

**UNIT 7**  
**WORKING WITH PEOPLE**

**PART 1:**  
**AN INTRODUCTION**

## **UNIT 7 OUTCOMES**

**The following outcomes will be completed in the classroom:**

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.

**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.
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## FOUR PILLARS OF COMPANIONSHIP

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**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.

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

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.

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

**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.

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

### **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:

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

*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 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

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