

UNITS 7 & 8

Working With People



Revised: November 18,
2014

WORKING WITH PEOPLE – Study Guide

1. What is the “**Central Purpose**” of care giving?

2. List the “**Four Pillars**” of Companionship.

3. What are two actions that would tell us that a person is feeling “**fear?**”

4. What are two ways we could tell that a person feels “**safe?**”

5. What are the “**Four Tools?**”

6. List four ways to teach someone that they are “**loved?**”

7. Give examples of "**gifts**" and "**vulnerabilities**"

8. What are the "**Six Elements?**"

9. How does one's "**history**" affect how they react and behave today?

10. What does it mean to be "**integrated**" in the community?

11. Name three categories of "**Challenging Interactions?**"

12. What does it mean to be "**pro-active**" in regards to challenges?

13. What are examples of "**punishments?**" Are they allowed in this field?

14. What does "**contingent rewards**" mean? What are problems with them?

The following outcomes will be completed in the classroom:

Day 1

1. Four Pillars of Companionship and Four Tools
 - A. Verbally describe the Four Pillars of care giving.
 - B. Understand the use of the following **four** tools: hands, eyes, words and presence.
2. Recognize that each person brings a history and memories, which dictate how he/she communicates.
3. Gifts and Vulnerabilities
 - A. Identify what gifts he/she brings as a caregiver.
 - B. Identify the gifts of the people we serve.
 - C. Describe the vulnerabilities of the caregivers.
 - D. Describe the vulnerabilities of the individuals we serve.
4. Make a commitment to at least one thing he/she can do to create a gentle environment.

Day 2

1. Describe ways to stay gentle in the face of challenging behavior.
 - A. Understand why behavioral challenges occur.
 - B. Develop ways to create supportive and positive interactions within a person's life.
2. Understand why punishment and contingencies are not proactive options.
3. Reaffirm commitment to methods of creating a gentle environment.
4. Understand how to respond effectively in handling challenging behavior.
5. Be able to look at a challenging behavior from that person's point of view.
6. Learn ways to help an individual make positive change in their behavior.
7. Understand that there are always reasons for an individual's behavior.
8. Develop ways to create dreams and visions for the people we serve.

The following outcomes will be completed through the reading material:

1. Understanding the Stigmatizing Effect of a Disability
2. Know the difference between the terms "different" and "devalued" and ways to help individuals experience acceptance for their unique abilities and ways of expressing themselves.
3. Understand why individuals need to experience and be rewarded for choosing age-appropriate activities.
4. See why it is important to break the cycle of "self-fulfilling prophecies."
5. How People Relate to People, Places and Things
 - A. Identify factors influencing a person's ability to deal with life's demands.
 - B. Understand how values, attitudes, beliefs, and expectations can influence behavior – our own and those we work with.
 - C. Identify how positive descriptions of individuals' capacities can influence public perceptions and how we work with people in the residential community.

6. Patterns of Teaching

A. The Institutional Pattern of Teaching

- i. Recognize why the Institutional Pattern of teaching does not allow a person to be valued for appropriate behaviors.
- ii. Understand how using the Institutional Pattern of teaching can produce the opposite teaching goal we seek – to reward desired behavior.
- iii. See why positive learning and meaningful relationships are unlikely to happen using the Institutional Pattern of teaching.

B. The Educational Pattern of Teaching

- i. Know several teaching ideas that limit a person's ability to learn new skills appropriate for their age and present abilities.
- ii. Be able to give examples of the Educational Pattern of teaching.
- iii. Understand why simply giving a person information does not mean they will be able to use and apply that information in everyday life.
- iv. Understand why those learning new skills or behaviors may not see themselves as part of the learning process under the Educational Pattern of teaching.

C. The Gentle Teaching Pattern

- i. See that the Gentle Teaching Pattern focuses on the value of the learner, and equality between teacher and learner in the teaching process.
 - ii. Understand that Gentle Teaching values unqualified acceptance of the person.
 - iii. See that Gentle Teaching focuses on the learner not seeing the teacher as a threat.
7. Understand that a combination of support, structure and fairness help you and the individual deal effectively with challenging behavior, and find ways to interact that are more positive.
 8. Realize that safety security and dignity for the individual and others in the residential community is your first consideration.

The following outcomes will be achieved through on the job training:

1. Demonstrate proactive options when challenging behavior interrupts teaching.
 - a. Be able to select pro-active options in dealing with challenging behaviors.
 - b. Recognize times when teaching is not likely to occur and have an alternative plan of action.
2. Demonstrate an understanding of the Four Pillars of care giving through the following 4 tools: Hands, eyes, words, and presence.

FOUR PILLARS OF COMPANIONSHIP

COMPANIONSHIP is defined as 1) a continuous relationship with a person; 2) being a best friend. **A COMPANION** is a person who accompanies, assists and/or lives with another as a helpful friend. To be companions and to teach companionship is the purpose of our care giving.

COMMUNITY is a social group of people with things in common.

We are gentle people. We seek gentle ways to teach people to feel safe with us, to feel loved by us, to be loving toward others and us, and that it is good to be with others and us. These are the **FOUR PILLARS OF COMPANIONSHIP**. Before we learn more of the Four Pillars, it is important for us to understand that our own behavior may need to change as much as, and perhaps even more than, those of the individuals we are serving. Many of the people we serve, have a history of hundreds and even thousands of different caregivers. When we are first introduced to the people we serve as a new caregiver, we are neither seen nor understood by them as we see and understand ourselves. We are a collective memory of the individual's past life experiences. Those memories include frightening moments, feeling unworthy of being loved and no knowledge of how to show love. People need to learn who we are and what we are about. If we move too quickly or suddenly, they jump from us in fear. If we talk too sternly or loudly, they hear a cruel and demeaning command. If we ignore them, they think they are nobody. If we touch them, they shrink from us in fear. We must be very sensitive to our every move. A smile given instead of a frown, an invitation instead of a stern request, a friendly greeting instead of an indifferent glance, a touch of compassion instead of a forceful grab, and the person will begin to know you as a companion and not as just another "staff person." Once you are working, you will become a part of the person's life story and memories. What impact will you make on the lives of the people you serve?

