

**Becoming a Professional
Individual Provider (IP)**

Student Manual

2010

Acknowledgements

Designed to prepare new workers for employment in the in-home care industry, this manual, is the direct result of the efforts of many people across Washington State who share a common vision to improve the individual provider workforce. The input and expertise that we received when we originally set out to put this together came from all corners of the state and from many different perspectives including workers, employers, families, educators, policy-makers, and many others.

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HCRR Mission:

The mission of the Home Care Referral Registry (HCRR) is to improve the quality of, and access to, providers of in-home care services and to empower consumers that are eligible for Medicaid in-home care services by:

- Providing access to screened individual providers;
- Producing information on how consumer/employers can best manage their in-home care services; and
- Engaging in activities and partnerships to resolve workforce issues and promote training opportunities for in-home care providers and consumers of in-home care.

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About the This Manual

This *Becoming a Professional Individual Provider* course is designed to be delivered in a classroom setting or as a self-study manual. The primary purpose of this course is to give you, the potential provider, enough information about what it's like to be a caregiver so that you will be able to determine if this type of work and work environment are a good match for your personality and interest.

Quality of Life

So what does “*quality of life*” mean? It means different things to different people. Generally, people experience a good quality of life when they:

- Are able to make choices in their lives, and their choices are encouraged, supported, and respected.
- Have close, supportive relationships with friends and family.
- Live in a home that is comfortable for them and with people who know and care about them.
- Participate in activities they find enjoyable.
- Have access to health care and have the best possible health.
- Feel safe and are safe.
- Are treated with dignity and respect.
- Are generally satisfied with their lives.

The Individual Provider

AN **Individual Provider** (IP) works with and supports one or more persons with disabilities in the places they live. IPs perform their jobs in privately-owned homes with very little support available for themselves. This work setting is very different from a more traditional employment setting where you can rely on co-workers or others for support. Because of this, the IP has many important roles to play.

As an IP you could be:

- A **PARTNER**, supporting people in leading independent lives within the community.
- A **TEACHER**, finding creative and fun ways to help people learn meaningful skills and providing them with information to make the best choices for themselves.
- An **ADVOCATE**, supporting people in exercising their rights and responsibilities.
- A **SUPPORTER** seeking to understand the likes, dislikes, hopes, and dreams of the people you support and cheering them on as they make progress toward their life goals.

All of the roles that you play have a common focus on supporting people to live the kind of lives they hope and dream about. The IP can be a Partner, Teacher, Advocate, and Supporter.

The IP is *not* a boss or one who orders people around and makes them do things they may or may not want to do. The job of the IP carries a great deal of responsibility, and it is easy to get these roles confused. Unlike a parent, legal guardian, or conservator, the IP who is not related to the person they support

does not have the responsibility to make important life decisions for the people they work for and with.

Instead, it is the person the IP supports, the client, who makes the decisions about their own lives. This may happen with the help of parents, legal guardians, families, or conservators, as the client may choose or as appropriate. Because of this, it is very important that the IP understands this and respects the client's rights to make their own decisions about their life.

Values to Guide Your Work

A **guiding principle** of long-term in-home care in Washington State is that services enable people to remain in their own home and community, whenever possible.

The overall **mission** of Washington State's long-term in-home care system:

- helps individuals and their families develop and maintain self-sufficiency;
- remain valued and contributing members of their community; and
- maximizes quality of life by managing services that are high quality, cost effective, and responsive to individual needs and preferences.

The long-term in-home care system in Washington is also guided by the following **values**:

- Individual worth, dignity, respect, self-direction and self-sufficiency.
- Freedom from abuse, neglect, abandonment, financial exploitation, and discrimination.

Washington's long-term in-home care system also **promotes** quality, safety, access, accountability, and non-discrimination in its service system.

SOURCE: Adapted from Department of Social and Health Services Aging and Adult Services *Strategic Plan 2006-2011*.

Becoming an Individual Provider

The role of an individual provider can give you a sense of accomplishment and fulfillment and it can also be challenging. You play an important role in the client's life by providing the support they need so they can stay in their own home and have care provided there.

Please note: On the following pages we will sometimes use different terms to describe the person for whom you provide services. We may refer to them interchangeably as Clients (of DSHS and yourself as the IP providing support), as Person or Consumer (of in-home care services) and/or as Employers (of you the IP).

Below are the qualities and skills you must have to be an IP:

- Understand what the client's care needs are
- Understand how to provide those tasks
- Understand the way the client wants things done
- Identify problems and take necessary action
- Handle emergencies as they arise without direction
- Have good communication skills
- Be an advocate for the client
- Work independently
- Be respectful, dependable and responsible
- Act in a professional manner
- Respect the client's dignity and privacy
- Be observant of the client's physical and mental health, reporting any changes to the case manager.

You should NOT:

- Except gifts from the client
- Give out information about the client without their written permission
- Provide services in your own home unless otherwise authorized
- Abuse or restrain the client
- Take personal belongings from the client
- Begin working for the client until you have spoken to their case manager and are authorized for payment

Client Receiving Services

How did the client qualify for state funded in-home care?

First, they contacted the **Department of Social and Health Services (DSHS)** where a financial screening was completed. If the person is financially eligible, a social worker from either the **Home and Community Services (HCS)** office or the **Division of Developmental Disabilities (DDD)** office goes to their home to complete an initial assessment of the client's care needs. The social worker then develops a plan of care based on this assessment and determines the number of hours of care per month that is required to meet the client's needs.

Once the care plan is completed, the client finds a caregiver (either an IP or an agency provider) and the social worker transfers the client to the appropriate DSHS division. The client is then assigned a case manager from the local **Area Agency on Aging (AAA)** or from DDD-or from the **Children's Administration (CA)** as appropriate to the client's age, disabilities and needs.

The client must then decide how they are going to utilize their hours during the month. They also decide who they are going to hire to perform their care task needs. Some clients opt to use a home care agency (agency provider) but many clients decide to use an Individual Provider (IP). As an individual

provider, you are *not* an employee of DSHS. Instead, you are an employee of the person you are providing care for or their representative. As your employer, they not only hire you, but they also supervise your work and because of this, they can also fire you as their provider.

When you are hired, you do not begin work until you meet with the client's case manager, review the care plan, and sign an IP contract with DSHS. If you have worked as an IP previously, you must still meet with the case manager and review the client's care plan before you can start working.

You will be helping your employer (the client) with many tasks including personal care (bathing, dressing, eating, etc.), taking them to doctor's appointments and essential shopping, cooking, cleaning and possibly more. The tasks you will be assisting your client with will be listed on the care plan. If there is something on the care plan you do not understand or have questions about contact the case manager. Your role is to provide or assist the client with the care outlined on the care plan. All of your client's care must be done in the client's home unless otherwise outlined in the care plan. If you do not feel comfortable with any of the tasks in the care plan, please report this to the case manager immediately.

Once you have started working you will need to complete a DSHS Orientation and a short course called Revised Fundamentals of Caregiving. This course will help provide more detail about your caregiver responsibilities and better prepare you on how to perform different personal care tasks. You will have 120 days once you begin working with your client to complete this course. DSHS will pay for the cost of your class, any materials and the time you spend attending class. You will receive more information on the required classes in your DSHS Orientation.

Case Manager's Role

Every client receiving services from DSHS is assigned a case manager. The case manager's responsibilities are to oversee the client's care, reassess their care needs at least yearly or as the client's condition changes and to ensure that the care plan is maintained and appropriately carried out.

The case manager is your contact when you have questions or concerns about the client or the tasks you are assigned to perform from the care plan. You are responsible for keeping the case manager informed immediately if the client's condition changes, if they are sick or become sick, if they are hospitalized or if an emergency arises.

You should also contact the case manager immediately if you know that you will be unable to work as assigned due to scheduled or unscheduled events. If you give as much notice in advance as possible, the case manager will be in a better position to help find someone to fill-in for you temporarily.



The Individual Provider Toolbox

Whether you are working independently or with a team, you will need a set of “tools”—basic skills and knowledge—to help you successfully meet the daily challenges of your job. Just as a carpenter cannot do a job without a hammer and nails, an IP cannot provide the best possible support to individuals without the IP tools.

Tools in the IP Toolbox are:

ETHICS

Ethics are rules about how people think they and others should behave. People’s ethics are influenced by a variety of factors, including culture, education and the law.

- The National Alliance of Direct Support Professionals (NADSP) developed a Code of Ethics (Appendix A) to guide the behavior of IPs. Refer to the Code when in doubt about the most ethical thing to do.
- Here is a **condensed version** of the NADSP Code of Ethics:
 1. **Advocacy:** As an IP, I will work with the individuals I support to fight for fairness and full participation in their communities.
 2. **Person-Centered Supports:** As an IP, my first loyalty is to the individual I support. Everything I do in my job will reflect this loyalty.
 3. **Promoting Physical and Emotional Well-Being:** As an IP, I am responsible for supporting the emotional, physical, and personal well-being of individuals receiving support while being attentive and energetic in reducing their risk of harm.
 4. **Integrity and Responsibility:** As an IP, I will support the mission of my profession to assist individuals to live the kind of life they choose. I will be a partner to the individuals I support.

5. **Confidentiality:** As an IP, I will protect and respect the confidentiality and privacy of the individuals I support.

