesture viewed in isolation.

### 10. Practice, Practice, Practice

Build your ability to "read people" by paying careful attention to nonverbal behavior and practicing different types of nonverbal communication with others. By noticing nonverbal behavior and practicing your own skills, you can dramatically improve your communication abilities.

<http://psychology.about.com/od/nonverbalcommunication/tp/nonverbaltips.htm>

Use these scenarios for the nonverbal communication activity.

Print, laminate and cut apart. Give the whole set to each pair or only give half depending on the size of your group. Reuse if laminated.

I have to go to the bathroom.	It's time for my ballet class.
You forgot to buy lunch meat.	What is going on?
I saw ducklings on my walk today.	The flowers are pretty.
I want hot dogs for dinner.	I want to be alone.
That was funny!	I'm cold. (or hot)

**Training Objectives**

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


1. Apply the Visual, Auditory, Kinesthetic (VAK) learning styles to themselves
2. Describe the importance of relationship-building skills when creating a successful learning environment
3. Identify conditions to develop a trusting rapport
4. Apply 3 specific teaching techniques in a given instructional situation
5. Apply teaching strategies for people with developmental disabilities
6. Name two teaching strategies
7. Demonstrate three methods of teaching for people with developmental disabilities







**Estimated Time**







1 hour and 30 minutes, depending on the number of participants








**Supplies**

- Laptop or computer connected to a projector/monitor and Internet access
- External speakers for laptop or computer
- Access to this Chapter’s visual content (including videos) on the DSHS website
- Direct Support Professional [ToolkitCurriculum Toolkit](#)
- Whiteboard and dry erase markers
- Post-it notes in various colors
- Chart paper
- Markers
- Pens







 <p><b>Preparation before training</b></p>	<p>In addition to reviewing the Facilitator Guide for this chapter, having enough <a href="#">ToolkitCurriculum Toolkit</a>s and pens for each participant, reviewing your visuals, and preparing which questions you’ll ask, prepare the materials for this chapter’s activities, located at the end of this Facilitator Guide chapter.</p> <p>Prior to the beginning of class prepare an easel sheet labeled for each Residential Service Guideline in this sequence to make the acronym C-H-I-R-P-S.</p> <ul style="list-style-type: none"> <li>• Competence</li> <li>• Health and Safety</li> <li>• Integration</li> <li>• Relationships</li> <li>• Power and Choice</li> <li>• Status</li> </ul>
---	---


		If you still have your posters from the chapter on Residential Service Guidelines hanging on the walls, you may use those and just add to them for the activity below.
<b>Opening: Engaging Activity (5 minutes)</b>		
<b>Say</b>		Looking back at the chapter about how one of your roles as a DSP is to be a teacher, let's discuss some of these things:
<b>Ask</b>		How many of you have ever taught someone something? If no one raises their hand, suggest some things they may have taught such as driving, setting the table... Ask again: Have you ever taught someone a skill? How did you do it? Take some verbal answers from participants.  In reality, we all have some experience with this skill.
<b>Activity</b>		Invite participants to do the following:  1. On a post-it note, write the skills you have taught. Use one post-it note for each skill. (1 minute individually) 2. Have them partner with a small group or in pairs. With your post-it notes, please review what you have taught and group ideas together. If you both taught driving, put those together and so on. 4. Now, rank those groupings in order of importance to the group. You must have consensus on first, second, third and so on.  Ask the groups to place their post it notes on the CHIRPS chart papers where they think this task/skill is most likely to take place.
<b>Ask</b>		Looking at the charts, where are the gaps? Answers may include: relationships, status, integration...
<b>Note</b>		<b>Note to Facilitator:</b> As participants answer the following question, write their answers on the easel sheets.
<b>Ask</b>		What are some activities that you have taught regarding...? Answers may include: Name one of the charts that do not have any tasks on them.  These are the same types of skills that you will be teaching to the people we support.




<p>Say</p>		<p>Let's talk about teaching skills.</p>
<p><b>Immerse (5 minutes)</b></p>		
<p>Activity</p>		<p>Tell everyone that you're going to now begin to look at assisting individuals with instructional supports. You'll start by giving them a quick "test" to gauge the best learning principles that work for them.</p> <ul style="list-style-type: none"> <li>• Ask everyone to stand up</li> <li>• Tell them that you will read a statement and they are to remain standing if the answer is true for them, and sit down if it's false for them. (More than likely, all will remain standing throughout.)</li> </ul> <ol style="list-style-type: none"> <li>1. When I'm learning something new, it helps me to understand not just <u>how</u> to do something, but also, <u>why</u> it's important.</li> <li>— When I'm learning a new skill, I learn better if I feel that I am respected than if I'm treated like I have no idea about what I'm doing.</li> <li>2. I learn best when I'm able to contribute and ask questions.</li> <li>2. I learn best when I'm interested in the subject or understand how it will be helpful for me.</li> <li>2. I learn best by experiencing something rather than just being told about it.</li> </ol>
<p>Say</p>		<p>Congratulations!! You have all passed the Adult Learning Principles Test. You are all adults!!!</p>
<p><b>Apply- Demonstrate Learning Application to Real Work (25 minutes)</b></p>		
<p>Say</p>		<p>As we assist individuals, it's crucial that we focus on our role as "Instructional Support." Remembering the first <b>Residential Service Guideline Guiding Value</b> - Competence - it's important for us to develop our training skills.</p>
<p><b>ToolkitCurriculum Toolkit</b></p> 		<p>Have participants look over the Adult Learning Principles in the <b>ToolkitCurriculum Toolkit</b> Section of this chapter and briefly discuss by asking how these principles are true for them. Discuss how they are also true for the individuals we support.</p>


<p><b>Ask</b></p>		<p>Why might some people not apply adult learning principles to the individuals we support? What kinds of things can we do to ensure that we are using Adult Learning Principles when assisting our clients with instructional activities?</p>
<p><b>Say</b></p> <p><b>Toolkit Curriculum Toolkit</b></p>	  	<p>Another thing to consider when communicating with individuals and helping them with instruction is <del>their learning style</del> <u>knowing how they learn best</u>. We all have predominant <del>learning styles</del> <u>ways that we learn</u> and we tend to teach others using our own, rather than using theirs.</p> <p>Have them complete the learning styles test in the <b>Toolkit Curriculum Toolkit</b>.</p>
<p><b>Activity</b></p>		<p>Afterwards, have a brief discussion about the different learning styles (see <b>Fundamentals</b> for brief descriptions) before breaking the class into 3 groups (or 6 groups for larger classes).</p> <p>Assign them each a learning style and have them come up with a list of ideas for how to help an individual with the scenario in the <b>Toolkit Curriculum Toolkit</b>, using the learning style they've been assigned.</p> <p>After 5 minutes, bring the group back together and have them share their ideas. The ideas from each of the groups should be recorded in their <b>Toolkit Curriculum Toolkit</b> section of this chapter.</p>
<p><b>Immerse (45 minutes)</b></p>		
<p><b>Ask</b></p>		<p>Ask everyone to stand up.</p>
<p><b>Activity</b></p>		<p>Instruct participants that when you say, “go” you want everyone to put on their coat or sweater (if they have them on, ask them to remove them first, of course). Now ask them to take them off and put them on again, only this time, beginning with the opposite arm that they used the first time.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> If the weather will make it possible that no one will have a sweater or jacket, be sure to have a spare. Instead of having the entire class perform the exercise, ask for a volunteer and use them to demonstrate the exercise.</p>





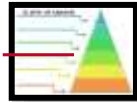

Ask		What was the second time like compared to the first time?
<b>Teach and Train (1 minute)</b>		
Say		For many tasks that we do, we have done them so often that we no longer have to think anymore. This is called “muscle memory.” Because of this, when we try to teach someone a common task, we often leave out crucial steps in the process without realizing it.
<b>Immerse (15 minutes)</b>		
Activity		<p>Systematic Instruction and Task Analysis Exercise</p> <p>Divide everyone up into pairs. Give everyone a piece of 8x11 paper.</p> <ol style="list-style-type: none"> <li>1. Demonstrate folding the paper into exact thirds (as if it were going to be put into an envelope).</li> <li>2. Next, have each pair break down the task into specific, individual steps as if they were going to teach the task to someone who has never folded a piece of paper before. Give them a few minutes to complete the task.</li> <li>3. Bring everyone back and ask each pair how many steps they came up with.</li> <li>4. Based on the pair with the largest number, try to determine as a group which steps were left out by others.</li> <li>5. Have a discussion asking questions such as:             <ul style="list-style-type: none"> <li>• How difficult was this to break this down into steps?</li> <li>• What other everyday tasks might we need to break down into steps?</li> </ul> </li> </ol>
Ask		
<b>Teach and Train (15 minutes)</b>		
Say		Structured teaching, also known as task analysis or systematic teaching, is a process of breaking the skill down into smaller steps.
Ask		When you were teaching the skills on our charts, did you break things into smaller steps? Did you have to go back to one step to ensure the next step was successful? Sure! Did you have to start all over on some

		<p>days? Did the person ever achieve independence – meaning that they could do it well enough on their own not to need you to help them?</p>
<p><b>Say</b></p>		<p>In supported living we have a responsibility to teach the people we support to be as independent as possible. As a DSP it is your job to try to work yourself out of a job! Since that would take more years than any of us have on this earth, I think we can promise you job security!</p> <p>Structured teaching is best used when:</p> <ol style="list-style-type: none"> <li>1. Safety is an issue. It might be due to use of machinery or other safety concerns.</li> <li>2. When the individual needs to learn in small steps. Many people with Autism and other Developmental or Intellectual Disabilities need to have the skills they are learning broken into smaller steps, start from left to right, have the prompt for the next step built in to the process, use of a jig and other structured methods before they can learn. Do you think it might have been helpful if you could have used a jig as part of your training for the last activity?</li> <li>3. When quality is an issue. These are considered when a person is completing tasks for work.</li> </ol> <p>In supported living, the tasks we teach are also measured so there will be documentation for teaching methods that will be taught as you learn about each person’s programs. Please pay close attention to this documentation. The purpose of documentation is to:</p> <ul style="list-style-type: none"> <li>• ensure growth in the individual’s progress</li> <li>• ensure that the teaching is consistent between trainers</li> <li>• ensure that feedback is given to the program writer so that the program can be adjusted as needed</li> <li>• know when to set new learning tasks for growth in a meaningful life</li> </ul> <p>Your role is to be consistent in teaching. That’s consistent with yourself and with other people who are also training the task. Imagine learning something from 5 different people and trying to make sense of their instructions. Each one is teaching in the way they like to learn and not how you like to learn. What do you imagine is going on in their heads? Take some answers (confusion, they give up trying); the good news is that in another chapter, we will learn more about IISPs where you can</p>

		find the training programs for each individual along with the instructions you are to follow.
<b>Apply- Demonstrate Learning Application to Real Work (5 minutes)</b>		
<b>Ask</b>	?	What are some of the things you might have to know about before you begin to teach the individual? Hand dominance, communication style, where they are in the learning process (just because you're new to it doesn't mean they are!)
<b>Teach and Train (10 minutes)</b>		
 <p><b>Curriculum Toolkit</b></p>	  	<p>Another method of teaching is called Backwards Chaining Teaching Method.</p> <p>Have everyone turn to the <i>Backwards Chaining Teaching Method</i> in their <b>Curriculum Toolkit</b>. Read and discuss briefly. The person gets the win because they do the final step. (Icing the cake so you can eat it right away, putting food on the table that is already set, sealing the envelope or putting the item in the envelope.) The reward needs to be theirs to provide a sense of accomplishment.</p> <p>What might the benefits of using this method be? Possible answers:</p> <ul style="list-style-type: none"> <li>• Reinforcement occurs naturally through experiencing the reward of immediate success</li> <li>• Doesn't require as much short term memory on the learner's part</li> <li>• Eliminates the frustration of starting and not being able to finish, or getting lost in the middle</li> <li>• Keeps learner more involved</li> <li>• Positive nature is relationship building</li> <li>• Is an easier method of teaching, so the instructor has less desire to finish the task themselves (which inhibits learning)</li> <li>• Over time with repetition, skill is transferred to long term memory</li> </ul> <p><i>Forward Chaining</i> is just the opposite and starts with the first step.</p>
<b>Immerse (10 minutes)</b>		


<p><b>Activity</b></p>		<p>Have everyone return to their pairs, and using the steps that were determined in the previous exercise, have them role play training their partner on how to fold the paper properly using the Backwards Chaining method.</p>
------------------------	---	--

**Teach and Train (10 minutes)**


<p><b>Say</b></p> <p><b>ToolkitCurriculum Toolkit</b></p>   		<p><b>Instruction through Prompts</b></p> <p>The goal of all instruction is that whenever possible, the individual would eventually be able to perform the task or skill independently. Every individual has different levels of instructional support. Some will require more time and patience; some will require more repetition and some will require more “hands on” assistance. For every step in learning a task or skill, there is a hierarchy of prompting that leads an individual towards independence.</p> <p>Have them fill in the blanks for each prompt in the proper order in their <b>ToolkitCurriculum Toolkit</b>.</p> <p>See <b>Fundamentals</b> for more information.</p> <div data-bbox="581 1079 954 1266" data-label="Diagram"> </div> <p>Start at the base of the pyramid. <u><a href="#">Lines will fill in as you click through.</a></u></p> <ul style="list-style-type: none"> <li>• Full physical assistance is used when the person doesn't seem to understand other directions. You stand or sit right next to the person or directly across from them so they can make eye contact. By placing your hand over theirs and doing the movements required you begin to build that muscle memory that we already discussed. It's habit or just something you do without thinking. When teaching people with developmental disabilities it is used when people have had no training or you just can't seem to get them started.</li> </ul>
---	---	--

		<ul style="list-style-type: none"> <li>• Partial physical assist could be a nudge on the elbow to get the arm moving or a tap on the shoulder to get attention. It is not the staff doing a portion of the task. That’s structured teaching.</li> <li>• Modeling is showing the person what they are going to do and doing it right next to them. Modeling starts at a very young age when a child first learns to eat. What do you do when feeding a child their first spoonful of whatever? You open your mouth until they open theirs! It’s a great teaching tool and no words are necessary!</li> <li>• Direct verbal means that you are telling the person what to do at each step. This is the most difficult step to fade away from. You may have a voice in your head telling you to check for people on the sidewalks but in reality no one is telling you how to drive your car when you are alone behind the wheel.</li> <li>• Indirect verbal prompts are a combination of gestures and speaking. More gestures and fewer words here! You begin to reposition yourself from right next to, to next to, but slightly behind. You are still close enough to assist and gesture without being in the line of sight. As a person, you are part of the prompt. Your physical appearance in the peripheral vision of the individual doing the task may mean that they won’t reach independence if you are still in the picture.</li> <li>• Independence is what we all are in our daily lives. We get up, eat breakfast, shower, shave, drive to work, do our jobs and go home. We go out, make plans for the weekend, see our friends. It’s what we all want for the people we support. They should have no less of a life than you do.</li> </ul>
--	--	---


**Apply- Demonstrate Learning Application to Real Work (15 minutes)**

<b>Activity</b>		<p>Get with a partner you don’t know or have never worked with before (if possible).</p> <p>We are going to practice the levels of independence. One person will be the staff and the other the person with a disability. As I read the following scenario, staff will show me how they will prompt the person to complete the task. The individual may coach as needed. (If you notice that some of the staff appear to be “getting it” better than others, ask the person who “gets it” to be the individual being supported.)</p>
-----------------	---	--









	<p>John is one of the people we support. He is non-verbal with limited expressions, jerky movements and needs support to get him started for most activities. He is left handed and blind in his right eye. John will not pick anything up but knows he wants to. What would you do in these situations to support him?</p> <p>John sat down to dinner. (Where should the staff person sit? – on John’s left)</p> <p>John does not pick up his spoon. (Which prompt would you use? Hand over hand – you could point but John won’t pick it up. Some may just want to wait or give a verbal prompt but if we are following the pyramid, where do we start?)</p> <p>John pulls away from staff’s hand and begins to eat. (What should staff do? Nothing but stay seated next to him.)</p> <p>John stops eating a few bites from eating everything on his plate, holds his spoon in the air as though he is pausing. This goes on for more than three minutes. (What prompt would you use to get him started again? Partial Physical – a nudge to the shoulder or arm, a verbal question regarding finished or asking him to indicate that he is finished.)</p> <p>John finishes his meal and sees his dessert but does not pick it up. (Which prompt would you use? Could be verbal or gesture by tapping the table – maybe both.)</p> <p>John finishes his dessert, picks up his plate and takes it to the sink. (What prompt would you use? Nothing)</p>
<p><b>Teach and Train (5 minutes)</b></p>	

<b>Say</b>	 <p>A type of learning that is frequently not discussed is error-free learning. This is used when a new skill is being taught and you don't want any errors. Have you ever heard, "Let's practice the RIGHT way!"? Well, it means that you don't want to practice mistakes. You want to do it correctly every time.</p> <p>Error-free training interrupts the stops and starts in a process, the requirement to ask for permission, and any number of other things. As a staff, you would watch as the task is performed and interrupt the part that isn't a step in the learning process. You would actually body block, move a hand to the next step or do other interrupting types of things. You might use your voice and make a sound. Moms use this when they clear their throats, give a look – you know the one, or say one word that signals for you to do the right thing. Take the next correct step. Anyone ever take piano lessons? Right? Your piano teacher didn't just stop you, she placed her hand on yours, fingered with you playing the right notes, stuck her knuckle in your back to correct your posture.... Practice the RIGHT thing!</p>
------------	---

**Immerse (10 minutes)**



<b>Activity</b>	 <p>Let's see if we can help Jane to <del>open a door</del><u>pull out a chair</u>. <del>With a partner practice opening the door</del>. Decide who is staff and who is the individual.</p> <p>Read these instructions for the activity.  <del>Imagine a door</del><u>Point to the chair</u> in front of you. Every time Jane approaches the <del>door</del><u>chair</u> she stops and picks up something off the floor. She always stops. You have tried waiting her out for hours to get her to <del>approach the door</del><u>touch the chair</u> but have been told not to speak and not to gesture.</p> <p>Approach the <del>door</del><u>chair</u> and help Jane open it without Jane stopping.</p>
-----------------	--

**Teach and Train (5 minutes)**

<p><b>Ask</b></p>		<p>Debrief by asking how people felt. What did they do to make this happen? Model how you would <del>move Jane to the door</del><u>assist Jane to move the chair</u> without being restrictive and ask them to try it again, this time switching roles.</p> <p>How did that feel? More comfortable? When would you use this teaching strategy? (This will depend on your agency. You can link it to Therapeutic Options if you have already trained that course.)</p>
<p><b>Say</b></p>		<p>We have discussed four types of teaching strategies as well as effective adult learning.</p>
<p><b>Activity</b></p>		<p>Who can name two of the teaching strategies? Call on someone with their hand up. Who can name one more? And the last one? Structured, Backward Chaining, Hierarchy of Independence, and Error Free.</p>
<p><b>Reflection &amp; Celebration (20 minutes)</b></p>		
<p><b>Ask</b></p> 		<p>As a review, ask:</p> <ul style="list-style-type: none"> <li>• How important is relationship building in being able to successfully assist someone in learning new skills?</li> <li>• Likewise, how can learning activities build a relationship?</li> <li>• What competencies could these instructional methods be used for?</li> <li>• In what ways does becoming more competent help an individual?</li> </ul>
<p><b>Say</b></p>		<p>What an exciting time for us to be able to apply all that we have learned as we begin to support individuals to live as independently as possible! (Encourage the group to applaud their learning!)</p>
<p><b>Activity</b></p>		<p>Please administer the assessment at the end of this chapter.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Please review the objectives in the <del>Toolkit</del><u>Curriculum Toolkit</u> 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>

Formatted Table



		<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 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>
<p><b>Activity</b></p>		<p>Please administer the assessment at the end of this chapter.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> 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 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 upon completion.</p>

***Training Objectives***

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




1. Recognize the difference and use of an Individual Service Plan ISP (state’s assessment) and an Individual Instruction and Support Plan IISP (agency’s plan to support person)
2. Recall attributes of the IISP
3. Recognize sections or domains of an Individual Instruction and Support Plan (IISP)
4. Distinguish between what is “important to” the individual and what is “important for” the individual

***Estimated Time***




Approximately 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
- Colored markers
- Sticky notes
- Poster paper (self-adhesive or masking tape for walls)
- Paper and pens for participants
- Curriculum Toolkit per participant



<b>Preparation before training</b>		<b>Print a Facilitator Guide, and review it in detail prior to training. Ensure each participant has a pen and Curriculum Toolkit.</b>
<b>Opening: Engaging Activity (5 minutes)</b>		
 <b>Activity</b> 		<p>Take out a pen and before you write anything, imagine:</p> <p>You are unable to act on your own without some assistance....Or...</p> <p>You are no longer able to explain your dreams and desires without someone who knows you well to voice that for you....Or....</p> <p>You are unable to participate in what you want to do without somebody accompanying you...</p> <p>Now, make a list of the people you would want to be your voice and advocate for you.</p>



## CH 7: INDIVIDUAL INSTRUCTION AND SUPPORT PLAN

		(Give about 30 seconds to a minute for the participants to write at least one name or more, and then ask them to share those names and why...)
<b>Say</b>		As a Direct Support Professional you are going to be in a position to help support people to have outcomes in their lives that fulfill their visions and goals while still supporting them to achieve lifelong skills. For this segment of training, we are going to look at and practice some of the activities that are done to create person centered support plans.
<b>Teach and Train (10 minutes)</b>		
<b>Say</b>		<p>Although many people you will support are able to speak for themselves and/or act independently, others will require more hands on assistance and all will have a variety of needs for support in and outside of their home. If the person didn't have some identified need for help, he or she would not be receiving services.</p> <p>Each individual will have a support plan that will guide you to help them to achieve their vision and goals for their lives. You will read each person's plan to gain a better understanding of his or her needs, historical information, for example where he came from, health care needs, medications he takes, guardian status, and more.</p> <p>There are actually 2 plans that work together. The first one is the Individual Support Plan or ISP. This is the state's assessment of what the person's needs are and how those needs will be addressed. The other plan is called the Individual Instruction and Support Plan or IISP. The IISP is the supporting agencies' person centered plan that provides the instructions and guides for how to meet the person's needs, dreams, and goals for the year.</p> <p>Before we look at how the plan is put together, let's have a little conversation about how we get to know people starting with each other.</p>
<b>Activity</b>		<p>Getting to know someone. Give each person a small piece of paper. On that piece of paper ask each person to write down some adventure or activity they have done that might surprise the group. Write something that you haven't shared with anyone in the room, it could be risky, technical, creative, etc. Then have them print their name on it, fold it in half and drop it in a container where no one has access to it but you.</p> <p>If the people in the classroom have gotten chummy with their table partner, mix them up so they each have a new partner. Have them sit</p>






**CH 7: INDIVIDUAL INSTRUCTION  
AND SUPPORT PLAN**








		across from each other or beside, close enough to have a conversation, far enough away from others to not be overheard.
<b>Say</b>		<p>I am going to read these “activities” out loud one at a time. Listen carefully. If I read your activity, do not admit it. When I finish reading an activity, the person on the left will have a minute to ask their partner questions about the activity so they can decide if the person actually did the activity or not.</p> <p>Then you will switch and the person on the right will have a minute to ask questions about the activity so they can decide if the person actually did the activity or not. Wait until all activities have been read to decide which activity your partner did.</p> <p>Just because you didn’t write the activity down, does not mean you didn’t do it. You can answer as if you did, if you want, but be sure if <b>your activity</b> is read that you answer honestly. This is a getting to know someone activity. After all the activities have been read, you will admit to your activity, and we will see what we learned about each other.</p>
<b>Ask</b>		<p>Complete the activity and ask the following questions:</p> <ul style="list-style-type: none"> <li>• What makes a person unique and fascinating?</li> <li>• How easy or difficult is it to become acquainted with a person if you just read a few paragraphs about him or her?</li> <li>• What questions do you typically ask to get to know someone?</li> <li>• How will you get to know the people you support?</li> <li>• What if you ask a question to someone who doesn’t speak...your language?</li> <li>• Would anyone in the room want people to make plans for you and your life without really knowing who you are?</li> </ul>
<b>Say</b>		Make a plan to get to know the people you support, take your time, listen, speak their language, ask questions, and if someone says a person is mean, manipulative, smart, funny, etc., find out for yourself.
<b>Curriculum Toolkit</b>		Invite participants to view this the Curriculum Toolkit section for this chapter; the ISP assesses 7 key domains and 2 exceptions.
<b>Note</b>		<b>Note to Facilitator:</b> Write these categories on a white board, and as the participants answer the questions, jot down some of their ideas.

Immerse (20 minutes)		
Ask		<p><b>Home Living Activities</b> What kind of tasks occur in your home? Responses may include: housekeeping, laundry, eating and cooking, bathing, toileting, etc. These types of activities are addressed here.</p> <p><b>Community Living Activities</b> What kind of activities do you participate in within your community? Responses may include: transportation, shopping, team sports, banking, etc. These activities are addressed here.</p> <p><b>Lifelong Learning Activities</b> What kind of activities do you learn or want to learn during your life? Responses may include: computers, languages, French cooking, technology, playing an instrument, reading, keeping a budget, self-management, etc.</p> <p><b>Health and Safety Activities</b> What kind of activities do we do for ourselves when it comes to our own safety and health? Responses may include: taking medication, recognizing and avoiding hazards, wearing a seatbelt, ambulating and moving around, physical fitness, etc.</p> <p><b>Social Activities</b> What kind of socializing do you do in your home or in the community? Responses may include: socializing in home and community, recreational activities, maintaining friendships, volunteer work, etc.</p> <p><b>Employment Activities</b> What kind of employment help assistance, might be needed for people who have developmental and/or intellectual disabilities? Responses may include: accessing accommodations, interacting with coworkers and supervisors, learning and using job skills.</p> <p><b>Protection &amp; Advocacy</b> Ask the group about activities that might be about advocating for oneself, and what those might look like for a person who is receiving services. Responses may include: self-advocacy, budgeting, voting, making choices, protection from exploitation.</p>
Say		<p>The 2 exceptions are:  <b>Exceptional Behavior Supports</b> As you learned in the chapter <i>Introduction to Positive Behavior Support</i> sometimes people need extra support to be successful due to challenging behaviors What kinds of ideas might be included in a Positive Behavior Support Plan? Responses may include: specific strategies in a positive behavior support plan for people who need extra support to live successfully in the community.</p>

		<p><b>Exceptional Medical Supports</b> may include, specific medical and health care support for a person who needs that extra physical/health care to live successfully in the community which will be addressed in the chapter titled, <i>Personal Care Skills and Support</i>.</p> <p>The tool used to create the ISP includes specific questions that are asked by the Case Manager. The answers which range from needing full hands on assistance to completely independent are documented and scored which results in areas of strength and areas of need from which the goals for the ISP are determined.</p>
<p><b>Ask</b></p>   <p><b>Say</b></p>	<p>?</p>  <p>☁</p>	<p>Imagine again for a moment when the case manager asks the questions regarding the 7 domains, who would answer realistically about a person’s abilities in self advocacy, toileting skill, cooking and feeding, transportation and safety skills?</p> <p>Staff Friend Family member</p> <p>Of course, don’t forget the <b>Person</b> him or herself Asking questions about these domains is another way to get to know a person...but don’t ask about toileting first! That is kind of personal!</p>
<p><b>Teach and Train (10 minutes)</b></p>		
<p><b>Say</b></p> 	<p>☁</p>	<p>Each year, each individual has a Support plan meeting during which time the ISP and the IISP are evaluated, updated, and changed. As a DSP, you become a key support for the person who is setting goals and making plans for their life over the next year.</p> <p>It takes planning to work collaboratively on new ideas or refreshed old ideas. It takes honest reflection from the people who know an individual best to analyze and critique the past year’s experiences. It takes integrity to admit when somebody was unable to achieve their goals, and how we can be responsible to even change that, try again with renewed vigor or a new plan of approach. It takes thoughtful reflection to just admit that reaching a particular goal isn’t going to work with the approach being used, so back to the drawing board!</p>







## CH 7: INDIVIDUAL INSTRUCTION AND SUPPORT PLAN

		When it is time to prepare for the Plan Review and time to create a new year’s plan, the date must be set and the team who will work on it has to come together. This is an important annual event. Some people look forward to it while others don’t get excited about it.
<p><b>Ask</b></p> 		<p>How would it feel to you, if somebody else was planning your goals without you?</p> <p>Remember that each of us wants to be directing our own lives: <b>Nothing about me without me.</b></p> <p>If we don’t include the person in their own plan, there is a pretty good chance he or she won’t be too invested in working toward achieving those goals.</p> <p>Another person who could be welcomed and invited in this process is the Necessary Supplemental Accommodation Representative. The NSA rep is either chosen by the individual or assigned by DSHS to advocate for a person who might need that 3<sup>rd</sup> party representative in order to receive the services that will more fully enrich their life.</p>
<b>Teach and Train (5 minutes)</b>		
<p><b>Curriculum Toolkit</b></p>		<p>Invite participants to look in the Curriculum Toolkit section of this chapter where they will find the 7 key domains plus the 2 exceptional additions of behavioral and medical supports.</p>
<p><b>Say</b></p>		<p>Earlier in the chapter entitled <i>DDA Guiding Values</i> we talked about them and how they are addressed to create a full life for individuals receiving services. Although the Guiding Values are not exactly the same as the key domains of the IISP, they are still intricately connected to each other.</p> <p>An example of that connection would be the domain “Social Activities,” and the service guideline “Relationships.” It is fairly difficult to have a fulfilling social life if you are not spending time with the people who are the most important to you. Likewise, if the whole team doesn’t know who is important to the individual, then how can planning to create or maintain a valued social life be accomplished?</p>
<b>Apply- Demonstrate Learning Application to Real Work (55 minutes to the end)</b>		
<p><b>Activity</b></p>		<p>Have one person from each group get a piece of self-adhesive chart paper to put on the wall. Each group will come up with a creative poster using words and possibly drawings.</p>
<p><b>Say</b></p>		

		<p>Place your caricature or name of the character you choose in the center of the paper. Then create a list of activities/goals the character would either experience or want to learn over the next year to enrich their lives. Once you have your list of activities for your character, go back and assign which of the Guiding Values each activity addresses (you do not have to address every guideline). Remember to use the group’s knowledge of your character and their unique and fascinating personality to make plans for their imaginary life.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> If there is room on the poster write it on the poster and if the group needs more paper have smaller pieces that can be taped beside it. Roam from group to group to ensure the task is understood and being carried out, and to make sure the groups can defend their ideas for goals.</p>
<p><b>Activity</b></p>		<p>After each group has made a poster of their plan and potential activities for goals choose a Guiding Value each activity would address. For example, if seeking employment in an animal shelter for Eeyore is one of the goals being considered, that might address status, relationships, and integration. Sometimes the Values overflow into each other, especially if we are really looking at the whole person.</p>
<p><b>Immerse (15 minutes)</b></p>		
<p><b>Show</b></p> 		<p>Show the <i>Make a Difference Workshop, 2014</i> video (10:00). Then have a discussion about how goals are meant to have a positive impact on an individual.</p>
<p><b>Say</b></p> 		<p>Judging from what you saw in the video, what would be happening in Seth Lee’s life if he and his staff didn’t think outside the box of how to make a difference in Seth’s life?</p>
<p><b>Teach and Train (5 minutes)</b></p>		



## CH 7: INDIVIDUAL INSTRUCTION AND SUPPORT PLAN




<p><b>Say</b></p>		<p>Think about how the character you are planning for would react right now, if he or she was a real person.</p>
<p><b>Curriculum toolkit</b></p>		<p>Now consider those activities or things on your poster that would be important <b>TO</b> this individual. Things that are important <b>TO</b> someone include items that ensure happiness, satisfaction, contentment. Sometimes we think of important <b>TO</b> as things that the person wants to do but in reality we have to know the reason behind why people want to do things.</p> <p>Things that are important <b>FOR</b> the person include those things that are related to the health and safety of the individual or those things that will increase the person being included in their community activities.</p> <p>As we are planning with a person, sometimes team members will have amazing ideas of what would be important <b>FOR</b> a person. For example: It would be good <b>FOR</b> the person to lose weight while it would be important <b>TO</b> the person to have a YMCA membership. Or, it might be important <b>FOR</b> the person to bathe more frequently while it would be important <b>TO</b> the person to have a job. When you can link the <b>TO</b>s and the <b>FOR</b>s together, the possibility for success is increased. If there is no “important <b>TO</b>” the person in their “important <b>FOR</b>” the likelihood of success is not as great as it could be.</p> <p>Take a look at <i>FOR</i> vs. <i>TO</i> in the Curriculum Toolkit section of this chapter.</p>
<p><b>Activity</b></p>		<p>So, go back to your posters and look at the activities you were considering putting into the plan. Put a number <b>2</b> next to the activities that were important <b>TO</b> the character and a number <b>4</b> next to the activities you were considering as being important <b>FOR</b> the character.</p>
<p><b>Say</b></p>		<p>Now that the groups have some very interesting posters, make sure your character is identified with a name so others looking will know who you were planning with.</p>
<p><b>Ask</b></p>		<p>We have covered a lot of information on the ISP and goal setting. Why do you think we do this?</p>
<p><b>Say</b></p>		<p>This is a lot of information to remember. But guess what?</p> <p>The plans for the people you will be working with are likely already in place and the opportunity for you to have ongoing input into the plans</p>





		will be dependent on the role you are going to be playing in the person’s life.
--	--	---



**Teach and Train (10 minutes)**

<p><b>Say</b></p>		<p>As you meet the people you work with, you will also read their support plans, and look at their goals. DSPs with a history of supporting the person will show you how to best support the person and follow the IISP based on the relationship they have established with the person.</p> <p>Keep in mind that while you all have different personalities, strengths, and weaknesses, it is also imperative that you get to know each individual’s personality, strengths, and weaknesses and understand what drives or inspires them. What is their motivation, attention span, and rate of learning? What is the pace of teaching that works for you and how can you capitalize on that by taking into account the person’s preferred learning style? And finally, what is the relationship you (the new person) teaching the skills should have established with the learner (person we support) to make it more successful?</p> <p><b>Motivations</b> can be internal or external. You go to bed earlier than your usual time because you are tired (internal) and you have to be at work very early tomorrow (external). Or you take a shower because a skin condition feels better in warm water (internal) but you know your chances for employment are better if you smell okay (external).</p> <p><b>Attention span and frequency</b> varies for each of person. Some people could work for hours on following a specific recipe to make a soufflé while others are going to be happy with a cooked egg! So how much time will a person be willing to spend to learn a new task? And in the context of learning to make a soufflé how frequently do people make soufflés? If it is a required task at a job, then probably quite frequently, but if it is just a holiday occasion, then frequency is rare.</p> <p><b>Rate of Learning</b> refers to how fast of a learner a person is and also how much practice a person needs to master a skill. This also can be affected by motivation, attention span, learning and teaching styles, difficulty of the task, and the effectiveness of the reinforcement. A fast learner can have more robust goals while a person who learns more slowly will need fewer more basic tasks drawn out over a longer period of time with more opportunities to practice to become efficient.</p>
-------------------	--	--

## CH 7: INDIVIDUAL INSTRUCTION AND SUPPORT PLAN

		<p><b>Pace of teaching</b> and teaching styles are also determined by the interest level and <b>learning preference</b> of the person and the teaching skills of the coach. A good coach will use many tactics including visual, auditory, and kinesthetic opportunities to help teach a desired skill. The pace will be set by the person who really must go at his or her own pace.</p> <p>It is really crucial to have a <b>relationship</b> with the learner, to engage with him or her within the learning activity but also outside of it. Being able to maintain interest in the task and performing the task during the actual time of day when the task is typically done will help to guide the normal rate or pace of the activity.</p> <p>As you plan your learning goals for your character think about how the person is able to do the activity. If you are teaching Eeyore how to cook an egg, you probably will not be teaching him how to crack the egg...he doesn't have hands. So how the task can be adapted to work for him is really crucial to the success of the task. Eeyore will probably have to buy liquefied eggs in a carton with a handle that he can pick up and pour with his mouth.</p>
<b>Reflection (5 minutes)</b>		
<b>Ask</b>		<p>Ask who can name one or two teaching methods. Write the responses on a whiteboard. Answers may include backward chaining, fading, shaping, forward chaining, or structured teaching/task analysis.</p>
<b>Say</b>		<p>Inform participants that we will see different strategies in the IISP as we teach people new skills.</p>
<b>Teach and Train (5 minutes)</b>		
<b>Ask</b>		<p>How do you like to be corrected if you make an error? Does your choice of how you are corrected change depending on the situation and who is correcting you?</p> <p>Sometimes it is okay to allow a mistake to occur, but usually in the course of teaching a new task, catching an error early and asking the person what they should do differently puts the ownership of correction back in the hands of the learner. Recognize and praise a person's willingness to make corrections to improve their skills. Remember we have all been in the position of having to learn something that wasn't easy, so having the genuine support and encouragement of our coaches is why we remember our best and worst learning experiences.</p>

		<p>Think about your past experiences with learning a new skill, whether it was in a school classroom, at home, driving a stick shift, crafting a new hobby, or perfecting a sports skill, what were the best of qualities of the coach or teacher who trained you? Those are the qualities you want to bring to the experience of the folks you are supporting.</p>
<p><b>Say</b></p>		<p>Documentation is the final act in capturing the process of learning new tasks and skills to enrich a person’s life. You will be keeping track of the level of support needed, how long it takes, accuracy, accomplishments, and if there are changes to the task that must occur for success to be met.</p> <p>Sometimes a skill is mastered immediately or the person is no longer interested or willing to participate. Goals can be changed, adapted to serve the needs of the person, or redone.</p>
<p><b>Reflection &amp; Celebration (5 minutes)</b></p>		
<p><b>Say</b></p> 		<p>Let’s give ourselves a round of applause for the great learning that has occurred here!</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b></p> <p>OPTION 1: You may want to preview the following Youtube videos on your own, where the differences between people who have the same diagnosis but are very different people are demonstrated, where very personalized plans are required. You may determine one or more are videos you’d like to include here at the end of this chapter.</p> <p>OPTION 2: (recommended): These videos are also included as a resource in the Curriculum toolkit section for this sections for participants who want to learn more (these are not placed in our online, visual resources for this chapter).</p> <p>From 20/20 ABC News: Nonverbal Girl with Autism speaks through her computer (Carly Fleischman) <a href="http://youtu.be/xMBzJleeOno">http://youtu.be/xMBzJleeOno</a></p> <p>Carly’s Café, Experience Autism through Carly’s eyes (Carly Fleischman) <a href="http://youtu.be/KmDGvquzn2K">http://youtu.be/KmDGvquzn2K</a></p> <p>In My Language, Amanda Baggs is a woman who has a diagnosis of Autism who is so much more! <a href="http://youtu.be/JnylM1hl2jc">http://youtu.be/JnylM1hl2jc</a></p>

		<p>About being considered “Retarded” more profound expressions from Amanda Baggs <a href="http://youtu.be/qn70gPukdtY">http://youtu.be/qn70gPukdtY</a></p> <p>Dreams; people who have Down Syndrome share their goals <a href="http://youtu.be/-P4t2jR1g">http://youtu.be/-P4t2jR1g</a></p>
<b>Activity</b>		Please administer the assessment at the end of this chapter.
<b>Note</b>		<p><b>Note to Facilitator:</b> 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 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 upon completion.</p>

***Training Objectives***

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

1. List the basic food groups
2. Find at least 1 benefit of each food group based on the guidelines of the USDA (ChooseMyPlate.gov)
3. Construct what counts for serving sizes of common foods using visuals and/or manipulatives
4. Take part in creating balanced & complete menu plans on the Weekly Menu Plan form
5. Distinguish at least 3 important aspects of menu planning for someone with Diabetes
6. Defend how menu planning for someone with Diabetes would be integrated into a sample Weekly Menu Plan
7. Demonstrate how to read labels for nutrition value per portion size
8. Identify 3 ways to involve supported individuals in the menu planning process
9. Recommend at least 3 benefits of hydration
10. List 2 symptoms each of poor nutrition and dehydration, when and whom to report symptoms of concern
11. Distinguish different categories of fats
12. Recognize ideal sodium intake levels
13. Contrast empty and nutrient-rich calories
14. Associate careless food handling with the potential for foodborne illness
15. Illustrate 4 safe food handling practices
16. Generalize the purpose of a grocery store layout
17. Prepare a shopping list based on a created Menu Plan

***Estimated Time***

4 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

Residential Services Curriculum Toolkit (per participant)





Collection of at least 6 nutrition labels from a variety of foods for label reading activity (An instant oatmeal box and packaged chips are a great example to compare.)