THE FOUR PILLARS OF COMPANIONSHIP

- YOU ARE SAFE WITH ME
- IT IS GOOD TO BE LOVED
- IT IS GOOD TO BE LOVING TOWARD OTHERS
- IT IS GOOD TO BE WITH ME

Companionship and friendship go hand in hand. Companionship is the practical use of friendship. The process of forming friendships will take patience, determination and sincerity. We must be willing to share ourselves with people to teach them that they are safe with us, it's good to be loved by us, it is good to be loving and it is good to be with us. The next time you are at work, sit with someone for a few minutes. In that time, share four things that you like to do and four things that you don't like to do. Then ask that person for the same information. This is the beginning of being a companion and not just "another staff."

Companions look forward to seeing each other. If the people we serve do not seem to look forward to seeing us, we need to change, in ourselves, what they see as frightening. Few

caregivers knowingly make others feel afraid or use even minor forms of punishment. However, people who have been pushed away or kept at arm's length from others can easily come to see us as domineering and controlling caregivers. A frown instead of a smile, a stern request instead of an invitation, a word of caring unsaid, a greeting not given, a touch not given and the person might see us as "mean" and uncaring

FIRST PILLAR - YOU ARE SAFE WITH ME

Fred shuffles into the workroom from the hall. His steps trace a wide circle around the edge of the room, avoiding coming near the caregivers and others arriving for work. His eyes avoid their eyes as well. The expression on his face is a combination of anxiety and tension. He reaches the chair in the farthest corner, as removed as possible from the others. Fred turns the chair nearly facing the wall, sits and draws his knees up to his chest. He closes his eyes, puts his wrist between his teeth and leans his head against the wall. In a room bustling with activity, filled with a dozen voices, he is solitary and silent. This is how Fred has spent years of his life.

"Fred" does not live in a safe place. He lives in a world of fear and danger. It may be hard for us to understand the depth of someone's fear and the role we play in it. We think of ourselves as good caregivers trying to do good things. If we are able to recognize the fear in those whom we serve, then are we the reason for that fear? This may or may not be true, but more than likely, it comes from their life story and their vulnerabilities. We are symbols of their past memories, and we must teach that when they see us they will know that they are safe and secure with us. Our hands, our words, and our eyes must never frighten them. They are safe in our presence. We must give them a life-memory of care giving that is warm, loving, safe and kind. We must recognize their fragile emotional nature. How do we teach who we are? We have **FOUR TOOLS** to use: **1) Our Hands; 2) Our Words; 3) Our Eyes and 4) Our Presence.** Our movements need to be slow and in tune to the needs of the person. When the person is angry, we have to move slowly so that our actions will not be frightening. We must be non-threatening and welcoming even when there is violence around us. The rhythm of our movements has to be reassuring and understanding, sometimes slow and deliberate and sometimes lively and excited. We should express our warmth through our touch, words, and gazes. Our interactions must be uplifting rather than putting the individual down.

| THE PERSON WHO FEELS FEAR: | THE PERSON WHO FEELS SAFE: |
|--|--|
| <ul style="list-style-type: none"> ■ IGNORES OTHERS ■ REBELS AGAINST CAREGIVERS ■ REBELS AGAINST FRIENDS ■ REBELS AGAINST FAMILY ■ REFUSES TO SHARE ■ SEES NO JOY IN OTHERS ■ SEES LITTLE JOY IN SELF ■ WITHDRAWS ■ SELF-STIMULATES ■ HAS LITTLE PRIDE IN SELF ■ PREFERS TO BE ALONE ■ DISLIKES SCHOOL OR WORK | <ul style="list-style-type: none"> ■ SEEKS OUT OTHERS ■ ENJOYS CAREGIVERS ■ ENJOYS FRIENDS ■ ENJOYS FAMILY ■ OFFERS TO HELP ■ FINDS JOY IN OTHERS ■ FINDS JOY IN SELF ■ PARTICIPATES ■ HAS HOBBIES ■ TAKES PRIDE IN SELF ■ SEEKS TO SOCIALIZE ■ LIKES SCHOOL OR WORK |

Our hands need to give a memory of feeling safe and loved, and define understanding and kindness. Our voice needs to signal feelings of affection, support, fun and be uplifting. Our eyes need to show kindness and acceptance.

SECOND PILLAR - IT IS GOOD TO BE LOVED

LOVING: A profound tender and compassionate affection. A feeling of warm personal attachment or deep affection as for a parent, child, or friend. Affectionate concern for the well being of others. A fondness for someone that is calm, tender, and constant.

Our care giving needs to be an expression of our **unconditional loving**. It has to be generous, active, intense and deeply rooted in us. We cannot feel timid and self-conscious when talking about love and expressing it in the warmest way possible. In our culture, which values privacy, space and individual strength, this may be difficult for us to do. However, our purpose as a care giver is to teach others how to develop ongoing relationships and to do this it will require a display of tenderness in order to move closer to the people we serve. Before we can teach love to others, we must think of kind, loving people and ourselves as good. The expression of loving others can only come from a love of self. Not a selfish love, but one in which we can find peace in ourselves and those who are close to us. Our unconditional loving is a gift we give to others. If a person thinks, "I'm unworthy!" it will be impossible to feel loved.

| A PERSON WHO FEELS UNLOVED: | A PERSON WHO FEELS LOVED: |
|---|---|
| <ul style="list-style-type: none"> • COMPLAINS • HAS POOR GROOMING AND DRESS • WITHDRAWS • SELF-STIMULATES • HURTS SELF • HURTS OTHERS • IS IRRITABLE • RUNS FROM CAREGIVERS • SCREAMS • HOARDS (ACCUMULATES) OBJECTS | <ul style="list-style-type: none"> • SEEKS HELP • TAKES PRIDE IN SELF • SOCIALIZES • HAS PRIDE IN HOBBIES • CARES FOR BODILY NEEDS • HELPS OTHERS • IS CONTENTED • TAKES JOY IN CAREGIVERS • WARMLY COMMUNICATES • SHARES POSSESSIONS |

Teaching A Feeling Of Being Loved

- *Speak warmly about the person.*
- *Give descriptive examples of his/her goodness.*
- *Look into the person's eyes as you speak*
- *Ask the person to speak well of himself*
- *Touch softly/gently*
- *Use your presence as a signal that he/she is safe and loved*

To be loved is to know that you are somebody in the eyes of a small group of others and that you are connected to them, uplifted by them and content to be with them. To love others is to reach out to them, share feelings, lift them up when they are down and deepen your feeling of companionship. To love people is to respond to them. It is unconditional, and it is the center of a healthy community.