6. **Fairness:** As an IP, I will promote and practice fairness for the individuals I support. I will promote the rights and responsibilities of the individuals I support.

7. **Respect:** As an IP, I will respect the individuals I support and help others recognize their value.

8. **Relationships:** As an IP, I will assist the individuals I support to develop and maintain relationships.

9. **Self-Determination:** As an IP, I will assist the individuals I support to direct the course of their own lives.

OBSERVATION	
	<i>Observation is noticing change in an individual's health, attitude, appearance, or behavior.</i>

- Get to know the client so you can tell when something changes.
- Use your senses of sight, hearing, touch, and smell to observe signs or changes.
- Get to know the client's environment and look for things that may impact their safety and well being.

COMMUNICATION	
	<i>Communication is understanding and being understood.</i>

- Listen carefully to what is being communicated through words and behavior.
- Repeat back what was communicated to confirm understanding.
- Ask questions to gain a more complete understanding.
- Be respectful.

DECISION MAKING

Decision making is choosing the best response to a situation with the information that is available to you. Decision making is an ongoing process.

- Recognize/define the situation.
- Identify possible responses and consider the consequences.
- Choose a response and take action.
- Evaluate how your response worked.
- Were the consequences positive? If not, what could have made it work better?
- Use what you learned to make decisions in the future.

DOCUMENTATION

Documentation is a written record.

- The IP should keep notes for the following important, non-routine events in the client's life: medical and dental visits, illness/injury, special incidents, community outings, overnight visits away from the home, and communications with the client's physician. (Note any changes in behavior or appearance).
- Do not document personal opinions, just the facts (for example, who, what, when, and where).
- Be specific when describing behaviors.
- Record what the person actually said or describe non-verbal attempts to communicate.
- Describe the event from beginning to end. Be brief.

Scenario: The Individual Provider (IP) Toolbox

Featuring



Howard

A 72 year-old man



Steve

Howard's individual
provider



Dr. Smith

Howard's doctor

Howard is sitting on the examining table in Dr. Smith's office. Steve, Howard's IP, is sitting off to the side as Dr. Smith talks with Howard, who has not been feeling well.

Doctor: "So, Howard, you've been sick for ten days and you're not getting better and now you have a headache. You probably have an acute sinus infection in addition to your bronchitis. This will prolong your illness. I think good medication will make you feel better. Are you currently taking any medications?"

Howard, unsure, looks to Steve for an answer.

Steve: "He takes medication for his heart."

Doctor: "That shouldn't be a problem. Are you allergic to penicillin or other medication?"

Howard looks again to Steve for an answer.

Steve: "Right now he doesn't have any allergies that we know of."

Doctor: "I'm going to prescribe you Amoxicillin, which will help fight your sinus infection. I want you to take one pill a day for ten days. Keep taking it even if you feel better. The other thing I'm going to prescribe is a cough medicine. Take one teaspoon every six hours

as needed for your cough. Any questions?"

Steve: "Are there any side effects or anything? Anything else you can think of, Howard?"

Doctor: "Well, an allergic reaction is a side effect of Amoxicillin, but since he hasn't had an allergic reaction before, he probably won't have one this time. But, if he gets short of breath, develops a rash or hives, stop taking the medicine and call us immediately. When you pick up your medication at the pharmacy, the pharmacist will give you a medication sheet with detailed information. If you have any questions about the medicine, go ahead and ask the pharmacist."

Steve: "Sounds good. That's all I can think of. Howard, is there anything you want to tell the doctor while we're here?"

Howard: "No."

1. How did the IP use Ethics?
2. How did the IP use Communication?
3. How did Howard feel?

Individuals with Functional and Developmental Disabilities

Who are the people you support? The people you support are children and adults, male and female, and come from interesting backgrounds just like you. They have many unique preferences and qualities that you will get to know as you get to know them. What the people you support have in common is that they have functional or developmental disabilities.

Functional disabilities are caused by a number of things: illness, stroke, brain injury, or as a result of congenital disability. Symptoms of functional disability include pain, weakness, stiffness or paralysis. Persons with functional disability require assistance with one or more daily activities because they have varying levels of self-sufficiency or mobility.

Additionally, you may also support children who have high physical or personal care needs. Other potential employers are older individuals who receive in-home services that allow them to remain in their own communities. Working with these people may present challenges, but the rewards far outweigh those challenges.

An IP working with adults who are older may want to consider specialized training or self-study to adequately support persons with cognitive or behavioral issues including:

- Dementia
- Depression
- Anxiety/grief
- Mental illness
- Personality disorders

You may also work for a person who has an age-related illness, such as Parkinson's or Alzheimer's disease.

Following is some basic information about the causes and kinds of developmental disabilities. You are not expected to know everything about

every type of developmental disability. However, it is important that you know and understand the types of disabilities that the people you work with have in order to provide them with the best possible service and support.

Your employer may be:

- A person with a functionally disability
- A person with a developmentally disability
- A person who is aged
- A child

Remember that above all, your employer is a PERSON.

What is a Developmental Disability?

A **developmental disability**, as defined by Washington state law:

- Begins before someone reaches 18 years of age
- Is something that goes on throughout a person's life
- Is a substantial disability for the person
- Often means there is a need for some kind of assistance in the person's daily life.

Developmental disabilities include mental retardation, cerebral palsy, epilepsy, and autism. It does not include people who have only physical, learning, or mental health challenges.

Causes of Developmental Disability

Many things can cause a developmental disability, such as:

- The mother having a serious illness, poor eating habits, or poor health care, or the fact that she smokes, drinks alcohol, or uses drugs during pregnancy.
- A serious accident, abuse, lead poisoning, or poor nutrition.
- Chemical or chromosomal differences (like Down's Syndrome) or an inherited condition.
- A lack of oxygen to the brain, low weight, or a difficult birth.

While keeping the above causes in mind, remember that often, the cause is not known and can happen to any family.

What is a Functional Disability?

A functional disability may include one or all of the following:

- Limitations in or inability to perform a variety of physical activities
- Serious sensory impairment
- Long-term care needs
- Use of assistive devices

Functional disabilities include cognitive, communication, coordination or manipulation, hearing, mobility, vision, learning or mental health challenges. It does not include people who have developmental disabilities.

Causes of Functional Disability

Functional disabilities can happen to anyone, at any time. Illness, stroke, brain or spinal cord injury or a condition a person is born with may be causes of functional disability. Arthritis, diabetes, coronary artery disease, cancer or cognitive impairment also may lead to functional disability.

Major Kinds of Developmental Disabilities

The following table illustrates the major kinds of developmental disabilities: mental retardation, cerebral palsy, autism and epilepsy. The graph also tells you what those disabilities might look like and how that might impact how you support the person you work for.

<i>Developmental Disability</i>	<i>Characteristics</i>	<i>Notes for IP</i>
Mental Retardation	<ul style="list-style-type: none"> ▪ Learns slowly. ▪ Has a hard time remembering things that are learned. ▪ Has a hard time using what is learned in a new situation. ▪ Thinks about things in more real-life or concrete ways. ▪ Keeps learning and developing throughout life as we all do. 	<ul style="list-style-type: none"> ▪ There are different levels of mental retardation from mild to severe. This means that people need different types of assistance in daily living. ▪ Very different from mental illness. Some people who have mental retardation also have mental illness, but most people who have mental illness do not have mental retardation.
Cerebral Palsy	<ul style="list-style-type: none"> ▪ Awkward or involuntary movements. ▪ Poor balance. ▪ An unusual walk. ▪ Poor motor coordination. ▪ Speech difficulties. 	<ul style="list-style-type: none"> ▪ “Cerebral” refers to the brain and “palsy” to a condition that affects physical movement. ▪ Ranges from mild to severe. ▪ Not a contagious disease—you can’t “catch” it. ▪ People can lead more independent lives through physical therapy and the use of special devices (for example, computers and wheelchairs). ▪ May also have mental retardation and/or epilepsy.

Functional Disabilities by Type

The following table illustrates the major kinds of functional disabilities: cognition, communication, coordination or manipulation, hearing, vision and mobility.

<i>Functional Disability</i>	<i>Characteristics</i>
Cognition	Cognitive disability involves the brain's ability to process, retrieve, store and manipulate information. It is usually manifested in impairments to attention, orientation and memory. Cognitive disability includes deficits in such tasks as problem-solving, judgment, information processing (reading, writing, mathematics) and behavior.
Communication	Communication disability involves the process of interpreting the words or movements of others and expressing one's own thoughts and emotions through words, writing and body language. This disability often manifests in problems of oral speech, listening skills and in written communication.
Coordination or Manipulation	Disability in coordination affects fine manipulation by the hands such as fingering, feeling, grasping, pinching and handling. Tasks that can be impaired include typing, writing, eating, bathing, grooming, dressing oneself, telephoning, handling money, and in general any tasks including use of the hands for manipulation.
Hearing	Hearing disability includes any impairment of hearing that limits the ability to detect and discriminate among sounds that vary over ranges of pitch and loudness, frequently manifesting in poor auditory communication. Hearing disability can also include difficulty maintaining attention to sounds or localizing sounds (identifying the direction and distance of sound sources).

