

WORKING WITH INDIVIDUALS REACH SUPPORTS & WELLNESS INITIATIVE



WORKING WITH INDIVIDUALS

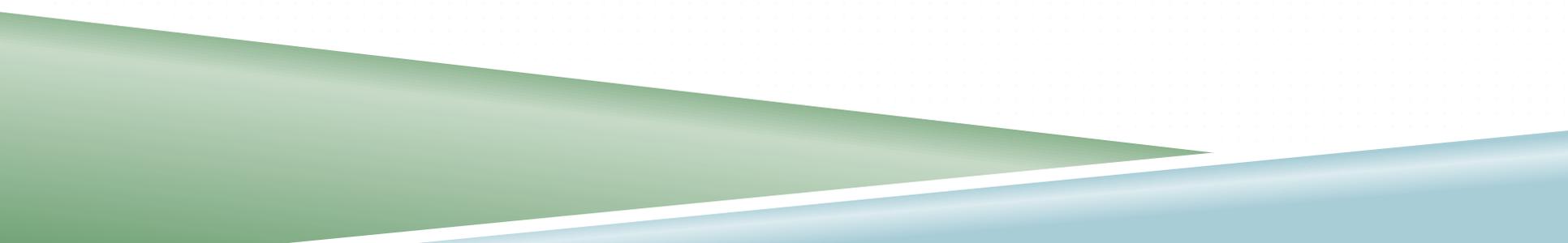
Individual Relationships – An important part of your role is to successfully form effective working relationships with individuals and families in order to influence their lives and teach necessary skills.

Develop and maintain a courteous and professional relationship with individuals, their families, case managers, other professionals.

Be positive. Celebrate small successes and keep in mind the positive impact you have on the lives of people with disabilities.



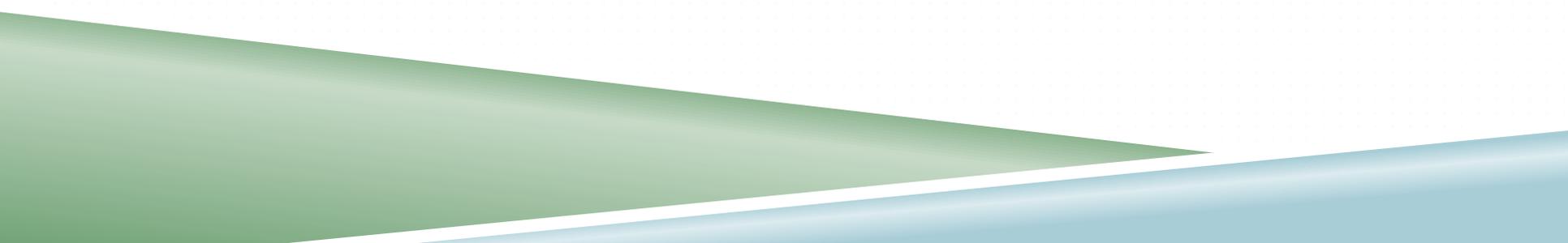
CONTACT AND COMMUNICATIONS

- ▶ Follow guidelines for direct contact hours carefully—generally 80% of your time should be spent face to face with individuals.
 - ▶ Keep appointments or be sure to notify individuals/others if you are unable to make a scheduled meeting.
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DEVELOPMENTAL/INTELLECTUAL AND OTHER COGNITIVE DISABILITIES

Over 6 million individuals in the US have developmental disabilities.

A developmental disability, according to the Developmental Disabilities Assistance and Bill of Rights Act, is defined as a severe, chronic disability which:

- originated at birth or during childhood,
 - is expected to continue indefinitely, and
 - substantially restricts the individuals functioning in several major life activities
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More specifically, a developmental disability is a severe, chronic disability which:

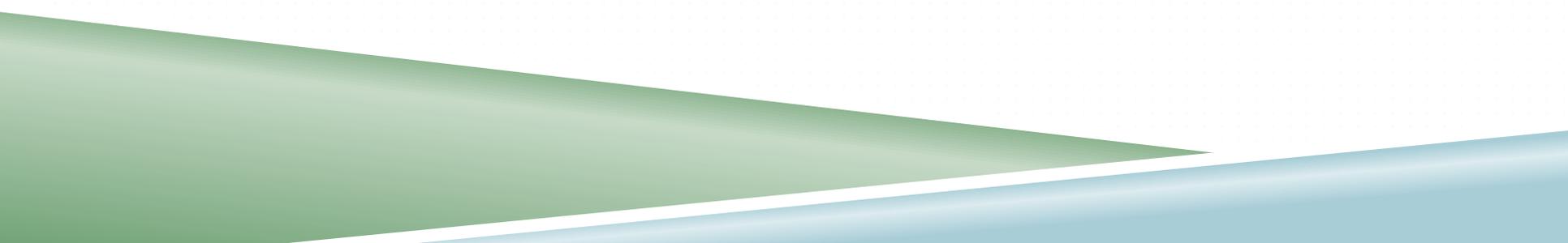
is attributed to a mental or physical impairment or a combination of mental and physical impairments;

- is manifested before the person attains age 22;
- results in substantial functional limitations in three or more of the following areas of major life activity:
 - self-care
 - receptive and expressive language
 - learning
 - mobility
 - self-direction
 - capacity for independent living, and
 - economic self-sufficiency
 - and, reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are lifelong or extended duration and are individually planned and coordinated;

INTELLECTUAL DISABILITY (ALSO KNOWN AS DEVELOPMENTAL DISABILITY)

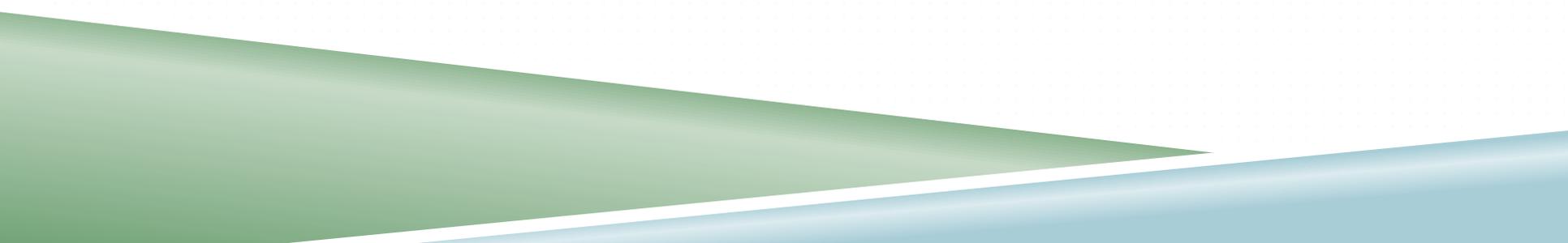
Intellectual Disability is characterized by significantly sub average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Intellectual Disability manifests before age 18 and is categorized according to a qualitative description and the level of supports necessary for a given person to function.

Different levels of ID/DD:

- Borderline = IQ 70-79
 - Mild = IQ 50-69
 - Moderate = IQ 35-49
 - Severe = IQ 20-34
 - Profound = IQ below 20
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PERVASIVE DEVELOPMENTAL DISORDER

Pervasive Developmental Disorders" is a relatively recent term that describes a class of disorders characterized by impairments in social interaction, imaginative activity, verbal and nonverbal communication skills, and a limited number of interests and activities that tend to be repetitive. These disorders include autism, Rhetts syndrome, childhood disintegrative disorder, Asperger's syndrome, and "pervasive developmental disorder not otherwise specified" (PDDNOS).

