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YOU AND I

Please read the following, noting the difference in words we choose to describe similar actions, attitudes or places, when speaking about people who have developmental disabilities. Please also note some of the different attitudes or understandings that our actions may portray.

I am a resident in a facility or group home or a client in a program. You live in a house in a neighborhood.

I am admitted or transitioned to a new living arrangement. You move in to a home and a neighborhood.

I am aggressive. You are assertive.

I have behavior problems. You are rude.

I am noncompliant. You don’t like being told what to do.

You have friends and neighbors. I have peers.

I have a program to increase my compliance. You are trying to learn to be more cooperative with other people in the work place.

When I ask someone out for dinner, it is an outing or community trip. When you ask someone out, it’s a dinner date.

I don’t know how many people have read the progress notes people write about me. I don’t even know what is in there. You didn’t speak to your best friend for a month after she read the annual performance evaluation your boss completed for you at work.

I make mistakes during my check-writing program, and someday, I might get a bank account. You forgot to record some withdrawals from your account. The bank called to remind you.

YOU AND I

I wanted to talk with the nice looking person behind us at the grocery store, but you told me that it was inappropriate to talk to strangers. You turned around and began to talk to the person, even though you didn’t know her either.

My birthday was last week, but I will celebrate it here in another two weeks, along with five other “residents” and two staff members who have their birthdays in the same month. Your family and friends threw you a surprise party and sent you cards on your birthday.

My case manager sends a report every month to my guardian. It says everything I did wrong and some things I did right. You are still mad at your sister for calling your mom after you got that speeding ticket.

Your boss discusses your annual performance evaluation with you in private and develops your annual growth plan around your strengths and preferences for professional growth. I find out how my team feels I have done this year in front of a large group of people at my annual planning meeting. Although I hear some talk of the things I do well and prefer, planning is sometimes focused on things I do not do well and includes teaching me how to tolerate people, places, and activities that I do not like.

I am on a special diet because I am five pounds over my ideal weight. Your doctor gave up telling you.

You never make your bed in the mornings and sometimes leave your dishes overnight. I am not allowed to leave for my job (where I earn money) until all my household chores are done.

I am learning to “enjoy” a variety of leisure skills. You spend all your free time fishing and your shirt says you are a “couch potato.”

After I do my budget program tonight, I might get to go to a fast food restaurant if I have enough money. You were glad that the new French restaurant took your charge card.

WARNING ABOUT TEACHING COMPLIANCE

Teaching compliance is teaching people to do what is asked of them without question or thought.

People who have been taught to comply with all requests without question are vulnerable to abuse, neglect, and exploitation.

Estimates suggest 75% - 95% of people with intellectual and developmental disabilities have experienced some type of sexual abuse in their lifetimes, often without having been able to identify, report, or heal from the abuse.

Compliance is sometimes taught by staff to reduce aggressive behaviors, promote harmony, get everyone to participate, stop sacrificing the group for just one person, and increase staff convenience and ease of time management.

(Cox-Lindenbaum, Ryan, Hingsberger, 1992)
SELF-FULFILLING PROPHECY

Source: Dr. Wolf Wolfensberger at Syracuse University Training Institute.
SOCIAL ROLE TOOL

A socially valued role is a position we take on in a variety of contexts such as our communities, families, and personal lives. A role has an expected pattern of behaviors, responsibilities, expectations, and privileges associated with it. Socially valued roles are generally related to our interests, professions, and preferences.