<i>Functional Disability</i>	<i>Characteristics</i>
Vision	Disability in vision manifests as impairments to near or far vision, color discrimination, night vision, peripheral vision, glare sensitivity and depth perception. Visual disability varies widely in kind and degree, and in the more advanced cases includes blindness. Visual disability can affect a very broad range of activities and tasks.
Mobility	Mobility disability includes impairments in movement that involves change of position or location. Bed mobility refers to changing position side-to-side, wheelchair mobility refers to propelling the wheelchair on various surfaces as well as managing wheelchair parts, and functional ambulation refers to walking with some aid, such as crutches, to move about. Limitations in mobility may affect standing, walking, lifting, carrying, balancing, stooping, kneeling and stamina/endurance to accomplish these tasks.

Special Issues for an Aging Population

People are living longer—the latest census indicates the 85 years and older age group is the fastest growing population group nationally. Not all seniors will require in-home care, but many seniors will experience a decline in functioning and will need in-home assistance at some point. In Washington, just over half of all seniors served by the Department of Social and Health Services are assisted in their own homes, rather than more costly nursing homes or other residential settings.

When working with a person who is older, it is important to know that as people age; their bodies go through changes, shifting from a growth process to a maintenance process. This means that the body systems slow down and we don't make new cells as fast as we used to. Each person ages differently, and the aging process is affected more by a person's physical condition than his or her actual age. Although there are some conditions more common in an older adult, very few diseases or functional changes are a normal part of aging. It is a myth that growing old has certain problems.

There are psychological and social changes as we age. Some changes are positive and some are not. Positive changes include:

- Enjoying family members
- Enjoying hobbies
- Being the “wise” elder
- Having more leisure time

Older Age

It may be you who notices that a person is “slowing down” or doesn’t seem to go to activities with the same enthusiasm. It may be you who realizes a person’s hearing or eyesight is getting worse. You must be prepared to bring these issues up with the case manager.

Some people with disabilities, although certainly not all, may age prematurely. Such changes may affect the person’s vision, hearing, taste, touch, smell, physical appearance, and musculoskeletal (muscle and bone) system.

The challenges of aging and retiring are common to us all—having enough money to pay for basic necessities, having a comfortable place to live, staying as physically fit and active as possible, continuing to have meaningful leisure activities, and having opportunities to have friends and be connected to the community.

Grief and Loss

The grief process is a natural and normal reaction to loss that may occur at any time in a person’s life. The client you support may also experience grief and loss. This can occur during a life transition when a family member or friend dies, when a favorite roommate or an IP leaves the home, or even when a pet dies.

Because grief can be so painful and sometimes overwhelming, it can cause people to feel frightened and confused, and can result in reactions that can be alarming. Many people worry that they are acting in the “wrong way” and wonder if there is a “right” way to grieve. There is no “right” way to grieve. Many different expressions of grief are considered normal.

You can help by recognizing that the person is experiencing grief and by helping them work through the grieving process by talking about their loss, or helping them remember the object of grief in a unique way; for example, planting a plant or tree in memory of the person or pet that died.

Person First Language

Person First Language: Guidelines for Discussing People with Disabilities

It's the "Person First" - THEN the Disability

If you saw a person in a wheelchair unable to get up the stairs into a building, would you say "there is a handicapped person unable to find a ramp?" Or would you say "there is a person with a disability who is handicapped by an inaccessible building?" What is the proper way to speak to or about someone who has a disability?

Consider how you would introduce someone - Jane Doe - who doesn't have a disability. You would give her name, where she lives, what she does or what she is interested in - she likes swimming, or eating Mexican food, or watching Robert Redford movies.

Why say it differently for a person with disabilities? Every person is made up of many characteristics - mental as well as physical - few want to be identified only by their ability to play tennis or by their love for fried onions or by the mole that's on their face. Those are just parts of us.

Person First Language

In speaking or writing, remember that children or adults with disabilities are like everyone else - except they happen to have a disability. Therefore, here are a few tips for improving your language related to disabilities:

1. Speak of the person first, then the disability.
2. Emphasize abilities, not limitations.
3. Do not label people as part of a disability group - don't say "disabled", say "people with disabilities."
4. Don't give excessive praise or attention to a person with a disability; don't patronize them.
5. Choice and independence are important; let the person do or speak for him or herself as much as possible; if addressing an adult, say "Bill" instead of "Billy."
6. A disability is a functional limitation that interferes with a person's ability to walk, hear, talk, learn, etc. Use the word handicap to describe a situation or barrier imposed by society, the environment, or oneself.

Person First Language

Person-First Language;

Refers to the practice of referring to persons with disabilities by stating the person first and the disability second. (Ex. Person who is blind)

SAY...	INSTEAD OF...
child with a disability	disabled or handicapped child
person with cerebral palsy	palsied, or C.P., or spastic
person who has	afflicted, suffers from, victim
without speech, nonverbal	mute, or dumb
developmental delay	slow
emotional disorder	crazy
mental illness	insane
deaf or hearing impaired	deaf and dumb
uses a wheelchair	confined to a wheelchair
person with mental retardation	retarded
has a learning disability	is learning disabled
non-disabled	normal, healthy
has a physical disability	crippled

SOURCE: Adapted from "Tools for Teachers" by the New Jersey Council on Developmental Disabilities.
<http://www.autism-mi.org/aboutautism/TeacherTools12-04.html>

Inclusion

Every society adopts a vision of a good world, of how things should be. Our vision grows out of a deep belief that all people are created equal. This does not mean that people are alike in their abilities, talents, or intelligence. In fact, we all know that every person is a unique individual.

Our society, instead believes that the differences among us do not entitle any group of people with a more legitimate claim to the benefits of society than any other group. So, while we are certainly not all equal in our abilities, talent, or intelligence, we still insist in our vision that we are all absolutely equal in the opportunities open for us to share in society's benefits. The benefits of society assure each person a chance to have the best quality life possible.

What does this mean for people with disabilities? It means people with disabilities enjoy rights that cannot be taken away, or even given away: rights to belong as full members of the community, with rights to participate in all aspects of life, private and public, to the limits of their abilities and interests.

It means also a right, even a responsibility, to contribute to the community, to give back something so that the quality of others' lives also has a chance to be the best that is possible. When all people, with and without disabilities, are gathered together and are fully included in this vision of how things ought to be, we will have taken a giant step toward a better life, and a better world, for everyone.

You, as an IP, have a unique opportunity to make this vision a reality.



Information Check

Instructions:

These questions cover some of the information covered so far. Although this is not a test and not graded, it's a good way to see if you understand the information you've read.

Read each question carefully and circle the best answer.

There is only one right answer for each question. When you are finished, turn the page and check your answers.



1. You are encouraged to read this manual:
 - a. so you can decide if this type of work is a good match for your personality.
 - b. to have firm control of the work situation with the client.
 - c. to improve your reading skills.
2. Quality of Life means:
 - a. living isolated from others.
 - b. not having any choice about your daily activities.
 - c. being treated with dignity and respect.
3. A good example of Person-First language is:
 - a. stroke victim
 - b. individual with developmental disability
 - c. blind person
4. A developmental disability:
 - a. begins after a person is 30 years old.
 - b. can be outgrown over time.
 - c. doesn't prevent a person from learning.
5. A functional disability:
 - a. can happen to anyone at anytime.
 - b. never limits a person's ability to talk.
 - c. may include mental retardation.

Answers:

These are the answers to the questions on the previous page.



1. **You are encouraged to read this manual** so you can decide if this type of work is a good match for your personality. Not everyone is suited to working in this type of situation performing personal care tasks.
2. **Quality of life** means being treated with dignity and respect. It also includes: making choices, feeling safe and satisfied and knowing there are people who care about you.
3. **A good example of Person-First language** is “Individual with developmental disability”. Person-first language refers to the person with the disability first and the disability second.
4. **A developmental disability** doesn’t prevent a person from learning or growing, begins before a person reaches 18 years, goes on throughout a person’s life and often means there is a need for assistance on a daily basis.
5. **A functional disability** can happen to anyone at anytime. An illness, stroke, brain or spinal cord injury may be causes. A functional disability may limit a person’s ability to perform various physical activities.

Communication

Communication is a very important tool in the IP toolbox. Good communication will help the IP reduce confusion and frustration and improve the quality of life for everyone in the home. Good communication skills can reduce IP stress. Good communication skills are a vital component to decision making and problem solving. It is the basis for recognizing the needs of the client and providing high quality support. Knowing how to communicate with simple, clear statements will lead to more positive interactions with the clients you support, their families, coworkers, and community members.

This section will enhance your skills related to:

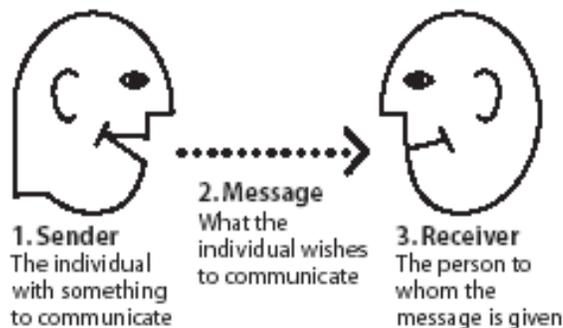
- Communicating with clients.
- Facilitating client's communication with others.
- Communicating with co-workers and community members.