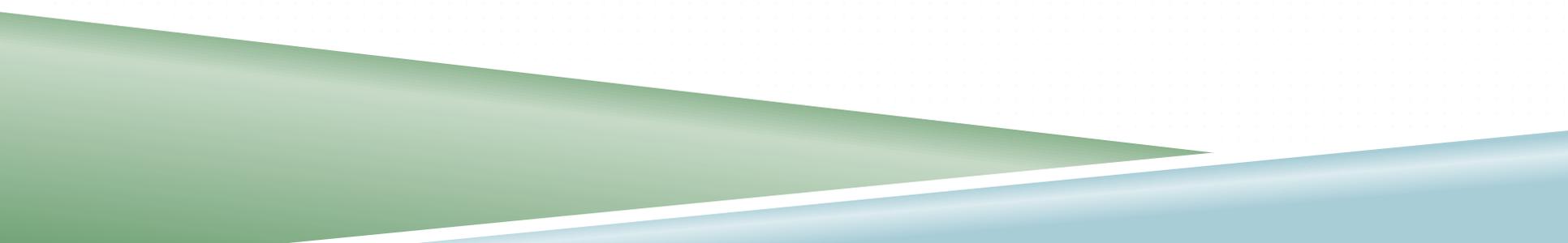


Autism/Autism Spectrum Disorder

A pervasive developmental disorder characterized by a pattern of deficits that include impaired (delayed and deviant) communication skills; failure to develop social relationships; and restricted, repetitive, and stereotypical behaviors. Most children with autism exhibit all of the behavioral features of attention-deficit/hyperactivity disorder.

Cerebral Palsy

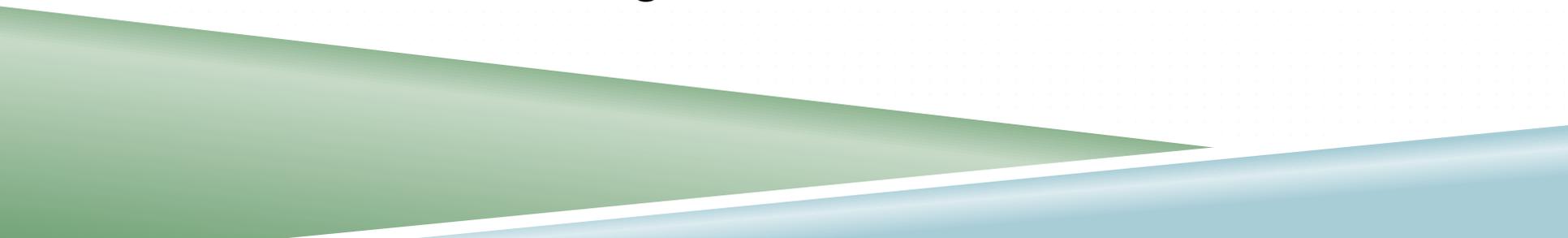
Cerebral palsy refers to a group of disorders that affect a person's ability to move and to maintain balance and posture. It is due to a non-progressive brain abnormality, which means that it does not get worse over time, though the exact symptoms can change over a person's lifetime. People with cerebral palsy have damage to the part of the brain that controls muscle tone. Muscle tone is the amount of resistance to movement in a muscle. It is what lets you keep your body in a certain posture or position.



EPILEPSY

Epilepsy is a neurological condition that makes people susceptible to seizures. A seizure is a change in sensation, awareness, or behavior brought about by a brief electrical disturbance in the brain. Seizures vary from a momentary disruption of the senses, to short periods of unconsciousness or staring spells, to convulsions.

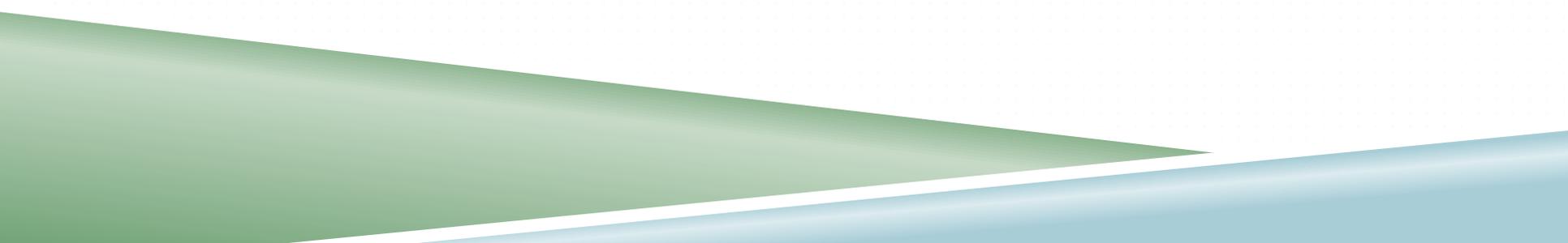
Some people have just one type of seizure. Others have more than one type. Although they look different, all seizures are caused by the same thing: a sudden change in how the cells of the brain send electrical signals to each other.



DOWN SYNDROME

Down syndrome is a disorder that is caused by a genetic defect. Persons with this disorder have some degree of intellectual disability, characteristic facial features and, often, heart defects, increased infections, problems with vision and hearing, and other health problems.

The severity of all of these problems varies greatly among affected individuals. Down syndrome is one of the most common genetic birth defects, affecting approximately one in 800 to 1,000 babies.



TRAUMATIC BRAIN INJURY (TBI)

Traumatic brain injury (TBI), a form of acquired brain injury, occurs when a sudden trauma causes damage to the brain. Symptoms of a TBI can be mild, moderate, or severe, depending on the extent of the damage to the brain. Disabilities resulting from a TBI depend upon the severity of the injury, the location of the injury, and the age and general health of the individual.

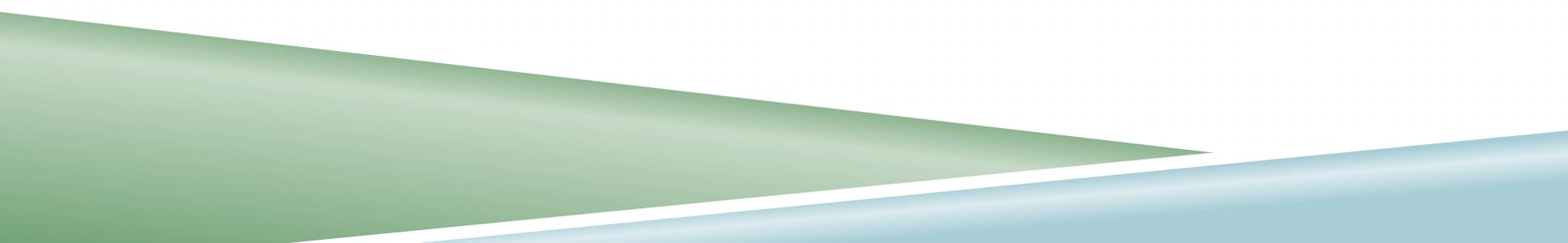
Some common disabilities include problems with cognition (thinking, memory, and reasoning), sensory processing (sight, hearing, touch, taste, and smell), communication (expression and understanding), and behavior or mental health (depression, anxiety, personality changes, aggression, acting out, and social inappropriateness).



LEARNING DISABILITY (LD)

A disorder characterized by difficulty with certain skills such as reading or writing in individuals with normal intelligence. Learning disorders affect the ability to interpret what one sees and hears or the ability to link information from different parts of the brain.

