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Agency for Persons with Disabilities

# Introduction to Developmental Disabilities Classroom Participant's Guide



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# Module 1 – Training Overview

## Purpose of Training

The purpose of the Introduction to Developmental Disabilities course is to acquaint you with the philosophies, terminologies, and concepts that will enable you to work better with people with developmental disabilities.

Most people with developmental disabilities can run, laugh, fly a kite, and enjoy a picnic. As adults, many hold jobs, live in their own houses or apartments, go to movies, and visit with their neighbors just like you and me.

But even people with mild developmental disabilities are vulnerable, because they learn more slowly, are easier to deceive, and less likely to grasp many of the complexities of modern life. They may need assistance to balance a checkbook, drive a car, compare prices at the grocery store, follow a recipe, find a job on their own, or program a VCR.



This means that people with developmental disabilities are likely to need special supports through all the stages of life: as infants and toddlers, children, adolescents, adults, and as senior citizens.

Individuals with developmental disabilities need people like you in their lives. You, as a Direct Support Professional, play an increasingly complex role in supporting the people you serve. You partner with individuals in need, helping them with all of life's activities, whether as a job coach, a residential staff member, an in-home support specialist or a personal care attendant. You are on the frontline providing consistent and necessary support with daily living skills, recreation, or critical connections with family members and friends – whatever the person needs. You are the first line of defense for many of Florida's most vulnerable citizens: people with developmental disabilities.

## Course Learning Objectives

At the end of training, participants will be able to:

- Define the term developmental disability
- Describe different types of developmental disabilities
- Define the term functional disabilities
- Identify the different types and causes of functional disabilities
- Communicate with and about people with disabilities
- Explain how attitudes have changed over time
- Describe some common needs that affect working with individuals with disabilities
- Describe how to use individual facilitation to help people with disabilities achieve optimum quality of life
- Describe common support systems available to individuals with disabilities
- Describe functional skills
- Explain a teaching plan
- Match appropriate teaching techniques given different scenarios
- Describe various types of reinforcement that support learning
- Explain the concept of Individual Rights
- Identify laws that apply to people with developmental disabilities
- Describe how to recognize signs of abuse, neglect, and exploitation as well as to protect people with developmental disabilities from abuse or neglect
- Explain how to be an advocate for people with developmental disabilities
- Explain how to provide legal guidance to people with developmental disabilities

## Audience and Length of Training

The **Introduction to Developmental Disabilities** course is intended for direct support professionals, including but not limited to staff that provide direct services to people with developmental disabilities:

- Attending adult day training programs
- Receiving Non-residential Supports and Services
- Receiving Residential Supports and Services

- Receiving Companion Services
- Participating in Supported Employment
- Receiving any other community-based services

The estimated completion time for this course is 8 hours. It consists of 5 lessons.

## Participant's Guide Organization

The Introduction to Developmental Disabilities Participant's Guide is organized into the following modules:

### Module 1

#### Training Overview

**Timeframe:** Approximately 15 minutes

**Module Description:** This module introduces the course (objectives, materials, and agenda), and discusses the main purposes for this class. It also introduces the course components and several key terms used throughout the course.

### Module 2

#### Defining Developmental Disabilities

**Timeframe:** Approximately 2 hours

**Module Description:** In this module you will become familiar with terms that are a part of the lives of people with developmental disabilities.

### Module 3

#### Roles and Responsibilities

**Timeframe:** Approximately 2 hours

**Module Description:** The purpose of this module is to continue focusing on a person's quality of life and how it applies to the Direct Support Professional's responsibilities.

### Module 4

#### Teaching Skills

**Timeframe:** Approximately 1.5 hours

**Module Description:** The purpose of this module is to teach skills to the people with whom you work. Specifically, you will see examples of skills you may teach, how to develop teaching plans, and how to be a good teacher.



## Module 5

### Legal Protections

**Timeframe:** Approximately 1.5 hours

**Module Description:** The purpose of this module is to learn about civil rights and ways of protecting them that apply to people with disabilities. These include:

- Individual Rights
- Laws
- Violation of Rights
- Protection from Abuse or Neglect
- Advocacy
- Legal Guidance

## Instructional Icons

Throughout the Participant's Guide, you will see **instructional icons** that complement the material presented as follows:



This icon represents an additional **Note** for information presented, such as an exception or something to keep in mind.



This icon represents something **Important** for you to remember or be aware of related to your job.



This icon is used to present the **Order** or a **Step-by-Step** process related to your job. It is also used to number components in a graphic image.

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# Module 2—Defining Developmental Disabilities

## Module Overview

Welcome to the Defining Developmental Disabilities module. In this module you'll become familiar with terms that are a part of the lives of people with developmental disabilities.



## Module Learning Objectives

After completing the Defining Developmental Disabilities module, participants will be able to:

- Define the term developmental disability
- Describe different types of developmental disabilities
- Define the term functional disabilities
- Identify the different types and causes of functional disabilities
- Communicate with and about people with disabilities
- Explain how attitudes have changed over time
- List ways to help to improve the quality of life for people with disabilities

## What is a Developmental Disability?

A condition is considered a developmental disability when it:

- Results in a significant mental or physical disability
- Occurs before the age of 18 (“the developmental years”)
- Is something that goes on throughout a person's life
- Substantially affects the individual's ability to function
- Often means there is a need for some kind of assistance in daily living



## Functioning

Functioning, or the ability to successfully negotiate the environment, is a key element in defining a developmental disability. *Functional areas* are usually grouped in the following way:

- Self-care
- Receptive and expressive language
- Learning, mobility
- Self-direction
- Independent living
- Economic self-sufficiency

## Developmental Disabilities: A Case Study

### *Meet Sarah...*

Sarah is 17 years old and is doing well as a full-time high school student. She is a member of the band and is the first student in the special education program to ever be on the swim team at her high school.

At the awards ceremony after last year's swim season, Sarah won the award for most improved swimmer. When she won her award, the coach said that Sarah has done so much for all the students; she has shown them that it is okay to be different.

Sarah is preparing to graduate this spring and she wants to go to school to learn to be a swim coach for other children with special needs. Sarah has never let anything stop her and has shown her family, her friends, her teachers, and the community that a disability is only one part of the whole person.

People see Sarah, not her disability.



## Developmental Delay

What is a *Developmental Delay*?

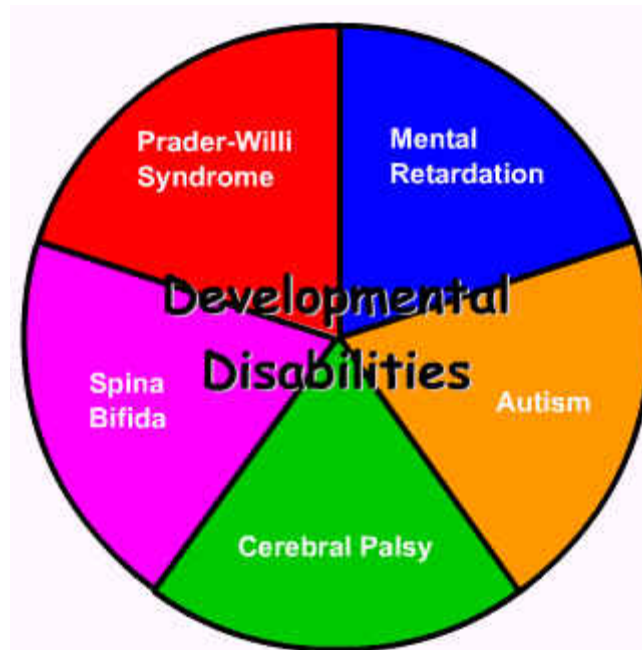
Developmental Milestones	
Birth to 3 months	Begins to smile Tracks people and objects with eyes Discovers hands and feet Lifts head and turns toward sounds
4 to 6 months	Responds when spoken to Laughs, gurgles, imitates sounds Put objects in mouth Sits when propped Rolls over, scoots, bounce
7 to 12 months	Identify themselves, body parts Understands own name Explores, bangs, shake objects Creeps, pull themselves up, walks
1 to 2 years	Imitates adult actions Speak and understand words Walk steadily, climb stairs, runs Develops friendships



A developmental delay is a very large difference between a person's abilities and what is usually expected of people of the same age. This usually affects children from birth to 3 years old.

For example, it is common for babies to roll over at 4 to 6 months of age. Take the case of a boy named Jamie. When Jamie was 8 months old, he still was not rolling over on his own or sitting up when propped up by his mother. This raised concerns with his parents and physician. He was tested for a developmental delay.

## Developmental Disabilities: Five Types



Florida recognizes five disabilities as *developmental disabilities*.

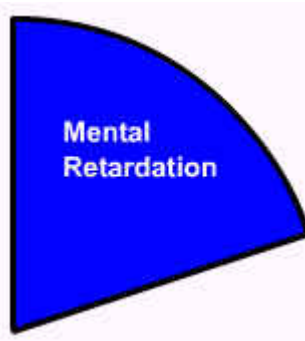
They are:

- Mental Retardation
- Autism
- Cerebral Palsy
- Spina Bifida
- Prader-Willi Syndrome

The people you work with are likely to have varying types of disabilities.



## Mental Retardation



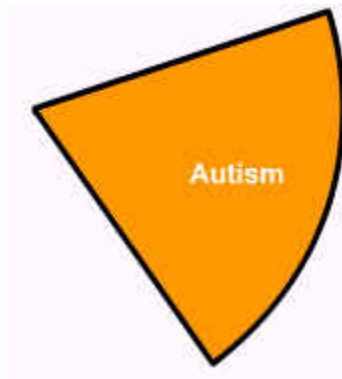
*Mental retardation* is not a disease. It is a life-long condition with different degrees (mild, moderate, severe, and profound) and varying levels of abilities.

People with mental retardation are likely to:

- Learn more slowly
- Have a hard time remembering things that are learned
- Have a hard time using what is learned in a new situation
- Think about things in more real-life or concrete ways
- Keep learning and developing throughout life like all of us

The most likely cause (or causes) of mental retardation is not known, but it usually is *not* caused by anything the mother did nor did not do before, during, or after pregnancy.

## Autism



*Autism* is a developmental brain disorder that affects brain areas controlling language, social interaction and abstract thought. Little is known about the causes of autism.

