

# Trainer's Guide

## Instruction Plan Individual Support

### How to develop and write an effective Individual Instruction and Support Plan

By the end of this 12 hour training series; students will be equipped to write IISPs which meet all policy requirements and result in increased skill acquisition and quality of life.

Needed materials which are not included with manual: Power strip, laptop, projector/tv, buzzers/bells for Jeopardy game, blank paper, pens, small stickers in at least 2 colors (yellow & pink preferred), masking tape, laminated risk matrix guides, highlighters, black sharpies, colored index cards or small paper (at least 4 colors, with at least 20 of each color), small candies, Redacted ISP to use as example / for anyone who didn't bring one, printed participant workbooks

## Module B: Using Person-Centered Information to Develop the IISP

### Introduction

Approximate time: 20 mins

Class Title	Using Person-Centered Information to develop the IISP
Length of Class	<b>3 hours</b>
“Hook”	<p>In the pre-requisite Person-Centeredness module, you learned how to gather important information about the people you support, and brought with you the information for one person. You are now literally in the position to make their dreams come true! Just think of how successful you could be if you had a team of people working to support you to achieve your goals. This is not just a concept for people with disabilities – think of Weight Watchers, AA, NA, gyms – people join groups, and will often pay quite a bit, in order to have others working toward their goal with them and holding them accountable.</p> <p>Thinking about the power and benefits of support – raise your hand if you think:</p> <ul style="list-style-type: none"> <li>• People are more likely to be successful when they have a concrete plan and/or goal</li> <li>• People are more likely to achieve a goal when it is measurable</li> <li>• People are more likely to be successful when they have others who know their goals and are supporting them to achieve success</li> <li>• Raise your hand if you would like to be a part of helping another person be successful</li> </ul>
Intro	I am (name) and <i>I</i> want to be a part of helping <b>you</b> to be successful in writing IISP’s!
Purpose	The purpose of these training modules is to equip you to write Individual Instruction and Support Plans (IISP’s) that will meet all policy requirements and, most importantly, result in increased skill acquisition and quality of life for the people we support.
Learning Outcomes	<p>By the end of this module, you will be able to:</p> <ul style="list-style-type: none"> <li>• Evaluate which information from ISP and Person-Centered planning tools needs to be included in the IISP</li> <li>• Identify Risks and Interventions which need to be included in the IISP</li> <li>• Describe the difference between instruction and support</li> <li>• Complete the body of the IISP (everything except the habilitation goals)</li> </ul>

Module B

Participant Intros	In my role as _____, I have..... (describe your experience with IISPs and how you have seen them have a positive effect in people’s lives). Go around the room & say: 1) Name, 2) Agency, 3) What you learned that surprised or delighted you from Module A on Person-Centeredness
Info, expectations, Logistics	Most adult learners learn best by doing, and I know that most of you are probably really busy – so these trainings are designed to be very interactive and walk you through the process to write an actual IISP. There will be breaks throughout the training, which should give you sufficient time to use the facilities, check your phones, etc. Please silence your phones and wait until the breaks to check them so you can focus. Location of bathrooms, emergency exit info, any other housekeeping issues...
Transition to Content	So, let’s get started

**Module B – 1: Contents of IISP**

Approximate time: 1 hour

By the end of this section, you will be able to:

Evaluate which information from ISP and Person-Centered planning tools needs to be included in the IISP

Talking Points:

- *Using template for training, but it is optional*
- *You should have ISP, IISP and/or Person-centered plan*
- *We are starting with the “one-page”, but skipping risk section for now*
  - *Once completed, the first page of template meets policy requirement of one-page risk summary when in hard copy*
  - *Can be separated from IISP or kept with. Can put in cover of binder*
  - *Purpose is to give direct support staff essential info*
  - *Avoid generic likes / dislikes or long lists of food*
  - *Coordinate / use profile if developed in Peer Mentoring / Person-Centered Planning or other process*

In this training, we will be using the IISP template. This template is optional, and you can continue to use your agency’s format so long as the IISP meets all policy and WAC requirements. If you will not be using the template you can always transfer your work later to your own format or bring a hard copy with you to use during the training. You should have brought the ISP and Person-Centered Planning information for one person for whom you will be developing the IISP. It is very helpful if you also know this person well, but

even if you do not – you can still draft the plan and check it out with someone who knows the person later.

We are going to start with the “one-page” snapshot of who the person is. At a minimum, identified risks are now required to be in a “one-page Risk Summary” and must be available for staff in hard copy at all times in the home. The first page of the IISP template meets this requirement as well as providing useful information for staff to have about the person. It can be kept with or separated from the rest of the IISP as appropriate. It is helpful to have this in a very visible, accessible place – while still maintaining confidentiality and privacy of course. If you use binders that can have a page inserted in the cover; you may choose to put this at the front of the binder.

The purpose of this page is to give the reader the information that they need to know about how to successfully support the person. While a person may have a long list of foods for their “likes” and “dislikes”; generally food isn’t the important to list here – especially if the person has the ability to communicate food preferences independently. It also isn’t very useful to include things that are common sense and could be said of most anyone (who doesn’t like being respected or dislike being yelled at?). What you are looking for are those things that would be helpful for a staff just beginning to work with the person, and things that are unique about the person which can be supported and built upon.

The person may already have an existing profile, using this template or another format that was developed by or with them in the process of a person-centered plan in preparation for their ISP meeting, as a part of Roads to Community Living transition from an institution, or just as a tool they or their family created. If so, don’t re-invent the wheel! You can use the one created as the one-page (just be sure it includes the risk summary), or as a primary source of information to develop this page.

**Activity (B-1): Materials – blank front page of the IISP** (Display **Power Point** visual)

Pass out blank IISP front pages. Give each participant 10 minutes (extend if everyone is still working and seems to need more time). Tell them to use the information that they have gathered and brought, and fill in “Likes”, “Dislikes”, Skills & abilities” & “Communication style” (skip the “Risks!” section for now – we will come back to that once we have completed the risk assessment section).

Pair & Share: Have participants turn to the pair up with someone that they don’t know (or don’t know well). Have the person with the shortest hair by talk for 1 minute and tell their partner what they really like and admire about the person they chose – what makes them special. After talking, take the next 4 minutes to share what they wrote. Listener should ask questions for any statements that seem unclear or need more information, and make suggestions for things to add. Have them switch and repeat with other partner.

Ask for any questions or observations that participants would like to share with group before moving on.

Pass out **page 2 of the IISP template** for next segment.

Talking Points: (Display **Power Point** visual; pg.2 of IISP)

- *Use ISP (consent or redacted)*
- *Mostly fill-in the blank*
- *Go through each section & give instructions*

To complete the second page of the IISP, we will be using the ISP which you brought with you. You should have obtained written consent from the client/guardian (unless the whole class is from same agency). If not, then you will need to take a minute to redact the client's name and date of birth from the ISP you brought and use a pseudonym in order to comply with HIPPA and confidentiality requirements. You can use a black marker from the table to do so now if needed.

The next page of the IISP is largely fill-in the blank. We will go over the sections that may need clarification:

**ISP Date** – use the date of the ISP meeting, also known as the Assessment date. You will find it on the footer of your ISP – lower left hand side (ask everyone to locate it on their ISP). The reason I suggest using assessment date is that many people want to begin writing the IISP in conjunction with the ISP meeting and this date is one that you can predict (whereas the date printed / date signed are not).

**Date of this IISP:** you can use today's date. Ultimately, if it takes a long time from start to finish of the plan; you may want to change the date to the date you finish the IISP so that there isn't a large gap between the IISP written / updated date and the date it is put in place and trained to staff. If this is a review and you are going to re-print the IISP, put the date you are making the revision in this box.

**Individuals who participated in the IISP development:** The development of the IISP includes whatever process you used to gather input and person-centered planning. The client should direct who they want involved in their planning. If you use information from the ISP meeting in IISP development, include ISP participants here. The client should be listed first – and of course they should be involved in developing the IISP to the greatest extent possible. In those rare cases where the client refuses to participate in any way (including making their desires known) or refuses to have their name included on the IISP – note why they are missing. The guardian should also be involved in developing the IISP. You can list people as participating whether they participated in a formal meeting, by phone, responding to a written questionnaire, email, or other form of input. People that you want to ask the client to consider involving include: guardian, family, friends, DDA CM and staff. If you invited or otherwise attempted to involve people who did not participate, you can include this in this section.

**Preparer Name:** this is you – the reason your name and signature are required is to meet the WAC 388-101-3830 requirement of all record entries being signed and dated by person making the entry.

**Signature of person and guardian:** - these are required and important – however you obviously can't get them until the document is finished. If you have only an email from guardian approving the plan; note it in this section and attach to plan.

**Name of Residential Agency:** this is your agency's name – you can also add your company logo

here if desired.

Other Plans: Depending on the person and the agency, there will be other plans of which staff should be aware. The reason they are included in the IISP is to ensure staff are aware of the plans and where to find them. You can refer to where in a notebook or electronic file they can be found. You can change this section to reflect any plans which are applicable. Even if they are all in a notebook together – refer to them so that someone reviewing the IISP knows there are other documents. If you are not using this template and portions of your IISP are in different documents (such as a separate Risk Assessment, or history written as a part of Person-Centered Planning) – you must list them in your IISP.

History: Here you want a brief summary of important things from the person’s life. If you have history written in another document (such as PBSP), consider referring the reader to that document to ensure consistency. It is easier for consistency to update only one history; which is the reason it is best not to repeat a long history. You are looking for a primarily personal history, but it should include any important medical or clinical information as well. **To get an idea of what may be important to include; let’s do a brief exercise.**

**Activity (B-2):**

Imagine that you get in a car wreck tomorrow and lose your ability to communicate. If you had a chance today to write this history section for yourself now so that the people providing you with support care next week knew about you – what would you write?

Take 3 minutes to jot down some notes **for what your history should say** in your **participant handbook**. At the end of that time, I will have you pick a partner and each of you verbally share (2 minutes) your history.

**Activity (B-2 Part 2):**

Now that you have thought about your history and listened to a partner’s; take the next 10 minutes to draft the history section for the person you are developing an IISP.