What is Communication?

Communication is about sharing thoughts, views, feelings, needs and preferences. There are three parts to all communication:

When a person decides to send a message, the intent is to:

- Express something meaningful to him or her.
- Achieve a purpose.
- Share thoughts, views, and feelings with other people.



Reasons for Communicating

Why do people communicate with each other? People have many different reasons to communicate during the course of each day. One very important reason for communicating is to gain more control of our lives and to participate in our communities. More specifically, people communicate in order to:

- **Give and get information**

For the IP, this could mean giving information to parents or family members about the client's progress or letting the case manager know about an unusual incident. Or you may need to check with the case manager and the family about changing the way in which you approach an Individual Service Plan (ISP) objective. For clients, this could mean asking about the day's plans, meals, what to wear, or when they want to see their friends. It includes asking questions and offering thoughts, views, or understandings.

- **Express feelings**

The client may want you to know when they have had a great day or when they are feeling bad.

- **Solve problems**

You may need to communicate with others to work out problems and to help the client solve their own issues.

- **Learn new things**

Clients may need to know how to gain skills, such as oral health and hygiene skills, cooking, taking care of their money, or how to make their needs known.

- **Persuade others**

The client may want to have others see things their way. This could mean something as simple as choosing clothing different from what was offered.

- **Make decisions**

The IP communicates with many people about how to make decisions that affect the clients they support. Maybe you are trying to figure out how to deal with someone's behavior. There might need to be communication with family members or the case manager in order to make a decision.

▪ Build relationships

Clients use communication skills to get to know the IP and other people; for example, finding out what the others like to do.

Ways of Communicating

Verbal Communication

Verbal communication is the most common way individuals exchange information. Verbal communication is a complex skill, which requires attending to another person's hearing, thought, and speaking abilities. There are many points at which a breakdown could occur when using verbal communication. Verbal communication can be broken into four parts.

1. ***Organizing the message.*** This begins with the thought process of what the individual wishes to say.
2. ***Sending the message.*** The individual transfers the thought into spoken words, which are delivered to another person.
3. ***Receiving the message.*** The person receiving the message hears the message and attends to it.
4. ***Processing the message.*** The brain of the person receiving the message decides what the intended message means.

Excerpted from the *Caregiver Manual & Resource Guide for Southwest Florida*, Florida Gulf Coast University, 2002.

Nonverbal Communication

Nonverbal communication is communication that is expressed without words. Sometimes a sender's message gets mixed up, and the receiver doesn't understand it.

At these times, you have to rely on your nonverbal communication. Nonverbal communication is often more effective since there is less chance for breakdown to occur. Generally the receiver needs to attend to the sender and see the nonverbal communication to understand it. Nonverbal communication can also be used to overcome other barriers to communication, for example difficulty speaking due to cerebral palsy. Following are some examples of nonverbal communication:

- **Facial expressions**

You may be able to tell what a person is feeling by his or her facial expression. For example, usually a smile means the person is happy, and a frown means that he or she might be sad.

- **Gestures**

These are hand, body, and facial movements that have meaning. Examples are putting your hands up as if to say "I don't know," or shaking your head to say "Yes" or "No," or waving to a person in order to say, "Come closer, please."

- **Volume of voice**

You usually know how people feel if they are yelling, or if they talk very softly.

- **Physical closeness**

Standing close to people usually means they know each other well. Most people try to stay about an arm's length away from the person to whom they are talking.

Modes of Communication

Now you know that communication can be either verbal or nonverbal. The variety of ways communication can be expressed are called **modes of communication**. Modes are either verbal or nonverbal. Common modes of communication include:

- **Spoken language**

Spoken language is the mode of communication that uses speech in words and sounds that are conventional and structured. A person who has survived a stroke may understand spoken language but may have lost some of their speech skills. They may use speech mixed with other forms of communication to make their needs known.

- **Written language**

Written language is not always written in full sentences or spelled correctly. It is meaningful communication when the sender and receiver understand the context of the written language. For example, if a person is in the grocery store and writes the word “cheese,” she or he may wish to buy cheese. However, if the person is in the kitchen with the refrigerator door open and writes the word “cheese,” this time it may mean, “Help me find the cheese.”

- **Sign language**

Sign language is the mode of communication used in the deaf community. In the United States, the standard sign language is American Sign Language. It combines the use of hand shapes, hand and arm movements, facial expressions, gestures, and body language in a structured and conventional manner to express thoughts, views, and feelings. American Sign Language has its own alphabet, words, and syntax.

- **Sign systems**

Sign systems are based on American Sign Language and have been adapted to the needs of individuals who are in schools and whose learning styles limit their use of spoken language. Many people who have developmental delays use signs that combine parts of American Sign Language and local, school, or home-based signs.

▪ **Communication books**

Communication books are a mode of communication that contains pictures, words, photographs, or symbols. They can be used separately or combined in one book. People who use these books might point to the message they wish to send or use the book in combination with speech or even with signing. Communication books are developed based upon each person's needs and abilities.

▪ **Communication boards**

Communication boards are electronic modes of communication that people carry with them. Some use a board that has letters on it, like a computer keyboard. They point to the letters that spell words so someone can understand them. Some people have electronic systems that use pictures or symbols or that attach to computer monitors. Some systems have a voice that repeats the word, sign, or symbol based on what the person points at.

▪ **Behavior**

Behavior can tell you a lot if you "listen" to what it is saying. Among other things, it gives you information about what a person wants, when they are unhappy, and their interest in being social.

Some of the things that behavior can communicate are persons':

- Preferences or choices
- Requests for objects
- Requests for assistance
- Requests for affection
- Desire for attention
- Feelings.

The purpose of all modes of communication is to support the client as they make choices and interact. It is important that IPs are able to identify the modes of communication that clients use and support them in using those modes.

Communication Disorders

You have learned about some of the ways that people communicate. In part, the mode of communication is influenced by the communication disorders that a person may have. Some of the things that can get in the way of a person being understood include:

- Limited or no speech.
- Hearing loss.
- Poor control of muscles needed to produce speech (like with cerebral palsy).
- Damage to the part of the brain that controls speech.
- Challenging behaviors.
- Day-to-day health.

When it is hard to make your needs known, it's difficult to meet people and to do the things you enjoy and it may make a person behave in a negative way.

There are two kinds of communication disorders:

1. Speech Disorders

Speech disorders relate to the muscles that people use to form the sounds of speech. There are four types of speech disorders:

Abnormal pitch

This is a condition in which a person's voice is high-pitched or very deep. It is similar to the difference between a man's and a woman's voice. Men's voices are usually lower toned or pitched than women's.

Abnormal quality

This is a disorder in which a person makes the sounds, but the sounds last longer or shorter than usual or are molded together in a way that make it hard to understand. It is similar to a tape recording that has gotten too old so that the tape moves slowly or a tape recording that, at the end of the tape, moves fast so the voices sound high pitched and fast.

Excessive loudness

This is a condition in which the person is almost shouting when talking.

Incorrect articulation

This is a condition where the person's mouth makes sounds incorrectly. Perhaps a "p" is pronounced with a voice and breathing like a "b" sound. Another example is a person's inability to make the sound at all with his or her lips, which keeps the listener wondering what he or she meant. Sometimes speech muscles that don't work cause a speech disorder. You may hear a speech therapist who works with the client you support talk about this. Some people may miss sounds when they are talking, like saying "nake" for "snake," or "moke" for "smoke." Or a person might say "dis" and "dat" instead of "this" and "that."

2. Language Disorders

Language disorders are sometimes caused by damage to some area of the brain. With a language disorder a person might be limited in his or her ability to understand language. This is called receptive language. A person's ability to talk might be limited. This is called expressive language. Or, a person may talk as if they are much younger.



Encouraging Communication

Once the IP has identified the client's modes of communicating, his or her responsibility is to encourage communication during daily routines. Each time the IP and the client are together is a chance to initiate communication. This will help the client feel more in control of their lives and participate in their communities in a meaningful way. Following are some suggestions for supporting the client's communication every day:

- **Create opportunities during the day to promote conversations.**

For example, talk to the client while doing personal care, oral hygiene, eating, and dressing routines. These are opportunities for you to learn more about their modes of communication and their preferences.

- **Allow clients time to respond.**

Sometimes people are so busy that they ask a question and don't really wait for a response. How many times have you asked someone "How are you?" without waiting to hear their answer? It is important to keep in mind that some clients may take longer to understand a question. Others may need time to formulate their response. Sometimes the response may take a very long time.

- **Acknowledge the client's attempt to communicate.**

Remember that everyone communicates in different ways. Even a small sound or gesture needs to be noticed. That will let the client know that what they are trying to tell you is important to you.