Characteristics of autism may include:

- Avoidance of or not paying attention to others
- Difficult time relating to other people
- Difficulty communicating
- Monotonously repetitive motor behavior (such as rocking back and forth)
- Repetitive behaviors that can cause injury to themselves
- Possible reduction in intelligence
- Behavior problems that include resistance to change and emotional responses

People with autism are usually sensitive to stimulation of their senses (touch, taste, hearing, sight) and can therefore be overwhelmed by ordinary sights, sounds, smells and touches. The symptoms vary greatly, ranging from a very limited disability to the lack of ability to speak or live independently.

Autism is a condition that is often not recognized or diagnosed until a child is around 18 months old. It usually becomes apparent when a child fails to respond socially to family and friends.

## Autism – A Case Study

Meet Elliott...



Elliott is 4 years old. He has all the energy of other kids his age. Elliott was born with autism. He currently attends a preschool for children with special needs.

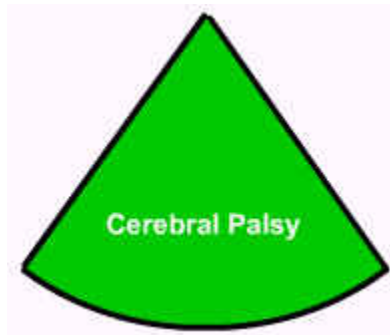
Like all disabilities, autism impacts the individual with the disability as well as his or her family members. Elliott's mother, Hattie, describes life with her son this way:

*Like all parents we are very proud when Elliott does something new or masters a skill.*

*Elliott has never slept through a night - he wakes every few hours. Since going to school full time, he may sleep for 4 or 5 hours. He still does not understand that being awake does not mean it is time to get up. On many occasions we have still been up at 2 am with Elliott because he was not ready to go to sleep. On other occasions we rise at 3.30 am because Elliott has gotten up, having had enough sleep. It is not unusual for both of these situations to occur in the same night.*

*Some days are more difficult than others, but we believe our son is a wonderful gift and one look at his face gives us energy to fight for Elliott and to help him all we can. We see our role as helping Elliott to function the best he can, as the child he is - not the disability he has.*

## Cerebral Palsy



*Cerebral Palsy* is a condition where people have difficulty controlling some of their body muscles. Each person with cerebral palsy has very different kinds of abilities and challenges.

It is caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly following birth. Another cause may be head injury usually resulting from a motor vehicle accident, a fall, or child abuse. Brain infection is another cause.

Some individuals with cerebral palsy may exhibit the following behaviors:

- Awkward or involuntary movements
- Poor balance
- Unusual walk
- Poor motor coordination
- Speech difficulties

It is important to know that cerebral palsy is not a disease or illness. It is not contagious and it is not something you "grow out of."

## **Cerebral Palsy – Another View**

### ***My WORLD***

*You look at me and wonder why I am sitting in this chair.  
You talk to me like I'm a child or as if I were not there.*

*Your world was made for those like you who travel by their feet,  
Not for someone like myself who must stay in this seat.*

*The law has finally made a stand for those who always sit.  
Your public places and facilities for the handicapped must be fit.*

*Have you ever stopped to wonder just what this may mean?  
The stalls in your facilities have turned out to be lean.*

*Stop and try to think of where you went today,  
Could I have gone there by myself, with a chair to guide my way?*

*It's not my legs that make me think, it's the brain within my head.  
My legs they get me nowhere, I must rely on my chair instead.*

*Try and place yourself upon this rolling seat,  
And you'll see what I experience in a world for walking feet.*

*Thank You,*

*Miriam Allen*

## Spina Bifida



*Spina Bifida* is a condition of the skin, spinal column, and spinal cord, in which the spinal cord fails to close. The causes are not known, but taking folic acid during pregnancy has been proven to dramatically decrease the risk of having a child with Spina Bifida (but it does not always prevent the disorder).

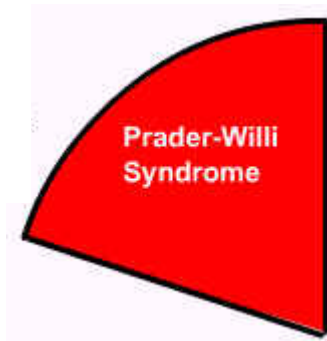
Spina Bifida does not get worse over time. However, secondary problems can worsen and require intensive management. Some of the health problems for people with Spina Bifida include:

- Not having a sense of touch or pain in the legs
- Having paralysis of their bladder or bowels that prevent them from controlling their bodily functions
- Possible curvature of the spine
- Pressure sores

The extent of these problems varies with the location of the defect along the spine and the effectiveness of early medical intervention. Some people with Spina Bifida have relatively few of the problems listed above. Others require on-going medical care in one or more specialized areas.

Spina bifida is one of the most common developmental defects of the nervous system; the incidence is about one in every thousand births.

## Prader-Willi Syndrome



*Prader-Willi Syndrome* (also known as PWS) is a complex genetic disorder. Although children and infants with Prader-Willi syndrome have similar features and symptoms, no one characteristic is specific to the disorder. Most people with Prader-Willi syndrome also have some degree of mental retardation.

There are two distinct stages of Prader-Willi syndrome in the development of the child:

- Stage One occurs during infancy. Infants are often characterized as "floppy babies", and may result in feeding and swallowing difficulties.
- Stage Two occurs between the ages of one and two and is characterized by an obsession to eat and excessive weight gain. Other characteristics include the following:
  - Trouble pronouncing words
  - Excessive sleepiness
  - Decreased pain sensitivity
  - Skin-picking habits
  - Slowed growth

Personality difficulties may emerge between 3 and 5 years of age and include the following:

- Temper tantrums
- Stubbornness
- Acts of violence

Most people with Prader-Willi syndrome have some degree of mental deficiency. Even when intelligence is at normal level some cognitive difficulties are usually present.

## Activity 1. Defining a Developmental Disability

**Directions:** Write the number of the term in the space next to the corresponding correct definition for the term.

---

---

1 Autism  
2 Cerebral Palsy  
3 Developmental Delay

4 Mental Retardation  
5 Prader Willie Syndrome  
6 Spina Bifida

1\_\_\_\_\_A complex disorder that begins with "floppy baby" syndrome and advances to insatiable appetite and excessive weight gain.

2\_\_\_\_\_A condition of the skin, spinal column, and spinal cord.

3\_\_\_\_\_A condition where people have difficulty controlling some of their body muscles.

4\_\_\_\_\_A developmental brain disorder that affects language, social interaction, and abstract thought.

5\_\_\_\_\_A life long condition with different degrees of impairment. Down's Syndrome is a form of this disability.

6\_\_\_\_\_A very large difference between a person's abilities and those expected of people of the same age.



## Functional Disabilities

There are other types of disabilities that are not identified and categorized specifically by the Agency but that might cause an individual to have difficulty with day-to-day functioning. These are referred to as *functional disabilities*. Some people you serve may have functional disabilities that arise from the following:

- Head injury
- Mental Illness (vs. Mental Retardation)
- Hearing Loss
- Vision Loss
- Epilepsy

## Head Injury

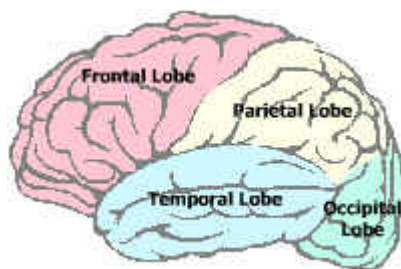
A *head injury*, also called a *traumatic brain injury*, is caused by an external blow to the head. Some individuals will retain many of the skills that they possessed prior to injury. Others must regain a number of skills lost from the injury. The degree of impairment depends upon the extent and location of injury.

The following is a list of symptoms that may result from head injury:

- Somatic (headache, dizziness, poor coordination, weakness)
- Cognitive (amnesia, confusion)
- Emotional (agitation, depression)
- Psychosocial (fearfulness, impatience)
- Psychological (anxiety, guilt)

Individuals with a head injury may experience these difficulties, as well as the emotional trauma of sudden change in skills, sense of self, and other role changes brought about by the injury.

If a person acquires a traumatic brain injury before the age of 18 and manifests developmental problems, that individual is considered to be developmentally disabled. If the injury occurs at the age of 18 or later and results in disability, it is not considered to be a developmental disability.



## Mental Illness vs. Mental Retardation

*Mental retardation* is sometimes confused with *mental illness*. Mental retardation refers to below average intelligence while mental illness is just that – an illness. It can usually be controlled with appropriate treatment and/or medication. Many people recover completely from mental illness.

Compare the characteristics of each in this table:

<b>Mental Retardation</b>	<b>Mental Illness</b>
Below average intelligence.	Nothing to do with intelligence.
A disability	An illness
Present at birth or occurs during the developmental years.	May occur at any age.
Intellectual functioning is expected to be permanent.	Considered to be temporary. In many instances the condition is reversible.
Expected to behave according to his/her functional level	May switch between normal and irrational behavior.

Some people who have developmental disabilities may also have a mental illness but not necessarily.

## Hearing Loss

*Hearing loss*, or deafness, means a hearing impairment that is so severe that the person has trouble processing spoken information.

*Hard-of-hearing* means that a person has some loss of hearing.

The person's age when a hearing loss is diagnosed is crucial to the development of the person's speech, language, cognitive, and social skills. Treatment is most successful if the hearing loss is identified early.



## Vision Loss

*Vision loss*, or *blindness* and *partial sightedness*, are terms that are legally defined. The legal definitions are based on an individual's degrees of visual acuity (clarity) and peripheral vision. (When you look forward, peripheral vision is the range of vision on the sides.)

Legal blindness means a person has 20/200 vision, or less, in the better eye, with the best possible correction. In other words, a person can recognize objects at a distance of twenty feet that a person with normal vision can recognize at 200 feet. Also, a person's side vision is severely restricted. Only one in 1,000 people is legally blind.

## Epilepsy

*Epilepsy* is a physical condition that occurs when there is a sudden, brief change in how the brain works.

When brain cells are not working well, a person may become unconscious, or his /her movement or actions may be very changed for a short time. These changes are called epileptic seizures. Epilepsy is sometimes called a seizure disorder.