Give 10 minute **break**

## Module B – 2: Risks & Interventions

Approximate time: 1 hour

By the end of this section, you will be able to:

Identify Risks and Interventions which need to be included in the IISP

Talking Points: (**Display the power point slide with John O’Brien Risk quote**)

- *Risk can be life-threatening*
- *Need to mitigate by proper written plans, training*
- *Not expected to predict future / keep person in protective bubble*
- *ARE expected to identify known risks and their interventions in IISP*
- *DDA’s Guide to Assessing Risk available on-line for use as reference / tool*
- *Difference between Risk & Hazzard*
  - *Look @ handbook*

○ *Give examples*

Direct support staff have an extremely important job, and a lot to read & remember! Unfortunately, a staff mistake (no matter why they made it) can have potentially life-threatening consequences. The section of the IISP for Identified Risks and Interventions is intended to include all of the risks that have been identified (in the ISP and through the process of knowing and supporting the person), and what staff should do specifically to avoid or respond to that risk. Anyone who has experience with RCS investigators know that if something goes wrong for a client – they will go to the plan to see if the provider identified it in the plan. Unless the plan very clearly identifies a known risk and gives staff instructions; they may cite the provider for an inadequate plan. While having it clearly in the plan won't necessarily keep a staff from making a mistake – it will reduce the likelihood and avoid a citation regarding the plan.

That being said, DDA does not hold an expectation that service providers will be able to predict the future or keep everyone in a bubble of protection.

The good news is that by the end of this section, you will be equipped to identify risks and interventions that should be listed in the IISP and identify which ones also need to be summarized on the “one-page” under the “RISKS!” section.

There is a difference between a Risk and Hazard. (Refer to **participant handbook**)

**A Hazard** is a potential source of harm or damage that may pose a level of risk. Most hazards are possibilities with only a theoretical risk of harm. Hazards can be actions, activities or objects.

**A Risk** is the likelihood or potential that a specific action or activity (including inaction) will lead to an undesirable outcome.

Hazard and vulnerability can interact together to create risk. Not every hazard is a risk. It is when the hazard coincides with the individual's vulnerabilities that the hazard becomes a risk. In other words, just because something *could* be dangerous does not mean that it needs to be identified as a risk.

For example: There is a potential that if I walk across the street, that I could be hit by a car – that is a hazard of motor vehicles. I am not considered to be at risk of being struck by cars, however, because I have general traffic safety awareness and skills. If I was not aware of how much it would be hurt to get hit by a car or that I should look for one before stepping into the street, then I would be at risk.

Another example: Cleaning products present a hazard if they are ingested. They are not a risk to most people, however if you cannot distinguish between Pine Sol and apple juice, or if you have PICA; then they do present a risk. Unfortunately, DDA clients end up hospitalized (or worse) far too often due to accidental ingestion; even with a well-documented PICA diagnosis or history of ingesting toxic substances.

**Activity (B-3):** Materials needed – Papers / areas of room labeled as hazards and risk (depending on the person), masking tape

Directions for activity:

1. Post the “hazard” paper at one part of room and “risk” at another

2. Instruct participants to physically stand near the description that fits each scenario you read for the person for whom they are writing a plan. After everyone has chosen a side, ask someone from either the risk or hazard side to explain why they chose that particular side. Correct as needed if they should possibly be at other side. Examples of things that could be hazard or risk: raw chicken, access to combustibles, small children, unsupervised access to over the counter medications, cleaning supplies....

Have them sit back down & ask for observations and further questions.

Talking Points:

- *Hand out worksheet & laminated sheets*
- *ISP should be starting point to find risks*
- *After identifying risks, identify level – likelihood & consequence*
- *Give examples & check for understanding*

Hand out Identified Risks and Interventions with worksheet printed on back for ease of hand-writing, Laminated color “Risk Matrix” documents (boxes of these @ Central Office available for use – allow participants to keep their sheet if requested / desired); point out that these graphics are also in their participant handbook.

The ISP is a great starting point for you to find risks that have already been identified. Any risks listed in the ISP **must** be included in the IISP in this section. Although they could be written anywhere within the ISP, the most likely places to find risks are in the exceptional medical and exceptional behavioral support needs sections, and the comments after each of the domains – particularly Health and Safety and Protection and Advocacy Activities sections.

In addition to identifying risks, the IISP should also identify the risk level. There are 2 components to risk level – the likelihood and the consequence. Look at the side of the Risk Matrix sheet with the boxes on the top ½ of the page. The bottom row is likelihood – going from left to right, the risk is labeled as “Rare” (not likely to happen) to “Almost Certain”; which would give it a score of 1 to 5. On the left-hand column, you will see the consequence – from “Catastrophic” at the top to “Negligible” at the bottom; which will give it a score of 5 to 1. You add those 2 scores together, or go over & across to find where they intersect (physically demonstrate this) in order to get your total score.

**Activity (B-4): Materials – (optional) numbers 2 - 10 posted or written around the room**

In order to ensure that everyone understands how to use the risk matrix, ask participants tell you the score of several examples (i.e. - something that is \_\_\_\_ and \_\_\_\_ - such as possible and catastrophic) doing one or more of the following:

1. Call out the answers
2. Work in small groups to determine
3. Stand by the number in the room that represents the answer.

Continue asking examples while watching the room for understanding of this concept. Repeat as many times as needed; – don’t move on until everyone seems to understand how to find a score.



Talking Points: **Power point – Identified Risks & Interventions**

- *Need to list interventions as well as risks – how to avoid / prevent risk*
  - *Such as supervision, restrictions, adaptations,*
- *How to use template*

The other essential step for risk assessment is listing interventions. Of course it does no good to just say what could go wrong – we need to add what we are doing to avoid / prevent it. Common interventions could be supervision or restricting access to items. They could also include environmental adaptations or equipment (such as cell phone, alarms).

If you use the template, you will select these same categories from a drop-down list in the left-hand column – so you don't need to pull out this reference or remember the categories. If there is more than one risk / intervention in a category; you can copy & paste additional rows or expand within that category to address all. If you do all on one category; then choose the likelihood & consequence that best captures the entire row.

It is not required that you use this particular method of determining risk level. Your agency may have another method, which is fine. If your agency doesn't have a method, however; I would recommend using these categories since it is a part of the DDA-approved tool and methodology.

**Activity (B-5): Materials – highlighters, directions for this activity are on the power point**

Using a highlighter, highlight all risks identified in the ISP. The primary area will be in the comments of the different domains of the Support Assessment, which starts around page 2, but scan the whole ISP looking for anything that implies or identifies a risk.

1. Take a minute to review the person-centered information you brought and highlight anything in that material not included in the ISP, and think about if there is anything else that you would identify as a risk that may not be currently documented. (Note: If you come up with additional risks, they should be communicated to the Case Manager for inclusion in the ISP).
2. Write risks in the appropriate category of IISP
3. Write the score for each section under Likelihood & Consequence  
(10 minutes to complete steps 1-4 – give instruction that if they finish early; they can begin working on interventions)
4. Pair up, share what you came up with – have your partner clarify / add / make suggestions on the risks and then work together to identify interventions  
(give 10 minutes for each partner)

*Be sure to go around and observe, ask questions & offer help during this process*

Talking Points: **Power point – newspaper headline**

- *Risks that are red & most that are orange go on one-page summary*
- *Don't include too much in summary – want to focus on important*
- *Not hard & fast rule*
- *Think of front page of newspaper*

Now that you have completed identifying the risks and interventions, you can easily review

what you have to determine the high level risks – those that could present an immediate or life threatening danger; which need to go on the one-page summary. There isn't a hard and fast rule on what goes on the one-page summary / front page of the IISP. One way to think of it would be what would go on the "front page" of a newspaper if it went wrong – such as someone getting seriously injured or killed because of staff's failure to recognize or intervene for a known risk. Using the scoring system, a good rule of thumb is anything with an 8 or above, or anything that requires something (knives, cleaning supplies, etc.) be locked should go on that front page. Things that are scored in the 5 – 7 range may be included; a score of 2 probably should not be included. You don't want to clutter the Risk Summary with a lot of low-level risks which could detract from the importance of the higher-level risks for which staff should be actively monitoring.

Wrap up by asking if there are any questions, clarifications needed regarding which risks are repeated on the summary.

**Activity (B-6):**

Mark the high level risks on your summary page with a highlighter. Go back and add the risks & interventions on the "RISKS!" section of the first page. (give 5 minutes for this, then the break)

Give a 10 minute **break** after they finish writing high risks on the first page

**Module B – 3: Instruction & Support**

Approximate time:     35    

By the end of this section, you will be able to:

Describe the difference between instruction and support

Talking Points:

- *Instruction & Support have been used interchangeably in past – now more clearly defined (refer to workbook)*
- *Teaching should be a component of all support – but that is different from active, intentional instruction*
- *Be clear for staff how & when they should use instruction vs. support*
- *ISP is starting point – add what else staff need to know (can repeat / refer)*
- *Put "universal" instructions in top section rather than repeating*
- *Do not need to repeat all activities from each domain*
- *Do not need goal / instruction plans for each domain*

As a general rule; to support people to have full, meaningful lives:

1. Their health, safety and support needs should be met;
2. Their activity calendars (whether on the wall, on their smartphone, or maintained in personally in their head) should be full; and
3. They should be learning and growing - their plan should identify any specific areas in

which the person wants to gain independence.

We often use the term “instruction and support” as though it is one thing. There is a difference. These terms are now more clearly defined in policy (5.08), and can also be found in your **participant handbook**.

**Instruction** means an active process of teaching a particular skill or subject in an attempt to move towards greater independence and/or maintain current skills and abilities.

**Support** means the implementation of services provided to meet assessed needs.

In other words – the purpose of **Instruction** is to move the person toward learning to do for themselves, and **Support** is doing *for* the person. It is our role to actively work with people to increase their independence – which means that instruction, at least in a very informal sense, should be part of what we do whenever possible. Although there may be some areas identified in the ISP for which the expectation is that staff are only providing support; it should not be typical for staff to complete things *for* a client *without* the client.

Don't short-change clients by having staff provide support without involving them to the greatest extent possible! Even if the client's role in cooking dinner is stirring the ingredients or getting food out of the refrigerator, they should be actively involved in all areas of maintaining a home and living in the community.

In order to set everyone up for success; it is good to be clear when writing the Instruction and Support Service Implementation section of the IISP in a manner that clearly identifies for staff their role in providing instruction and/or support.

The ISP is a starting point for identifying some of the areas and type of instruction and/or support that are expected. What you are doing in the IISP is pulling the pertinent information for staff and adding any specificity that is needed in order for staff to have a clear understanding of their role and responsibilities.

There are some directions that should be included that will likely apply universally for staff to know when providing instruction and support. These go in the first section of the “Instruction and Support Service Implementation” page of the IISP (highlighted in yellow on **power point**).