THIRD PILLAR - IT IS GOOD TO BE LOVING TOWARD OTHERS

Our third pillar is to teach the person to be loving toward others in his/her community. This third pillar of companionship increases the feeling of interdependence. Interdependence teaches people to find joy and contentment in the well being of others and to build his/her self-esteem. It teaches the goodness of reaching out to others, to feel what others feel, to share their gifts of a smile and a hug and to participate in the community of others at home, school or in the neighborhood.

| A PERSON WHO IS LOVING: | A PERSON WHO IS INDIFFERENT, OR DESPISES, OR HATES OTHERS: |
|--|--|
| <ul style="list-style-type: none"> • SMILES • TOUCHES WARMLY • COMMUNICATES JOYFULLY • APPROACHES OTHERS • STAYS WITH OTHERS • SEEKS OUT OTHERS • SHARES PERSONAL OBJECTS | <ul style="list-style-type: none"> • FROWNS, CRIES, CLINGS • GRABS, HURTS, DISRESPECTS • COMMUNICATES HARSHLY • WITHDRAWS • SELF-STIMULATES • PREFERS SOLITUDE • HOARDS |

TEACHING PEOPLE TO BE LOVING TOWARD OTHERS

- ❑ MAKE SURE THE PERSON IS EXCEPTIONALLY SAFE WITH YOU.
- ❑ BRING ANOTHER INTO YOUR TINY CIRCLE-- TWO BECOMES THREE, THEN THREE BECOMES FOUR.
- ❑ ASSURE THAT EACH IS SAFE.
- ❑ SIT BETWEEN EACH.
- ❑ MAY USE A SHARED ACTIVITY AS A WAY TO KEEP THE SMALL CIRCLE TOGETHER
- ❑ GIVE WARM HELP TO EACH IN THE ACTIVITY AS NEEDED.
- ❑ GIVE LOVING ATTENTION TO EACH AS NEEDED.
- ❑ SHARE TOUCH WITH ONE ANOTHER
- ❑ TALK ABOUT:
 - *IT IS GOOD TO DO THINGS TOGETHER.*
 - *THIS MEANS WE CAN BECOME FRIENDS.*
 - *LET'S SHAKE HANDS AS A SIGN OF CARING.*
 - *WE CALL THIS SHARING.*
- ❑ KEEP THE FOCUS ON THE LOVING RELATIONSHIP.

As we help individuals form this “culture” of loving, we need to continue to be a role model of companionship. Take advantage of the thousands of moments in the day to touch, smile, talk and do things with those we serve. Caregivers should use opportunities during the day, to spend 5-30 minutes with a person, to demonstrate companionship with others. Be aware of those acts that we might do or neglect to do, not because we are rude or uncaring, but happen because we get busy and are not thinking. For example, walking by someone and not greeting them by name, sitting with someone and not talking lovingly, seeing someone in pain and not offering consolation. As a role model, we need to set an example for others to follow. Teaching loving interactions is teaching an individual to love others, to reach out to others, to share feelings, to lift others up when they are down, and deepen their feelings of companionship. Loving is responding to others in their joys and in their sorrows. **It is unconditional.**

FOURTH PILLAR - IT IS GOOD TO BE WITH ME

A caregiver approaches the chair where Fred sits, his back to the room. “Come over to the tables, Fred. It’s time to do tabletop activities.” Fred continues to sit in silence and darkness. The caregiver steps closer and taps him on the shoulder. “Wake up, Fred! We have to do our programs.” This time Fred reacts. He clamps his teeth more tightly on his wrist, opens his eyes wide and moans loudly, “Uhhnnnnnnn!” Suddenly, he draws his head back and slams it against the wall three times in rapid succession. “Well, okay, Fred,” the caregiver answers, “We’ll just get a ‘minus’ for the morning.”

“Fred” has not yet learned that there is goodness in doing things with other people and that there is joy in being a social person. His experience of safety, both physical and emotional, is based on being apart and self-centered. The characteristics listed below define how a person may show their level of social skills:

| SOMEONE WHO IS NOT SOCIAL: | SOMEONE WHO IS SOCIAL: |
|---|---|
| <ul style="list-style-type: none"> • IGNORES OTHERS • REBELS AGAINST OTHERS • REFUSES TO SHARE • USES ACTIVITIES TO AVOID CONTACT WITH OTHERS • WITHDRAWS • SELF-STIMULATES • HAS LITTLE PRIDE IN SELF • PREFERS BEING ALONE • DISLIKES SCHOOL OR WORK • DOES NOT PARTICIPATE IN ACTIVITIES • DRAWS AWAY FROM CARE GIVERS | <ul style="list-style-type: none"> • SEEKS OUT OTHERS • ENJOYS BEING WITH OTHERS • OFFERS TO HELP • ACCEPTS HELP • HAS HOBBIES AND INTERESTS • SHARES ACTIVITIES • TAKES PRIDE IN SELF • LOOKS FOR OPPORTUNITIES TO SOCIALIZE • LIKES SCHOOL OR WORK • PARTICIPATES • IS DRAWN TOWARD CARE GIVERS |

Another caregiver approaches Fred. “I’m happy to see you, Fred. I’ve been looking forward to spending some time with you today.” She greets Fred warmly and smiles at him. The

caregiver steps closer, right to the edge of the space Fred has defined as his own. She continues to talk softly and gently to Fred. After a few moments, she quietly draws another chair close to his and sits, still talking to him in the same calming and reassuring tones. Fred stiffens and raises his head, ready to bite harder and hit his head again. The caregiver lowers her voice even further and slows her speech. She continues to reassure Fred. She doesn't tell him to do anything and she doesn't grab him. After a few more minutes, Fred relaxes visibly. He gives no response to the caregiver but he watches her now through partly opened eyes.

How to teach it's good to be with me

- *Start with just being near and with the person. Make sure the person feels safe with you. Use your four tools for a few minutes.*
- *Use an activity that is simple. Keep the flow smooth.*
- *Decide how much you will need to be involved in the activity.*
- *Avoid telling or signaling that you are going to have them participate.*
- *Start the activity yourself, assuring that you are not going to make him or her do anything.*
- *Do the activity with or even for the person. Encourage the person.*
- *Be alert for signs of fear or rebellion.*
- *Gradually withdraw your help.*

Used with permission from John McGee

HOW PEOPLE RELATE TO PEOPLE, PLACES AND THINGS.