Individuals who have epilepsy are able to function very capably in the community. Most people are able to reduce the frequency of seizures with proper medication and health practices. Some individuals with developmental disabilities may also have epilepsy.

## People First

*Put "People" first when talking or writing about people with disabilities!*

When talking and writing about people with disabilities, remember to put "people" first. The disability comes second. The subtle difference between calling Joe "a person with mental retardation" rather than a mentally retarded person is one that acknowledges Joe as a person first. And try to focus on people's abilities rather than their disabilities. So, when talking and writing about people with disabilities, always remember to use the type of language in the "Use" list, and not to use the type of language in the "Avoid" list.

### **USE**

#### **Words and phrases like:**

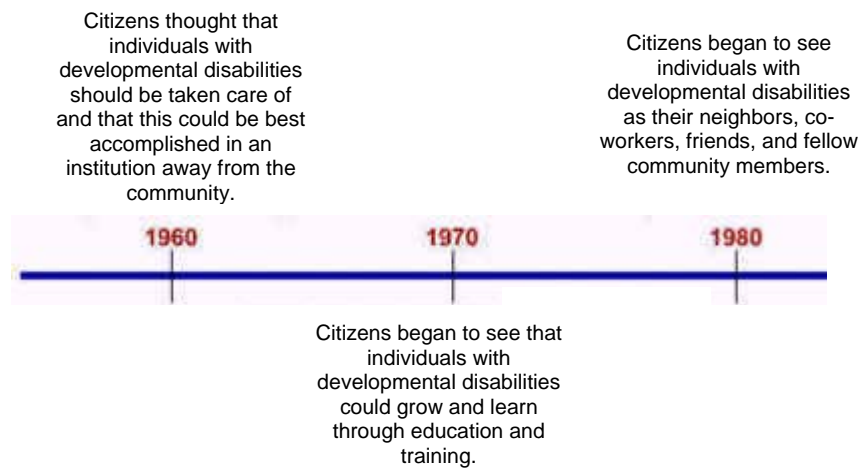
Individual (or person) with a developmental disability  
Individual with a seizure disorder  
Individual with cognitive disability  
A person who is non-ambulatory  
A person who doesn't use words to speak  
A person who uses a wheelchair  
  
Individual with Intellectual Disability  
Individual or Person  
Participant  
Worker  
Student

### **AVOID**

#### **Words and phrases like:**

Victim  
Patient  
Invalid  
Cripple, Crippled  
Afflicted with  
Suffers from  
DDs, TMRs, EMR  
Confined to a wheelchair; Wheelchair bound  
The retarded  
The handicapped  
Mentally deficient  
Those people  
Them, They

## History of Attitudes



There have been major changes in how citizens in general have thought about people with developmental disabilities. These views have changed the way that services for individuals and families are provided, however, some people still hold onto old beliefs.

Up until the 1960s, citizens thought that individuals with developmental disabilities should be taken care of and that this could be best accomplished in an institution away from the community.

Prior to 1960s: Citizens thought that individuals with developmental disabilities could only be “taken care of” and that this could be best accomplished in an institution away from the community.

From the mid-1960s to the mid-1980s, citizens began to see that individuals with developmental disabilities could grow and learn through education and training. During these years, special schools, training programs, and group homes were developed in large numbers in communities throughout the United States.

From the mid-1980s to the present, citizens began to see individuals with developmental disabilities as their neighbors, co-workers, friends, and fellow community members. Now, the focus is providing the services that individuals and families need and want in the communities of their choice.

These major changes in the attitudes of citizens as well as in the way services are provided were largely due to the public education efforts of families of individuals with developmental disabilities; changes in the national and state laws; and individuals with developmental disabilities speaking up for themselves.



## Quality of Life

You can help improve the quality of life for the individuals you serve. You can encourage their participation in the community and the development of meaningful relationships. You can help foster independence and personal choices. You can help to motivate individuals to participate in the community. And, most importantly, you can show respect for each individual you serve.

As you go about your work in supporting people with developmental disabilities and promoting life quality for them, ask yourself these questions about each individual that you serve:

- **Participation**  
Are there opportunities for participation in a variety of community and social activities? How can I (the direct support professionals) help the person to get involved in the activities?
- **Friendship**  
How many friends does the person have? Would he or she like more? Are there opportunities to interact with and meet people?
- **Relationships**  
What opportunities do people have to be "givers" in a relationship? How are people recognized for their individual gifts and talents? How do I encourage interaction?
- **Interdependence**  
How are we supporting people to get connected within their communities? What types of natural supports exist in people's lives?
- **Independence**  
What skills are people learning and are they able to have personal privacy, especially at home?
- **Meaningful Activities**  
Are people provided with purposeful activities in meaningful situations? We shouldn't be asking people to do "busy work" that has no real reason or purpose.
- **Motivation**  
Are people engaged in activities that are interesting and motivating to them? What can you do to increase the individual's motivation to participate in activities?
- **Choice**  
How much choice do people have throughout their day and throughout their lives?
- **Respect**  
How are people's routines and choices respected? How well do we listen to the people we support? How do we talk to the people we support?

## Activity 2: More About Developmental Disabilities

**Directions:** Circle either A, B, C, or D to select the correct answer.

1. A disability is considered a developmental disability if:
  - A. An individual needs some kind of assistance in daily living
  - B. The disability begins before the individual reaches the age of 18
  - C. Is something that goes on throughout a person's life
  - D. All of the above
  
2. What is "people first" language?
  - A. In talking and writing about people with disabilities, the law comes first, the disability comes second.
  - B. In talking and writing about people with disabilities, the disability comes first, the people come second.
  - C. In talking and writing about people with disabilities, people come first, the disability comes second.
  - D. In talking and writing about people with disabilities, the disability comes first, the law comes second.
  
3. Which of the follow is NOT an example of a developmental disability?
  - A. Epilepsy
  - B. Prader-Willi Syndrome
  - C. Autism
  - D. Spina Bifida
  - E. Mental Retardation
  
4. What caused the attitude changes of citizens and the way services are provided for individuals with developmental disabilities?
  - A. Changes in the national and state laws
  - B. Individuals with developmental disabilities speaking up for themselves
  - C. Public education efforts of families of individuals with developmental disabilities
  - D. All of the above
  
5. True or False: The concept "Promote Quality of Life" helps you focus on assisting people with developmental disabilities to achieve their goals and have the best life possible.

- A. True
- B. False

Congratulations! You have completed Module 2, the Developmental Disabilities Module. Please continue to the next module, Roles and Responsibilities.

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# Module 3—Roles and Responsibilities

## Module Overview

Welcome to the Roles and Responsibilities module. In the Module 2 we discussed the Direct Support Professional as a person who promotes the quality of life of the person with the disability. In Module 3 we will continue to focus on a person's quality of life and how it applies to the Direct Support Professional responsibilities.

## Module Learning Objectives

After completing the Roles and Responsibilities module, participants will be able to:

- Describe some common needs that affect working with individuals with disabilities
- Describe how to use individual facilitation to help people with disabilities achieve optimum quality of life
- Describe common support systems available to individuals with disabilities

# Working with People with Disabilities

## Negative Life Experiences

People with disabilities frequently have many negative life experiences as a result of the stigma that society places on individuals who are "different."

Common difficulties experienced by people with disabilities may include:

- Low social status
- Segregation/Isolation from the community
- Lack of interpersonal relationships
- Rejection
- Loss of control over one's life direction

## Overcoming Social Stigmas

Helping people to overcome these stigmas and live as normal a life as possible is the primary task of the Direct Support Professional. Direct Support Professionals must remember:

- All people can learn
- To focus on what the person can do rather than what he or she cannot do
- Services and supports assist the person in his or her chosen environment/community setting
- Supports should reflect the person's own interests and needs



## Rhythms and Routines

One way to reduce social stigmas is to develop rhythms and routines.

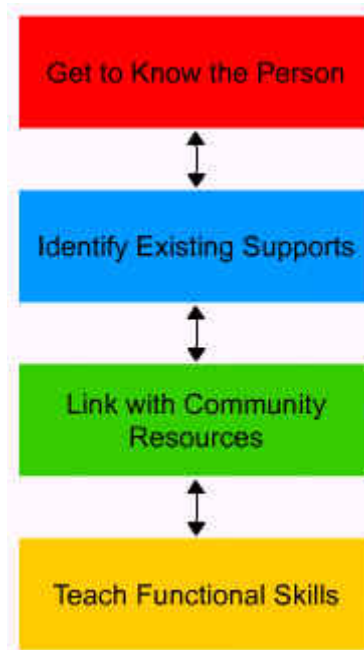
*Routines* are the activities that we go through each day and week. *Rhythms* are the predictable changes that occur during our life.

Rhythms and routines allow us to manage our daily lives. People who live outside of the regular rhythm and routine of life are often viewed as "different" by society.

Individuals with disabilities may be assisted to develop rhythms and routines that are appropriate for their preferences and at the same time, contribute to the community and culture, valuing the individual.



## Individual Facilitation



It is important to work with each person on an individual level. Your role is that of the facilitator.

We want to help people with developmental disabilities to become independent and involved in the community in a way that is tailored to meet an individual's particular needs. Picture the scenario that follows.



## A Case Study in Individual Facilitation: Jane, Mike, and Carol



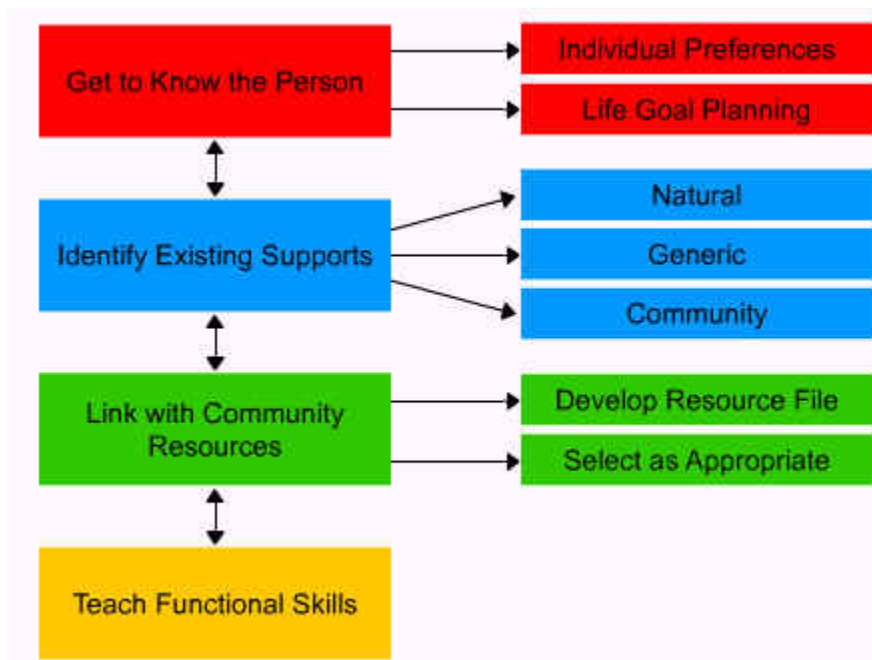
**Jane** is a Direct Support Professional for two people named Mike and Carol.