You would include general information here such as what type of instruction / teaching approach works best with the person, and how to approach teaching them / involving them with activities of daily living. Examples include things such as:

- Always involve person in the activity
- (Person) may try to convince staff they can't or don't know how to do basic household activities; however they are quite capable of most activities with minimal prompting and assistance. Refer to ISP for details.
- Offer “either / or” choices, not “yes / no” choices (e.g. - do you want to cook dinner now or in ½ an hour; not do you want to cook dinner)
- Give enough time for person to respond after cuing for a activity
- (Person) may tell staff they don't want to or have to do that activity and/or ask the staff to do it for them. Respond by reminding (Person) that your job is to support them to become independent, and that you want to help them achieve their goal of living on their own someday. Wait 5 minutes and then ask an “either / or” question to move

them toward participation.

- When (Person) is doing (activity), stay nearby and offer positive encouragement and support to reinforce their learning experience (*do not* use this time to do paperwork or take a break – which would communicate a lack of interest or support).

If you look at the ISP you brought, starting at about page 3 you will see that there are 7 sections, also called domains (the first one should be “Home Living”; and 2 areas that identify any Exceptional Support needs for medical & behavioral. The domains are designed to encompass all of the broad areas where a person may need support and / or instruction. Under each domain there are a number of activities listed, with the Frequency the person needs support & the type of support they need is listed. It is important to know that this assessment of needs (also called the SIS) is designed to capture what type of support the person would need if they were to engage in the activity; not the specific support the person is supposed to receive. For example, under “Lifelong Learning Activities” the person may need “partial physical assistance” for “using technology for learning”, but the frequency may be “none or less than monthly” if the person is not using technology for education at this time. This information is something needed in order to accurately assess the client’s needs for the CARE algorithm, but is not necessarily useful information for staff. If the client was taking an on-line class and needed staff to assist them with logging into the learning site each Wednesday at 10:00am – then this information would be very important for staff to know in detail who, what, where, when and how instruction or support should be provided. At the end of each section/ domain, there is a narrative where the Case Manager recorded notes (the level of detail will depend on the Case Manager and the person providing the input).

For each of the domains – there may be additional instructions particular to an area which is important to capture – things about how to instruct the person, their preferences for support, and/or special equipment or protocols; including what to do if the equipment is broken. If the person has a goal in a particular area – you can refer to it here – but don’t repeat it since the goal and instructions will be elsewhere.

Two previous misconceptions about this section of the IISP:

- 1) You must have a goal for each of the areas. No – habilitation goals will be addressed later. They will likely relate to at least one of the areas, since it is pretty hard not to; but there is not a goal required for each.
- 2) You need to repeat everything from the ISP including frequency and type of support for each activity. You do *not* need to re-type the ISP! Some of it is pretty straight forward – if someone needs verbal / gestural prompting for taking care of clothes – you may need to cue them on how to do it, but there is no need for you to write this out in the IISP unless there is something *specific* to the activity that the staff needs to know.

**Activity (B-7): Materials - Instruction and Support Service Implementation with Worksheet printed on the back**

Review the Support Assessment section of the ISP. Using the Instruction and Support Service Implementation Worksheet as your guide, jot notes on what is important to add or worth repeating that applies to all areas (first row), and any information in each category. You do not need to have something in each of the boxes, and when you transfer into your IISP it is ok to write it in whatever way makes the most sense (don't keep these columns – it is just meant for you to consider potential items). Work on this for about 15 minutes, then you will pair with your partner and share / give feedback (5 minutes each).

### Module B: Closure

Okay....it's getting close to lunch time. Let's review our objectives for this section:

1. Evaluate which information from ISP and Person-Centered planning tools needs to be included in the IISP
2. Identify Risks and Interventions which need to be included in the IISP
3. Describe the difference between instruction and support
4. Complete the body of the IISP (everything except the habilitation goals)

Ask participants to raise their right hands in the air

Ask them to "Make a fist if you now feel at least pretty confident that you can write these sections on another IISP on your own"

"If you have 1 question / area where you feel a little weak, put up one finger; 2 areas/questions – 2 fingers....."

Call on anyone with one finger up and ask them which area they want to review (have class sit down if it takes longer than 2 minutes). Ask who had a finger(s) up for a question that was not yet addressed until you have verified there are no more questions / areas in need of review. Congratulations! You have now completed the body of the IISP – for it to be complete; the last section is the goals.

The next modules are going to focus on writing IISP measurable habilitation goals.

Acknowledge if there is anyone not continuing / newly joining the next session(s). **(Note: this is typically a morning class with Module C starting after a lunch break)**

## Module C: Writing Meaningful & Measurable Habilitation Goals

### Introduction

Approximate time: 10 minutes

Class Title	Writing Measurable Habilitation Goals
Length of Class	<b>2 ½ hours</b>
“Hook”	<p><i>Close your eyes and imagine yourself on a very busy Monday morning here in the main office. Your boss is leaving the office in a big hurry, and she stops you in the hall as she’s heading out the door. She quickly tells you, “I need you to draft a statistical analysis report that compares and contrasts the historical tax laws of northern Europe and Asia.” She says needs it “pretty soon, printed out for everyone and ready to go” by the time she returns. Then she looks you in the eye and says, “This is a BIG deal, because I’ll be presenting it to the State Legislature for review as Part I of my 2-hour presentation on tax law history.” Before you can say “Wha...?” she tells you, “I don’t have time to talk, because I’m leaving for the mountains this minute to go visit my sick mother, and I’m leaving my phone and electronic junk and devices here in the office until I get back.” Then she rushes out the door and drives away.</i></p> <p><i>Now open your eyes.</i></p> <p><i>How do you feel? (anxious, worried, freaked out, scared) This is what is like to try to support a goal that has no meaning or measure. You have no clear instructions, you don’t know where to start, or what finished looks like. Even if you did, what does a statistical analysis on historical tax law even look like anyway?</i></p> <p><i>Question: What’s happening with underdeveloped goals?</i></p> <p><i>If you had a goal created FOR you that doesn’t mean anything TO you, like, “You will be healthy, and all safety needs will be met”, how does that motivate you? Do you develop confidence, status, or independence? This goal feels meaningless and very impersonal to the person and to the staff that support the goal.</i></p> <p><i>If you were given instructions like, “Read Jennie’s IISP and make sure she follows her goal of acting appropriately with everyone”, how is that different than, “I need an important statistical report ready and printed out by the time I get back”?</i></p>
Intro	Welcome back / welcome to anyone new (if new, introduce yourself)
Purpose	In this module, you will learn how to write meaningful, measurable habilitation goals

Module C – Writing Meaningful & Measurable Habilitation Goals

Learning Outcomes	By the end of this class, you will be able to: <ul style="list-style-type: none"> <li>• Write a meaningful and measurable goal</li> <li>• Identify and write Habilitative components to goals</li> <li>• Identify potential adaptations or accommodations to reach goal</li> <li>• Break a larger goal into appropriate steps to accomplishing a goal</li> </ul>
Participant Intros	<i>(Skip 1 &amp; 2 unless new people)</i> <i>Have everyone: 1) say their name 2) say what agency they are from and</i> 3) share one goal that they personally (don't share anything too personal) have for themselves
Info, expectations, Logistics	Skip unless new people
Transition to Content	So, let's get started!

**Module C-1: Meaningful & Measurable elements of a goal**

Approximate time: 75 minutes

By the end of this section, you will be able to: <b>Define meaningful and measurable elements of a goal; identify &amp; write habilitative components</b>
Talking Points: (8 min.) <ul style="list-style-type: none"> <li>• Often, goal development stops at the Person Centered Planning (PCP) level. E.g., “I want to get married” or “ I want to buy a house”. When this is the case, or when the goal itself seems unattainable – the best way to go deeper is to ask <u>why</u> – what is it about that goal that appeals to the person? By doing this you may get to the deeper root of what is important to the person so that you can develop a goal that gets toward what they really want. For example, the person may want to be a fireman, but it is highly unlikely that they could meet all of the requirements. By asking why you may find out that they like being around big trucks, like the respect that comes from a public position, want to wear a uniform at work, etc.; and then the goal can be built around that aspect of the goal.</li> <li>• Today’s starting scenario is the same as the PCP level “draft a tax analysis” – BIG picture only</li> <li>• <b>Clear instructions are needed.</b> <b>Power Point slide (Where? How much? Who?..)</b></li> <li>• <b>What are the details you need to complete the goal?</b> What questions would you ask your boss if you had 15 minutes before she left? These are the basic bits of information you need. Where to start, how much, for who, by when, how long, how many? Ask, “What info do I need to <i>know where we stand</i> in the process of progress/regress?”</li> <li>• <b>What’s the motivation, or what’s important TO and FOR you?</b> Keeping your job? (To/For),</li> </ul>

Getting that raise or promotion? (To/For), you like statistics, Asia, or research? (To). Find a way to connect the Important For with Important To.

**Activity (C-1): Power Point slide (Important To Vs. Important for, use next 2 slides during exercise); blank pieces of paper for each participant**

Ask participants to turn to the page in their participant handbook with Important To / For on it.

1. Give them 2 minutes to write a list of things that are important **to** them on the left-hand side (give examples such as family, beliefs, hobbies).
2. Then give them 2 minutes to write things important **for** them on right-hand side (give examples such as eating right, exercising).
3. Then ask them to circle the things that they are most likely to spend their time on or pay attention to even when they are tired or busy. Chances are – these are the things in your life that have meaning for you.
4. Ask participants to raise their hand if they had more things circled on the right-hand side of the paper (should be few to none); then ask them to raise their hand if they had more things circled on the left-hand side of the paper (should be most to all).

Talking points:

- *People most likely to work on things important **to** them*
- *Whenever possible, highlight or connect to important **to***
- *Examples*
- *Connection to Residential Guidelines (on template, not required by policy)*

We are more interested, motivated and likely to work on things that are important **to** us (those that have meaning) – makes sense, right?

Whenever possible, work on developing goals that are important to the person, are connected to something important to them, or can be attained through doing something important to them.

Examples:

- Certain friends are important to me, exercising with those friends makes it more likely I will want to & follow through with exercising;
- Learning to read would be more fun if you were reading something interesting to you;
- Showering is more likely to occur when getting ready for a date;
- I may not love clipping my toenails, but I love getting pedicures.

What are some other examples people can think of or have used? (take 3-5 examples)

Be careful with this concept that you don't just take something that someone loves and turn it into a chore or make it seem like work!