Many factors influence a person's ability to deal with the demands of life. How we behave today and respond to a current life situation may be based on how we responded and behaved in the past. Here are some factors that influence thinking and behavior:

Early life experiences – relationships to the people close to us, along with cultural ethnic influences, and attitudes.

Expectations – What did significant others expect from us? How did we respond to those expectations? What do we expect of ourselves now?

Stress – What kinds of things are stressful? How do we respond to these stresses?

Communication – Can we express thoughts, feelings, wants or needs? Can the people we work with express their thoughts feelings, wants or needs? In the past, what happened when opinions or feelings were expressed?

Understanding – Do people we work with understand why certain things happened or are happening? Do they understand why things are being done to, or for them? Do they understand why things are done sometimes without their involvement or consent?

Supports – Do we have family, friends and community acceptance? Do the people we work with have this same support system?

Illnesses – Have the people we work with or someone close to us experienced a severe illness? Did the illness cause a disability? What were the emotional and behavioral responses of these individuals to their illness or disability?

Physical Needs – Has the person been homeless, hungry, cold, or abused? Have they experienced humane physical contact?

How people attempt to meet their needs may determine how they deal with life's demands and stresses. Social scientists have long known that the values, attitudes, beliefs and expectations of people can strongly influence behavior. But how do these values, attitudes, beliefs and expectations differ?

***Webster's New World Dictionary* defines them like this:**

– Attitude – "A manner of acting, feeling, or thinking that shows one's disposition opinion, etc."

– Values – "That quality of a thing according to which it is thought of as being more or less desirable, useful, estimable, or important." Worth, or the degree of worth.

– Belief – "Conviction that certain things are true."

If our "attitude" shows interest and caring about people, they are more likely to tell us what they think, want and need. If we "value" a person and show that we think they have worth, they are more likely to think of themselves as worthwhile. If we "believe" everyone can learn, grow and change, we are more likely to see people learn, grow, and change. Our actions and the way we behave toward people show others our attitudes, values, and beliefs. For example:

- If we want a person to be more involved on program activities, we ask them about their activity likes and dislikes. This shows an attitude of caring and concern.
- When we "value" other people, we seek them out, start a conversation, spend time with them, and praise them for jobs well done.
- If we "believe" people with disabilities can take control of their own lives, we allow them to make their own decisions and choices about what to do and when to do it.

GIFTS AND VULNERABILITIES

Mental Retardation

Mental retardation is a unique expression of the human condition. It brings both gifts and vulnerabilities. The gifts are a simplicity in viewing life, being honest in emotional expression and a hungering for affection. The vulnerabilities that it brings are slowness in thought processes, and difficulty in communication. The person may have difficulty in understanding abstract thoughts and feelings or have lowered defense mechanisms. These needs also make the person who is mentally retarded more likely to have mental illness. Personal understanding of social situations is lessened. Reactions can be impulsive or misdirected. Expression of feelings can be difficult. Not having ways of protecting oneself can lead to frustration, sadness, and social difficulties. Up to 30% of the mentally retarded population have a mental illness at some point in their lives.

Those with mild and moderate retardation realize that they are different. Segregated schools tell them this. Sheltered workshops tell them. A life of poverty when working to become financially stable tells them. There are disabilities, which often go along with severe mental retardation. These increase one's vulnerability through seizures, deafness, blindness, autism, and other conditions. This makes the world a more difficult place in which to live. Having only minimal language skills, people with severe mental retardation often live in frustrated confusion. Programs frequently shuffle them from one setting to another without regard for emotional stability and warm relationships. Many are subjected to programs that leave emptiness by being focused on behavior modification or the gaining new skills.

The presence of mental illness means much more than just observable behaviors. It means an inner world that is in turmoil. It means emotional unrest that often cannot be explained. It requires sensitive insight into that person's life-condition. This is often only obtained from significant others. It is understood through a process of critical questioning, direct observations, and familiarity. For example, if John had been doing well at work and in his group home, why does he now refuse to go to work? Why is he losing weight? Why is he sitting by himself more? John might not be able to verbally respond to these questions. Care givers have to know his history, speak with significant others and look for possible causes.

Normal Adaptation

We know that if people who are mentally retarded are given ongoing support and help, they will be better adjusted in the family and the community. Yet, because of their vulnerabilities, they are frailer than most people. It is therefore important to understand the nature of each person before considering the disability.

Tom is a normal young man with moderate mental retardation. He lives, works, and plays in the community. He holds a full-time job, takes care of himself, and participates in community life. He gets lots of support. Without this support, his vulnerabilities would control his life. Tom has a sense of humor and enjoys life. He is active in a self-support program. He can reach out to others and belongs to community groups. He has a close relationship with his brother. He receives support from a local counselor who is more a friend and helper than a staff person. He lives in an apartment, attends church, and has a feeling of freedom. He understands and processes information slowly. He likes to talk with people, but is unable to explore issues in depth. His life appears simple but full.

But what might happen if his social supports are yanked from under him? How would he respond to change if not supported in the process? Others are sometimes even frailer than Tom and mental illness are likely to happen. External forces that can work against these individuals are poverty, cultural prejudice, and family difficulties. Internal forces, such as genetic or metabolic conditions, can make such people more likely to have a mental illness.

Schizophrenia

One of the most common forms of mental illness is schizophrenia. This is marked by hallucinations, incoherent thinking, odd beliefs, strange behaviors, and flat or inappropriate affect. It often results in decreased skills and difficulty with routine daily functioning.

Charlie has mild mental retardation and chronic schizophrenia. He lives in the community and receives support from an advocate. He requires occasional inpatient care when his symptoms occur. He has just had a relapse. He attacked someone due to a command from what he calls his "bad self." These commands have caused Charlie to have extreme trouble with women. His only option is to ignore the voices to have some self-control.

His grin and laughter speak forcefully of disorganized thoughts. His language is odd, echoing words that only partially make sense. His acts arise out of what he describes as "meanness" toward "ugly women." His urges come on with hot flashes and shakes due to what he terms a "ffection." As confusing as they are, he can express his emotions to others. He feels that his "evil self" stops him from going to church. Charlie attributes his aggression to being "voked" into fights, a struggle between his "good self" and "bad self."