<table>
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<tbody>
<tr>
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<td>-Expectations</td>
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<th>ASSOCIATIONS</th>
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<td>-Peers, Co-Workers</td>
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<td>-Friends/Fellow Enthusiasts</td>
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<td>-Equipment/Accessories</td>
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<th>LANGUAGE</th>
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<tr>
<td>-How people address each other</td>
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<tr>
<td>-Names of tasks/activities/terms</td>
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Insert copies of the ISP Regulations (7.26.2 NMAC) here:
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TIPS FROM FAMILIES AND SELF-ADVOCATES

* Seek to UNDERSTAND the needs and interest of families and self-advocates
  * ASK rather than assume you know. People/families are unique
  * USE cultural awareness as a reference to asking appropriate questions rather than assume you know
  * LISTEN to personal stories, they contain important information and are meaningful to families
  * GRASP needs in order to offer services attractive to families, thus increasing cooperation

* Establish a relationship that develops into a partnership
  * Use ACTIVE LISTENING skills
  * COMMUNICATION should demonstrate respect (Be yourself, speak in your natural voice, consider language and literacy issues, avoid jargon and acronyms)
  * RESPECT family members’ time, commitment, sacrifices, concerns, culture, beliefs, values, fears, and dreams
  * RECOGNIZE and give credit to family members’ skills, abilities and accomplishments
  * Clarify ROLES and RESPONSIBILITIES
  * Place emphasis on MUTUALLY AGREED ON SOLUTIONS

* Earn Trust
  * Be HONEST and upfront
  * FOLLOW THROUGH with your agreements in a timely manner, and make sure to explain why if you can’t
  * Discuss and clarify CONFIDENTIALITY needs

* Inform &Educate Parents as appropriate
  * Recommend the ONE-DAY PERSON-CENTERED PLANNING TRAINING and/or give parents the ISP Regulations
  * HELP them understand the team process (i.e. explain the differences between IEP and ISP rules and regulations)

A TEAM MEETING NEEDS TO BE SCHEDULED TO ADDRESS THE FOLLOWING:

- Significant life change (e.g., change in a medical condition, change in medication that affects the individual’s behavior or emotional state)

- Risk of significant harm (convene team within one working day and modify ISP accordingly within 72 hours)

- Change in any visions and/or desired outcomes

- Loss or death of significant person in the individual’s life

- Serious accident, illness, injury, or hospitalization

- Request for a program change or relocation, including when a termination of service is proposed

- Substantiation of abuse, neglect, or misappropriation (i.e., exploitation)

- Criminal justice system (involvement/risk of involvement)

- When any member of the IDT requests (within 10 days of request)

- Any other reason that is in the best interest of the individual (e.g., to resolve a conflict related to the individual’s desired outcomes)

- If the DDSD does not approve the ISP

http://www.health.state.nm.us/DDSD/documents/7_26_5_NMAC.pdf, page 7
PRE-ISP QUESTIONNAIRE (JOB TOOL)

Please bring this completed Job Tool with you to the ISP Meeting. Please take the time to review and make notes in the following areas in preparation for ________________’s upcoming meeting on (date) ______ at (location) ______________________

Your Name/Agency: _________________________________

1. Review the goals for the last ISP and note the ACCOMPLISHMENTS he/she has made:

2. What ACTIVITIES do you think he/she prefers to do during the following times:
   - Personal/At home:
   - Work:
   - In the Community/With others:

3. What are some of the things you observe him/her doing well? (capabilities and strengths)

4. Based on your conversations with him/her, what is the vision (dreams) for the following areas:
   - At work, I want to:
   - At home, I want to:
   - For fun, I want to (including social/relationship building opportunities):

5. What, if anything, does he/she need assistance with, supports for, and opportunities to accomplish his/her dreams?

6. What else is important to discuss at this meeting (any major changes-positive or negative in his/her life)?

7. Do you have any special concerns/issues about him/her that you want to discuss at this meeting? If yes, explain:
# ASSESSMENT INFORMATION STANDARDS