When talking about meaning – of course the Residential Guidelines also come to mind. These represent things that are meaningful to most everyone:

- Competence
- Health & Safety



- Integration
- Relationships
- Power & Choice
- Status

On the Habilitative Goals page of the IISP template these are listed so that you can check all that apply for the goal. There isn't a requirement that you have goals that support any specific Residential Guideline or number of guidelines – they are there as reminders of the values on which residential services are based. In other words – give some thought to which guideline(s) apply and check any applicable. If you are using a form without the Residential Guidelines listed, you are not required to add them.

If the "Important to" isn't evident by reading the goal, it is a good idea to add language to make it evident. This will help the reason for the goal be clearer to the person and help staff in connecting to motivation for the goal.

Examples:

- Gary wants to avoid a recurrence of kidney stones; so he will maintain his health by drinking at least 64 oz. of water each day.
- Linda wants to live without needing the support of staff, so she will increase her transportation skills by learning to read a bus schedule and navigate one trip per week.

Talking points:

- *Define measurable*
- *Know where you are starting from*
- *Know where you want to be / get / go*
- *Can break it down into steps or chunks toward meeting goal*
- *Math symbols*

**Measurable** means that there is some tangible outcome. For something to be measurable, it should have a clear start/end. The start is known as the baseline- where the person is starting at the point of goal implementation. The end is typically stated in the goal itself – to get, lose or keep a certain amount of something.

Examples:

- Walking to the Starbucks may be an achievable exercise goal for many people. To someone who lives more than 5 miles from a Starbucks (if there is such a place) or who is working in PT toward taking first steps – this may not be attainable anytime in the near future.
- If you have a weight loss goal of losing a certain number of pounds but don't have a starting weight; you won't know when you have reached the goal.

You need to know where you are starting from. Don't get hung up on getting a super scientific baseline or let getting a baseline delay the goal. It should be a general idea of where you are starting so that you know where you will go and when you get there.

It may be appropriate to break the goal into a number of steps – either tasks that need to be accomplished to reach the ultimate goal, or breaking a bigger task into smaller chunks. For

example – you wouldn't have the goal of "cleaning the house" for a person just learning household cleaning skills – you would pick a task (washing dishes, dusting, etc) to start with. When you break down a goal – you may actually be measuring the steps or chunks toward meeting the goal; or you could be measuring the level of prompting required to complete the task.

Examples:

- Getting a black belt has steps of white, yellow, green, blue, etc. on the way to black
- Washing a load of laundry may be broken into 10 steps with the goal to successfully complete 6 out of 10 steps independently within the next 6 months

A good way to think about measurable is math symbols: \$, %, +/-, #, <, >. (A certain amount of money, a percent, gain, lose, a certain number, less than, greater than) **Power Point slide with these symbols**

### Activity (C-2):

Have participants work in small groups and give them 3 minutes to list as many benefits as they can to having a meaningful and measurable goal. The group with the longest list reads their list aloud. Others can read off any additional items. (Look @ list below & bring up if they omit any):

- A satisfied employee knows clearly what is expected every day at work
- Changing expectations keep people on edge and create unhealthy stress
- Maladaptive behaviors improve – staff and clients
- Staff retention
- Staff do a better job with clear instructions
- Structured services promote meaningful days
- Independence is one of the highest forms of success
- Become a leader in a key Supported Living program responsibility
- Fewer citations – DDA policies and WAC are evolving

### Activity (C-3): **Materials: A large number of cards with goals written on them, and larger cards with category labels of "Measurable", "Hard to Measure" and "In the Middle"**

1. Give each participant a group of cards and ask them to place them under the category that best fits (give about 1 minute to complete).
2. Tell them that these goals (with names changed) came directly from IISP samples submitted in 2013.
3. Have each participant pick 1 (or up to 3 depending on size of group & time) goal card from Somewhat Hard or Hard to Measure category, and have the group return to their seats.
4. Ask participants to turn to a partner and, working as a team, re-write the goal using a measurement. Have each participant read one of their old goal card and the new goal with measurement to the group.

Talking Points: (5 mins)

- Hard to measure doesn't mean it can't be a goal; it just needs refinement or to be broken

down into steps.

- Albert “wants to” isn’t typically measurable language
- The definition of “Meaning” could be different for each person.
  - Your lists of things from activity 2 are the same elements of meaning to carry through to the goals you write
- Adding meaning and measurability are the first steps

Talking Points:

- *Definition of habilitation*
- *Retain – end of life, other condition that takes active process to retain skill*
- *Socialization, adaptive & self-help*
- *If habilitation isn’t evident by reading goal – need to flesh it out*

Is it Habilitation? **Power point slide with definition (underlined words emphasized)**

**Habilitation** means those services delivered by residential services providers intended to assist persons with developmental disabilities to acquire, retain and/or improve upon the self-help, socialization and/or adaptive skills necessary to reside successfully in home and community-based settings.

“Retain” would be an appropriate goal for someone with memory or significant medical issues such that retaining a skill takes an active process. The majority of the goals you write will likely be focused on acquiring or improving upon skills.

This is a recent definition offered by Centers for Medicaid Services (CMS) and is much broader than the traditional definition which most people associated with task analysis of brushing teeth or making a sandwich. Virtually anything a person chooses to accomplish can be easily written in such a way to show habilitation.

Acquire, retain &/or improve simply means to get, keep or make better. This means the person could be learning, getting better at, or working to keep at the same level.

Self-help can mean independence, asking for appropriate help, or completing necessary tasks.

Socialization includes a broad range of social and emotional management skills – including making and keeping friends, effective communication, behaviors that promote inclusion, and managing emotional and mental health issues that can get in the way of a rich social life.

Adaptive skills include learning about, acquiring and using adaptive devices, and figuring out and/or learning a different / better way to get needs met.

For the people we support who are at the end stages of their life, the focus may be solely on the “retain” aspect – staff may be actively supporting them to keep enough of their self-help skills in order to stay in their own home. Examples could be communicating needs, managing pain (through range of motion exercises, communication with professionals for appropriate treatment, positioning), communicating with health care professionals, keeping in contact with family, or making arrangements for funeral.

Often the goal’s habilitative component won’t be obvious – you may need to flesh it out. It should be apparent in the written IISP goal. It is hard to do anything in life without learning or growing in some way – by making the habilitation explicit you are simply documenting what

you think will be learned.

**Activity (C-4): Materials: blank paper**

Divide participants in groups of 4 (if there are 24 people, have them number themselves off by counting #1 – 6, and then have the 1's get together, 2's, etc).

Have each person write a goal (preferably one that they brought from their person-centered process) at the top of a blank piece of paper which currently does not have a habilitation component. Give 1-2 minutes for this.

Then ask them to pass it to the person to their right in the group:

- that person to write a potential self-help skill that could be acquired / strengthened or retained, then pass again
- next person adds a potential socialization skill that could be acquired / strengthened or retained
- next person adds a potential adaptive skill that could be acquired / strengthened or retained
- next 2 passes – let person choose a self-help, socialization or adaptive skill not already listed & add one that could be acquired / strengthened or retained

Each round should take 1-2 minutes.

At the end of the activity; ask if anyone has a goal that they have no viable options for habilitation? If so, ask group for feedback & input until habilitative component is identified.

**Talking Points:**

- *Review SMART elements of goal from handbook*

You may have heard of or used “SMART” goals in the past; Specific, Measurable, Actionable, Relevant & Time-bound. Your **participant handbook** summarizes each of these characteristics for you as they relate to the IISP. (Review each characteristic & written explanation from handbook).

- **Specific** - the goal should be as specific as possible. Include What (what is the exact goal), When (How often / how much), Where will it take place, and Who (which staff / shift responsible)
- **Measurable** - How will you measure your goal? What is the starting measure (baseline)
- **Actionable** - What specifically will the staff do to support the client do to achieve their goal? Clients can certainly have goals they are working on for which they do not need staff instruction – however these don't meet the requirement for IISP goals.
- **Relevant** - How is the goal important to the person? Does it meet the definition of Habilitation - skills necessary to live successfully in the community? Sometimes people get hung up on a skill that they believe is essential to community living – such as washing their hands after using the restroom or knowing how to cook for themselves – which are perfectly good skills, but not required in order to go in the community or live on their own (As I am sure you are aware; there are several adults without a disability who go and live in the community and don't always wash their hands after using the restroom or eat out instead of cooking). I want to be clear that there is nothing wrong with these goals as habilitation – they just may not be the most relevant to start with for

some people.

- **Time-bound** - includes a timeframe of when the goal is expected to be accomplished. Since IISPs are to be reviewed at least every 6 months, you should expect some measurable progress within this time frame. You don't need to set goals that can be accomplished within 6 months; however you can do so if the goal or smaller portions of the goal are achievable in that time frame.

You can also use the "Tips for refining a goal" on the next page as a way to review and refine goal language.

10 minute break

## Module C-2: Adaptations / Accommodations

Approximate time: 10 minutes

By the end of this section, you will be able to:

Identify potential Adaptations and/or Accommodations that can be used toward reaching a goal

Talking Points:

- *Use adaptations or adaptive devices where possible*

Raise your hand if you can remember needing to memorize your home phone number and address when you were a kid. Chances are, if you are over a certain age – this was very important because it was the way you could tell someone how to reach your parents or get you home. Many kids growing up now don't have a home phone or don't need to memorize these things because they are programmed into their cell phones (that may even have a GPS locator).

The point is – when technology or a simpler solution will work or will help – use it! If memorizing numbers or dialing a long sequence is difficult for someone whose goal is to call their family independently; use speed dial settings & pictures or icons on the phone and make the instruction around the social skills of the call – when to make it, how to leave a message, picking up on social cues to end the call.

### Activity (C-5): Optional materials – small candies

1. Break the room into 2 groups and give each group a pile of sticky notes.
2. Give the groups 5 minutes to write down all of the adaptations & accommodations they can think of – one per sticky note – and place on large paper / board for their group.
3. At the end of the time, have the teams switch sides and read what the other group came up with.
4. Ask each team to share the 3 most creative or unusual ideas they saw from the other team.

You can talk about how being creative & making adaptations in the environment is a great way to support a client to make progress toward their habilitative goals – so everyone wins (hand out small candies to everyone).

## Module C-3: Writing Meaningful Goals & Breaking Goals into Appropriate Steps

Approximate time: 35 minutes

By the end of this section, you will be able to:

### Write 1 meaningful goal and break it into appropriate steps

Talking Points: (5 mins.) – We now have the elements we need to write goals that have meaning and measurability. In your Participant workbook, there is a page that lists the tips for refining a goal.