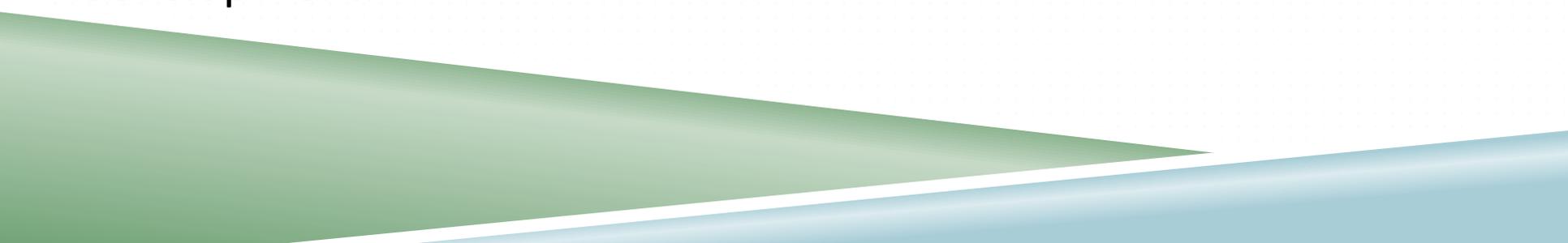
These limitations can show up in many ways -- as specific difficulties with spoken and written language, coordination, self-control, or attention. Learning disabilities can be lifelong conditions that, in some cases, affect many parts of a person's life: school or work, daily routines, family life, and sometimes even friendships and play.



ATTENTION DEFICIT/HYPERACTIVE DISORDER (ADHD)

A family of related chronic neurobiological disorders that interfere with an individual's capacity to regulate activity level (hyperactivity), inhibit behavior (impulsivity), and attend to tasks (inattention) in developmentally appropriate ways.

The core symptoms of ADHD include an inability to sustain attention and concentration, developmentally inappropriate levels of activity, distractibility, and impulsivity. ADHD has also been shown to have long-term adverse effects on academic performance, vocational success, and social-emotional development.

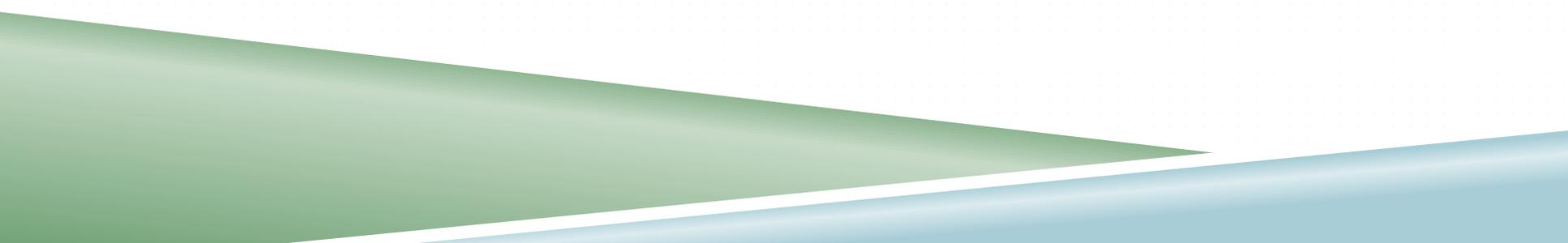


Fetal Alcohol Syndrome (FAS)

A congenital syndrome caused by excessive consumption of alcohol by the mother during pregnancy. Problems that may be caused by fetal alcohol syndrome include physical deformities, intellectual disability, learning disorders, vision difficulties and behavioral problems.

Depression

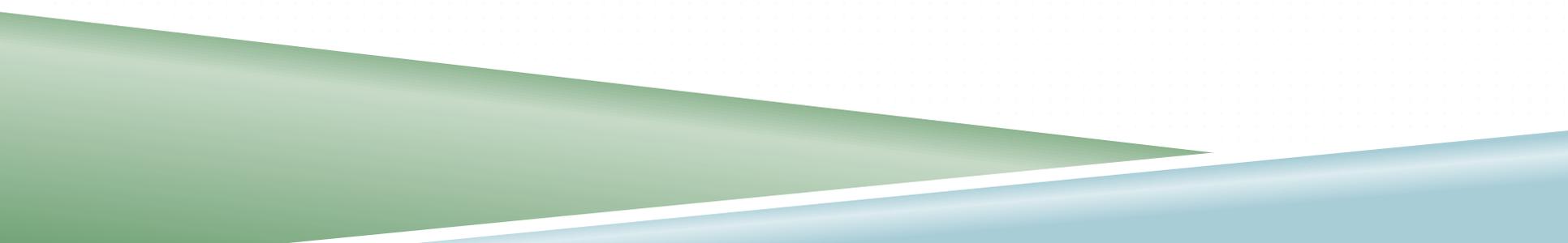
Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities.



ANXIETY

Anxiety is a mental health condition that may require treatment. Generalized anxiety disorder, for example, is characterized by persistent worry about major or minor concerns. Other anxiety disorders — such as panic disorder, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD) — have more-specific triggers and symptoms.

Sometimes, anxiety results from a medical condition that needs treatment. Common anxiety signs and symptoms include: Feeling apprehensive; Feeling powerless; Having a sense of impending danger, panic or doom; Having an increased heart rate; Breathing rapidly (hyperventilation); Sweating; Trembling; Feeling weak or tired.



Bipolar Disorder

Bipolar disorder is a chronic illness with recurring episodes of mania and depression that can last from one day to months. This mental illness causes unusual and dramatic shifts in mood, energy and the ability to think clearly. Cycles of high (manic) and low (depressive) moods may follow an irregular pattern that differs from the typical ups and downs experienced by most people.

Schizophrenia

Schizophrenia interferes with a person's ability to think clearly, manage emotions, make decisions and relate to others. It impairs a person's ability to function to their potential when it is not treated. Unfortunately, no single, simple course of treatment exists. Research has linked schizophrenia to a multitude of causes, including aspects of brain chemistry and structure, as well as environmental causes.

Psychosis is defined as the experience or loss of contact with reality and usually involves hallucinations and delusions. Psychosis is a common symptom of schizophrenia.

SENSORY PROCESSING DISORDER (SPD)

Sensory Processing Disorder (formerly known as "sensory integration dysfunction") is a condition that exists when sensory signals *don't* get organized into appropriate responses. Pioneering occupational therapist and neuroscientist A. Jean Ayres, PhD, likened SPD to a neurological "traffic jam" that prevents certain parts of the brain from receiving the information needed to interpret sensory information correctly.

A person with SPD finds it difficult to process and act upon information received through the senses, which creates challenges in performing countless everyday tasks. Motor clumsiness, behavioral problems, anxiety, depression, school failure, and other impacts may result if the disorder is not treated effectively.