Schizophrenia can take on many different forms. Charlie's strange laughter and facial expressions speak of an emotional separation. His "mean" thoughts show an ongoing delusion. Often, the "bad self," as expressed by Charlie, is a "voice" that sends him commands. Although strange, it can be most forceful and real.

Among persons with severe mental retardation, schizophrenia becomes more of a challenge. The person may have no language skills to describe that inner world and the delusions. A plan has to be made from personal knowledge, sensitive observations, and clinical explanations. External behaviors, such as withdrawal, aggression, or self-injury, have to be interpreted as their "voices."

John is a young man with schizophrenia and mild mental retardation. He has been subjected to restraint due to self-injury. He is usually sad and has an inability to interact. He had functioned at a moderate level of mental retardation during early childhood. He began to change around age fourteen. His speech is now severely impaired. His ears and chin have scars from constant picking and rubbing. His head has patches of baldness from yanking out his hair. These behaviors have no apparent cause. His life-condition consists of withdrawing from reality. His self-restraint is an attempt to grab onto reality. This falls apart as the world around him fails to reach out to him. He has been bounced from one foster home to another. This makes the world more difficult to understand. He finds more importance in hurting himself than in interacting with others.

Bipolar Disorders

All people need to develop a feeling of belonging with others and those with bipolar disorders need it more than most. They need tolerance and ongoing support. The manic phase can bring out the worst in caregivers. The mistaken perception is often that "He should know better..." or "She is just manipulating us..." When in the depressive phase, the person who is retarded is often forgotten by caregivers, since so many storms have been weathered. Our interactions should be warm, authentic, and understanding. Our counseling should be frequent and supportive. It should fall within the flow of their daily living, and be in tune with their mood. It should be direct and value-centered. We must help them enter into friendship and companionship rather than submit to obedience. Psychotropic medications should also be given and monitored. People need to be "put back together" by learning to interact, to reach out, and to both receive and reciprocate human affection.

Conclusion

The people we serve have many faces and present many challenges. Companionship requires an understanding of the whole person. We must understand the vulnerabilities that mental retardation brings to him or her and knowledge of that person's life history. This is most often obtained through talking with significant others. Companionship moves us far beyond any mechanical view of the person with mental retardation. It forces us to look upon each individual as a full person. In spite of the difficult problems that mental illness presents, we need to see care giving as a process of mutual change. Caregivers must expand and deepen their understanding of each person's gifts. We need to ensure that a person's gifts are strengthened and made important.

Adapted from "Dual Diagnosis: Mental Retardation and Mental Illness - a Guide for Care Givers" by John McGee and James Glick.

PATTERNS OF TEACHING

THE INSTITUTIONAL PATTERN OF TEACHING

In the past, the most common process of teaching was the "Institutional Pattern". The Institutional Pattern of teaching emphasizes the correction of challenging behaviors. A teacher following this pattern makes sure people are not doing things we, as individuals in our society, have decided they should not do. To be successful in this type of teaching, one spends a majority of time paying attention to "inappropriate" behaviors and stopping them. Traditionally, this has been accomplished by punishing a person for what he or she should not be doing.

When punishment does not work in getting rid of behaviors we don't want to see, the alternative is to increase control over the person, and punish more intensely. The immediate objective of this type of teaching is to make the results ("consequences") of the challenging behavior distasteful, unpleasant, and painful. The person being taught finally accepts the control and adopts the teacher's point of view, deciding this behavior is not worth the hassle to repeat. This process also imposes a separation, or hierarchy of roles, between teacher and the learner.

CONCERNS WITH THE INSTITUTIONAL PATTERN OF TEACHING

There are some real moral and ethical problems with this pattern of teaching. First, the important thing the teacher attends to is undesired behaviors. Whatever a person does which is good or effective or valued escapes notice and is not recognized at all. We communicate to the person the overwhelming importance of undesired behaviors, or what we want the person not to do. We spend our time "taking away" behaviors. Our definition of "appropriate" behavior becomes "not doing things". If we followed this Institutional Pattern of Teaching, we would never say our goal was to teach a person not to do anything. However, this is exactly what our actions communicate.

There is another serious problem with this pattern of teaching: We place all the weight and value of our attention on "undesired" responses. In doing this, we communicate to the person the type of behavior we find important, what we expect, and where we place the value of our dealings together. When the undesired behavior does not occur, we may not interact much with the person. The person sees if he or she wants to interact with us, the way to do so is to do the undesired behavior, to get our attention and hold it. The pattern accomplishes exactly the opposite of what was planned.

Ethically, the problem with the Institutional Pattern of Teaching is it has been used convincingly to justify some terrible inhumane things for one person to do to another person. A very real danger is found in trying to answer the question, "What do we do if the behavior continues?" The answer has been that if a particular punishment does not work the solution is to increase the punishment. And, if the undesired behavior persists, make the consequences even harsher. This opens the door to some really cruel punishments justified by the need to control another person. The personal relationship between the participants is: I, the teacher, am in charge. You, the learner, will do as I say (i.e., I am up here and you are down there). Positive learning and meaningful relationships do not develop using the Institutional Pattern of Teaching.

THE EDUCATIONAL PATTERN OF TEACHING

The second pattern of teaching is the traditional Educational Pattern of Teaching. We don't mean public education. This pattern places an exclusive emphasis on the accumulation of skills and abilities and the lifelong effect of labels, such as "trainable" and "educable".

It is very important for anyone to have a wide range of skills and abilities. It is important to know things and to know how to use certain skills to develop, grow and have a satisfying life. We need to learn how to do things and we want to learn how to do things. This teaching pattern, however, says that to teach an individual, I must pour information or abilities from my head into yours.

To make the task the most important part of teaching leads to an incorrect conclusion. The Educational Pattern of Teaching ignores the sharing aspect of teaching. What is not acknowledged is the teacher is also growing and developing as a direct result of the contract. The relationship between the teacher and the learner becomes: "I have something to give to you. You have nothing to give to me. I know. You do not know." The temptation is to value the person who knows a greater number of things over one who knows fewer things (those common "high functioning" and "low functioning" labels).