Sodium poll answer signs copied and cut from end of this guide to post on wall











<b>Preparation before training</b>		Review Facilitator Guide for this chapter and ensure each participant has their Curriculum Toolkit available. Make sure to have a number of nutrition labels from a variety of foods for the label reading activity.
<b>Opening: Engaging Activity (10 minutes)</b>		
 <b>Say</b>		<p>“One cannot think well, love well, sleep well, if one has not dined well.”                      — Virginia Woolf, <i>A Room of One's Own</i></p>
<b>Activity</b>		Invite participants to write down on a piece of paper their favorite meals for breakfast, lunch, and dinner. After everyone has finished writing, direct them to pass their paper to the person next to, or across from them (depending on seating arrangements).
<b>Ask</b>		<p>How do you feel about the meals you now have in front of you? If this was a menu written for you, would it be acceptable? Do you like this food? Are you allergic to anything listed? Are there any medical concerns this menu would create?</p> <p>If someone were creating menus for you, what are some ways you would want to be involved?</p>
<b>Activity</b>		In small groups, have participants come up with a list of ideas for involvement in all aspects of meal planning, purchasing, and preparation. After 2-3 minutes, ask a volunteer from each group to list their ideas on chart paper that can be taped to the wall for reference.
<b>Immerse (15 minutes)</b>		
<b>Say</b>		Let's start by practicing inclusion when planning a menu for someone else.
<b>Activity</b>		<p>Divide the group into pairs. Ask each pair to decide who will be a “1” and who will be a “2.” Once determined, share the communication limitations for each group.</p> <p>Ones will only be able to say “yes” or “no.”</p> <p>Twos will only be able to use facial expressions.</p>





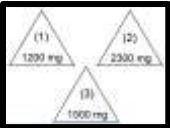


<p><b>Curriculum</b></p>  <p><b>Toolkit</b></p>		<p>Invite participants to turn to the Curriculum Toolkit section of this chapter and view the page with the <i>One Day Meal Plan Practice</i>.</p>
<p><b>Activity</b></p>		<p>Working with their partners, ask them to complete the One Day Meal Plan for each other.</p> <p>Remind them that the only person who can speak (other than the “yes” or “no”) is the person writing the menu.</p> <p>When they have completed the one day meal plan, ask for some feedback about how individual choice was incorporated, particularly considering the communication challenges.</p>
<p><b>Teach and Train (20 minutes)</b></p>		
<p><b>Say</b></p>		<p>Now let’s take a look at the meals you planned and assess the nutritional values.</p>
<p><b>Activity</b></p>		<p>On a blank piece of paper, draw a circle to represent your plate. Draw on the plate your lunch or dinner from the One Day Meal Plan.</p>
<p><b>Ask</b></p> 		<p>Did you include the major food groups? Can someone name the 5 food groups?</p> <p>Do the portions and food choices match the recommended guidelines?</p> <p>The USDA recommends food choices from Protein, Dairy, Fruits, Vegetables, and Grains, but how do you determine portion sizes for each of those?</p>
<p><b>Say</b></p>		<p>Let’s see what we know about portion sizes!</p>
<p><b>Curriculum Toolkit</b></p>		<p>Refer participants to their CH 8 Curriculum Toolkit page for Portion Size Savvy.</p>















<p><b>Activity</b></p>		<p>Instruct them to match the photos with the serving sizes of foods. Give 3-4 minutes before sharing the correct answers.</p> <table border="0"> <thead> <tr> <th><u>Comparison Object:</u></th> <th><u>Serving Size:</u></th> </tr> </thead> <tbody> <tr> <td>Deck of cards</td> <td>3 oz. poultry or red meat</td> </tr> <tr> <td>Checkbook</td> <td>3 oz. of fish</td> </tr> <tr> <td>4 dice</td> <td>1 oz. of natural cheese</td> </tr> <tr> <td>Computer mouse</td> <td>1 medium potato</td> </tr> <tr> <td>Ping pong ball</td> <td>2 tablespoons of peanut butter</td> </tr> <tr> <td>Baseball</td> <td>1 cup of pasta</td> </tr> <tr> <td>CD</td> <td>1 pancake</td> </tr> <tr> <td>CD case</td> <td>1 slice of bread</td> </tr> <tr> <td>Thimble or tip of the thumb</td> <td>1 teaspoon butter, margarine, or oil</td> </tr> <tr> <td>Shot glass</td> <td>1/3 cup nuts</td> </tr> <tr> <td>Tennis ball</td> <td>1/2 cup cooked cereal or rice</td> </tr> </tbody> </table> <p><b>Ask</b></p>  <p>Why would learning about using comparison objects for serving sizes be helpful to you, or people you are supporting?</p> <p>Answers may include: being able to guess a portion size helps when you can't measure, knowing portion sizes can help with planning and shopping, knowing a portion helps you know if you are eating what is recommended, and if you are diabetic and on insulin portion sizes are necessary to know how much insulin should be taken.</p>	<u>Comparison Object:</u>	<u>Serving Size:</u>	Deck of cards	3 oz. poultry or red meat	Checkbook	3 oz. of fish	4 dice	1 oz. of natural cheese	Computer mouse	1 medium potato	Ping pong ball	2 tablespoons of peanut butter	Baseball	1 cup of pasta	CD	1 pancake	CD case	1 slice of bread	Thimble or tip of the thumb	1 teaspoon butter, margarine, or oil	Shot glass	1/3 cup nuts	Tennis ball	1/2 cup cooked cereal or rice
<u>Comparison Object:</u>	<u>Serving Size:</u>																									
Deck of cards	3 oz. poultry or red meat																									
Checkbook	3 oz. of fish																									
4 dice	1 oz. of natural cheese																									
Computer mouse	1 medium potato																									
Ping pong ball	2 tablespoons of peanut butter																									
Baseball	1 cup of pasta																									
CD	1 pancake																									
CD case	1 slice of bread																									
Thimble or tip of the thumb	1 teaspoon butter, margarine, or oil																									
Shot glass	1/3 cup nuts																									
Tennis ball	1/2 cup cooked cereal or rice																									
<p><b>Apply - Demonstrate Learning Application to Real Work (30 minutes)</b></p>																										
<p><b>Say</b></p>		<p>Now let's take what we have learned about portion size comparisons and apply it to our One Day Meal Plan.</p>																								
<p><b>Activity</b></p>		<p>Instruct participants to label the portion sizes of their food choices on their Plan. Point out that if they have doubled the portion sizes for their food choices, it will equate to 2 servings; for example, a 6 oz. filet of fish would count as 2 servings of protein. They can work with a partner for</p>																								






		feedback. Remind them to use the visuals as their guide; this is an exercise in estimation.
Ask	?	How many servings of each of the food groups are recommended in a day? The answer will depend on a person’s age, gender, and amount of physical activity.
Curriculum Toolkit 		In your Curriculum Toolkit, take a look at the food group options for daily 1600-2000 calorie recommendations. [Link to this: <a href="http://www.choosemyplate.gov/myplate/index.aspx">http://www.choosemyplate.gov/myplate/index.aspx</a> ]  In reflecting on your One Day Meal Plan, if there are food groups missing, or there are too many in one or more food groups, what changes would you make to that day? Could or would you choose to substitute low fat or fat free dairy options? What about fats and oils? Did you incorporate nuts, seeds, or legumes?
Note		<b>Note to Facilitator:</b> Depending on the size of the class, you could suggest they compare and combine their menus to make a week’s worth. This can be done in pairs, small groups, or with the whole class to create a full week’s menu.
Ask	?	How could you adjust the combined meal plans over the week for better balance?  This menu you have created may work for you, but what if you are creating a menu for someone who has a health concern, like diabetes, or high blood pressure?  What would you need to know about the different food groups to make adjustments?
<b>Teach and Train (45 minutes)</b>		
Say		Let’s take some time to review the benefits of the major food groups.
Curriculum Toolkit		Provide time to read the information sheets in the <b>Fundamentals</b> section of the Curriculum Toolkit for this chapter about their assigned food group.











<b>Activity</b>		Divide the class to assign them to one of each of the 5 major food groups and fats & oils. Have them prepare to share with the rest of the class what they think is most important to know about the benefits of that food group. Ask them to have at least 3-4 points they will present (about 4 min. presentation time). Allow at least 5-10 min. preparation time (depending on how many groups will be presenting).
<b>Curriculum Toolkit</b>		When all groups have presented, instruct everyone to capture that information on their own blank Curriculum Toolkit food plate.
<b>Note</b> 		<b>Note to Facilitator:</b> Onto a projected image of the empty food plate, have participants write on the whiteboard if able. If you are unable to write on the whiteboard, you may want to encourage participants to write on small sections of paper (or Post-it Notes) in large clear print to tape to the projected image on the screen.
<b>Say</b>		Now that we have covered the basics of the benefits of the major food groups, let's talk about those potential health concerns.
<b>Teach and Train (20 minutes)</b>		
<b>Show</b> 		Show <i>Nora's Diabetes News</i> video (1:14), with 3 main points to know for meal planning
<b>Ask</b> 		What information did you hear that would help you plan meals for someone with Diabetes? Answers may include: healthy portions, nutrient-rich food, adapting calories for activity.  What are empty calories?
<b>Curriculum Toolkit</b>		Look in the Curriculum Toolkit section of this chapter for information on empty calories. Once you have had a chance to review that information, go back to your <i>One Day Meal Plan</i> to see how many empty calories you may have included.
<b>Apply- Demonstrate Learning Application to Real Work (20 minutes)</b>		

<p><b>Activity</b></p>		<p>If you find empty calories, make some substitutions for more nutrient-rich choices, like suggesting unsweetened cereals instead of sugar-sweetened.</p> <p>Participants can work together if they need ideas.</p>
<p><b>Say</b></p>		<p>One of the most common sources of added sugars (part of empty calories) are sodas, energy drinks, sports drinks, and fruit drinks. What can we drink instead?</p> <p>Water! Suggest that they write in water as a beverage on their meal plan as a reminder to drink it throughout the day. Eight 8-ounce glasses of water are recommended per day.</p>
<p><b>Activity</b></p>		<p>Split the group in half and have them gather to quickly list:  <b>What are the benefits of water?</b> Ensure answers include: healthy skin, aids digestion, prevents dehydration, improves energy, and removes toxins and waste from the body.</p> <p><b>What are the symptoms of dehydration?</b> Ensure answers include: increased thirst, concentrated &amp; darker urine, dry mouth, the eyes stop making tears, sweating may stop, muscle cramps, nausea and vomiting, heart palpitations, lightheadedness (especially when standing).</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> You may choose to have each group answer both questions, or assign one question to each group.</p>
<p><b>Teach and Train (5-7 minutes)</b></p>		
<p><b>Say</b></p> 		<p>Now let's talk about high blood pressure and salt. Let's take a quick poll, and get up and move around at the same time!</p> <p>Choose from the following options to make this more interactive. You may choose the same method of answering for the second question, or switch it up.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b>  There are a number of options to consider:  1) Have 3 signs with the 3 possible answers posted around the room for participants to stand near.  2) Have people stand and raise their hand with one, two, or three fingers to indicate their answer.  3) Everyone can stand up and put their hand over their heart for answer #1, put their hand over their kidneys for answer #2, or hands on their</p>









		knees for answer #3.
<b>Ask</b>		<p>How many milligrams of sodium are recommended per day?</p> <ol style="list-style-type: none"> <li>1) 1200 mg</li> <li>2) 2300 mg</li> <li>3) 1500 mg</li> </ol> <p>The correct answer is 2) 2300 mg</p> <p>What if you are a person who has diabetes, kidney disease, or high blood pressure? How much sodium should you have per day?</p> <p>That answer is 3) 1500 mg</p>
<b>Curriculum Toolkit</b>		Invite participants to circle and label the correct answers in the picture of the salt and pepper shakers in the Curriculum Toolkit section of this chapter.
<b>Say</b>		While certain health conditions might require you to monitor your sodium intake, all of us can benefit from an awareness of sodium content in our food.
<b>Apply- Demonstrate Learning Application to Real Work (45 minutes)</b>		
<b>Ask</b>		How do you know how much sodium is in packaged food? How can you tell if a packaged food is a good source of nutrition vs. empty calories of solid fat or added sugars?
<b>Say</b>		You have to read the labels!

<p><b>Curriculum Toolkit</b></p> <p><b>Note</b></p>	  	<p>Distribute the food labels you have available (participants can share if necessary). Provide 1-2 minutes to review the nutrition label information in their Curriculum Toolkit, and assess their label for nutritional value.</p> <p><b>Note to Facilitator:</b> In the Curriculum Toolkit on the page with the Nutrition Facts Label and Descriptions, help participants find and highlight the sentence under #5 “Percent % Daily Value” where it says: Use the Quick Guide to Percent DV (%DV): 5%DV or less is low and 20%DV or more is high.</p>
<p><b>Activity</b></p> 		<p>Discussion prompts:          Who has a food high in protein?          If I am trying to cut back on sodium, which product should I avoid?          Which food could I have that is lower in sugar?          Are there any good choices for someone who has diabetes?          How many servings are shown?          What is the measurement of the serving size and the visual comparison?</p>
<p><b>Say</b></p> 		<p>You might notice your food label includes ingredients, and this sample version does not. Ingredients are listed in the order of quantity, so the first ingredient is the highest percentage of the product.</p> <p>A simple tip for choosing nutrient rich foods is to look for fewer ingredients i.e., a potato vs. boxed scalloped potatoes, or prepackaged instant oatmeal vs. old fashioned oats.</p>
<p><b>Ask</b></p>		<p>What is the value in interpreting labels?</p> <p>Guide the discussion to be sure answers include:          I will know how many calories I am eating          I will be more aware of serving sizes per container          I can help people make healthier choices when shopping          I will learn which foods are more nutritious vs. empty calories</p> <p>What are symptoms of poor nutrition?          Answers may include:          Osteoporosis, high blood pressure, liver problems, obesity, weak immune system, fatigue, dizziness, muscle weakness, poor wound healing, weakness, type 2 diabetes</p> <p>What do you do if you observe symptoms of concern related to poor nutrition or dehydration?          Answers may include:          Contact the supervisor, contact the person’s doctor, document per</p>

		agency policy, talk to the person about better food choices or a different food plan, consult professional nutritionist or dietician, look for community resources or groups for healthy eating, cooking, and shopping.
<b>Say</b>		<p>Speaking of shopping...</p> <p>Invite people to draw on a blank sheet of paper the layout of a grocery store. Typically the produce will be on one side of the perimeter. Where do you find the lean meat? Dairy?</p> <p>In order to fill your plate with nutrient rich foods, you will want to focus on shopping the perimeter.</p>
<b>Ask</b>		How do you know where to start? If you were going to buy groceries to prepare what is on your One Day Meal Plan, what would you need?
<b>Activity</b>		<p>With a partner, chose one meal plan and one grocery store layout. Create a list of all the ingredients you will need, and then map your most efficient route on the store layout. Allow 5-7 min. of discussion and planning with their partners. Ask for several volunteers to share what was easy or difficult and why.</p> <p>What would happen if you went to the store without a list? Would you have what you need to prepare your menu plan?</p>
<b>Note</b>		<b>Note to Facilitator:</b> Discuss any individuals that your agency supports who may have difficulty in the store and what the challenges are. For example: Do they grab candy in the checkout line? Do they open bread and eat it in the aisles? What about your people with Autism who like to go through the store in a particular pattern and routine?
<b>Teach and Train (20 minutes)</b>		
<b>Ask</b>		Once shopping is completed and the bags are brought inside, which foods need to be put away first, and why?

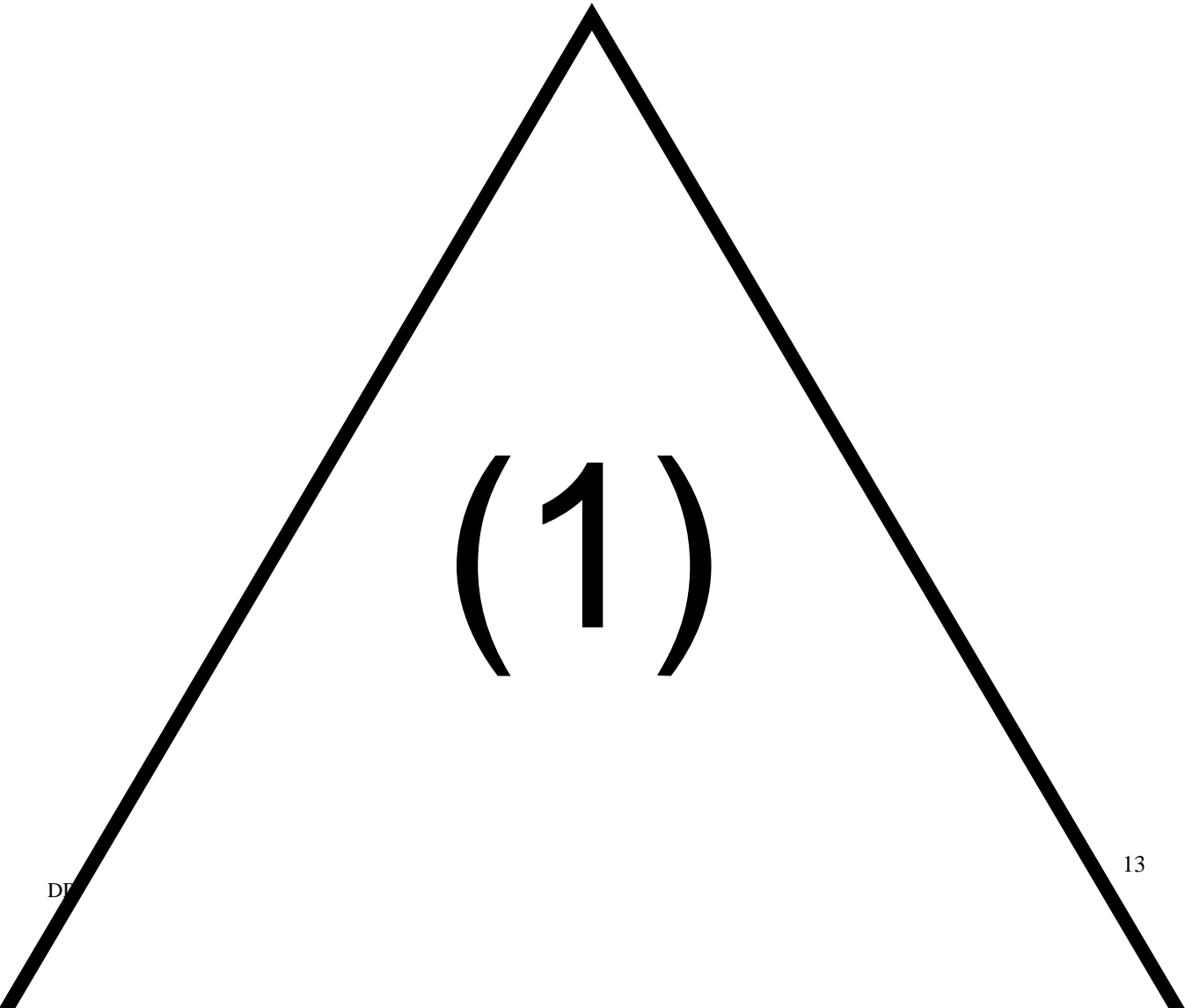
<p><b>Say</b></p>		<p>We, as Direct Support Professionals, are responsible for assisting with and teaching meal planning and shopping. We also must ensure safety in food handling. (Remember the Residential Service Guidelines, Health and Safety?)</p>
<p><b>Curriculum Toolkit</b></p> 		<p>Turn to the <b>Fundamentals</b> section of the Curriculum Toolkit for this chapter on food safety. As you can see, the food safety tips from <a href="http://foodsafety.gov">foodsafety.gov</a> are divided into Clean, Separate, Cook, and Chill.</p>
<p><b>Show</b></p> 		<p>Show <i>Clean, Separate, Cook, and Chill</i> video (3:44)</p>
<p><b>Activity</b></p>		<p>Have the staff work in groups, different than their previous work groups, to prepare to teach the whole group about one aspect of food safety: Clean, Separate, Cook, and Chill.</p>
<p><b>Note</b></p> 		<p><b>Note to Facilitator:</b> Assign or allow groups to choose their topic from the four safety topics using the Curriculum Toolkit pages as a resource.</p> <p>Offer creative options of drawing with markers &amp; poster paper; create a rap or song, poem, skit, etc. to present/train their chosen topic. Instruct one person in each group to set their phone timer for 10 min. When that timer sounds, let everyone know they have 5 more minutes (if needed) to finish preparing their presentations.</p> <p>Ask the groups who would be willing to present first. Then, remind everyone to give each group their full attention (no cheating to add to their own presentations).</p>
<p><b>Show</b></p> 		<p>After the presentations, show <i>Bacteria Bar-b-que</i> video, which is a humorous look at what happens when we don't practice good food safety! (1:40)</p>
<p><b>Reflection &amp; Celebration (5 minutes)</b></p>		



<p><b>Say</b></p> <p><b>Curriculum</b></p>  <p><b>Toolkit</b></p>	 	<p>Wow! Let’s take a step back, since we have covered a lot of information. I would like you to think about one practical tip you will use for yourself, someone you love, or with the people you support that will be beneficial, and write it down.</p> <p>Refer to <i>Choose MyPlate; 10 Tips To a Great Plate</i> located in the Curriculum Toolkit section of this chapter.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> To give them some parameters, you could write on the board the following categories:</p> <ul style="list-style-type: none"> <li>• Food Groups</li> <li>• Portion Sizes</li> <li>• Label Reading</li> <li>• Diabetes</li> <li>• Successful Shopping</li> <li>• Involving supported individuals</li> </ul>
<p><b>Activity</b></p>		<p>If you have enough people in the training, assign categories, to get a good variety of tips. Give staff a moment to think and write, then have them share their tip and defend why they feel it is valid.</p> <p>For example, my tip might be “I will work to make half my grains whole, since whole grains have more fiber and health benefits.”</p> <p>Encourage specific practical steps if staff share general tips (i.e., “make better choices”, could be rephrased into “choose leaner cuts of meat”). Reinforce their participation and the great ideas they are able to share from what they have learned.</p>
<p><b>Activity</b></p> 		<p>Please administer the assessment at the end of this chapter.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Please review the objectives in the Curriculum 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 participants 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 students, note where people are having difficulty 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>
--	--	---

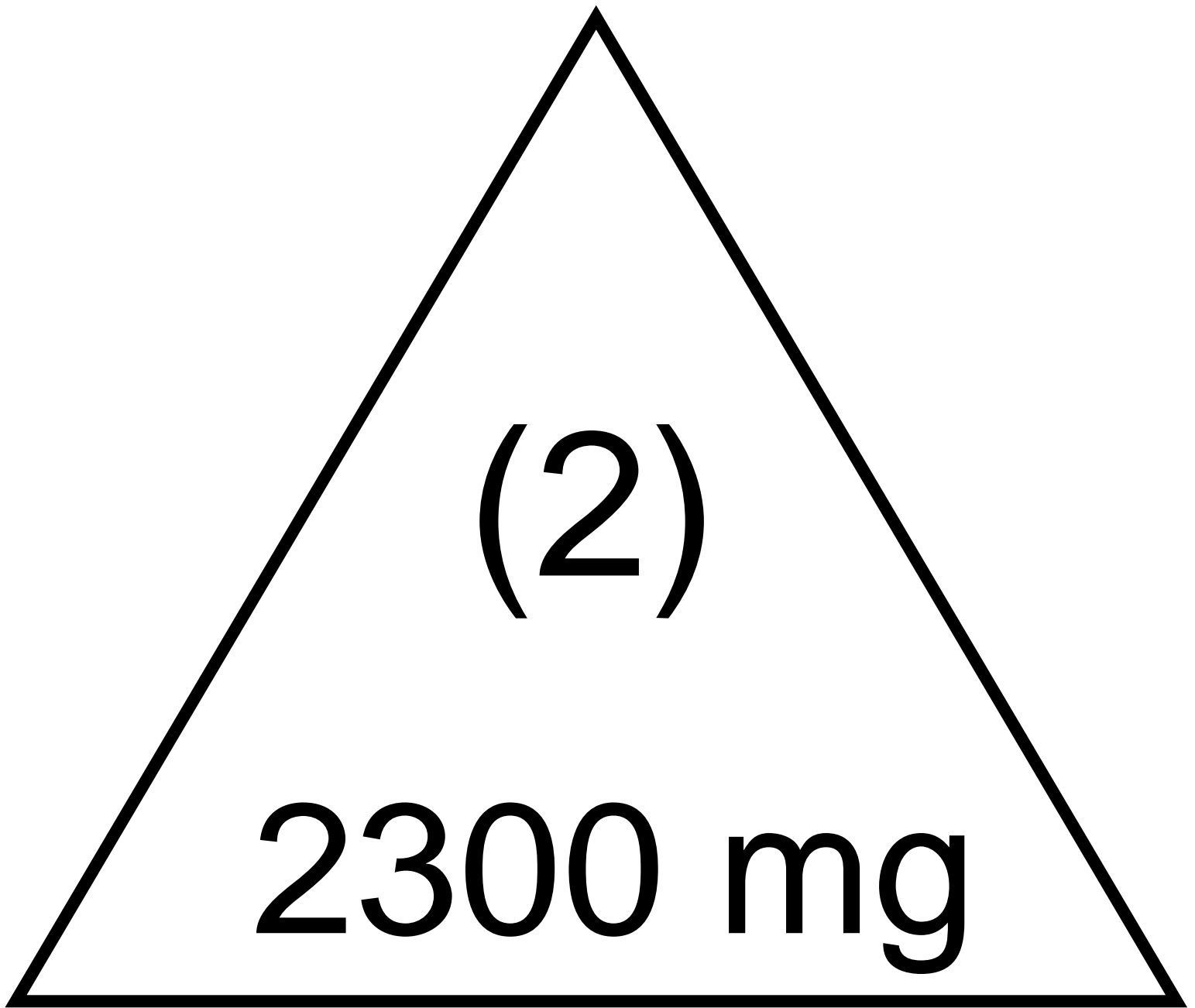
Graphics for Sodium poll



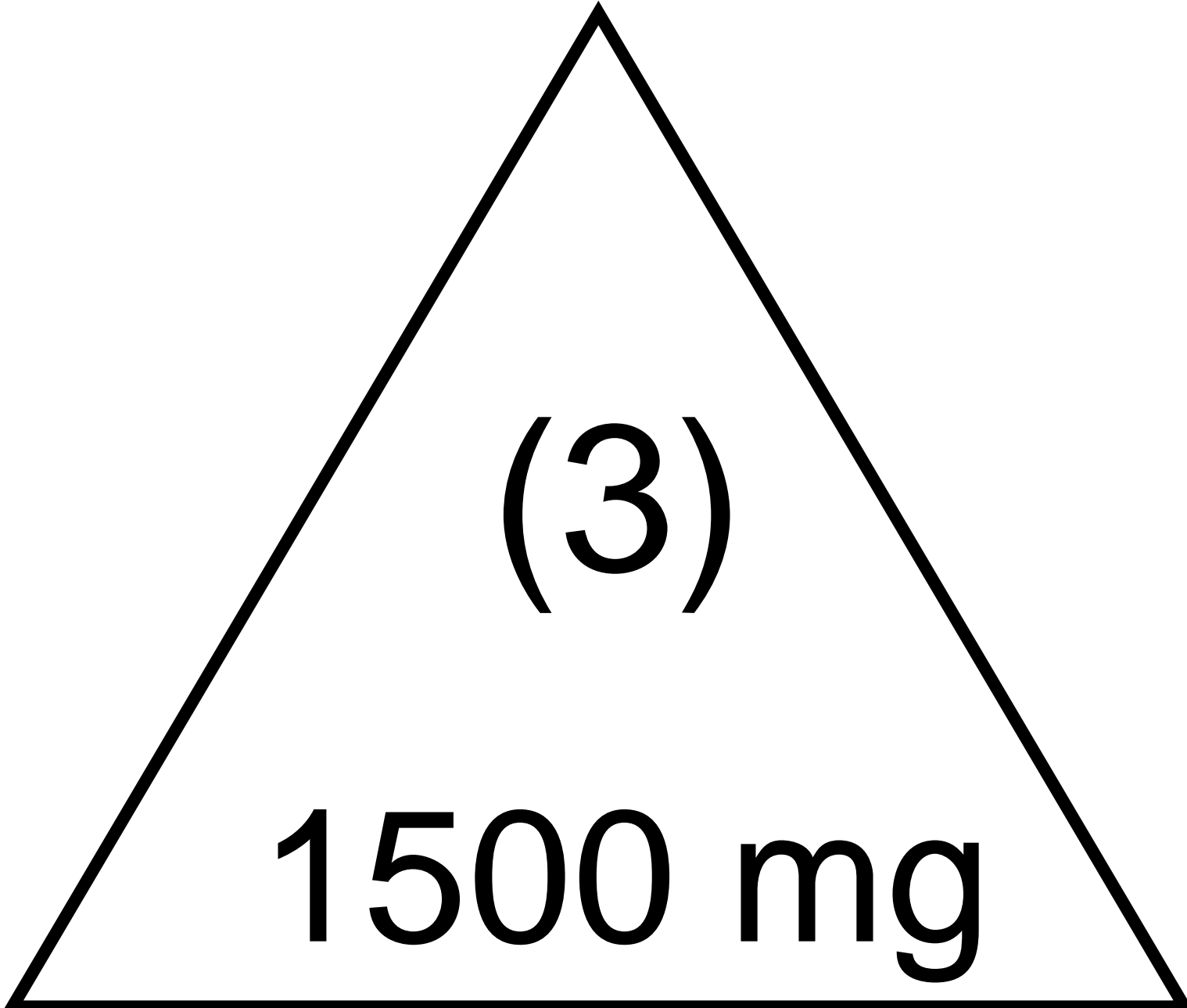
(1)

1200 mg

This page left intentionally blank.



This page left intentionally blank.



(3)

1500 mg

This page left intentionally blank.

***Training Objectives***

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

1. Explain the correlation between clean environments and the decrease of communicable diseases
2. Defend the state's requirement for annual physical and dental exams
3. Predict outcomes of maintaining healthy habits versus unhealthy habits
4. Recognize signs and symptoms of illness or injury
5. Differentiate between acute and chronic illnesses
6. Identify and document changes in health conditions
7. Determine suitable response for an individual's symptoms as they relate to their health history
8. Practice health care advocacy in designated scenarios
9. Prepare and organize to make the most of the professional health care visit
10. Identify steps to preventing high risk health problems
11. Classify common age related health conditions for early detection and treatment
12. Explain the DSPs legal and ethical response to a DNR or a POLST
13. Give examples of 3 key practices to manage the chronic healthcare condition of seizures; (for example: complete seizure log, provide first aid support during seizure, assure medications are taken, provide appropriate supervision when swimming, bathing, or eating)
14. Describe 3 key strategies to manage the chronic healthcare condition of diabetes (for example: following doctor's orders for blood sugar levels, adapting menu plans, provide preventative professional healthcare measures, encourage exercise and activity)
15. Explain 3 ways to manage the chronic healthcare condition of mental illness (for example: manage medications effectively, respond with empathy, seek professional services as appropriate)
16. Name 3 key strategies to manage the chronic healthcare condition of substance abuse (for example: encourage financial responsibility, offer alternative activities, access community resources like AA or NA, educate about long-term consequences of substance abuse)
17. Examine feeding skills for management of speed (how soon should another bite be offered), size (is the person able to take the bite size), consistency (as blended, pureed, or small bites may be necessary for successful eating), posture (is the person sitting at eye level with individual being fed), and ideas on how to teach someone to feed him or herself with potential adaptive equipment
18. Identify Common blood-borne diseases
19. Point out how blood borne pathogens are spread
20. The need for and how to use standard precautions









- 21. Define HIV
- 22. Demonstrate the use of personal protective equipment









**Estimated Time**








4 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
- Residential Services Curriculum Toolkit (per participant)
- Symptom cards copied and cut from the end of this facilitator guide
- Auditory Hallucination Script (enough for groups of three)
- Advocacy Scenarios and Medical Appointment form copied and cut from the end of this facilitator guide






<b>Preparation before training</b>		Review Facilitator Guide for this chapter and ensure each participant has their Curriculum Toolkit available. Symptom cards copied and cut from the end of this facilitator guide. Auditory Hallucination Script (enough for groups of three) copied from the end of this facilitator guide. Advocacy Scenarios copied and cut from the end of this facilitator guide.
<b>Opening: Engaging Activity (2 minutes)</b>		
 <b>Say</b>		We need your help to solve a healthcare mystery...
 <b>Show</b>		Show <i>You don't look so good!</i> video (00:54)
 <b>Say</b>		You will need to be like a detective when looking for signs and symptoms of illness or injury; uncovering clues and making decisions about what to do next.









<b>Immerse (15 minutes)</b>		
<b>Say</b>		There are areas of observation in which you can look for changes, some of which you saw addressed in the video.
<b>Ask</b>		What questions did Shirley ask? What were some of Jan’s signs and/or symptoms? Answers may include: sitting all day when that’s not usual for her, red cheeks, grumpy.
<b>Say</b>		You will want to look for changes in: daily routine, behavior, ways of communicating, appearance, general manner or mood, and physical health.
<b>Curriculum Toolkit</b>		Find the Observations List in CH 8 Curriculum Toolkit.
<b>Activity</b>		Choose a partner. Give each person a card with a symptom that they should keep secret (copied and cut from the end of this facilitator guide). One at a time, they will ask questions based on the Observations List, until they determine what health issue their partner is experiencing. Switch. Allow 3-4 minutes for pairs to discover and discuss.
<b>Ask</b>		What did you discover? (Ask for a few volunteers to share what they learned and how).  Once you learned this type of information about someone you support, what would you do with it?
<b>Note</b>	 	<b>Note to Facilitator:</b> The responses will vary, which is a good opportunity to point out that it can be difficult to determine changes in a person and what to do about those changes unless you know what is typical, or baseline, for that person. Guide the conversation to ensure answers include: report to supervisor, make a doctor appointment, document and monitor, make the person comfortable, and call 911 if necessary.






Say		<p>You have observed changes, determined it is not a medical emergency, and contacted the supervisor. Now what?</p> <p>Documentation!</p>
<b>Apply- Demonstrate Learning Application to Real Work (7-10 minutes)</b>		
Curriculum Toolkit		<p>Refer to your Curriculum Toolkit page for <i>Guidelines and Examples</i> for documenting health concerns.</p>
Activity		<p>Let's practice documentation using the information you learned from your questioning earlier.</p> <p>Using the space provided in your Curriculum Toolkit, take a few minutes to write about the changes you observed. This is a general format and each agency will have its own format for documentation.</p> <p>Have volunteers share their examples, and use those examples as a catalyst for discussion. If there are some shared that need improvement, guide the conversation to a rewrite of those statements. Encourage class members to offer a suggestion if someone is struggling.</p>
Ask		<p>What is the benefit of writing down information?</p>
Activity		<p>Give 1 minute in pairs or small groups (depending on the size of the class) to brainstorm as many reasons they can think of for documenting any health related information. After the minute is up, ask for a volunteer to write on the white board or chart paper all the benefits of writing that are shared.</p>
Note		<p><b>Note to Facilitator:</b> If not already listed, ask the board writer to add “gives a history of issues of concern, so changes that are slowly occurring might be identified.”</p>
Say		<p>This might be particularly important if you are supporting a person with a chronic illness or condition.</p>
<b>Teach and Train (3-4 minutes)</b>		

<p><b>Ask</b></p>		<p>What is the difference between a chronic and an acute condition?</p> <p>Answers may include: long term vs. short term, immediate or intermittent.</p>
<p><b>Activity</b></p>		<p>Let's review the symptoms from the cards you used earlier.</p> <p>Have each of the partners take a minute to explain whether they believe their symptoms would be caused by an acute or chronic condition.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> The conversation should reveal that it can be impossible to tell an acute from a chronic condition, without consulting a health care professional.</p>
<p><b>Apply- Demonstrate Learning Application to Real Work (15 minutes)</b></p>		
<p><b>Curriculum Toolkit</b></p>		<p>Refer to the Curriculum Toolkit of the chapter titled, <i>DSP Staff Roles, Self-Care, and Boundaries</i>.</p>
<p><b>Say</b></p>		<p>If you determine the appropriate next step is to make a medical appointment, you should prepare, so you don't end up looking like this...</p>
<p><b>Show</b></p> 		<p>Show <i>Marvin's Medical Mayhem- An Absence of Advocacy</i> video (2:51)</p>
<p><b>Say</b></p>		<p>Let's assess how prepared the staff was (or wasn't) using the suggestions found in your Curriculum Toolkit for this chapter in <i>Making the Most of Your Healthcare Professional Visit</i>.</p>
<p><b>Curriculum Toolkit</b></p>		<p>Refer to the Curriculum Toolkit of the chapter titled, <i>DSP Staff Roles, Self-Care, and Boundaries</i>.</p>
<p><b>Activity</b></p>		<p>Read each tip from the <i>Making the Most of Your Healthcare Professional Visit</i>. Ask participants to indicate with a check mark in the margin any tips they saw demonstrated by the staff in the video.</p> <ul style="list-style-type: none"> <li>• It is important the individual be accompanied by a staff they are</li> </ul>





	<p>familiar with if at all possible.</p> <ul style="list-style-type: none"> <li>• Staff accompanying needs to be familiar with the individual and their overall health needs.</li> <li>• Ensure transportation is arranged.</li> <li>• Check with health care professional to be sure they are willing and able to provide any special accommodations needed in the office, including in the waiting room. If the person has trouble waiting, ask if there is anything they can do to expedite the visit. If helpful, bring items to occupy the individual.</li> <li>• Bring good complete records with you to the appointment. Be sure to include:             <ul style="list-style-type: none"> <li>✓ the person’s insurance card,</li> <li>✓ list of current medication and medication history,</li> <li>✓ forms for the doctor to complete,</li> <li>✓ family/guardian information,</li> <li>✓ name location and phone of pharmacy,</li> <li>✓ directions to the appointment</li> </ul> </li> <li>• Talk with the individual and others involved in his or her health care to identify any health concerns. Do this prior to the visit.</li> <li>• Bring a written list of any concerns and questions you and/or the individual may have. Try to limit the list to the top three concerns.</li> <li>• Assist with the individual practice asking questions before the visit.</li> <li>• Make sure the questions get asked, either by you or the individual.</li> <li>• Play an active role in the visit maintaining a positive, supportive environment.</li> <li>• Make sure you understand what the health care professional is saying, and don’t be afraid to ask for clarification.</li> <li>• Ask any questions you have about diet, exercise, or smoking.</li> <li>• Ask about treatment options.</li> <li>• Bring a written list of all the medications the individual is taking.</li> <li>• When the health care professional writes a prescription, ask questions about the medication, side effects and contraindications.</li> <li>• Ask about next steps in treatment, and be sure you understand the expected results of the treatment and what the health care professional wants done.</li> <li>• Support the individual to participate as fully as possible in the appointment.</li> <li>• Always arrive early or on time for each appointment. If you cannot get there, call well in advance and reschedule.</li> </ul>
--	--




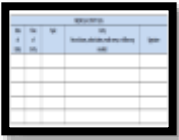




		<ul style="list-style-type: none"> <li>Document the outcome of the appointment in the individual’s record in accordance with your agency’s policies. It is important all staff working with the individual know the results of the appointment so their support is designed around the information.</li> </ul>
Say		Unfortunately, the staff doesn’t score very well by this list of suggestions! You will be more prepared now that you have seen what <u>not</u> to do!
<b>Teach and Train (5-8 minutes)</b>		
Say		Since the last tip refers to documentation, let’s take a look at the documentation Marvin’s staff completed.
Note		<p>Since the HR department was made aware of the details of this appointment, the prior staff is no longer working with your agency. You are left with this documentation.</p> <p><b>Note to Facilitator:</b> Print and handout copies of the medical appointment form used by your agency.</p>
Ask		<p>What do you need to know to assist Marvin? Example answers staff identify out loud should include: completion of all areas of the form, legible writing, follow up dates, objective explanations or statements, signatures, etc.</p> <p>Let’s look at a more complete version of this form.</p> <p>What can you learn from this version that would help you better support Marvin? Allow staff to identify what information they have available and any follow up needed.</p>
<b>Apply- Demonstrate Learning Application to Real Work (3-4 minutes)</b>		
Ask		If Marvin was your loved one, how would you feel about the prior staff’s interactions at the medical appointment? What does it mean to be a good advocate?