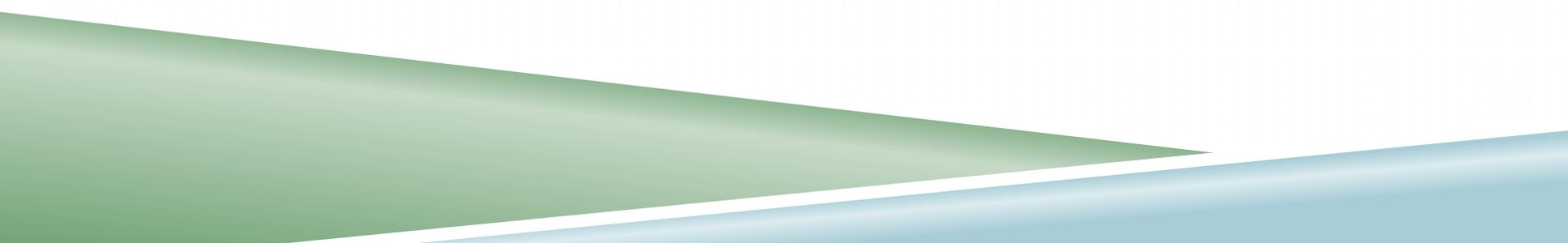


DISTRIBUTION OF MEDICATIONS

Prescription and non-prescription drugs are the sole responsibility of the individual.

At no time can a Reach for Resources staff assume responsibility for or administer medications in any form.

Weekend Ventures has employees who are able to administer pre-packaged medications and have received specific training to do so.

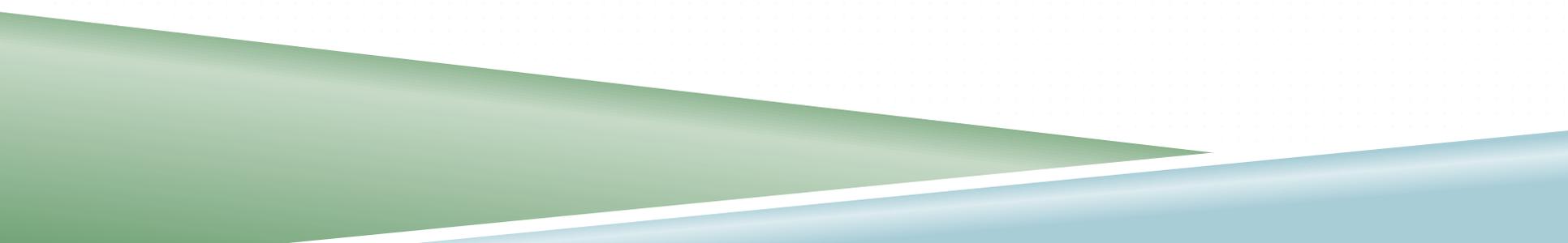


INJURY/INCIDENT REPORTING POLICY

In the event that a individual we support or staff is injured at a REACH program or meeting, or in the case of an incident, staff must complete an Incident Report as soon as possible, **but within 24 hours**, and return it to the office, as well as notify their supervisor and appropriate department supervisor by telephone.

Incident Reports are located within SharePoint.

Incidents

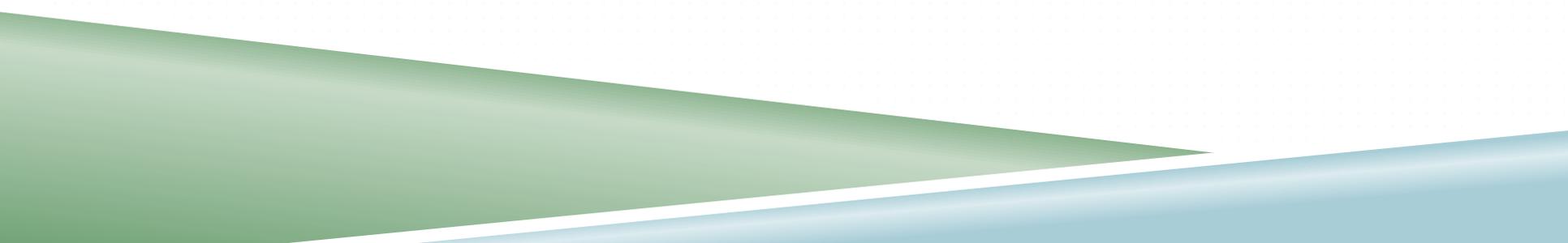
- Inappropriate language or touching
 - Destruction of property
 - Endangering oneself
 - Not following directions
 - Leaving activity area without permission
 - Stealing
 - Name calling
 - Physical or verbal altercation with staff or another individual
 - Other behavior that is inappropriate and/or puts individual or others in danger
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WHEN TO CALL 911

Call for an ambulance if the victim:

- Is or becomes unconscious
- Has chest pain or pressure
- Has trouble breathing or is breathing in a strange way
- Is bleeding severely
- Is vomiting or passing blood
- Appears to have been poisoned
- Has injuries to the head, neck, or back
- Has been having a seizure longer than 3 minutes (unless they have a protocol that states differently)

Remember: You can call 911 for help with serious behavioral issues



SEIZURE PROTOCOL/REPORTING POLICY

After the seizure, a Seizure Report must be completed as soon as possible and returned to your supervisor. A Seizure Report is found in SharePoint.

Generalized Tonic-Clonic Seizure (formerly called “Grand Mal” seizure)

During the Seizure:

- The person may fall, stiffen and make jerking movements.
- A pale or bluish complexion may result from difficult breathing.
- Help the person into a side lying position & put something soft under the person’s head.
- Do remove glasses and loosen any tight clothing.
- Do clear the area of hard or sharp objects.
- Do *not* force anything into the person’s mouth.
- Do *not* try to restrain the person.

You cannot stop the seizure.

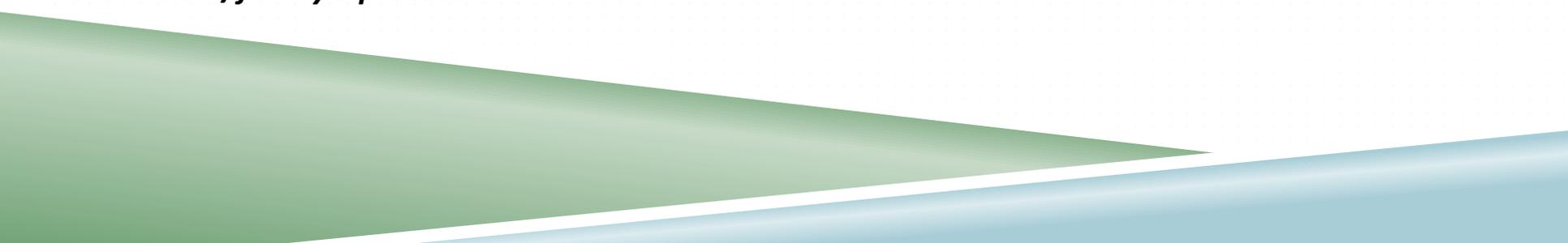
After the seizure:

- The person may be sleepy, confused and disoriented.
- Do turn the person onto one side to allow saliva to drain from the mouth.
- Do arrange for someone to stay with the person until s/he is fully awake and oriented.
- Do *not* offer any food or drink until the person is fully awake.

Complex Partial Seizure (formerly called “temporal lobe” or “psychomotor” seizure)

- The person may have a glassy stare, give no response or give an inappropriate response when questioned.
- Or, the person may sit, stand or walk about aimlessly, make lip smacking or chewing motions, and/or fidget with clothes.
- Remove harmful objects from the person’s pathway or coax the person away from them.
- Do *not* try to stop or restrain the person.
- Do *not* approach the person if the person appears to be angry or aggressive.
- After the seizure:
 - The person may be confused, disoriented or agitated after regaining consciousness.
 - Do stay with the person until s/he is fully alert.

It is recommended to call 911 if the seizure last longer than 3 minutes, or follow individual/family’s protocol.



USE PERSON FIRST TERMINOLOGY

Language is a powerful tool that reflects attitudes.