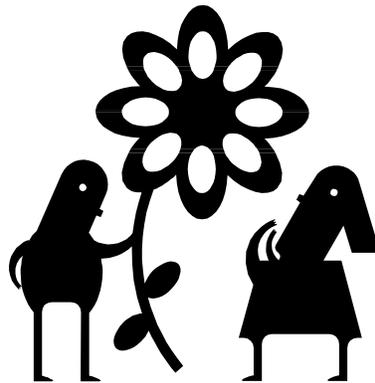
- **Provide your client with opportunities to make their own choices and avoid making decisions for them.**

If you have known a client for a long time, you often think you know what they need and want. However, their needs and preferences may change over time. It is essential to create opportunities for clients to communicate their needs and preferences. One way to do this is to provide "choice opportunities." Choice opportunities are situations in which someone is provided with a choice between two or more items or activities. You can offer choices throughout the daily routine. For example, "Do you want to brush your teeth with Crest® or

Colgate®?” “Do you want pizza or steak for dinner?” “Would you like to go for a walk or go to a movie?”

- **Talk to the client about routines as they occur.**

It is important to talk about activities as you do them. Imagine if you had to go through a day in total silence. By talking through each activity, you increase the chances that the client will learn the words, as well as the order of the activities. You should talk through routines with the client you support even if you don't know if they really understand.



Scenario: Leisure Time

Featuring



Lisa

A 30 year-old woman



Michelle

Lisa's individual provider



Kate

Lisa's individual provider

Lisa and a friend are sitting on the couch watching television. They appear restless.

FIRST SCENARIO – First Individual Provider

Lisa: “Can I change the channel?”

Michelle: “No, we watch this every Thursday night. Let’s go ahead and watch this.”

Lisa: “Well, can I go outside and watch the kids play ball?”

Michelle: “No, let’s just sit here and watch television.”

Lisa: “Can I rent a video?”

Michelle: “You don’t have much money and I don’t want to take my car out, so let’s just watch television.”

Lisa: “Well, what can I do then?”

END OF FIRST SCENARIO

SECOND SCENARIO – Second Individual Provider

Lisa and a friend are sitting on the couch watching television. They appear restless.

Lisa: “Can I change the channel?”

Kate: “Sure—we can see what else is on.” (asking Lisa’s friend) “Do you want the channel changed?” (Lisa’s friend says No.)

Kate: “Lisa, if you want to watch something different than your friend, you might want to watch the TV in your room, but you don’t want to leave your guest alone, right?”

Lisa: “Can we rent a video?”

Kate: “Sure...do you have any money left over from shopping today?”

Lisa: “I’ll go check. (Lisa comes back into the room) No, I’m broke.”

Kate: “Oh, that’s too bad. What movie did you want to rent?”

Lisa: “Princess Diaries 2.”

Kate: “That sounds like a good movie. Did you still want to watch the kids play ball outside?”

Lisa and her friend nod their heads “yes” and go outside.

1. How do the two individual providers behave differently?
2. How does it affect Lisa’s quality of life?
3. What are the ethical issues?

Additional discussion questions:

- What kind of environment do you think each IP helped create?
- What may be the causes of the first IP’s behavior?
- What could prevent or reduce the likelihood the behavior will happen again?

Active Listening

Until now, this section has focused on communicating with clients and assisting with communication. We will now discuss how IP's communicate with each other and with other people supporting the client.

Active Listening

Each of us shares the responsibility for good communication. Listening is a key skill to good communication. Realistically the life of an IP doesn't always lend itself to those private moments when listening would be easy. When you add more people and their interests, you've increased the difficulty of listening.

Effective IPs develop the skills to both assist clients communicate and to listen very carefully. Another role of the IP is to learn how to communicate effectively with other team members, including:

- Family members
- Case managers
- Neighbors
- Co-workers

NOTE: Remember that in order to protect your client's privacy, you should only share information with people who are listed on the Individual Service Plan. In some cases, neighbors or co-workers are part of a client's care team—but not always.

We all need to take the time to figure out the words we hear. We may even need to ask the person who said them if we heard correctly before we respond. That means that we have to pay very close attention to each word the person is saying. This is called **active listening** because it involves a lot of energy. The steps for active listening are:

- Hear the words.
- Figure out their meaning.
- Respond to the meaning in your own words.

Hearing what a person says is not the same as listening. It happens when you take time to see if what you understood was what the person really meant. Your response is a way to “check” if the client feels heard and that the communication was understood. The ways that the IP can do this are to:

- Ask the speaker questions to see if the understanding is correct.
- Re-word the statement and say it back for clarification. For example: “What I hear you saying is that you feel frustrated. Is that correct?”
- Sometimes it is important to not only hear the words but to “actively listen” to the client’s behavior or other modes of communication.



Observation and Reporting

Observing your client's changes in their physical and mental condition is another part of the caregiving role. Observation involves noticing change in a client's health, attitude, appearance, or behavior. Observations begin with getting to know your client so you can tell when something changes. It is helpful to start by looking at their care plan to see if your client is still performing the tasks the same way they were when assessed by the case manager. Any change in their performance needs to be reported to the case manager.

Observation is using your sense of sight, hearing, touch and smell to detect changes. The changes may mean the client's condition is becoming worse or improving. Look at the client's environment to see if there are things that may impact the client's or others safety and well being. Report to their case manager any time your client goes into the hospital, emergency room, falls, becomes ill or has an unscheduled doctor's appointment. Also report to the case manager if the client continually refuses care or to take their medication.

Documentation

Documentation is a written record of an event. IP's should keep written notes when non-routine events occur.

Some examples are:

- Medical or dental visits
- Illness/injury
- Special incidents like emergency room visits or falls
- Communications with the client's health care provider, family and case manager.
- Changes in the client's condition, appearance or behavior
- Refuses care, to take their medication or treatment

Do not document your personal opinion, just the facts, like who, what, when and where. Be specific when describing behaviors. Record what the person actually said or describe non-verbal attempts to communicate. Describe the

event from the beginning to the end including who you contacted regarding the event. Try to be brief and to the point.



Information Check

Instructions:

These questions cover some of the information covered so far. Although this is not a test and not graded, it's a good way to see if you understand the information you've read.

Read each question carefully and circle the best answer.

There is only one right answer for each question.

When you are finished, turn the page and check your answers.



1. Communication is important because:
 - a. you need to control your client.
 - b. it encourages understanding of each other.
 - c. you want to tell the client what to do.
2. Non-verbal communication:
 - a. is effective over the phone.
 - b. is not at all effective.
 - c. includes facial expressions and gestures.
3. Communication Disorders:
 - a. may interfere with a person's ability to communicate.
 - b. does not include hearing loss.
 - c. is not related to the muscles used to form sounds of speech.
4. Active Listening:
 - a. doesn't require clarification of what was said.
 - b. does not consider body language important.
 - c. requires the listener to pay close attention.
5. Observation & Reporting require:
 - a. lots of personal opinions in writing.
 - b. you to keep the information to yourself.
 - c. the use of your sense of sight, hearing, touch and smell to detect changes.

Answers:

These are the answers to the questions on the previous page



1. **Communication is important because** it encourages an understanding of each other, gets and gives information, expresses feeling, solves problems and to build relationships.
2. **Non-verbal communication** includes facial expressions and gestures, volume of voice and physical closeness.
3. **Communication Disorders** may interfere with a person's ability to communicate because of limited or no speech, hearing loss, challenging behaviors and day-to-day health concerns.
4. **Active Listening** requires the listener to pay close attention to the words, figure out their meaning and respond to the meaning in your own words.
5. **Observation & Reporting** require the use of your sense of sight, hearing, touch and smell to detect changes in the client's situation, for the better or worse. Any change in their performance needs to be reported to the case manager.

Client Rights

Client Rights

Just because someone receives assistance with their care does not mean they give up their individual rights.

Some of their rights include:

- To have their records and personal information kept confidential
- To have their property treated with respect
- Be free from abuse and physical or chemical restraint
- Refuse care, treatment or medications
- Privacy for personal care, using the phone, their mail or visiting with others.

Abuse-Neglect-Abandonment

Clients have the right to be free from abuse. Abuse is a willful action or inaction that leads to harm. Abuse can be in the form of physical, verbal, mental, sexual, neglect, or financial.

Abandonment is also a form of abuse. Abandonment is leaving the client without a means to care for themselves. If you are not able to come to work, are going to be late or have to leave work early, be sure to contact the client and their case manager so it does not appear that you have abandoned your client.

Mandated Reporting

As a caregiver you are considered a **mandatory reporter**. That means you must report abuse of a vulnerable adult or child. You are mandated to report if you suspect abuse is happening, if you witness abuse or if your client states they are being abused. You do not need to know for sure if abuse is happening, verifying the abuse is the responsibility of the DSHS reporting agency. If you witness the abuse, you may need to call 911 first to keep the client safe and then report it to the DSHS reporting agency. Not reporting abuse of a child or vulnerable adult is considered a gross misdemeanor.

The DSHS reporting agency for children is **Child Protective Service (CPS)** and for vulnerable adults is **Adult Protective Services (APS)**. The local phone numbers for CPS and APS are listed in the government pages of the phone book. When you have reported you must also call the client's case manager.