*(JOB TOOL)*

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>STANDARDS</th>
<th>COMMENTS/RECOMMENDATIONS</th>
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<td></td>
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<td>Is the information current?</td>
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<td>Does the assessment contain sufficient detail for team planning?</td>
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<td>Did qualified personnel complete the assessment?</td>
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<td>Do opinions/recommendations relate only to the person’s area of expertise?</td>
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<td>Is the information based on direct observation and/or interaction with the person, and is pertinent and accurate historical information considered (except in emergency situations)?</td>
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<td>Does the information seem to fit with other information about the person and to the issues under discussion?</td>
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<td>Are the information, conclusions and recommendations explained clearly so that you feel you understand it?</td>
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<td>Do the recommendations match with current ideas and practices about providing person centered supports?</td>
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<td>Is the information (primarily recommendations) in conflict with any order of the courts?</td>
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</table>
How the Meaningful Day Description Works with the ISP and the Documentation

Andy’s Meaningful Day Description CAN BE BIGGER THAN VISION.

Andy’s Meaningful Day Description

What’s important to him?
How does he want to spend his time?
(both things he already does and new things he would like to be doing)

Meaningful Day Description feeds and fuels the VISION STATEMENTS in Andy’s ISP.

Vision statements generate the DESIRED OUTCOMES

Each Desired Outcome needs an ACTION PLAN
Showing how everyone will support achievement of the person’s outcomes

Great DOCUMENTATION captures efforts made on ANY of this, including things that are a part of a person’s MEANINGFUL DAY but aren’t necessarily part of a Vision/Outcome/Action Plan.

Documentation includes: Daily Notes, Quarterly Reports to the Team, Quarterly Performance Contract Reports
Measurable Outcomes – Worksheet

Mark the outcomes that are measurable. We will discuss these in more detail later in the training.

- Todd wants to further explore his writing.
- Janet will save for and attend community events.
- Todd will independently prepare a healthy meal.
- Janet will meet new people and develop friendships.
- Todd will initiate and choose a community activity/event 2x per week.
- Janet will attend her family reunion.
- Todd will improve his vocational skills.
- Janet wants to go bowling.
- Todd will have a garage sale.
- Janet will update her blog weekly.
- Todd will host 4 seasonal/holiday parties in the next year.
- Janet wants to participate in daily physical activity.
Measurable Outcomes – Two things to consider…

Is it Meaningful?

- Meaningful Day – What is important to me
- Vision – What I want
- Outcome – What I will do
- Action Step – How I will do it
  (or How it will be accomplished)
- Strategies – How others will teach/support me while I work on it

Working through the four parts above think of a Russian Doll: each part fits into the bigger part above it.

If my staff do {strategy}, then I can do {action step};
If I do {action step}, then I accomplish {outcome};
If I accomplish {outcome}, then I achieve my {vision};
If I achieve my {vision}, then I have a more meaningful life!

Using a current plan, try the Russian Doll exercise. If it works, each component of the plan is probably meaningful. If it doesn’t work, a part of the plan may need to be revised.

Is it Measurable?

To determine if the outcome is measurable anyone reading the outcome statement must be able to answer the following question:

- When is it over?

This part can be tricky and requires some finesse with language. Here is an example.

- Suzanne will learn to cook. – Members of the team may all be in agreement that this means Suzanne will make something in the microwave. But to anyone reading the plan this is unclear. What does learning to cook look like? What does that mean for Suzanne? When is this over? This outcome is not measurable.

- Suzanne will learn to make mac & cheese independently. – Now, with this outcome, it is clear to anyone reading the plan when she is done. This may be on the stove or in the microwave; you would know this from reading the strategies. The measurable criterion is that she can make the mac & cheese on her own.

Tips/Pitfalls to Avoid:

- If the outcome statement includes the following words it probably isn’t measurable: want, explore, continue, maintain, etc…
- If the outcome statement has a repeated action (i.e. – doing something daily, weekly or monthly), it probably isn’t measurable and it really may be an action step.
- Adding “in the next year” technically makes most statements measurable, but does not consistently create good outcomes. (i.e. – Janet will exercise daily for the next year.) – this outcomes is technically measurable but not very strong, and it limits the team in the future to continue to pursue this as it may not show growth/progress
THE READINESS TRAP

WHAT IS IT?