<b>Curriculum Toolkit</b>		<p>Write in your Curriculum Toolkit at least 3-4 statements regarding your expectations of someone supporting and advocating for your loved one at a medical appointment.</p>
<b>Teach and Train (10 minutes)</b>		
<b>Ask</b>		<p>Have you heard the saying “an ounce of prevention is worth a pound of cure”? What does that mean?</p>
<b>Say</b>		<p>This expression means that it is better to try to avoid problems in the first place, rather than trying to fix them once they arise.</p>
<b>Show</b> 		<p>Show <i>A Pound of Prevention</i> video (1:25)</p>
<b>Ask</b>		<p>What are ways to prevent health problems?</p>
<b>Curriculum Toolkit</b>		<p>Let’s take a look at the list of habits in the Curriculum Toolkit section of this chapter.</p>
<b>Activity</b>		<p>Your task will be to circle the healthy habits and cross out the unhealthy ones.</p> <p>Provide 2-3 minutes for participants to identify the healthy/unhealthy habits.</p>









<p><b>Ask</b></p>		<p>Regular visits for physical and dental appointments are a healthy habit. Why would the state require annual physical and dental exams for people we support?</p> <p>Answers staff share aloud may include: to ensure health issues are addressed early, to find hidden health issues, to manage ongoing health conditions, etc. And, prevention!</p> <p>Why is hand washing a good health habit? Answer: To prevent the spread of germs that cause illness and infection.</p>
<p><b>Curriculum Toolkit</b></p>		<p>Take a few minutes to learn more about how germs are spread in the <b>Fundamentals</b> section of the Curriculum Toolkit. Be prepared to share one fact you learned or were reminded of from the section on germs with the person sitting next to you.</p>
<p><b>Activity</b></p>		<p>After several minutes of reading, ask the participants to share their facts with one another.</p> <p>Besides keeping hands clean, what else needs to be clean to prevent the spread of germs?</p> <p>Answers should include:</p> <ul style="list-style-type: none"> <li>• areas of the home i.e., toilets, sinks, faucet handles, phones, door knobs, light switches, countertops, refrigerator handles</li> <li>• people need to keep themselves and the people they support clean, including laundry and wheelchairs or other adaptive equipment</li> </ul>
<p><b>Say</b></p>		<p>Ultimately, healthy habits = good health!</p>
<p><b>Teach and Train (20 minutes)</b></p>		
<p><b>Say</b></p>		<p>Sometimes people with developmental disabilities can be at greater risk for certain health conditions, and prevention is the key for reducing that risk.</p>














<p><b>Say</b></p> <p><b>Curriculum Toolkit</b></p>		<p>In the <b>Fundamentals</b> section of your Curriculum Toolkit for this chapter, you will find information about high-risk health problems.</p>
<p><b>Activity</b></p>		<p>Split the class into 5 groups, one group per topic. The topics are:</p> <ul style="list-style-type: none"> <li>• skin breakdown</li> <li>• constipation</li> <li>• sun and heat-related illness</li> <li>• sleep apnea</li> <li>• choking</li> </ul> <p>Each group will have 5 minutes to review their assigned topic and come up with the top 5 points they will share with the rest of the class. In the Curriculum Toolkit is a section labeled “My Top 5 Points about _____” and numbered lines. Instruct them to write in their assigned topic on the blank line, and capture their top 5 points in order of importance (like a countdown, 5 to 1, 1 being the most important). Ask them to consider at least one aspect of prevention as one of their top 5 points.</p> <p>After the 5 minutes of preparation, ask a group to volunteer to present their Top 5 list first, and continue with the rest of the groups. Allow for time for questions after each group presents.</p>
<p><b>Say</b></p>		<p>Sometimes people require support to manage long term, or chronic, health conditions.</p> <p>We are going to watch some videos about a select number of chronic health conditions. After each video we will have an opportunity for discussion and activities to share what was learned and how you can use that information to help those you support.</p>
<p><b>Teach and Train (15-20 minutes)</b></p>		
<p><b>Ask</b></p>		<p>Have any of you experienced or witnessed a seizure? Are you willing to share some information about that?</p>





<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Follow up questions could include: Did you know what to do? Was it something you expected? Were you afraid? Did the person get injured? Give people an opportunity to share their personal experiences.</p>
<p><b>Show</b></p>   		<p>Let's take a look at 2 different types of seizures. After the videos, you will be asked to document what you saw.</p> <p>Show <i>Tonic-clonic and Partial Complex Examples</i> video (1:52)</p>
<p><b>Curriculum</b></p>  <p><b>Toolkit</b></p>		<p>Use the sample medical activity log provided in the Curriculum Toolkit.</p>
<p><b>Activity</b></p>		<p>Following the video, ask everyone to document the first seizure they witnessed; the tonic-clonic. Some participants may protest that they can't remember that seizure as well, since they saw another type immediately after the first. Ask them to do their best, and use this as an opportunity to emphasize the importance of timely documentation.</p> <p>Once they have had a chance to write their description of the seizure, have a few staff share what they wrote.</p>
<p><b>Ask</b></p>		<p>Why would we need to document seizures? (Patterns, changes, history, etc.) What details do you think are important? (Time, parts of body affected, injuries, potential triggers, how long until return to baseline, etc.)</p>
<p><b>Say</b></p>		<p>Documentation allows medical professionals to better address treatment of seizures. This may include medication adjustments or implants like the VNS (Vagal Nerve Stimulation). It also allows direct support staff to better support the person if we know when the seizures are more</p>











		likely to happen, and how long they typically last. This will guide the protocols involving supervision required during activities like bathing or showering, swimming, or eating.
<b>Curriculum Toolkit</b>		In the Curriculum Toolkit section of this chapter, find and complete the <i>Please &amp; Never</i> activity.
<b>Say</b>		<p>Ensure the answers are as follows:</p> <ul style="list-style-type: none"> <li>• <u>Please</u> roll onto side as soon as safely possible</li> <li>• <u>Please</u> clear the area</li> <li>• <u>Never</u> restrain</li> <li>• <u>Never</u> put something in the mouth</li> <li>• <u>Never</u> leave alone when eating or near water</li> <li>• <u>Please</u> stay with and reassure</li> </ul> <p>Please refer to your agencies polies on seizures and the protocol depending on the individual’s plan.</p>
<b>Teach and Train (15-20 minutes)</b>		
<b>Say</b>		Another chronic health condition is diabetes.
<b>Ask</b>		<p>How many of you know someone with diabetes? If you are willing to share information, would you answer these follow up questions?</p> <p>Do they manage their diabetes with medications, dietary changes, and exercise? (People we support sometimes do all three.)</p> <p>Do they have a protocol for monitoring their blood sugar? (Doctors should establish blood sugar level ranges, and set protocols to follow.)</p> <p>Why is it important for someone with diabetes to track their blood sugar? (When a protocol is established, checking the numbers gives a course of</p>

		action.)
<p><b>Show</b></p> 		Let's look at how diabetes affects the body. Show <i>Diabetes Made Simple</i> video (4:00)
<b>Say</b>		Now that you know how diabetes affects the body, you can see the importance of choosing more nutrient rich foods, in portion sizes (as you learned in the Nutrition chapter). Increasing the amount of activity can help the body utilize carbohydrates more effectively, thereby stabilizing blood sugar levels.
<b>Ask</b>		What are physical activities you like to do for fun?
<b>Activity</b>		In small groups have participants list activities they enjoy on a scratch piece of paper. After a few minutes ask a volunteer from each group to write their lists on the board. Duplicates could be indicated by a check mark if needed.
<b>Say</b>		Exercise doesn't have to happen in a gym. To motivate people, find out what they like to do for fun!
<b>Teach and Train (10-12 minutes)</b>		
<b>Say</b>		Having fun can be a benefit both for mental and physical health. Intense physical activity, as well as intense fits of laughter release dopamine, hormones that boost mood. In the next video we will see how laughter can be used to heal. There are some substance abuse counselors who have begun using laughter therapy in their practice.
<b>Show</b>		Show <i>Laughter</i> video (3:02)










		
<p><b>Say</b></p>		<p>Let's give it a try!</p>
<p><b>Activity</b></p>		<p>Have everyone stand up. Let people know that participation is mandatory! Lead the group through a series of laughter “exercises”. Start with a simple laugh you are familiar with, like a Santa Claus laugh; HO HO HO in a deep voice while holding your belly. Do this for 30 seconds before switching to another laugh, like a snicker, then a snort, or a tee hee, pursed lip blowing, etc. Include suggestions from the group for other types of laughter. After several minutes allow people to sit down, and ask how they feel.</p> <p>Option: An alternative is to have people lie on the floor with their head on someone’s stomach. The first person says, “HO!” The second says “HO! HO!” and so on down the line. By the time it reaches the end everyone is in laughter mode!</p>
<p><b>Say</b></p>		<p>While initially some of you may have had to force yourself to laugh, or fake it, most of you probably found the laughter contagious. The change in your mood occurs through the release of dopamine.</p> <p>There are laughter clubs in some communities, but nearly every community has support groups like AA (Alcoholics Anonymous) or NA (Narcotics Anonymous) that are great resources for those struggling with substance abuse. Research has shown that the incidence of alcohol abuse and dependence in adults with developmental disabilities is very similar to that of the general population. They are exposed to many of the known risk factors for developing substance abuse problems; however they are rarely provided preventive education. Finding AA or NA groups is a way to connect with others who will understand, and can build a new network for healthy fun.</p> <p>In order to support someone with a substance abuse problem, it is important to understand what substance abuse is. Let’s take a look at the difference between drug abuse and substance abuse.</p>






<p><b>Show</b></p> 		<p>Show Drug Abuse video (1:00) and Substance Abuse video (1:16)</p>
<p><b>Say</b></p> <p><b>Curriculum Toolkit</b></p>	 	<p>If someone you are supporting has a history of drug/substance abuse, assist them to seek appropriate professional support, and work with the team to provide a safe, positive environment.</p> <p>In the Curriculum Toolkit section of this chapter, resources for Substance Abuse are provided.</p>
<p><b>Teach and Train (15-20 minutes)</b></p>		
<p><b>Say</b></p>		<p>A safe, positive environment is equally important for supporting those with mental illness.</p> <p>Mental illness can be an invisible disability, and as a society we tend not to acknowledge it as we do other diagnoses.</p>
<p><b>Activity</b></p>		<p>Split the group in half, and call one group “Supervisors”, one group “Staff”.</p> <p>Ask the supervisors to leave the room so you can give the staff the following instructions.</p> <p>You are calling in sick because you broke your arm.</p> <p>Invite the supervisors back into the room and tell them that their “staff” will be calling them on the phone.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Allow staff and supervisors a chance to role play for at least 30 sec. Then, have the participants reverse roles and send the new supervisors out of the room. Instruct the current staff to call in with a panic attack. Allow 30 seconds for the role-play.</p>








<p><b>Ask</b></p>	<p>?</p>	<p>Supervisors, what was your response when your staff called in sick?</p> <p>Staff, how did you feel about your supervisor’s response?</p> <p>Does there tend to be more empathy when someone has a physical injury or illness than when someone has a mental illness?</p>
<p><b>Show</b></p> 		<p>Show <i>Calling in Sick</i> video (00:30)</p>
<p><b>Say</b></p>		<p>Take a few minutes to read <i>Major Kinds of Mental Illnesses at a Glance</i> in your Curriculum Toolkit.</p>
<p><b>Curriculum Toolkit</b></p>		<p>Provide a few minutes for staff to review the information in the Curriculum Toolkit section of this chapter.</p>
<p><b>Ask</b></p>	<p>?</p>	<p>Regardless of the diagnosis, what is a common measure of support found in each of the notes to support staff?</p> <p>Staff should identify that the statement, “Follow prescribed medication and/ or treatment plans” is repeated in each section.</p> <p>What are some barriers to people following their prescribed treatment plans?</p> <p>Possible answers may include: impaired judgment, impaired memory, a lack of understanding consequences of avoiding the treatment, direct support professionals not following individuals’ prescribed treatment.</p> <p>What is our responsibility as DSPs if we recognize people are not following their prescribed treatment?</p> <p>Answers should include: document, alert medical professionals, encourage healthy choices, explain consequences of following vs. not following their plan, enlisting advocates such as family and friends for encouragement.</p>







Immerse (15 minutes)		
<b>Note</b>		<b>Note to Facilitator:</b> For the next activity each group of three will need one copy of the Auditory Hallucination Script. They will also need a blank piece of paper to roll into a funnel.
<b>Activity</b> 		Have staff gather in groups of three. Two people will be having a conversation about their favorite vacation, one will share the other will listen. The third person will roll a piece of paper to create a funnel and stand slightly behind the person listening to whisper the statements into the ear of the listener. Ask them to repeat the Auditory Hallucination Script exactly as written and continue to repeat the statements while the other two staff shares about their vacation. After one minute ask staff to change roles.
<b>Ask</b>		How did this affect your ability to listen and focus? Did you physically respond? How would it change your life if this was your experience all of the time?
<b>Say</b>		If you had a diagnosis of schizophrenia this could be a reality for you. When we are supporting people who may have a mental illness it is important that we are empathetic, understanding, and validating. As advocates it is our responsibility to support the individual in seeking treatment as we would for any illness.
<b>Show</b> 		Show <i>Change the Stigma</i> video (00:30)
<b>Say</b>		As advocates we can help change the stigma surrounding mental illness.
Apply- Demonstrate Learning Application to Real Work (15-20 minutes)		
<b>Say</b> 		Now that you have learned about a variety of health conditions, here is your opportunity to practice healthcare advocacy.











<p><b>Activity</b></p>		<p>Practice advocacy with the following four scenarios. Break the staff up into four groups and assign each group a scenario card. Allow each group 2-3 minutes to read the scenario and discuss how the staff can advocate for the person. Suggest that they consider how they would interact with the person described, who else they might involve &amp; what kinds of conversations they might have with those individuals. Each group will then present to the whole group their solution ideas. After each group presents, encourage others in the class to ask questions, or contribute other possible solutions.</p>
<p><b>Teach and Train (15-20 minutes)</b></p>		
<p><b>Say</b></p>		<p>Let's check back with Holmes and Watson, Shirley and Jan, that is.</p>
<p><b>Show</b></p> 		<p>Show <i>Shades of Grey</i> video; Jan and Shirley years later, gray hair, to introduce aging concerns (01:25)</p>
<p><b>Say</b></p>		<p>As we age, there are changes we all can expect. Many individuals with developmental disabilities experience age-related changes earlier than the general population. This is particularly true for individuals with cerebral palsy, Down Syndrome and metabolic diseases and some individuals who have a mental illness in addition to a developmental disability.</p>
<p><b>Curriculum Toolkit</b></p>		<p>Let's turn back to the beginning of this chapter in your Curriculum Toolkit, to the Observations List that you used to determine changes.</p>
<p><b>Ask</b></p> 		<p>What health concerns or possible changes did you see in the video?</p> <p>Participants should identify physical changes in hearing loss, mobility, eating and swallowing, and confusion.</p>
<p><b>Ask</b></p>		<p>What is your role as a DSP when someone you are supporting has a Do Not Resuscitate (DNR) order or a Physician's Order for Life Sustaining Treatment (POLST)?</p>





<p><b>Say</b></p> 		<p>Your responsibility is to support the individual and use your First Aid/CPR training in an emergency until medical professionals arrive unless there is written approval from DDA to withhold CPR in accordance with approved Do Not Resuscitate (DNR) order in a Physician’s Order for Life Sustaining Treatment (POLST). If you are unsure; call 911 and start CPR.</p> <p>Even if you are aware of when a person has either document in their record, <u>it is still your responsibility</u> to call 911, start CPR, and to have the medical community make the determinations to carry out these orders.</p> <p>It is your responsibility to identify changes that may indicate the early onset of an age-related health condition and to report these changes to the individual’s health care professional. Early detection permits early treatment that often adds to the individual’s length and quality of life. Sometimes these changes are slow and subtle, so documentation becomes essential in order to track changes over time.</p>
<p><b>Say</b></p>		<p>Difficulties in eating and swallowing can be part of the onset of aging issues, but can also be a result of a diagnosis like Cerebral Palsy or Traumatic Brain Injury. Regardless of the cause of the difficulties, it is important for staff to know how to assist someone to eat safely. Ultimately we would want to provide opportunities for someone to be able to feed themselves (unless they have come to a point in their lives when this is no longer feasible).</p> <p>Sometimes adjusting our approach can be the adaptation that makes eating more successful.</p> <p>Let’s take a look at some people who might need your assistance to eat.</p>
<p><b>Activity</b></p> 		<p>In groups of 3, ask participants to take turns assuming the posture of one of the people in the images. The others in the group should problem solve and position themselves to make eating assistance successful.</p> <p>Remind people to engage in this activity as though it were an actual circumstance, with dignity and respect.</p> <p>Allow groups enough time, 4-5 minutes, to problem solve and practice each of the different postures.</p>

<p><b>Ask</b></p>		<p>Besides adjusting for posture, what are other ways we can help people eat if they are unable to feed themselves?</p>
<p><b>Activity</b></p>		<p>Provide 8-10 minutes for the same small groups to draw pictures on letter size scratch paper indicating other ways to assist people to eat safely. The pictures must represent the following labels:</p> <ul style="list-style-type: none"> <li>• Speed</li> <li>• Size</li> <li>• Consistency</li> <li>• Adaptive equipment</li> </ul>
<p><b>Say</b></p>		<p>Use your <b>Fundamentals</b> for this chapter to find ideas.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitators:</b> Once the pictures are complete, or the assigned time has elapsed, instruct everyone to leave their papers on the table. Have everyone stand, and move around to view each group’s artistic expressions.</p>
<p><b>Immerse</b></p>		<p><b>Blood borne pathogens</b></p>
<p>Say</p> 		<p>Think about a time when you had to clean up something disgusting. Are you wrinkling up your nose at the thought? Most of us have had to clean up something we found disgusting at some point in our lives. For some of you it’s just scraping the dishes after a meal and hoping that the same food you just ate, that you are scraping from someone else’s plate, doesn’t get on you! UGH! Disgusting! What do you do to protect yourself from that situation? (allow for brief discussion – someone else does the dishes, wears gloves,)</p> <p>In our line of work you may have to assist with things you have never had to do before. It’s ok when you know how to protect yourself and what you are protecting yourself from. We want you and the people you support to be safe.</p>
<p>Say</p>		<p>In addition to all of the other health information you have received today, we cannot forget to discuss blood borne pathogens. Blood borne pathogens are disease causing germs that spread through contact with blood. You may come in contact with a client’s blood or body fluid in the normal course of your work. This presents a small risk of exposure</p>

		<p>to blood borne pathogens.</p> <p>As a support staff you may need to know common types of blood borne diseases, how blood borne pathogens can and cannot be spread, how to use standard precautions to protect yourself and the people you support, and what to do if exposed to blood or body fluids.</p>
<p>Say</p> 	  	<p>Diseases that can be spread by contact with blood or body fluids includes: Hepatitis B. This is a viral infection that infects the liver.</p> <ul style="list-style-type: none"> <li>• More contagious than HIV</li> <li>• 90% will recover</li> <li>• May have no symptoms</li> <li>• You can get a vaccine to protect you</li> </ul> <p>Include information about how to get this vaccine at your agency.</p>
		<p>Hepatitis C is also a viral infection of the liver but it causes chronic inflammation with possible scarring (also known as cirrhosis of the liver) and causes permanent liver damage.</p> <ul style="list-style-type: none"> <li>• Not as easy to contract as Hep B but more infectious than HIV</li> <li>• Once infected – remain infected</li> <li>• No vaccine currently available</li> </ul> <p>Both Hep B and C can be spread through contact with dried blood</p>
		<p>Human Immunodeficiency Virus or HIV is a virus that damages the immune system of an infected person.</p> <ul style="list-style-type: none"> <li>• There is no vaccine</li> <li>• Transmitted when infected blood, semen, vaginal fluids or breast milk enter the body through the mucous membranes of the anus, vagina, penis, urethra, or mouth; or abrasions on the skin</li> </ul> <p>Spread by:</p> <ul style="list-style-type: none"> <li>• Having unprotected (no condom) sex or oral sex</li> <li>• Using or being stuck by a needle or syringe that has been used by an infected person, including tattoo needles or ink and body piercing needles.</li> <li>• Sharing drug paraphernalia (syringe-needle, cotton, “cooker” and or rinse water. Sharing these items may spread the disease) Sharing may also transmit Hep C.</li> <li>• Giving birth and breast feeding (Moms can pass it on to their</li> </ul>

		<p>infant)</p> <ul style="list-style-type: none"> <li>• Receiving blood – this is less common then it used to be due to screening protocols.</li> <li>• Anyone with HIV can transmit the virus</li> <li>• The virus is in your body for the rest of your life and you can infect others for the rest of your life.</li> <li>• Virus attaches to the T-cells in your blood. Overtime the HIV virus destroys the t cells since the immune system cannot fight it. This leave people at risk of other unusual infections, cancer and life threatening diseases.</li> <li>• Having HIV is not the same as having Aids.</li> </ul>
		<p>Standard Precautions are used any time you may come in contact with a person’s blood, body fluids, broken skin or mucous membranes. You must use standard precautions if you:</p> <ul style="list-style-type: none"> <li>• Assist with toileting or bathing</li> <li>• Clean up spills from bodily fluids like urine or semen</li> <li>• Provide first aid to open cuts or have exposure to blood</li> </ul>
		<p>Standard precautions include:</p> <ul style="list-style-type: none"> <li>• Using a protective barrier between you and the blood or body fluid. These barriers can be gloves, a face mask, goggles and/or a gown.</li> <li>• Cleaning and disinfecting any surfaces contaminated with blood or body fluids –disinfect immediately. Wear gloves and use any other barriers required, use paper towels for clean up and dispose of properly.</li> <li>• Following special laundry procedures by             <ol style="list-style-type: none"> <li>1. Wear gloves</li> <li>2. Put contaminated items in leak proof plastic bag or covered hamper</li> <li>3. Handle as little as possible and do not shake items out</li> <li>4. Avoid holding soiled linens close to your body or against your clothing</li> <li>5. Wash items with detergent and/or bleach according to manufacturer label</li> <li>6. Keep soiled linen separate</li> <li>7. Wash your hands when the task is completed</li> </ol> </li> <li>• Properly disposing of contaminated waste – contaminated items in heavy duty plastic bag, tied shut and placed in a second bag</li> </ul>

		<p>before putting in the trash can. Label as “contaminated”. Normal trash can removal is acceptable.</p> <ul style="list-style-type: none"> <li>• Handling needles or other sharps objects correctly. – Dispose of syringes, needles, razors and other sharp items in a sharps container or puncture proof container.</li> </ul> <p>Discuss how your agency deals with this and where the disposal units are kept, how they are disposed of or recycled.</p>
		<p>It is also your responsibility to report exposure to blood borne diseases. If you are exposed to another person’s blood or other potentially infectious materials (OPIM) - discuss your agency policies on this reporting procedure.</p> <p>Take a look at these things that you can do if you are exposed.</p> <p>(Hand out the one page addition to the Curriculum Toolkit fundamentals. (Next print, this will be included in the fundamentals.)</p> <p>Review the slides: how it spread in the workplace, and the two Exposed? Slides.</p>
		<p>You are also encouraged to seek additional supports if you are exposed. You can request HIV testing of the source individual. If the source individual does not want to be tested, assistance from the local health officer can be requested, provided:</p> <ol style="list-style-type: none"> <li>1. Request is made within 7 days of the exposure</li> <li>2. Health officer determines that a “substantial exposure” has occurred. They may determine the testing is unnecessary.</li> <li>3. Exposure occurred on the job.</li> </ol>
<p>Activity</p>		<p>At your tables determine the best PPE to use for each scenario. Discuss each group’s answers. (# 3 is a trick question. The answer for that is to call 911 and keep the person comfortable until help arrives.) They may choose too many PPEs. Discuss respect and dignity with ppe use. Snap on a pair of gloves in front of someone. Put on all of the gear (or have a volunteer do it) and make a point that wearing all of the ppes is frightening and ridiculous.</p> <p>If you choose not to hand this out:</p> <p><b>Alternative 1:</b> do a relay race. Purchase tap lights (the ones that light up when you touch them – available at most hardware stores)</p>

		<ol style="list-style-type: none"> <li>1. Divide participants into 2 groups or at least groups of 5.</li> <li>2. Place ppes on the table and ask that the first person on each team to put on the ppes required for this case.</li> <li>3. Put the first question on a slide and show the slide. (Or write on easel paper or a dry erase board. Only show one situation at a time) Teams race to put on the ppes and tap the light to indicate they are finished. Each question is a slide with a new person putting on the ppes. Allow time in between slides to take the ppes off for reuse. This becomes a way to correct how people put on and take off gloves or how they wear the gown.</li> </ol> <p><b>Alternative 2:</b> Post this chart on the wall using chart paper or draw it on a dry erase board. Make cardboard X's (ala the price is right tic tac toe) with magnets on the back or Velcro or however you wish to stick them to the correct column. Divide into teams and race to the board as each person on the team adds X's to the correct column(s)</p>
<b>Reflection &amp; Celebration (5 minutes)</b>		
<p><b>Say</b></p> <p><b>Curriculum Toolkit</b></p>	  	<p>Ask staff to consider what they have learned about healthcare management and how it could be applied to their own lives or the life of a loved one.</p> <p>Ask them to take at least 30 seconds to think and process before they begin writing in the Curriculum Toolkit 3 tips they could apply to their own lives, or 3 ways they could advocate for someone they love. If they would like to combine ideas for themselves and loved ones, that is acceptable.</p> <p>They do not have to share what they write.</p>
<p><b>Activity</b></p> 		<p>Please administer the assessment at the end of this chapter.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Please review the objectives in the Curriculum 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</p>

	<p>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 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>
--	---



## Symptom Cards

Sore eyes	Constipation
Ear ache	Swollen ankle
Toothache	Open sore on elbow
Heart is racing	Abdominal pain
Nausea	Stiff back

### **Auditory Hallucination Script**

**Why are you talking to him (her)?**

**Don't trust him.**

**Is he looking at you?**

**Why would he (she) want to talk to you?**

**Do you think you can trust him (her)?**

**You can't trust him (her). You can't trust anyone.**

This page left intentionally blank.

## Advocacy Scenarios

### Scenario #1

Lisa takes medications for seizures. She recently started a new medication and seems to be excessively sleepy and her appetite has decreased. The doctor assures you this is an expected effect that should not continue. It has been several weeks with no improvement.

### Scenario #2

Bill seems to be increasingly agitated and is requesting his prescribed psychoactive medication as a result. You are concerned that he may be imitating signs of agitation specifically to get more of the medication (drug seeking behavior).

### Scenario #3

Garth has been newly diagnosed with type 2 diabetes. His doctor would like him to check his blood sugar before breakfast and dinner. Garth is not happy about this new practice and has been refusing to check his blood sugar. Sometimes he will agree to check it, but only once a day.

### Scenario #4

Molly has anxiety disorder. You have been a part of her support team for nearly one year. You notice over the last few weeks she has become more anxious and has begun barricading herself in her room for extended periods of time. There are several new staff working in her home, who feel Molly just needs additional psychoactive medication to manage her increased anxiety.

Chapter 9 – Healthcare/Health Management Curriculum Toolkit Fundamentals – please print as handout

Blood Borne Pathogens annual refresher. (This will be added to the Curriculum Toolkit for the 40 hours. Until it has been added, please print this page as a handout. )

How blood borne pathogens are spread in the workplace	
Can be spread by:	CAN NOT be spread by
<ul style="list-style-type: none"> <li>• A needle stick or other puncture wound</li> <li>• Helping a person who is bleeding</li> <li>• Changing lines that are contaminated by blood or other body fluids</li> <li>• Helping to clean up blood, vomit, urine or feces</li> <li>• Changing a dressing or bandage with blood that has oozed from the wound</li> <li>• Contact with broken skin (chapped, weeping, or dermatitis)</li> <li>• Contact with mucous membranes (mouth, nose and eyes)</li> </ul>	<ul style="list-style-type: none"> <li>• Providing care for a person with a blood borne pathogens disease when standard precautions are used</li> <li>• Sharing eating utensils, plates or glasses</li> <li>• Sharing bathrooms</li> <li>• Through the air</li> <li>• Hugging shaking or holding hands</li> </ul>

Exposure to blood borne diseases	
Kind of exposure	What to do
Your <b>eyes</b> are splattered with blood or body fluids	Flush immediately with water for at least 5 minutes. Rise under clean running water.
Blood or any body fluids get into your <b>mouth</b> .	Rinse your mouth with a 50/50 mix of hydrogen peroxide and water. Then rinse with plain water. Get medical attention for further action.
Bothe <b>eyes and mouth</b> are exposed.	Immediately rinse both as recommended above and get medical attention for further action.
A <b>needle stick or puncture wound</b> .	Wash thoroughly with soap and water or pour a small amount of hydrogen peroxide on the wound. Get medical attention for further action.
Any <b>bite, scratch or lesion</b> that may have had blood or body fluid exposure.	Wash the area thoroughly with soap and water or pour a small amount of hydrogen peroxide on the wound.  Cover the wound with a sterile dressing. Get medical attention for further action.

Activity:

Choose the PPEs (Personal Protective Equipment) necessary for each situation.					
Be careful! Be safe!	goggles	gloves	gown	mask	Wash hands
1. You are in the bathroom ready to assist with toileting.					
2. Everyone in the house has a stomach flu. Vomit everywhere. You are on the clean-up crew.					
3. On an outing, someone falls on a stick and it goes through the leg.					
4. You have a small scrape on your hand. The person you are assisting has Hep C. They need assistance with bathing.					
5. It's a horror show! The person you are assisting has blood spurting from their neck after a fight with a housemate.					

***Training Objectives***

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






1. Recall 5 Rights of Medication (Person, Medication, Dose, Time, Route)
2. Summarize the **PLUS** Individual Rights: (Right to privacy, Right documentation, Right to refuse, Right to know what they are taking and why, Right date)
3. Explain Washington nurse delegation requirements that *may be* required before medication administration
4. Use the 5 Rights to compare the Medication Administration Record (MAR) with medication container prescription label (blister pack, bubble packs, bottles, etc.)
5. Demonstrate assistance with medications checking 5 rights three times
6. Role-play medication assistance to ensure dignity and respect for privacy and the right to refuse
7. Role-play calling the pharmacy or doctor for a medication error or question
8. Identify potential consequences of medication errors including to whom it must be reported:
  - a. Giving meds that are discontinued
  - b. Giving meds that should have been held per pharmacy or doctor directive
  - c. Giving meds that were already given but not signed off
  - d. Not following one or more of the 5 Rights
9. Translate components of and documentation on a Washington state standardized MAR
10. Practice documentation on a Washington state standardized MAR
11. Explain protocol of documentation on the MAR for a medication error of any of the 5 Rights
12. Contrast differences between a PRN (“pro re nata,” or as needed) and a routine medication
13. Recognize appropriate medication storage containers and disposal methods
14. Recite at least 3 resources for gaining information on the purpose and side effects of medications
15. Report health concerns regarding medication side effects to the proper people
16. Select the appropriate definitions for specific medication terminology

***Estimated Time***






2.75 to 3.5 hours, depending on the number of participants









**Supplies**







- Tic-Tacs with prescription label
- Tool or tackle box set up as a med box
- Blister packs from pharmacy with prepared labels
- Laptop or computer connected to a projector/monitor
- External speakers for laptop or computer
- Internet access /Slide show
- Chart Paper and markers
- Scratch paper and pens
- Dry erase board with markers
- Wall tape to hold up posters
- Residential Services Curriculum Toolkit (per participant)








<b>Preparation before training</b>		Review Facilitator Guide for this chapter and ensure each participant has their Curriculum Toolkit available.
<b>Opening: Engaging Activity (10 minutes)</b>		
<p><b>Say</b></p> 		<p>Explain to the group that you are going to be learning about medications and how to help people take their medications.</p> <p>Before we start, know that we are going to be facing each other practicing the task of helping each other follow medication assistance so it might be nice to start with fresh breath!</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Take a Tic-Tac container out of your pocket and offer one to anybody who wants one. Go around the room with your Tic-Tac container asking if anyone would like a Tic-Tac before you begin. Be sure to keep the medication label covered, so when you go to put it away you notice it is your prescription meds for insomnia.</p> <p>After anybody who wants a Tic-Tac, has one, look at the bottle and uncover the label.</p>
<p><b>Say</b></p>		<p>UH OH! My partner put my sleeping pills in this Tic-Tac container. If anybody starts to feel sleepy, have nausea, or feel itchy with an allergic reactions, I am so sorry! (of course, you really just gave them a Tic-Tac)</p>
<p><b>Ask</b></p>		<p>When you go to the doctor and you get a prescription, how many people just trust the doctor to get the prescription correct?</p>











		<p>Ask the group to imagine what could go wrong if someone made a mistake while taking their medicine or if a pharmacy packed the wrong medicine or the wrong dose?</p> <p>Do any people in the group have any medication allergies? What would happen if that person took the medication?</p> <p>Has anyone in the room ever taken the wrong medication for them? What could go wrong? (Experiences??)</p> <p>Have you ever reached into the medicine cabinet at your home because you had a headache and then took the wrong medicine but caught the error when it didn't look right? Or not?? Ended up being allergic to a medication?</p> <p>What were or could be the side effects of taking a medicine you are allergic to?</p>
<p><b>Say</b></p>		<p>If you were too sick to get up and take your medications, who would you trust to get them for you?</p> <p>While working as a DSP, you will be responsible for assisting people who are counting on you to do the right thing when it comes to helping them with medication. Could you make a mistake?</p>
<p><b>Activity</b></p>  <p><b>Ask</b></p>	  	<p>Divide the group into smaller groups of 2 to 4 people with the instruction of discussing what a medication error might look like, what could go wrong, and fears they may have about being responsible for assisting others with medication.</p> <p>Then ask if there may be some stories about medication errors, or concerns the staff may be willing to share.</p>
<p><b>Immerse (5 minutes)</b></p>		
<p><b>Say</b></p>		<p>A long term DSP recalls a time when she was setting up medications for a gentleman who sat patiently in his wheelchair watching her follow the correct process, checking for all the rights of his medications. Another man, his roommate, whom she supported, (who should have been doing something else) kept interrupting her. She would get one medication into a bowl only to be interrupted again and again...and again. The last time he interrupted her she had the medication in a spoon of applesauce in her hand, turned, and put it into his mouth. Immediately she realized what she had done, and attempted to get him to spit them out. It was too late.</p>






		She panicked, called the pharmacist who said if there was going to be an allergic reaction it would happen in the first 15 minutes.... Fortunately for her and especially for the man, he was okay. She told her supervisor of her mistake, and called for several hours after her shift ended still worried there would be adverse reactions.
<b>Ask</b>		But what could happen if someone tried to cover up an error like that and there were adverse reactions? Answers may include: medication interaction, allergy, sleepy, death
<b>Say</b>		There are specific guidelines to follow when assisting people with medication administration. If you remember and follow them every time, the chances for medication errors can greatly be reduced.  In fact, when the long term DSP replays this scene over in her head she has thought of a few things to do differently, like putting the other person’s medications away and making sure the interrupting man was settled long enough for her to complete the medication process.
<b>Immerse (15 minutes)</b>		
<b>Activity</b> 		Have each person take a pen and on a blank paper trace their hand, distinguishing each finger and thumb. Trainer can draw a big hand on the dry erase board.  Then ask the group to get with a partner to make a list of medication rights, or a list of what they would want someone to get right if that person was assisting them with medication. Direct participants to write this list on the back of the paper their hand are drawn on. Do not limit them to 5 rights. They may know more or less than 5.
<b>Curriculum Toolkit</b>		Invite participants to find the “Hand” in this chapter’s Curriculum Toolkit. As you review, be sure each person writes in the 5 Rights for future reference.
<b>Note</b>		<b>Note to Facilitator:</b> During this time, place two columns on the dry erase board, one for Rights and one for Plus Rights.
<b>Ask</b>		By a show of fingers, how many rights were you able to come up with in your groups?
<b>Note</b>		<b>Note to Facilitator:</b> Depending on the experience of the participants in the room, some people may have learned of the 5 rights, some have




		learned of the 6 rights, and others may know of the 5 Rights Plus a whole lot more.		
<b>Say</b>		Okay, let's put them on the board.		
<b>Activity</b>		<p>Ask each group to share just <b>one</b> of the rights to start, and write it on the board under the column for either <b>Rights</b> or <b>+Rights</b> following this guide below. The learners should write them in their Curriculum Toolkit for this chapter.</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; vertical-align: top;"> <p><b><u>RIGHTS</u></b></p> <p><b>Person</b></p> <p><b>Medication</b></p> <p><b>Dose</b></p> <p><b>Route</b></p> <p><b>Time</b></p> </td> <td style="text-align: center; vertical-align: top;"> <p><b><u>+RIGHTS</u></b></p> <p><b>Documentation</b></p> <p><b>Refuse</b></p> <p><b>Privacy</b></p> <p><b>Know What &amp; Why</b></p> <p><b>Date</b></p> <p><b>And Others</b></p> </td> </tr> </table>	<p><b><u>RIGHTS</u></b></p> <p><b>Person</b></p> <p><b>Medication</b></p> <p><b>Dose</b></p> <p><b>Route</b></p> <p><b>Time</b></p>	<p><b><u>+RIGHTS</u></b></p> <p><b>Documentation</b></p> <p><b>Refuse</b></p> <p><b>Privacy</b></p> <p><b>Know What &amp; Why</b></p> <p><b>Date</b></p> <p><b>And Others</b></p>
<p><b><u>RIGHTS</u></b></p> <p><b>Person</b></p> <p><b>Medication</b></p> <p><b>Dose</b></p> <p><b>Route</b></p> <p><b>Time</b></p>	<p><b><u>+RIGHTS</u></b></p> <p><b>Documentation</b></p> <p><b>Refuse</b></p> <p><b>Privacy</b></p> <p><b>Know What &amp; Why</b></p> <p><b>Date</b></p> <p><b>And Others</b></p>			
<b>Say</b>		<p>Take out the hand you drew and be prepared to place one right in each of the fingers. I will tell you which right belongs in which finger.</p> <p>(Hold up your thumb.)</p> <p>Although this does not have to be in any particular order, it really does make sense to start with the RIGHT PERSON.</p>		
<b>Note</b>		<b>Note to Facilitator:</b> Write <i>Person</i> in your thumb on the chart paper or dry erase board and ask the learners to also write <i>Person</i> in the thumb of your drawing.		
<b>Say</b>		<p>It makes sense to start with the right person. All the other rights will logically follow. Thumbs up for the right person! If it helps you to remember the thumb represents the person, take a pen and draw a couple of dots (eyes) for a face on your thumb!</p> <p>(Hold up your pointer finger.)</p> <p>Since the thumb is the person, then the next finger is the pointer, which represents the RIGHT MEDICATION...</p>		
<b>Note</b>		<b>Note to Facilitator:</b> Write <i>Medication</i> on the pointer finger on the chart paper or dry erase board and ask the learners to also write it on the pointer finger of their hand drawing.		