Adult Protective Services

Adult Protective Services

Adult Protective Services (APS) investigates complaints of abuse against vulnerable adults living in their own home or somewhere other than a residential care facility:

☎ **Region 1:** Spokane, Grant, Okanogan, Adams, Chelan, Douglas, Lincoln, Ferry, Stevens, Whitman and Pend Oreille
1-800-459-0421; TTY: 1-509-568-3086

☎ **Region 2:** Yakima, Kittitas, Benton, Franklin, Walla Walla, Columbia, Garfield and Asotin
1-877-389-3013; TTY: 1-800-973-5456

☎ **Region 3:** Snohomish, Skagit, Island, San Juan, Whatcom
1-800-487-0416; TTY: 1-800-843-8058

☎ **Region 4:** King county
1-866-221-4909; TTY: 1-800-977-5456

☎ **Region 5:**
Pierce County)
1-800-442-5129; TTY: 1-800-688-1165
(Kitsap county)
1-888-833-4925; TTY: 1-800-688-1169

☎ **Region 6:** Thurston, Lewis, Clallam, Jefferson, Grays Harbor, Pacific, Wahkiakum, Cowlitz, Skamania, Klickitat, Clark
1-877-734-6277; TTY: 1-800-672-7091

EndHarm

To report abuse or neglect of a vulnerable adult or a child in Washington State, call the DSHS toll-free EndHarm hotline anytime day or night. ENDHARM is TTY accessible. When you call, you will speak with a real person, who will connect you to the direct, local number to make your report: **1-866-363-4276**

Dignity and Respect during Daily Routines

Your role as an IP is a crucial one because your assistance ensures the client has the opportunity to live at home and/or participate fully in their own community. In many ways, your work directly affects the health, safety and well-being of the client. While working as an IP, you will learn more about the client's private life than you would in most other types of jobs. You may even lose a sense of what is considered "work" and what is considered the client's "personal life." It is important for you to remember that even though you will develop a very close relationship with your client (employer), you are still doing a job.

The work you will do is very personal in nature and will require a high degree of respect and professionalism. Below are common tasks or issues IP's need to exercise caution:

Tasks with a high degree of INTIMACY

- Dressing and undressing
- Toileting
- Bladder and bowel care
- Personal hygiene
- Bathing
- Self-medication

Issues requiring a high degree of PRIVACY

- Knowledge of physical, emotional or behavioral condition (s)
- Knowledge of Medicaid services or benefits received
- Knowledge of prescriptions used or currently using
- Knowledge of health care visits, treatment, therapy, billing

Tasks requiring CAUTION

- Body care (exercises, skin care)
- Positioning
- Shopping for or preparing meals
- Transfer
- Eating
- Walking from one area to another
- Shopping for health care needs

Individual Routines

The IP needs to consider the role that individual routines play in each person's life and ensure that preferred routines are respected and supported. Most of us don't think about our daily routines, but they help us get through the day.

We all have routines for each day, the week, month and year that are a part of our lives. Our individual routines begin each morning. We all have a pattern of activities that we are used to and that are familiar to us. For example, we wake up to an alarm clock, doze for an extra 10 minutes, get out of bed, and take a shower. We all have favorite things that we do that are very important to us.

Many people say that they simply have to have a cup of coffee in the morning to "get started" and would be very upset if they didn't get it. It might be a favorite activity, food, something you like to wear, someone you like to be with, and so on. If you had to live without these things, it would decrease the quality of your life. The same is true for the people you support. It is your job to learn each person's routine and support them.

Balancing Your Employer's Rights of Choice and Safety

If your employer's choice places their safety or well-being at risk or could somehow cause harm to others, use the following guidelines:

- Explain to your employer why you are concerned. Offer alternatives that would come close to meeting what your employer wants, yet allows the choice to remain theirs.
- Discuss your concerns with the appropriate person on the care team (i.e., case manager, family member).
- Document your concerns and what you did.

SOURCE: Adapted from Department of Social and Health Services *Revised Fundamentals of Caregiving Learner's Guide*, First Edition, January 2003

Method for Managing Conflict

There may be times when you and your client or the client's family member may not agree on how things should be done or what was communicated. Developing skills to help you deal with conflict can be useful for everyone.

Following is a method that you might use for managing conflict. This method may be helpful both at work and at home.

- **Separate the person from the problem.**

Put yourself in the other person's shoes. Sometimes, something about the person is just annoying to you. It could be his or her voice or the way he dresses, or you don't like the way he lives his life. But you have to look just at the problem in order to resolve things. You have to control your emotions, even if the other person is doing things that really bother you. Mostly, you want to make sure that you understand each other.

- **Figure out each person's goals and interests.**

Concentrate on what each person wants most and try to find the places where there is agreement. Be open to meeting someone half way. Everyone should define how they see the problem, and the problem has to be discussed before solutions can be found.

- **Find answers that work for both people.**

There are many different ways to find possible answers to the problem. One way is brainstorming which is a process where everyone gets a chance to offer ideas freely without worrying if they are right or wrong. Explore all kinds of options before making a decision.

- **Try to agree.**

You may not come to agreement on a solution the first time that you discuss the problem. Sometimes, you have to review all of the options several times. Some people may want to think it over or discuss it with others. Once there is agreement, decide what the next steps might be. Who will do what, and when will that be done? Then figure out how to decide if the solution really worked.

Rules for Conflict Resolution

As an IP, you do not normally have a supervisor or co-worker around to help you manage conflict and/or solve problems. Your understanding of positive ways to deal with conflict will help ensure the working relationship stays healthy and supportive.

Below are some rules for resolving conflict. Rules like these are often used to help people communicate better. When you are discussing a difficult problem:

- **Use “I” statements.**

Using “I” statements means that you need to talk about the problem or disagreement from your own point of view. Look at the difference between the following statements:

“I understand your need for quiet much better when you let me know your head hurts.”

“You complain about noise all the time.”

The second example puts the blame for the problem on the other person and can make it difficult to resolve the problem.

- **Be willing to resolve the problem.**

- **Do not engage in name calling.**

- **Stay in the present and stick to the topic.**

Staying in the present and sticking to the topic means that you shouldn’t bring up problems that are not related to what you are discussing right now. Consider the following statement:

“You are acting just like a child when you refuse to eat what I fix for lunch”

A statement like this takes the focus off the problem at hand and makes resolving it seem much less manageable.

- **Don't interrupt the person who is talking.**
- **Recognize that the other person has his or her own feelings.**
- **Ask questions to understand the other person's side.**



Care Giving Tasks

Typical Duties

These definitions describe what services/supports a worker is allowed to provide under the Medicaid Personal Care program. Actual tasks and duties are determined by the CARE assessment completed by the case manager.

“**Ambulation**” means assisting the employer to move around. Ambulation includes supervising the employer when walking alone or with the help of a mechanical device such as a walker if guided, assisting with difficult parts of walking such as climbing stairs, supervising the employer if able to propel a wheelchair if guided, pushing the wheelchair and providing constant physical assistance to the employer if totally unable to walk alone or with a mechanical device.

“**Bathing**” means assisting the employer to wash self. Bathing includes supervising the employer able to bath self when guided, assist employer with difficult tasks such as getting in or out of the tub or washing back and completely bathing the employer if totally unable to wash self.

“**Body Care**” means assisting the employer with exercises, skin care including the application of non-prescribed ointments or lotions, changing dry bandages or dressings when professional judgment is not required and pedicure to trim toenails and apply lotion to feet. Body care excludes: (I) Foot care for employers who are diabetic or have poor circulation; or (ii) changing bandages or dressings when sterile procedures are required.

“**Dressing**” means assistance with dressing and undressing. Dressing includes supervision and guiding employer when employer is dressing and undressing, assisting with difficult tasks such as tying shoes and buttoning, and completely dressing or undressing employer when unable to participate in dressing or undressing self.

“Eating” means assistance with eating. Eating includes supervising employer when able to feed self if guided, assisting with difficult tasks such as cutting food or buttering bread, and feeding the employer when unable to feed self.

“Personal Hygiene” means assistance with care of hair, teeth, dentures, shaving, filing of nails, and other basic personal hygiene and grooming needs. Personal hygiene includes supervising the employer when performing the tasks, assisting the employer to care for their own appearance, and performing grooming tasks for the employer when the employer is unable to care for own appearance.

“Positioning” means assisting the employer to assume a desired position. Positioning includes assistance in turning and positioning to prevent secondary disabilities, such as contractures and balance deficits or exercises to maintain the highest level of functioning which has already been attained and/or to prevent the decline in physical functional level. (Range of motion ordered as part of a physical therapy treatment is not included.)

“Self-medication” means assisting the employer to self-administer medications prescribed by attending physician. Self-medication includes reminding the employer of when it is time to take prescribed medication, handling the medication container to the employer and opening a container. Effective January 2000 WAC 246-0888 has expanded the scope of what is allowed to assist persons to self administrate their medications. If your employer is aware that he/she is taking medication, and is able to put the medication into his/her mouth or apply or install the meds, you may do any of the following to assist:

- Use “enablers: to assist the person to administrate their medication. “Enablers” are physical devices such as a medicine cup, glass, spoon, pre-filled syringes, and syringes to measure liquids.
- Place the meds in the person’s hand.

- Steady or guide the hand while the person applies or instills ointments or eye, ear, nasal preparations.
- Crush, cut tablets, open capsules, mix powdered meds, tablets, capsules with food or liquid **IF** the container, record or service plan indicates this is appropriate.
- Assist with the preparation of meds for your employer to administer via the g-tube. You **MAY NOT DO** the following unless you are a relative provider or acting under “self-directed care” per the service plan:
 - “Hand-over-hand” administration of medications.
 - Administration of meds via g-tube,
 - IV or injectable medications.

