

Role of the Direct Care Worker and Person Centered Planning



Responsibilities of providing services to persons who are mentally or developmentally challenged

- Integration and the importance of integrated social, residential, and work options.
- Goals of teaching daily living skills to persons living in community residential settings
- Recognize features of positive living environment
- Recognize differences between institutional and community residential settings.

Integration: to blend into a common and equal membership in society.

- Institutionalization

For hundreds of years, people labeled with developmental disabilities lived in places other than their own home and came to depend on others to take care of them. They became unable to take care of themselves or understand how to get their needs met in positive ways.

- De-institutionalization

In the 1960's, people formerly housed in large institutions away from public view were returned to their communities where they could live cooperatively, grow and achieve independence. Michigan Mental Health Code requires care to be provided in the least restrictive environment.

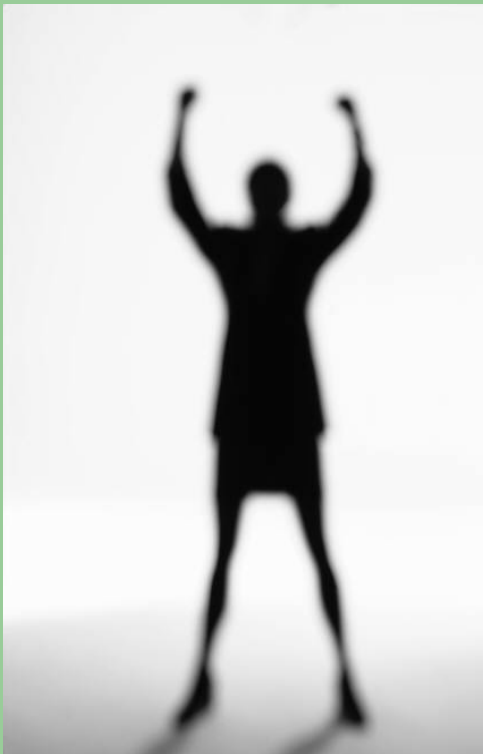
Community Residential Settings

- Finding alternatives – allowing people to choose how they want to live, learn and grow. Allowing and encouraging individual choice.
- Increasing the individual's control over his/her environment.
- Each person is encouraged by the person-center planning process to increase control over his/her daily living situation by learning new skills and behaviors.

Why Community Integration Is Important

- Individuals need role models to see how others perform daily living activities and live cooperatively with others.
- Differences in a person tend to set that person apart from others.
- By living in a community neighborhood, an individual can learn to develop a better personal opinion and have a greater likelihood of learning positive skills and behaviors and contributing to the community in which he/she resides.

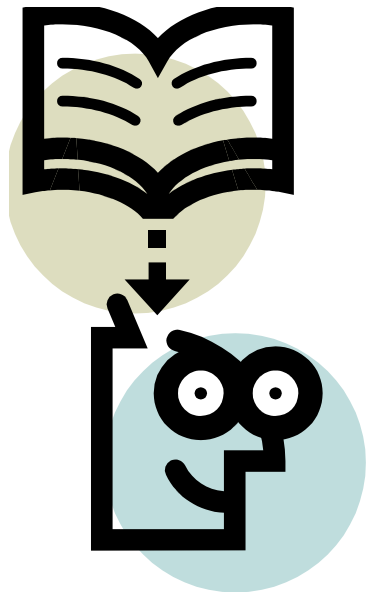
Believing Individuals Can Grow and Learn



If you believe an individual diagnosed with mental illness or developmental disability will never change or get better, the support you offer this person will be based on that belief and become a self-fulfilling prophecy.



How you view the people you teach and assist



- Your beliefs, values, and attitudes about them as people, affects their progress in learning new skills and behaviors.
- Expectations can turn into stereotypes of people labeled as “developmentally disabled” or “mentally ill.”

Self-fulfilling Prophecies

- If we think a person will behave in a certain way, we do or say things (sometimes without knowing it) that makes it likely that the person will behave that way.
- As a direct care worker, it is important to look at your own beliefs about individuals with special needs.