Another problem with the Educational Pattern of Teaching is that skills become a matter of what is important to us, as individuals or as a system. We may choose things to be taught without regard to the individual and what that person needs or wants to know. We take it for granted that we decide what they need to know and what they want to know. We do not all need the same things and we do not all like the same things. We can forget that this applies to the people with whom we work, too. They should have some choice in what is presented to be learned.

A result of the Educational Pattern of Teaching is the problem of contingent reward. This means that the learner is only rewarded for accurate results. If you do this, you get "X". The implication is the only way to get "X" is by doing this task. This also makes possession of "X" a valued asset. If you have "X", you must be good and powerful.

The goal of the Educational Pattern of Teaching is independence for the person learning. The emphasis is not on the person or the interaction between teacher and the learner. The emphasis is on the activity or skill to be presented and mastered. The tool for reward in the Educational Pattern of Teaching is contingent reinforcement. As in the previous pattern, the relationship is one of different classes: I am the teacher with more value than you, the learner.

THE GENTLE TEACHING PATTERN

The final pattern of teaching is the one that we currently use. The Gentle Teaching Pattern strongly emphasizes the importance of the sense of companionship between the teacher and learner. The key to Gentle Teaching is not in the task to be taught nor in the technique to control people, but in establishing the four pillars into a person's life. The people we serve must feel safe with us, know that it is good to be with us, and understand that it is good to be loved by us and loving toward us.

Because of the system's use of the first two patterns of teaching, people with whom we work may have learned that human presence can signal a cold and distant encounter. It can also represent a threat and a very real risk to the learner. Since we want to place interaction at the center of our teaching process, one of the first things we need to teach is that our presence is a signal of safety, not a threat. We need to show that our presence indicates a reward for that person, and that their presence is rewarding to us. This requires unqualified acceptance of the person.

COMPARISON OF DIFFERENT TEACHING PATTERNS

| CHARACTERISTICS | INSTITUTIONAL PATTERN | EDUCATIONAL PATTERN | GENTLE TEACHING PATTERN |
|-----------------------------|-----------------------------------|---------------------------------|--|
| The goal of the Pattern is: | CONTROL | INDEPENDENCE | COMPANIONSHIP |
| The focus is on: | CHALLENGING BEHAVIOR | THE TASK | <i>FOUR PILLARS: FEELING SAFE, IT'S GOOD TO BE WITH ME, TO BE LOVED AND BE LOVING</i> |
| The tool used is: | PUNISHMENT | CONTINGENT REWARD | <i>FOUR TOOLS: WORDS, HANDS, EYES & PRESENCE</i> |
| Possible problems | INHUMANE NO GROWTH VIOLENCE | COLD DISTANCING ISOLATING | TAKES A LOT OF HARD WORK AND EFFORT TOWARD GROWTH BY BOTH THE TEACHER AND THE LEARNER |

Working With People Day 2: Positive Techniques

INTRODUCTION

We all have behaviors we would like to change. Some of us bite our fingernails, smoke, eat too much, lose our tempers, and so on. No matter how unusual or extreme challenging behavior may look, similar types of behavior occur in almost everyone. Nearly all challenging behavior serves a purpose for the individual. Persons with severe disabilities may not currently have the skills to get what they need any other way.

Developing a positive, trusting relationship with people, and providing many opportunities and support for activities and friendships at home and in the community, can go a long way toward avoiding conflict and addressing challenging behavior. For our purposes here, challenging behavior is any action which interferes with forming companionship and community.

In the past, many strategies have been tried to eliminate challenging behavior. Most have involved unpleasant or painful strategies to force the person to stop or change their behavior. Many of these approaches have produced only temporary relief or have failed altogether.

In this unit, you will discover some reasons why challenging behavior occurs. Then you will learn some strategies that work in supporting a person while they learn new skills that allow them to reduce or eliminate their challenging behavior. This occurs because new learned behaviors help them achieve their own goals. You will also learn about some things that can be changed in a person's life that will prevent or reduce the occurrences of challenging behaviors.

You will learn to recognize when challenging behavior is likely to occur and what to do to prevent it. You will learn what to do if challenging behavior does occur. You will discover that efforts to change challenging behavior succeed only with lifestyle change, enrichment, and active community participation.

UNDERSTANDING BEHAVIOR CHALLENGES

Some Reasons for Individual Behavior Responses

THERE ARE ALWAYS REASONS WHY PEOPLE BEHAVE AS THEY DO. It is true the reasons or causes of a person's behavior cannot always be identified. Causes for behavior can be very complex and difficult to understand. However, we begin by assuming there are reasons for the behavior, and that by asking the right questions, we can learn the reasons and help the individual make positive changes in their behavior.

Physical conditions sometimes account for a person's challenging behavior. For example self injury, such as head-banging, can be the result of earaches, chronic headaches, dental problems, or other situations causing pain and discomfort. If a person shows a dramatic, rapid change in behavior, it makes sense to see whether or not a physical exam should be recommended.

There are many reasons one is happy, bored, confused, interested, angry, depressed or satisfied. We are not all the same - what bores one person may interest another. What makes one person mad may make another person laugh. For people with disabilities, challenging behavior can be the result of many different circumstances. For example, many individuals with autism are extremely sensitive to differences in touch, taste and noise. Temple Grandin, a person with autism, is now able to talk about how she felt as a child, and how she feels as an adult.

She describes birthday parties as torture for her. Noisemakers and confusion of the situation were startling and could cause her to panic. She found that changes in her schedule or unexpected events overwhelmed her. Different voices, even different odors such as cigars and perfume, could be overwhelming. She remembers reacting by hitting another child or throwing something, whatever was handy, across the room.

Often, challenging behavior may be the result of a combination of environmental factors. Problems may arise when an individual discovers that –

DISRUPTIVE OR AGGRESSIVE BEHAVIOR OFTEN WORKS.

This is when learning must play a powerful role in shaping behavior. We all learn from experiences and tend to repeat behavior that works for us. Behaviors that work are strengthened (rewarded/reinforced), and those that don't, or which result in pain or discomfort, are weakened and eventually disappear. The result of our behavior is important in determining our behavior.

EVEN THOUGH DISRUPTIVE BEHAVIOR OFTEN WORKS ON A SHORT-TERM BASIS, THIS BEHAVIOR OFTEN CAUSES SERIOUS PROBLEMS FOR THE PERSON IN THE LONG RUN.

