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The 21 lessons for supporting persons with disabilities: Lessons 15-21

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This article reflects the third in a series of articles which are based on a five-part series entitled: “How to maintain a therapeutic relationship when your buttons are being pushed. This and the 21 lessons for supporting persons with disabilities.” For more information on this series and the entire “Qualified Brain Injury Support Provider (QBISP)” program, the reader is referred to the following website: <https://qbisp.training.com>

In a brief recap from the articles of the past two months (which can be found at <https://thefamilyhelpnetwork.ca/resources/journal-direct-support-professionals/#volume-8-section>), the 21 lessons were originally developed in 2005 as a training to help direct support staff to better serve adults who sustained a traumatic or acquired brain injury. The purpose of the 21 lessons is to debunk common misconceptions that inexperienced staff believe about changing behavior. This article will focus on lessons 15 through 21.

Lesson 15: Avoid the dual relationship:

Support giving often fosters a close connection with the participant that is reminiscent of our nonprofessional relationships with partners, friends, parents, children, or siblings. Although the emotions associated with these relationships are natural, it is important to recognize these feelings, and the need to keep them in the context of the therapeutic relationship, and not allow them to develop into an intimate personal relationship (dual relationship).

There is a boundary between the support-giving relationship, and a more intimate personal relationship which must be recognized and never crossed. Some signs of boundary weakness are: Going home and thinking excessively about a participant, or excessive attention or avoidance of a participant. A simple rule to follow is, if you have to wonder whether an action with regard to a participant relationship is OK, it probably is not. If you feel that the line between support giving and a personal relationship is becoming blurred, it is important to discuss your concerns with a supervisor or mentor who can objectively think through the situation and help you to avoid the dual relationship.

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Lesson 16: Use therapeutic language to promote therapeutic thinking:

In the next article, we will discuss the difference between personal thinking and therapeutic thinking. In short, personal thinking is designed to promote or preserve our own self-interest; therapeutic thinking is designed to promote or preserve the well-being of a person who we support in a professional context. Therapeutic language is the lexicon we use to communicate therapeutic thinking. The language that a staff person uses to describe a participant or a participant's behavior is a tell as to how the staff member views the participant. For instance, if a participant is inactive, do staff view the behavior as a sign of laziness (personal language), or as difficulty with the neurological mechanism involved in initiation (therapeutic language). The language we use can create an environment of hopelessness (no cure for laziness), or promote creative problem solving (impairments with initiation can often be addressed through encouragement and a tactile cue).

Here are a few other examples:

Personal Language

Therapeutic Language

He is lying

He may be confabulating to compensate for poor memory

He is a rude
chauvinistic pig

He is disinhibited

He is stubborn

He is perseverating

Lesson 17: Utilize supervision and the team regularly:

People are complicated, and relationships are even more complicated. We can all appreciate how providing good and consistent support to a participant is challenging. Managing our emotions, listening well, and avoiding a dual relationship are just some of the challenges that we face as support providers. These complexities necessitate the importance of working as a team. Having strong relationships with co-workers and supervisors is paramount to delivering good support to participants. We work in the business of emotions which, at times, can cause us to lose perspective and “react” emotionally. The benefits of having co-workers are to support each other. Indicating to a colleague that it may be time to take a step back and let someone else step in is one example of good team work. Being part of a team that practices humility and allows this kind of collaboration to evolve greatly strengthens support to a participant. The best support is provided through a team approach.

Lesson 18: Avoid the power struggle:

In our experience, the #1 cause of staff-participant conflict is the power struggle. It usually develops when a support provider (and we all have done this, remember practice humility) tries to get a participant to do something (e.g., take a shower) that is “good” for them but requires effort on the part of the participant. The intention is typically well meant. However, if the participant does not wish to engage in the desired task, and the well-intentioned provider persists, a power struggle will ensue. If we keep in mind Lessons five (resolving conflict), eight (treatment is not punitive), 10 (remember the big picture), and 19 (asking permission), and we channel our energy toward a different approach, we are much more likely to set the participant (and ourselves) up for success. The more we try to control someone else's behavior; the more we will lose control of our own.

Lesson 19: Asking permission is a powerful intervention tool:

Lesson 19, like lesson 14 (listening), is by far one of the most effective ways to develop and maintain a therapeutic relationship with a participant. Use them both generously! As we discussed in lesson 12, participants, because of the nature of their disability, experience a significant loss of control and predictability in their lives. Asking permission conveys respect and empowers the participant.

“Can I help you tie your shoe?”

“When would you like to take a shower?”

“May I interrupt your TV viewing and ask you a question?”

“You seem really upset; may I ask you about that?”

Moreover, we believe that the opportunity for successful task completion is greatly increased if the task demand is preceded by asking for permission. Finally, if permission is not given by a participant, respect this boundary. When “asking permission” is not genuine, it is more detrimental than therapeutic.

Lesson 20: Remember: You’re working in someone else’s home, not your own:

This lesson is as straightforward as it sounds. You are, in essence, a visitor in the participant’s home, and you must be as respectful as you would be visiting an acquaintance. This is not your house, TV, couch, newspaper, refrigerator, or coffee maker, and you should not treat them as your own. The participants are allowed to stretch social graces, and burp, and scratch, but we as support providers must adhere to appropriate social norms and always employ professional behavior.

Lesson 21: Know your buttons:

In lesson 17, we discussed the importance of humility in the team approach to delivering support. We are emotionally invested in the support of participants. This emotional investment makes us good support providers, but it will also cause us to “react” emotionally at times, which causes us to overlook the immediate needs of the participant. In short, we all have buttons that can be pushed, causing us to become defensive instead of therapeutic. We are not saying this “can happen;” this will happen. By knowing your “pet peeves” and your buttons, you will minimize the risk of being blind-sided. Here are a few examples:

Button: “The participants will thank me for helping them.”

Reality: Gratitude is seldom communicated this way.

Button: “I will feel appreciated.”

Reality: At times, you will feel exhausted and frustrated.

Button: “If I do a good job, I will be promoted and make a lot of money.”

Reality: Probably not. The rewards are not monetary but intrinsic.

In our next article, which will be out this fall, we will build on this theme in our discussion of “How to maintain a Therapeutic Relationship when our buttons are being pushed.” Thank you for taking an interest in this series.

About the authors

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