**Mike** is a 19 year old man who was born with Spina Bifida. Mike has normal intellectual functioning, is interested in computers, and wants to move out of his parent's home.

**Carol** is a 46 year old woman with mental retardation who lives in a group home. Carol is very social and likes to participate in arts and crafts. She has recently begun to sell some of her work and she wants to increase her skills.

Mike and Carol count on Jane to help them achieve their goals. Jane must get to know each person as the individual they are. She must help them to access the resources that will help them achieve their goals. She must provide clear communication about these goals to all others involved in the person's life.

## What is Individual Facilitation?



The process becomes person-centered by getting to know that person's INDIVIDUAL PREFERENCES, working with the individual to develop LIFE PLANS, and connecting the individual with available SUPPORTS.

### *Individual Preferences*

Getting to know the person requires the Direct Support Professional to identify the individual's preferences. What would he or she really like to do if given the choice or chance?

### *Life Planning*

The Direct Support Professional will have to work to assist the individual in life planning. This means that you will have to work with the person to discuss what he or she really wants in life, the kinds of experiences he or she has had, and what skills and interests can be pursued.

## *Supports*

The person you are working with usually has other people, groups and supports that are involved in his or her life. The Direct Support Professional will have to get to know what supports exist, and must identify other support systems that can be developed to assist the individual in meeting his or her life goals. The Direct Support Professional will have to stay in touch with the community to be able to identify and access supports and services that can meet the individual needs of the people worked with.

We will take a look at each of these roles and tasks throughout the rest of this module.

Right now, let's take a look at how this process is the same, and how it is different, as Jane works with both Mike and Carol.

## **More: A Case Study of Jane, Mike, and Carol**

Jane has learned that Mike likes ESPN and computer programming. He wants to go to community college. He wants to move out of his family's home and into his own apartment. Mike is not opposed to having a roommate.

Mike's family includes both of his parents, two sisters and a brother. He is active in his church. He has graduated from the public school system. He participates in a day program for computer skills.

Jane helped Mike get involved in a Library Volunteer Program, a Community College Program, and the Assisted Living Foundation.

When working with Carol, Jane also needs to get to know her on an individual basis.

Carol lives in a group home. She has no living family members but is fairly involved in her community. Carol is passionate about crafts and has recently sold a painting. She has expressed a desire to improve her painting skills. Jane is currently looking for additional arts and crafts programs for Carol to join, and for opportunities to exhibit her work.

In summary, Carol and Mike are both people who need the assistance of Jane. The specific types of assistance, however, are tailored to meet their individual needs. Jane has gotten to know each person's individual preferences, worked with the individual to develop life plans, and is connecting the individual with available supports.

## Individual Facilitation Summary



In order to be an effective facilitator, you must:

- Get to know the person you are working with as a unique individual who has likes and dislikes, dreams and desires just as important as anyone else's.
- Identify the person's support systems that are already in place to help achieve their life goals. Support systems include family, friends, community organizations, and available programs or services.
- Get to know supports, programs, and services offered by the local community that could be useful to the people you will be working with.
- Along the way, you may have to teach the person skills that will help him or her to increase independence.

Let's take a closer look at how to get to know the person you are working with.

## Getting to Know You

The best way to get to know people is to spend time with them. This is just as true of the individuals that you will work with as it is with anyone else.

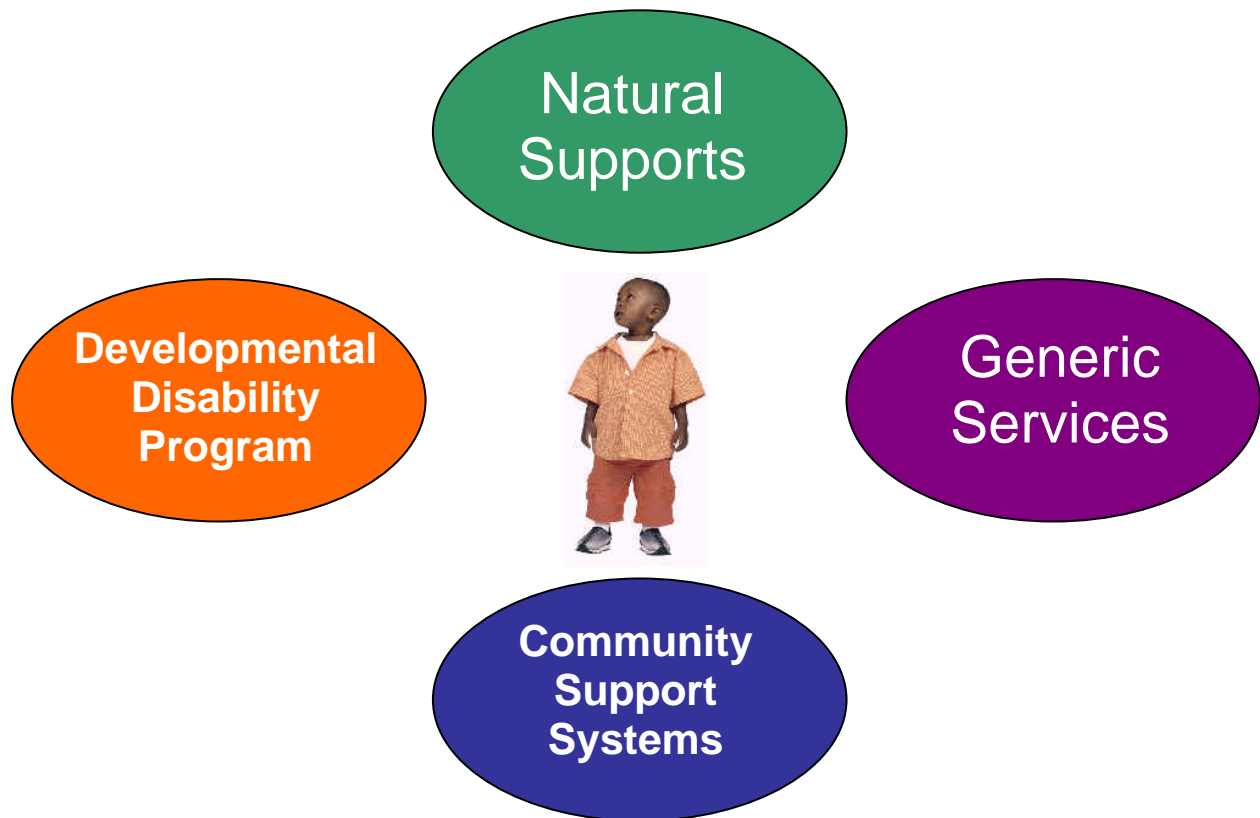
Talk with the individual. Go places with him or her. Pay attention to not just what the person says, but also to what he or she does. This will provide you with a lot of information about the person as an individual. Watch how he or she responds to particular events. Note how he or she chooses to spend free time.

Get to know the others involved in his or her life. The Direct Support Professional should also carefully note the individual's visual, verbal, and physical interactions with others and with his or her environment.

It is also critically important to read all available written information about the person.



## Support Systems



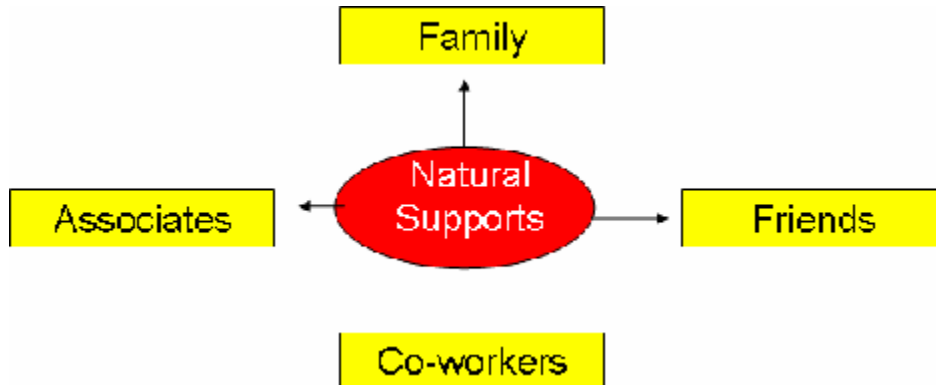
All people have individuals, groups, and programs that they are involved in as an on-going part of their life. Supports fall into several broad categories. It is important to know what support systems exist for the individual you are working with as well as those supports that need to be identified and cultivated to help the person achieve independence.

The main categories of support services are:

- Natural Supports
- Generic Services
- Community Support Systems
- Florida's Agency for Persons with Disabilities (state/federally paid)

We'll look at these one at a time.

## Natural Supports



Natural supports are services and supports that are freely available from family members, friends, co-workers, and associations. These kinds of supports are what people do for each other naturally, and they are not specifically for people with disabilities.

Let's take a look at the natural supports Mike has in his life.

Mike has three main natural support systems in his life: his family, his friends, and his church community.

Each of these systems can be further broken down to the individual level. For example, Mike's family includes both of his parents, two sisters and a brother.

The exact support that can be offered to Mike can also be identified on an individual level. For example, one of Mike's sisters is a stay-at-home mom while his other siblings are still in high school. Mike's sister is very involved in Mike's life and can be counted on to provide transportation for his mother – his primary caretaker.



## Generic Services



Generic services are those services that everyone in the community uses. Generic services include parks and recreation programs, volunteer or service organizations, or professional services.