Individual or person with a disability is the current proper term to use. The use of an adjective as a noun such as “the disabled”, or “the handicapped” is not considered acceptable. Putting the adjective first focuses too much on the disability.

Each individual is made of many characteristics and interests. Remember that people have many parts to them, other than their disability.

Emphasize a person’s abilities, not their limitations. Keeping in mind that to give excessive praise or attention to a person with a disability may be perceived negatively.

Examples:

Say...

Child with a disability.....
Uses a wheelchair.....
Person with an intellectual disability
Person who has...

Instead of...

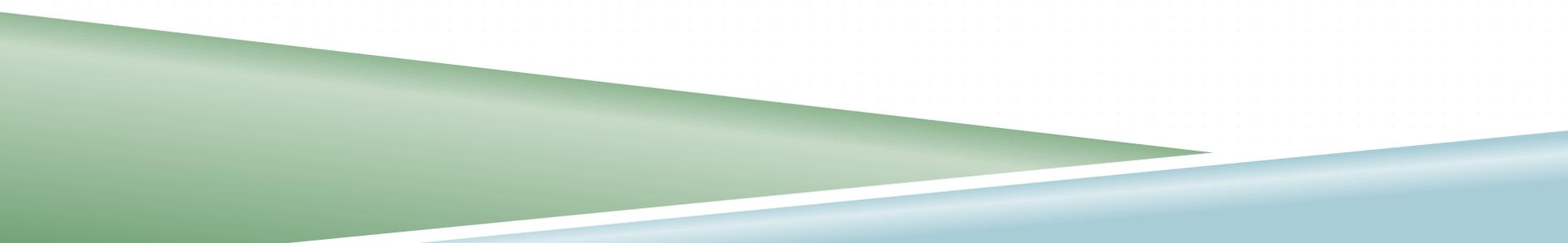
Disabled or handicapped child
Confined to a wheelchair
retarded
Afflicted, suffers from...

START WITH THE INDIVIDUAL

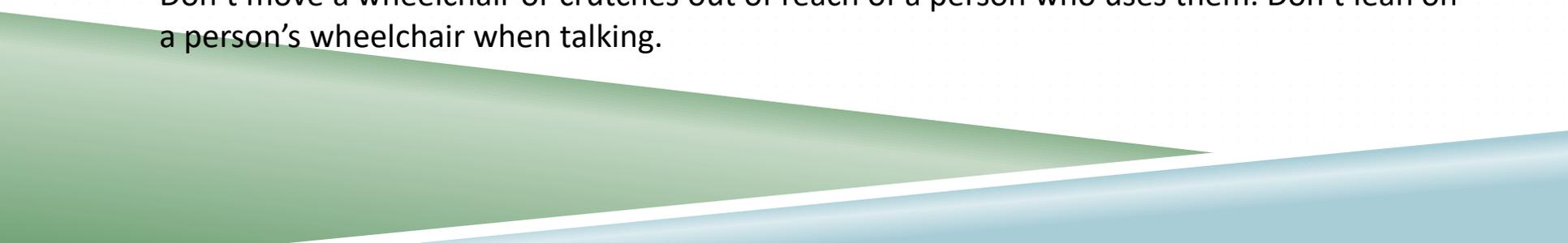
Take time to get acquainted – avoid rushing in with judgments or advice until you know the individual's perspective, abilities and situation.

Talk about their disability if it comes up naturally without prying.

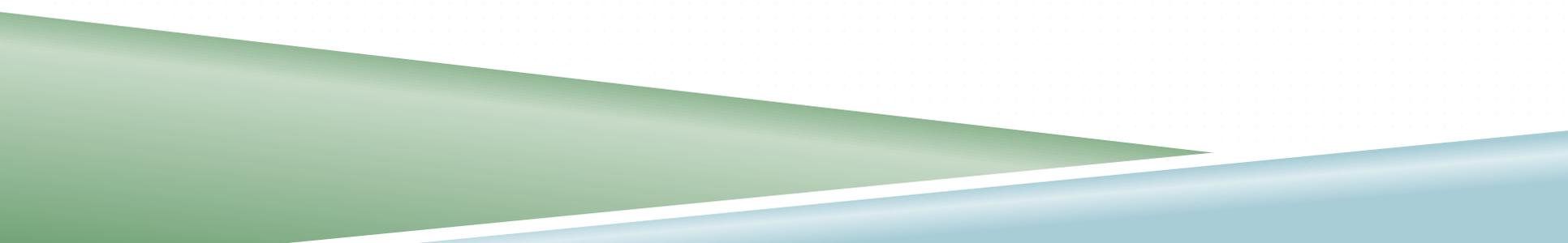
Individuals may have fears, hopes or ideas that we find irrational or unjustified. Begin by understanding what the individual/parent's reality is without judging.



BE RESPECTFUL

- Don't generalize or stereotype a person with a disability. Each of us is an individual first.
 - Speak directly to the person with a disability. Don't ask a parent or staff to speak for the individual when the individual is present.
 - Talk to them as you would any other adult. Avoid anything that resembles baby talk or condescension.
 - Remember that everyone has different ways of communicating - speaking, sign language, communication boards, gestures – use the one the individual is most comfortable with.
 - Give whole, unhurried attention to the person who has difficulty speaking. People with disabilities may take longer and need your patience.
 - Keep in mind that speech difficulties don't always equal cognitive difficulties.
 - Speak calmly, slowly and distinctly to a person who has a hearing problem or other difficulty understanding. Stand in front of the person and use gestures to aid communication. Don't over exaggerate your enunciation – this actually makes lip reading more difficult.
 - When working with someone with a vision impairment, let them know when you or anyone else is entering or leaving a room.
 - When assisting a person to walk, offer them your arm and let them set the pace. Don't grab their hand or pull them along with you.
 - Don't move a wheelchair or crutches out of reach of a person who uses them. Don't lean on a person's wheelchair when talking.
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MAINTAIN PROFESSIONALISM

- Leave personal problems/issues at home. Never burden your individuals with your own problems.
 - Do not socialize with other staff members while individuals are present. Your focus should be the individual you are supporting.
 - Become familiar with resources and encourage other REACH staff, individuals, and their families to discuss and learn about resources in their community. Refer them to resources available.
 - Be aware of boundary issues.
 - Be aware of confidentiality issues: do not give personal information about individuals to other individuals or anyone outside of the program (without written release) protect name, address, phone and diagnosis in particular.
 - It is not appropriate for staff to accept gifts from the individuals with whom they are working.
 - Never loan money, or pay for items for the individuals participating in the services.
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BE YOURSELF

- Relax. If you don't know what to do or say, allow the person to put you at ease. It's ok to ask questions about something you don't understand.
- Treat people with disabilities as you would anyone else
- Explore your mutual interests by asking them about themselves and their interests
- Use humor when appropriate.