<p><b>Say</b></p> 		<p>Once you have the right person, the next logical step in the process is the right medication for that person. Medication is packaged in a variety of containers including liquid filled bottles, blister packs, tubes, plastic containers, shakers, patches, and vials with needles. The medication will be labeled with the person’s name and prescription so you aren’t going to be guessing whose medication is whose!</p> <p>(Hold up your thumb) and say, “Person” (and add your pointer) and say, “Medication”.</p> <p>(Now add your middle finger) and say” Now we are adding the RIGHT DOSE, which is the same as the correct amount.”</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Write <i>Dose</i> on the middle finger on the chart paper or dry erase board and ask the learners to also write it on the middle finger of their hand drawing.</p>
<p><b>Say</b></p>		<p>The Right Dose is prescribed by the doctor, and it will be on the medication label and the Medication Administration Record (MAR).</p> <p>The dose is the correct quantity in the correct strength.</p> <p>An example is: The bottle of Advil (brand/trade name) which is Ibuprofen (generic name) directs an adult to take 2 tablets of 200 mg each, for headache, cramps, flu symptoms, fever, etc. every 4-6 hours as needed. The quantity or amount is 2 tablets, and the strength is 400 mg. of Ibuprofen.</p> <p>The dose of a medication can change for many reasons, but that can only be determined by the prescribing physician. If the medication is not filling the need it is prescribed for, then it may be changed, increased, or discontinued.</p>
<p><b>Ask</b></p>		<p>What considerations are made when a doctor prescribes a medication? Answers should include: weight and age of the patient, purpose, side effects, therapeutic levels, how long the person will be taking it, other medication interactions, etc.</p>
<p><b>Say</b></p> 		<p>Hold up your thumb and say, “<i>Person</i>, hold up your pointer and say, <i>Medication</i>, hold up your middle and say, <i>Dose</i>, and now your ringer means <i>Right Time!</i>”</p>

<p><b>Note</b></p>		<p>Write <i>Time</i> on the ring finger on the chart paper or dry erase board and ask the learners to also write it on the ring finger of their hand drawing.</p>
<p><b>Ask</b></p>		<p>How do you know what the right time to take your own medications is?</p>
<p><b>Say</b></p>		<p>For people who are supported, there are staff coming and going throughout the day. If a medication is prescribed to be taken 3 times a day, it means the pills are spaced evenly throughout the day. For most people, due to sleeping at night, there <u>can</u> be a longer period of time between when a pill is taken late in the day and early in the morning.</p> <p>Sometimes a medicine is carefully calibrated and must be taken at specific intervals. Other times, the doctor may prescribe a medication to take so many times a day. The pharmacist can be consulted to determine a schedule that best suits the person and their lifestyle. If the individual has a late shift job, they also might want to sleep later in the morning rather than having to get up to take a medicine and then going back to bed to finish their rest.</p> <p>Let's review: Thumb: <i>Person</i>, Pointer: <i>Medication</i>, Middle: <i>Dose</i>, Ringer: <i>Time</i>, and NOW, the Pinky which represents <i>ROUTE</i>.</p>
 <p><b>Note</b></p>		<p>Write <i>Route</i> on the pinky on the chart paper or dry erase board and ask the learners to also write it on their hand drawing.</p>






<p><b>Ask</b></p>		<p>There are plenty of routes for getting medications into a person’s system. How many routes can you list?</p> <p>Write the answers on the dry erase board, and add the routes not mentioned. Explain if necessary.</p> <ul style="list-style-type: none"> <li>• <b>Oral</b> is the most common route, when somebody swallows a pill.</li> <li>• <b>Buccal</b> is inside the cheek, meds are absorbed into the bloodstream through the insides of the cheek.</li> <li>• <b>Sublingual</b> is under the tongue and absorbed into the bloodstream</li> <li>• Creams, patches, powders, ointments, eardrops, eye drops, medicated shampoos are examples of <b>topical</b> routes.</li> <li>• <b>Inhalants or nebulizers</b> are absorbed into the lungs by inhaling the medicine into the lungs.</li> <li>• <b>Suppositories</b> can be rectal or vaginal and must be delegated if a person cannot give self-administer.</li> <li>• <b>Parenteral</b> means injections which are either given by a nurse or can be delegated to a DSP who meets all of the nurse delegation requirements. (Primarily, insulin shots may be delegated.)</li> </ul>
<p><b>Teach &amp; Train (10 minutes)</b></p>		
<p><b>Say</b></p>		<p>As a DSP it will likely become part of your daily routine to assist people to take their meds throughout your shift. You have just learned how important it is to know and demonstrate the 5 rights. In addition, there is a formal correct way to complete medication assistance. Please turn in your Curriculum Toolkits to the back. In the study guide you can find the medication assistance steps that you must know. Again, these are the formal steps. In many cases, the person you support can take their own medications. Under no circumstances are you to give medications until you have been cleared by a Nurse Delegator or by your Supervisor.</p>
<p><b>Note</b></p>		<p>To understand SWIPES, please turn to Chapter 12. If this is the first time SWIPES are mentioned in your training, provide training on swipes before completing this section.</p>
<p><b>Curriculum Toolkit</b></p>		<p>Review the steps. When you take your exam you will not be tested using a blister pack or other methods of med packing. You will be given a tray full of prescription bottles and asked to give medications to a person they name. You will need to find the correct bottle and check your five rights. Hold up your hand. Ask students to hold up their hand and then go through each finger and which right is being checked. (start</p>






		<p>with the thumb – right person) After everyone has reviewed the five rights, review the skills in their <b>Fundamentals</b> for medication assistance.</p> <p><b>Skill: Medication Assistance</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Remind the individual it is correct, scheduled time to take his/her prescribed medication.</li> <li>3. Take the medication container from where it is stored, look at the label, and verify the 5 Rights—medication, individual, amount, route, and time.</li> <li>4. Open the container, look at the label and verify the 5 Rights again.</li> <li>5. Hand the correct dosage to the individual, hand the open container to the individual, or transfer the medication to an enabler.</li> <li>6. Offer the individual a full glass of fluid (for oral medications).</li> <li>7. Observe and make sure the medication is taken.</li> <li>8. Close the medication container and put it back in the appropriate place. Read the label and verify the 5 Rights once again.</li> <li>9. Document that the individual has taken the medication. If he/she has not, document that as well.</li> <li>10. Common care practices were followed.</li> <li>11. Wash hands.(skill taught in Safety training)</li> </ol>
<p><b>Activity</b></p>		<p>Provide students with prescription bottles with the names of Winnie the Pooh and various characters on them. Follow prescription labels and try to make your labels as close to the real thing as possible (your pharmacy may prepare the bottles for you and fill them with candy.). Ask students to follow the steps for assisting with medications.</p>
<p><b>Note</b></p>		<p><b>Note for Facilitator:</b> As you observe, ensure that no Nurse Delegated tasks are done in this process. Course correct as needed. Review documentation skills by going back to the chapter’s <b>Fundamentals</b> section to review the MAR documentation. If you have had any medication errors during this training time from these students, ensure that you are correcting their errors with them to reduce the number of errors you will have to deal with in the future.</p>
<p><b>Ask</b></p> 		<p>What ideas do you have to keep people on track with getting their medications on time? Responses may include</p> <ul style="list-style-type: none"> <li>• Set the kitchen timer to go off when it is close to medication times.</li> <li>• Ask the person to help to remember.</li> <li>• Tie a string around your finger.</li> </ul>




		<ul style="list-style-type: none"> <li>• Set your cell phone to remind you.</li> <li>• Use a watch alarm.</li> </ul>
<p><b>Say</b></p>		<p>The good news is that while you are attempting to make it part of a routine to remember to assist people with their meds on time, you actually have one hour on either side of the prescribed time to assist people to get their medications. If it is more than an hour before or an hour after the prescribed time then you will have to call either the doctor or the pharmacy to get permission to assist with the medication.</p> <p>Sometimes a prescription directs a person to take their medication with a meal. If the person eats breakfast at 7AM Monday through Friday and eats breakfast at 9AM on the weekend, when does she take her prescription? Right, with breakfast, no matter what time she eats it!</p> <p>There may be situations when a person is not home at the time their medication is due to be taken. Like the rest of the community they are out at appointments, work, having fun, on the bus, etc., and do not arrive at home before that window of time is up.</p>
<p><b>Ask</b></p>		<p>So, if any of you have dealt with this kind of issue before, what did you do?</p>
<p><b>Say</b></p>		<p>For ourselves, we would just take it when we got home. The same is likely true for people who are supported EXCEPT, we have to get a directive from either the prescribing doctor, the pharmacy, or the delegating nurse to assist a person to take their medication later. Otherwise, we are playing doctor, and we don't have the credentials to do that.</p> <p>Take a look on the front of Georgia Jetson's routine MAR. You will see that all of her 8 PM medications are circled and initialed on the 4<sup>th</sup> of the month.</p> <p>Anytime there is a discrepancy on one of the 5 Rights, we are required to circle the box and explain the discrepancy or error on the back of the MAR. Because there are initials within the circle, Georgia took her meds. When you look on the back, you will see that Georgia got home late due to a blizzard. The pharmacy was called. <b>Pat</b> at the Pharmacy said it was okay to take her meds at 9:15PM when Georgia arrived home. It is really important to get the name of the person who gave the directive and include it in the explanation.</p>








	<p>Sometimes the discrepancy might be that the person refused to take the medications. In that case the circle might be around an empty box, no initials. On the back of the MAR the staff would document that the person refused. Refusing to take a medication is very different from forgetting to take a medication. We will cover this later and come up with ideas for how to be supportive when somebody does refuse.</p> <p>A DSP could make a medication error if:</p> <ul style="list-style-type: none"> <li>• The wrong person takes the wrong medication.</li> <li>• The wrong dosage is taken.</li> <li>• Medication is taken at the wrong time.</li> <li>• Medication is taken by the wrong route.</li> <li>• Medication is not taken (other than when the individual refuses).</li> </ul> <p>If any of these scenarios occurred, the DSP would then be responsible for the following documentation:</p> <ol style="list-style-type: none"> <li>1. Circle their initials that corresponded to medication time.</li> <li>2. Call the pharmacy or the doctor for any specific instructions. <ul style="list-style-type: none"> <li>• Is it an emergency and the person needs to have their stomach pumped?</li> <li>• Does the person skip their next medications?</li> <li>• Should the person do anything out of the ordinary?</li> </ul> </li> <li>3. Document on the back of the MAR in the first three columns of Section I: the date, the time, the medication name(s) and dose(s).</li> <li>4. In the 4<sup>th</sup> column, give the Reason (error) or situation description for why the initials are circled on the front of the MAR</li> <li>5. In Section II, the column labeled “Results or Follow-up,” the DSP documents the healthcare professional’s instructions regarding this medication error or situation.</li> <li>6. It is also required for the staff to document the time and their initials in the last 2 columns.</li> </ol> <p><b>The DSP also contacts the supervisor about the error.</b></p> <p>The supervisor is responsible for reporting to DDA about medication or other nurse delegation errors that have or may result in injury or harm to the person who is supported, as assessed by a nursing or medical professional or a pharmacist. These incidents must also be reported to the State Department of Health.</p>
--	---

		There is also documentation required in the Medical Activity Log or On-Going Narrative that tells the whole story: describes the issue, gives the solution and who recommended it, and concludes with any follow-up required.
<b>Say</b>		So, we have just completed learning the 5 Rights of Medication, but what about learning a way to remember the “Plus ” Rights.
<b>Activity</b> 		<p>Divide the group into small groups of 4 to 5 people and have them work on coming up with some sort of method, poster, rhyme, activity, etc., to remember the “Plus” Rights which include your list on the board of:</p> <ul style="list-style-type: none"> <li>• Documentation</li> <li>• Privacy</li> <li>• Refuse</li> <li>• Know what and why</li> <li>• Date</li> <li>• Plus Others</li> </ul> <p>Give them chart paper and markers and 15 minutes to design a presentation to help people remember the importance of the plus rights or what could go wrong if they weren’t covered when following the 5 Rights.</p> <p>Remind them that each group will be presenting their Plus Rights ideas after first reviewing the 5 Rights to the large group.</p>
<b>Reflection &amp; Celebration (5 minutes)</b>		
<b>Activity</b>		<p>Start each Plus Right Presentation with a 5 Finger Review of the 5 Rights.</p> <p>Appreciate and applaud each presentation!</p>
<b>Teach and Train (15 minutes)</b>		
<b>Say</b>		<p>For some people who are supported, they will be able to get their own medication out of the secured container where it is stored. For others, the DSP will access the medication from a secured storage area.</p> <p>A secured storage area may be a locked medicine cabinet, or a locked medication box. Meds that must be refrigerated are locked in a box, in the refrigerator.</p>

		<p>In many homes, the medication box might look like a sewing box, a tool kit, or a fishing tackle box. If the box is one that is transported to the doctor’s office or agency office, it can only be identified with the initials of the owner (remember HIPAA.)</p> <p>The key to the lock must be secured. Some individuals will hold their own keys, while most will rely on their staff to unlock medications for them. The point of locking medications is to keep people safe.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Demonstrate a tackle box set up as a medication box (for Georgia Jetson) that looks similar to the medication storage containers in your agency.</p>
<p><b>Ask</b></p> 		<p>If you have seen medicine packed by the pharmacy, can you list things that may be included? (Listen and add to the list.)</p> <ul style="list-style-type: none"> <li>• Blister pack or bubble pack- individually packed dose</li> <li>• Combination Blister/Strip packs (where all medications taken at a particular time are in the blister pack for each time of day the medications are scheduled)</li> <li>• Pill bottles</li> <li>• Liquid bottles with measuring devices (measure at eye level)</li> <li>• Tubes or vials with measuring syringe</li> </ul>
<p><b>Say</b></p>		<p>For any medication packed by the pharmacy, typically the label will include:</p> <ul style="list-style-type: none"> <li>• Pharmacy/pharmacist name and address</li> <li>• Prescription number or other means of identifying the prescriber (used in requesting refills)</li> <li>• Individual’s name</li> <li>• Prescriber’s name (doctor)</li> <li>• Name of medication</li> <li>• Strength (dose)</li> <li>• Directions for how to use the medication</li> <li>• Manufacturer</li> <li>• Quantity (number of pills or other measurement of the amount of the prescription)</li> <li>• Date the prescription was filled</li> <li>• Expiration or discard date</li> <li>• Number of refills remaining</li> </ul>



		<ul style="list-style-type: none"> <li>• Condition for which prescribed (most pharmacies include this information if it is on the doctor’s order)</li> </ul> <p>The only entities who can repackage medications or fill medication organizers are:</p> <ul style="list-style-type: none"> <li>• the pharmacist,</li> <li>• the person him or herself</li> <li>• a Registered Nurse</li> <li>• an individual’s family member</li> </ul> <p>Just a reminder, DSPs cannot repackage medicine.</p>
<b>Ask</b>		How does the prescription get from the doctor to the pharmacy and eventually end up in the person’s medication box?
<b>Say</b>		<p>During a psychoactive medication review, annual physical, or any other doctor’s appointment, the prescribing physician may change a prescription or add a new prescription. The prescription can be faxed to the pharmacy from the doctor’s office.</p> <p>Some pharmacies will deliver the filled prescription to either the home or the agency’s office while in other circumstances the agency staff may be responsible for picking up the medications from the pharmacy.</p> <p>If an individual is being released from the ER or hospital with a new prescription, it can be faxed or hand delivered to the pharmacy, then picked up by staff or delivered by the pharmacy.</p> <p>The pharmacist is a wealth of knowledge. Not only does the pharmacy fill the prescriptions, they can also answer questions, give permission to take a medication later or earlier than prescribed, note side effects, direct a staff to withhold a medication, etc. Some pharmacies provide 24-hour consulting services by phone, so if your agency is using a pharmacy with that kind of availability, there will always be someone to call for medication questions or directives.</p>
<b>Immerse (5 minutes)</b>		
<b>Say</b>		<p>There are two types of prescriptions you will be supporting people with:</p> <ul style="list-style-type: none"> <li>• Routine medicine that is taken on a schedule, and</li> <li>• PRN medicine that is taken as needed</li> </ul>

<b>Activity</b>		<p>Split the participants into 2 groups. Using your watch or phone as a timer, tell them they will have one minute to make a list of reasons why people take routine medications. When the minute is up the groups will read one at a time to see which group had the longest list.</p> <p>Answers may include: seizures, cholesterol, blood pressure, antidepressants, diabetes, thyroid, antipsychotics, stool softeners, blood pressure, etc.</p> <p>Do the same activity, same groups, but the second time they will have a minute to make a list of reasons why people take PRN medications. When the minute is up the groups will read one at a time to see which group had the longest list.</p> <p>Answers may include: headache, cramps, flu symptoms, fever, constipation, ear infection, injury pain, angina, sore throat, etc.</p>
<b>Teach and Train (10 minutes)</b>		
<b>Say</b>		<p>For people receiving services, medications must be prescribed, even over the counter meds. If you and I have a headache, we get ourselves an ibuprofen. People who have communication challenges may just bang their head on the wall, cry, swear, etc. to indicate their head hurts...(You might do that, too! But you can actually say what is wrong!)</p> <p>Even over the counter medications get prescribed and filled by the pharmacy. So for example, a PRN or as needed medication prescription label may say something like, “for a fever of 100 degrees or higher, take 2 Acetaminophen 325 mg. every 6 hours,” or, “For a cough take 2 teaspoons of Robitussin every 4 hours.”</p>
<b>Ask</b>		<p>Does anyone know what PRN stands for?</p> <p>Answer: As Needed, Per Need, or “<b>pro re nata</b>” which is Latin.</p> <p>Once you have established a person does have a need for a PRN, it is so critical that you document the giving of the medication, and then go back an hour or so afterwards to document the results: Does the person still have a fever? Is the person sleeping quietly because the Robitussin helped their cough? Did they stop banging their head, stop crying? Etc.</p> <p>By going back an hour or so later we know if a person has been impacted by the PRN medication. Sometimes you are just documenting that a person has stopped crying, which hopefully means the person is feeling better.</p>

<p><b>Say</b></p>		<p>Some of the people who are receiving Supported Living services can take their own medication with a prompt or guidance from a staff. Some people may ask the staff to unlock the secured medications, and then the staff can observe and document as the person takes their medication. Other individuals will need very specific assistance with medications.</p> <p>As part of the new hire training process, new DSPs will be</p> <ul style="list-style-type: none"> <li>• training in homes with current DSPs,</li> <li>• getting to know people and their capacities,</li> <li>• learning the IISPs (service plans),</li> <li>• becoming familiar with the routines,</li> <li>• getting First Aid/CPR certification (if not current),</li> <li>• and, receiving blood-borne pathogen training.</li> </ul>
<p><b>Say</b></p>		<p>DDA Policies and the Board of Pharmacy regulations are very specific regarding the requirements for assisting with medications. You can only help people with medications that have been prescribed for them by a doctor, dentist, or nurse practitioner. This includes over the counter meds, PRNS, and routine medications.</p> <p>Unless you are a licensed healthcare professional, or have been authorized and trained to perform a specifically delegated nursing task, you may only assist the individual to take medications. Assisting with medications includes:</p> <ul style="list-style-type: none"> <li>• Telling the person the prescriber’s order in terms that enable him or her to self-administer the medication properly. “The doctor said to take 2 (200mg) Dellster tablets by mouth once a day.”</li> <li>• Prompting or coaching the person when it is time to take a medication. “The doctor ordered you to take Dellster at 8AM. Do you see what time it is?”</li> <li>• Opening the person’s medication container. “I am going to poke a hole in the back of this blister pack so you can push the tablets out of it.”</li> <li>• Handing the opened container to the person. “Here is your blister pack of Dellster with a hole poked in the back to make it easier for you to get the tablet out for this morning.”</li> <li>• Placing the medication into their hand. “Here is a cup with your Dellster in it so you can get it into your mouth.”</li> </ul>





		<ul style="list-style-type: none"> <li>• Transferring medication from one container into another for the purpose of an individual dose (e.g., pouring a liquid medication from the container to a calibrated spoon or medication cup or using adaptive devices). You can hand the container to them and say, “Here is a cup, or spoon, or syringe with your pills in it.”</li> <li>• Altering a medication by crushing, mixing, etc., as long as the person is aware that the medication is being altered, or added to a food or a beverage. You must have permission from a pharmacist that it is safe to alter any medication before altering it. “The doctor said Dellster cannot be crushed, so rather than taking both tablets in one swallow, here is some yogurt you can take one pill in the first bite, and the other pill in a second bite.”</li> <li>• Guiding or assisting the person to apply or instill skin, nose, eye, and ear preparations. “The Selenium shampoo is in your hand. I am going to help you put your hand to the top of your head, so you can shampoo it in to your hair.” Or, “I have taken the cap off of your inhaler and shook it up. Here is your inhaler, ready for you to inhale. Once you have a good grip on it, I can help direct your arm to your mouth so you can inhale it.”</li> </ul>
--	--	---


**Teach and Train (10 minutes)**








<p><b>Say</b></p>  	<p><b>Nurse Delegation</b></p> <p>If the DSPs are supporting people who cannot take their own meds without assistance, as I just described, the staff must also complete and pass a course called <b>Nurse Delegation Core Training</b>. The DSP will also be required to get a Washington state-issued license called a <b>Nursing Assistant Registered</b> license or <b>NAR</b>.</p> <p>The NAR includes a specific state background check, which is renewed each year before the DSP’s birthday. In most supported living situations, a registered <b>NAC</b> (Nursing Assistant Certified) license, which includes more training than an NAR, will suffice for being registered with the state. The NAC will still be required to complete and pass the Nurse Delegation Core Training, and maintain their NAC registration in order to be delegated for specific nursing tasks by a Delegating Registered Nurse.</p> <p>Once a DSP has been delegated, the nurses must follow up with the staff at least every 90 days and anytime a medication is added or changed, or</p>
---	---


	<p>if the health status of the person changes. In some agencies the class is taught by RNs working within the agency, while other agencies must send their staff to a training center for the class. (Explain what your agency does to fulfill nurse delegation requirements if you have delegated tasks.)</p> <p>Nurse delegation core training is only taught by registered nurses. The RN instructor is responsible for documenting test results for each potential NAR or CNA in their course. If a student does not pass the course, there is a take home option to study and retake the tests. The curriculum also includes an optional 3-hour course on supporting people who have diabetes. This course is recommended for DSPs who are supporting people who have diabetes, and therefore could possibly be delegated to give insulin shots or use lancets for glucose monitoring.</p> <p>At the completion of the Nurse Delegation Core Curriculum, the DSP will receive an official certificate. The delegating RN should be made aware of the DSP's status, so if all of the requirements are met, the staff can then be delegated.</p> <p>Just a reminder, delegation only occurs when the person being supported can't give their own medications or treatments to themselves. Sometimes an individual is unable to put on creams, set up a nebulizer and use it independently, or insert a suppository, but can put their oral medications in to their own mouth. The good news is that nurses are responsible for deciding who needs to be delegated and what particular tasks will be delegated.</p> <p>An important rule to remember is that every time a medication changes or is added, as a delegated NAR, you are responsible for letting the delegating RN know so he or she can delegate the new or changed medication.</p> <p>The following are examples of tasks that can only be performed by an NAR who has been delegated by an RN:</p> <ul style="list-style-type: none"><li>• Putting medications into a person's mouth. "I am putting your medicine in your applesauce, now here is a spoon of Dellster in applesauce."</li></ul>
--	---















		<ul style="list-style-type: none"> <li>• Hand-over-hand administration “I am going to help you push your finger in this blister pack to poke your Dellster tablet out of it and into a bowl of applesauce.”</li> <li>• Instilling an eye drop or ear drop, applying a cream “I have your selenium shampoo in my gloved hand and I am going to wash your hair with it.”</li> <li>• Glucometer testing “I am going to use this glucometer to check your blood sugars. You will feel a little poke on the tip of your finger by the lancet, then I will capture a drop of blood on the strip in the glucometer.” (If the individual is able to poke themselves with the lancet and capture the blood on the chem strip, then put it in the glucometer, <b>you can <u>read and document the results without being delegated.</u></b>)</li> <li>• Injections—Insulin Only “It is 6PM and you are scheduled to get an insulin injection. I am going to give it to you.”</li> </ul>
<p><b>Ask</b></p> 		<p>What do you do in your own home when you have expired or unused medications that are no longer needed?</p>
<p><b>Curriculum Toolkit</b></p>		<p>Invite participants to view <i>Medication Disposal Options</i> in the Curriculum Toolkit for this chapter. Encourage note-taking as you continue.</p>
<p><b>Say</b></p>		<p>At this time Washington does not have an official state policy on medication disposal. There are some counties where the sheriff or police departments will accept unused medications. There are also some pharmacies that have volunteered to take back unused medications, but there is not a state rule regarding the disposal of meds. YET!</p> <p>You can go online to check for locations in your area where unused pills or expired medications will be taken back. If there is a pharmacy that will take returned medications, you will need to check if that includes narcotics. Some police stations will accept returned narcotics.</p> <p>For the safety of the people receiving services, animals, children, teens, and others who may abuse drugs, unused and expired medication</p>




		<p>disposal is very important. In the event you are in a location that does not have a medication take-back program, as a last resort, medications should be disposed of in the following manners:</p> <p>For chemotherapy drugs, contact your prescribing medical office as they may accept return of those medicines. For all other drugs:</p> <ol style="list-style-type: none"> <li>1. Do not flush medicines down the toilet or drain.</li> <li>2. Keep the medication in its original container (that is if it is large enough to follow the next instruction, but be sure to remove labels that would reveal confidentiality of person taking medications.)</li> <li>3. To discourage consumption of the medicines, add something unappealing, such as kitty litter or coffee grounds. Do not crush the pills. (Some agencies have used a large plastic opaque or cardboard milk container to collect the pills, creams, liquids, etc. and added them together with coffee grounds and kitty litter.)</li> <li>4. Tape the container lid shut with tape, place in a sealable bag, and then place in a non-transparent container to ensure that the contents cannot be seen.</li> <li>5. Discard the container in the garbage. Do not place in the recycling bin. Make sure your trash cannot be accessed by children, pets, or others who might be looking in the garbage for drugs.</li> </ol> <p>Each agency will have its own policy on med disposal and who is responsible for this task. Be sure to check with your supervisor for details on who does this and how it is done. And if you are wondering why you can't just flush medications down the toilet, it is because ultimately they get into the ground and water table, and can get back into people's systems...not a good thing.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> If you are not using Paper MARS in your agency, it would be invaluable for your company to provide tablets, or screen shots from tablets of the MAR screen, with HIPAA information whited out or changed so your participants actually become familiar with what the electronic MAR looks like in your agency.</p> <p>Prescription Labels must be shredded or blacked out to be HIPAA compliant when disposing of medication packaging.</p>
		<p><b>Say</b></p>






		
<p><b>Activity</b></p> <p><b>Curriculum Toolkit</b></p>	 	<p>It is important to be able to read doctor’s orders for clarity. In your Curriculum Toolkit there is a list of abbreviations and symbols on one side of the page and a list of terms on the other. With a partner or by yourself, take a pen and match the symbol to what you know it is or you can guess. We will go over the answers after you have had a chance to give it your best guess! Feel free to work with a partner.</p> <p>OTC=Over The Counter  qd= daily  PRN=As needed, as necessary  b.i.d. (BID) twice daily  h.=hour  tsp.=teaspoon (or 5ml)  q.i.d.(QID)=four times a day  A.M.=morning  Tab=tablet  GM, gm=grams (1,000 mg)  D/C=Discontinue</p> <p>Rx= Prescription  Qty=quantity  q (Q)=every  t.i.d (TID) three times daily  h.s.(HS)=Hour of Sleep (bedtime)  oz=ounce  Cap=capsule  P.M.=afternoon/evening  mg=milligrams  gr=grains  Tbsp.= tablespoon (3 tsps or 15 ml)</p>
<p><b>Teach and Train (10 minutes)</b></p>		
<p><b>Curriculum Toolkit</b></p>		<p>Look in the Curriculum Toolkit for this chapter to find two Medication Administration Records (MAR).</p>
<p><b>Say</b></p>   		<p>The first one we are going to look at is a routine MAR for a fictitious character named Georgia Jetson. The medication names of Georgia’s medicines are also fictitious but represent a variety of medications you may or may not be assisting with or administering to the people you will work with.</p> <p>As you look at the MAR for Georgia Jetson, notice you see the 5 RIGHTS although not spelled out. Some agencies will be using paper MARs while some agencies will be using electronic tablets or laptops to document on MARs.</p>

<b>Activity</b>		<p>With a partner, look over the MAR and discover as much information about Georgia as you can.</p> <ul style="list-style-type: none"><li>• all of her current medications</li><li>• the dose and amount</li><li>• route</li><li>• time</li><li>• diagnoses</li><li>• side effects of medicines</li><li>• when the medicine was first prescribed</li><li>• what the medications are prescribed for</li><li>• generic names and brand/trade names of medications</li><li>• doctor's name</li><li>• birthday</li><li>• gender</li><li>• the kind of diet being followed</li><li>• she is even taking medicine for something that is not diagnosed or not identified as a diagnosis on her MAR</li><li>• photo or written description of medication</li></ul> <p>Turn over the MAR and look on the back. There is documentation that will be covered later. Point out that each staff who has signed off on Georgia's medication on the front has also printed and signed their names on the back of the MAR and posted their initials as well. If there are two or more DSPs with the same initials assisting the same person with medications, it may be helpful to add a middle initial if their initials on paper MARs look too similar.</p> <p>On an electronic MAR, a code will likely separate two staff's same initials.</p>
-----------------	---	---





<p><b>Curriculum</b></p>  <p><b>Toolkit</b></p> 		<p>Take a look at the second MAR in the Curriculum Toolkit.</p>
<p><b>Say</b></p>		<p>This is a PRN MAR for Gene Patient. She has some over the counter meds on there that were prescribed by her doctor, but also some prescription drugs.</p>
<p><b>Ask</b></p>		<p>Looking at Gene Patient’s PRN sheet, can she take her Temazepam capsule an hour before she goes to bed to ensure she will fall asleep?</p>
<p><b>Say</b></p>		<p>The answer is No, not until she indicates she has insomnia or can’t sleep.</p> <p>It would be better to fall asleep using more natural methods. Sleep medicine can be addictive or misused.</p>
<p><b>Activity</b></p>		<p>With a partner make a list of other ideas besides taking medicine that might help a person to go to sleep. Then we will share.</p> <p>Here are more ideas: Reading a boring book, a warm cup of herbal tea (no caffeine) or glass of milk, taking a warm bath, listening to music that he or she likes, getting plenty of activity during the day to be sleepy at night, white noise...</p>
<p><b>Ask</b></p>		<p>If she took her Lorazepam (Ativan) at noon because she was agitated and she is agitated again at 6PM, can she take it again?</p> <p>Answer: No, not until 8 hours have passed unless there is a new doctor’s order. Remind the group to use the Positive Behavior Support Plans to find ideas that help a person to regain control.</p>
<p><b>Ask</b></p>		<p>What if you have a question about somebody’s medication? Who are you going to call?</p>




		<p>If they answer: Supervisor. Say, “Possibly, but the supervisor should redirect you.”</p> <p>If they answer: Another staff. Say, “Possibly, but the other staff should redirect you.”</p> <p>Where should they redirect you?</p> <p>If they answer: Doctor, YES!            If they answer: Pharmacy, YES!</p> <p>If they answer: Delegating Nurse, YES!</p> <p>Doctors, Nurses, and Pharmacist will have the right answers.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Back to the MAR for Georgia Jetson. If the two medication errors for her have not been discovered yet, you can bring it up now.</p>
<p><b>Say</b></p>		<p>There are a couple of errors built into the MAR for Georgia. With a partner, can you discover the errors.</p> <p>(Give them a few minutes to look at it... If they can’t find them or guess incorrectly, tell them):</p> <p>One of the errors has to do with allergies.</p> <p>Georgia’s new medication (Senosish) is generic for Orcanmin which is the problem. Georgia is allergic to Orcanmin.</p> <p>Will they give it to Georgia or not?</p>
<p><b>Apply - Demonstrate Learning Application to Real Work (15 minutes)</b></p>		
<p><b>Activity</b></p>		<p>Act it out.</p> <p>Have the staff pretend to call the pharmacy on their real or imagined cell phone. Remind the participants in the class, they will have to explain the issue to the pharmacist including: (and write this on the board, too)</p> <ol style="list-style-type: none"> <li>1 . your name and title</li> <li>2 . where you work, and who you are calling about</li> <li>3 . why you are calling</li> </ol> <p>Ask someone to volunteer to make the call to the pharmacy. If they are unsure of what to say, coach them with this example:</p> <p>“This is (<b>name</b>) Karen Donovan-Cortez, I am a (<b>title</b>) DSP from (<b>agency name</b>) Washington Supported Living, supporting (<b>individual</b>) Georgia Jetson. (<b>Reason for calling</b>) I noticed that Georgia Jetson received a new medication, Senosish, which is the generic form of the</p>




		<p>drug Orcanmin. According to the MAR, Georgia is allergic to Orcanmin. Should I still give it to her?”</p> <p>(The trainer will answer as the pharmacist on his/her real or imagined cell phone!)</p> <p>The answer from the pharmacist is, “<b>NO!</b>”</p>
<p><b>Say</b></p>		<p>The pharmacy has the information, but sometimes when prescriptions are being filled, mistakes happen. Lucky for Georgia her staff are so observant! And by the way, I wasn’t working when that prescription was filled!</p> <p>The pharmacy already knows about the medications they have filled for Georgia or Gene so you are not violating HIPAA when mentioning the person’s name.</p> <p>You can always check the Releases of Information to confirm there is one that covers information shared between the pharmacy and the doctor, and the pharmacy and the staff.</p>
<p><b>Say</b></p> 		<p>Being on board with not giving Georgia the Senosish, you will want to make sure that nobody else gives the Senosish. Remove the drug from the medication box and place it in your agency’s medication disposal policy process (secure space).</p> <p>You will also want to correct the documentation. On the MAR (paper style) this can be done with a black or blue ink pen. Draw a dark, straight line on the left vertical side of the box that you typically would have initialed, and write D/C for Discontinued (though thankfully never started) and a squiggly line out to the end of the month of dates for that month.  D/C~~~~~→ (write this on the dry erase board)</p> <p>If you are working with a pharmacy that will take back medications, this would be an excellent time for them to take it back!</p> <p>If you have a police station that will take back medications, the Senosish that can’t be returned to the pharmacy could go there.</p> <p>If you have a medication disposal policy, the medication may go into this process</p>

<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> If you haven't already explained your agency's medication disposal policy, this would be a great place to have that conversation.</p>
<p><b>Teach &amp; Train (5 minutes)</b></p>		
<p><b>Ask</b></p>		<p>If you didn't notice that Georgia is allergic to the new medication she was prescribed, and you helped her take it as the doctor ordered, what could happen to Georgia?</p> <p>Does anyone in the room know someone who has an allergy to Penicillin? What would happen to that person if he or she was given Penicillin?</p>
<p><b>Say</b></p>		<p>Anaphylactic shock is the result of a severe allergy exposure. Ask the participants to come up with a list of allergic reactions. It should include the following:</p> <ul style="list-style-type: none"> <li>• Wheezing or difficulty breathing</li> <li>• Swelling around the lips, tongue, or face</li> <li>• Skin rash, itching, feeling of warmth, or hives</li> </ul> <p>If someone or yourself suddenly has these reactions to a medication,</p> <p style="text-align: center;"><b><u>Call 911, immediately.</u></b></p> <p>These reactions could result from allergies to medicine, nuts and peanut butter, shellfish and shrimp, and bee stings, sometimes as a result of first time exposure, and other times as a result of repeated exposure.</p>
<p><b>Apply - Demonstrate Learning Application to Real Work (10 minutes)</b></p>		
<p><b>Say</b></p>		<p>There is still another error on Georgia Jetson's routine MAR...</p>
<p><b>Activity</b></p>		<p>Continue to look for the error during which time, you can tell the participants to question anything on the MAR until they find it or give up.</p>





<p><b>Say</b></p>		<p>This time the error has to do with the other new medication, which is Procizet Liquid 10ml (60mg), take 2 tsp. by mouth once daily. Georgia is supposed to start taking it today.</p> <p>The problem is she already has a Procizet tablet that she takes at the same time, which is a 40 mg. tablet. Both are prescribed as antidepressants. The question becomes, does Georgia take both of the medicines?</p>
<p><b>Activity</b></p>		<p>Ask for another volunteer to call the pharmacist. Ask the group to remember what should be told to the pharmacist: Who is calling, from what agency, for which person, and the reason for the call.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> As the pharmacist here is your answer: When Georgia went to her annual physical, the doctor asked questions about Georgia’s depression. Georgia complained of being frequently sad, so the doctor decided to increase her antidepressant medicine and give her the faster-acting liquid form of it. Because the fast-acting antidepressant medicine in liquid form is new on the market, the pharmacy was out of it and had to wait until the next shipment arrived. The DSP documented on the medical activity log that her dose was being increased but did not put it on the MAR. Due to a lack of effective communication and documentation, Georgia’s medicine arrived a couple days later and the staff working did not check out the Medical activity log, just added it to the MAR and didn’t <b>Discontinue</b> the tablet. Rather than a 20mg increase the meds will be increased by 60mg if the staff doesn’t change the MAR. The pharmacist will say to discontinue the 40 mg tablet immediately and start the 60 ml. liquid tonight as written.</p> <p>Make sure the participants do the correct documentation on their MAR in the Curriculum Toolkit and place the discarded tablet form of Procizet in the medication disposal policy process for your agency.</p>
<p><b>Say</b></p>		<p>You might note that Georgia is taking medicine for diabetes and medicine for depression but neither of those are included in her diagnoses on her pharmacy provided MAR.</p> <p>This is a quick fix. If you let your pharmacy know, they are quick to add them to the next month’s MAR.</p> <p>Some pharmacies will also add a photo of the person to their MAR, as well as a color photo of what the medication looks like.</p>









<p><b>Say</b></p> 		<p>Another fact you might have noticed on both the routine and the PRN MARs for Georgia Jetson and Gene Patient is that the side effects for each preprinted medication are noted on the MARs. Some pharmacists are willing and able to add that detail to the preprinted MAR.</p> <p>A list of side effects should arrive with every medication a person is prescribed or takes over the counter. They can be on a medication packet insert, on a specific drug fact sheet, or they can be found in a book that specifically contains all the meds known to man called a Physician Desk Reference (PDR), or in a handy pill book that is updated frequently as new medications are being created frequently. You can also find side effects from specific medications by finding the medicine online under either the trade name or the generic name of the drug.</p> <p>If the pharmacy you are working with can place the most common side effects on the MAR, it is very convenient for staff to see.</p> <p>There is a list of common side effects from medications listed in your Curriculum Toolkit, but it is important to know side effects vary between different medications.</p> <p>When you are supporting people to take their routine or prn medications it is important that you are aware of what the intended and unintended side effects are. You don't have to know them by heart, but you do have to be able to find them.</p>
<p><b>Ask</b></p>		<p>If you are noticing side effects, who needs to know?</p> <p>The prescribing doctor needs to know. The doctor may direct the person to continue with the medicine (sometimes side effects go away), change to a different drug (for which you will still want to watch for side effects), or perhaps discontinue the medicine.</p> <p>As long as the person is getting all of their medications from the same pharmacy, there is a good chance the pharmacist will be watching for medication interactions. They can raise a red flag to let the person, doctor, or even staff know when a medication can't be taken at the same time as another medicine because of interactions. An example would be Penicillin, which shouldn't be taken with an antacid. The antacid prevents the antibiotic Penicillin from being absorbed in the stomach.</p>

Teach & Train (10 minutes)		
<b>Say and Show</b>		<p>Lead and demonstrate checking the 5 rights against the MAR.</p> <p>As the facilitator, you are going to take the participants through the process of medication assistance for one of Georgia Jetson's medications.</p>
<b>Curriculum Toolkit</b>		<p>Before watching this demonstration, please turn to the page in your Curriculum Toolkit which has a small chart for "5 Rights of Medication" to be filled in and a plus box which you may use for any of the plus rights you catch the trainer doing!</p>
<b>Activity</b>		<p>Ask for a volunteer or assign someone to play Georgia.</p> <p>Although you should never touch anybody else's medications, it is really important you start the process with clean hands. If you need to instill eye drops or put on creams and you are nurse delegated, you will want to have gloves. For this demonstration, I will emulate washing my hands to start and, respectfully ask Georgia to please wash her hands as well.</p> <p>I open the notebook or the electronic tablet to the MAR for Georgia Jetson. (Explain each step/check out loud.) I know I have the correct book/tablet because Georgia Jetson's initials are on the cover. Her name and photo are inside the box, and inside the notebook. Her name is also inside the book on the MAR, and on every page of the MAR.</p> <p>(Demonstrate respectful interactions with Georgia. Use her name, say please, ask if she is knows what time it is to prompt her for medication time, and listen to answers.)</p> <p>I am looking at (volunteer) "Georgia" and pretending she/he looks like Georgia. I ask her to tell me who she/he is if they can answer, hope the response is Georgia Jetson. If Georgia does not answer with "Georgia" then ask a yes/no question , Are you Georgia? (The learners should have a lot of check marks on the Right Person.)</p> <p>I look at the MAR for a medication to demonstrate. (Suggest you use the discontinued Procizet as if the liquid has not arrived.)</p>

	<p>The MAR says “Georgia Jetson”, the MAR says “Procizet 40 mg. tablet by mouth.” Unlock the medication box and take out the blister pack that says Procizet tablet. It also has Georgia Jetson on it. It says “40 mg tablet, take one, by mouth.” Trainer compares the name of the medication on the blister pack to the name of the medication on the MAR, and they match. (Plenty of checks for Right Medication)</p> <p>The dose on the MAR says “one 40 mg tablet by mouth.” The dose on the blister pack says “one 40 mg tablet by mouth.” I compare the label to the MAR one more time. (Plenty of checks for the Right Dose/Amount)</p> <p>The route on the MAR says “by mouth” as I have noted twice already, but will compare the blister pack and the MAR one more time. If there are specific instructions with a particular medication, it will be written out clearly. (Checked the route at least 3 times)</p> <p>Finally, it says the time for the medication is “bedtime or 8PM” on the MAR. On the blister pack it says at “bedtime.” I ask Georgia if she is headed to bed soon, (nod at your actor Georgia to cue her to answer yes) and the answer is yes, so it is okay to give it to her now because (pretend) it is 8: 30PM. Georgia ritually goes early to bed and is early to rise. I checked at least three times for the right time. I also look at my watch or phone and confirm the time with the wall clock.)</p> <p>I ask Georgia, “Do you know why you are taking this medication?”</p> <p>If she answers “Yes,” then I will ask her to tell me why.</p> <p>If she answers, “No,” then I will remind her it is for depression.</p> <p>If she answers, “I’m not depressed,” then I will say, See, it’s working!</p> <p>And if Georgia implies she is still kind of sad, then I will tell her she has a doctor appointment scheduled to discuss this.</p> <p>I ask Georgia if she is willing to take her Procizet tablet, because it is almost 9 PM? If her answer is yes and she takes it, then I will initial it and put the medication blister pack back in to the med box. Trainer will sign on the MAR with their initials signifying Georgia took the</p>
--	--

		medication. I close the book, turn off the tablet, put blister pack back into the box and put everything away.
<b>Ask</b>		Georgia was compliant and willing to take her meds as directed by the prescribing doctor. But what if she wasn't?  What can you do when a person refuses to take their medication?
<b>Activity</b>		Have people brainstorm with a partner or small group for a couple of minutes before asking them to share one idea with the large group. Share these ideas if they weren't already mentioned.  <ol style="list-style-type: none"> <li>1. Say, "Okay," and try again later before the window of time passes.</li> <li>2. Ask the person to let you know when he or she is ready to take the medication.</li> <li>3. Ask another staff to approach the person and attempt to assist.</li> <li>4. Ask them to tell you why they don't want to take it today.</li> <li>5. Remind them of an activity they will be doing when the medication process is complete. If the person takes the med sooner instead of later, they will be doing activity sooner. <b>DO NOT</b> deny a person an activity if they refuse their medication. Naturally there will be extra time for documentation, but when done, still go do planned activities.</li> <li>6. Tell the person the reason for the medication and any possible effects of not taking it.</li> <li>7. Start early in the window of time if you are supporting someone that routinely takes their meds later rather than sooner!</li> <li>8. If it is okay to take the medicine with food or water, is there another choice he or she would rather have with the medication? (Answers may include: pudding, yogurt, applesauce, ice cream, juice, milk, etc.?)</li> <li>9. Respect the choice the person is making. If it becomes routine to refuse then follow up with their doctor.</li> <li>10. Talk to the prescribing doctor for ideas or possible changes that could be made to help the person be more successful with taking this medication(s) he or she is refusing.</li> </ol>

**Apply - Demonstrate Learning Application to Real Work (10 minutes)**

<p><b>Activity</b></p>		<p>Have the staff choose a partner. Be sure to have Curriculum Toolkit open to routine MAR and take turns practicing giving Georgia just one of her routine medications. Be sure to use the check box from the Curriculum Toolkit to make sure your partner is checking each right at least 3 times. Staff can trade off with medications so they are not just assisting with the same medication.</p>
<p><b>Ask</b></p>		<p>What was challenging about the process?</p>
<p><b>Say</b></p>		<p>Remind the group You will be checking 3 times for every medication right. It might seem like overkill, but if that were true, there would be no errors. Unfortunately, in spite of people saying they are checking the 5 rights three times, there are still mistakes that occur. Even in hospitals with well-trained medical personnel, mistakes happen. We are human and therefore we are capable of making errors, even doctors and nurses and pharmacists.</p>
<p><b>Reflection &amp; Celebration (15 - 20 minutes)</b></p>		
<p><b>Say</b></p> 		<p>As we come to the end of Medication training, it is good to know, you will have more training and practice on medication assistance with the people you support and possibly with Nurse Delegation. You will receive hands on training from a person who knows the ins and outs of medication assistance in the home where you work.</p>
<p><b>Activity</b></p>		<p>Based on what you have learned during this training, please get into small groups of 2 to 5 people and using this big piece of chart paper, come up with a list, picture, poem, etc. of how to avoid making medication mistakes. (Allow 10 -15 minutes to prepare.)</p> <p>Give each group no more than a minute to do their presentation in front of the whole group.</p>
<p><b>Activity</b></p>		<p>Please administer the assessment at the end of this chapter.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Please review the objectives in the Curriculum 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 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>
--	--	--

**Georgia Jetson**

Dialonin Tablet 5mg  
 GLUCOPHASE  
 Take 1 tablet by mouth at bedtime  
 (diabetes)  
 Origin 5/20/06 Dr. Susan Seuss  
 Exp. 12/31/20

KD's Farmacia: You hug 'em, We drug 'em

**Georgia Jetson**

Procizet Liquid 10ml 60 mg.  
 PROZICK  
 Take 2 teaspoons by mouth at bedtime  
 (Antidepressant)  
 Origin (today) Dr. Susan Seuss  
 Exp. 12/31/20

KD's Farmacia: You hug 'em, we drug 'em.