The Sickness Model

People with developmental disabilities are perceived as having a sickness.

Person is identified as having a disease that must have a diagnosis and prognosis.

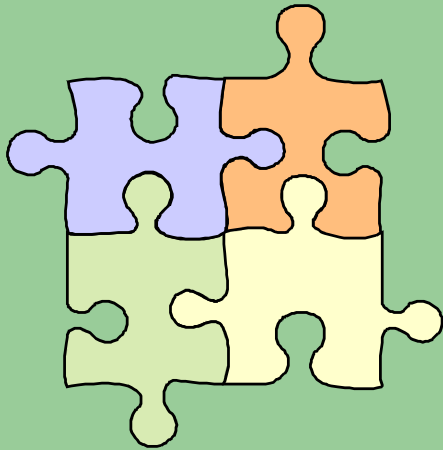


- Institutions administered in a medical hierarchy.
- Institutions called state hospitals.
- Living units called wards or nursing units.
- Patients
- Records called charts
- Staff required to wear uniforms.
- Behavior problems handled physically and medically.
- Hospital routines followed.

The Developmental Model

- People are seen as developing individuals.
- Individuals are not seen as deviant or different.
- Individuals are seen as like, not unlike others.
- Mental retardation is a condition.
- Home-like setting with family dining, privacy, and “access” risk
- Designed to encouragement interaction between people, to foster individuality, and provide conditions to live successfully

The Goal of Direct Care:



To support people with developmental disabilities so they can reach their full potential.

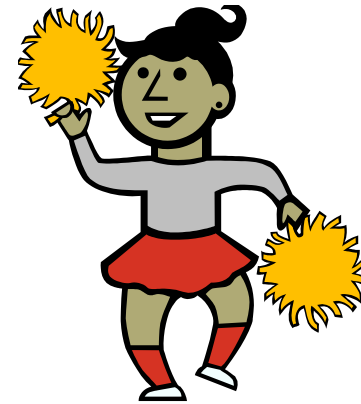
Flexibility In Your Role as DCW

- Flexibility is defined as the ability to bend, twist, and be limber.
- You will fulfill many roles as a direct care staff person.



Your many roles:

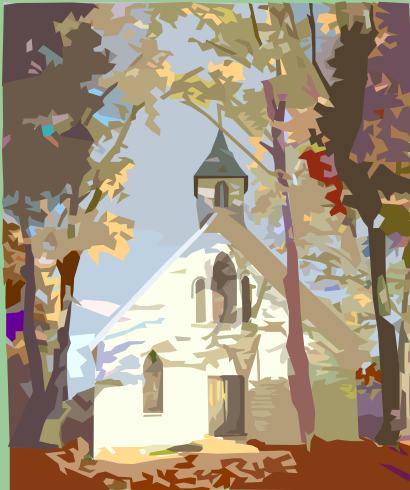
- Teacher - household skills, daily living skills, independent living skills
- Encourager – cheerleading, reinforcing success
- Supporter
- Role Model
- Advocate
- Coach
- Intervener
- Negotiator
- Housekeeper
- Medication Administrator
- Food Assistant
- Health Care Assistant
- Good neighbor
- And other duties as assigned by your supervisor



Be A Role Model

- People learn by watching and imitating others.
- People see and hear you do and say a variety of things.
- People will see you as a role model and will behave in the same ways you behave.
- Help other grow by modeling desirable behaviors.

Choices



All individuals have the right to choose lifestyles, friends and careers.

Values and desires that are important to everyone.

- Dignity, justice, honor and freedom
- Love, family, home, being treated as special
- Money, good health, and the benefits of modern technology
- The chance to grow, learn, work, rest, play, eat, make individual choices and feel good about life
- Peace and quiet, when needed
- The power to improve oneself and one's environment

Direct Care Staff have many opportunities to assist people.