Mike has two main generic support systems that Jane can access for assisting Mike's independence. They include his medical team and the computer skills training program that he participates in three times a week. Like natural supports, each of these overall support categories can be broken down to the individual level. For example, Mike's medical team includes a physical therapist, a speech therapist, and a primary care physician.

## Community Support Systems



Community supports are created when people participate and share their lives together in various ways. Community supports can be formal or informal, large or small. Many community supports are "hidden" and can be accessed by:

- Finding people with common interests
- Seeking gathering places
- Finding people who can provide introductions or access to support systems
- Giving something to the community (time, skill, etc.)

Mike gets great pleasure from the community activities in which he is involved. Specifically, he participates on a regular basis with an on-line computer playing club and his church study group.

## **Florida's Agency for Persons with Disabilities**

A wide range of specific services and supports are available to support an individuals to live work and socialize in the community. Most direct, state-sponsored services for adults with developmental disabilities in Florida are provided through the Agency for Persons with Disabilities of the Department of Children & Families. The program assists people who have developmental disabilities and their families by providing assistance to identify the needs and purchase supports and services that are medically necessary for people to live, work and play in places they choose.

The Agency for Persons with Disabilities also serves people in the high-risk category who are ages three through adulthood. (The Department of Health, Division of Children's Medical Services serves children from birth to three years of age.)

## Overlapping Support Systems

It is important to note that while it is helpful to categorize support systems, all support systems do not have clear lines separating them. On one hand, the church community at large is a natural support for Mike - on another level, the church study group is a community support system in which participation is even more individualized to meet Mike's needs.



Throughout history,  
people with physical or mental disabilities  
have been abandoned at birth,  
banished from society,  
used as court jesters,  
drowned and burned during the Inquisition,  
gassed in Nazi Germany,  
and still continue to be segregated, institutionalized,  
tortured in the name of behavior management,  
abused, raped, euthanized, and murdered.  
Now for the first time, people with disabilities are taking their rightful  
place as fully contributing citizens. The danger is that we will respond with  
remediation and benevolence rather than equity and respect. And so, we offer you

### **A Credo for Support**

*Do Not see my disability as the problem.  
Recognize that my disability is an attribute.*

*Do Not see my disability as a defect.  
It is you who see me as deviant and helpless.*

*Do Not try to fix me because I am not broken.  
Support Me. I can make my contribution to the community in my way.*

*Do Not see me as your client. I am your fellow citizen.  
See me as your neighbor. Remember, none of us can be self-sufficient.*

*Do Not try to change me, you have no right.  
Help me learn what I want to know.*

*Do Not hide your uncertainty behind "professional" distance.  
Be a person who listens, and does not take my  
struggle away from me by trying to make it all better.*

*Do Not use theories and strategies on me.  
Be with me. And when we struggle  
with each other, let that give rise to self-reflection.*

*Do Not try to control me. I have a right to my power as a person.  
What you call non-compliance or manipulation may  
Actually be the only way I can exert some control over my life.*

*Do Not teach me to be obedient, submissive, and polite.  
I need to feel entitled to say No if I am to protect myself.*

*Do Not be charitable towards me.  
The last thing the world needs is another Jerry Lewis.  
Be my ally against those who exploit me for their own gratification.*

*Do Not try to be my friend. I deserve more than that.  
Get to know me. We may become friends.*

*Do Not help me, even if it does make you feel good.  
Ask me if I need your help. Let me show you how you can best assist me.*

*Do Not admire me. A desire to live a full life does not warrant adoration.  
Respect me, for respect presumes equity.*

*Do Not tell, correct, and lead.  
Listen, Support, and Follow.*

*Do Not work on me.  
Work with me.*

Dedicated in the memory of Tracy Latimer  
1995(c) Norman Kunc and Emma Van der Kift

## Activity 3: Roles and Responsibilities

**Directions:** Choose the correct answers to the following questions.

1. Which of the following is NOT a strategy for a Direct Support Professional?
  - A. All people can learn.
  - B. Focus on what the person cannot do rather than what he or she can do.
  - C. Services and supports assist the person in his or her chosen community setting.
  - D. Supports reflect the person's own interests and needs.
  
2. Write the letter of the term in the space next to the corresponding correct definition for the term.
  - A. Community support systems
  - B. Developmental Disabilities
  - C. Generic services
  - D. Individual facilitation
  - E. Natural supports
  - 1). \_\_\_\_\_ is/are available to everyone in the community; includes park and recreation programs, volunteer or service organizations, and professional services.
  - 2). \_\_\_\_\_ is/are created when people intentionally share their lives together and form groups; includes mothers groups, church groups, and support groups.
  - 3). \_\_\_\_\_ is/are those which are freely available from family, friends, and associations.
  - 4). \_\_\_\_\_ is/are the most important way to help people with disabilities gain independence and become involved in their community.
  - 5). \_\_\_\_\_ provide(s) paid services to eligible individuals with developmental disabilities.
  
3. True or False: Rhythms and routines allow us to manage our daily lives and people who live outside of rhythms and routines are often viewed as "different" by society.
  - A. True

B. False

Congratulations! You have completed the Roles and Responsibilities Module.

Please continue to the Teaching Skills Module.



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# Module 4—Teaching Skills

## Module Overview

Welcome to the Teaching Skills module. In this module you will learn how to teach skills to the people you support. Specifically, you will see examples of skills you may teach, how to develop teaching plans, and how to be a good teacher.



## Module Learning Objectives

After completing the Teaching Skills module, participants will be able to:

- Describe functional skills
- Explain a teaching plan
- Match appropriate teaching techniques given different scenarios
- Describe various types of reinforcement that support learning

## Effective Teaching



Being an effective teacher requires a Direct Support Professional to use an individual's support plan to determine what to teach, and where to teach, and how to select and use good teaching skills. Like anyone else, people with developmental disabilities are able to learn meaningful and complex skills when they are provided with good teachers, opportunities to practice and use skills, and a supportive environment.

The same principles that guide your other work with persons with disabilities will apply to your teaching activities:

- Get to know the person as an individual
- Support the person to gain independence
- Work on individualized needs

## Teaching Functional Skills



One of the most gratifying tasks that Direct Support Professionals must perform is teaching functional skills to the people with whom they are working.

*Functional Skills* are those tasks and activities that most people do, on a regular basis, as part of their daily living routine. If an individual is unable to do these tasks, someone will probably have to do them for him or her.

Functional skills range from teaching someone to get out of bed, get dressed, and eat breakfast to answering the phone, cooking dinner or using public transportation.

The level of the functional skills that needs to be taught or enhanced will depend on each person's individual circumstances. Often, the individuals you will be supporting needs to develop or improve functional skills so that they can "do for themselves."

To meet each individual's needs, teaching activities need to be unique to that specific person. To succeed as a valued member of the community, people must learn the skills necessary to participate in the community. The goal of teaching is to add skills that will add social status and desirability to the person's quality of life. Skills people need to learn tend to revolve around relationships, home, and work.

In addition, the Direct Support Professional must model the behaviors and skills that will enable those they serve to fit smoothly into the community. People remember far more of what you do, rather than what you say. Behaviors to model include politeness, not using foul language, waiting your turn, as well as following the laws and rules of society. The Direct Support Professional has the responsibility to model socially acceptable behaviors.

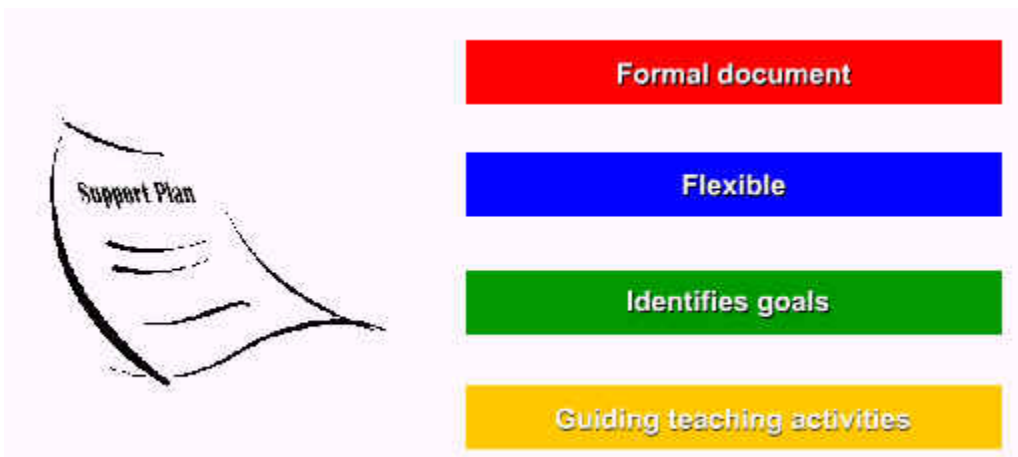
## Teaching Skills: Developing the Support Plan

The *individual support plan* is a written document that identifies the supports and strategies needed and chosen by the individual to significantly improve his or her quality of life.

The support plan is a flexible document that is based on the needs of the person, along with the input of family, friends, a legal guardian, and advocates involved in the person's life. The support plan should change as the needs of the individual change.

The support plan is the document that identifies the goals of the individual and possibly the skills the Direct Support Professional is to teach; however, there is additional planning that the Direct Support Professional must complete prior to teaching any skills. This planning is done to help develop teaching strategies that will be the most effective with the individual.

## A Case Study



Earlier you were introduced to Jane, a Direct Support Professional who works with Carol and Mike. Jane also works with Joshua.

Joshua is an 8-year-old boy with Down's Syndrome. He lives at home with his parents, who are in their early 40s and in good health and spirits. One of Joshua's goals is to learn to feed himself with a fork or a spoon, so his mom does not have to feed him all of the time. Joshua's Support Plan identifies the following goal: Within the next six (6) months, Joshua will learn to feed himself, using both a spoon and fork, as appropriate.