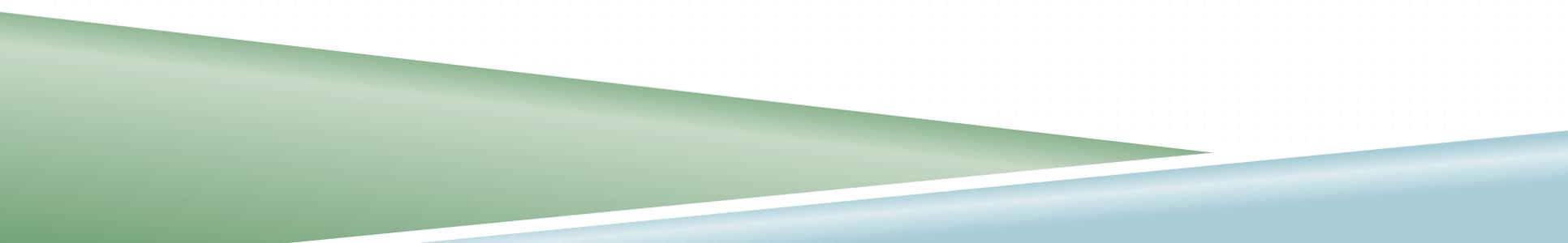
Let individuals try to do their best

- Offer assistance only when asked or if the need is obvious. Never do for them what they can do for themselves.
 - Before offering assistance, ask if they want help.
 - Never start to push a wheelchair without first asking the occupant if you may do so.
 - When dining with a person who has trouble cutting, offer to help if needed.
 - People with disabilities are proud of their efforts even if things take longer or are not perfect.
 - Appreciate what the person is able to do.
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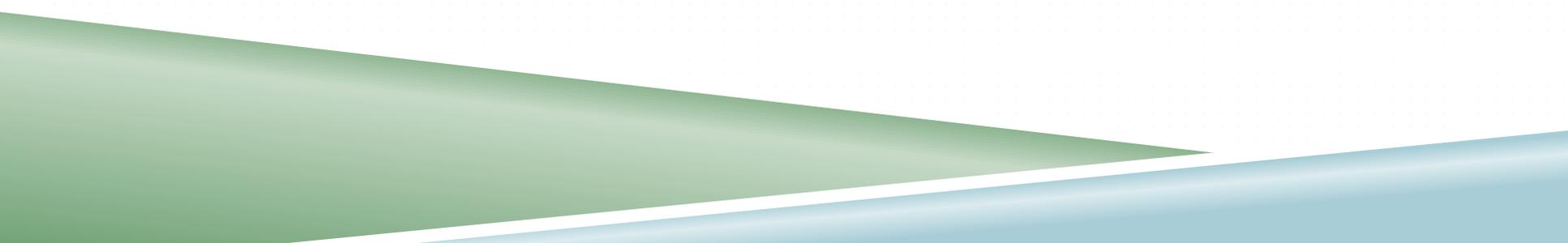
ENCOURAGE INDIVIDUAL INTERACTIONS

- Help individuals interact with others by modeling good social skills, prompting interactions, resolving conflicts, and monitoring interactions
- Encourage those we support to interact with each other.
- Help people feel ownership for the program and their own life. Help them become involved in planning their activities or service plans.
- Understand the feelings underlying the facts

Practice active listening skills

- Validate the individual/family's feelings by asking about and supporting the feelings that go with the facts of the individual's particular story.
 - Try to understand how the individual/family feels and how they typically handle those feelings.
 - Validate or support these feelings – don't try to talk them out of them.
 - Try not to be offended by blunt statements. Remember that our individuals may not have had the same opportunities as you to develop appropriate social skills
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SUPPORT SELF-ADVOCACY

- Allow people to try new things, to make mistakes and even fail.
 - People with disabilities want to make their own choices and decisions. They want the freedom to make their own mistakes. Don't be an "I know best" kind of staff. By carefully explaining actions and reactions, we can often support individuals to make their own good choices. Unless the consequences are truly dire, let people make their own decisions about their lives.
 - Encourage parents to do the same.
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INDIVIDUAL/STAFF BOUNDARY & PROFESSIONAL ETHICS POLICY

Boundaries are the limits that allow for a safe connection based on the **individual's long-term need**. Boundary violations are acts that breach the core intent of the professional-individual association. These violations can happen when professionals exploit the relationship to meet personal needs rather than individual needs. Other violations occur when staff is not clear as to the difference between a friendship and a professional relationship. Some examples of boundary violations may be socializing with the individual outside of the professional relationship, offering to bring or buy things for your individual, or doing business with the individual.

The boundaries that immediately come to mind, that need to be maintained with individuals at REACH, are physical boundaries. Everybody needs their own personal space and everybody needs to feel control over this personal space. This means that no person should be touched unless that person has consented to the touch.

Touch is a basic human need that is often confusing to people. Non-sexual touch can be therapeutic when used appropriately: Hugs and other forms of touch should meet the individual's need, not the staff member's. Staff are not obligated to hug individuals, if asked. When in doubt about a certain kind of touch, avoid it.

Staff should be confident that they understand how individual perceives the touch. Staff should consider the potential for role confusion; blurring of staff/individual roles or perceptions of friendship. Staff should be accountable to and willing to discuss touch and boundary issues with peers. It is also important know if the individual has any sensory processing difficulties – touch may be perceived differently in a physical sense as well as emotionally.

Many of the individuals come from chaotic backgrounds where their relationships have been dysfunctional at best. They often have had little guidance on how to establish healthy relationships. Some individuals may not know how to differentiate between appropriate and inappropriate touch. (What you may believe is sexually provocative behavior might be the individuals learned way to seek out affection.)

SEXUAL CONTACT WITH A INDIVIDUAL IS NEVER APPROPRIATE

Staff of Reach for Resources is expected to be a positive role model by defining and maintaining clear and appropriate personal boundaries. This means that when a individual is touching you or hanging on you in a way that makes you feel uncomfortable, you need to express your discomfort directly and respectfully with the individual. Make it clear to the individual how this infringed on your personal boundaries. *We are not saying that touch is bad.*

Other boundaries that need to be addressed are the distinction between professional and personal relationships. It is not appropriate to share personal information about yourself or other staff with individuals; this includes home phone numbers and addresses. Also, staff should remember that our basic role is to listen and provide a supportive environment for individuals. In some situations, staff may choose to share personal experiences in a way that is meant to educate and support individuals, and meet individuals' needs.

It is not appropriate to share information regarding other staff with the individuals. Certain elements of one's personal life should not be shared with individuals. Individuals are often overwhelmed with their own issues and are not able to handle other's problems.

Sharing your problems and issues with individuals is not appropriate ever. Other boundary violations include loaning money or offering to employ your individuals.

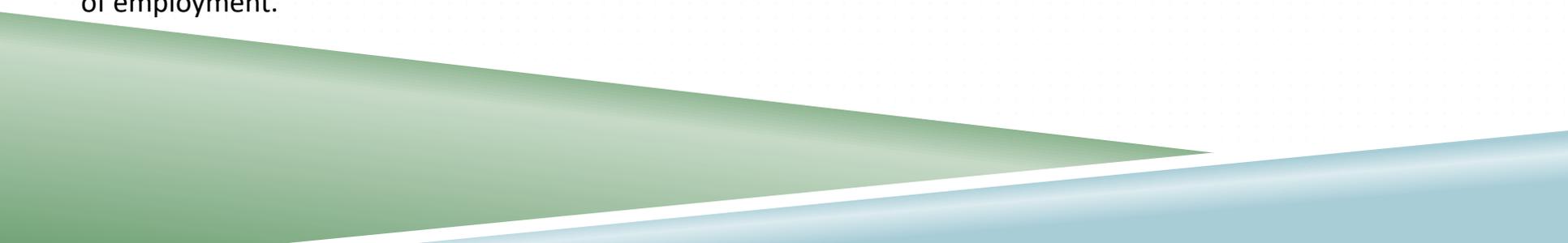
EXAMPLES OF BOUNDARY VIOLATIONS:

- Socializing with the individual outside of the professional relationship
- Buying items for the individual or accepting gifts from individuals
- Doing business with the individual
- Employing the individual (i.e. cleaning, yard work)
- Sexual contact with the individual
- Engaging in the use of chemicals and/or alcohol with the individual (inside and outside of the professional relationship)
- Discussing your personal views and morals about sexuality, religion and politics
- Exchanging private phone numbers with individual
- Privately agreeing to hold a individual's money, loan them money, or use a cash/credit card for them
- Sharing any information at all about individuals, or friending individuals, through social media outlets, such as Facebook, Twitter, Instagram, Pinterest, LinkedIn, etc.