IDENTIFY FACTORS THAT INFLUENCE CHALLENGING BEHAVIOR

Medical problems often are a significant variable in how a person behaves. Unfortunately, many individuals with severe medical conditions frequently have difficulty communicating their medical condition to staff. It is important when assessing behavior that staff always review possible medical factors affecting behavior. Staff must be familiar with an individual's case history, current medical conditions and medications. This information can serve as a guide in determining possible causes for a behavior. Staff need to watch for new behavior, changes in frequency, duration or intensity of old behaviors, or abrupt discontinuance of old behaviors. Some common examples are:

| BEHAVIOR | POSSIBLE MEDICAL CONDITION |
|----------------------------|-----------------------------------|
| injury to own face or head | toothache, ear infection |
| constant pacing | back problem or sprain |
| inability to sleep | adverse reaction to medication |

CONTROL OVER INDIVIDUAL CHOICES

Another major variable that can determine a person's behavior is the degree of control they have over choices available to them on any given day. The importance of this seemingly simple idea cannot be overestimated.

By offering an individual the opportunity to make his/her own meaningful choices, the individual feels more of an equal partner with staff in making decisions. When we do not offer opportunities for people to make choices, the staff can be viewed as oppressive, authoritarian, or out of step with the needs of a particular individual. However, when a person is offered opportunities to make his/her own decisions and choices, they feel a sense of control over their life. Self-esteem rises and individuals are usually easier to get along with when treated as adults.

EVENTS OR CIRCUMSTANCES THAT MAY COME BEFORE CHALLENGING BEHAVIOR

In this part, we will look at actions staff can take prior to a behavior being exhibited. These actions typically have the biggest impact on getting an individual to change behavior. Generally, there is not much staff can do after a behavior has occurred. Staff can also play a positive role if they analyze a situation before it becomes a problem. The benefits include thinking and deciding how to act, rather than being caught without knowing how to handle certain situations.

As a staff person, you will know the individuals you work with extremely well. Staff usually know what has preceded a behavior incident. Individuals can send indirect signals they are about to carry out a certain behavior. Those signals, though, may be difficult to understand.

For example, a person begins to pace around the room. This could indicate boredom, too much room noise, a medical problem, or that the individual just likes to pace. In understanding each individual under your care, you will learn the signals individuals use before serious behavior is shown.

Below are signals you may observe which may indicate a problem is about to occur

| | |
|--------------------------------------|---------------------------------------|
| Pacing | Self injury |
| Repeating things over and over again | Talking excessively |
| Yelling | Some signal that is usually unnoticed |
| Staying in the bedroom | Not wanting to go outside |
| Making faces | Rocking |
| Not talking or communicating | Refusing to participate |
| Crying | Any noticeable change in behavior |

The list above is not complete. Only careful observation will reveal which signals are important for specific individuals.

Do not wait for a signal before interacting with an individual. By knowing the individuals you work with and being sensitive to their individual needs, you can help them plan their day. A good plan can help your day and theirs go more smoothly because they have had a role in the planning process, and you will be more sensitive to their needs that day.

Our definition of a precursor is "a sign that happens before a challenging behavior occurs to indicate the onset of the behavior." This is our signal that something is changing in the attitude of the learner. Unfortunately, we may not recognize these signals readily. Even if we can clearly identify precursors when we are watching a teaching session, we may not be in the best position to recognize them when we are in the middle of one.

In the next section, we will look at some specific techniques that can be used to avert, avoid or cope with challenging behavior.

PROACTIVE OPTIONS

This May Not Be an Optimal Time to Teach

We may often push on with our teaching plan in spite of challenges that arise. This may result in a lack of alertness to minor changes in the learner's mood. Our focus may be more on the task instead of the person. We may feel some pressure to show results. If we rely on teaching patterns of the past, we may think moving from the task activity means rewarding the learner's challenging behavior. The challenging behavior is, however, a clear signal that we have to change something in our teaching plan. Failure to change may result in a different lesson than we intended. Pressing on with the task can communicate that the task outweighs the value of the people involved. Failure to acknowledge needs of the learner can cause the challenging behavior to increase to a point where closure in a friendly, trusting atmosphere is impossible. Our failure to adapt may also be interpreted as an exercise in control over the learner. In our model, we do not exercise control over the learner. The learner is included in the planning process.

* Without a framework for changes on-the-spot, we might respond to an energetic challenge with our emotions. When this happens, it is almost certain our posture will change from solidarity to an attitude that devalues the learner. Unless we make a serious effort to establish an accepting posture when challenging behavior is shown, we will react in an overprotective, authoritarian, cold and mechanistic way.

**ABANDON THE TASK TO FOCUS
ON THE PERSON
CHANGE YOUR EXPECTATIONS
IMPROVE AND VARY REWARDS
VALIDATE FEELINGS
MODIFY YOUR TONE
CHANGE ENERGY LEVEL**

IMPROVE THE INTERACTION

HANG IN THERE ("GUT IT OUT")

**CHANGE THE PACE OF ACTIVITY
INVOLVE CHOICES
MODIFY THE ENVIRONMENT
IMPROVE PROMPTS
TAKE A MINI-BREAK
BAIL OUT OF THE INTERACTION**

REDUCE THE DEMAND

We'll cover the options relating to the quality of interaction first:

Change your energy level: Increase or decrease the animation with which we are rewarding (and prompting) and find a level to draw the learner into participation. If the learner is not caught up in enthusiasm, an increase in vitality may spark that

enthusiasm. If the person is already upset or is scared off by the volume or by more frenzied activity, we may have to tone things down to get nearer the person physically, as well as emotionally.

Modify Your tone: This option is similar to the first. We may have to raise or lower: the tone of voice to a level the learner recognizes as friendly, encouraging and supportive. Too high a tone of voice may be harsh to the learner; too low a tone of voice may relate the same lack of enthusiasm as physical lack of energy.

Validate the learner's feelings: In order to use this option effectively we have to identify the learner's feelings that caused the challenge. The more familiar you are with the learner on a personal basis, the greater the likelihood of recognizing those feelings. Additionally, validating the learner's feelings implies a big "BUT." That is - we recognize the feelings and their importance, but we can carry on. We legitimize the feelings and incorporate them into our shared interaction with the learner. For example, "I know you miss being with your friend. I miss my other friends, too. BUT, you and I can have a good time doing this together!"