- You help build experiences, so they may know the importance of choices.
- Individuals have the right to try new activities even if what we try is not completely successful.
- Activities such as voting, attending religious services, or going outside in the yard where others we be able to see you.
- Providing choices requires flexibility.

Differences between routines and consistency.

- A routine is a repeated behavior that is almost a habit, and is often done with no thought as to why.
- Consistency is a repeated behavior of a reason. Consistency is needed to teach new skills and behaviors.
- Consistency allows choices and variations while keeping the goal in mind.

Providing meaningful choices and experiences and being consistent in the individual's plan maximizes the individual's chance of becoming independent.



Change



- Lose 20 pounds
- Change shifts with no notice
- Stop smoking
- Get rid of your car and use public transportation
- Home condemned and force to move

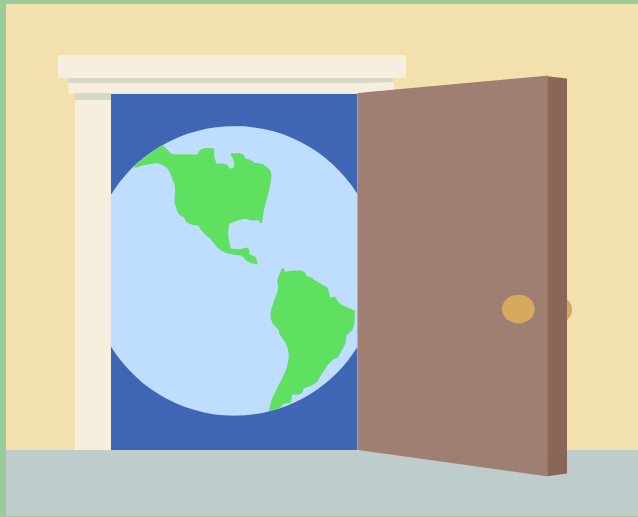
Reactions to change:

- Deny any reason to change
- Think of many reasons not to change and only a few reasons to change
- Agree that we should change, but can't seem to make ourselves change
- Try to change, but find obstacles.

People do learn and change!
To help a person make changes, it is important to:

- Help the person see how change will affect him or her
- Provide a chance to practice change in a low risk setting
- Be patient and tolerant
- Communicate that it is okay to makes mistakes
- Give regular feedback and encouragement
- Give the person room to change in their own way and at their own pace

Change will continue to come for all of us.



Be ready for them and think of these changes as opportunities, not as obstacles.



**Mental Health is range of behaviors,
thoughts and emotions.**



The person that is mentally healthy likes, respects and accepts themselves for what they are. They admit their limits and work toward positive change.

Mental Illness

A substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or the ability to cope with the ordinary demands of daily life



Serious mental illness

- Age 18 and over;
- Currently or during the past year is diagnosed with a mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the DSM 5.
- DSM – Diagnostic Statistical Manual of Mental Disorders

The cause of mental illness is still unknown.



Mental illness may be caused by a chemical imbalance in the brain.

Myths About Mental Illness

- The biggest problem for individuals with mental illness as they move into the community is their illness. **FALSE**
- The biggest problem is not being accepted by others.

Myths about Mental Illness

- The media portrays an accurate picture of individuals with mental health disorders.

FALSE

- Media sensationalizes individuals as being dangerous, hopeless or helpless.
- Individuals with mental illness do recover and lead productive lives.

Myths About Mental Illness

- All individuals with mental illness are the same. **FALSE**
- Each individual with a mental illness is different with a unique personality.
- It is important to get to know each person individually.

Types of Mental Health Disorders

- Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Personality Disorders

Psychotic Disorders

- People who are experiencing psychotic symptoms may see or hear things that are not real to anyone else.
- A person with psychotic symptoms is out of touch with reality.
- Schizophrenia is a common psychotic disorder.
- Symptoms of schizophrenia can include believing things that are obviously false, seeing or hearing things which do not exist and disconnected speech.