⇒ When the person is always “getting ready” for the vision. (“I can’t get where I want to go until I can independently do it all.”)

⇒ Presumed pre-requisites: there are very few skills that have to be mastered first, that are indeed critical to performance, and that could not be taught in the natural environment

⇒ Emphasizing component skills rather than complete activities

⇒ Emphasizing skill development for tomorrow’s benefit rather than effecting creative lifestyle benefits today

⇒ Emphasizing “normal” ways to perform an activity rather than developing creative and effective ways to accomplish the desired results

WHAT TO AVOID:

⇒ Focusing on “pre–skills” (“Pre” means never.)
⇒ Imposing of program or team values
⇒ Focusing on deficits or needs
⇒ Teaching parts of a skill or activity in isolation
⇒ Teaching in segregated environments

Taken from A Comprehensive Guide to The Activities Catalog by Barbara Wilcox, Ph.D. and G. Thomas Bellamy, Ph.D., Specialized Training Program, University of Oregon
## DESIRED OUTCOME EVALUATION

(JOB TOOL)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>EVALUATION STANDARD</th>
<th>COMMENTS/RECOMMENDATIONS</th>
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<tr>
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<td>Does the desired outcome relate to the vision statement?</td>
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<td>Is it free of a repeated action, like- doing something daily, weekly or monthly?</td>
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<tr>
<td></td>
<td></td>
<td>Is it free from words like: want, continue, explore, maintain, etc.?</td>
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<td>Is the desired outcome statement measurable? (Is it clear to anyone when it is over)</td>
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<td>Does the desired outcome directly relate to what needs to occur in order to achieve the vision? (Is the desired outcome statement free of readiness traps?)</td>
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<td>Will achievement of the desired outcome require successful completion of a variety of interrelated actions/activities, supports, and services?</td>
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<td>Can the team clearly identify growth/progress achieved by the end of year?</td>
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SUPPORT PLANS…

EXAMPLES OF SUPPORT PLANS:

Are formal written plans which “spell out” actions that others will take when a person needs help to:

Reach his/her vision in a timely manner
Skills/activities the person cannot complete without some assistance
Skills/activities the person is completely unable or unwilling to do, at this time, but are necessary to reach the vision

Be healthy and safe
Mealtime programs
Mobility/transportation programs
Therapy programs for positioning or gentle movement of limbs
Behavior Support or Behavior Crisis Plans
Medical Crisis Plans

Access natural learning opportunities
that exist in his/her environments, routines, and activities

Not all supports need to be written in formal support plans. The team should also discuss the daily informal supports which allow the person to participate more actively and meaningfully in the normal routines of his/her day.

Remember - Supports can be provided through:

- friends
- family
- community members

- community services
- paid staff
- specialty providers
OT WDSI – HOW TO ENCOURAGE JOE TO USE HIS RIGHT ARM and HOW TO HELP JOE USE HIS ASSISTIVE TECHNOLOGY

Name: Joe Shmo

Therapist: Ozzie OT    Ph# 000-0000    E-Mail: Ozzie@yahoo.com
Date Updated: 00/00/00

Rationale: Joe has right hemiplegia. This means that Joe has more problems controlling movement of the right side of his body and has more movement restrictions of the right side of his body because of abnormal muscle tone. Joe also appears to have some loss of sensation of ability to feel things on his skin on the right side. Although Joe has learned to do a lot of things with one hand, Joe needs encouragement to use his right arm functionally in daily tasks so that his muscle control and current joint range of motion will be maintained.

Present Level of Performance: Joe currently requires occasional physical assistance but usually only verbal prompting to use his right hand/arm to assist in functional tasks. Joe is unable to functionally grasp well with his right hand. Joe is more independent in some tasks using Assistive Technology. Assistive Technology materials that Joe uses will be in italics in the strategies below.