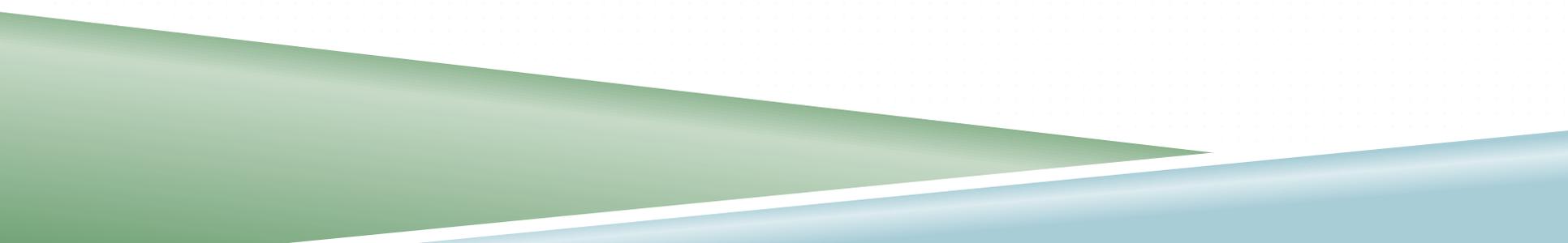
If you find yourself in a situation where you are not sure if an area is appropriate to talk about, don't talk about it! If a individual is not appropriate and you have asked them to change their behavior, notify the supervisor of your department and ask them to assist you in dealing with the individual and the situation.

Ethical Violations:

Violations of professional boundaries or ethics will result in disciplinary action up to and including termination of employment.



GUIDELINES FOR WORKING EFFECTIVELY WITH FAMILIES

1. Introduce yourself to family members and explain your role (especially important the first few meetings, reiterate to the individual and family that you are there to help them with their goals.)
 2. Ask for and accept feedback from families.
 3. It's OK to ask questions of parents!
 4. If parents express a concern or problem, ask what they would see as a solution. Involve program supervisor to discuss options if necessary.
 5. Understand how your **values** and **attitudes** affect the way you interact and work with families. Work to understand other's values but don't set out to change people.
 6. Develop your own **communication skills** so that you are skillful and effective at listening, interviewing, conveying sensitive information and including parent/guardians(s).
 7. Always demonstrate utmost **respect** to the children and families with whom you work. "Respect begets respect."
 8. **Empower** the families you work with by helping them develop skills and providing them with information so they can act on their own behalf.
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9. Be proactive. Stress family **strengths** and what can be done. Avoid the deficit model mentality.
10. Remember that all families with children who have disabilities are not the same; rather they all are quite different. **Individualize** do not generalize.
11. When parent/guardian(s) are willing to express how they feel, provide support by **validating** their feelings but do not indicate that you know how they feel unless you have actually been there.
12. Be **nonjudgmental** when working with families. Most things in life can be done in more than one way. It may be different than your way, but is it wrong?
13. Be **sensitive** to the needs of all individuals within the family system. Be knowledgeable and prepared to provide resources and referrals as are appropriate.
14. When working with families from another **culture** or **race**, educate yourself so you have an understanding of the differences in that culture or race from yours.
15. Common Concerns the Parents/Guardians of those we support may have:
 - a. Is the individual's involvement a positive experience?
 - b. Is the individual interacting with other individuals; are they being included?
 - c. Is the individual confused? Do they need redirection?
 - d. Is the individual safe? (physically and emotionally)
 - e. Does the individual know what to expect from the service/program?
 - f. Are there enough staff and are the staff well trained?
 - g. Will staff be able to recognize when the individual needs assistance?
 - h. Does the staff understand the individual's unique needs?
 - i. Does the individual know who to approach for assistance? If not, does the staff know and support the individual adequately?

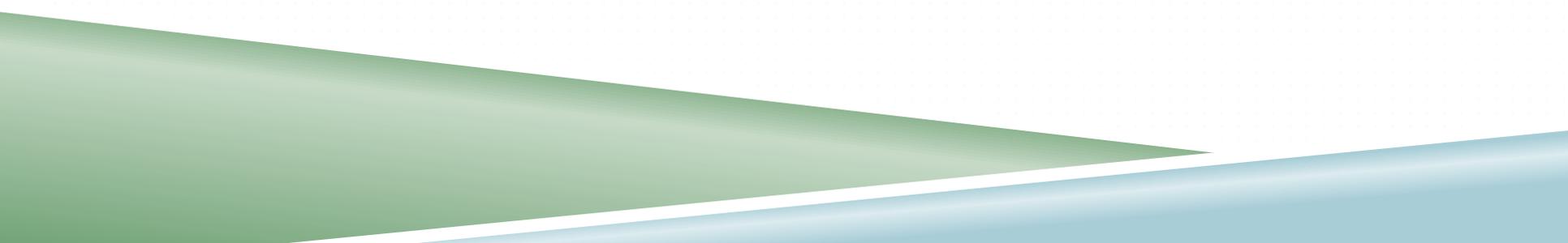
Know those you work with well enough to ensure that these issues have been addressed and that individuals' needs are understood and met.

EMPATHY & ACTIVE LISTENING

In working with individuals and their families at Reach for Resources, it is vital that staff be able to communicate effectively. In addition to constant communication, it is important that REACH staff be able to practice empathy and active listening.

Empathy is the capacity to recognize or understand another's state of mind or emotion. It is often characterized as the ability to "put oneself into another's shoes", or to in some way experience the outlook or emotions of another being within oneself.

Active Listening is a way of listening and responding to another person that improves mutual understanding. Active listening has several benefits: First, it enables people to listen attentively to others. Second, it avoids misunderstandings, as the listener can confirm that they understand what the speaker said. Third, it tends to open people up and help them feel comfortable with revealing more.



HOW TO BE AN ACTIVE LISTENER AND ESTABLISH AN EMPATHETIC CONNECTION

Focus your full attention on the speaker. Use attentive posture, comfortable eye contact, and gestures, expressions, and intensity that match the speaker's.

Temporarily set your own opinions, needs, judgments, and priorities aside

Listen carefully to:

- Content – ask questions to understand
- Tone of voice
- Feelings expressed

Watch the speaker's face, eyes, body and hands. Note postures, motions, expressions, and gestures, or lack thereof.

Paraphrase – summarize the essence of what the person has said and say it back WITHOUT questions, comments or solutions.

Reflect Feelings – state back feelings stated or alluded to (verbally and/or non-verbally)

Validate Feelings – let the individual know that their feelings (even anger) are acceptable.

Negotiate for meaning – ask questions, clarify vague or ambiguous statements.

Let the individual know that their concerns are valid and will be addressed.

Define the problem:

1. What happened? (from individual's perspective)
2. Has this happened before? How was it handled?
3. What does the individual need right now?
4. Do not attempt to explain away a problem or concern.

UNDERSTANDING INDIVIDUAL BEHAVIOR

Many of the people REACH serves will exhibit behavioral challenges from time to time. It is important that staff members understand this fact and are prepared to respond in a professional manner. The most important tactic we can use is to work to **prevent** troubling behaviors from developing in the first place.