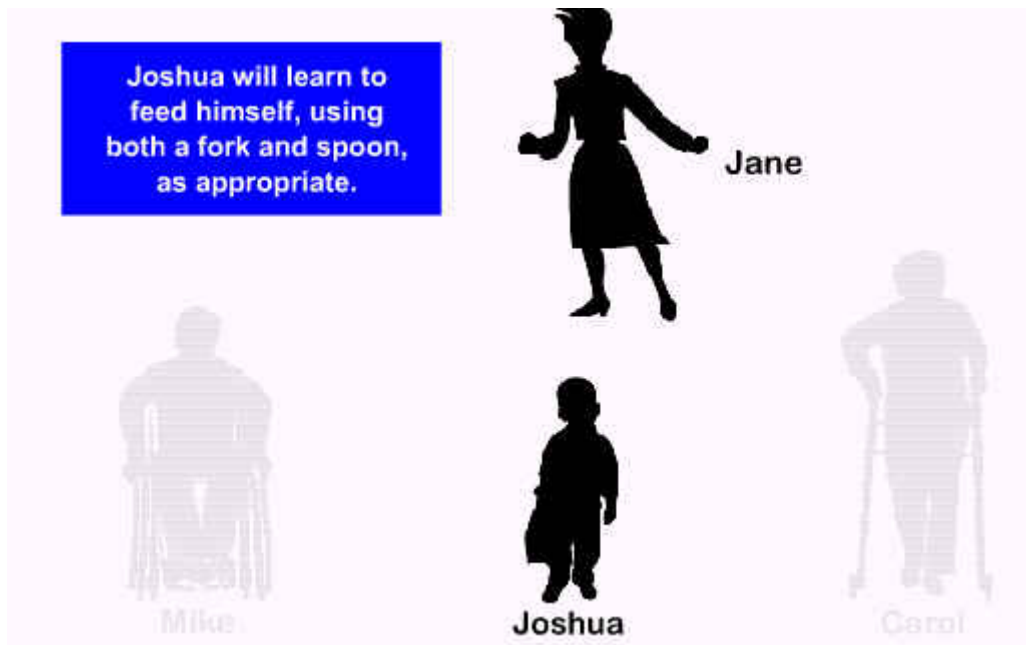
It is Jane's job to teach Joshua to feed himself. We will refer to this example throughout the rest of the module, as we look at skills required to be an effective teacher.

## Developing Teaching Plans

Before you begin to teach someone a new skill, you need to do some planning. Specifically, you will have to determine:

- What to teach
- How to teach
- Where and when to teach
- Who will teach and support learning

## What to Teach



Joshua's support plan identifies the skill of *learning to feed himself* as the skill that Jane is to teach him. Jane's first task is to talk with Joshua, his parents, and other significant people in his life to determine if the skill is something that needs to be *taught*, needs to be *adapted*, or needs to be *practiced*.

For example, if Joshua has never fed himself at all, he will need to be taught how to do that task. If he feeds himself in a manner other than using a spoon or fork, he will need to learn another way to feed himself - the skill will need to be adapted. Joshua may use a spoon and fork sometimes, with some level of success. If that is the case, he may need additional teaching and opportunities for the skill to be practiced.

So you should ask yourself, does the skill need to be:

- *Taught* -- never fed self at all - needs to be taught the skill
- *Adapted* -- feeds himself another way - needs to learn to use utensils
- *Practiced* - uses utensils sometimes - needs further teaching/practice

## How to Teach

Most people with developmental disabilities learn best when they are taught in small, precise steps. The exact skills that need to be taught must be defined so that precise steps can be identified.

For example: Jane has determined that Joshua has been using alternate methods to feed himself, and Joshua wants to learn to use a spoon and fork. Teaching him to do that all at once is too large of a teaching task, in and of itself. The task must be broken down into smaller tasks. These smaller tasks would include teaching Joshua how to hold the fork, how to pierce the food, how to place the food and fork in his mouth, and how to pull out the fork while leaving the food in his mouth. These specific tasks must be taught individually in order for Joshua to reach the goal of eating with a fork. Once Joshua eats with a fork, the skill can be adapted to the similar task of eating with a spoon. Then, both tasks must be practiced in order for Joshua to properly master them.

When you are determining how far to break a task down, it might be helpful to ask yourself the following questions until you get a yes for each teaching step you have identified.

- Is the skill age appropriate?
- Is the skill functional?
- Is the skill a personal preference?
- Does it help improve the individual's quality of life?
- Is it likely to be learned?



## Where and When to Teach

People learn best in the setting where they will use the skill. For individuals with developmental disabilities, this is even more true.

When Jane develops her plan on how to teach Joshua to feed himself, she needs to determine where he will use the skill most often. By teaching the person the skill in the setting where it will be used, the environment provides extra support to remind the person of what he or she did the last time the skill was practiced.

Jane has decided to teach Joshua to feed himself in his own dining room. This is the place where he has most of his meals and it will be the most suitable environment in which to teach.

Environments should be:

- In the setting where the skills will be used the most, OR in a setting as close as possible to the one where the skills will be used.
- It should be inviting and comfortable.
- It should be quiet and free from distractions - especially when first teaching skills.



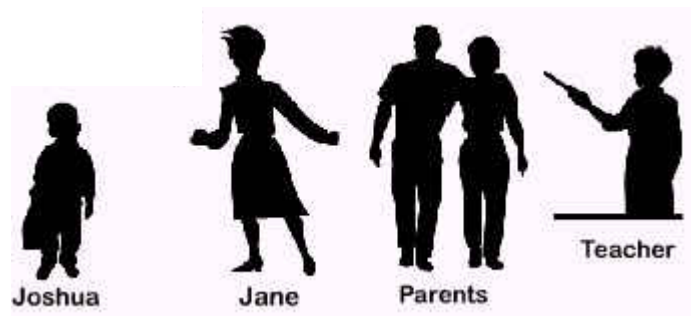
Since transfer of skills from one setting to another is often difficult for a person with a developmental disability, it is likely that Joshua will have trouble duplicating those skills when he tries to feed himself in a restaurant or at school. It is very important to practice small steps in familiar settings while learning new skills. Introduce new skills, new environments, or other changes slowly and only after other skills have been mastered. To accomplish this, once Joshua is able to feed himself at home, Jane would next plan to introduce Joshua to using these skills to feed himself in the lunchroom at school. Once he is comfortable feeding himself at home and at school, she would teach him to feed himself while eating in a restaurant or other setting.

## Who will Teach and Support Learning?

The Direct Support Professional will be responsible for teaching skills; however, there are also others who can teach the rules and skills expected in a given setting. The Direct Support Professional should reach out to these people so they are able to receive as much support in learning functional skills as possible. Joshua's learning can be supported and reinforced not only by Jane, but by other people in his life, such as his parents and teachers.

Jane should coordinate her teaching efforts with Joshua's parents and his teachers. These people can support his attempts to practice the skills when Jane is not present and intentionally teaching Joshua. Communication will ensure that all the people who may be present when Joshua is practicing eating will provide the same help, so that he does not become confused by different directions.

The very best learning is the learning that occurs naturally, in the existing setting. Everyone who can support learning functional skills is helping Joshua to become more independent and fit more comfortably into mainstream society.



## Teaching Techniques



### Developing a style of teaching

You will develop your own style and your own best practices – or techniques – as you become more experienced as a teacher. Some general principles to follow when planning for effective teaching are:

- Give teaching your full attention
- Act as a good model - the language and behavior you demonstrate are often what the person will learn
- Talk about the activity as you are teaching – it is easy to forget to do this and assume people know what they are learning and why
- Treat each person with respect – all learners bring their experiences with them when they are learning a new skill. Don't act as if you are in charge and they are unimportant
- Use body language for communication – your voice, body position, posture, mood and facial expression will provide the learner with information they can use when gaining a new skill
- Seek out indicators that learning is occurring. Do not assume that the person either understands or does not understand – communication differences sometimes make it difficult to know how effective your instruction is

## People learn in different ways

All people best learn different things in different ways. Some of these ways include:

- Watch someone else do a task
- Listen to how a task is done
- Try a task and make changes during instruction
- Try to determine the best way to teach each particular task to each particular individual

## Good teaching practices

Good teaching practices that the Direct Support Professional should always:

- **Be consistent** when you teach, including the teaching area, materials, directions, and feedback.
- **Provide frequent and varied practice.** People learn best when they are able to practice skills; however, practicing the same thing over and over can become boring. Use different methods for practicing skills. Do not be varied when teaching - only when practicing a skill.
- **Use short and frequent teaching sessions.** It is much better to teach a skill everyday for fifteen minutes than once a week for an hour.

## Reinforcing Learning

*Reinforcement* is what you do as a teacher to tell the learner how he or she is performing the skills they are working on. It is based on behavioral principles. Most reinforcement is provided through verbal feedback, but you can be creative and come up with other ways to support learning. Just be sure that the method is appropriate and desired by the learner.

*Positive Reinforcement* tells the learner that they did something good. Example: "I like the way you're taking smaller bites with your spoon. You didn't spill a drop!"

*Corrective Feedback* tells the learner what they did wrong and how to do it correctly. Example: "That's good, you're holding the spoon just right, but when you take bites that are too big, the cereal falls off before you can get it to your mouth. Try putting less cereal on your spoon, like this."

*Negative Feedback* tells the learner what they did wrong, but doesn't help them do it right. It often makes them feel badly, and it usually does not support learning. Negative feedback should always be avoided. Example: "That's wrong. You spilled the cereal again."

People learn best when they are provided with both positive reinforcement and corrective feedback. Provide positive comments along with all corrective feedback that you give the person you are teaching. Avoid negative feedback.

## Documenting Progress



One of the tasks of all teachers is to document the progress the person has made. This will help to identify areas where extra attention might be needed. Direct Support Professionals should document the following areas after each teaching session:

- Teaching activity and date
- Amount of supervision, help, and time needed
- Accuracy
- Accomplishments and difficulties
- Activities to be practiced/taught at next session

## Activity 4: Teaching Skills

**Directions:** For the statements below, circle True or False.

1. Most people learn in the same way.
  - A. True
  - B. False
  
2. The support plan identifies the skills the individual wants to learn.
  - A. True
  - B. False
  
3. The Direct Support Professional only has to implement the teaching plans developed by the support coordinator.
  - A. True
  - B. False
  
4. The Direct Support Professional is responsible for determining what to teach, where to teach, and who can support teaching and learning.
  - A. True
  - B. False
  
5. Negative reinforcement works well because it tells the learner what he or she did wrong, so they won't make the same mistake again.
  - A. True
  - B. False
  
6. Always try to provide several positive forms of reinforcement for each corrective feedback you give the learner.
  - A. True
  - B. False

Congratulations! You have completed the Teaching Skills Module. Please proceed to the Legal Protections Module.