**Georgia Jetson**

Procizet Tablet 40 mg.  
 PROZICK  
 Take 1 tablet by mouth at bedtime  
 (Antidepressant)  
 Origin 5/20/06 Dr. Susan Suess  
 Exp. 12/31/20

KD's Farmacia: You hug 'em, We drug 'em.

**Georgia Jetson**

Senosish Tablet 5 mg.  
 ORCANMIN  
 Take 1 tablet by mouth at bedtime  
 (seizures)  
 Origin (TODAY) Dr. Susan Seuss  
 Exp. 12/31/20

KD's Farmacia: You hug 'em, We drug 'em.

**Georgia Jetson**

Dellster Tablet 250 mg.  
 DOCUSAID  
 Take 2 tablets by mouth in morning with  
 water  
 (Stool Softener)  
 Origin 5/20/06 Dr. Susan Seuss  
 Exp. 12/31/20

KD's Farmacia: You hug 'em, We drug 'em

**Georgia Jetson**

Senosish Tablet 5 mg.  
 ORCANMIN  
 Take 1 tablet by mouth in morning  
 (seizures)  
 Origin (TODAY) Dr. Susan Seuss  
 Exp. 12/31/20

KD's Farmacia: You hug 'em, We drug 'em.

**Georgia Jetson**

Estronop Tab .5mg  
 Orthonomen  
 Take 1 tablet by mouth in morning  
 (Regulate Menses )  
 Origin 7/13/2006 Dr. Norma Lee  
 Exp. 12/31/20

KD's Farmacia: You hug 'em, We drug 'em.

**Georgia Jetson**

Advil Tablet 200mg PRN  
 IBUPROFEN  
 Take 2 tabs every 4 hours for fever of 100 or  
 higher  
 (fever reducer)  
 Origin 5/20/06 Dr. Susan Seuss  
 Exp. 2/28/20

KD's Farmacia: You hug 'em, We drug 'em

**Georgia Jetson**

Dellster Tablet 250 mg.  
 DOCUSAID  
 Take 2 tablets by mouth in morning with  
 water  
 (Stool Softener)  
 Origin 5/20/06 Dr. Susan Seuss  
 Exp. 12/31/20

KD's Farmacia: You hug 'em, We drug 'em.

**Georgia Jetson**

Dellster Tablet 250 mg.  
 DOCUSAID  
 Take 2 tablet by mouth in morning with  
 water  
 (Stool Softener)  
 Origin 5/20/06 Dr. Susan Seuss  
 Exp. 12/31/20

KD's Farmacia: You hug 'em, We drug 'em.



***Training Objectives***

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

1. Distinguish proper response to emergent medical issues
2. Illustrate 5 fire prevention steps
3. Indicate up to 10 ways to prevent falls
4. Mime the proper use of a fire extinguisher using the P.A.S.S. acronym
5. Predict appropriate fire response i.e., when to “put out the fire or get out?”
6. Indicate 4 appropriate questions to ask following a disaster to discern next steps
7. Describe at least 3 strategies when responding to an earthquake
8. Explain what constitutes a missing person when that person has a developmental disability
9. Express typical, key steps for reporting a missing person with a developmental disability (regardless of agency protocol)
10. Generalize how to locate emergency disaster supplies
11. Memorize “The Four Ps:” Prepare, Plan, Practice, Perform to minimize the impact of an environmental emergency and maximize the response
12. Recall at least two elements of each of “The Four Ps:” Prepare, Plan, Practice, Perform
13. Give 2 examples for how to prevent and/or respond to drowning in both bathing and recreational activities
14. Judge up to 2 effective methods of handling poisons and cleaning supplies
15. Describe 2 of the 6 principles basic to risk management
16. Identify personal responsibilities related to risk management in the role of a direct support professional
17. Give examples of at least 5 practices that can reduce the risk of injury to both staff and supported individuals
18. Restate when to involve law enforcement in the case of an emergency

***Estimated Time***

3 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

Residential Services Curriculum Toolkit (per participant)









Chart Paper








Colored Markers








Emergency Preparedness Handout #1; one copy per participant found at end of Facilitator Guide











What Would You Do? Handout #2; one copy per participant found at end of Facilitator Guide





Some sort of adhesive or tack to place chart paper around room following poster activity




<p><b>Preparation before training</b></p>		<p>Review the Facilitator Guide for this chapter and ensure each participant has their Curriculum Toolkit available.</p>
<p><b>Opening: Engaging Activity (5 minutes)</b></p>		
 <p><b>Say</b></p>		<p>For this chapter, we are going to look at Emergency Preparedness for all sorts of emergencies including medical emergencies, natural disasters, manmade emergencies, and accidents.</p>
<p><b>Activity</b></p> 		<p><b>Handout #1</b>          For the first activity I am going to give each of you a piece of paper face down. Please don't turn it over yet. You will need a pen or a pencil. This will be a timed activity so when I tell you to turn over the paper and begin, you will have 2 minutes to complete the task. If you finish faster just put your pen down and wait quietly for the time to end. If you don't finish, you will have time later to complete it.</p>
 <p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Use a 2-minute timer of your own, your watch, or phone for keeping track of time. If you don't have a buzzer or a bell, just say "pencils down" when the 2 minutes are over.</p>
<p><b>Ask</b></p> 		<p>How many of you completed the task? (If they all finished because they read the directions, GREAT!)</p> <p>Did you read the instructions? (Read the list FIRST)</p> <p>What happens when we don't prepare and don't follow instructions?</p> <p>Is there anyone in the room who was prepared when an emergency occurred who wouldn't mind sharing your story?</p> <p>Does anyone have a story of being unprepared when an emergency happened who wouldn't mind telling your story?</p>
<p><b>Immerse (15 minutes)</b></p>		







<p><b>Say</b></p>		<p>We are going to base this chapter on the 4 Ps. (Draw the 4 Ps on the dry erase board.)</p> <p>The first P is Prepare. (Write prepare with the first P.) When you prepare you are being proactive about being prepared for what could happen, in this case, when an emergency occurs.</p>
<p><b>Ask</b></p>		<p>What is important enough for you to spend time preparing? (Answers may include: wedding, education and career, dates, health, first aid training, etc.)</p> <p>When something goes awry, if you are prepared, how does it affect the outcome? Do any of you have a first aid kit at home or in your car?</p>
<p><b>Say</b></p>		<p>The next P is for Plan. (Write plan with the second P.)</p>
<p><b>Ask</b></p>		<p>When you plan an event or make plans for your life, what questions do you consider? Answers might be: What could go wrong? How many people, chairs, meals, or obstacles, etc. will there be? How long will it take? What if it rains? Where will we meet? Do we have a back-up plan? Etc.</p> <p>Has anyone ever heard the quote, “Plan for the worst, Hope for the best?”</p>
<p><b>Say</b></p>		<p>The third P is for Practice. (Write Practice with the third P.)</p>
<p><b>Ask</b></p>		<p>What have you practiced during your life? Answers might be: Driving, playing an instrument, speeches, basketball shooting hoops, golf, bowling, balancing or juggling, etc.</p> <p>Does anyone remember fire drills or earthquake drills from school days? Why do you practice? Why is first aid certification every 2 years?</p>
<p><b>Say</b></p>		<p>The 4<sup>th</sup> P is for Perform (Write Perform with the 4<sup>th</sup> P.) When you prepare, plan ahead, and practice, when you need to perform you already know what to do.</p>

<p><b>Ask</b></p> 		<p>In what ways does prepare, plan, and practice get you ready to perform?</p> <p>Have you ever been in a position to provide first aid?</p> <p>Have you ever hit a slippery spot on the road when you were driving too fast?</p> <p>Did you remember not to slam on the brakes? Or, did you hit the brakes and skid? Did you see it coming and slow down before you got there?</p> <p>Have you ever had to perform for an audience by yourself or in a group? And did you practice? Did you plan? Did you prepare?</p>
<p><b>Activity</b></p>		<p>This will be a quick activity. Pair up and make a small poster, poem, rap, song or picture depicting a way to remember the 4 Ps:</p> <p style="text-align: center;">Prepare -- Plan -- Practice -- Perform</p> <p>You will then present your method of remembering the 4 Ps and we will apply them to the remainder of this chapter on Emergency procedures.</p> <p>Have paper, markers, and tape available to the pairs and give them 10 minutes to be creative before asking them to present.</p>
<p><b>Reflection &amp; Celebration (10 minutes)</b></p>		
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Encourage groups to have some fun as they present their prepared method of how to remember the 4 P's. Ensure that each group is applauded for their effort and involvement.</p>
<p><b>Teach and Train (15 minutes)</b></p>		
<p><b>Say</b></p> 		<p>There are emergency incidents happening every day. I have no doubt some of you have been witnesses to a number of situations that were emergencies either in real life or on TV.</p> <p>The dictionary defines emergency as an unexpected and usually dangerous situation that calls for immediate action.</p>
<p><b>Ask</b></p>		<p>Prior to working here or in this type of service, if there was an emergency incident at your job, who was responsible for managing it?</p>









<p><b>Ask</b></p>		<p>If there is an emergency situation in your home, who is responsible for managing it?</p>
<p><b>Say</b></p> 		<p>Raise your hand if you have ever had to call 911 and be prepared to answer why.</p> <p>Listen to answers: Fire for fireman, Heart pain for paramedics, Police for assault, robbery, gun shot, wild dogs, etc.</p>
<p><b>Ask</b></p>		<p>Has anyone called 911 and then you didn't need them when they responded? Maybe you overreacted....</p> <p>Did the police, fire department, or paramedics scold you when they arrived? What if you really did need them and didn't call? Wouldn't it be better to have them there when you didn't need them than to not have them when you do?</p>
<p><b>Say</b></p>		<p>Other than making prank calls, you will never get in trouble for calling 911. If you assess the situation and believe there is a grave situation that has or could result in potential harm or death, you should call 911.</p> <p>You do not need to waste time calling your supervisor for permission to call 911. I am not saying you shouldn't tell your supervisor you called 911, in fact you should tell them, but not until you and the person or persons you support are safe or the situation is under control.</p>
<p><b>Activity</b></p> 	 	<p>Direct participants to their Toolkit fundamentals for chapter 11 for the <i>What Would You Do?</i> activity. (You can find a copy of this at the end of this chapter's Facilitator Guide)</p> <p>Please work with at least one other person to decide what you would do. There is a list of signs or symptoms on one side of the page, and four choices of how to respond to them on the other side of the page. Imagine you are deciding what to do for people you will support who may or may not be able to explain their symptom. (10 minutes)</p>
<p><b>Teach and Train (25 minutes)</b></p>		
<p><b>Say</b></p> 		<p>There are a least 10 signs or symptoms that warranted a 911 call. Let's go through the list and see if your groups made the choice to call 911:</p> <p>Bleeding that can't be controlled  A seizure lasting five minutes, continuous seizure  Paralysis; numbness, confusion</p>





		<p>Trouble breathing or breathing in a strange way          Is or becomes unconscious not related to a seizure          No pulse (DNR &amp; POLST discussed in the chapter on Healthcare Management)          Chest pain or pressure          Severe injuries, such as broken bones          Choking (not breathing and not coughing)          Injuries to the head, neck, or back          Has gone into shock</p> <p>If there are people who disagree with calling 911, remind them they are working with people who cannot always tell us how they are feeling, so based on the severity of their symptoms we will seek professional help fast. Remind the learners First Aid and CPR certification is not just a requirement, it is also what you provide while you wait for 911 to arrive.</p>
<p><b>Say</b></p> 		<p>As for calling the supervisor or emergency cell phone, that will depend on your agency. Most supervisors need to know what is happening so a call to the supervisor is valuable in communicating any urgent or mild symptoms even if treated routinely at home.</p> <p>Be sure to express your company’s policy on letting supervisors know.</p> <p>When 911 is called, supervisors must know so they can follow state incident reporting guidelines, ensure any ongoing treatments, notify guardians, and ensure that everything that should be done is being done to maintain the best health and safety for the individual.</p>
<p><b>Say</b></p> 		<p>There are many symptoms that could be treated at home to start, especially for you and me, but for people we support, if the symptoms worsened or did not improve, we would want to involve the doctor. Let’s go through the list and see if your groups made the choice to routinely treat at home:</p> <p>Discuss ideas for routine treatment from the groups and ideas are provided.</p> <p><u>Onset of fever 101 degrees or higher:</u> take a prn, rest, drink fluids, and if fever continues or rises, call the doctor</p> <p><u>Severe sore throat/difficulty swallowing</u> could be the onset of a cold/flu but also could be Strep throat, could gargle with salt water, sip on broth, drink lots of fluids, take a prn, and still call the doctor</p>





		<p><u>Holding abdomen</u> depending on the person, could mean constipation or diarrhea, cramps, gas, appendicitis, tubal pregnancy, etc., so your ability to check in the medical activity log and BM charts or Menses charts, as well as your knowledge of the person would be very helpful. What other symptoms are there? Make the person comfortable, prn medication, and if symptoms don't improve, let the doctor know what's happening</p> <p><u>Mosquito bite</u>, itches and can treat with prn anti-itch cream, cool with ice or baking soda paste to relieve itching, if allergic follow protocol established, depending on severity of allergy, call 911.</p> <p><u>Minor cut</u> treat with first aid, clean and cover with band aid. If there is swelling and redness, a call to the doctor is in order.</p> <p><u>Any evidence of pain or discomfort</u>...If someone complains of back pain, did they do something that could have resulted in back pain. Back pain could be muscular, spinal, kidney infection, etc., treat with measures of comfort and kindness, a prn may be in order, and a call to the doctor to make an appointment or get direction.</p>
<p><b>Say</b></p>		<p>When it is your own health complaints or your child's complaints you likely have a better idea of what has been going on before the symptoms started, and sometimes you can link those symptoms to activities. When a person you support is experiencing these symptoms, you don't always know all the details, especially if the person is nonverbal and you are interpreting their symptoms visually and based on the way they are acting.</p> <p><b>You can call the doctor, but seeing a doctor in person is a much better way to resolve issues.</b></p>
<p><b>Say</b></p> 		<p>Calling the doctor will be a common occurrence when people who have a disability are ill. The following signs and symptoms will warrant a call to the doctor, even if you are able to provide routine treatment at home:</p> <p>(Discuss and identify potential problems from DSP point of view.)</p> <ul style="list-style-type: none"> <li>New or sudden onset of incontinence bladder infection</li> <li>Rash lasting several days or getting worse Impetigo, dermatitis</li> <li>Infection at injury site</li> <li>Sleeping most of the day, unusual difficulty in arousing, unusual fatigue</li> <li>Scratching/holding one or both ears ear infection or fungus</li> <li>Diarrhea or vomiting lasting more than four hours dehydration</li> <li>Onset of limping, difficulty in movement stroke, injury, virus, blood clot</li> </ul>







		Visible swelling with doctor’s order to elevate the leg injury, high blood pressure
<b>Say</b>		<p>Again, an urgent call to the doctor is a good choice, but actually seeing a doctor whether it is the person’s physician or an urgent care doctor, is a much better response.</p> <p>We can tell a doctor on the phone what the symptoms look like but the doctor actually examining a person results in a more accurate diagnosis. If the individual has signs or symptoms that are not checked out, there could be an investigation of neglect.</p> <p><b>Your commitment to an individual’s healthcare by seeing a doctor for those concerns could be the difference between being charged with neglect and being thanked for being attentive.</b></p>
<b>Teach and Train (25 minutes)</b>		
<b>Note</b>		<b>Note to Facilitator:</b> Write <b>Risk Management</b> on the dry erase board.
<b>Ask</b>	 	<p>What activities do you do daily to maintain safety for yourself and decrease your risk of being injured? (Write answers under Risk Management on the board.)</p> <ul style="list-style-type: none"> <li>Wear a seatbelt</li> <li>Follow traffic laws</li> <li>Look both ways when crossing the street</li> <li>Lock your doors</li> <li>Cook your food to certain temperature</li> <li>Wear a life jacket</li> <li>Read the label on your medications</li> <li>Shovel snow from the sidewalk</li> <li>Melt ice on the stairs</li> <li>Put poisons in locked cupboards</li> <li>Don’t mix bleach and ammonia</li> </ul>
<b>Say</b>	 	<p>Accidental poisoning is one of the most tragic and preventable causes of injury. A poison is a substance that causes injury or illness if it gets into the body.</p> <p>It is worth saying if you haven’t heard this before: Bleach mixed with ammonia forms a very toxic gas. Do not mix those substances. Even putting bleach into a toilet that has urine in it can be a problem as urine contains ammonia.</p>
















		So: DO NOT MIX BLEACH AND AMMONIA Ever!
<b>Activity</b>		Divide the class into small groups. Give them 1 minute to generate a list of household poisons on a piece of scratch paper. Have the groups take turns reading their lists. Encourage participants to listen for items they did not include, and add them to their own list.
<b>Say</b> 		Let's think about how you can prevent poisoning.
<b>Activity</b>		Look at each item on your list, and make a judgment in your groups about the best way to safely store it.
<b>Curriculum Toolkit</b>		Refer participants to the Curriculum Toolkit page where they will find instructions for handling and labeling poisons.
<b>Ask</b>		Did your list match the instructions in the Curriculum Toolkit?
<b>Say</b>		Even when we label and handle poisons properly, sometimes accidents occur. Write in your Curriculum Toolkit on the phone line the Poison Control phone number: 1-800-222-1222.
<b>Ask</b>		Who should you call first? 911 or Poison Control?  Answer: It will depend on the poison and when it was inhaled or ingested. Poison Control may tell you to hang up and call 911. Sometimes a person doesn't have an immediate response to what we think is poison, or we don't know if it is hazardous. It is a judgment call I hope you never have to make. Use your common sense and proactively put poisonous products in safe places if you must have them in your








		home.
<b>Say</b>		Look in your Curriculum Toolkit for 6 Risk Management Principles.
<b>Curriculum Toolkit</b> 		<p>Risk Management principles.</p> <ol style="list-style-type: none"> <li>1. Anticipate risks and prevent them from happening.</li> <li>2. Create and maintain safe environments</li> <li>3. Communication is a key to prevention</li> <li>4. Report and document incidents in a timely and accurate manner</li> <li>5. Identify, assess, and plan for potential risks and occurrences</li> <li>6. Be responsible for safety</li> </ol>
<b>Activity</b>		<p>If you have 6 people in your group, assign each person a different risk management principle. For a larger group divide the class into at least 2 groups and assign the 6 risk management principles evenly between them. If you have a really large group, you can make 3 to 5 smaller groups. Be sure to give at least 2 principles to each group ensuring that all principles are being addressed.</p> <p>Using the list of safety tasks created on the board, each group should identify which principle is covered. For example, read, “wear a seatbelt.” That is principle 1, Anticipate risks and prevent them from happening, and principle 6, be responsible for safety. A person who has or is from the group that has principle 1 would walk up to the board and write a 1, and a person who has or is from the group that has Principle 6 would add 6.</p> <p>Go through the whole list identifying the Risk Management Principles attached to each task identified as a safety task.</p> <p>When you have completed checking the Risk Management Principles against the list on the board of safety tasks, ask each group to come up with at least 5 more tasks they have learned about during the Curriculum training that will pertain to safety for the people they will be supporting.</p>
<b>Teach and Train (5 minutes)</b>		








<p><b>Ask</b></p> 		<p>When do you involve law enforcement for people you are supporting?</p> <p>Listen to the answers. They shouldn't be that different from when anybody else in the community involves law enforcement.</p>
<p><b>Say</b></p>		<p>As you will see in the chapter on Mandatory Reporting, we will also involve law enforcement for the following abuse situations:</p> <ol style="list-style-type: none"> <li>1. criminal activity perpetrated against an individual</li> <li>2. any alleged physical assault (staff or non-staff towards a supported individual) or the imminent threat of that kind of assault</li> <li>3. sexual assault</li> <li>4. supported individual to another supported individual assault that causes bodily injury that requires more than just first aid, or in the event of :             <ul style="list-style-type: none"> <li>• Injuries (e.g., bruising, scratches, etc.) that appear on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal areas</li> <li>• fractures</li> <li>• choking attempts</li> <li>• patterns of physical assault between the same vulnerable adults or involving the same vulnerable adults</li> <li>• if there is reasonable cause to believe that an act has caused fear of imminent harm</li> <li>• any supported person to supported person assault, regardless of injury if requested by the supported person, their legal representative, or a family member</li> </ul> </li> </ol>
<p><b>Ask</b></p>		<p>Will you call the police if a person you support is missing?</p> <p>There a number of considerations to take when answering this question.</p>

<p><b>Say</b></p> 		<p>Each agency has its own missing person policies. It is important that you know the persons you are supporting, and know the protocols for those people if they go missing. Some folks are quite capable of independently accessing their community while others would be considered in immediate jeopardy based on their personal history.</p> <p>A person who receives 24-hour supervision/support is considered missing when they are out of contact with staff for more than 2 hours without prior arrangements, unless the person’s support plan indicates an alternative time plan.</p> <p>People who are receiving Community Protection Program services are considered missing when they cannot be located for any length of time.</p> <p>Likely, it will be your supervisor who makes the phone call to DDA and law enforcement if an individual is missing. DSPs may be able to identify the clothing a person was wearing, what time he was last seen, and what the itinerary was that he or she had planned.</p> <p>Policy 6.12 on reporting abuse states that agencies must report to DDA when law enforcement <u>is</u> called due to a missing person report which would be based on the person’s vulnerability, or community protection status. If law enforcement independently found and returned a missing person, that too must be reported to DDA.</p>
<p><b>Teach and Train (25 minutes)</b></p>		
<p><b>Say</b></p> 		<p>Raise your hand if you saw someone fall or you were someone who fell in the past few years. Stand up if you laughed when you or someone else fell.</p>
<p><b>Ask</b></p>		<p>Why do we laugh when we see someone fall? Is it okay?</p>
<p><b>Activity</b></p>		<p>Have people pair up and take a piece of paper, draw a line down the center of the paper and three lines across to create 8 separate squares. Then identify each square as a room in a house with the following titles:</p> <p>Living room</p>






		<p>Bathroom Dining area Bedroom Kitchen Laundry room Porch/entryway/sidewalk Last room is a Bonus room, for whatever you want e.g., Recreation room, Sewing room, Model room, Art, Collections, Video Gaming, etc.</p> <p>Inside each room, list potential hazards for fall risks associated with that room. Then list what you will do or have done to decrease those risks.</p> <p>Allow about 15 minutes for groups to create their lists.</p> <p>Have groups take turns sharing their ideas one room at a time, allowing other groups to add ideas to their room as they hear them presented. Be sure to allow each group to present at least one room first.</p>
<p><b>Say</b></p>		<p>If, in spite of your great ideas to prevent falls, someone does fall, remember to respond appropriately: Do not laugh.</p> <ol style="list-style-type: none"> <li>1. Listen: Let them tell you how they feel OR show you what hurts</li> <li>2. Observe: How did they land? Is there blood? Is she in an awkward position that could indicate a broken bone? Are there breathing concerns?</li> <li>3. Ask: Are you okay? Can I help you get up?</li> </ol> <p>If you think you should call 911, don't second-guess yourself. Make that call. If the emergency medical services feel the person is okay, then you have covered yourself from being accused of neglect. If EMS thinks the person should be transported to the hospital, get her to the hospital. Do not forget to document the fall in the appropriate medical log or incident log or both.</p>
<p><b>Teach and train (25 minutes)</b></p>		
<p><b>Say</b></p> 		<p>Probably most of you had fire drills when you were in school. Maybe you even had a fire drill at a business. Let's talk about fire safety.</p>









<p><b>Show</b></p> 		<p>Show <i>Death in the Kitchen</i> video (00:34)</p>
<p><b>Ask</b></p> 		<p>What type of fire was that? Answer: Grease</p> <p>What are other types of fires?"</p> <p>Give class time to share different types of fires and ways they start i.e., electrical fire, a toaster lights on fire, wood fire, playing with matches or lighters, cigarettes, etc.</p>
<p><b>Say</b></p> 		<p>These are all examples of fires that are classified into different categories. Different fires can be put out by the fire extinguishers in people's homes. Although there are A, B, and C fire extinguishers, you are likely to find the combination ABC extinguisher in the home you work in, maybe even in your own home.</p>
<p><b>Show</b></p> 		<p>Show <i>How to Operate a Portable Fire Extinguisher</i> video (00:47)</p>
<p><b>Activity</b></p>		<p>Please follow me in reviewing the PASS acronym for how to use a fire extinguisher. Please stand up and hold a water bottle or rolled up piece of paper in your hand to emulate a fire extinguisher.</p> <ul style="list-style-type: none"> <li>• <b>P, Pull</b> the pin,</li> <li>• <b>A, Aim</b> at the base of the fire,</li> <li>• <b>S, Squeeze</b> the trigger, use a</li> <li>• <b>S, Sweeping</b> motion 8-10 feet from the fire.</li> </ul> <p>Now that you have done this with me, practice with a partner.</p>
<p><b>Say</b></p>		<p>Remember what happened when water was thrown on the grease fire? (Explodes and spreads quickly).</p>

		<p>Just about anybody who cooks has baking soda in the kitchen, if not to make their baked goods rise, then to freshen their refrigerator, or to restore their tummy after they eat their own cooking! Baking soda is also an excellent fire retardant for grease fires on the stove.</p> <p>Rather than storing baking soda on the back of the stove or in the cupboard above the stove or in the fridge, a great place to keep it is <u>beside the stove</u> for quick and easy access in the event of a grease fire. If you don't want to keep it in its original box, be sure to label it clearly and store it beside the stove where you can get to it if something is on fire on top of the stove.</p>
<p><b>Ask</b></p> 		<p>How do you decide if it's time to put out the fire or get out?</p>
<p><b>Activity</b></p>		<p>Allow the group to brainstorm and discuss ideas. Have them write the ideas on the board. Be certain that the following four points are discussed:</p> <ul style="list-style-type: none"> <li>• The fire has left its point of origin-Get out</li> <li>• The fire cannot be extinguished within 30 seconds-Get out</li> <li>• It has begun to block exits-Get out</li> <li>• The fire extinguisher runs out or is not helping-Get out</li> </ul>
<p><b>Ask</b></p>		<p>How long do you think it would take for a fire to get out of control?</p>
<p><b>Show</b></p> 		<p>Show <i>Christmas Tree Burning</i> video (1:10)</p>
<p><b>Say</b></p>		<p>Not only did the tree burn quickly, so did everything else in the room. (Curtains caught on fire, lamp burned, the smoke became thick and filled the room, and it got dark)</p>



<p><b>Ask</b></p>		<p>Where was the last breathable oxygen? Answer: Near the floor and it was HOT!</p>
<p><b>Say</b></p>		<p>Correct, it is near the floor so you'd need to crawl...fast!</p> <p>The leading cause of death in a fire is smoke. One breath of super-heated air can fry your lungs. The smoke is also thick and would be nearly impossible to see through to find your exit. People think of fire as something that lights an area, but the smoke actually makes it dark and more difficult to find your way out.</p> <p>Often people sleep through smoke alarms. Sometimes the smoke alarm doesn't work correctly or the person is overcome with smoke before the alarm sounds. Pets have been heroes by waking their people in time to exit fires.</p>
<p><b>Ask</b></p>		<p>Speaking of smoke alarms, how often should you replace the batteries in your smoke detectors?</p> <p>Answer: every time you spring forward or fall back for daylight savings. And you should check them with canned smoke every month. In newer homes, smoke alarms are hardwired and still have batteries in case the power goes out.</p>
<p><b>Say</b></p> 		<p>Fire Drills occur routinely at various times with documentation taken such as:</p> <ul style="list-style-type: none"> <li>• how long it takes to exit the house,</li> <li>• whether or not every one goes to the agreed-upon meeting point,</li> <li>• and what kind of prompting (if any) is required.</li> </ul> <p>Statistics show that more than half of home fires occur as a result of cooking, and the second leading cause is heating equipment like chimneys that are not cleaned of creosote, furnace problems, portable heaters, etc.</p>
<p><b>Say</b></p> 		<p>Reminders when evacuating and practicing fire drills:</p> <ul style="list-style-type: none"> <li>• Alert others who may be in danger</li> <li>• Exit quickly, staying low to the ground</li> <li>• Check doors for heat before you enter and don't open doors that are hot.</li> </ul>



<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> If there are people receiving services from your agency who either live in buildings that may make it difficult to exit, or who refuse to leave for a fire drill, the nearest fire department should be notified.</p>
<p><b>Activity</b></p>		<p>We have discussed a few fire prevention ideas. Now it is your turn to come up with a poster of at least 5 more ideas we haven't talked about to help prevent fires. Get into a group of 2 to 4 people, get a piece of poster paper and you can either write a list or draw pictures. You will have about 10 minutes to work on this and then we will share them with the whole group.</p> <p>Move around the room to make sure the groups have ideas. Suggestions for groups that need help to complete their poster:</p> <ul style="list-style-type: none"> <li>No smoking in bed</li> <li>Move furniture and curtains away from baseboard heaters</li> <li>Cigarette butts go in an ashtray of sand outside</li> <li>Keep flammable liquids away from heat sources</li> <li>Don't overload circuits</li> <li>Microwaves should never have metal in them</li> <li>Ovens and burners should be kept clean</li> </ul>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Provide help as needed to assist groups in placing their posters around the room.</p> <p>You may want to take a few minutes and encourage groups to share what they believe to be the most important (best) part about their Fire Prevention Poster.</p>
<p><b>Teach and Train (10 minutes)</b></p>		
<p><b>Ask</b></p> 		<p>Washington has a reputation for rain (because of Seattle), but what are other natural or manmade disasters that could affect areas of the state?</p> <p>Answers should include: Floods, snowstorms, landslides, windstorms, power outages, volcano and volcanic ash, earthquakes, forest fires and fire storms, ice storms, tsunamis or tidal waves, nuclear power plant problems, bridge collapse, train derailments, and toxic spills.</p>

<p><b>Ask</b></p>		<p>What are some internal (in house) disasters that could occur inside your home or the home you work if you aren't proactively keeping the home safe?</p> <p>Answers should include: carbon monoxide poisoning, drowning in the bathtub, fires (which we already have discussed), ingesting or inhaling common household poisons, flu epidemic, mental health emergencies</p>
<p><b>Say</b></p> 		<p>One of the 4 "P"s is Prepare. Let's take some time to think about what supplies we should have available, and where to find them.</p>
<p><b>Activity</b></p> <p><b>Curriculum Toolkit</b></p>	 	<p>Using the floor plan graphic in your Curriculum Toolkit for this chapter, write the number of each item listed in the area where it should be located.</p> <p>Allow participants 3-4 min. to assign locations of all the items. Have them compare their numbered floor plans with the person next to them.</p>
<p><b>Ask</b></p>		<p>Would this task be easier if you consolidated any of these items? What should be in a disaster kit?</p>
<p><b>Activity</b></p>		<p>On the Curriculum Toolkit list, circle each item you feel could be included in a disaster kit.</p> <p>After 1-2 minutes, have staff share what items they chose. Ask for a volunteer to write the list ideas on the whiteboard or chart paper.</p>
<p><b>Say</b></p>		<p>It is a state requirement that households of people we support must have disaster kits. Refer to your agency's policies for more information.</p> <p>Some agencies have large storage totes for each person's emergency or disaster prepared kits. They rotate canned food in and out of them and routinely make sure the water is replaced, and the clothes still fit.</p>
<p><b>Apply- Demonstrate Learning Application to Real Work (25-30 minutes)</b></p>		



		<p>electricity, and communications?</p> <p>Answer: If utilities are affected, turn on the battery operated radio and learn where the individuals are going for shelter. Prepared, planned, practiced, now Perform.</p> <p>And even the best laid plans of mice and men... Your commitment to those you support will be needed more than ever. Remain calm and do the best you can!</p>
<b>Activity</b>		Please administer the assessment at the end of this chapter.
<b>Note</b>		<p><b>Note to Facilitator:</b> Please review the objectives in the Curriculum 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 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>

*Handout #1***EMERGENCY PREPAREDNESS: QUICK TEST**

Remember to follow directions in the event of an emergency. You will have 2 minutes to first read this list of emergency preparedness items and then prioritize what you will need from 1 to 36 for your home to be prepared for emergencies:

- Knife or razor blades and sharpener
- Drinking water (one gallon per person per day)
- Dry or canned food for each person and can opener
- Toilet paper
- Large plastic trash bags for trash and water protection and large trash cans
- Barbecue and camp stove, charcoal and cooking fuel (never use these indoors!)
- Waterproof matches and/or lighter
- Extra house keys and car keys
- Feminine and infant supplies
- Screwdriver, pliers, and hammer
- List of contact names and phone numbers
- Specific items for family members such eyeglasses, medications, contact solution
- Tent and air mattresses or foam pads
- First aid supplies and first aid book
- Food, water and supplies for pets
- Heavy-duty aluminum foil, sealable food containers, and cooking utensils
- Whistle
- Copies of documents such as birth certificates, licenses, and insurance policies
- Gloves for clearing debris and latex gloves for first aid
- Chopped wood and kindling
- Shampoo and towel
- Toothpaste and toothbrushes
- Paper towels
- Paper plates and cups, plastic knives, forks, and spoons
- Crescent wrench for turning off gas
- Ax, shovel, and broom
- Garden hose for siphoning and fire fighting
- Coil of one-half inch rope and plastic tape and sheeting
- Sleeping bags or blankets
- Battery powered radio or television
- Flashlight and extra batteries
- Newspaper—to wrap garbage and waste
- Bar soap and liquid detergent
- Sturdy shoes, a change of clothing, and warm jacket with hat and gloves
- Household bleach with no additives, and eyedropper (for purifying drinking water)
- Following the directions to read the list first is being proactive, no need to prioritize

This page left intentionally blank.

*Handout #2*

**What Would You Do?**

For each sign or symptom listed in the left column, decide if you should respond by calling 9-1-1, placing an urgent call to the doctor, calling your supervisor or emergency cell responder, or providing routine treatment at home. If there is more than one choice you would make then prioritize them: First Action is 1, next is 2, third is 3, and last is 4.

Sign or Symptom	Routine Treatment at Home	Call supervisor or emergency cell	Call Doctor	Call 911
Onset of fever of 101 degrees or higher				
New or sudden onset of incontinence				
Rash lasting several days or getting worse				
Bleeding that can't be controlled				
Severe sore throat / difficulty swallowing				
Infection at injury sight				
Sleeping most of the day, unusual difficulty in arousing; unusual fatigue				
Scratching / holding one or both ears				
Holding abdomen				
Diarrhea or vomiting lasting more than four hours				
A seizure lasting five minutes; continuous seizures				
Paralysis; numbness; confusion				
Onset of limping; difficulty in movement after a fall				
Mosquito bite				
Trouble breathing or breathing in a strange way				
Visible swelling with doctor's order to elevate the leg				
Minor cut				
Is or becomes unconscious not related to a seizure				
No pulse				
Any evidence of pain or discomfort				
Chest pain or pressure				
Severe injuries, such as broken bones				
Choking (not breathing and not coughing)				
Injuries to the head, neck, or back				
Bee sting				
Has gone into shock				

*Training Objectives*

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

1. Demonstrate ethical behavior in providing personal care in regards to Common Care:
  - a. respect
  - b. physical and emotional well-being
  - c. confidentiality
  - d. responsibility
  - e. self-determination
  - f. right of refusal
  - g. skin care and integrity- pressure injuries, use of sunscreen
2. Demonstrate the use of SWIPES. (7)
3. Demonstrate the proper technique for:

**Section 1**

- a. washing hands (12)
- b. glove use and protective equipment (13)
- c. feeding an individual (14)
- d. hair care (18)
- e. defend the rights of people to use professional salon services for haircuts, permanents, coloring, etc. (19)

**Section 2**

- f. provide fingernail and hand care (20)
- g. provide footcare (19)
- h. shave a person (21)

**Section 3**

- i. toileting (22)
- j. provide perineal care (26)
- k. provide catheter care (29)

**Section 4**

- l. assist a person in bed with a bath (31-32)
  1. Explain the importance of having a process for checking bathing water temperature
- n. assist a person with mouth care (33)
- o. denture care (35)

**Section 5**

- p. assist individual with a weak arm to dress (40)
- q. apply a knee high elastic stocking (38)
- r. provide passive range of motion to (39)
  1. shoulder
  2. knee



3. ankle

**Section 6**

- s. helping a person to walk
- t. turn and reposition a person in bed from prone to side (45)
- u. transfer a person from a bed to a wheelchair (47)

***Estimated Time***

8 Hours, depending on the number of participants.

***Note to Facilitator***

Please take two 15 minute breaks and one lunch period for the length of time you choose. They are not indicated in the instructions for the day.

You may also provide this training in 6 different sessions or use the sections to help you set up stations for practice. These are grouped to assist with content and use of equipment. All skills must be practiced and demonstrated correctly for staff to complete this chapter.

Thanks to Kitsap Care for sharing pictures of their training space.

Make sure you have all of the supplies and equipment noted in this guide prior to teaching this chapter and your skills lab is set up based off of pictures below. Review the list of Best Practices below and implement them! Review all videos. Determine if the video matches the skills to be taught and ensure that you teach to the written steps as these are the ones from the Prometrics website. Discuss how the videos differ from the written steps. Practice all skills in class to the best of your ability.