Some of the methods we use to **prevent behavioral issues** include:

- Provide clear instructions and rules at the beginning of the meeting or program. Let individuals help define the “rules” if it makes sense.
- Be aware of the language you use – speak slowly and calmly in concrete, simple terms. Use the “first then, then that” sequence terminology or provide a choice between only 2 options. Ask simple “yes” or “no” questions. Add gestures or demonstrate as you speak.
- Allow the individual time to process what you have said. Avoid giving rapid, complex, multiple directions or repeating yourself.
- Reward individuals when you see desired behaviors. Verbal encouragement is a wonderful tool to reward even partial attempts. Acknowledge even the smallest positives, focusing on the individual’s strengths and positives as much as possible.
- Give choices where possible. For example, ask “which goal area would you like to work on today?”
- If there are difficult topics or activities that you believe may cause stress or resistance, start your meeting with more positive topics or easier activities. This sets the basis for cooperation versus resistance.
- Define the consequences of inappropriate or unacceptable behavior well before these occur. Make sure the person understands the potential results of continued inappropriate behavior.

WHEN APPROACHING A TROUBLING BEHAVIOR

- First determine if the behavior is truly inappropriate. Inappropriate behavior is a term used to describe behavior that does not fit within a defined (often fairly vague) standard or norm. The same behavior can be viewed as appropriate or inappropriate depending on the role of the person doing the behavior, the timing of the behavior, or the situation in which the behavior is acted out.
- Establish eye contact with the participant. Be sure that you have their attention before attempting to intervene.

Dealing with behaviors deemed inappropriate:

Remain calm and emotionally neutral; maintain your role as a professional.

Concentrate on the behavior you would like to see. Clearly state, model and demonstrate this behavior.

Continue to prompt the desired behavior.

Redirect actions. Take a walk, change the conversation, start a new activity or change the current one slightly.

If inappropriate behavior continues, give a verbal, neutral and confidential warning..."If this continues, you may have to take a break for 5 minutes," or if extreme, "This is your third warning, you will have to go home." Or "I will have to leave and reschedule our meeting for another time."

When consequences are given, be sure to immediately follow through.

If a individual should suddenly become physically aggressive, destroy property, and/or intentionally run away call 911 for assistance and:

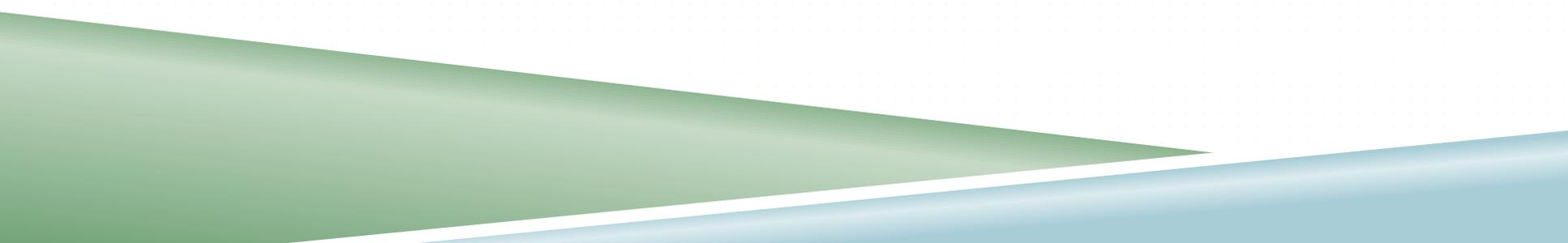
- Remove other individuals/bystanders from the situation
- Do not attempt to physically control a individual
- Stay at arms-length from the individual
- Never turn your back to the individual

IMPORANT: Never force a physical confrontation with any individual.

AFTER DEALING WITH A SIGNIFICANT BEHAVIORAL EVENT

Take note when the inappropriate behavior occurred. For example, undesired behaviors may occur during transition time, or when sitting next to another individual in particular, or at a particular time of day. Identifying when the behavior occurs will assist in dealing with the individual's behavior. For example, if transitioning from activity to activity seems difficult, have the individual perform some type of task to keep him/her focused.

Contact your supervisor, parents, case manager, and caregivers immediately regarding any such incidents and **complete a written incident report within 24 hours or sooner.**



MEDICAID/HEALTHCARE FRAUD, WASTE, AND ABUSE

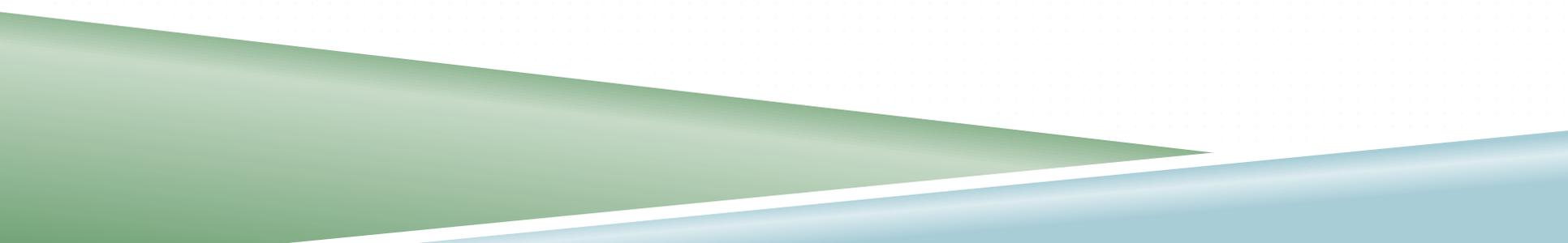
Reach for Resources, Inc. is committed to making services as sufficient as possible.

Fraud – Intentional misrepresentation to gain a benefit.

Waste – Any unnecessary consumption of health care resources.

Abuse – Unsound business practices that result in undue remuneration.

Consumers, providers, payers and purchasers are all negatively affected when Fraud, Waste or Abuse (FWA) occurs anywhere in the system. Instances of Waste or Abuse may be unintentional, resulting from a variety of causes including limited knowledge about our best practices or delays in implementing new processes that would improve efficiencies. Fraud, on the other hand, is the result of intentional misrepresentation to gain a benefit. All REACH employees involved in healthcare services can take steps to reduce the cost of Fraud, Waste and Abuse. An annual training is provided to all staff to ensure that resources are used effectively and efficiently.



WELLNESS PROGRAM

REACH has an employee wellness program, which is an employee led initiative whose mission is to encourage the overall well-being of Reach for Resources employees in an effort to better serve the individuals we support. Some of our initiatives include:

- Water Wednesdays where we provide fruit to flavor your water to encourage increased hydration
- Employee pot lucks
- Employee volunteer opportunities
- Walking meetings or lunches using the trails around our office
- Step To It! Challenge
- Quarterly happy hours for team building
- Employee of the quarter
- Game Break Wednesdays at 11:30am (take a break and come to the conference room to relax and play a game)
- Monthly feature in the employee e-newsletter and information posted regularly on the wellness bulletin board
- Space for nursing mothers
- CSA Shares available
- Employee Appreciation Online Portal with prizes!
- Flexible scheduling and the option to work from home

If you have questions or interest in becoming involved in the wellness committee please email wellness@reachforresources.org.

CLOSING

This concludes the content of the Employee Training Manual. Should you have any questions regarding the content of this manual, please feel free to discuss them with your supervisor.

Again, welcome to REACH.
We wish you a long and fulfilling career here!