Method: Encourage Joe to actively use his right arm and hand throughout the day during his performance of various tasks.

NOTE: Make sure to use Joe’s Voice Output Device as appropriate to a task or his communication wallet as trained by your SLP during appropriate activities.

Activity Examples:

Bathing and Grooming:
• Encourage Joe to hold onto the grab bar with his right hand while showering or hold the shower sprayer or wash cloth in his right hand to help wash himself. Use both hands to hold onto a towel while drying himself.
• **Encourage Joe to apply lotion to his left arm with his right hand and lotion to his right arm with his left.** This is a great activity for Joe and it also helps him become more aware of his right arm. Joe should be encouraged to apply lotion frequently!
• Encourage Joe to stabilize his upper body with his right hand while brushing his teeth and hair.
• Have Joe stabilize the tube of toothpaste with his right hand to screw/unscrew the top with his left.
• Make sure Joe washes his right hand as well as his left hand. He can also help dry with his right hand.
Joe Shmo Encouraging Use of Right Arm and AT

Dressing/Undressing:
- Encourage Joe to dress as independently as possible using both hands. Encourage him to use both hands to put on/take off a shirt and pull up/push down his pants.
- Joe has zipper pulls that he should use with his pants/jeans to make it easier for him to zip his pants. He may need assist with other fasteners. The type of shoes he needs for his leg length discrepancy do not allow him to use alternate shoe fasteners at this time.

Eating:
- Before and after each meal, encourage Joe to set or clean up his own place setting, using both hands to carry his plate, bowl, glass, etc. to and from the table as able.
- Encourage Joe to stabilize his plate with his right hand while eating as needed.
- Joe uses an inner lip plate only if needed for “runny” foods and a dycem mat to help stabilize his bowl or plate if needed. If he uses his right hand to help stabilize his plate he often does not need the dycem mat.
- Encourage Joe to pour his drink from a pitcher using both hands. It helps if the pitcher is not all the way full or it may be too heavy for him to pour easily.

Cooking:
- Joe has a cordless electric can-opener. Staff or home provider need to assist Joe to place it on the can and press to pierce the can, then Joe can independently open the can by holding the button on the top to operate. Joe enjoys this activity!
- Try his adapted cutting board and rocker knife to make chopping foods more independent for Joe. Staff need to get him started and supervise. Place the vegetable or item to be chopped on the nails or next to the rim of the cutting board. Help Joe as needed to rock the “rocking knife” to cut the item. He can also use a regular knife to cut with supervision as well.
- Joe loves to use the Chopper/Stirrer with the turning handle on top. He uses this most to stir items like pudding, etc. He can also use it to chop vegetable, make salsa, etc. Use a dycem mat under the stirrer to help stabilize. Encourage Joe to help hold the top or handle of the Chopper/stirrer with his right hand and to turn the top “crank” with his left hand. He is usually independent with this after set-up.
- Joe has a picture cook book at the day program that can be used to help him know what steps to do next. He needs assistance to use this.

Shopping:
- Joe can use his picture shopping cards to help him be more independent. There is a set of these at the day program. He needs help to find the right isle of the store. When in the right isle, Joe can often find the right time when he looks at the picture on his picture shopping list. Remember to encourage Joe as needed to use both hands for placing larger items in the cart. When checking out, Joe may need encouragement to pull out his adapted wallet, to stabilize his wallet with his right arm so he can pull out dollar bills with his left hand.
Joe Shmo  Encouraging Use of Right Arm and AT

**Working:**
- Joe can use his *adapted work bag* to hold work items he needs. The bag stays open so he can retrieve items with one hand more easily and has a shoulder strap for carrying.
- Joe has a variety of *long-handed cleaning tools* that help him during work like a window squeegee and a duster. Use these if they are helpful to Joe for the task.
- Joe has an *adapted paper folding jig* to use to help him fold papers or brochures if required at work.
- NOTE: Joe tasks may change at work. Your OT may develop new adaptations as needed for new tasks. Please LET THE OT KNOW if he is trying new activities. Also let the OT know if you have good ideas for adaptations that may help Joe be more independent!
- Use cueing cards for work tasks to help Joe be more independent as developed by your OT or SLP.