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# Module 5—Legal Protections

## Module Overview

Welcome to the Legal Protections module. In this module you will learn about rights and protections that apply to people with disabilities. These include:

- Individual Rights
- Laws
- Violation of Rights
- Protection from Abuse or Neglect
- Advocacy
- Legal Guidance



## Module Learning Objectives

After completing the Legal Protections module, participants will be able to:

- Explain the concept of Individual Rights
- Identify laws that apply to people with developmental disabilities
- Describe how to recognize signs of abuse, neglect, and exploitation as well as to protect people with developmental disabilities from abuse or neglect
- Explain how to be an advocate for people with developmental disabilities
- Explain how to provide legal guidance to people with developmental disabilities

## Individual Rights

Individuals with developmental disabilities have the same rights as everyone else under the Constitution of the United States. Those rights include:

- Freedom of Speech
- Right to Due Process
- Freedom of Religion
- Freedom of Association
- Freedom of Assembly
- Equal Protection of the Law
- Right to Privacy

Individuals with developmental disabilities also have the same *affirmative rights* that people without disabilities would expect to have, such as:

- All qualified and eligible persons with disabilities have *the right to effective and appropriate services* from the Department of Children and Families. These should be voluntary, not restrictive, and as close as possible to home. Services also must be designed to meet the individual's needs and promote independence.
- A person (or his or her legal guardian) has *the right to actively participate in meetings* to plan for the individual's future and to make the ultimate decisions about who will provide the services.
- People have *the right to manage their affairs*. An adult (or his or her legal guardian) will decide on his or her own how to spend money and free time, and how to maintain and use personal possessions.

## Federal Laws

The U.S. Congress has passed a number of key laws that protect individuals with disabilities. They are:

- Rehabilitation Act of 1973
- Americans with Disabilities Act
- Individuals with Disabilities Education Act (IDEA)



## Rehabilitation Act of 1973

This Act is known as the first federal civil rights law protecting the rights of individuals with disabilities. It prohibits discrimination based on disability in the areas of:

- Education
- Vocational Education
- College Programs
- Employment
- Health
- Social Service Programs
- Welfare
- Federally funded programs

## **Americans with Disabilities Act (ADA)**

Congress passed this law in 1990. It is a landmark civil rights bill that extends protection against discrimination to people with disabilities. It addresses four main areas of potential discrimination:

- Employment
- Public Facilities
- Transportation
- Communication

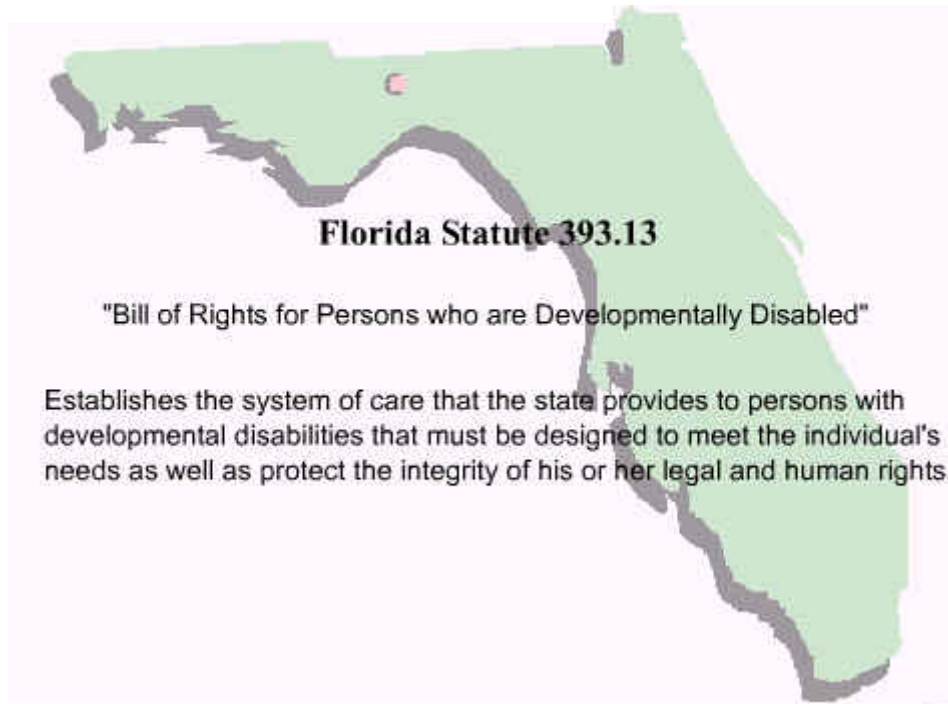
## Individuals with Disabilities Education Act (IDEA)

This law guarantees six important rights to individuals 22 years old or younger. They are:

- Free and appropriate public education for all children with disabilities
- Education in the least restrictive environment
- An individualized education plan, or I.E.P.
- Provision of necessary related services in order to benefit from special education, fair assessment procedures
- Due process and complaint procedures

## Florida Laws

The State of Florida has also passed a major law that primarily affects people with disabilities. Florida Statute 393.13 is known as the "Bill of Rights for Persons who are Developmentally Disabled."



## Rights of All Persons with Developmental Disabilities

The rights described in 393.13(3) FS, shall apply to all persons with developmental disabilities, whether or not such persons are clients of the department.

- a. Persons with developmental disabilities shall have a right to dignity, privacy, and humane care, including the right to be free from sexual abuse in residential facilities.
- b. Persons with developmental disabilities shall have the right to religious freedom and practice. Nothing shall restrict or infringe on a person's right to religious preference and practice.
- c. Persons with developmental disabilities shall receive services, within available sources, which protect the personal liberty of the individual and which are provided in the least restrictive conditions necessary to achieve the purpose of treatment.
- d. Persons who are developmentally disabled shall have a right to participate in an appropriate program of quality education and training services, within available resources, regardless of chronological age or degree of

disability. Such persons may be provided with instruction in sex education, marriage, and family planning.

- e. Persons who are developmentally disabled shall have a right to social interaction and to participate in community activities.
- f. Persons who are developmentally disabled shall have a right to physical exercise and recreational opportunities.
- g. Persons who are developmentally disabled shall have a right to be free from harm, including unnecessary physical, chemical, or mechanical restraint, isolation, excessive medication, abuse, or neglect.
- h. Persons who are developmentally disabled shall have a right to consent to or refuse treatment, subject to the provisions of s. 393.12(2)(a) or chapter 744.
- i. No otherwise qualified person shall, by reason of having a developmental disability, be excluded from participation in, or be denied the benefits of, or be subject to discrimination under, any program or activity which receives public funds, and all prohibitions set forth under any other statute shall be actionable under this statute.
- j. No otherwise qualified person shall, by reason of having a developmental disability, be denied the right to vote in public elections.



## Reporting Rights Violations

As a Florida Direct Support Professional, *you are required by law to report all alleged violations of rights immediately* to your agency director and in some cases to the Florida Abuse Registry. Failure to do so can result in losing your job and/or possible legal action. When in doubt, report it. It is better to err on the side of caution.

## Violation of Rights

### A Case Study

Veronica is a 26-year old woman with autism. Over the years, she has learned many skills and is proud to be able to live in her own apartment. Veronica lives with her support professional, Carol. Veronica's family lives nearby. Veronica relies on Carol to assist her in her daily activities and they have had a successful relationship over the last 9 months.



Veronica's brother's birthday and the town spring dance are both in the near future. Veronica is looking forward to both activities. She wants to go shopping for her brother's present and has asked Carol to take her shopping on several occasions. Carol knows that loud noise and many people can be overwhelming for Veronica and that she sometimes gets extremely upset. The spring dance is an enormous event and Carol fears that the excitement and anticipation of both activities will upset Veronica. Carol has made several excuses for not being able to go shopping and has encouraged Veronica to pick a present from a mail order catalog. The day before Veronica's brother's birthday, Carol came home with a shirt for Veronica to give to him at his party the next day.

It is not difficult to violate the rights of the people you work with - either purposefully or accidentally.

Even if Carol did believe that the excitement of the activities might have caused Veronica some problems, deciding on a birthday present is not Carol's decision to make for Veronica. Carol's primary responsibility is to help Veronica achieve her goals. Veronica's goal was not for Carol to buy her brother a present. Her goal was to go shopping herself and choose a present for her brother. Carol could share her concerns, discuss alternatives, and determine a way to allow Veronica to shop as she wishes.

Carol could also talk with Veronica about the town dance and help Veronica think of things she could do if the dance was over-stimulating for her. This way Veronica has the dignity of making decisions for herself.

Carol unintentionally violated Veronica's right to manage her own affairs – to choose her brother's gift.

## Other Rights Violations

In addition to those discussed in the preceding case study, other examples of rights violations are:

- Deciding what time to go to bed, time to get out of bed, time to eat, etc., instead of supporting or empowering the person with a disability to do so
- Promising to do something for or with someone and not following through on the commitment. Example: An individual wants to go to a movie. The direct support professional needs to finish Christmas shopping. The direct support professional takes the individual shopping and promises to go to movies later, but never goes
- Borrowing money from individuals and not paying them back.
- Keeping poor financial records of a person's money and misplacing funds. Example: A group home is representative payee for an individual's social security. Staff of the group home does not give the individual the correct personal allowance

*Be sure to review the DCF publication, "Examples of Rights Violations."* As in the case of Carol and Veronica, some actions are not intentional but nonetheless violate the individual's rights.

## Advocacy

### What is *advocacy*?

The term *advocacy* is used to describe the kind of helping, enabling, and empowering relationship that a Direct Support Professional should have with those he or she works with.

<b>Advocacy Is:</b>	<b>Advocacy Is Not:</b>
Helping people help themselves	Taking over a person's life
Building self-confidence	Making a person dependent
Supporting independence	Doing everything for a person
Informing people their rights	Withholding information from a person about his or her rights
Informing people their options	Limiting options
Providing assistance and training	Controlling people
Treating adults like adults	Treating adults like children
Asking people what they want	Knowing what is best because you are a professional
Helping locate services	Making decisions for people

## The Direct Support Professional as an Advocate

The Direct Support Professional is in the unique position of having one foot in the organizational world of service provision and the other foot in the world of field practice with real people. You are in a position to encounter opportunities to advocate on behalf of individuals with disabilities.