Mood disorders and anxiety disorders

- Depression is characterized by a depressed mood and/or loss of interest or pleasure in nearly all activities.
- Bipolar Disorder is a combination of depression and mania. Mania includes a euphoric mood, increased physical activity and rapid continuous speech.
- Anxiety disorders occur when a person experiences unreasonable fears, tensions or anxieties of places, people, objects and other things.

Personality Disorders

- Long term distortions in the way people think and act toward others.
- They result from early childhood patterns which shape a person in certain ways.
- Examples: Borderline, Antisocial, Dependent.
- DBT is used to treat Borderline Personality Disorder.

Developmental Disabilities

- Caused by a mental, physical problem or both.
- Becomes a problem before the person reaches the age of 22.
- Is likely to continue for a very long time.
- Results in major limitations in abilities.

Intellectual Developmental Disabilities

- A lifelong condition that may be attributed to a mental or physical condition such as developmental disability, cerebral palsy, epilepsy or autism.



Intellectual Developmental Disabilities

A condition that begins very early in life, sometimes before birth.

People who have an intellectual developmental disability

- Sometimes develop skills at a slower pace
- Sometimes have difficulty learning, interacting with others, and staying on task.

There are over 200 specific causes of intellectual developmental disabilities.

- Intellectual Developmental Disabilities can be caused by anything that hinders or interferes with the person's development before birth, during birth or in early childhood.
- **Many causes can be prevented**, such as adequate nutrition, safe environments or opportunities to learn.
- Chromosome abnormality causes one form of mental retardation – Down's Syndrome.
- Rubella
- Lead Poisoning

Myth About Intellectual Developmental Disabilities

- People who have an Intellectual Developmental Disabilities are dangerous.
FALSE
- People with Intellectual Developmental Disabilities are less dangerous than “normal” people.

Myths About Intellectual Developmental Disabilities

- People who are Intellectual Developmental Disabilities need constant special care.
FALSE
- People with Intellectual Developmental Disabilities may need more supervision and assistance, but few require constant care.

Myths About Intellectual Developmental Disabilities

- People who are Intellectual Developmental Disabilities cannot learn. **FALSE**
- The biggest problem is our limited ability to teach the skills needed for these individuals to function at their maximum potential.

Other Developmental Disabilities

- Cerebral Palsy
- Epilepsy
- Autism


Definition of Cerebral Palsy

A disorder of
movement and
posture

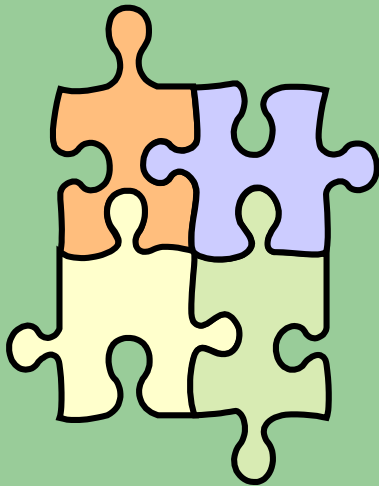


Epilepsy

A condition where there are sudden, brief changes in how the brain works. There are episodes known as seizure.



Autism



A disturbance in the rate and course of development. Affects a person's ability to relate to others and to develop speech language.

As Direct Care Staff, you are a part of a team...



The team includes:

- the Individual being served
- Family or Guardian
- Direct Care Staff
- Physician and Psychiatrist
- Registered Nurse
- Case Manager/Support coordinator
- Licensed Psychologist
- Others as designated

The Interdisciplinary Teams' Task

- To develop, monitor, and revise a written service plan for each person. (Person Centered Plan)
- The plan spells out all the services the individual in the community setting will receive.
- The plan details goals, objectives and outlines steps of progress and states intended results.
- The goals and objectives utilize data sheets to document progress.

Roles and Responsibilities of Team Members

- Individual being served is the person for whom the plan is written and informs the team of wants and needs.
- Direct Care Staff are essential and critical part of the team. They provide direct observation and inform the rest of the team about how the person functions and about the progress being made, what needs are not met, and strengths.