“**Toileting**” means assistance with bladder or bowel functions. Toileting includes supervising the employer when able to care for own toileting needs if guided, helping employer to and from the bathroom, assisting with bedpan routines, diapering and lifting employer on and off the toilet. Toileting may include performing routine peri-colostomy catheter tasks, for the employer when employer is able to supervise the activities.

“**Transfer**” means assistance with getting in and out of bed or wheelchair or on and off the toilet or in and out of the bathtub. Transfer includes supervising the employer when able to transfer if guided, providing steadying, and helping the employer when employer assists in own transfer. Lifting the employer when employer is unable to assist in their transfer requires specialized training.

“**Travel to medical services**” means accompanying or transporting the employer to a physician’s office or clinic in the local area to obtain medical diagnosis or treatment.

“**Essential shopping**” means assistance with shopping to meet the employer’s health care or nutritional needs. Limited to brief, occasional trips in the local area to shop for food, medical necessities, and household items required specifically for the health and maintenance, and well

being of the employer. Essential shopping includes assisting when the employer can participate in shopping and doing the shopping when the employer is unable to participate.

“Meal preparation” means assistance with preparing meals. Meal preparation includes planning meals including special diets, assisting employers able to participate in meal preparation, preparing meals for employers unable to participate and cleaning up after meals. This task may not be authorized to just plan meals or clean up after meals. The employer must need assistance with actual meal preparation.

“Laundry” means washing; drying, ironing, and mending clothes and linens used by the employer or helping the employer perform these tasks.

“Housework” means performing or helping the employer perform those periodic tasks required to maintain the employer in a safe and healthy environment. Activities performed include such things as cleaning the kitchen and bathroom, sweeping, vacuuming, mopping, cleaning the oven, defrosting the freezer, and shoveling snow. Washing inside windows and walls is allowed but is limited to twice a year. Assistance with housework is limited to those areas of the home, which are actually used by the employer. This task is not a maid service and does not include yard care.

“Wood Supply” means splitting, stacking, or carrying wood for the employer when the employer uses wood as the sole source of fuel for heating and/or cooking. This task is limited to splitting, stacking or carrying wood the employer has at own home. The department shall not allow payment for a provider to use a chain saw or to fell trees.

“Supervision” means being available to:

- (a) Help the employer with personal care tasks that cannot be scheduled (toileting, ambulation, transfer, positioning, some medication assistance); and/or

- (b) Provide protective supervision to an employer who cannot be left alone because of impaired judgment.

Safety Precautions

Standard Safety Precautions Recommendations

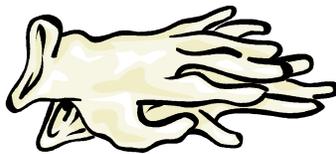
In caregiving you will be providing many personal care tasks that may potentially expose you to blood or other body fluids. There some diseases, i.e. HIV/AIDS and Hepatitis B and C, which are transmitted through blood and body fluids. To protect you from contact with these diseases the **Center for Disease Control (CDC)** have made recommendations called **Standard Precautions**.

These recommendations are:

- Washing your hands with liquid soap, warm water and preferably drying your hands with paper towels frequently throughout the day.
- Wearing vinyl or latex gloves when having contact with blood and/or body fluids. Your client should have medical coupons which can be used to get gloves from the pharmacy. Talk with their case manager about that process.
- Wear gloves to clean up articles soiled with body fluids, such as urine, feces, vomit, vaginal fluids or semen.
- Non-disposable rubber gloves may be used for general household cleaning.
- Waste which is soiled with blood or body fluids should be double bagged before placing it in the outdoor waste bin.

- Client's receiving insulin injections or performing blood glucose monitoring should place their needles in a hard plastic container. They can be provided by the pharmacy or they may use a hard plastic juice container. Contact the client's waste collection agency for disposal options for the container.
- To remove blood or body fluids from surfaces, wash with soap and hot water and disinfect with a household cleaning product or with a solution of 1 tablespoon of bleach to 1 quart of water.
- If you have cuts, breaks or sores on exposed skin, cover them with a bandage and use gloves.

For more information on Standard precautions contact the Washington State Department of health website at <http://www.doh.wa.gov>.



Instructions:

These questions cover some of the information covered so far. Although this is not a test and not graded, it's a good way to see if you understand the information you've read.

Read each question carefully and circle the best answer.

There is only one right answer for each question. When you are finished, turn the page and check your answers.



1. Client Rights:
 - a. don't apply in a person's home.
 - b. ensure the client's information is confidential.
 - c. doesn't mean the person can refuse medications.

2. When Managing Conflict:
 - a. it's okay to call a person names.
 - b. it helps to put yourself in the other person's shoes.
 - c. there is only one right solution.

3. Personal Care tasks you can do include:
 - a. mowing the lawn.
 - b. washing the walls.
 - c. assisting the client with toileting.

4. Important Safety Precautions include:
 - a. putting needles used for injections in a hard plastic container.
 - b. washing your hands with bleach.
 - c. wearing garden gloves when having contact with blood or body fluids.

Answers:

These are the answers to the questions on the previous page



1. **Client Rights** ensure the client's information is confidential, their property is treated with respect, and they are free from abuse and physical restraint.
2. **When Managing Conflict** it helps to put yourself in the other person's shoes, to figure out each person's goals, to find answers that work for both people and to try to find mutual agreement.
3. **Care giving Tasks you can do include** assisting the client with toileting, bathing, body care, dressing, eating, positioning, self-medication, personal hygiene, transfers, travel, essential shopping, meal preparation, laundry, housework and wood supply.
4. **Important Safety Precautions.** Put needles used for injections in a hard plastic container, wash your hands with soap and water, wear vinyl or latex gloves when having contact with blood or body fluids, cover cuts or sores on your hands with a bandage and use gloves.

National Alliance of Direct Support Professionals*

CODE OF ETHICS

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Advocacy

As an IP, I will advocate with the people I support for justice, inclusion, and full community participation.

Interpretive Statements

As an IP, I will –

- Support individuals to speak for themselves in all matters where my assistance is needed.
- Represent the best interests of people who cannot speak for themselves by finding alternative ways of understanding their needs, including gathering information from others who represent their best interests.
- Advocate for laws, policies, and supports that promote justice and inclusion for people with disabilities and other groups that have been disempowered.
- Promote human, legal, and civil rights of all people and assist others to understand these rights.
- Recognize that those who victimize people with disabilities either criminally or civilly must be held accountable for their actions.
- Find additional advocacy services when those that I provide are not sufficient.
- Consult with people I trust when I am unsure of the appropriate course of action in my advocacy efforts.

.....
Person-Centered Supports

As an IP, my first allegiance is to the person I support; all other activities and functions I perform flow from this allegiance.

Interpretive Statements

As an IP, I will –

- Recognize that each person must direct his or her own life and support and that the unique social network, circumstances, personality, preferences, needs and gifts of each person I support must be the primary guide for the selection, structure, and use of supports for that individual.
- Commit to person-centered supports as best practice.
- Provide advocacy when the needs of the system override those of the individual(s) I support, or when individual preferences, needs, or gifts are neglected for other reasons.
- Honor the personality, preferences, culture, and gifts of people who cannot speak by seeking other ways of understanding them.
- Focus first on the person and understand that my role in direct support requires flexibility, creativity, and commitment.

* In Washington, Direct Support Professionals are called *individual providers* (IP). Some employers may prefer other terms, such as: *employee, personal assistant, or aide*. Be sure to check with your employer about which term is appropriate to use.

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Promoting Physical and Emotional Well-Being

As an IP, I am responsible for supporting the emotional, physical, and personal well-being of the individuals receiving support. I will encourage growth and recognize the autonomy of the individuals receiving support while being attentive and energetic in reducing their risk of harm.

Interpretive Statements

As an IP, I will –

- Develop a relationship with the people I support that is respectful and based on mutual trust and that maintains professional boundaries.
- Assist the individuals I support to understand their options and the possible consequences of these options as they relate to their physical health and emotional well-being.
- Promote and protect the health, safety, and emotional well-being of an individual by assisting the person in preventing illness and avoiding unsafe activities. I will work with the individual and his or her support network to identify areas of risk and to create safeguards specific to these concerns.
- Know and respect the values of the people I support and facilitate their expression of choices related to those values.
- Challenge others, including support team members (for example, doctors, nurses, therapists, co-workers, or family members) to recognize and support the rights of individuals to make informed decisions even when these decisions involve personal risk.

- Be vigilant in identifying, discussing with others, and reporting any situation in which the individuals I support are at risk of abuse, neglect, exploitation, or harm.
- Consistently address challenging behaviors proactively, respectfully, and by avoiding the use of aversive or deprivation intervention techniques. If these techniques are included in an approved support plan I will work diligently to find alternatives and will advocate for the eventual elimination of these techniques from the person's plan.

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Integrity and Responsibility

As an IP, I will support the mission and vitality of my profession to assist people in leading self-directed lives and to foster a spirit of partnership with the people I support, other professionals, and the community.

Interpretive Statements

As an IP, I will –

- Be conscious of my own values and how they influence my professional decisions.
- Maintain competency in my profession through learning and ongoing communication with others.
- Assume responsibility and accountability for my decisions and actions.
- Actively seek advice and guidance on ethical issues from others as needed when making decisions.
- Recognize the importance of modeling valued behaviors to co-workers, persons receiving support, and the community-at-large.
- Practice responsible work habits.