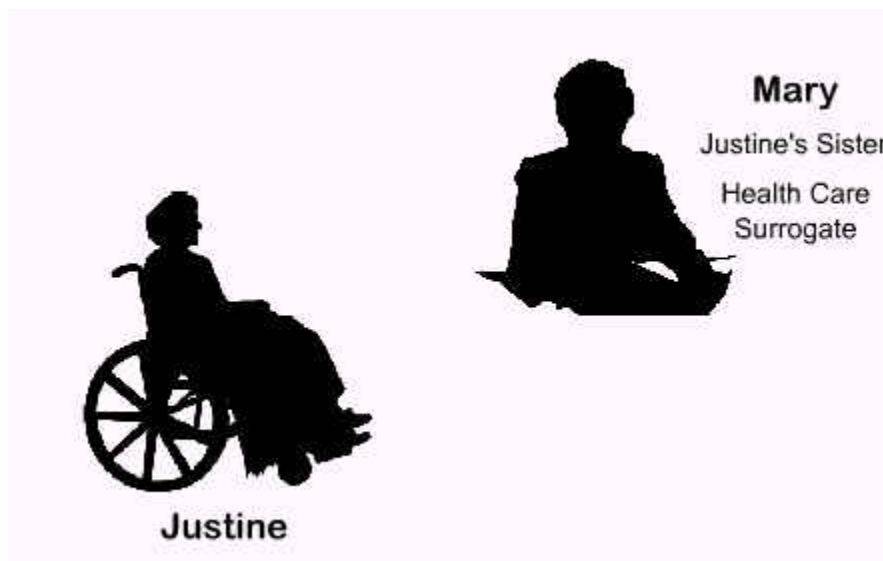
You can develop an attitude of advocacy. There are many ways you can advocate for persons with disabilities. Here are some examples:

- Bring people together to help respond to crises needs
- Be a positive role model in your community
- Help identify non-traditional service supports
- Help others to "let go" to reduce dependency
- Represent and support the individuals' view of their own needs

## Legal Guidance

It is important that you know the key people involved in the life of the person with whom you are working. Many individuals with disabilities have legal relationships with people who are involved in their lives. These legal arrangements give the designated individual the legal and binding authority to make decisions on behalf of the individual with the disability. Each legal relationship clearly defines those decisions that can and cannot be made by the individual without the legal authority's involvement.

For example, Justine has both cerebral palsy and epilepsy. She has designated her sister, Mary, as her health care surrogate by completing the appropriate legal paperwork. If Justine is unable to make health care decisions on her own, Mary is legally allowed to make the decisions on her behalf. It is important that the Direct Support Professionals know this.



Following are the primary types of relationships that provide legal guidance and representation for persons with disabilities.

## **Guardian**

A *Guardian* is appointed by a court to make decisions for persons who are incapacitated or lacking the capacity to make decisions. In Florida, guardianship is a legal proceeding in the circuit courts of Florida and begins with a determination of the individual's capacity or lack thereof. A guardian is a person who has been appointed by a court of law under Chapter 744, Florida Statutes, to make decisions for an individual who has had all or certain specified rights removed. A guardian is appointed when an individual has been determined as incapacitated or lacking the capacity to care for him/herself and/or estate matters. A guardian must file an annual report with the court with details of legal areas for which they are guardian.

## **Guardian Advocate**

A *Guardian Advocate* is a person who has been appointed by a court to make decisions for an individual who has difficulty in certain identified areas such as the choice of residence, and medical care. A person is not adjudicated incapacitated with the appointment of a Guardian Advocate. The Guardian Advocate provision is established in Chapter 393 F.S. A guardian advocate must file an annual report with the court with details of the legal areas for which they are guardian.

## **Client Advocate**

A *Client Advocate* is a friend or family member of a person receiving services through the Agency for Persons with Disabilities and who has been approved by the Support Planning Committee pursuant to Section 393.0651, F. S. Client advocates may assume a variety of roles depending on the needs and wishes of the individual. But in no case can client advocates make any decisions for the person. And they cannot look at confidential information unless the client says so.

## **Power of Attorney**

*Power of Attorney* involves a contract between the individual and someone to whom he or she has given the authority to manage a part or all of his or her affairs.

## **Health Care Surrogate**

The *Health Care Surrogate* is the person the individual has designated to make health care decisions if he or she is unable to make those decisions. This is a legal action that requires documentation.

## Representative Payee

*Representative Payees* are individuals who have authorization to receive public benefits in the name of the recipient. Representative Payees must file an annual report to the federal government accounting for the expenditure of all monies received to date. Group homes, foster homes and Intermediate Care Facilities for the Developmentally Disabled are sometimes named as Representative Payees. When this occurs, the Representative Payee assumes record keeping and reporting responsibilities.

Additional detailed information about Legal Ways of Protecting Rights may be found in Chapter 8 of the Planning Ahead handbook available from your district office or on the Florida Developmental Disabilities Council's website (FDDC. org).



## Protection from Abuse, Neglect and Exploitation

### Defining Abuse, Neglect and Exploitation

The State of Florida recognizes that there are many persons who, because of age or disability, are in need of protective services. Those services must allow such an individual the same rights as other citizens and, at the same time, protect the individual from *abuse, neglect or exploitation*.

#### Abuse

*Abuse* is defined as a willful act or threatened act that causes or can cause significant impairment to the individual's physical, mental, or emotional health. Examples include bruises, broken bones, burns, or threats of harm.

#### Neglect

*Neglect* is the failure of a caregiver to provide appropriate care, supervision and/or services physical and/or mental health. It can be repeated conduct or a single act of carelessness that causes, or can reasonably be expected to cause, serious physical or psychological injury, sexual abuse, or substantial risk of death. Examples of neglect include lack of supervision; not providing food, shelter, or clothing; and not providing medical care.

#### Exploitation

*Exploitation* is the temporary or permanent deprivation of an individual's funds, assets or property. Examples of exploitation include obtaining or using someone's funds by deception or intimidation, using funds for reasons not related to the individual's needs, or making financial decisions when the individual lacks capacity to make the decision him/herself. Exploitation usually involves one person taking advantage of another person in order to gain financially.

## Your role in protecting from Abuse, Neglect and Exploitation

As a Direct Support Professional, you can help protect individuals from abuse, neglect and exploitation. A Direct Support Professional must:

- *Observe* - pay attention to the individuals in your care. Some people might not use words to communicate and might have difficulty telling you when something is wrong.
- *Communicate* - talk with individuals and other support staff frequently.
- *Document* - write down anything that you see and hear that might indicate abuse, neglect, or exploitation.
- *Review* - look at what you and others have written for patterns that might indicate abuse, neglect, or exploitation.
- *Report* - if abuse is known or suspected. *It is mandatory that a Direct Support Professional report even suspected abuse, neglect and exploitation.*

## Reporting Abuse, Neglect and Exploitation

Direct Service Professionals are *mandated reporters*. Because of your profession, you are more likely than the average person to come in contact with a person who is being abused, neglected or exploited. You are also more trained to recognize possible abuse, neglect, or exploitation than are most other people. You are therefore *required* to report anything suspicious. In a very real sense, you are often the first line of defense to protect those who may be suffering at the hands of others.

If you suspect that a person you are working with is being abused, neglected, or exploited, you must make a report to the Florida Abuse Hotline. However, it is important for you to know that the Florida Abuse Hotline will protect your identity. Your name will not be shared with the individuals involved in the investigation.

To make a report, call toll-free 1-800-96ABUSE (1-800-962-2873) or send a faxed statement to the Abuse Hotline's statewide toll-free fax number at 1-800-914-0004, or e-mail <http://www.dcf.state.fl.us/abuse/report/>

The Zero Tolerance course provides much more detailed information about abuse, neglect and exploitation and should be used your primary reference.

Note: If you know about a situation in which the life of a person with a developmental disability is in immediate danger due to abuse, neglect, or exploitation, you should call 911 before calling anyone else.

## Reasonable Cause

How do you know when to report suspected abuse, neglect, or exploitation? In some cases it may be obvious, but in others it may not be obvious. The standard of *reasonable cause* exists to help you decide. When the allegation of abuse, neglect, or exploitation would lead a prudent person to have "reasonable cause" to suspect abuse, neglect, or exploitation, then you *must* report it. In other words, if most folks would agree that something might be wrong, reasonable cause is established and a report will be accepted.

The hotline counselor is trained to evaluate your observations, suspicions, and statements of fact to determine if reasonable cause exists to suspect that the victim's injuries are caused by abuse, neglect or exploitation.

## Activity 5: Legal Protections

**Directions:** Circle either A, B, C, or D to select the correct answer.

1. Which of the following is a law that monitors services to individuals with developmental disabilities?
  - A. Individuals with Disabilities Education Act (IDEA)
  - B. Rehabilitation Act of 1973
  - C. Americans with Disabilities Act (ADA)
  - D. All of the above
2. What are some ways you can protect an individual from abuse?
  - A. Observation, Task Analysis, Job Requirements
  - B. Observation, Communication and Documentation
  - C. Communication, Documentation, State Requirements
  - D. Documentation, Task Analysis, Conversation
3. Which of the following are rights guaranteed by the United States Constitution?
  - A. Freedom of Religion, Right to Privacy, Freedom of Exercise
  - B. Freedom of Speech, Freedom of Religion, Right to Vote
  - C. Freedom of Speech, Freedom of Religion, Right to Privacy
  - D. Freedom of Speech, Right to Confidentiality, Right to Privacy
4. The Florida Abuse Hotline is:
  - A. Toll-free
  - B. Confidential
  - C. 1-800-96ABUSE
  - D. All of the above
5. A guardian is appointed when an individual has been determined as incapacitated or lacking the ability to care for him/herself and/or estate matters.
  - A. True
  - B. False

Congratulations! You have completed the Legal Protections Module, and the entire Introduction to Developmental Disabilities course. Save this guide as a reference. If you have any questions or require additional information, please contact the Agency for Persons with Disabilities Office at 850-488-4257.