Main Elements of Active Treatment

- Assess – Identifying the strengths, skills, preferences, needs of each individual.
- Plan – Goals are created by the team.
- Do – Direct Care Staff are the “doers.” Using each opportunity through the day to teach a new skill or behavior.
- Evaluate – At least annually or when needs change.
- Change – Modify the plan to better meet the goals of each individual.

Documentation is a way of communicating with the team.



Direct Care Staff are responsible for recording a person's progress or lack of progress in the individual's record.

Documentation How To's

- Describe events in the order in which they occur
- Use only approved abbreviations
- Draw a single line through errors. Above the error, write “error,” your initials and date.
- Sign your first and last name, and your title.
- Draw a line through unused space between the end of your comments and your signature.
- Do use the person’s legal name.

Documentation Don'ts

- Don't erase or blot out errors.
- Don't use pencil.
- Don't use nicknames.
- Don't leave a space for someone else who did not have time to document.
- Don't use unapproved abbreviations.
- Don't change record for any reason.
- Don't use one person's full name in another person's record. Use initials or first name only.
- Don't falsify an individual's record.

Observations in the record are essential.

- They will be used to develop a successful plan for the individual being served.
- Observations will show changes in person's behavior and will indicate if goals are reached.

The individual's record is a *legal document*.

- It tells why the person is in the residential setting.
- It tells what services are needed and provided.
- It documents progress or lack of progress.
- It informs of any changes in the person's health status.
- It documents all unusual behavior or events.
- It tells of actions and activities of staff working with the individual.
- It includes the Person Centered Plan.

The Person Centered Plan



- A treatment process used to assist an individual in identifying and planning for his present and future desires, and which incorporates the individual's hopes and dreams.
- Is a right under Michigan Mental Health Code.

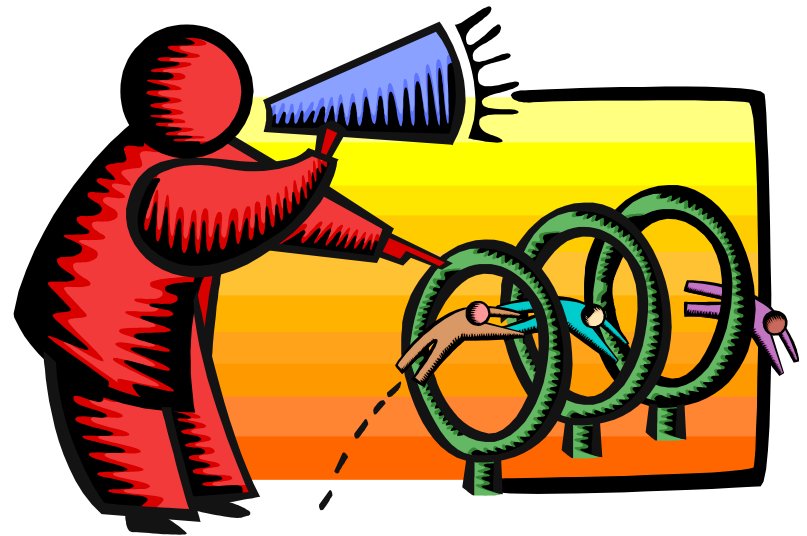
Treatment before the person centered process

- Problem focused
- Disciplines determined goals
- Demands were placed on the consumer
- Meetings were held when convenient for disciplines
- Team primarily consisted of clinicians, not support systems for the individual
- Goals were based on learning basic skills, instead of relating skills to current strengths or the individual's desires



What makes person centered planning different?