#### Let's review:

- Start with the person's goal – (typically developed from the Person Centered Planning process)
  - Avoid using 1<sup>st</sup> person language unless the person says it or your *very sure*. (For example; don't say "(your name) wants to reduce the number of times he/she yells at strangers" unless I have said that's what I want to do.
  - Ask "Why?" to get to deeper levels of meaning with broad / unattainable goals
  - If you serve clients with behavioral support needs, Goals can be based on a PBSP element, as long as it's the person's, or the team decides Important To and Important For balance here
- Ask: What are the *necessary skills* the person needs to do/know to do this independently?
  - List these skills.
- Choose a necessary skill the person could work on
  - Person or (support team) ensures balance between Important To/For – with the emphasis on  
**Important To**
- Add measurable components – timeframe, increase/decrease, how many/often, define success

Talking Points: Time to practice what we've learned.

Talking Points: (5 mins.) –

We will not go into deep detail about teaching methods here; that is covered in the next module.

Once the goal is written, you need to develop the series of necessary steps - Use making a call as an example:

- **Assess the baseline** – existing skills, preferences, communication, attention, physical/intellectual abilities
- **List the steps** – manageable for the person
- **Specify how to:** Prepare the environment, get necessary supplies, Where? When? Who?
  - **Always allow Albert the chance to do each step without prompts**
  - If Albert doesn't ask to make his phone call each morning, suggest it.
  - Sit with Albert at his desk in his room at a time after breakfast.
  - Ask Albert if he has everything he needs (phone, phone list, calendar, pen). Ask

him for missing items

- Albert will decide who he wants to call but can be unsure.
  - Ask him where he would find possible ideas (i.e., his phone list)
  - Suggest ideas from his phone list if he becomes frustrated (church friend, mom, work friend, Parks & Recreation)
- Albert will find the name on his phone list or speed dial
- Albert will push the correct button on speed dial, or dial the correct number
- Prompt Albert to try again if he dials incorrectly.
- If Albert gets frustrated, offer words of positive encouragement (ex: “I know your mom is excited to hear from you. Let’s try again.)
- Albert forgets how to hang up the phone. Prompt Albert to hang up the phone if needed (wrong number, call finished, or no answer)
- Document level of assistance (none/verbal prompt/physical prompt/total) in goal progress checklist
- If Albert gets frustrated and verbal encouragement or prompting don’t work, suggest a break and an alternate activity

**Activity (C-6): Materials: Habilitation Goal Worksheet**

**1) Small group role play (15 mins.) – Number off 1-4 or 5. Ask people to remember their numbers and sit in groups together (the first #1-4 is group 1; the second #1-4 is group 2, etc. – add a 5<sup>th</sup> person to groups as needed to manage the size of class):**

- Within each group, #1 = client, #2 = IISP author, #3 = friend/family, #4 = case manager, #5 = voc. provider or other person likely to attend a meeting
- In your group, choose one of the sheets with the goal that you used in previous activities (the activity where the goal was written at top of page & the small group added potential habilitative components) – choose the one that someone is struggling the most with – this will be the goal that you use in this role play
- The scenario is that you are in an IISP planning meeting (because you have enough time & dedication, and are vested enough in creating a quality plan that you pull a team together for this meeting). The team is working together to make sure that your goal meets the criteria of being meaningful & measurable – you are using the “Tips for refining a goal” page from your workbook as a guide to ensure that you don’t miss anything.
- IISP author writes the goal based on the conversation – use scratch paper as needed for initial development, and then write your completed goal on Habilitation Goal Worksheet(s); completing at least the Goal, Current Baseline, Measurement, By When sections.
- The group uses its tools to ensure goal meaning and measurability
- IISP author checks with the group and the client for verification and Important To elements
- Groups read both old and revised goals aloud; IISP authors, talk about what the group

characters were like

- Entire group offers feedback/ input. If you finish early, change roles, work on another goal & do the same thing.

### **Module C: Closure**

At this point, have accomplished & should feel good about:

- Writing a meaningful and measurable goal
- Identifying and writing Habilitative components to goals
- Identifying potential adaptations or accommodations to reach goal
- Breaking larger goals into appropriate steps to accomplishing a goal

What questions, concerns or further thoughts do you have on what you have learned today? For those of you taking the next modules – we will continue to build on the same plans you have been developing. Please be sure that you bring back the materials. (Give any additional instruction about next meeting time / place. If there is a week or more before the next class; give them homework assignment to practice what they have learned today on their own so that they can ask questions / trouble shoot if anything comes up.)



### Module D: Introduction

Approximate time: 10 minutes

Class Title	How to teach a skill
Length of Class	<b>3.5 hours</b>
“Hook”	<p>Close your eyes for a moment, and think back to a time when you were in class. It would be high school, college or classroom training. Picture your favorite teacher – one that you really learned a lot from. Raise your hand once you have someone in mind, and keep it up so I can see once everyone has one. Good. Now that everyone has someone in mind, go ahead and lower your hands and open your eyes.</p> <p>In thinking about that favorite teacher; stand up if:</p> <ul style="list-style-type: none"> <li>• The teacher included interaction with students – not just lecture? (if not many are standing, ask to stand if they wish they had)</li> <li>• If you got a chance to practice what you learned in class?</li> <li>• If you corrected work or went through test answers in class so you knew if you got it right?</li> <li>• If the subject being taught was interesting or important to you?</li> </ul> <p>Thank you – go ahead and sit down now.</p>
Intro	<p>Like you, most people enjoy learning more and learn best when they are interested in the topic and actually practice.</p> <p><i>Skip unless new people</i></p> <p><i>My name is _____, and for the last ___ years I have read, followed and reviewed IISPs – from great to not so great. I am excited about this opportunity to increase the quality and outcome of IISP goals and instruction. Share one thing about your favorite teacher that you remember.</i></p>
Purpose	The purpose of this training is to teach you how to write effective habilitation goals that will meet IISP policy requirements.
Learning Outcomes	<p>By the end of this module, you will be able to:</p> <ul style="list-style-type: none"> <li>• Select the appropriate time, place &amp; people to instruct the plan;</li> <li>• Describe the difference between a skill deficit and motivational issue;</li> <li>• Evaluate when adaptations are appropriate</li> <li>• Explain the teaching method you will use; and</li> <li>• Prepare complete, concise instructions for DSPs to use when teaching the skill.</li> </ul>
Participant Intros	<p><i>(Skip 1 &amp; 2 unless new people)</i></p> <p><i>Have everyone: 1) say their name 2) say what agency they are from and 3) share one thing they remembered that their favorite teacher did well</i></p>
Info, expectations, Logistics	Skip unless new people

Transition to Content	So, let's get started!
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### Module D-1: Time, Place & People to Teach a Skill

Approximate time: 20 minutes

By the end of this section, you will be able to  
List the appropriate time, place and people to teach one identified skill

#### Talking Points:

Raise your hand if you have ever had difficulty getting staff to actually teach and document an IISP goal?

The good news is that you can increase compliance by carefully choosing and specifying who, when and where the goal will be taught.

#### Activity (D-1) / Talking Points:

Please turn to page #        in your **participant handbook**, and fill in the blanks as I cover the material. The reason I am having you write these down is because you will be more likely to remember it this way.

1. Decide where \_\_\_\_\_ you will teach the skill; in the person's home, the community \_\_\_\_\_, or across multiple environments \_\_\_\_\_.

*repeat entire phrase, watching to ensure everyone has it down* **Show Power point (1 at a time)**

When determining where you will teach the skill – consider:

- Where will the person use the skill? Usually you will teach where they will use the skill. For example: cooking in the kitchen, hygiene in the bathroom, traffic safety in the community.
- Are there safety considerations? You may need to do some work in the home first prior to going into the community if safety can't be maintained initially in that environment. You may need to start working in kitchen without sharp or hot objects until some skills are acquired.
- Does the person need to learn first in a quieter environment? This may be needed for a person with extreme ADHD or who has difficulty in over-stimulating environments.
- Unless there is a strong reason to do otherwise – it is best for the person to learn the skill across all settings in which the skill will be used.

2. Decide when and how often the skill will be taught. It may be a specific time, day, and/or date \_\_\_\_\_.

*repeat entire phrase, watching to ensure everyone has it down* **Show Power point (1 at a time)**

- I know that for myself, I am much more likely to do something when I have a time

written down to do it – I usually use the calendar on my wall and/or the calendar and reminders on my phone.

- When you teach the skill will largely depend on when the activity occurs (cooking instruction makes sense around meal time, scheduling medical appointments needs to be done during office hours).
- How often you teach it depends on the natural frequency of the event, the amount of time and repetition that will best work for the person learning the skill
  - Most people do best without long gaps between learning a new skill
  - Some people may have difficulty getting started, but once they start will work for long periods
  - For some people, it is better to have more frequent, short training sessions
  - There may be some component of training each time an event occurs (such as during every meal time there is at least some modeling, but 2 meals per week the person is working specifically on learning to prepare a meal)
  - You do not need to take data every time that you work on a skill

3. When assigning            who            will teach the skill, you can assign a particular            person            or a            shift           .

*repeat entire phrase, watching to ensure everyone has it down* **Show Power point (1 at a time)**

- You will have much better success with getting staff to complete IISP goals if it is clearly written who is responsible for the goal(s)
- Circumstances where it may work best to assign a particular person to teach the skill include if you have a staff who has a special interest or aptitude for the skill (someone who is a black belt would be the best person to help them practice their Karate); or has a special connection with the person that makes it more likely they will work on the goal with them.
  - If you choose a person based on a connection; then you will need to work on a plan to generalize the skill later so that the person doesn't only perform the skill when that staff is present.
  - You will also need to have a system to trigger you to remember to re-assign this goal when that staff is out sick, on vacation, or even worse – leaves employment.
- A more common way to assign responsibility is by shift – the day shift on Tuesdays, every night shift staff, the staff on at 7:00am...
  - This works best when the skill you are teaching occurs at a specific time, or needs to occur very frequently
- Having someone assigned (by name or by shift) enables you to hold staff accountable for completing the goal.
- It is a good idea to incorporate goal documentation checks into shift change procedures, staff evaluation tools, weekly goal reviews or other procedures in order to:

- Ensure the goals are being supported
- Emphasize the importance of the goals for staff
- Hold staff accountable

It's kind of like the Clue game in reverse – Mr. Green in the Livingroom with a candlestick..... you are defining who is doing it, where, and how so that it is *not* a mystery to the staff!

**Activity (D-2):**

Turn to the next page in your participant workbook for this module.

1. Write the name of the skill you will be teaching on the top line.
2. Take the next 2 minutes to fill out where, when & who it will be taught.
3. Turn to the person next to you. Each of you share with your partner what you have written and why you made those choices. The person with the shortest hair will go first, and you will have 2 minutes each to share.