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Confidentiality

As an IP, I will safeguard and respect the confidentiality and privacy of the people I support.

Interpretive Statements

As an IP, I will –

- Seek information directly from those I support regarding their wishes in how, when, and with whom privileged information should be shared.
- Seek out a qualified individual who can help me clarify situations where the correct course of action is not clear.
- Recognize that confidentiality agreements with individuals are subject to state and agency regulations.
- Recognize that confidentiality agreements with individuals should be broken if there is imminent harm to others or to the person I support.

.....

Justice, Fairness, and Equity

As an IP, I will promote and practice justice, fairness, and equity for the people I support and the community as a whole. I will affirm the human rights, civil rights, and responsibilities of the people I support.

Interpretive Statements

As an IP, I will -

- Help the people I support by using the opportunities and the resources of the community available to everyone.
- Help the individuals I support understand and express their rights and responsibilities.

- Understand the guardianship or other legal representation of individuals I support, and work in partnership with legal representatives to assure that the individual's preferences and interests are honored.
-

Respect

As an IP, I will respect the human dignity and uniqueness of the people I support. I will recognize each person I support as valuable and help others understand their value.

Interpretive Statements

As an IP, I will –

- Seek to understand the individuals I support today in the context of their personal history, their social and family networks, and their hopes and dreams for the future.
- Honor the choices and preferences of the people I support.
- Protect the privacy of the people I support.
- Uphold the human rights of the people I support.
- Interact with the people I support in a respectful manner.
- Recognize and respect the cultural context (such as, religion, sexual orientation, ethnicity, socioeconomic class) of the person supported and his or her social network.
- Provide opportunities and supports that help the individuals I support be viewed with respect and as integral members of their communities.

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Relationships

As an IP, I will assist the people I support to develop and maintain relationships.

Interpretive Statements

As an IP, I will –

- Advocate for the people I support when they do not have access to opportunities and education to facilitate building and maintaining relationships.
- Assure that people have the opportunity to make informed choices in safely expressing their sexuality.
- Recognize the importance of relationships and proactively facilitate relationships between the people I support, their family, and friends.
- Separate my own personal beliefs and expectations regarding relationships (including sexual relationships) from those desired by the people I support based on their personal preferences. If I am unable to separate my own beliefs /preferences in a given situation, I will actively remove myself from the situation.
- Refrain from expressing negative views, harsh judgments, and stereotyping of people close to the individuals I support.

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Self-Determination

As an IP, I will assist the people I support to direct the course of their own lives.

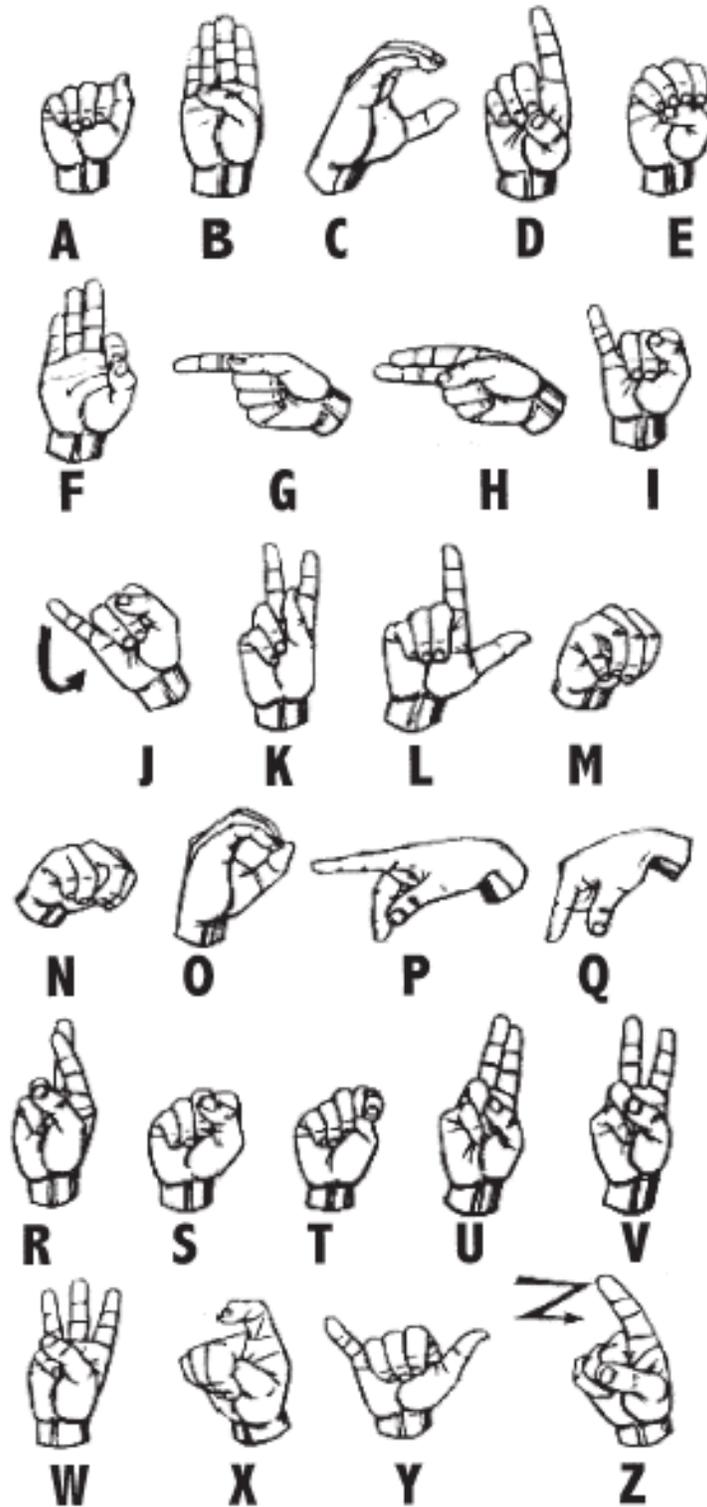
Interpretive Statements

As an IP, I will –

- Work in partnership with others to support individuals leading self-directed lives.
- Honor the individual's right to assume risk in an informed manner.
- Recognize that each individual has potential for lifelong learning and growth.

Appendix B

American Sign Language Manual Alphabet



Saying Words with American Sign Language

Excerpted from Vicars American Sign Language Course Introductory Signing Concepts at www.lifeprint.com/concepts.htm



Home

The sign for "home" is made by touching your fingers and thumb together at the mouth. Then move your hand from your mouth to your right cheek.

Work

The sign for "work" is made by shaping both hands into the letter "s." With your palms facing downward, tap your left wrist or the back of your hand a few times with your right wrist.



School

The sign for "school" is made by clapping your hands. Repeat two or three times.

Store

The sign for "store" is made by bending both wrists and pointing both hands down. Pivot both of your hands toward and away from your body. Repeat a few times.



Hungry

The sign for "hungry" is made by forming your right hand into the letter "c." Move your hand down the middle of your chest, starting under your throat. Note: Some people use the sign for "wish," and prefer to start "hungry" from a slightly lower position.

Thank You

The sign for "thank you" is made by touching your lips with one or both of your hands. Your hand(s) should be flat. Move your hand(s) away from your face, palms upward. Smile. Note: Most people use only one hand for this sign.



Sad

The sign for "sad" is made by placing both hands in front of your face, palms in. Bring both of your hands down the length of your face. Tilt your head forward slightly, and make a sad face.



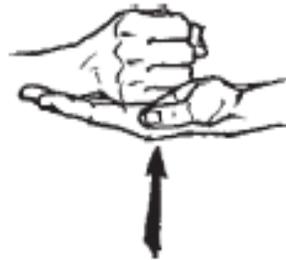
Love

The sign for "love" is made by crossing both hands over your heart. Your hands may be closed or open, but the palms should face toward you.



Help

The sign for "help" is made by closing your right hand. Place your right hand on the outstretched palm of your left hand. Raise both hands. Note: Many people make this sign by placing the left "s" or "a" hand on the right "b" palm.



Bathroom

The sign for "bathroom" is made by forming the right hand into the letter "t." With your palm facing away from you, shake your hand in front of your chest.



RESOURCES

Home Care Referral Registries

1-800-970-5456

<http://www.hcrr.wa.gov>

Arc of Washington State

1-888-754-8798

<http://www.arcwa.org>

Department of Social and Health Services, Aging and Disability Services Administration

1-800-422-3263

<http://www1.dshs.wa.gov/>

Developmental Disability Council, Washington State

1-800-634-4473

<http://www.ddc.wa.gov/>

National Alliance for Caregiving

<http://www.caregiving.org>

National Association of Direct Support Professionals

<http://www.nadsp.org/>

National Family Caregiver's Association

1-800-896-3650

<http://www.nfcacares.org>

Parent to Parent – Washington State

1-800-821-5927

http://www.arcwa.org/parent_to_parent.htm

Senior Services

<http://www.seniorservices.org>

Alzheimer's Association

www.alz.org

1-800-272-3900 (24 hours, 7 days a week)