### *Supplies*

Laptop or computer connected to a projector/monitor

External speakers for laptop or computer

Internet access

Paper and pens for participants

Residential Services Curriculum Toolkit (per participant)

Fat, colorful markers

- ✓ Print and cut the Task Cards (see last page of this Facilitator Guide) to hand participants
- ✓ Cue Card from the website: <https://www.prometric.com/en-us/clients/WADOH/Pages/Exam-Preparation-Materials.aspx>

By taking these steps from the website each time, you will remain current with any changes made in the future.

- ✓ Print off enough copies of the **Study Guide for Skills Acquisition Preparing for the Prometrics Exam** for each participant. You may also order these from the fulfillment center or download from the DDA website.
- ✓ Print the skills card assignments at the end of this chapter and cut out and place on 3x5 cards.
- ✓ Germ juice to show how poorly we wash our hands (germjuice.com) *optional*
- ✓ Black light- to use with germ juice. Halloween at the dollar store *optional*

### **Home equipment**

- 1 twin size bed
- Wheelchair that locks/unlocks and has footrests
- Hamper for dirty linens
- Sink – drinkable water
- Liquid hand soap
- Chair – 2 stationary chairs (no chairs with wheels)
- Water pitcher
- Bedside table
- Commode chair or toilet
- Over bed table (not sure this is required if you have a mobile table to hold supplies and other items)

### **Linens**

- 2 gait belts
- Additional pillows (1 thin, 2 med, 1 super fluffy)
- Washable chux pad
- 6 large towels
- 6 hand towels
- sheets and thin bed spread

- 6 pillows and cases
- 12 wash cloths

**Person Care Items**

- Disposable toothbrushes
- 2 Denture toothbrushes
- Denture
- Denture cup
- Toothpaste
- Regular size paper cups plus small dixie cups
- Disposable razor
- Shaving cream
- Lotion
- 4 Plastic bowls (cereal size)
- 4 Large basins (where a foot will fit in)
- Emery boards and orange sticks
- Liquid soap and paper towels

**Clothing Items**

- Men's long sleeve button front shirt
- Men's sweat pants with tie waist
- Nightgowns – 2
- Socks – 3 women, 2 men
- 2 TED socks (compression stockings closed toe)
- 2 shirt protectors
- mannequin with very loose fitting clothes like a night gown - mannequins from Simulaid  
<https://www.simulaid.com/> phone number is 1-800-431-4310

**Single Use Items**

- Fruit cup and pudding cup
- Plastic plate, spoon, fork, cup, paper napkins
- Self-created medication sheet with various bottles of med bottles (maybe 5) with only two having the 5 RIGHTS correctly match against the medication sheet
- Disposable gloves (M, L, XL)
- Napkins
- Wooden orange sticks
- Toothbrushes
- Toilet tissue

**Best Practices:**

DSHS has found that students are successful on their exam when the class is able to practice each skill multiple times during the practice period, using the proper techniques. Classes should include the following:

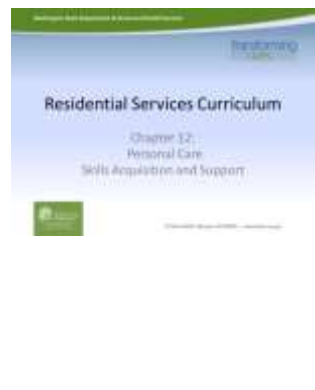

- using adult learning techniques to engage students,
- facilitating program content and using course materials effectively,



**FACILITATOR GUIDE CH 12 PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**

- demonstrating or having students view a video on the correct steps for each skill,
- supporting students by providing correct feedback during their practice, and
- using many or all of DSHS’ recommended “best practices” during skills practice (provided below).






DSHS is encouraging all training programs to allow students to practice with all the elements they will need in order to perform the skills during the Prometric exam. Students that have access to a training room that is large enough to accommodate actual skills steps practice and which provide all supplies to use are truly at an advantage. For reference, below is the list of training elements that we think help students succeed.

- ✓ Provides access to water for all skills involving water
- ✓ Sets up skill stations for student practice
- ✓ Instructor models skill performed correctly (or show appropriate video)
- ✓ Students physically perform all steps of the skill (do not simulate)
- ✓ Students narrate the skill as they practice
- ✓ Replicate Prometric environment: caregiver, client, coach/proctor
- ✓ Students practice with all supplies (PPE’s, etc.)
- ✓ Students practice each skill multiple times
- ✓ Students receive feedback/correction from instructor and peers
- ✓ Students offered a refresher practice session prior to Prometric test







<p><b>Preparation before training</b></p>		<p>Review Facilitator Guide for this chapter and ensure each participant has their Curriculum Toolkit available. Review the first portion of this chapter and ensure that you have things set up and ready to go. Practice the skills yourself with other trainers at your agency. Get a mentor to assist, possibly a Nurse Delegator or someone from a Community College that already teaches these skills. Do not attempt to “wing it”.</p>
<p>Setting the stage</p>		
		<p><b>Bumper Cars:</b></p> <p>Have people pair up with someone they don’t know. One person stands behind the other and they face in the same direction. The person in front is the “car” and the person in back is the “driver”.</p> <p>Say: Every day we work with people whom we ask to trust us. Trust us with your money, your personal care, your safety and your activities. Let’s see what that feels like.</p>

		<ol style="list-style-type: none"> <li>1. To start your car, tap lightly on the back one time.</li> <li>2. To move your car forward, tap lightly twice.</li> <li>3. To turn right tap lightly on the right shoulder and left on the left shoulder.</li> <li>4. To back up tap three times on the back.</li> <li>5. To stop place both hands on the shoulders.</li> </ol> <p>Remind everyone that this is a brand new car and you don't want to remove any of the new car smell or paint finish!</p> <p>Give that a try. Allow a minute to move around the room.</p> <p>Blow a whistle to stop movement.</p> <p>How many of you drive your car in silence? I bet some of you listen to the radio!</p> <ol style="list-style-type: none"> <li>1. To turn the radio on tap lightly on the top of the head.</li> <li>2. To change the channel, pull gently on the right earlobe.</li> <li>3. To change the volume, pull gently on the left earlobe.</li> <li>4. To turn the radio off, tap gently twice on the top of the head.</li> </ol> <p>Allow about 30 seconds for this to take place. Blow your whistle again and ask that the team change places, the car becomes the driver!</p> <p>Debrief – what did it feel like to put your trust in another person?</p>
<b>Opening: Engaging Activity</b>		
<b>Say</b>		Close your eyes and think about the answers to the following questions, without judgment, just thoughtfulness.
<b>Ask</b>		What did you do to prepare yourself to come to work today?

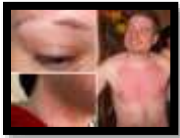






**FACILITATOR GUIDE CH 12 PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**

		<p>What do you do to look good to go to church, family gatherings, out to dinner, or nightclubs?</p> <p>How often do you brush your teeth and why? Do you ever chew gum to mask your breath?</p> <p>Do you shut your bathroom door?</p> <p>What aftershave, cologne, or perfume do you use?</p> <p>Who does your hair...perm...color...style?</p> <p>When was the last time you shaved? Why? Or why not?</p> <p>When do you think about putting on make-up? How fresh is your make-up?</p> <p>When is the last time someone complimented you on your hair, clothes, or shoes?</p> <p>Why do you bother to shower, put on deodorant, or even change your clothes?</p> <p>When is the last time you had a reason to look in the mirror before you left your home?</p>
<p><b>Say</b></p> <p><b>Ask</b></p>	 	<p>Open your eyes and share your answer to the last question with a partner. After a moment you will share the answers with the group.</p> <p>Why do you do those activities to prepare for your day? Do you do them for a job, a date; do you do those tasks every day? Who decides what tasks you do, and when you do them?</p>
<p><b>Activity</b></p> <p><b>Say</b></p> <p><b>Ask</b></p>	  	<p><b>Personal Sequence 1: Floss &amp; Brush Teeth</b></p> <p>Please stand up. Now, move to the right side of the room if you typically “floss before you brush,” and move to the left side of the room if you typically “brush before you floss.”</p> <p>Allow time for people to move to the part of the room that indicates their personal routine in this area of personal care.</p> <p>Inquire with some questions that encourage people to explain, justify, or defend their position on this topic. For example,</p>



FACILITATOR GUIDE CH 12 **PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**

		<p>So tell me, (call by name _____ ), what makes you want to floss before you brush?          (Call by name _____ ), how do you think you would feel if you HAD to (insert task of your choosing) opposite from what you prefer?          Why is this important to you?</p>
<p></p> <p><b>Say</b></p> <p><b>Note</b></p> <p><b>Ask</b></p>	<p></p> <p></p> <p></p>	<p><b>Personal Sequence 2: Eat &amp; Brush Teeth</b>          Now move to (choose 1 of the other 2 diagonal corners of the room to ensure all bodies move), if you eat in the morning before you brush your teeth; and to the ____ corner of the room if you prefer to brush your teeth before you eat in the morning.</p> <p>Be sure to craft your directions that cause every participant to have to move in the room to one of the other two areas in this second “Personal Sequence” activity. Encourage people to explain, justify, or defend their position on this topic.</p> <p>Is one group wrong if the other is right? What if one person does it differently, are they wrong? Of course not!</p> <p>Stress that none of these preferences is wrong! They are just personal preferences – and they matter to us!</p>
<p><b>Immerse</b></p>		
<p><b>Say</b></p> <p><b>Ask</b></p>	<p></p> <p></p>	<p>Now imagine all the tasks you do for your personal needs were going to be provided by someone else.</p> <p>Do you, or have you ever paid a professional for any personal care services?          Answers may include: professional haircut, style, color, perm, manicure, pedicure, beard trim, facial treatment, or hair removal.</p> <p>Why didn't you do those tasks for yourselves, at home?          Answers may include: It's a treat to have someone perform some of those tasks like a facial or mani-pedi, I can't cut and/or color my own hair, I prefer to have a professional who knows what they are doing, etc. Even if you cut and color your own hair, the person has the right to choose a professional service over you or a family member.</p>

FACILITATOR GUIDE CH 12 **PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**


		<p>Teaching you to perform these tasks is both formal and informal. The informal methods are taught according to how the person wants to have the support to complete the task while the more formal standards for each skill is regulated and must be completed in a step by step process. This course will teach both methods. By learning these universal standards for task performance we will ensure that each Direct support Professional staff is approaching tasks with the same ethics standards and the same skill set. As a person who receives your support, it is important that they can predict and trust your every movement.</p>
<p><b>Say</b></p> <p><b>Ask</b></p>  <p><b>Note</b></p> 	  	<p>Let's discuss a few tasks in more detail.</p> <p>What potentially could go wrong with a direct support staff assisting an individual with hair removal using :</p> <ul style="list-style-type: none"> <li>A disposable razor?</li> <li>An electric razor?</li> <li>Tweezers?</li> <li>Depilatories (hair removal creams)?</li> <li>Waxing?</li> <li>Scissors?</li> </ul> <p>What potentially could go wrong with a direct support staff providing an individual:</p> <ul style="list-style-type: none"> <li>A haircut?</li> <li>A permanent?</li> <li>Hair color?</li> </ul> <p><b>Note to Facilitator:</b> The result of these discussions should be that staff recognize the potential for injury. This illustrates why there should be a team approach personalized to each individual, his/her preferences, and professional consultation.</p>
<p><b>Immerse (5 minutes)</b></p>		
<p><b>Show</b></p> 		<p>Show <i>What Should You Do?</i> video (1:40)</p>







Apply - Demonstrate Learning Application to Real Work		
<b>Say</b>		<p>Common care practices cover our everyday work with the people we support. If you are going to take the certification exam, these steps are testable. They are not tested as a separate skill but can be tested as part of every skill. In DDA we would refer to these skills as being person centered. Remembering that it is your job to do what the person you are supporting wants and not what you want.</p>
<b>Curriculum Toolkit</b>		<p>We discussed these practices in Chapter 1 when we talked about your Roles and Responsibilities. Turn back in your curriculum toolkit in chapter 1 to the skills we discussed. Page _____.</p> <p>Review the skills with the participants to ensure they understand them.</p>
<b>ASK</b>		<p>Ask the group if they have been with the people they support and what practices they now see as beneficial to making the IISP and the PBSP work? (They should talk about prevention, choice, Guiding Values.) How have these skills helped them with the work they do?</p> <ol style="list-style-type: none"> <li>1. Encourage the person to be as independent as they can be: <ul style="list-style-type: none"> <li>Ask what assistance they need</li> <li>Ask what they can do for themselves</li> <li>Ask for their preferences</li> <li>Offer choices</li> <li>Ask how they want something done.</li> </ul> </li> <li>2. Respect person's rights to: <ul style="list-style-type: none"> <li>Say no or refuse</li> <li>Choose when, how and where they receive support/care</li> <li>Feel and be safe during support/care</li> <li>Know what is observed about them and how it is reported; and</li> <li>Have clean linens, clothing, implements, assistive devices, etc.</li> </ul> </li> </ol>






		<p>Voice complaints (swearing and cursing)          Have and express personal beliefs</p> <p>3. Keep the person safe at all times:          Position a safe distance from the edge of the bed or chair          Keep them warm          Encourage them to keep their area clear so they can move easily          Roll them towards you instead of away from you          Provide privacy          Use a gentle touch so you don't hurt or scrape their skin          Do NOT use verbal or physical abuse.          Tailor interaction          Provide appropriate support (water temp, sunscreen)          Monitor</p> <p>4. Use infection control processes to keep the person healthy and minimize germs:          Wash your hands when you enter and exit their room and as you gather supplies for a task before touching the person          Disinfect non-disposable items after use          Wear gloves whenever you might come in contact with bodily fluids          Use other personal Protective Equipment (PPE) as needed          Keep the environment as clean as possible          Define expectations of clean for person and agency          Ask – Do you see/smell what I see/smell?</p> <p>5. Talk to the person and use active listening skills:          Use a running dialog          Tell them what actions you are going to do before you do it</p>
--	--	---

FACILITATOR GUIDE CH 12 **PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**





		<p>Listen to their words and tone          Observe body language and facial expressions          Ask for feedback          Give them your undivided attention          Use age appropriate language          Reflective Listening          Talk to them as adults @ eye level</p> <p>6. Support the whole person:          Problem solve with them not for them          Give them choices          Ask their preferences          Know what triggers certain behaviors or responses and what you can do to promote their emotional or physical success          Be proactive and anticipate their needs          Talk to them as an equal to yourself          Do not embarrass or demean them:              Gawking, staring at them or something on them              Using inappropriate words              Wrinkling your nose because they smell              Grunting when you move them</p>
<p><b>Say</b></p>		<p>Now that you are aware of common care practices, please remember that all medical professionals were trained to this as well. When you visit the Dr.'s office or take someone to the ER a gentle prompt of asking the Nurse or provider to utilize common care practices will assist you with a smoother visit.</p> <p>Now we are going to practice demonstrating ethical behavior in providing personal care by using scenarios to demonstrate what we have learned so far.</p>

**FACILITATOR GUIDE CH 12 PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**


<p><b>Activity</b></p> 		<p>Provide scenarios (found at the end of this Facilitator Guide) to groups of 2-3 people. Give 5 minutes for groups to discuss the scenario, assign roles, decide on responses (their script) and run through a practice. Let them know their presentation will only need to be 1-2 minutes. They should demonstrate common care practices within their presentation.</p> <p>If you only have a few participants discuss the scenarios as a group to find solutions to 1 or 2.</p> <p>Ask for a group to volunteer to present first. Allow time for each group to make their presentation. Comment when you see the practices of common care being used.</p>
		<p>We hope that each person you support will leave home looking well kempt and ready to meet the public. As I look around the room, it's pretty clear that each of you spent some time taking a shower, shaving, brushing your hair..... Maybe you applied sun screen today because it was sunny out .... Or maybe you tried out a new deodorant. But basically you look good. A comment that was recently overheard indicated that while you all look great, some of the people we support do not. Why do you think that is? (Take some answers) Your goal as support staff is to ensure that people leave home or even stay at home, looking their best! They feel better and they are received by strangers better. Even when a person you support chooses to wear the same outfit day after day, it is your responsibility to see to it that it is clean and smelling fresh.</p>
<p><b>Say</b></p> 		<p>As you remember from the discussion of the Guiding Values, this is both a matter of health and safety, and power and choice. People have the right to choose the services they desire and who will perform those services. An agency is required to support health and safety. Seeking professional services in the community is also a demonstration of integration, and can support and build status.</p> <p>Let's address another of the Guiding Values, competence. Instead of relying on support from professionals, including direct care staff, what if supported individuals could increase their competence? While some people receiving services may always need some personal care support from others, they can increase their competence. Being able to do as</p>

		<p>much as they can for themselves is another way to build a sense of status.</p> <p>In spite of what others have accomplished, you may be just the right person to teach a skill that is needed that will increase a person’s independence. By listening to what the person is saying or demonstrating, you may be the one person to unlock the secret to a long time support and be able to turn it into independence!</p>
<b>Note</b>		<p>(OPTION) There may be a time saving way to practice the skills taught in this chapter. If you set up stations in your training space you can have people practicing multiple tasks. Stations allow for movement. If you decide to use this method, teach all of the skills first then ask that they use the Study guide in the back of the Curriculum Toolkit to practice each task. Provide Passports or checklists to mark each station so you know that everyone has been through all of the stations. One person on the team can be the observer to ensure that skills are practiced correctly and questions can be asked and answered in a timely manner.</p>
<b>Activity</b> 		<p>Divide the participants into groups and provide each group with a <i>Limitation</i>, copied and cut from the section at the end of this Facilitator Guide.</p>
<b>Note</b>		<p><b>Note to Facilitator:</b> These cards may be randomly assigned by you, or you may have the groups choose from the slips of paper drawn from a box, bowl, etc.</p>
<b>Activity</b>		<p>Instruct each group to create a list on scratch paper with as many ways they can think of to assist someone with that limitation to wash him or herself while bathing or showering. Suggest they have one person in the group physically demonstrate the limitation, so group members can test ideas. Encourage participants to think about both assistive devices and methods they could use.</p> <p>The limitations are:</p> <ul style="list-style-type: none"> <li>• Vision impairment</li> </ul>

**FACILITATOR GUIDE CH 12 PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**

		<ul style="list-style-type: none"> <li>• Weak on the right side</li> <li>• No use of arms, uses a wheelchair</li> <li>• Hearing impairment</li> <li>• Unable to stand upright</li> <li>• Unable to grasp</li> <li>• Difficulty remembering steps</li> <li>• Refuses to participate</li> </ul> <p>Once groups have had 3-4 minutes to brainstorm, ask one member from each group to share their ideas for how to assist someone with that limitation.</p>
<b>Curriculum Toolkit</b>		Encourage everyone to write down suggestions and ideas they hear on their Curriculum Toolkit page for this chapter.
<b>Say</b>		Learning to do something for yourself can be empowering, but also scary and difficult. Even being <i>asked</i> to learn a new skill can be overwhelming. Imagine how intimidating it could be to be expected to perform that skill for the first time.
<b>Curriculum Toolkit</b>		Take a look at the “formal” steps for completing the task of washing your hands.  Note that the task begins with SWIPES. SWIPES is a way to remember the steps you need to prepare for each task and show that you are using “common care” practices. These common care practices show respect for the person you are supporting as well as helps make the work you are doing predictable.
Section 1: SWIPES, washing hands, gloving, feeding an individual, hair care, defend their right to professional services		
<b>Teach and Train; SWIPES</b>		
<b>Say</b>		Every skill begins with SWIPES. These steps will be part of the exam you are (may be) going to take. Practice SWIPES out loud. When you are in the test:

FACILITATOR GUIDE CH 12 **PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**





		<ul style="list-style-type: none"> <li>• Saying out loud what you are doing alerts the examiner that you know what you are doing.</li> <li>• Saying it out loud makes the individual you are supporting more comfortable and addresses the needs of many people to know what you are doing.</li> <li>• Saying it out loud is a learning style for some.</li> <li>• If you don't practice saying it out loud, you will forget on the exam and fail.</li> </ul> <p>Write S – W – I – P – E -S down the left side of an easel sheet.</p>
		<p><b>S:</b> Gather your supplies Supplies for each task may vary. While you are watching the videos in future exercises, jot down the materials you will need during your practice session. Remember that you will need them ALL! We have provided all of the materials you need and they are located (point to where they are) here. You will come and gather your supplies when directed to begin your practice sessions.</p>
		<p><b>W:</b> wash your hands before contact with an individual. When you first started work here you took some training in Orientation and Safety. During that training you learned to wash your hands before you could start to work with the people we support. Raise your hand if you can tell me the steps for washing your hands. Is there someone who would like to demonstrate this skill? (optional activity)</p>
		<p><b>I:</b> Identify yourself by telling the individual your name Have you ever been in a Doctor's office and someone walks in the room and just starts poking around on your body? How did that feel? What were you thinking? (Take some answers – these will include wondering what's going on, who are you and what's your job here? Are you qualified to do this?) Knowing who is poking around and what their qualifications are can make a person more comfortable and less nervous. This is particularly important when supporting someone with high blood pressure or Autism.</p>


**FACILITATOR GUIDE CH 12 PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**


		<p><b>P:</b> Provide privacy throughout care with a curtain, screen, sheet or door</p> <p>We are all modest to some degree and we need to always be thinking about how to protect the privacy of people we are supporting. It may be their home but other staff and other housemates do not need to have access to all personal care. In fact, no one but the support staff and the individual should be in the room at all while personal care is being administered. Think about how you would feel if others watched while you get Attends changed or you are taking a bath. You have to think these things all the way through and protect dignity and privacy. Which of the Residential Guidelines addresses this? (Relationships, Health and Safety)</p>
		<p><b>E:</b> Explain to the individual what you are doing.</p> <p>This means you will practice and speak out loud while you are performing skills practice and while you are providing personal care. It will seem awkward to you but will instill confidence in others. It's not about your comfort level as much as it is about the comfort of the person you are supporting. Confidence that you can do what you say you are doing but also providing information so the individual knows what's next and what to expect. If you come at me with toilet paper and don't tell me what you are going to do with it, I'm going to get upset, hit you, kick and spit. AND if I'm not in the appropriate place for toilet paper you can bet that I am going to defend myself in any way that I can! If you choose to take the Prometrics exam to become a Certified Home Care Aide, you will be expected to talk through each task you are tested on. Practice that skill now with every task that you do.</p>
		<p><b>S:</b> Scan the area to be sure everything is back in place after the task is done.</p> <p>When you are finished it is not ok to leave used gloves, wash cloths or other personal care items lying around. Things should be returned to individual care spaces (in some cases boxes) and other items need to be placed in the wash hamper or trash. You will be supporting people who live with others and it is your job to ensure that the environment is safe for everyone as well as protects personal items for each individual.</p>




FACILITATOR GUIDE CH 12 **PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**



<p>Curriculum Toolkit</p> <p>Say</p> <p>Note</p>	  	<p><b>Refer participants to the Study Guide for Skills in the back of their Curriculum Toolkit. Page _____.</b></p> <p>Have everyone read the steps out loud together as a group. (You can use a Curriculum Toolkit or refer to the page with the skills that follow in this guide.)</p> <p>This skill is something you have been practicing since we taught you how to wash your hands in the Safety class when you were first hired. Raise your hand if you think you still wash your hands following the skills list we just read. If not, you will want to review these steps and ensure that you are following these steps. This is not a skill just to be used for a test.</p> <p><b>Note to Facilitator:</b> If you would like to check the hand washing process. Purchase some germ juice at <a href="http://germjuice.com">germjuice.com</a>. Have participants put some of this lotion on their hands. Let it sink in, then ask them to go and wash their hands. When they are done check their hands with a black light. The light will show them where they have missed washing. Even though they will wear gloves over their hands, it is always best to wash hands well to remove anything hiding there first.</p>
		<p>Why do we wash our hands? Take some answers and then remind participants that we wash our hands to protect ourselves and the individuals we support from the spread of germs.</p> <p>How we wash our hands is just as important. Refer participants to the <b>Study Guide for Skills</b> section of their Curriculum Toolkit for washing hands.</p> <p>Break the group into teams of two. One will be the support staff and the other will be someone they will support. Hand out the Task Cards ensuring that each team has one. Tell participants where they can find the supplies they need before they begin.</p> <p>Allow ten minutes for each person to complete the steps (without doing them – they should walk to a station or sink</p>





		<p>where they can wash their hands and just say they washed their hands, but they should put on gloves etc.)</p> <p>Our goal for this activity is to repeat these steps, out loud and in order.</p> <ol style="list-style-type: none"> <li>1. supplies gathered</li> <li>2. washed hands</li> <li>3. introduced self</li> <li>4. privacy provided</li> <li>5. explained what I am doing</li> <li>6. secure the area to ensure that everything is put away.</li> </ol> <p>Demonstrate what you want participants to do in the next activity. Select a task from the list at the end of this chapter.</p> <ol style="list-style-type: none"> <li>1. Gather supplies and say out loud, “I am gathering my supplies.” (You can name each article that you are gathering as you place them in a basin or on a table)</li> <li>2. Walk to the sink and state: “I am washing my hands using soap and scrubbing between my fingers, up my wrist and scrubbing for at least two minutes and rinsing with my fingers pointing down. I am taking a towel and drying my hands being careful not to touch anything and not to flick my hands to remove excess water. I am using my towel to turn off the water and disposing of my towel properly. “I am placing my gloves on my hands to prevent the spread of germs.”</li> <li>3. To your partner say, “Hi! I’m ----- and I am here to (name the task on your card). We can do this now or I can come back in five minutes. Which would you prefer?” Tell participants this is another way to provide Power and Choice and an important step to remember. Choices are to be offered as often as possible and the person you are supporting to direct their own care as much as possible. This doesn’t offer a choice of not doing it, but it does provide an option for the person to say now or later.</li> <li>4. “I’m closing the door.” “I’m drawing the curtain.” “Let’s go to your room for privacy.”</li> <li>5. At every step of the task it is important to explain to the person what you are doing. “I’m going to touch your stomach and it may tickle a little bit.” “I am lifting this sheet so that I can see better but I will put it back over your private parts as soon as we are finished.” Having a sheet to provide dignity and respect as well as privacy is crucial to the</li> </ol>
--	---	---


		<p>person’s comfort and trust. “How does that feel?” “Are you comfortable?” are also required to ensure that you are checking in with the person and that they are not in pain or uncomfortable.</p> <p>6. “I’m placing all of the soiled linens in the laundry.”, “I’m putting your book on the coffee table so you can reach it when you are ready to read.” Putting things back to where the person can find them when you are not in the room is an important step to show that you respect their possessions and them. It will build trust that you are putting things back where they belong or care enough to put them within easy reach.</p> <p>How did that go? Did you feel that you knew what was taking place? What were the benefits to talking through the steps?</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> If you used the germ juice, send participants to wash their hands and use the skills. Pair them with a partner who can coach them through all of the steps. Shine a black light on their hands to show them where they missed washing. When they go to the bathroom, have them use the skills below to practice the steps for handwashing.</p> <p>Gather supplies for both handwashing and gloves before having them wash their hands.</p> <p>When you check their hands, you may find that even though you watched them, some of the germ juice remains. If that is the case it is likely that their skin is dry and the germ juice has settled into the dry skin – just like bacteria will do. Have some hand lotion ready so people in this situation can use some lotion to moisturize. This is part of taking care of ourselves as washing out hands frequently dries our skin. Suggest that staff have some hand lotion that they carry in their pocket so they can keep their hands moist and free from cracking and breakage.</p>

<p><b>Tip</b></p>		<p><b>People fail the exam for several reasons.</b></p> <ul style="list-style-type: none"> <li>• Failure to use friction</li> <li>• Touched side of bowl</li> <li>• Touched faucet with hand after rinsing</li> <li>• Transferred paper towel from one hand to the other before tossing</li> <li>• Flicked off excess water before drying (NO flicking or shaking of hands what-so-ever. Let them drain with water running while you get a paper towel to dry and then turn off faucet with a dry paper towel and throw it away with the same hand.)</li> <li>• Not rinsing from wrist to finger tips with finger tips pointing down</li> <li>• Not mentioning that water is warm</li> <li>• Not going long enough</li> <li>• Not talking through the steps out loud so test instructor can hear them</li> </ul>
		<p><b>Skill: Hand Washing</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Make sure supplies are within easy reach so that no contaminated surface is touched throughout the task.</li> <li>3. Standing away from sink, turn on the faucet and adjust the water temperature. Keep your clothes dry, as moisture breeds bacteria.</li> <li>4. Wet hands and wrists, keeping your hands lower than your elbows so water runs off your fingertips, not up your arm.</li> <li>5. Use a generous amount of soap, rubbing hands together and fingers between each other to create lather. Friction helps clean your skin.</li> <li>6. Continue to rub your hands together, pushing soap under your fingernails and cuticles with a brush or by working them in the palm of your hand. Soap about two inches above your wrist.</li> <li>7. Wash for one minute.</li> <li>8. Rinse thoroughly under running water, careful not to touch the sink.</li> </ol>



**FACILITATOR GUIDE CH 12 PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**

		<p>9. Rinse from just above the wrists down to fingertips. Do not run water over unwashed arm down to clean hands.</p> <p>10. Using a clean paper towel, dry from tips of fingers up to clean wrists. Do not wipe towel on unwashed forearm and then wipe clean hands.</p> <p>11. Dispose of the towel without touching waste container.</p> <p>12. If your hands touch the sink or waste container, start over.</p> <p>13. Using a clean paper towel, turn off faucet, which is considered contaminated. Properly discard towel without transferring it to your other hand.</p>
<p><b>Say</b></p>	<div style="text-align: center;">      </div>	<p>Now that your hands are clean, let's practice putting on gloves.</p> <p><b>Skill: Putting On &amp; Taking Off Gloves</b></p> <p><b>Putting On Gloves</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Wash hands before contact with gloves. (assume this is completed)</li> <li>3. Check each glove for holes or other deterioration before using.</li> <li>4. Grasp glove at cuff and pull onto other hand.</li> <li>5. Grasp other glove at cuff and pull onto other hand.</li> <li>6. Check to make sure glove is snugly fit over each finger.</li> </ol> <p>Before removing gloves ask everyone to line up facing a partner with palms facing down. One member of the pair puts their hands on the other person's hands still with palms facing down.</p> <p>If you have never worked with people to support them at their most vulnerable, you might not be aware that grabbing body parts like the breast or penis is going to be uncomfortable. To move a breast or penis use the back of the hand. If your hands are on the bottom, use the back of your hand to move the other person's hand. This is definitely a more respectful way to manage the personal care that you may be providing. If your hands are on the top, place them under your partner's hands and do the same. Not only does this movement show a great deal of respect for the</p>

		<p>person you are supporting, it will most likely prevent other small bruising and injuries that have to be reported later as unknown which could escalate to more serious types of reporting in the future.</p> <p>Now, let's get those gloves off. Suggest people think about touching dirty with dirty and clean with clean. That way they won't stick their dirty fingers with glove down the cuff of the glove.</p> <p><b>Taking Off Gloves</b></p> <ol style="list-style-type: none"> <li>1. With one gloved hand, grasp the other glove just below the cuff.</li> <li>2. Pull glove down over hand so it is inside out.</li> <li>3. Keep holding removed glove with gloved hand and crumple it into a ball.</li> <li>4. With two fingers of bare hand, reach under the cuff of the second glove.</li> <li>5. Pull the glove down inside out so it covers the first glove.</li> <li>6. Throw gloves away.</li> <li>7. Wash hands as final step.</li> </ol> <p><b>Note: People fail this portion by:</b></p> <ul style="list-style-type: none"> <li>• Snapping their gloves while wet during the removal process.</li> <li>• Touching dirty to clean skin</li> <li>• Not balling the dirty glove in the dirty hand</li> <li>• Not disposing of the gloves</li> </ul>
<p><b>Personal care slide</b></p>		<p>Have participants look in their Curriculum Toolkits for the personal care information.</p>
<p><b>Immerse: Assisting a person to eat</b></p>		
<p><b>Say</b></p> 		<p>Now we get into more complicated personal care.</p> <p>Remember when you learned about nutrition and that some people may eat too fast or too slow? Are you experiencing this as you meet the people we support? What have you</p>

		<p>learned to do based on the programs you are learning to run? (Take some answers. This assumes that people have met some of the people they will support and have been working at the house.) Answers will include prompting to slow down, one bite at a time, using smaller plates.</p> <p>Another task that you may be required to complete to support people is to assist with eating. Each person who needs assistance with eating will have a plan written into their IISP for you to follow. Some may eat too fast and you are only there to slow them down to prevent choking. Some may have difficulty swallowing and have a condition called dysphagia. This would mean that their food needs to be a certain consistency to prevent them from choking. If you take nothing else from this portion of training take this – <b>DO NOT GIVE ANYONE FOOD</b> without first checking their IISP or meal plan for instructions. The instructions will also include food allergies, special diets, texture requirements and instructions for how to slow someone down. Instructions are specific to the individual.</p> <p>Show an example of eating instructions for someone at your agency. If you don't have anyone who needs these instructions, say so but teach the skill as a general knowledge area.</p>
<p><b>Curriculum Toolkit</b></p>		<p>Review the steps in the <b>Fundamentals</b> for assisting a person to eat.</p> <p><b>Skill: Assisting an Individual to Eat</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Assist individual to put on clothing protector or cover, if needed.</li> <li>3. Ensure individual is in an upright, sitting position.</li> <li>4. Sit at individual's eye level.</li> <li>5. Offer the food in bite-size pieces - alternating types of food offered.</li> <li>6. Make sure the individual's mouth is empty before offering the next bite of food or sip of beverage.</li> <li>7. Offer a beverage to the individual during the meal.</li> <li>8. Talk with the individual throughout meal.</li> <li>9. Wipe food from individual's mouth and hands as necessary and at the end of the meal.</li> </ol>





FACILITATOR GUIDE CH 12 **PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**


		<p>10. Remove clothing protector if worn and dispose of in proper container.</p> <p>11. Remove leftover food.</p> <p>12. Wash hands as final step</p> <p>Not everyone is supported living who receives support will need assistance with eating. In fact, not everyone will want a healthy diet. Talk with your supervisor for additional information regarding the person you support. Remember that independence is best when possible.</p> <p><b>Note:</b> When this skill indicates clothing protectors know that not everyone uses one. If you are taking the certification exam you may indicate that a clothing protector was placed on the person when one was not. However, if you state that you placed one, you must also state in the exam that you removed it.</p>
<b>Apply</b>		
<b>Activity</b>		<p>Find a partner. Together, determine what supplies you will need to gather and get them ready.</p> <p>Using your <b>Study Guide</b> skills checklist, practice following the steps. When one person is finished, the other should run through the steps. Let each person choose from pudding, applesauce or other options that you have provided.</p>
<b>Say</b>		<p>Why do you think we use clothing protectors? (protect the clothing and financial burden of replacing them) What other types of adaptive equipment might people use? If you have people who use adaptive equipment for eating, show it here and explain what it does for the person. This would include special plates, utensils, cups, dyssem or tube feeding.</p> <p>Tell participants that any adaptive equipment will be trained again during their Coaching sessions with the individual.</p>
Immerse: hair care		








		<p>Imagine someone brushing your hair when you were little and you couldn't do it for yourself. What are some of the things that come to mind? Take some answers.</p> <p>Some of these responses are quite painful. Hitting the top of your head with the sharp pointy end of the bristles, or yanking to comb through night time tangles. Made you want to grab your head and ask the person to just stop! But instead they were adamant that you would look presentable and they continued to be rough and painful until the hair was straight or flat.</p> <p>This is not how we do things in supported living. People may have tender scalps from medication side effects, or thinning hair due to age. It is your job to get the job done but to make it as pleasant as possible.</p> <p>Many of the people you will support choose the hair care products they want to use. These products will be listed in the person's IISP or on instructions for use while bathing or showering. It is their choice which products they use and their money that purchases them. Please be respectful of this choice and ensure that you are being gentle when you provide hair care.</p>
		<p>Cleanliness if one thing but styling hair is another. While you may style your own hair or your children's hair, many clients prefer to have their hair styled by someone who is licensed and works in a hair salon. Offering new styles is ok. Going ahead and cutting someone's hair is not. Hair style changes are frequently done with the approval from parents or guardians and definitely with the approval from the client. If it's truly the client's choice to change their hair style to a radical new style, you may support this choice.</p> <p>There are no formal hair care skills steps but there are some best practices:          Be gentle          Tell the person what you are doing.          Ask if they are comfortable or if you are pulling too hard          Ask them if they would like gel or other products. If they say no, they mean it.</p>

FACILITATOR GUIDE CH 12 **PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**






		<p>Ensure that hairbrushes and combs are cleaned at least weekly</p> <p>Use personal hair care brushes, combs and products on the person who owns them. No sharing.</p> <p>Wash hair as frequently as is needed. Some people have very dry hair and do not need to wash it every day, while others have more oily hair. You may have a Doctor’s order for special shampoos or instructions on how frequently the person needs to wash their hair. Pay attention to how their hair looks and ask if today’s the day!</p> <p>Hair care and other personal care steps help the person to feel good about themselves and how they present themselves to others.</p>
		What are some of the concerns you may have with hair care?
Section 2: Hand and foot care, shaving		
Immerse: Nail care, foot care		
<p><b>Say</b></p> 		<p>Today we have the opportunity to give ourselves a little mani/pedi. This is another skill best practiced on other people before you try it with a person you support. Think of this as time at the spa and make the most of it!</p>
<p><b>Note</b></p>		<p><b>Set up stations</b> in the room for foot and nail care. You will need to have materials already gathered and set up so all they have to do is provide the skill.</p> <p>Pair up participants. Have each one provide either foot or nail care. Walk through the steps for each skill and provide reasons why we provide this care.</p>
<p><b>Curriculum Toolkit</b></p>		<p><b>Skill: Foot Care</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Put on gloves.</li> </ol>





		<ol style="list-style-type: none"> <li>3. Put water in basin. Test water temperature. Ensure it is safe and comfortable before placing individual's feet in water. Adjust if necessary.</li> <li>4. Put the individual's foot completely in the water.</li> <li>5. Supporting foot and ankle properly throughout procedure, remove foot from water, wash entire foot, including between toes, with soapy washcloth.</li> <li>6. Rinse and then dry entire foot, including between toes. Pat, don't rub dry.</li> <li>7. Gently clean dirt out from under nails using nail file.</li> <li>8. File or cut nails, straight across, as needed with clippers or emery board.</li> <li>9. Put lotion in your hand and massage lotion on individual's entire foot. Remove excess (if any) with towel.</li> <li>10. Assist individual to replace socks and shoes.</li> <li>11. Empty, rinse, wipe bath basin, and return to proper storage.</li> <li>12. Remove gloves and wash hands.</li> </ol> <p>It is important to remember that each person you support has their own nail care tools like clippers or emery boards. You may not use someone else's clippers. These are personal items.</p>
<p><b>Curriculum Toolkit</b></p>		<p><b>Skill: Fingernail Care</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Put on gloves.</li> <li>3. Put water in bowl. Test water temperature to make sure it is safe and comfortable before placing individual's fingers in water. Adjust if necessary.</li> <li>4. Place water at a comfortable level for individual.</li> <li>5. Put individual's fingers in water and allow to soak.</li> <li>6. Dry individual's hand including between fingers. Pat, don't rub dry.</li> <li>7. Clean under nails with a nail file. Wipe nail file on towel after each nail.</li> <li>8. Groom nails with file or emery board.</li> <li>9. Finish with nails smooth and free of rough edges.</li> <li>10. Empty, rinse, wipe water bowl, and return to proper storage.</li> <li>11. Dispose of soiled linen properly.</li> <li>12. Remove gloves and wash hands.</li> </ol>


**FACILITATOR GUIDE CH 12 PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**


<p><b>Activity</b></p>		<p>Mani/pedi for team! Remind them to follow the steps and to use these steps as they support people.</p>
<p>Immerse: Shaving</p>		
<p><b>Say</b></p>		<p>If you have been assisting people with shaving, what kinds of tools are you seeing that people use? (electric, trimmers, creams, safety) For the purposes of this skill you will be using safety razors.</p>
<p><b>Curriculum Toolkit</b></p> 		<p>Review the steps for shaving with the class. Ask if they have been shaving others or they practiced during the chapter 11 course work? What challenges did you face (or think you will face)?</p> <p>The Shave (With Safety Razor not electric)</p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Put on gloves.</li> <li>3. Ask individual if he wears dentures. If so, make sure they are in his mouth.</li> <li>4. Wash face with warm, wet washcloth.</li> <li>5. Apply shaving lather to the area you are going to shave.</li> <li>6. Hold razor securely.</li> <li>7. Hold skin taut with free hand and shave with smooth even movements in the direction of hair.</li> <li>8. Rinse safety razor in warm water between strokes to keep the razor clean and wet.</li> <li>9. Shave sides first, then nose and mouth.</li> <li>10. Wash, rinse, and dry face.</li> <li>11. Clean equipment and put away.</li> <li>12. Remove gloves and put in appropriate container.</li> <li>13. Wash hands as final step.</li> </ol>
<p><b>Say</b></p>		<p>In a setting where all men lived together, the staff all had beards. It wasn't too long before the people who lived there also had beards. Was that ok? (Answer: Yes, they asked the people if they wanted the same thing and it was their choice.)</p> <p>Today you are going to learn to shave someone else. I know you know how to work a razor, but shaving someone else is</p>

**FACILITATOR GUIDE CH 12 PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**

		a little bit different. We're going to have some fun while doing it.
<b>Note</b>		<p>Demonstrate: Take a balloon and blow it up or have one blown up prior to class. Demonstrate putting shaving cream on the balloon (you don't have to use too much) and then remove the shaving cream using a safety razor. Note how the balloon moves while you are trying to shave it. Does that happen with people we support?</p> <p>Have each participant gather the supplies they need to shave someone. Each should have a balloon and razor but can share the can of shaving cream.</p>
<b>Say</b> 		<p>In our setting we also have people who use electric razors. (Provide one for people to see.) Describe what procedures are used to shave with an electric razor.</p> <p>Discuss any people in your setting who do not get shaved and why.</p>
<b>Ask and Discuss</b>		Are there lotions to use to prevent irritation? Discuss why some of the people you support do not use lotions after shaving or who do not get shaved and why.
Section 3: toileting, peri and catheter care		
Immerse: toileting, pericare, catheter care		
<b>Say</b>		Imagine if you will that your Mother just called and said she needs your help. What's your first response? Of course – I'll be right over. And then she tells you that she has broken both of her arms and can't go to the bathroom or take care of her personal needs. Now, what's your response? Sure! Do you think she was going to be comfortable with you washing and wiping her?