**Positioning:**
- While Joe is standing, encourage him to support his upper body with his right arm/hand on a table or other stable surface as needed.
- Have Joe position himself on his stomach, weight bearing on his elbows while on the carpet, a matt, or on his bed watching TV or looking at magazines or doing another activity of interest. Place a small pillow under his upper chest and ankles to make him more comfortable. THIS IS A GREAT POSITION FOR JOE TO HELP GENTLY STRETCH HIS RIGHT SIDE AND TO HELP HIM RELAX. THIS POSITION SHOULD BE ENCOURAGED DAILY! Your OT will show you how to do this with Joe and how to safely help him back up to a standing position.
- When he is sitting, encourage him sometimes to side sit to the right, using his right arm/hand to support himself.

Remember to give Joe lots of praise for actively participating and for actively using his right hand as able.
# TEACHING AND SUPPORT STRATEGIES

**FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES LIVING IN THE COMMUNITY**

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<th>Janet Smith</th>
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<td>DOB</td>
<td>10/21/80</td>
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<tr>
<td>ISP meeting date</td>
<td>9/2/09</td>
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<tr>
<td>Effective Dates of ISP From</td>
<td>11/1/09 To: 10/31/10</td>
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**ORIGINAL**

**DATE TO BEGIN IMPLEMENTING THESE STRATEGIES:** 11/1/09

**DATE TO STOP IMPLEMENTING THESE STRATEGIES:** 10/31/10

<table>
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<th>PERTINENT INFORMATION FROM THE INDIVIDUAL SERVICE PLAN</th>
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<td><strong>Life Area:</strong> FUN/RELATIONSHIPS</td>
</tr>
<tr>
<td><strong>Vision:</strong> I want to meet people and make friends in my neighborhood. I want to be a regular at some locations in my neighborhood to be able to meet people.</td>
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<tr>
<td><strong>Desired Outcome:</strong> I will order independently at the restaurant or coffee house.</td>
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### ACTION STEP | FREQUENCY | RESPONSIBLE IDT MEMBER(S) | TARGET DATE(S) | DOCUMENTATION AND REPORTING REQUIREMENTS |
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<tr>
<td>Janet will order using her VOCA.</td>
<td>At least 1x per week</td>
<td>Janet, residential staff</td>
<td>10/31/10</td>
<td>Neighborhood outing rating sheet, quarterly report</td>
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### TOPIC | INSTRUCTIONS
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<tr>
<td><strong>DESCRIPTION OF WHEN TO IMPLEMENT THESE STRATEGIES</strong></td>
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<tr>
<td>(specific days/times to implement the strategies, circumstances and/or other indicators that signify when it is time to implement the strategies)</td>
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<tr>
<td>Every Tuesday night Janet eats dinner at El Gallo Loco, a Mexican restaurant in her neighborhood. Every Sunday morning Janet gets coffee at The Mug. If Janet’s preferences changes for her “regular” locations, these places/times should reflect that change.</td>
</tr>
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**To implement these strategies you must complete Janet’s individual-specific training with both her SLP and her BSC**

| **THINGS TO DO BEFORE YOU BEGIN:** |
| (Information about gathering needed supplies, materials, adaptive equipment, etc.) |
| Bring Janet’s VOCA to the restaurant or coffee house. |

| **HOW IS ASSISTIVE TECHNOLOGY USED IN THIS TEACHING STRATEGY?** |
| (N/A if no assistive technology is needed) |
| Janet uses her VOCA to order at the restaurant or coffee house. |