Improve and vary rewards: And remember - interaction between teacher and learner makes the learning occur, and the trust, mutual respect and liking for one another grow from this interaction.

Change your expectations: Sometimes we may look for more interaction and more enthusiastic reciprocation of reward from the learner than he or she is prepared to give. Here, we assume more responsibility for rewarding ourselves, as well as the learner. For now, we ask for less back, and look for less back from the learner.

Abandon the task to focus on the person: The person is "what it's all about." There may come a point where it is better for the teacher just to toss the task out and just "hang out" with the learner. The new "task" becomes learning to be close to that person.

The other category of options reduces demand on the learner, and de-emphasizes the task activity. Any of these options may enhance the quality of interaction with less time and effort being spent on the task to be done.

Change the pace of activity: If we are moving too quickly through the steps or with our prompts, we may be the cause of agitation. The slower we go through the activity, the longer we spend interacting. Going too slow, on the other hand, may not provide the person with enough activity. "Keeping the flow going" from our structure of teaching requires a delicate balance.

Involve choices: In using choices as a strategy for getting past challenging behavior, we have to look for aspects of the activity that lend themselves to learner options. Where shall we sit? Which piece first? Do the task for five minutes or six minutes?

Modify the environment: What is distracting in the learning area for us may not be so for the learner. Conversely, distractions to the learner may be physical elements of the room, or people, or environmental factors like light, temperature, humidity, and textures of the chairs, table, and activity pieces.

Improve the Prompts: Our prompts can lead the learner to success with few or no errors. If challenging behavior gets in the way, we can use more specific prompts. This reduces demand on the learner by making the learner less responsible for the successful outcome.

Take a mini-break: This option accomplishes an effect similar to "abandoning the task" under our "interaction improvement" category. Taking a break lets the learner (and the teacher) have a change of pace from the activity for the moment. The focus can be on the individual, or another activity.

Bail Out: When all else fails, this option remains. If the challenge is not relieved by any other option, we can back out gracefully and let the upset learner calm down. Nothing is gained for the present or future when we insist on finishing no matter what. Our interaction with the person doesn't necessarily end entirely, but we back off and give the learner some space. Then we look at what happened, what we learned from this episode, and how we can apply that learning next time. Our optimism is based on continual improvement in our relationship with the individual, rather than on task success.

Hang in There: Our last option is the opposite of "bailing out" and "abandoning the task to focus on the person." The option of simply "hanging in there" means to see the person through the difficulty. With great familiarity, we may have a good feel for how long and how far the challenge will go before it subsides. We can be looking for those precursors to a subsiding challenge. And when we see the faintest hints of a return to participation, we can be ready with a delicately-placed reward: a smile, words of encouragement, having a cup of coffee or a snack together

Although we have covered our formal options in working past interactional challenges, we haven't yet discussed how to apply those options. In each teaching event, we can do no more than rely on our experience and that of others. We have to turn those experiences into a formal part of our plan for teaching.

DREAMS AND VISIONS

DREAMING FOR YOUR COMPANION

Community centered celebrations are about collective dreams, and breaking the dreams down into dreams that are possible. They are a moment in time when friends come together in a spirit of openness and understanding - not to look at problems, but to dream about the future. At each celebration, those who love the person help him or her describe where he or she wants to be in the future - *dreams* about feeling **safer** in the world, **with a wide circle of friends**, more **loved** by more people and more **loving** toward others.

Dreams are made of a circle of friends who come together, sit in a circle in a place that is safe and comfortable for the person, and with the help of a good friend, begin picturing the future.

PICTURING THE FUTURE FOR YOUR COMPANION:

Picture your companion feeling safer with caregivers, neighbors, work or school mates, people in the community and family members.

Your pictures should revolve around four key words, safe, loved, loving and being with others.

Pictures of feeling safe might look like - "I see Elaine running toward her three favorite care givers when she comes home from work. I see her sitting with her house mate eating supper . . . I see her smiling when she comes home from her family's home . . ."

Pictures of feeling good with others might look like - "I see her playing games with her house mate . . . and serving her at meal time . . . I see her and her house mate washing the dishes together . . . I see her at work learning her new job with her favorite care giver . . ."

Pictures of feeling loved and loving might look like - "I see Elaine with her head held high, with a smile on her face . . . I see her hugging her care givers, her house mate and her mom and dad . . ."

Dreams are pictures. When anyone actually dreams, we see expressions of joy, and happiness. We see faces, hand, and eyes. We feel movement. We hear voices. We can describe these when we awaken from our dreams.

Dream making is a no-holds-barred process. There is no room for "That's impossible!" There is no place for complaining or criticizing. There is only room for looking into the future as we would gaze at a rainbow and wish for . . .

Perhaps the hardest part of dreaming is choosing words that are not "Program Plan" words such as, "Elaine will learn to write her first name." The words are correct, but they are distancing. The words separate us from feelings and seem mechanical rather going for the heart.

We need to conquer Elaine's heart. When someone in Elaine's circle says, "she needs more activities!", think deeper and ask, "What do you see Elaine doing in these activities? Who is she with? What is she saying? What do her eyes say? What is she doing with her hands"? These questions will make your dreams more real and more personal. As long as you and Elaine are companions, you are her future, be in it and picture it. Use your imagination.

PICTURING THE FUTURE THROUGH THE CIRCLE'S IMAGINATION . . .

Questions to Ask:

We are here in this same place and it is a year from now.

What do you see?

What do you hear?

What do you feel?

If someone in the circle says:

"Happiness" Continue by telling the circle what that is. What do you see her doing?

"Liking her care givers." Tell the circle what that is. What do you see?

"No hitting." Tell the circle what Elaine is doing instead. What do you see?

"Not feeling miserable!" Tell the circle what you see that tells you that she does not feel like crap!

"Friendship." Tell the circle what that is. Whom do you see her with? What are they doing?

"Independent." Tell the circle how this makes her feel safer and more loved!"

"Making money and working." Tell the circle how that will make Elaine feel as though it is good to be with others.

When dreaming for the present, look at the problem and ask the same question listed above. For example, "Elaine chooses to be a loner and just deal with her care givers!" The response would be, "How can we start to help her feel safe and loved with both her care givers and her house mates. Who could help her right now? As we dream, we have to be realistic and understand that there are many barriers but with asking the right questions, we can move beyond those barriers.

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