<p><b>Perineal care (peri care) female</b></p>		<p>Toileting assistance is uncomfortable for all of us. We are going to discuss several different types of support and additional formal skills that will need to be demonstrated to pass this course.</p>
<p><b>Say</b></p> 		<p>I can't promise you an easy conversation for this section of training. Of all of the skills we assist people to complete, this category is the most uncomfortable to everyone. It is intimate, personal, embarrassing. It is a fact of life and necessary. We will be using proper names for body parts, discussing respectful behavior during this care and ending with topics on supporting people while toileting, and catheter cleaning. It just doesn't get more personal than this portion of your training. It is the portion of training that the people we support want you to understand the most.</p> <p>In Chapter 5 we learned that people may communicate in different ways. What are some observable signs that someone needs to use the rest room – quickly or within the next few minutes? (Take some answers. These may include dancing around, crossing legs, holding crotch.) What are some of the signs the people supported with our agency have demonstrated? You may have people who have their own signs including sign language for toilet, tapping their stomach or making a noise of some kind that is specific to this need.</p>
<p><b>Curriculum Toolkit</b></p>		<p><b>Toileting</b></p> <p>Toileting assistance to the individual may include:</p> <ol style="list-style-type: none"> <li>1. cueing and reminding;</li> <li>2. assisting the individual to and from the bathroom;</li> <li>3. assisting the individual transfer on and off and use the toilet or assistive equipment;</li> <li>4. undoing an individual's clothing, pulling down clothing, and refastening clothing;</li> <li>5. correctly when he/she is done;</li> <li>6. pericare;</li> <li>7. emptying the bedpan, urinal, or commode into the toilet;</li> <li>8. assisting with pads, briefs, or moisture barrier cream;</li> <li>9. performing routine colostomy or catheter care.</li> </ol>

		<p>10. Privacy, dignity, and independence. Toileting is a very private matter. A reassuring attitude from you can help lessen feelings of embarrassment for the individual. The following guidelines are recommended when assisting an individual with toileting:</p> <p>11. Assist the individual as much as possible into a normal, sitting position.</p> <p>12. If assisting with a transfer to a toilet or assistive device, make sure the item is stable or locked down before beginning the transfer.</p> <p>13. Put anything the individual requires within easy reach (e.g. toilet paper or soap to wash up afterwards).</p> <p>14. If assisting with wiping, move from front to back and wear gloves.</p> <p>15. When overseeing an individual’s bowel and bladder function, your job as a ISS Staff is to:</p> <p>16. have an understanding of what is and is not normal bowel and bladder function for an individual;</p> <p>17. encourage the individual to make choices to maintain good urinary and bowel function;</p> <p>18. know what to document and report to the appropriate person in your care setting if there are problems in this area; and</p> <p>19. respond to the individual’s toileting needs as quickly as possible.</p> <p><b>As a reminder the following are general tips</b> when assisting a client with toileting.</p> <ul style="list-style-type: none"> <li>• Assist the client as much as possible into a normal, sitting position.</li> <li>• If assisting with a transfer to a toilet or assistive device, make sure the item is stable or locked down before beginning the transfer.</li> <li>• Put anything the client requires within easy reach (e.g. toilet paper or soap to wash up afterwards).</li> <li>• If assisting with wiping, move from front to back and wear gloves.</li> </ul>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> As you can imagine practicing toileting skills is a little bit impractical. Remember what we talked about with the hands when we started this chapter? Just remember that you don’t always have to grab or hold personal parts to move them around.</p>

<p>Say</p>		<p>An individual will want to do his/her own pericare if possible. Providing privacy and preserving the client’s dignity are very critical if help is needed by the client. You will be tested on pericare. Pericare is the process of ensuring cleanliness in genitals. It’s a step in preventing bacteria and infection and is part of the activities of daily learning when bathing. Improper wiping after toileting, wearing pads for menses for long periods of time without changing them, not changing briefs, can all lead to infections and bacteria growth. This is a simple process in an uncomfortable and personal body location. Dignity and respect are the first things to consider when providing pericare to anyone.</p> <p>Discuss people who need this level of support in your agency. What does that look like when pericare is provided for them? Are there differences from one to the other?</p> <p>Peri care test skills are all about the folding of the washcloth and privacy. If you can remember the folding and wash and rinse process, you will pass this test for the Home Care Aide Certificate, but more importantly the test of relationship building with the person you are supporting. Do it well and quickly. It doesn’t matter if you know this person well or not, they will appreciate your confidence and skill in getting the task completed quickly.</p> <p>The following are some general tips when helping a client with pericare.</p> <ul style="list-style-type: none"> <li>• Put down a pad or something else to protect the bed before beginning the task.</li> <li>• Stay alert for any pain, itching, irritation, redness, or rash in this area. Report any concerns to the appropriate person in your care setting.</li> <li>• Alcohol-free, commercial wipes may be preferred by a client instead of a washcloth and soap.</li> <li>• If the client is incontinent, protect him/her from the wet incontinent pad by rolling the pad into itself with the wet side in and the dry side out. Remove the pad and use a clean, dry pad.</li> </ul>
------------	---	--





FACILITATOR GUIDE CH 12 **PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**


<p><b>Curriculum Toolkit</b></p>		<p><b>Skill: Assist Individual with Pericare</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Test water temperature and ensure that it is safe and comfortable before washing, and adjust if necessary.</li> <li>3. Put on gloves.</li> <li>4. Expose perineal area, making sure that the individual's privacy is maintained.</li> <li>5. Gently wash entire perineal area with soapy washcloth, moving from front to back, while using a clean area of the washcloth or clean washcloth for each stroke.</li> <li>6. Rinse entire perineal area moving from front to back, while using a clean area of the washcloth or clean washcloth for each stroke.</li> <li>7. Gently dry perineal area, moving from front to back and using a blotting motion with towel.</li> <li>8. Wash, rinse, and dry buttocks and peri-anal area without contaminating perineal area.</li> <li>9. Dispose of linen in proper containers.</li> <li>10. Empty, rinse, wipe basin, and return to proper storage.</li> <li>11. Remove and dispose of gloves without contaminating self after returning basin to storage.</li> <li>12. Wash hands.</li> </ol>
<p><b>Show</b></p> 		<p>Show Pericare video. (11 min. and 17 sec.) Please note how many times the cloth is folded and moved so that no part of the cloth touches the skin twice. Ask them how comfortable they will be in their old age without a same gender stand-by performing this task on them? Are you able to provide same sex support at your agency?</p> <p><a href="https://www.youtube.com/watch?feature=player_embedded&amp;v=znJWfiogjtQ">https://www.youtube.com/watch?feature=player_embedded&amp;v=znJWfiogjtQ</a></p>
<p><b>Note</b></p>		<p>Best practice is with an anatomically correct mannequin.</p>
<p><b>Activity</b></p>		<p>Ok – we are going to practice this. If you do not have an anatomically correct mannequin you should at the very least practice folding the wash cloth for use during washing and another one for rinsing. Hand out the washcloths and</p>

		<ol style="list-style-type: none"> <li>1. Demonstrate how to fold the cloth so that all four corners are together. The wash cloth will end in a square. Check to ensure that everyone has folded their cloth the same way.</li> <li>2. Add a little bit of soap to each corner, folding back the top layer back and keeping the cloth facing in the same direction. Add soap to all four layers – just a little soap will do.</li> <li>3. Go through the motions of wiping, turning the cloth just as shown from the video.</li> <li>4. Place the cloth on a dry towel designated for “dirty”</li> <li>5. Repeat without the soap for rinsing by placing the cloth in warm water, wringing it out and then rinsing all of the areas just washed.</li> <li>6. Place the cloth in the “dirty” pile.</li> </ol>
--	--	--






**Teach and Train: catheter care**

		<p><b>The following are general tips when helping a client with catheter care.</b></p> <ul style="list-style-type: none"> <li>• Make sure the bag is kept lower than the bladder.</li> <li>• Make sure the catheter is always secured to the leg to prevent tugging of the tube.</li> <li>• When emptying the urinary catheter bag, be sure the end of the bag doesn't touch anything. This helps stop germs from entering the bag.</li> <li>• In some care settings, you may be asked to measure the amount of urine in the bag.</li> </ul> <p><b>Make sure to observe and report if:</b></p> <ul style="list-style-type: none"> <li>• the urine appears cloudy, dark-colored, or is foul smelling;</li> <li>• there isn't much urine to empty (as compared to the same time on other days);</li> <li>• an in-dwelling catheter comes out;</li> <li>• pain, burning, or irritation.</li> </ul>
---	---	---

		<p><b>Urinary catheters</b></p> <p>Catheters are tubes that drain urine into a bag. A client may have a catheter because of:</p> <ul style="list-style-type: none"> <li>• urinary blockage;</li> <li>• a weak bladder unable to completely empty;</li> <li>• unmanageable incontinence;</li> <li>• surgery (used to drain the bladder during and after surgery);</li> <li>• skin breakdown (allows skin to heal or rest for a period of time).</li> </ul> <p><b>Internal catheters</b></p> <p>There are three types of catheters that go directly into the bladder to drain urine.</p> <ol style="list-style-type: none"> <li>1. <b>Straight (in and out catheter).</b></li> </ol> <p>The straight catheter is inserted into the bladder, urine is drained, and then the catheter is removed.</p> <p>If a caregiver is to insert this type of catheter, the task needs to be delegated to the caregiver under nurse delegation or by the in-home client under self-directed care. The task must be documented in the DSHS care plan and special training is required.</p> <ol style="list-style-type: none"> <li>2. <b>Indwelling Suprapubic catheter.</b></li> </ol> <p>The indwelling suprapubic catheter is a straight tube with a balloon near the tip. It is placed directly into the bladder through a hole made in the abdomen just above the pubic bone. The balloon is inflated with a normal saline solution after the catheter has been placed in the bladder and keeps the catheter from falling out.</p> <ol style="list-style-type: none"> <li>3. <b>Indwelling/Foley urethral catheter.</b></li> </ol> <p>The indwelling urethral catheter is also a straight tube with a balloon near the tip but is inserted through the urethra.</p>
--	--	--

		<p>Caregivers may be asked to clean the tubing or empty the urinary drainage bag (see next page).</p> <p>For either the Suprapubic or Foley catheter, the catheter attaches to tubing that drains the urine into a urinary drainage leg bag or overnight bag. The leg bag is attached to the leg, thigh, or calf. An overnight drainage bag hangs on the bed or chair.</p> <p>This catheter can be left in place for one to two months if there are no problems. It can be removed and replaced with a new one once the old one is removed.</p>
<p><b>Curriculum Toolkit</b></p>		<p>Review the skills with participants and ask that they refer to these skills while they watch the video.</p> <p><b>Skill: Catheter Care</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Test water in basin. Determine if water temperature is safe and comfortable before washing, and adjust if necessary.</li> <li>3. Put on gloves before contact with linen and/or individual.</li> <li>4. Expose area surrounding catheter only.</li> <li>5. Place towel or pad under catheter tubing before washing.</li> <li>6. Avoid tugging the catheter.</li> <li>7. Apply soap to wet washcloth.</li> <li>8. Hold catheter near opening where it enters the body to avoid tugging it.</li> <li>9. Clean at least four inches of the catheter nearest the opening, moving from the opening downwards away from the body, using a clean area of the cloth for each stroke.</li> <li>10. Rinse at least four inches of the outside of the catheter nearest the opening, moving from the opening downwards away from the body, using a clean area of the cloth for each stroke.</li> <li>11. Make sure there are no kinks in catheter tubing.</li> <li>12. Dispose of linen in proper containers.</li> <li>13. Empty, rinse, wipe basin and return to proper storage.</li> <li>14. Remove and dispose of gloves without contaminating self after returning basin to storage.</li> <li>15. Wash hands.</li> </ol>







FACILITATOR GUIDE CH 12 **PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**

		Caregivers are not permitted to insert or replace indwelling catheters. Caregivers may be asked to change the urinary drainage bag.
<p><b>Show</b></p> 		<p>Show Catheter Care video (6 min. and 54 sec.)</p> <p><a href="https://www.youtube.com/watch?feature=player_embedded&amp;v=jcOT5EXsH1s">https://www.youtube.com/watch?feature=player_embedded&amp;v=jcOT5EXsH1s</a></p>
<p><b>Say</b></p>		<p>The following are general tips when helping a client with condom catheter care.</p> <ul style="list-style-type: none"> <li>• Condom catheters can be difficult to keep in place and should be changed regularly.</li> </ul> <p>Making a homemade condom catheter out of a regular condom and tubing is not recommended.</p> <p><b>Skill: Assist Individual with Condom Catheter Care</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Put gloves on.</li> <li>3. Expose genital area only.</li> <li>4. Wash and dry penis carefully, cut long hairs.</li> <li>5. Observe skin of penis for open areas.</li> <li>6. If sores or raw areas are present, do not apply condom.</li> <li>7. Put skin adhesive over penis.</li> <li>8. Roll condom catheter over penis area.</li> <li>9. Attach condom to tubing. Check that tip of condom is not twisted.</li> <li>10. Check that tubing is one inch below tip of penis.</li> <li>11. Remove gloves and wash hands.</li> </ol>
Section 4: bed bath, mouth care, denture care		
Immerse: Assist a person with a bed bath		
<p><b>Curriculum Toolkit</b></p> 		<p>Let's talk about bathing. One of the skills you need to practice is to provide a person a bed bath. These same skills can be applied when you are assisting with bathing a person in a tub or a shower as well. But remember that the person should do as much of the bathing as they are capable of</p>



		<p>doing. For the test however, the assumption is that the person is in bed, cannot bathe themselves and needs a bath.</p> <p>Bathing can be dangerous! Know what the risks are for each person you support and ensure that you have put prevention into practice. Falling in the bathtub or shower can be a great risk. Know seizure protocols and never leave a person in the tub or shower unattended. That may mean that you are outside the door but you are never very far away.</p> <p>Water can frequently be too hot! In supported living you are required to maintain the hot water heater at 120 degrees to prevent people from being scalded. You may think that this is not warm enough for a shower or bath. Remember that many people are independent and mixing water until it is the right temperature is difficult for them. By maintaining the hot water temperature at a level of 120 degrees we can prevent this injury from occurring and ensure the safety of the people we support.</p> <p>Some people may like to take longer baths because it relaxes their muscles and they just want to soak or have the water beat on them for a longer period of time. Remember that it is their water and not yours. You are responsible for trying to maintain things within a certain budget but allow for times for the person to enjoy the longer soak or the water for more time.</p> <p>As we move through the skills for bathing, note that it begins with the most vulnerable areas for infection (the eyes) and moves from top to bottom, rinsing from top to bottom. Note the theme with washing your hands? Top to bottom and front to back.</p> <p><b>Skill: Bed Bath</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Put on gloves.</li> <li>3. Remove or fold back top bedding. Keep individual covered with bath blanket or top sheet.</li> <li>4. Remove individual's gown/sleep wear.</li> <li>5. Test water temperature and ensure it is safe. Adjust if necessary. Replace the water at any time it gets soapy, cool, or dirty.</li> </ol>
--	--	---




		<ol style="list-style-type: none"> <li>6. Wet washcloth (no soap) and begin with the eyes. Use a different area of the washcloth for each eye, washing inner to outer corner.</li> <li>7. Wash the rest of the face, ears, and neck, using soap (if the individual prefers).</li> <li>8. Rinse. Dry areas with a towel – pat, don’t rub.</li> <li>9. Expose one arm and place a towel underneath it. Support the individual’s arm with the palm of your hand underneath the individual’s elbow. Wash the individual’s arm, shoulder, and armpit. Rinse and pat dry.</li> <li>10. Place the individual’s hand in the water basin. Wash the individual’s hand, rinse, and pat dry. Repeat with the other arm and hand.</li> <li>11. Wash, rinse, and pat dry the individual’s chest and abdomen.</li> <li>12. Uncover one of the individual’s legs and place a towel lengthwise under the foot and leg. Bend the knee and support the leg with your arm. Wash the leg, rinse, and pat dry.</li> <li>13. Slide the individual’s foot in to the water basin. Wash the individual’s foot, rinse and pat dry. Repeat with the other leg and foot.</li> <li>14. Assist the individual to turn on his/her side, away from you. Place a bath blanket or towel alongside his/her back.</li> <li>15. Wash the individual’s back and buttocks, rinse and pat dry.</li> <li>16. Assist the individual to his/her back. Provide privacy and let the individual perform his/her own perineal care.</li> <li>17. Assist individual to get dressed.</li> <li>18. Assist the individual to get up, or assist in a comfortable position if remaining in bed.</li> <li>19. Remove bedding that may have gotten wet.</li> <li>20. Empty, rinse, wipe bath basin and return to proper storage.</li> <li>21. Place soiled clothing and linen in proper container.</li> <li>22. Remove gloves and wash hands.</li> </ol>
--	--	--

**FACILITATOR GUIDE CH 12 PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**




<p><b>Show</b></p> 		<p>Watch the video:  <a href="https://www.youtube.com/watch?feature=player_embedded&amp;v=xYOxfPyutOI">https://www.youtube.com/watch?feature=player_embedded&amp;v=xYOxfPyutOI</a></p>
<p><b>Ask</b></p>		<p>What are some of the skills you see that also transfer into bathing someone as they shower or take a bath?</p>
<p><b>Note</b></p>		<p>Instead of practicing this on other people it might be a good idea to practice using plastic dolls and basins. If you have a mannequin, use the mannequin and demonstrate how to bathe another person using the steps in the skills above.</p>
<p><b>Immerse: Mouth Care and Denture Care:</b></p>		
<p><b>Say</b></p> 		<p>Did everyone assist with brushing and flossing teeth during on the job training? What were some of the challenges you faced? Take some answers. The skills test assumes that you are not facing these challenges and that everything will go smoothly. The steps for using a tooth brush will be tested during your exam.</p> <p>(If you have not practiced brushing someone else’s teeth ensure that you do so now.) Practicing this skill with other staff is of benefit to the people we support.</p>
<p><b>Activity</b></p>		<p>Let’s experience the process for supporting someone with oral hygiene practices.</p> <p>Ask: what’s the proper way to brush your teeth? (small circles, up and down, electronic toothbrush)</p> <p>Ask: Do you brush your tongue? Do you think some people may brush their tongue? What if you brush your tongue but someone you support does not? How would you know if they brush their tongue? (ask, IISP)</p> <p>What about flossing? Does everyone floss their teeth? Is it important?</p>




		<p>Pair participants together and have them choose who will be the “teacher” and who will be the “learner.” Prompt the “learner” to act as though they do not know how to brush or floss their teeth, have never seen a toothbrush, toothpaste, or flosser before, nor know how to do denture care. Teachers will brush and floss the learner’s teeth and then they will switch places and do it again. Give participants about ten minutes to complete this learning activity.</p>
<p><b>Curriculum Toolkit</b></p>		<p>Refer participants to their <b>Fundamentals</b> for steps on brushing teeth.</p> <p><b>Skill: Mouth Care</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Ensure individual is in an up-right sitting position.</li> <li>3. Put on gloves.</li> <li>4. Place towel across individual’s chest before providing mouth care.</li> <li>5. Moisten toothbrush or toothette and apply toothpaste.</li> <li>6. Clean entire mouth (including tongue and all surfaces of teeth), with brush or toothette, using gentle motions.</li> <li>7. Assist individual to rinse his/her mouth.</li> <li>8. Assist individual to spit into sink.</li> <li>9. Wipe individual’s lips and face, and remove towel.</li> <li>10. Dispose of soiled linen in soiled linen container.</li> <li>11. Clean and return toothbrush, toothpaste, etc. to proper storage.</li> <li>12. Remove gloves and wash hands.</li> </ol>
<p><b>Note</b></p>		<p>Note to Facilitator: Before participants begin ask them to use a sharpie and mark their toothbrush with their name or a symbol so they will not get them mixed up. Depending on the size of the class, assign the teaching tasks of brushing teeth and flossing evenly amongst the pairs. Then have them change activities to ensure that each participant has practiced both skills.</p> <p>You will be tempted to skip this practice because it is uncomfortable and makes everyone uneasy. Better now than when they try it for the first time with someone they will support. Practice on someone else before performing any task with the person you support will help in giving participants some confidence and can only build trust with</p>






		<p>the people you support when people know what they are doing when they start work.</p> <p>Ensure that participants each have the proper equipment to practice these skills.</p>
<b>Denture Care</b>		
<p><b>Say</b></p> 		<p>As people get older they may have full dentures or partial “plates” that require special care. We are not planning to use real dentures for our practice today. As you can imagine, no one wanted to loan us theirs for practice!</p> <p>Demonstrate proper denture care by following the steps in the <b>Fundamentals</b>. Ask participants to follow along while you demonstrate. Discuss the use of denture cream to clean dentures NOT toothpaste. Discuss soaking verses brushing. (Soaking happens after the teeth have been brushed and does not replace it.) Make sure you talk through all of the steps to model this as part of the practice.</p>
<p><b>Curriculum Toolkit</b></p>		<p><b>Clean and Store Dentures</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Put on gloves.</li> <li>3. Line sink/basin with a towel/washcloth or by filling it with water.</li> <li>4. Obtain dentures from individual or gently remove them from individual’s mouth if he/she is unable to do so. Take the lower denture out first, then the upper denture.</li> <li>5. Rinse dentures in cool running water before brushing them.</li> <li>6. Apply denture cleanser to toothbrush.</li> <li>7. Brush dentures on all surfaces.</li> <li>8. Rinse all surfaces of denture under cool, running water.</li> <li>9. Rinse denture cup before putting dentures in it.</li> <li>10. Place dentures in clean denture cup with solution or cool water.</li> </ol>

FACILITATOR GUIDE CH 12 **PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**










		<ol style="list-style-type: none"> <li>11. Return denture cup to proper storage.</li> <li>12. Clean and return supplies and equipment to proper storage.</li> <li>13. Dispose of sink liner.</li> <li>14. Remove gloves and wash hands.</li> </ol>
<b>Activity</b>		Now it's your turn! Pass out the silly teeth or wind up toy teeth for practice. Tell participants to ensure they brush all surfaces to pass! If you have been to a dentist and asked for broken dentures or teeth molds, use these for practice for denture care.
Section 5: assist a person with a weak arm to dress, apply knee high elastic stocking, provide passive range of motion		
<b>Teach and Train: Assisting a person with a weak arm to dress (20 minutes)</b>		
<b>Say</b>		<p>Let's discuss getting dressed. Some of the people we support have weak muscles, some caused by medication side effects, and others because they were never developed in the first place, and others still just due to motor skills in general. Assisting with putting on clothing and acknowledging that this may be difficult for them are daily tasks. For testing purposes you will be tested on assisting someone with a weak arm to dress with a button up shirt and a pair of pants. Today, we have several sets of shirts and pants for our activity.</p> <p>The most important things to remember with this skill is:</p> <ul style="list-style-type: none"> <li>• Not to over extend the part being moved,</li> <li>• to support muscles and joints during the task</li> <li>• keep the person safe</li> <li>• ask frequently, "Does this feel ok?"</li> </ul>
<b>Curriculum Toolkit</b>		Invite participants to turn to the <b>Fundamentals</b> section of their Curriculum Toolkit for this chapter for the steps on assisting a person to dress. Review the skills with the class. Remind them that people may additional assistance depending on the person and that these are general guidelines and what they will be tested on.

		<p><b>Skill: Assist Individual with a Weak Arm to Dress</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Ask individual what he/she would like to wear.</li> <li>3. Assist individual to remove their gown/sleep wear while protecting privacy.</li> <li>4. Assist individual to put the weak arm through the correct sleeve of the shirt, sweater, or slip.</li> <li>5. Assist individual to put strong arm through the correct sleeve.</li> <li>6. Assist individual to put on skirt, pants, shirt, or dress, and non-skid footwear.</li> <li>7. Puts on all items, moving individual’s body gently and naturally, avoiding force and over-extension of limbs and joints.</li> <li>8. Finish with individual dressed appropriately (clothing right side out, zippers/buttons fastened, etc.) and seated.</li> <li>9. Place gown in dirty laundry basket.</li> <li>10. Wash hands.</li> </ol>
<p><b>Activity</b></p>		<p>Provide two sets of shirts and pants. (Make certain that you have large enough sets for large people to fit in to. So they are not embarrassed by having to try to squeeze into small clothing. Too big is ok, too small is not.) Place the sets next to each other and divide the class into teams of two. Ask the first person in the line to stand with the clothes. They will have a weak arm that they will identify to the staff when the staff arrives to assist them with getting dressed. Set up a relay race so that once the staff has dressed the person following the steps (at least 2 buttons), they will remain with the clothes while the other staff removes them. The staff that dressed the person will become the individual who needs assistance. The staff cannot arrive from the line until the supported individual returns to the back of the line. The staff in line are calling out the steps in unison to the person who is assisting so they don’t have to read their list. Race the two teams to see who can finish fastest and most accurately. If</p>






FACILITATOR GUIDE CH 12 **PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**

		you have a large group you may want to have more teams so the activity completes sooner. If you have a small group the practice would not need to be a race between teams but will help people repeat the steps. Having team members saying the steps out loud is an essential part of this activity.
<b>Teach and Train: elastic stocking (10 minutes)</b>		
<b>Say</b>		Elastic hose, or TED hose are also known as support hose and other names. They are a strong elastic material that provides support to the person’s leg for the purpose of reducing swelling, supporting varicose veins or other needs. Show the participants the ted hose and pass around so they can see how stretchy they are. Discuss individuals that you support who require the use of the elastic hose and why they are wearing them. Is it short term or long term use?
<b>Curriculum Toolkit</b>	  	<p><b>Skill: Put Knee-High Elastic Stocking on an Individual</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Have individual elevate leg(s) 15 minutes.</li> <li>3. Turn stocking inside out, at least to heel area.</li> <li>4. Place foot of stocking over toes, foot, and heel moving individual’s foot and leg naturally, avoiding force and over-extension of limb and joints.</li> <li>5. Pull top of stocking, over foot, heel, and leg.</li> <li>6. Make sure stocking is smooth, with no twists or wrinkles, and is not too tight over the individual’s toes.</li> <li>7. Wash hands.</li> </ol> <p>Use your checklist while you watch the video.</p> <p>Show video: Elastic hose (1 min.)  <a href="https://www.youtube.com/watch?v=upFm6-Lssuw&amp;feature=player_embedded">https://www.youtube.com/watch?v=upFm6-Lssuw&amp;feature=player_embedded</a></p>
<b>Video</b> 		
<b>Activity</b>		In pairs, practice putting on this elastic hose. To pass, there should be no excess materials at the toes to bunch up in the person’s shoe, and the hose should reach mid- calf or higher depending on the length of the hose provided. Remember that while you are practicing this, you are working with an individual who is capable of pushing back to help you.

FACILITATOR GUIDE CH 12 **PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**

		Many of the people who need this support, cannot assist you with putting the hose on.
<b>Immerse (8 minutes)</b>		
<b>Note</b>		<b>Note to Facilitator:</b> Have upbeat work appropriate music cued up on a device or via internet access.
<b>Activity</b>		Start the activity by having everyone position themselves in their chairs so that they can extend their arms straight out to their sides.
<b>Say</b> 		“Ok, everyone, let’s do some arm circles! Ready, begin!” As you do the arm circles with them, count aloud. When you get to 20 tell them to flip their hands over (palm up or down). Begin the count at 1 again, and stop after 5.
<b>Ask</b>		“Is anyone bored yet?” Most likely more than one person (including you) will say “yes!”  You may use the dance party example below or another activity that gets people up and moving.
<b>Ask</b> <b>Say</b> <b>Activity</b> 	  	“Would anyone rather have a dance party?”  “If you work with people who have limited mobility and/or use a wheelchair, you might need to be creative to help them move their bodies in fun ways.”  Start the music, and say “It’s time for a seated dance party!” Encourage participants to share what dance moves they know, from a seated position. Choose music to last for at least 2-3 minutes.

FACILITATOR GUIDE CH 12 **PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**

<p><b>Say</b></p> 		<p>Many of the people we support require some additional assistance with movement. They may have injured themselves at some point in their lives or due to inactivity may just need some movement. It will be your job to support them with the range of motion.</p> <p>Raise your hand and ask Has anyone ever broken a bone? Maybe you sprained something? During your care or after the cast was removed what happened? (physical therapy, stretching) All of these activities helped your muscles return to their happier state. By doing the exercises you can still bend your knee, move your ankle, bend your wrist and what have you. People who sit and do little or don't get the same exercise that you do, need to have their body parts moved or they will lose use of them.</p>
<p><b>Show</b></p> 		<p>Show Video on Passive Range of Motion (3 min. and 11 sec.)</p> <p><a href="https://www.youtube.com/watch?feature=player_embedded&amp;v=XORFTjO9Dgk">https://www.youtube.com/watch?feature=player_embedded&amp;v=XORFTjO9Dgk</a></p>
<p><b>Apply- Demonstrate Learning Application to Real Work (30 min. depending upon class size)</b></p>		
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Model this skill for your class, discussing where you should stand, where your hands go and what support you are providing. Remind your participants that people who need this support may be in pain while you are assisting them and that they should go slowly and check in frequently regarding level of pain and discomfort. Watch while each person practices with their partner on a knee, elbow or ankle.</p>
<p><b>Teach and Train</b></p>		

SAY



Other movement assistance may be in the area of other moving body parts. Again, use it or lose it. When you are sitting at your desk do you do body stretches? What kinds? Take some answers. (shoulder rolls, standing up, fingers stretches will be among the answers) Right? When you have been sitting for a long period of time, you begin to feel your body stiffening up.

Now imagine being in a chair all day long when the staff doesn't plan for activities to keep people moving? What would you want your support staff to provide for you? Is it important TO you or FOR you? Take some answers. (They will vary.) The same is true for the people we support. It may be important for them to hike 5 miles a day but if they don't choose to move it is still important for them to move. It is our responsibility to ensure that they are moving.

Some of the people we support actually have plans that include passive range of motion activities that need to take place daily for their health. You will be tested on shoulder, knee and ankle movements but you may be trained to work with someone who needs something different. You will be trained as needed for each individual that needs this assistance.

**Apply – demonstrate passive range of motion for a shoulder, ankle and knee.**

Activity



Have participants pair with a partner and practice the steps for each body area. They should be starting with SWIPES and talking through each step as they have done with each skill prior to this.

It's ok if they say they will assume hand washing is completed and they have their gloves on.

**Skill: Passive Range of Motion for One Shoulder**

1. S.W.I.P.E.S.
2. While supporting the limb through the following exercises, move joint gently, slowly, and smoothly through the range of motion to the point of resistance. Stop if pain occurs.





3. Support individual's arm at elbow and wrist, while performing range of motion for shoulder.
4. Raise individual's straightened arm toward ceiling, back towards the head of bed and return to a flat position. Repeat at least three times.
5. Move individual's straightened arm away from their side of body toward head of bed, and return individual's straightened arm to midline of their body. Repeat at least three times.
6. Place individual's flexed elbow at individual's shoulder level, rotate forearm toward head of the bed and rotate forearm down toward hip. Repeat at least three times.
7. Wash hands.

**Skill: Passive Range of Motion for One Knee and Ankle**





1. S.W.I.P.E.S.
2. While supporting the limb through the following exercises, move joint gently, slowly, and smoothly through the range of motion to the point of resistance. Stop if pain occurs.
3. Knee. Support individual's leg at knee and ankle while performing range of motion for knee.
4. Bend the knee to the point of resistance and then return leg flat to bed. Repeat at least three times.
5. Ankle. Support foot and ankle while performing range of motion for ankle.
6. Keeping the individual's foot on bed, push/pull foot toward head and push/pull foot down, toes point down (as if pushing down or letting up on a gas pedal in a car).
7. Repeat at least three times.
8. Wash hands.

**Note**






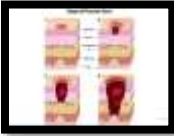


**Note to Facilitator:** Have participants practice in pairs. As the facilitator, you will need to walk among the groups to ensure that the steps are being performed correctly and adjusting technique as needed.







**Section 6: help a person to walk, turn and reposition a person in bed from prone to side, transfer from bed to wheelchair**




Immerse – walking and transferring		
<p><b>Say</b></p> 		<p>Raise your hand if you’ve ever been lightheaded? What did you do to steady yourself? Take some answers. (sat down again, held the wall, grabbed a friend)</p> <p>By now, you have figured out that people have many needs for support. Walking may be one of those as well. Not that the person can’t walk on their own but they may have balance issues or strength concerns, weakness in muscles from lack of moving or caused by medications. Some people may be light headed when they first stand up and we want to prevent them from falling! We aren’t talking about placing your hands on the person unless they need that. We are talking about remaining close to the person to be there to guide or catch them if they appear to be falling. Initially you will want to stand too close, keep your hands on the person and in general “hover”. Try not to do that! Work on keeping some distance without placing your hands on people.</p>
<p><b>Tools</b></p> 		<p>Invite participants to practice helping a person (partner in the class) to walk.</p> <p><b>Skill: Assisting an Individual to Walk</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Encourage individual to wear properly fasten non-skid footwear.</li> <li>3. Stand in front of and face the individual.</li> <li>4. Brace the individual’s lower extremities.</li> <li>5. With transfer (gait) belt:             <ul style="list-style-type: none"> <li>o Place belt around the individual’s waist and grasp the belt while assisting him / her to stand.</li> <li>o Walk slightly behind and to one side (weaker side, if any) of individual for the full distance, while holding onto the belt.</li> </ul> </li> <li>6. Without transfer belt:             <ul style="list-style-type: none"> <li>o Place arm around individual’s torso while assisting him / her to stand.</li> <li>o Walk slightly behind and to one side (weaker side, if any) of individual for the full distance with arm supporting his / her back.</li> </ul> </li> </ol>





FACILITATOR GUIDE CH 12 **PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**

		7. Assist individual to where he/she is going and remove transfer belt, if used.
<b>Activity</b>		<p>Pair up participants and use their <b>Study Guide</b> information from the Curriculum Toolkit. Review each of the steps while you model the process with one of the participants reminding everyone to follow each step in order. Be sure to point out where to stand and what to look for if they are to prevent a fall. (No hands in pockets, standing close by to catch, controlled falls better than a full on fall...)</p> <p>Ask one staff to be seated in a chair when care begins for this skill. The client requires stand-by assistance and does not use assistive devices to walk. The role of the individual supported is played by another participant.</p>
<b>Ask</b>		Debrief their learning through asking questions about their experience as both the individual supported and playing the role of the staff. How comfortable did you feel? What are the risks while assisting someone else?
<b>Teach and Train (5-8 minutes)</b>		
<b>Ask</b>		<p>Who do you think of as the classic <i>Superman</i>?          Most people will say “Christopher Reeve.”          How did Christopher Reeve die?          Allow people to guess.</p>
<b>Say</b>		Explain that the cardiac arrest that killed him was a result of complications from a pressure injury.
<b>Say</b>	 	<p>Raise your hand if you have ever seen a pressure injury, also called a bed sore or decubitus ulcer.</p> <p>Allow people to share personal stories or experiences.</p> <p>For those of you who haven’t seen a pressure injury, here are some examples.</p>



**FACILITATOR GUIDE CH 12 PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**

<p><b>Ask</b></p> <p><b>Say</b></p>	  	<p>What are some causes of pressure injuries? Ensure the conversation includes: skin tears, dehydration, lack of movement, poor circulation, certain medications, diabetes, paralysis, and lack of sensation.</p> <p>Let's test how easily a pressure injury can begin.</p>
<p><b>Apply - Demonstrate Learning Application to Real Work (5 minutes)</b></p>		
<p><b>Say</b></p>		<p>I am going to ask you to put your elbow on the table and lean your face on the butt of your palm. Stay in this position for one minute. When I say go, you will freeze your entire body. I will tell you when one minute has passed and you may move again.</p>
<p><b>Activity</b></p>		<p>After the minute is up, ask them to look around to observe the changes on the faces of other participants. Most people should have some redness and perhaps indentation, where their hand made contact with their face.</p>
<p><b>Say</b></p>		<p>This is the beginning of what could become a pressure injury if you were unable to change the point of pressure. This occurred in one minute, so imagine if you had to stay in that position for an hour!</p> <p>People who rely on us to help prevent pressure injuries may also rely on us to help them move about for their daily activities.</p> <p>If someone is in bed for an extended period of time, or stuck in a chair due to injury or illness, it is your responsibility to assist with repositioning. While this is not common in many supported living settings, you may need to assist with repositioning someone who is in bed recovering from an illness.</p>
<p><b>Ask</b></p>		<p>Debrief their learning through asking questions about their experience as both the individual supported and playing the role of the staff. How comfortable did you feel? What are the risks while assisting someone else?</p>
<p><b>Immerse</b></p>		





<p><b>Say</b></p>		<p>Remember from CPR how you move a person to their recovery position? This is the same thing basically. For people who are bed bound, changing their position is important. Discuss any people you support who will need this assistance. Tell them why they need the assistance and remind them that they will practice here and be better prepared when they are in the Coaching Session and performing this task with individuals we support.</p>
<p><b>Show</b></p> 		<p>Show the video: Turn and reposition from prone to side (4 min.)  <a href="https://www.youtube.com/watch?feature=player_embedded&amp;v=XZNtrYEN_uw">https://www.youtube.com/watch?feature=player_embedded&amp;v=XZNtrYEN_uw</a></p> <p>There were a few problems with this video. The person was rolled away from the staff rather than towards them. Never roll someone away from you. Always towards you.</p> <p><b>This skill requires you to have three pillows.</b></p> <ul style="list-style-type: none"> <li>• The thin pillow is folded in half the long way and tucked in behind the person before moving away from them.</li> <li>• The second pillow is the medium pillow. This is placed under the upper arm to allow the shoulder to remain in line.</li> <li>• The third pillow is the fluffiest. IT is placed between the legs to keep the hips in alignment and to prevent pressure injuries. While the video says to place one leg on top of the other, it is better to place the top leg a little behind or a little in front of the lower leg. The pillow should support from the knee to the ankle so make sure you have long enough pillows.</li> </ul> <p>The steps you will follow below do not indicate that you should ask the person to raise their hand on the side you will roll them to. You should do that step as it will make it easier for them to remain on their side.</p>