| **HOW ARE THERAPIES INTEGRATED INTO THIS TEACHING STRATEGY?** |
| The SLP’s plan supports the use of the VOCA in the community. The BSC plan explains how to prompt Janet so she doesn’t get embarrassed or feel talked down to. |

| **ANALYSIS OF TASK/ ACTIVITY** |
| (Detailed information about how to support the individual with each step: teaching strategies to match the person’s learning style, prompts, relevant therapy recommendations, assistive technology devices, for each step, etc.) |
| • Program the VOCA w/ the special of the day and at least two other menu items that Janet typically likes (such as enchiladas, tacos or carne adovada – or hot chocolate, coffee) |
| • Show Janet the new programming before it is time to order |
| • When the waiter comes to take Janet’s order, give Janet some time to order. If she does not initiate using her VOCA follow this order for prompting, giving Janet time after each prompt to respond: |
| 1. verbal prompt – Ask Janet, are you ready to order using your VOCA? |
| 2. gestural prompt – Janet, the choices are on your VOCA? (point to the VOCA) |
| 3. physical assistance – Janet, can I help you order? (if she nods yes, take Janet’s hand and with hand-over-hand guidance help Janet choose a menu option on her VOCA – if she shakes her head no, ask the waiter to come back in a minute because Janet needs more time to decide what she wants) |
| • Give Janet positive feedback (every time, even if she needs the highest level of assistance). Say – “Nice job ordering with your VOCA! The enchiladas do look good.” (you can change this statement to reflect her menu option or another comment) |

| **DOCUMENTING IMPLEMENTATION: HOW WILL YOU DOCUMENT WHAT HAS BEEN TAUGHT?** |
| (Information about data collection and other reporting requirements; may reference individualized data collection sheet.) |
| Upon returning home sit down w/ Janet to help her complete the Neighborhood Outing Rating Sheet (NORS) – make sure to answer the questions about ordering w/ the VOCA. When the NORS is completed, put it in Janet’s blue binder in the Kitchen. |

**OTHER**
Insert Addendum A
When technical assistance is needed, you can access the following:

**Medical Issues**
- Continuum of Care  
  505-925-2350 or 1-877-684-5259  
- TEASC  
  505-272-5158

**Mental Health Issues**
- Bureau of Behavioral Services  
  505-841-5500  
- TEASC  
  505-272-5158

**Behavior Support Issues**
- Bureau of Behavioral Services  
  505-841-5500

**Sexuality/Sexual Deviance Issues**
- Bureau of Behavioral Services  
  505-841-5500

**Communication / Assistive Technology Issues**
- Center for Development and Disability Assistive Technology Resources  
  [http://www.cdd.unm.edu/deafblind-new/resources/at.aspx](http://www.cdd.unm.edu/deafblind-new/resources/at.aspx)  
- DDSD Clinical Services Bureau  
  505-841-5500  
- NM Technology Assistance Program  
  877-696-1470

**Vocational Issues**
- Department of Vocational Rehabilitation  
- DDSD (Supported Employment Unit)  
  505-841-5500
Team Process
- DDSD Office of Constituent Support
  505-476-8972 or 1-877-696-1472

Aging Issues
- NM Aging & Long-Term Services Division
  1-800-432-2080
- New Mexico Alzheimer’s Association
  1-800-272-3900
- Continuum of Care
  505-925-2350

Rights Violations
- Children Youth and Families Department
  1-855-333-SAFE
- ARC of New Mexico (Albuquerque)
  505-883-4630
- Division of Health Improvement
  1-800-445-6242
- Disability Rights New Mexico
  1-800-432-4682
- Adult Protective Services
  1-866-654-3219

If you are not sure where to begin, you may want to call your regional office for assistance.

Metro Region: 841-5500 or 1-800-283-5548
Northwest Region: 863-9937 or 1-866-862-0448
Northeast Region: 758-5934 or 1-866-315-7123
Southwest Region: 528-5180 or 1-866-742-5226
Southeast Region: 624-6100 or 1-866-895-9138