- The individual drives treatment
- The individual's choices and abilities are respected
- The individual's support network is explored
- All planning meetings are scheduled at a time and location that is convenient for the individual and has persons that he/she chooses to have participate
- There are regular opportunities for feedback from the individual built into the plan



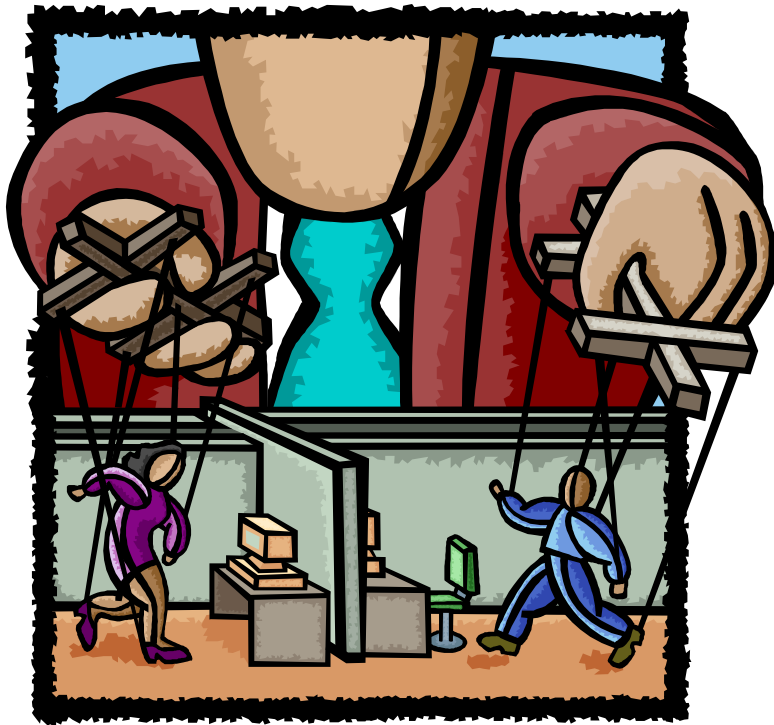
How does Person Centered planning meet the needs of all individuals?

- Important people in the consumer's life give input and incorporate the likes and dislikes of the individual
- Disciplines make recommendations based on that information
- Creativity is emphasized to assist the individual in increasing their access to activities they enjoy
- Emphasis is placed on the individual doing more for themselves
- Choices are incorporated as creatively as possible (e.g., pictures, gestures, etc.)
- Health & Safety issues are addressed by the team
- Increases unpaid supports

What is my role in the process?

- Get to know the consumers you work with
- Remember that you work for them. You are a support, not their boss, mother, etc.
- Assist the individual in meeting goals they have set
- Don't put the consumer in a box
- Give input to the process. Tell the team your thoughts, ideas, and suggestions.
- Honor the choices the consumer makes
- Encourage the consumer to stay the course when they feel like giving up
- Facilitate relationships with family members, the community, and others
- Try new things with the consumer. (They are often unable to initiate new tasks on their own)
- Assist the consumer in advocating for himself or herself
- Provide feedback on how a plan/goal is working
- Listen and validate the difficulty of meeting goals in the life of the consumer

Choices are not...



- Convincing the individual to do what we want them to do
- Allowing the individual to take such high risks that they are vulnerable to significant harm
- Ignoring health and safety issues for the sake of choice
- Putting the individual in situations they don't have the skills to manage
- "Punishing" the individual for their mistakes

Choices are...

- Choosing who is involved in one's life
- Choosing one's goals for the future
- Choosing places, people, and activities that are enjoyable
- Choosing activities, and accepting the consequences of choices
- Choosing one's values, faith, education and how they will look in one's life



Considerations in Person Centered Planning

- Financial resources have to be considered and creatively pursued.
- The availability of jobs, homes, and options must be considered and creatively challenged.
- The needs and desires of the individual and the input and influence of parents and guardians must be carefully considered.
- Pre-planning must be done carefully and systematically to look at resources BEFORE the plan is created.

It is a process, not a destination

- A plan can be revised or modified anytime with the team's reconvening.
- Goals should be revised as they are met or if no progress is seen. (If no progress, we missed something).
- Feedback on goals should be ongoing.