		The steps also do not indicate the placement of pillows. These should also be completed.
<b>Curriculum Toolkit</b>		<p>Tell participants to review the steps for turn and reposition in the <b>Fundamentals</b> section of their Curriculum Toolkit.</p> <p><b>Skill: Turn and Reposition an Individual in Bed</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Bend individual’s knees.</li> <li>3. Before turning individual, move their body towards self.</li> <li>4. Place your hands on the individual’s hip and shoulder and gently roll the individual over on his/her side away from you.</li> <li>5. Position individual in proper body alignment: <ul style="list-style-type: none"> <li>• head supported by pillow;</li> <li>• shoulder adjusted so individual is not lying on arm and top arm is supported;</li> <li>• back supported by supportive device if applicable;</li> <li>• top knee flexed, top leg supported by supportive device if applicable with hip in proper alignment.</li> </ul> </li> <li>6. Cover individual with top sheet.</li> <li>7. Remove gloves (if used) and wash hands as final step.</li> </ol>
<b>Activity</b>		<p>Pair participants with a partner. One will be the client the other the staff. Client will lie on their back on the bed. Provide a sheet or mat to place on the floor for their protection and comfort if you don’t have a bed. Staff person will move them from prone to their side following the steps for this skill.</p>
<b>Activity</b>		<p>Let’s talk about important steps for lifting and transferring people.</p>
<b>Curriculum Toolkit</b>		<p>List in your Curriculum Toolkit Page _____, 4 things that would be most important to you, if you had to rely on someone else to move you around. Provide a minute for people to create their list, and then have them share their lists in groups of three or four. Ask people to note one suggestion shared that they would not have thought of on their own. After a minute ask for volunteers to share with the larger group either what was most important, or what surprised them.</p>


FACILITATOR GUIDE CH 12 **PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**

Teach and Train (3 minutes)		
<b>Say</b>		<p>Some people you support may need complete physical assistance to move, due to an inability to bear weight. For those individuals, you will receive specific, in-home training using a mechanical lift (sometimes called a Hoyer).</p> <p>When a person can bear weight, we may need to provide a “safe assist.”</p>
Apply - Demonstrate Learning Application to Real Work (5-8 minutes)		
<b>Note</b>		<p><b>Note to Facilitator:</b> It is always best practice to use a wheelchair for practicing this activity. Some medical supply stores may loan or rent you one for a day or may provide you with a broken one for use during training. Ask your pharmacy or medical supply store for any equipment you need for practice.</p>
		<p><b>Skill: Transfer Individual from Bed to Chair/Wheelchair</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Position chair/wheelchair close to bed with arm of the wheelchair almost touching the bed.</li> <li>3. Fold up or remove footrests.</li> <li>4. Lock wheels on wheelchair.</li> <li>5. Assist client to roll toward side of bed.</li> <li>6. Supporting the client’s back and hips, assist client to a sitting position with feet flat on the floor.</li> <li>7. Assist client to put on non-skid footwear.</li> <li>8. Put on transfer belt, if necessary. <b>(Discuss the use a gait belt or transfer belt. If the person is wearing a belt, can you use that instead of putting something else on? Discuss comfort of how the pants might fit when you are pulling up on the belt and how a gait belt can be used so that clothing stays in a comfortable position. Is a use of a gait belt restrictive? Does it need to have special consent to use one? Does it need a Doctor or Therapist order?)</b></li> <li>9. Assist client to scoot toward edge of bed.</li> <li>10. With transfer (gait) belt:</li> </ol>





FACILITATOR GUIDE CH 12 **PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**

		<ul style="list-style-type: none"> <li>• Stand in front of client.</li> <li>• Grasp belt.</li> </ul> <p>11. Without transfer belt:</p> <ul style="list-style-type: none"> <li>• Stand in front of client.</li> <li>• Place arms around client’s torso under client’s arms.</li> </ul> <p>12. Brace client’s lower extremities with your knees to prevent slipping.</p> <p>13. Alert client you will begin transfer on the count of 3.</p> <p>14. On signal, assist client to stand.</p> <p>15. Assist client to pivot to front of wheelchair with back of client’s legs against wheelchair.</p> <p>16. Flex your knees and hips and lower the client into the wheelchair</p> <p>NOTE: People will fail the test if they do not use proper body mechanics.</p>
		Show the Video Transfer from bed to wheel chair (3 minutes & 30 seconds) <a href="https://www.youtube.com/watch?feature=player_embedded&amp;v=JxmH3_E2uDo">https://www.youtube.com/watch?feature=player_embedded&amp;v=JxmH3_E2uDo</a>
<b>Say</b>		Now that you have seen an example of a safe assist to transfer, it is your turn to practice.
<b>Curriculum Toolkit</b>		<p>Have participants pair up. One will be the person in the bed and the other will assist them to stand from the bed to transfer to the wheelchair.</p> <p><b>Skill: Transfer Individual from Bed to Chair/Wheelchair</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Position chair/wheelchair close to bed with arm of the wheelchair almost touching the bed.</li> <li>3. Fold up or remove footrests.</li> <li>4. Lock wheels on wheelchair.</li> <li>5. Assist client to roll toward side of bed.</li> <li>6. Supporting the client’s back and hips, assist client to a sitting position with feet flat on the floor.</li> <li>7. Assist client to put on non-skid footwear.</li> </ol>



		<p>8. Put on transfer belt, if necessary. (Discuss the use a gait belt or transfer belt. If the person is wearing a belt, can you use that instead of putting something else on? Discuss comfort of how the pants might fit when you are pulling up on the belt and how a gait belt can be used so that clothing stays in a comfortable position. Is a use of a gait belt restrictive? Does it need to have special consent to use one? Does it need a Doctor or Therapist order?)</p> <p>9. Assist client to scoot toward edge of bed.</p> <p>10. With transfer (gait) belt:</p> <ul style="list-style-type: none"> <li>• Stand in front of client.</li> <li>• Grasp belt.</li> </ul> <p>11. Without transfer belt:</p> <ul style="list-style-type: none"> <li>• Stand in front of client.</li> <li>• Place arms around client’s torso under client’s arms.</li> </ul> <p>12. Brace client’s lower extremities with your knees to prevent slipping.</p> <p>13. Alert client you will begin transfer on the count of 3.</p> <p>14. On signal, assist client to stand.</p> <p>15. Assist client to pivot to front of wheelchair with back of client’s legs against wheelchair.</p> <p>16. Flex your knees and hips and lower the client into the wheelchair.</p>
<b>Note</b>		<p><b>Note to Facilitator:</b> If you have gait belts available, participants can practice with them instead of miming the actions. A gait belt can be any thick piece of fabric or an actual belt. (This is a skill that participants will need to demonstrate for the Home Care Aide Certification Exam)</p>
<p><b>Reflection &amp; Celebration (5 minutes)</b></p>		
<b>Say</b>		<p>The personal care needs of the people you support will be very individualized. You’ll learn the most when you are in the home providing support.</p> <p>What are some of the common themes for personal care?</p>

**FACILITATOR GUIDE CH 12 PERSONAL CARE SKILLS ACQUISITION AND SUPPORT**

		<p>(top to bottom, pat dry not rub, privacy, use SWIPES to remember the steps, individual has the right to choose or refuse, only use the person’s personal care equipment – no sharing, water temp at 120 degrees....)</p> <p>Be on the lookout during your in-home job experience for how staff inquire and learn what is most important to each individual. As always, provide caring and compassionate support that helps each individual be as independent as possible – just like you would desire staff to do for your loved one. Remember to celebrate yourself!</p>
<b>Activity</b>		Give everyone a sticky note and instruct them to write 2-3 personal care tasks that boost their own self-esteem. Give 2-3 minutes and then ask them to take their post it note with them to post somewhere they will see it every day.
<b>Say</b>		Thank you (in advance) for the work you will do to make a difference with the most basic of tasks for the care of each person you will support!
		
<b>Activity</b>		Please administer the assessment at the end of this chapter.
<b>Note</b>		<p><b>Note to Facilitator:</b> Please review the objectives in the Curriculum 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 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>
<p><b>Best Practice</b></p>		<p><b>Research has shown:</b></p> <ul style="list-style-type: none"> <li>• Practice with all items required leads to better outcomes</li> <li>• Allowing practice during teaching time, increases the recall of the skill at a later time</li> <li>• Providing a study refresher class prior to taking the exam increases passing rates</li> <li>• Talking out loud while performing a task increases ability to perform the task <b>and</b> makes the task more predictable for the client.</li> <li>• Predictability increases trust with the staff.</li> <li>• Consistency from staff to staff in performing skills increases client learning and ability to become independent.</li> <li>• Use of common Care Practices increases the person’s support system.</li> </ul>

## Limitations List

Vision impairment	Refuses to participate
Weak on the right side	Difficulty remembering steps
No use of arms; uses a wheelchair	Unable to grasp
Hearing impairment	Unable to stand upright

This page left intentionally blank.

## **“What Should You Do?” Role Play Scenarios**

1. My pants are torn at the crotch. They are my favorite pants and I refuse to change before we leave the house.
2. My usual female staff called in sick. A male replacement is covering the shift. I refuse to let him assist me with menses care.
3. I have very bad breath. We are going to a dance tonight. I don't think I need to brush my teeth, as I did that this morning.
4. You overhear another staff say to someone you support, “Oh man, what did you eat?” as they check to see if a brief change is needed.

This page left intentionally blank.





***Training Objectives***

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

1. Give a definition for HIPAA
2. List at least 5 pieces of protected information that can be used to identify a person
3. Summarize what to do in 3 out of 4 situations to safeguard communication and information (verbal, written, or electronic)
4. Explain “need to know” concept related to HIPAA
5. Describe how to use release of information and consent forms
6. Identify a guardian’s duties regarding protected health information
7. Classify the methods through which Protected Health Information can be transferred
8. Identify penalties for violation of HIPAA policy whether intentional or accidental

***Estimated Time***

1.5 hours, depending on the number of participants

***Supplies***

Laptop or computer connected to a projector/monitor

External speakers for laptop or computer

Internet access








Access to this Chapter’s visual content (including videos) on the DSHS website










Paper and pens for participants

Scratch paper








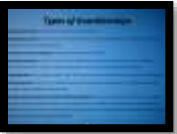

Print copies of your agency’s HIPAA Policy for handouts (or use the Sample Policy at the end of this chapter in this Trainer’s Guide)








Direct Support Professional Curriculum Toolkit







<p><b>Preparation before training</b></p>		<p>Review the Facilitator Guide for this chapter, and have enough Direct Support Professional Curriculum Toolkits for participants. Ensure each participant has a pen. And be sure to have reviewed the visuals and be prepared to ask the right questions following each brief video.</p>
<p><b>Opening: Engaging Activity (5 minutes)</b></p>		
<p><b>Say</b></p>  <p><b>Activity</b></p> <p><b>Note</b></p>	    	<p>Now I would like each of you to write on a scratch piece of paper 3 things about yourself, and then turn the paper over in front of you.</p> <p>Please write down:</p> <ul style="list-style-type: none"> <li>• Your weight</li> <li>• Your bank balance</li> <li>• Time and description of your last bowel movement</li> </ul> <p>Keeping the paper face down, slide it in front of the person to your right.</p> <p><b>Note to Facilitator:</b> Pause for 15 seconds to make sure everyone has passed their face down paper.</p>
<p><b>Ask</b></p>		<p>Then ask participants to NOT look at the information, and to ask the person whose information they have, “Would you prefer to have your personal information posted on Twitter, Facebook, or would you like to have it back?”</p> <p>Encourage everyone to give the information back to the owner, unseen.</p>
<p><b>Reflection (1 minute)</b></p>		
<p><b>Ask</b></p> 		<p>How would you feel had that information actually been posted to that social media site? What would you want to happen to that person who posted it? We must be mindful of the HIPAA law, and of protecting people’s dignity.</p>
<p><b>Teach and Train (10 minutes)</b></p>		



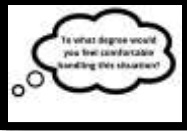





<p><b>Ask</b></p>		<p>What does the HIPAA acronym mean?! Gather guesses (it may be helpful to restate ideas shared).</p>
<p><b>Activity</b></p> 		<p>Then on the whiteboard or flipchart paper, write</p> <p>H I P A A</p> <p>with the corresponding words: Health Insurance Portability and Accountability Act.</p>
<p><b>Curriculum Toolkit</b></p>		<p>See Curriculum Toolkit for this chapter.</p>
<p><b>Ask</b></p> 		<p>While we may not use these terms, we DO need to know what it means.</p> <p>How many of us (raise your hand) have completed a HIPAA Acknowledgement Form at a doctor's office?</p> <p>What kind of information is considered protected, identifiable health information? Share your ideas and we'll capture them on the _____ (whiteboard or flipchart).</p>
<p><b>Activity</b></p>		<p>Write on the board/flipchart all of the types of information that participants share.</p>
<p><b>Curriculum Toolkit</b></p> <p><b>Note</b></p>	  	<p>Invite participants to turn to the My Notes section in the Curriculum Toolkit.</p> <p><b>Note to Facilitator:</b> Be sure to circle these items on the board (from the ideas shared by those in the workshop). Have participants copy these items onto their HIPAA handout page in the Curriculum Toolkit. Types of Confidentiality / HIPAA Information:</p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Any location identifier more specific than state (address, zip code, city)</li> <li>• Social Security Number</li> <li>• Birth Date</li> <li>• Photograph</li> </ul>

		<ul style="list-style-type: none"> <li>• Case File</li> <li>• Email Address</li> <li>• Vehicle Identifiers (This refers to signage on cars that people ride in as well as t-shirts that label the person as having a disability by association of being with the person who wears it.)</li> <li>• Telephone Number</li> </ul> <p>Be sure to share or add info on the board that may have not been included from the group:</p> <ul style="list-style-type: none"> <li>• Any medical information</li> <li>• The fact that you work to support this individual</li> <li>• Financial status or payment details</li> <li>• Details of the day</li> </ul> <p>Be sure to address the facts that:</p> <ol style="list-style-type: none"> <li>1. Initials are not protected information and may be used.</li> <li>2. It is acceptable to speak in specifics about protected information to healthcare providers who support the same individuals or to supervisors and to some state agencies (licensor, auditor, or DDA Headquarters when asking for information).</li> <li>3. It is also acceptable to share protected information when reporting incidents of abuse, neglect or domestic violence.</li> </ol> <p>Written information that needs to be discarded must be handled appropriately; this may include shredding or filing/archiving in a secure location.</p>
<p><b>Ask</b></p>	<p style="text-align: center; font-size: 2em;">?</p>	<p>When it comes to the 3 types of information you were asked to write down at the beginning of this session: Weight, Bank Balance, and Bowel Movement, who might legitimately need to know this information about you?</p> <p>What types of information would a Direct Support Professional need to know in this role?</p>








<p><b>Activity</b></p> 		<p>Locate your agency's HIPAA Policy (your agency has one!), or make copies of the SAMPLE HIPAA Policy.</p> <p>HIPAA Policies include information about the Minimum Necessary (disclosure or rule) or Need to Know.</p> <p>Discuss what is needed to know in order to provide a service. Example, the bank will need to know your bank balance, but they do not need to know your weight.</p>
<p><b>Ask</b></p>		<p>What are the possible consequences of failing to follow HIPAA Policy?</p> <p>Review your agency's HIPAA Policy (or hand out and review copies that you made of the Sample Policy provided at the end of this chapter's Facilitator Guide).</p>
<p><b>Immerse (1-2 minutes)</b></p>		
<p><b>Show</b></p>  <p><b>Ask</b></p> 	  	<p>Show <i>The Demanding Guardian</i> video (1:00) wanting personal information by phone.</p> <p>What should you do?          What types of Guardians are there?          What is a Release of Information?          Answer: See below and the Curriculum Toolkit for this Chapter</p>
<p><b>Teach and Train (45 minutes)</b></p>		
<p><b>Ask</b></p> 		<p>How do you know what information you can share? What type of information could that guardian receive? What types of guardians are there?</p>








<p><b>Curriculum Toolkit</b></p>		<p>Invite participants to review the sample Release of Information form found in this chapter of the Curriculum Toolkit.</p>
<p><b>Teach &amp; Train (25-30 minutes)</b></p>		
<p><b>Say</b></p>		<p>Let's take a look at some potential, real-work situations where your knowledge of confidentiality is needed.</p> <p>Picture taking or videotaping by Direct Support Professional for personal use is prohibited (e.g., cell phones, social networking platforms, etc.). Use of pictures or videotaping for agency purposes requires signed consent.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Show the series of short video clips described below, stopping after each at the PAUSE &amp; QUESTION slide. Allow staff to apply their learning to these real-work scenarios regarding confidentiality. Invite participants to relate how they should handle the scenario.</p> <p>Before showing the video, ask 2 participants to read one of the two roles shown in the video:          Blue Box Person          Gray Box Person</p>
<p><b>Show</b></p> 		<p>Show <i>Trip to Disneyland</i> video (0:37)</p>
<p><b>Ask</b></p> 		<p>You take a trip to Disneyland with the individual you support. Is it ok to put the pictures on your Facebook page? Why or why not?          Answer: No, it is not ok to use individual photos for personal use.</p> <p>Explain how social media can be used in your role as a Direct Support Professional and that cannot be used.</p>

<p><b>Show</b></p> 		<p>Show <i>The Mall</i> video (0:27)</p>
<p><b>Ask</b></p> 		<p>While shopping with the individual you support, you run into a family friend of the individual. The friend asks questions about the individual’s health. Is it ok to answer the questions? Describe your responsibility as a staff in this situation.</p> <p>Answer: The individual can speak for themselves or the staff may disclose information if the individual has signed a consent for that friend. Things you may want to ask yourself include: Is there a confidentiality agreement? Do they “need” to know?</p>
<p><b>Curriculum Toolkit</b></p>		<p>Invite participants to review the <i>Your Responsibility</i> in the <b>Fundamentals</b> section Curriculum Toolkit while you discuss as a large group.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Your responsibilities for maintaining confidentiality. You may want to convey some of the following concepts about the role of a DSP.</p> <p>It may sound something like:          In your position, you will be privy to some very private information about the people you support. This includes medical and financial information, as well as historical and personal information. It is essential that you hold all of this information in strict confidence. This means that you cannot share any of this information with anyone outside of other employees working with the individual unless you have explicit written consent to do so.</p> <p>There are some entities, such as federal or state agencies, which may be an exception to this. To ensure that you are always in compliance, it is best for you to refer any requests to your supervisor.</p> <p>This also applies to sharing information with your friends or family. Remember, personal information regarding the people you support should not be shared.</p> <p>When discussing issues regarding an individual, please ensure that you do so in a private area and that you are aware of others who may be listening. Never discuss one individual’s information in front of another</p>

		individual, even if you do not believe they are still listening or that they cannot understand.
<p><b>Show</b></p> 		Show <i>The Roommate</i> video (1:09)
<p><b>Ask</b></p> 		<p>While working in a home where several individuals live, an individual’s guardian stops by to visit. During the visit, the guardian asks questions about a roommate who lives in the home. Is it ok to answer the questions? To what degree would you be comfortable handling this situation?</p> <p>Answer: No, you may only speak about the individual the guardian represents.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> While referring to the Your Responsibility in the <b>Fundamentals</b> section of the Curriculum Toolkit for this chapter may prove relevant based upon where the discussion goes with the group of participants, you may also want to bring up this information below as well.</p>
<p><b>Say</b></p>		<p>Maintaining confidentiality requires you to keep communication and information physically secure and in a secure area.</p> <p><u>Physically secure</u> means that access is restricted through physical means to authorized individuals only.</p> <p><u>Secured area</u> means an area to which only authorized representatives of the agency possessing the confidential information have access. Secured areas may include buildings, rooms, or locked storage containers—such as a filing cabinet within in a room—as long as access to the confidential information is not available to unauthorized personnel.</p>
<p><b>Show</b></p> 		Show <i>The Front Door</i> video (0:16)



<p><b>Say</b></p>		<p>The individual’s guardian arrives at the individual’s home demanding all paperwork regarding the individual.</p>
<p><b>Ask</b></p> 		<p>Do you give this information to them? What do you need to KNOW in order to handle this? Answer: Yes.</p>
<p><b>Show</b></p> 		<p>Show <i>Patio After Work</i> video (1:20)</p>
<p><b>Ask Note</b></p> 	  	<p>You are visiting after work with friends, including another employee from your agency. Is it ok to share your story of your day with your friends? Why or why not? Answer: No, it is not ok to discuss any information, even humorous stories, with someone who does or does not work directly with the individual.</p> <p><b>Note to Facilitator:</b> Use the Curriculum Toolkit, notes earlier in this Facilitator Guide, and notes that participants may have taken during this session to use dialogue to close any learning gaps you perceive may exist with attendees. The <i>Teach and Train</i> emphasis in this session is reliant upon you as the trainer to facilitate “teaching” in a conversational manner following the video scenarios. Each class may go a little differently as participant input will vary.</p> <p>It is important that you train to meet each Objective in this chapter. By encouraging dialogue, you will make meaningful learning as staff put themselves in the staff shoes of the characters in the videos.</p>
<p><b>Reflection &amp; Celebration (3-5 minutes)</b></p>		

<p><b>Ask</b></p> <p><b>Curriculum Toolkit</b></p>	 	<p>As a Direct Support Professional, what is your role to safeguard information? Responses may include;</p> <p>Refer to the 1, 2, 3, page in the Curriculum Toolkit as you reply</p> <ul style="list-style-type: none"> <li>• Look for Release of Information in order to know what information may be shared with specific people</li> <li>• Share only pertinent information with people who have a need to know</li> <li>• Close the book/program when done documenting</li> <li>• Be thoughtful where I make med appointment calls, etc.</li> <li>• Do not discuss protected information about individuals you support outside of work (social media, family, friends, etc.).</li> </ul>
<p><b>Activity</b></p>  		<p>Celebrate the privacy of personal information...invite all participants to SHRED the paper they wrote their weight, bank statement, or bowel movement information...as no one in the room needs to know! (Reinforce the appropriate discarding of information by shredding.)</p>
<p><b>Activity</b></p>		<p>Please administer the assessment at the end of this chapter.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Please review the objectives in the Curriculum 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 and review that section again with the whole group or determine where</p>

		<p>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>
--	--	--

### **Sample Agency HIPAA Policy Summary**

The **Health Insurance Portability and Accountability Act (HIPAA)** is a federal law which was passed in 1996. HIPAA mandates that any “covered entity” and their employees must protect individually identifiable health information regarding a person’s physical or mental health as well as any healthcare that the person is receiving.

Under HIPAA, a covered entity refers to any health care providers, healthcare plan providers or healthcare clearinghouses that transfer healthcare data. We are trusted with a great deal of personal health and financial information for a large number of individuals. Disclosure of this information could result in a variety of issues from embarrassment and persecution to identity theft. It is our duty to protect the information of the people that we support as if it were our own.

HIPAA’s privacy rule protects all individually identifiable health information that is held or transmitted in any form, whether oral, paper, or electronic. Individually identifiable health information is defined as any information that relates to:

- i The individual’s past, present or future physical or mental health
- i Details of any healthcare that the individual is receiving or has received
- i Financial status or payment details

Also protected is any information that can be used to identify an individual including:

- i Name
- i Any location identifier more specific than state (address, zip code, city)
- i Social Security Number
- i Birth Date
- i Photograph
- i Case File
- i Email Address
- i Vehicle Identifiers
- i Telephone Number

Initials are **not** protected information and may be used. It is acceptable to speak in specifics about protected information to healthcare providers who support the same individuals or to supervisors. It is also acceptable to share protected information when reporting incidents of abuse, neglect or domestic violence.

This page left intentionally blank.

Protected information may also be disclosed to law enforcement representatives when there is a court order or when the information is important to the prevention or investigation of criminal activity. The only other time that protected information may be shared is when the disclosure is authorized in writing by the individual or their personal representative. A personal representative is described as a person who is legally authorized to make healthcare decisions on the individual's behalf.

A key provision of the HIPAA privacy rule is the "minimum necessary" disclosure. This means that any time a covered entity must disclose protected health information, the information shared is limited to the minimum necessary to accomplish the intended purpose of the disclosure, use, or request.

Privacy is extremely important when discussing any protected health information. A person overhearing a conversation in which protected health information is shared constitutes a violation of HIPAA. To prevent this, all discussions involving protected information should take place in a private setting such as in an office with a closed door. Having conversations in public or in a lobby area at work can cause unintended disclosure of protected health information. Avoid discussing any protected health information while not at work.

Protected health information in paper form must also be closely monitored to prevent viewing by any unauthorized entity. Be cautious when handling documents that contain protected health information and never leave them unattended. Also make sure that you are in a private setting before reviewing any documents that contain protected health information. Any paper documents which contain protected information must be shredded prior to disposal.

Security of electronic protected health information is also very important. Any employee who uses an electronic device for their job will select a password which will change every 90 days. Electronic devices should be angled so they are not readily noticeable to the public. Each computer has a screen saver that is activated after 10 minutes of disuse and will require a password to unlock. Anyone who uses an electronic device for work must also be wary of what they are downloading and what websites they are visiting. It is very easy to download a file which contains malware, or inadvertently click a link or to visit a website that will route to a site containing malware that can allow unauthorized entities to access our network or install key-logging software to copy passwords and any other information that is typed. Before disposing of any item that is used to store information, make sure that item is sanitized. If any device used for work purposes is stolen or misplaced, notify the security officer immediately so the device can be wiped remotely.

This page left intentionally blank.

As of September 23, 2013 the penalties for violation of HIPAA regulations increased. The new regulations establish four categories of violations and four corresponding levels of penalties depending on the gravity of the violation. The four categories of violations are:

- **Did Not Know:** Unintentional disclosure of protected health information
- **Reasonable Cause:** Accidental disclosure of protected health information due to a gap in training or communication
- **Willful Neglect Corrected:** HIPAA law is clearly ignored, but corrections are made to address the issue
- **Willful Neglect without Correction:** HIPAA law is clearly ignored and no corrections are made to address the issue

The table below will briefly outline monetary penalties:

<b>Violation Type</b>	<b>Each Violation</b>	<b>Repeat Violations per year</b>
Did not know	\$100 - \$50,000	\$1,500,000
Reasonable Cause	\$1,000 - \$50,000	\$1,500,000
Willful Neglect Corrected	\$10,000 - \$50,000	\$1,500,000
Willful Neglect without Correction	\$50,000	\$1,500,000

Willful violations by individuals can also carry incarceration terms of up to 1 year per violation. Violations on either an individual or corporate level will also be reported the Secretary of the US Department of Health and Human Services and to media outlets.

HIPAA policy is enforced by three key positions within a company:

- **Chief Compliance Officer:** The Chief Compliance Officer oversees the compliance program as an independent and objective body that reviews and evaluates compliance issues or concerns within the organization
- **Privacy Officer:** Responsible for the development and implementation of the policies and procedures necessary for compliance. The Privacy Officer also receives complaints related to HIPAA.
- **Security Officer:** Responsible for developing appropriate policies to comply with the HIPAA security rule. Oversees and responds to any breach or impending breach of the security of Electronic Protected Health Information.



***Mandatory Training Objectives***

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

1. Define abandonment, abuse, neglect, injury of unknown origin, exploitation, and financial exploitation
2. Recognize signs of abuse, neglect, self-neglect, and financial exploitation
3. Explain the legal requirement as a mandatory reporter to report abandonment, abuse, neglect, exploitation, and financial exploitation of a child or vulnerable adult
4. Defend agencies' policies and procedures regarding staffs' responsibility of abuse reporting requirements
5. Differentiate between Residential Care Services (RCS), Complaint Resolution Unit (CRU), Child Protective Services (CPS), and Adult Protective Services (APS) within DSHS
6. Demonstrate how to report abuse, and to whom
7. Distinguish when additional authorities must be notified and further documentation is required
8. Identify consequences for staff, agency, and supported individuals of failure to report abuse or neglect

***Estimated Time***

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

Highlighters per participants

Scratch paper

Residential Services Curriculum Toolkit (per participant)

DDA Policy 6.12 Mandatory Incident Reporting Requirements for Residential Services Providers









DSHS form 10-403 Abuse Reporting sign off form for Residential Services Providers




Copy of RCW 74.34.053 and accompanying penalties Note: *These forms may be revised each July; be certain the version you are using has the most current revision date on it.*






Question cards copied and cut from the last page of this facilitator guide. (They can be enlarged, copied on card stock, or laminated for reuse.)


Copies of YOUR agency's policies and procedures (per participant)






Copies of your agency's Acknowledgment form (per participant) for their personnel files




<p><b>Preparation before training</b></p>		<p>Print DDA Policy 6.12 and DSHS form 10-403 (Abuse Reporting sign off form) for each participant. <i>Note: This form may be revised each July; be certain the version you are using has the most current revision date on it.</i> Make pens, highlighters and scratch paper available and have question cards cut and ready to hand out.</p>
<p><b>Opening: Engaging Activity (2 minutes)</b></p>		
<p><b>Say</b></p> 		<p>To ensure that we understand and are following state law regarding abuse, neglect, and exploitation of vulnerable adults and children, we are going to use the DDA Policy 6.12 to research answers to questions, to learn definitions, and clarify examples. We will also learn how to report, and to whom, if we suspect abuse, neglect, or exploitation.</p>
<p><b>Activity</b></p>		<p>Give each person DSHS form 10-403 (Abuse Reporting sign off form) and their own copy of DDA Policy 6.12.</p>
<p><b>Curriculum Toolkit</b></p> 		<p>Provide DSHS forms link and DDA policy link for the latest versions of these documents in the Curriculum Toolkit.  <a href="https://www.dshs.wa.gov/fsa/forms">https://www.dshs.wa.gov/fsa/forms</a>  <a href="https://www.dshs.wa.gov/dda/policies-and-rules/policy-manual">https://www.dshs.wa.gov/dda/policies-and-rules/policy-manual</a></p>
<p><b>Say</b></p>		<p>Invite staff to take a few moments to read each statement behind the checkmark boxes on the sign off form. Inform them that after this training they will be asked to check mark each box (and not ahead of time) and that this indicates that they will be held accountable for following this DDA Policy 6.12.</p>
<p><b>Activity</b></p> 		<p>Assign staff 1 or 2 index cards, give highlighters and/or scratch paper, and instruct them to work together to look up the information in DDA Policy 6.12. Explain that they should put it into their own words to summarize the definitions, explanations, or examples that they will present to the rest of the group. Ask them to make note of the page number in the policy where they found the information. (If they have trouble finding the information they are assigned, assure them you will give them the page number.) When it is their turn to share, ask them to tell everyone to turn to the page on which they found the information. As each group shares, everyone in the room must be looking at the page where the information was located. (It can be helpful to explain the layout of the DDA policy, pointing out the contents of each of the attachments, and hinting that staff may find information in more than one place within the policy; i.e., a definition may be found in the first pages of the policy, as well as the Attachments with definitions and examples).</p> <p>Any key points listed below should be reviewed if they do not come up in the group debriefing of each index card.</p>





<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> The scope of DDA Policy 6.12 includes both mandatory reporting to the Department/Law Enforcement (CRU, CPS etc.) as well as contractual/policy reporting requirements for DDA reports. Distinguish between the two.</p>
<p><b>Index card assignments</b></p>	<p><b>Page # /Resource</b></p>	<p><b>Key points- Review statements in policy and add points below</b></p>
<p><b>Curriculum Toolkit</b></p> 		<p>As staff share their information direct others to write notes in their Curriculum Toolkit.</p>
<p>1. Define physical abuse and mental abuse and give 2 examples of each.</p>	<p>p. 13 &amp; 14 Examples p. 16-17</p>	<p><b>Physical-</b> aside from obvious physical assaults, this includes chemical restraints (use of meds to control), physical restraints used inappropriately, bedrails to keep someone in bed without a formal plan, or seatbelt to keep someone in their wheelchair, controlling power to a wheelchair, even withholding of dentures, hearing aids, walkers (also review list of examples). The use of physical restraints is only appropriate in a health and safety situation and is always the last resort. Any other use of restraints is abuse.</p> <p><b>Mental-</b> swearing in front of individuals is verbal abuse and illustrates the importance of professional behavior at work! Examples of ridicule, intimidation, and coercion might include: “Don’t be a baby.” “What is wrong with you? This is easy!” “You better not do that or you’ll be in trouble.” “I thought I was your favorite staff.” “After your tantrum this morning, there’s no way I am taking you to your guitar lesson!”</p>
<p>2. Define sexual abuse and exploitation and give 2 examples of each.</p>	<p>p. 13 &amp; 14 Examples p. 16-17</p>	<p><b>Sexual-</b> in addition to any nonconsensual contact, emphasize that <u>any</u> sexual contact between staff and a supported individual is abuse. Any assistance with personal hygiene that makes the person feel uncomfortable, and shaving or removal of hair from the genital areas unless it is formally stated in the person’s plan is potential sexual abuse. Due to the diagnoses of some people we support, even if the person requests this kind of assistance, it</p>

		must be approved before proceeding. <b>Exploitation-</b> financial is one type, and attempting to influence religious or political practices are other examples.
3. Define abandonment, neglect, and self-neglect and give 2 examples of each.	p.13, 15, Examples p. 17	<b>Self-neglect-</b> for those who fail to care for themselves or refuse support services necessary to ensure health and safety, report self-neglect while advocating for other supports for the person. Sometimes they need additional funding for care, or could benefit from mental health assessment and counseling.
4. Define financial exploitation & give 2 examples.	p. 14-15 Examples p. 17	<b>Financial Exploitation-</b> guardians and advocates (of adults) are subject to investigation, too.
<b>Show</b> 		Show (2) <i>Grocery Shopping</i> videos (1:40) which illustrate financial exploitation
<b>Ask</b>		What should you do? What should you do if the person you support accuses the staff of stealing?
<b>Activity</b>  <b>Curriculum Toolkit</b>		Encourage the staff to write the name of a person in their lives that they would consider a vulnerable in the Curriculum Toolkit section of this chapter.
5. Define mandated reporter, vulnerable adult 	p. 2, 12 p. 15 p. 11	We are all mandatory or mandated reporters, and don't have to have proof or be a witness to the abuse. We <u>must</u> call if we have reason to believe or suspect abuse/neglect. All adults in supported living programs are vulnerable adults. ( <i>We may feel vulnerable if targeted by aggression from supported individuals, but we do not meet the legal definition of vulnerable adult.</i> )
injury of unknown origin	p. 2, 12	If there is no reasonable cause of an injury, based on individual's known condition or disability, we report. Examples of "known and predictable interactions with surroundings" might be bruising on shins that could occur if

		playing soccer without shin guards. Or, bite marks on the wrist from self-injury are different than bite marks on the back of an arm or leg, clearly not self-inflicted. These situations would be documented to monitor health and safety, but would not constitute an abuse report.
6. What do CPS, APS, CRU & RCS stand for, & what does each of these divisions do?	p. 12, 13 p. 3	It can be helpful to write the acronyms and definitions on a white board or chart paper to give a visual reference. Once the acronyms are defined, quiz the group by asking, “If you <b>work with children</b> , who would you call to report abuse?” –CPS and/or law enforcement.
<b>Ask</b>	?	If you <b>work with adults</b> in a supported living program, who would call to report abuse? Answer: RCS/CRU and law enforcement (if physical or Sexual abuse)  If you are a staff <b>working in employment/day programs</b> who suspect abuse or neglect of a vulnerable adult, who would you call to report abuse? Answer: APS
7. What are the phone numbers to call to report abuse/neglect of children? What number(s) are used to report abuse/neglect of vulnerable adults?	p. 7-8	Now would be a good time to use your cell phone and add the number to your contacts specific to your program. You may also receive a card or employee ID with the phone #s to CPS, APS, RCS/CRU on the back.
8. What is reported to law enforcement? 911 vs. law enforcement	p. 3, 4	The last on the list in this section of the policy is “... if requested by the person or legal representative, or family member.” If they ask, we would help them call.
At this point in the training, you will focus on how to make an abuse report, and using your agencies’ policies and procedures.		
<b>Say</b>		State your company’s policy regarding steps to take as a mandatory reporter.  For example you might say, “Our company policy states that you as the mandatory reporter must make the call to the reporting hotline for your program. Your second call is to your Program Supervisor, to notify him/her of your report.”
<b>Ask</b>	?	Why your agency asks you to report in this order.

		<p>For example, you might say, “Why do you think our agency would ask you to report directly to the reporting hotline first, and then call your supervisor?”</p> <p>Answers may include:</p> <ul style="list-style-type: none"> <li>• This allows your supervisor to follow DDA required abuse reporting follow-up procedures.</li> <li>• The supervisor can ensure the person supported is safe.</li> <li>• This protects you as the mandatory reporter.</li> <li>• This ensures your suspicions or reasonable cause to believe are investigated, therefore avoiding the potential for abuse to continue</li> </ul>
<b>Say</b>		An example you could use is the Sandusky child abuse case. Many people in the case said they told his supervisor and other administrators of their suspicions, but never contacted authorities outside of the football program.
<b>Note</b>		<b>Note to Facilitator:</b> Use any example of abuse where a mandatory reporter did report abuse to an authority, but not the correct authority.
<b>Say</b>		<p>You can remain anonymous, but if you do not leave contact information;</p> <ul style="list-style-type: none"> <li>• an investigator will be unable to contact you to ask questions, and</li> <li>• you will not have the proof that you have fulfilled your obligation as a mandatory reporter.</li> </ul>
<b>Curriculum Toolkit</b>		Take a look at the <b>Fundamentals</b> section of the Curriculum Toolkit for this chapter to review sample questions you may be asked to answer when calling to report abuse.
<b>Note</b>		<b>Note to Facilitator:</b> When reporting child abuse you will always talk to a live person.
<b>Now we will resume index card research reports.</b>		
<b>Index card assignments</b>	<b>Page # /Resource</b>	<b>Key points- Review statements in policy and add points below</b>
9. What policies and procedures does the Developmental Disabilities Admin. (DDA) expect of service providers when	p. 2-3 E., F., G., p. 8-10 C., D.	<b>Note to facilitator:</b> Notice the sub headings 1, 2, & 3 under sections C & D for main points. Staff relocation or reassignment does not necessarily indicate presumption of guilt by the agency.

there is an investigation?		
10. What are three situations that would require your supervisor to contact a CRM (Case Resource Manager) at DDA within one hour?	p. 4-5, 18	This gets staff looking at the reporting to DDA timeline that their supervisor must follow. Tie this to DSP’s responsibility to make accurate reports in a timely manner, and the need to inform supervisors.
11. What are three incidents required to be reported by your supervisor in writing within one business day?	p. 5-7, 18	Same as above.
12. What does failure to report mean? According to RCW 74.34.053 what actions may be taken against someone as a result of failure to report?	p. 2 & RCW copy including penalties for false reporting!	Failure to report=Gross Misdemeanor w/ penalty of five thousand dollars and/or up to 1 year in county jail False reporting=Misdemeanor w/ penalty of one thousand dollars, and/or up to 90 days in county jail
<b>Say</b>		Staff are held to a different legal obligation than supported individuals when it comes to making false reports of abuse, neglect, and exploitation. If a staff makes a false report as determined by an RCS/CRU investigation, they may be prosecuted.
<b>Note</b>		<p>If you have a charge of failure to report or false reporting on your record, there are more long term consequences beyond penalties of a gross misdemeanor or misdemeanor. Turn to page 12 in DDA Policy 6.12. Let’s review that list of mandatory reporters.</p> <p><b>Note to facilitator:</b> As you review the list, point out to people that there are many other professions that will no longer be an option should you have this on your background. Also, if they have children they would not be allowed to volunteer in a classroom, chaperone school activities, etc.</p> <p>Note also that a failure to report, or a malicious report could result in prosecution of a gross misdemeanor. The individual could also be substantiated for Neglect by DSHS, which is Disqualifying.</p> <p><b>If a supported individual makes a false report, even if they have a history of false reporting, it does not negate our mandatory reporting obligation.</b></p>
<b>Say</b>		Now we will go back to the abuse reporting sign off form. Read each statement before you check the box acknowledging that you understand and will be held accountable for this policy. If you have any questions at this time, please ask.

<p><b>Activity</b></p> 		<p>Give staff time to thoroughly read and sign the acknowledgement form, and hand it to you for your witness signature. The signed copies must be routed to their personnel files.</p>
<p><b>Activity</b></p>		<p>Please administer the assessment at the end of this chapter.</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Please review the objectives in the Curriculum 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 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>

**Question cards to be cut and distributed to group.**



<p>1. Define <u>physical abuse</u> and <u>mental abuse</u> and give 2 examples of each.</p>	<p>2. Define <u>sexual abuse</u> and <u>exploitation</u> and give 2 examples of each.</p>
<p>3. Define <u>abandonment</u>, <u>neglect</u>, and <u>self-neglect</u> and give 2 examples of each.</p>	<p>4. Define <u>financial exploitation</u> &amp; give 2 examples.</p>
<p>5. Define <u>mandated reporter</u>, <u>vulnerable adult</u>, and <u>injury of unknown origin</u>.</p>	<p>6. What do CPS, APS, CRU &amp; RCS stand for, &amp; what does each of these divisions do?</p>
<p>7. What are the phone numbers to call to report abuse/neglect of children? What number(s) are used to report abuse/neglect of vulnerable adults?</p>	<p>8. What is reported to law enforcement?</p>
<p>9. What policies and procedures does the Developmental Disabilities Admin. (DDA) expect of service providers when there is an investigation?</p>	<p>10. What are three situations that would require your supervisor to contact a CRM at DDA within one hour?</p>
<p>11. What are three incidents required to be reported by your supervisor in writing within one business day?</p>	<p>12. What does failure to report mean? According to RCW 74.34.053 what actions may be taken against someone as a result of failure to report?</p>