Give class a **break**

**Module D-2: Skill vs. Motivation**

Approximate time: 30 minutes

By the end of this section, you will be able to:

Describe the difference between a skill deficit and motivational issue

**Activity (D-3):** Materials – Sets (one for each group of 3-6) of laminated large “Skill” and “Motivation” category cards, smaller cards to place under each category (some clear, some could go either way), masking tape to put up cards (or, have them clear space & work on their tables)

1. Have groups work together to place their cards under the category that they think it fits best. They should be able to do this in 2 minutes.
2. Go through each card and ask everyone whether it is a skill or motivation issue.

Talking Points:

After each answer, ask someone why they put it in that category. If it was put in more than one category, ask at least one person who choose skill & one person who choose motivation to say why they made that choice. Point out that it isn't always clear; but there are usually some pretty big clues such as:

- Person performs activity completely sometimes, but not others (usually motivation)
- Person has not been exposed to or expected to perform activity before
- Activity is new to person
- Activity is not something the person prefers to do

If the discussion hasn't naturally gotten to this point, ask what other reason than skill or motivation could be at play? Talk about the potential for environmental factors such as medical, mental health or trauma issues – especially important to explore if the person used to

perform the skill and now doesn't. It could now be painful, they may have less energy, not feel safe, etc.

**Activity (D-4):**

Ask the group to raise their hands if they:

- Know the approximate number of daily calories they should eat
- Know how to find out how many calories are in food (using an app, looking on label, looking on menu)
- Know that exercise is good for them
- Ever eat more than their recommended daily calories
- Exercise every day for at least 20 minutes
- Know smoking is bad for their health
- Smoke or have smoked anyway

Point out that knowing how to do something doesn't necessarily mean that we will do it – otherwise, America would not have an obesity epidemic or people with smoking-related health issues.

Talking Points:

- *Knowing if it is skill or motivation helps you know what type of documentation to collect*
  - *skill – documentation on competency (such as task analysis)*
  - *deficit documentation on frequency / duration*

Ask the group why it is important to know if it is a skill issue or a motivation issue?

Be sure this point is raised: to know what the approach should be – “pure” teaching or attending to motivations / environment.

What type of documentation you collect (covered in more detail later) will also be effected by whether it is a skill or motivation issue. For a skill deficit issue, you would need documentation that breaks down the learning steps so that you can see skill acquisition progress at each level. For motivation issues, data which only includes frequency or amount would be adequate. This could be measuring the number of times something occurred that you are supporting the person to increase or decrease (such as exercise / smoking / assaulting others), or the amount of something (weight / calories / time spent isolating or watching t.v.).

Goals which are motivational can still be habilitative – you are still working to acquire, retain or improve upon a self-help, socialization, and/or adaptive skill even though the strategies you are using to achieve the goal are different.

### Module D-3: Adaptations

Approximate time: 20 minutes

By the end of this section, you will be able to:

Evaluate when adaptations are appropriate

Talking Points:

- *Motivation issues may have cross-over with PBSP*
- *Motivation issues lend themselves to environmental adaptations such as staff behaviors*

In some cases, there is likely to be a cross-over with the person's PBSP such as when it is important to them to make or keep relationships or have less staff supervision and they have a challenging behavior that interferes with that goal – and that is ok (in fact, it is good 😊)

You can still have a measurable goal that is considered habilitation when you are working to increase or decrease a behavior through intentional, active staff involvement. You would write the staff instructions such as modeling, and reinforcement into the plan as staff instructions.

This can have a side-benefit on meaningful life / quality of life for the staff. Here are some “adaptations” that have been very effective for some people:

- Staff have specific reinforcement protocols to give positive reinforcement for behaviors that you are working to increase
- When the goal is to stop smoking; none of the staff are allowed to smoke around the person
- The staff working with the person sets the same goal for diet, exercise, reducing smoking, etc. and they keep track of their goal progress as well – this way you set up environmental and social supports
- Note that you may need to make some staffing changes or consult with your HR department prior to implementing some of these adaptations

Talking Points: **Power point slide picture of Willy Wonka / Gene Wilder (for comic relief); then calculator**

- *Use of technology is another type of adaptation – use when possible*

Other adaptations to consider include technology. Raise your hand if you learned how to do long division in school? Raise your hand if you do long division the way you were taught? Why not (use a calculator – turn to slide).

While some skills may be important to know, when technology can make a skill easier or take the place of using a skill – we should definitely use technology! Especially with younger generations, an app or other device may be much more comfortable for them to use, and has the added benefit of often giving immediate, consistent feedback.

Some examples include:

- Pedometer to track number of steps taken
- Fitbit or other device that measures activity, sleep, etc
- Using “contacts” or the speed dials on phone instead of memorizing phone numbers
- Using a timer instead of a clock when doing time-limited tasks / measuring time
- Using a digital clock instead of an analog clock (one with a big hand & a little hand for

those who haven't seen one)

What other examples do you have? (allow people to share ideas as long as conversation is productive)

**Activity (D-5):** Power point slide has directions

(Slide) Turn to the person next to you and share:

1. One adaptation you have used in the past
2. One adaptation you are excited to try

Give 2 minutes for both people to share, ask them to write their idea down in their participant book after they have both shared & then they can take a break.

10 minute break

### Module D-4: Teaching Method

Approximate time: 90 minutes

By the end of this section, you will be able to:

Explain the teaching method you will use for skill instruction

Talking Points:

- *Break a skill into smaller learning steps when needed*

Before you teach a skill, you need to break it down into smaller steps or chunks. We are going to practice breaking down some steps.

This next section of training involves systematic instruction techniques. Systematic instruction is appropriate only when you are teaching a skill that needs structured teaching / systematic instruction, such as:

- Loose teaching is not getting the person where they want or need to be
- Learning style is best accommodated by structured teaching / systematic instruction
- Activity or task has element of risk if not being done correctly (safety)

**Activity (D-6):** Needed Materials – Colored index cards or ½ sheets of paper, different color for each group of 3-6 people, at least 20 per color. Cards with a variety of tasks that will have between 6-25 steps to complete.

1. Break classroom into at least 3 groups, groups can have 3-6 people depending on class size
2. Choose a task that your group will use for this exercise from the cards provided (Activity C-4) (or you can hand out / assign)- you can choose from the cards from the earlier exercise where we added habilitative components.
3. In your group, take 5 minutes to write each step of the task as specifically as possible, one step per card/piece of paper. Include the cue for the step if there is one.
4. Give an example such as :  
(on a basic level) when learning how to make a phone call, what phone you are using can make a big difference – for example whether it is a push-button phone or a cell

phone with a flat screen and you need to press “talk” after dialing the number. (on a more complex level) when ordering coffee at Starbucks, the first step would be deciding to go (cue could be when your ride arrives, when you are thirsty, when it is time to leave to meet a friend....), once you get there the step is to stand in appropriate place to wait to order (cue would be other people waiting, or if there isn’t a line it could be the cash register, the person greeting you...)

5. Monitor groups during this activity to ensure they are following instructions and being specific.
6. At the end of the time, have groups pass their completed cards to the group on their right.
7. Each group is to take this group of cards, add any steps they think are missing (using their own color of paper so the first group could identify any added steps), and put the steps in order. Give them about 3 minutes for this.
8. Have each group take a turn coming up and presenting the cards to the group in the order they “should” be taught. Allow the audience to give feedback if they think something is out of order.
9. Tell the groups to keep their cards in order when they sit down as they will be used later

#### Talking Points:

- *How specific to make instructions & what order to do steps should be based on learner*

At some point during presentations, there will likely be debate about the order or the specificity in a step (do you add cups of water, or fill pan 2/3? Do you floss teeth before or after brushing?).

Use this as an opportunity to make the point that the “right” order or way to do something should be based on the preference, habits and/or ability of the person that you are teaching.

#### Examples:

- If judging 2/3 is too subjective – measuring would be better. If precise measurement is challenging, 2/3 may be better
- If a person prefers to floss before or after brushing, even if it is different from the order you think is right – don’t spend energy trying to “correct” this

#### **Activity (D-7): Materials – laminated cards with types of instructions and definitions to match those types**

1. Divide the classroom into 2 teams and have each team select someone who will be picking up the cards that you have laid face down on the floor in the classroom (You can also assign someone as the scorekeeper if you prefer).
2. Each team will take turns turning over 2 cards – if they match (a term and a definition), they get a point and keep the cards out of the game. For each match – have them read the term and the definition aloud. (Since there aren’t many cards – don’t allow a team to take a second turn if they get a match).
3. Display matched terms/definitions by hanging in the front of the room or laying out on a table.
4. Have the class stand during the whole exercise, and once all cards are drawn, be sure to



announce the winning group.

Talking Points:

- *Discuss each type of instruction after match is made*

After each match is drawn (or at the end of the activity if you prefer) – discuss some times that it the type of instruction would be an appropriate choice. Emphasize that the primary deciding factor regarding which teaching method to use should be the strengths of the learner, and not to get hung up on just one approach – you may need to try a variety of approaches.

Chaining (Forward / Backward & Backward/Forward) – good to use for tasks with multiple steps where it would be good to have immediate gratification or feeling of success, or for tasks that staff have been completing and you want to slowly integrate the person into completing more steps of the task

Modeling - especially useful for staff to model behaviors for certain motivation issues such as making sure staff don't smoke around a person who is working on quitting; or not bringing junk food for their lunch when a person is working on healthy eating. Another good use for modeling is having staff perform the task side by side or right after with the person – such as making a sandwich at the same time, or the staff person ordering at McDonalds followed by the client ordering.

Shaping – good to use for both motivation and skill issues where the person may have some resistance or anxiety toward performing task. Shaping is good when the person knows approximately all of the right steps, but needs some refinement.

Least to Most – good to use after a person has learned a skill and is working toward mastery. Also used when teaching a new task and probably the most straight-forward for staff to understand; provide the least amount of assistance needed for the task. The same prompt should not be repeated. After giving a prompt, staff should give plenty of time for the person to respond. If time has passed and they have not responded, then move to the next prompting level. For example: start with a verbal prompt, if that if they don't complete give a gestural prompt, then partial physical, then full physical (giving time between each prompt and, of course, not continuing to prompt once they have completed the task.

Most to Least – good to use when a person is learning a skill that they know few to none of the steps and/or get frustrated easily. The staff starts by guiding the learner through the entire task and gradually reduces their support by fading the prompts as the person becomes more capable of the steps.

Reinforcement – an important factor in all learning approaches; most important for motivation issues.

Systematic Instruction - An instructional practice that carefully constructs interactions between students and their teacher. Teachers clearly state a teaching objective and follow a defined instructional sequence.

Behavioral Rehearsal - Trainer completes several brief role plays with learner to practice new response method. This is particularly good when teaching social skills.

Activity (D-8):

1. Have participants return to their seats, turn to their workbook and match each type to

its' definition.

2. Review correct answers.

10 minute break

### Module D-5: Instructions for DSP

Approximate time: 45 minutes

By the end of this section, you will be able to:

Prepare complete, concise instructions for DSPs to use when teaching the skill.

Talking Points:

Now that you know the instruction types and when it may be best to use them, we are going to put that knowledge to work.

**Activity (D-9)** (slide): **Materials –Colored task steps from previous 2 activities; Terms & Definitions cards (they should now be matched) and; one sheet of blank or notebook paper per group. Directions on Power Point slide.**

1. Each group now pass their colored task steps that were written and ordered earlier to the group on their right.
2. Give groups 30 seconds to discuss which teaching style they want to use for the skill they have been given. Tell them to have a back-up plan.
3. One group at a time, call someone from the group (choose person who hasn't been as involved) to come up and take the term & definition cards for the skill they are going to use back to their group.
4. After all groups have an instruction type, give the groups 20 minutes to work as a group to write the instructions for their task using the instruction method.
5. Have the group choose a spokesperson who will present the instructions later. Have each group present their instructions.
6. After each presentation, applaud and then ask members of the presenting group if they had any challenges or questions.
7. Give the rest of the class a chance to provide suggestions and feedback.

### Module D: Closure

Our objectives for this section were that you would be equipped to:

- Select the appropriate time, place & people to instruct the plan;
- Describe the difference between a skill deficit and motivational issue;
- Evaluate when adaptations are appropriate
- Explain the teaching method you will use; and

Prepare complete, concise instructions for DSPs to use when teaching the skill.

Ask if there are any questions, comments or lingering concerns about the learning objectives for this module (spend as much time as needed to answer & clarify)

## Module E: Data Collection Introduction

Approximate time: 10 minutes

Class Title	Data Collection
Length of Class	<b>2 hours</b>
“Hook”	<p>Say that there are many ways to show your data once it is collected (<b>show Power Point slides (4)</b>) such as:</p> <ul style="list-style-type: none"> <li>- Bar graphs</li> <li>- Column graphs</li> <li>- Line graphs</li> <li>- Pie charts</li> </ul> <p>Ask – raise your hand if you</p> <ul style="list-style-type: none"> <li>• Like looking at graphs or charts more than just written statistics?</li> <li>• Have an easier time understanding percentages when you see it visually represented?</li> <li>• Would like your data to look like this with little or no effort?</li> </ul>
Intro	I am really excited for this training module because I believe that if you use the information from the training, you can reduce staff time and administrative oversight of documentation while increasing your visibility and measurement of goal progress. Plus – most people tend to be really impressed with graphs 😊
Purpose	The purpose of this training module is to teach you how to measure data that shows goal progress
Learning Outcomes	<p>By the end of this class you will be able to:</p> <ul style="list-style-type: none"> <li>• Define 3 types of data collection</li> <li>• Demonstrate how you would apply a collection method</li> <li>• Design effective data collection documentation</li> </ul>
Participant Intros	<p><i>(Skip 1 &amp; 2 unless new people)</i></p> <p><i>Have everyone: 1) say their name 2) say what agency they are from and</i></p> <p>3) say on a scale of 1 to 10 (with 10 being expert) – where they would rate their skills with charts &amp; graphs</p>
Info, expectations, Logistics	Skip unless new people
Transition to Content	So, let’s get started

## Module E-1: Types of Data Collection

Approximate time: 30 minutes

By the end of this section, you will be able to:

Define 3 types of data collection

Talking Points:

- *When deciding what to measure – consider is it skill or motivation deficit?*
  - *Skill – measure competency to determine if learning is occurring*
  - *Motivation – measure frequency / duration / amount (or self-initiation) to determine if teaching is having the desired effect*
- *Can measure desired result or steps toward reaching goal*
  - *Measuring desired results tells you if it is working*
  - *Measuring steps tells you if strategy is being followed*
  - *Don't measure staff's behavior*

When determining what you will measure – you should keep in mind if this is a motivation issue or a skill deficit issue.

For a motivation issue, you can measure frequency of a desired / undesirable behavior or amount (measurement of the desired outcome such as calories, weight, time, number).

For a skill deficit, your data needs to be more detailed in order to determine when learning is occurring, what needs to be modified, etc. In these cases it is generally most effective to break the skill into a number of steps and take data on the prompting level needed for each of the steps. This is commonly referred to as task analysis.

Examples:

1. For a goal to lose weight you could measure weight (desired result), or the amount of calories consumed or burned during exercise (steps toward reaching goal)
2. For a goal of saving money for a vacation by increasing attendance at work you could measure the vacation account balance (desired result), days attended at work or amount of paychecks (steps toward reaching goal)
3. For a goal of meeting people with similar interests and developing a relationship, you could measure self-reported number of friends or documented number of new friends (desired result), or number of community outings, amount of time spend on social networking sites, or time spent talking to others at a particular social event (possible steps toward reaching goal).

When you measure the steps taken – it tells you if the strategy is being used. When reviewing the goal (at least every 6 months), you should also look at the bigger picture to see if progress toward goal is being made.

When you measure the desired result, you know if you are making progress toward the goal. When using this measurement if there is no progress toward goal, you may want to revise the goal in order to measure the steps taken prior to deciding that the steps themselves aren't effective.

A measurement that you should avoid is measuring staff behavior – such as the number of times a staff makes a narrative entry regarding a goal, or the number of times staff offers an activity.

**Activity (E-1):**

Give participants 5 minutes to re-write the examples in their **participant book** to show how they could change what is being documented & measured (watch to see if you need to add time or move on, depending on speed of group). Once everyone has had a chance to finish, ask them to turn to the person next to them and compare their ideas.

**Activity (E-2):**

Turn to the next page in your **participant book** and fill in the blanks as I cover the material. The reason I am having you write these down is because you will be more likely to remember it this way.

1. You can document the real object or outcome resulting from the person's behavior – this is called a \_\_\_\_\_ permanent \_\_\_\_\_ product . **Show Power point (1 at a time)**
2. Breaking an activity into small steps and measuring performance level of each step is a \_\_\_\_\_ task \_\_\_\_\_ analysis . **Show Power point (1 at a time)**
3. You can have a set time for observing a person and documenting the number of times the behavior occurs. This is called \_\_\_\_\_ time \_\_\_\_\_ sampling . **Show Power point (1 at a time)**

**Talking Points:**

- *Behavior is all action, not just “problem behavior”*
- *Measurement types*
  - *Permanent Product – easiest, most common*

An Important note before we jump into this material:

When I am talking about documentation types and refer to a behavior, please understand that I mean an observable action – not a “behavior” as in a behavior problem. All activity is behavior – whether it is brushing your teeth, swearing, talking, cooking, etc.

One of the most straight forward methods of measurement is a **Permanent Product** – which refers to the real or concrete objects or outcomes that result from a behavior. Examples include the number of physical measurements, washed clothes, clean hair (which could be the result of diet/exercise, doing laundry or washing hair properly).

The biggest advantage of permanent product recording is that you do not need to observe the person while they are engaging in the behavior. Permanent product recording is easy to use and can be applied to many different settings and situations. The major disadvantage of permanent product recording is that it is not always clear whether the person actually created

the product. Sometimes a combination of both direct observation and permanent product recording is the best strategy to use.

Permanent product recording may be the best method to use when the behavior that you are looking at results in a lasting product or outcome. Use permanent product recording when you don't have time to observe the behavior or in combination with one of the other direct observational strategies listed in this module. It is important to confirm if possible that the products created are due to the person's behavior and not the behavior of someone else. This may sound complicated – but you are really just measuring something that is the result of what the person did.

If what you are measuring already has a naturally occurring measurement; this will usually be the most direct and accurate measurement. Examples include:

- Weight
- Blood pressure
- Blood sugar
- Account balance

## Module E-2: Application of Data Collection

Approximate time: 30 minutes

By the end of this section, you will be able to:

Demonstrate how you would apply a collection method

**Activity (E-3): materials – notebook or blank paper**

1. Give participants 3 minutes to write down as many things as they can think of to measure.
2. Find out who has the most things by having people with 5 or more raise their hands, then 10 or more, 15 or more, etc.
3. Have that person come to the front (or stand where they are) and read what they got. Instruct the class to listen and see if they had any written down that the “winner” didn't get.
4. Ask participants to share other things that can be measured not covered by first person who read their list.
5. Ask clarifying questions of any measurements that aren't self-explanatory and encourage creativity and conversation.

Talking Points:

- *Task Analysis*
- *Time Sampling*

### Task analysis

Task analysis is a familiar way of documenting for many people. Tasks are broken down into multiple steps. For each identified step in the skill you are teaching, the level of prompting (independent, gestural cue, verbal cue, physical cue, partial / full physical assistance) is

recorded. Two of the simplest measures would be the number of steps completed independently (with a goal to increase) or number of steps completed without full physical assistance (with a goal to decrease).

### **Time Sampling:**

There are many more details about time sampling and how it can be used in very specific training and / or behavioral modification environments. That level of detail is more than most people in this class will need. What is important and useful to know about time sampling is that you don't need to measure something all the time or every time that it occurs in order to measure progress.

For example:

1. You could teach and practice a skill every day (such as social interaction or doing dishes), but only collect data on it once a week
2. If you are trying to measure something that is:
  - difficult to tell exactly when the behavior begins or when it ends, or
  - It occurs at such a high rate that it is difficult to keep count.  
(such as a person being "upset" or yelling);

You could choose to measure it only for a specific time period each day when it is occurring, or just measure if it occurred during a particular hour of each day but not measure how many or the exact duration. If you were doing this, you could use a data sheet that looks something like example on [Power point](#)

*Give a 10 minute break*

Talking Points: **Materials – Excel file with samples (currently on Sharepoint); follow up with email to participants**

Show examples of documentation forms on screen, demonstrating how they can be used and modified if needed. Pass out hard copies as requested and tell participants they will receive an email with the forms so they can modify and use as needed.

## **Module E-3: Data Collection Method**

Approximate time: 30 minutes

By the end of this section, you will be able to:

Design effective data collection documentation

### **Activity (E-4):**

1. Turn to your participant workbook (pg. 14) and fill in the blank for which type of documentation you think would best fit in each of the examples. Give 3 minutes for this activity, and then give 2 minutes to turn to the person next to them, compare notes & discuss any differences.

### **Activity (E-5): materials – Habilitative Goal Worksheet**

Give participants 10 minutes to take what they have learned and apply it to their goal(s) they are writing (you can give extra time if needed) and to review the Quick-check document to ensure their goal is complete.

**Activity (E-6): materials – IISP Quick-Check Document**

Have participants pair with someone they haven't been sitting next to and share what they wrote, problem-solve any issues, and support each other to revise as needed. Monitor conversations for any points which need to be raised to larger group to wrap up this learning objective.

**Module E: Closure**

Our objectives for this section were:

- Define 3 types of data collection
- Demonstrate how you would apply a collection method

Design effective data collection documentation

What questions / comments do you have before we move on to our final section?



## Module F: Data Analysis Introduction

Approximate time: 10 minutes

Class Title	Data Analysis
Length of Class	<b>1 hour</b>
“Hook”	<p>Raise your hand if you have ever heard this quote: The definition of insanity is doing the same thing over and over again and expecting different results? (<b>power point with Einstein photo</b>)</p> <p>Raise your hand if you have ever kept trying the same thing even when it wasn't effective? (for example, asking your child to clean their room and expecting them to do it)</p> <p>Raise your hand if you have ever seen a goal in place too long for someone we support with no progress or revision? Felt you were being asked to waste time on something that wasn't working?</p>
Intro	By making a clear plan for when a goal will be revised – we can avoid keeping a plan in place too long. Say one thing that you have been impressed with / learned during the previous modules.
Purpose	The purpose of this training module is to discuss when and how goals should be revised based on the data collected and finalize the goals we have been writing.
Learning Outcomes	<p>By the end of this class you will be able to:</p> <ul style="list-style-type: none"> <li>• State when data indicates that you should revise a goal</li> <li>• Describe <u>4</u> different changes that could be made to the goal</li> <li>• Complete the habilitative goal draft(s) for your client</li> </ul>
Participant Intros	<p><i>(Skip 1 &amp; 2 unless new people)</i> Have everyone: 1) say their name 2) say what agency they are from and 3) say one thing that they have learned so far that they are excited to try.</p>
Info, expectations, Logistics	Skip unless new people
Transition to Content	So, let's get started

### Module F-1: When to Revise a Goal

Approximate time: 5 minutes

By the end of this section, you will be able to:  
State when data indicates that you should revise a goal

Talking Points:

- *WAC / Policy requirements for goal revision*
- *How to know if instruction is not effective*
  - *Importance of clear criteria for success / revision when write the goal*

Per WAC 388-101-3510, the IISP and goals need to be revised:

- 1) As goals are achieved;
- 2) At any time requested by the client or their legal representative; and
- 3) At least semi-annually.

IISP Policy 5.08 also requires you to revise the goal when If the data indicates the instruction is not effective after a reasonable period, but no longer than six (6) months.

With clear, measurable criteria – it will be apparent when goals are achieved.

It is also pretty clear when the client or their guardian makes a request – although you may need to discuss further what specifically they want to change.

We will be focusing on how you evaluate if instruction is effective – the look that you make at least every 6 months. The beautiful thing about measurable data is that it is apparent if you are making progress. Especially when starting a new goal or new instruction method, it is best not to wait 6 months to look at your data to see if it is effective. Best practice is to review data monthly. This will also give you time to address any staff issues such as lack of understanding how to document or lack of documentation in general.

The last section of the habilitative goal template is “Criteria and timeline for revision”. This should be written when you write your goal so that there is no confusion (from other plan writers or RCS evaluators) on what “effective” or “reasonable period” means. When you complete this section, you should look at the current baseline and, taking into account what you know about the person and their learning pace, think about what reasonable success would look like 6 months from now. Using that as the “upper end” of progress, think about what you would consider “failure” to look like at 6 months. At a minimum, this would be no progress – but is there some level of progress that you would still consider unsuccessful? For a new goal or strategy; consider the “early warning signs” – after 1 month or 3 months – would you expect to have made some measurable progress?

Let’s use weight loss as an example. If my goal is to lose 20 pounds over a 6 month period of time; weighing 20 pounds less would be the measurement of success at 6 months, but I would be pretty happy if I lost at least 15 pounds. If, at the end of 6 months, I lost only 5 pounds or less (or gained weight); I would consider that to be a “failure”. I also know that the weight loss should be pretty evenly spread out over the time, so I should be losing around 3 pounds per month. I could set criteria that I would at least review my strategies any month that I had not lost 3 pounds, any time that I gained instead of lost weight, at 2 months if I had not lost at least 6 pounds, etc.

**Activity (F-1):** Materials – fill in the blank note taking on above (repeat these key points so they can complete blanks in their participant handbook)

Goals need to be revised:

- 1) When they are achieved; Show Power point (1 at a time)
- 2) Any time requested by the client or their legal representative; Show Power point (1 at a time)
- 3) At least semi - annually; and
- 4) If data indicates that the instruction is not effective after a reasonable period, but no longer than 6 months. Show Power point (1 at a time)

## Module F-2: Changes that can be made to a Goal

Approximate time: 30 minutes

By the end of this section, you will be able to:

Describe 4 different changes that could be made to the goal

Talking Points: **Power point slide – what would you change? / what would be different?**

- *4 types of changes you could make*
- *Reasons for each type of change*

Once you have identified that a goal needs to be changed; the question is what needs to change. Possibilities (listed in **participant handbook**) include:

- 1) The approach / instructions
- 2) The measurement
- 3) The criteria for success
- 4) The goal itself

To determine what needs to be changed; look for clues on what is going right or what may not be going well. Here are some reasons to focus on each of the areas:

### 1) The approach / instructions

The person is interested in the goal and it seems very attainable

Staff aren't documenting the goal as expected

Staff are reporting that the instructions or task is too hard for the individual; but it still seems attainable

The person still wants to reach the goal, but no longer agrees to the method to reach the goal (for example, if they still want to lose weight, but don't want to exercise – change the method to diet / portion control; if they want to save money for a vacation but don't want to reduce spending money – change the method to increasing their work hours or pay)

### 2) The measurement

Progress is being made, but it is too slow / small to measure (look for a smaller measurement)

People are convinced that it is "working", but measurements don't show it – look at how you are measuring, consider the accuracy of the tool (is the scale broken, is too much judgement involved?) and the ability of the tool to measure the desired outcome

### 3) The criteria for success

No progress in measured area is being made – but there is another positive outcome or progress being made (for example – the goal is to increase number of positive social interactions through instruction, modeling and community practice; social interactions haven't increased, however incidents of aggression have decreased)

Progress is being made, but it seems that the bar has been set too high or too low – the ultimate goal may need to be adjusted accordingly

### 4) The goal itself

If the person is “refusing to work on their goal” – the goal may need to be changed. Remember that the goals should be based on what is important to the person,

### Activity (F-2): Materials – cards & categories for the 4 goal elements and scenarios

Cards & Categories:

1. break into small groups and have each group and determine which element of the goal would be the best area to focus change given the scenario.
2. Give groups 3 minutes to put in categories, then compare all groups and discuss any differences.
3. Discuss the fact that it is ok to have differences – it is just a “working hypothesis” – the test will come when you see if the person makes measurable progress.

Talking Points:

- *Train staff after making changes*
- *Change & tweak frequently as needed – can delegate & make easy to tweak*

Once you have changed the goal, be sure to train staff on the revision and monitor your data to see if it is effective or further changes are needed.

Frequently changing, updating & tweaking goals is a measure of your own success, and a sign that you are adjusting to the needs and progress of the people you support! If you find this process to cumbersome; look for what control you can give to one or more direct support staff to make revisions to the goal without going through a big process.

## Module F-3: Completing Goal Draft

Approximate time: 15 minutes

By the end of this section, you will be able to:

Complete the habilitative goal draft(s) for your client

Talking Points:

This should be the final step in the goal(s) you have been completing. Look at your goal and draft the criteria and timeline for revision.

### Activity (F-3):

Give participants up to 5 minutes to complete this task, have them turn to the person next to them and share. Ask partners to give feedback. Give each pair 2 minutes for sharing &

feedback, give 1 more minute to make any revisions to goal.

#### Talking Points:

An important part of the completed goal is, of course, buy-in from the person being supported. Since you have been drafting the goals in our classroom setting; be sure to take the final and necessary step of discussing the goal with the person being supported and making any necessary adjustments.

### **Module F: Closure 10 – 45 minutes**

Our objectives for this section were:

- State when data indicates that you should revise a goal
- Describe 4 different changes that could be made to the goal
- Complete the habilitative goal draft(s) for your client

Ask what questions people have – anything on which they would like additional clarification on this or any of the material covered during the entire course before we a game with healthy competition to end our day?

**Activity** – Final Wrap Up – **Power Point** Jeopardy game – Play as time allows; up to 35 minutes

Divide the group into teams (or have individuals play independently for small groups)

Appoint someone to keep score for each team

Appoint someone (or one person from each team if you have a very competitive group) to determine who pushed their buzzer first and whether the answer was correct.

If incorrect / incomplete answers are given during the game – be sure to add explanation / clarification as needed to reinforce learning.

#### How to play:

To be correct, answers must be phrased in the form of a question.

Once a question is read, anyone can attempt to answer it. The person/team to press their buzzer first is called upon to give the answer.

If they answer correctly:

- They get the amount of points for that question added to their score
- Throw them a piece of candy
- They get to choose the next category/amount

If they answer incorrectly:

- The amount of points for that question is deducted from their score
- Choice of category/amount is passed to the other team

After all other questions have been asked, or when you need to end the game based on time:

- Instruct teams that they are to determine how much of their score they will wager (to decide this, they will want to see the other team's score). If they answer correctly, this amount will be added to their score. If they answer incorrectly, this amount will be deducted from their score.
- Give teams specified amount of time to write their wager & final answer. You can use

the timer on the power point – no more than 3 minutes.

- Read Final Jeopardy question, allow them to answer & determine winner.

There is a course evaluation that we would like to ensure that you complete so that we can continually improve the training.

Hopefully you have made a connection with at least one person in the training with whom you can problem-solve if you run into issues; and you can contact me / Sandi Miller if you have questions or issues regarding forms, policy or getting spreadsheets and reports to behave properly.

As I said at the beginning of the training – I honestly believe that quality IISPs can result in increased skill acquisition and quality of life for the people we support. I want to thank you all for taking time to increase *your* skills in order to better support others.

Have them complete & turn in course evaluation for the entire course