

Universal Enhancement in Place/Just in Time Training: A Focus on Quality of Interaction

Tom Pomeranz

This is the second in a series of articles from *Universal Enhancement: Approaches to On-Site Training* scheduled for publication by High Tide Press in 2002.

The previous article, "The Changing Environment," published in the January 2002 issue of *LINKS*, noted the predominant influences that are necessitating a paradigm shift in staff training approaches. These changes are also dramatically altering the service environment for persons with disabilities. Among the significant factors impacting the service system is the continued evolution of services from congregate settings to smaller, scattered site support settings. Additionally, a movement toward Home and Community-Based Waiver (HCBW) funding, that commonly precludes funding for staff training, further demands a restructuring of agency training systems. Thus, the role of managers/supervisors and clinicians in training staff on site, where supports are delivered to recipients, is considered by many a best practice alternative to speak to the growing limitations of the traditional classroom training approaches for "direct contact staff" support providers.

Given the constraints and implications for training as previously discussed, a rethinking in how support providers are trained is mandated. When budgets are tight and resources are limited, an alternative training delivery method must be deployed to ensure support providers are competent in performing their respective roles. Many agencies experiencing a cut back in contracted clinical consulting hours must now look even more toward their support providers in speaking to the basic behavioral and health care needs of support recipients. There is little doubt that this synergistic service environment, compounded by growing financial constraints, will continue to place a burgeoning responsibility on the backs of support providers. Classic approaches to the training of support providers in classroom settings are less likely to be seen as a feasible option to assure competent staff. The use of In Place/ Just-In-Time Training (IP-JIT) provides the vision, structure and content to facilitate the paradigm shift from the traditional classroom methods of staff instruction.

The IP/JIT staff-training model utilizes immersion as the method to overcome the barriers of budget, time and resource deficits. The IP-JIT training model allows the support provider to receive training in the environment where they are providing the supports (in place), as they are providing the supports (just in time). The primary focus of IP-JIT is on modifying the behavior of Support providers, resulting in improving the quality of life for support recipients. The support provider's quality of interaction with the support recipient is the critical factor in determining the quality of service. That is where the rubber meets the road; where the pen is put to paper. Everything else within an organization exists solely to assure the quality of that interaction. The administrative and fiscal staff, human resource personnel, maintenance and clinical depart-



ments exist to assure that the quality of interaction by support personnel is exemplary—that is the defining moment in assessing quality.

The new behavior of support providers needs to be embraced at all organizational levels: board, management, and support providers. Training is not a discrete event; it is an ongoing process. Support providers must have the benefit of continuous modeling, prompting, supporting and celebrating by experienced, knowledgeable coaches. (These strategies will be expanded upon in a future *LINKS* article entitled: "The Four Coaching

Strategies.") Staff at all levels must work cooperatively as a team to instill the tools of *Universal Enhancement*. This approach ensures a continuous learning loop where all individuals reinforce each other and develop a culture that creates a positive change in people's lives. This approach also encourages supervisors, clinicians and management staff to play an active role in the training of support providers. An important outcome of the coaching process is to eliminate or minimize the obstacles experienced by support providers, who are faced with a myriad of complex and varied challenges. An essential aspect of the coaching process is to help support providers over and through those challenges.

Obstacles in life are endemic to everyone. Thus, just as the bridge forms a stile across a body of water, allowing one to get from one side to the other, or the steps built in the side of a stone fence provides the farmer access to an adjoining field, *Universal Enhancement* tools (ways of behaving) are stiles. The support provider learns how to effectively utilize stiles for support recipients, allowing them to overcome the challenges in their life as well. Staff training utilizing an IP/JIT model empowers the Support Provider with the tools to help people with physical, cognitive and psychiatric challenges and obtain the stiles they need to enhance their quality of life.

Most of the tools taught in the IP/JIT model fall into the category of *quality of interaction*. There are countless tools (ways of behaving) that affect the quality of life of those who receive support. The use of humor, offering options, extending privacy, voice tone, listening, eye contact and skills of courtesy are but a few of the tools that determine quality of life. In this time of fiscal austerity, it is comforting to know that the competencies required by Support providers to enhance quality of life are core social skills that are without charge.

Another category of tools is referenced as *supported routines*. The tools (ways of behaving) that facilitate *supported routines* diminish the role of the support provider as an enabler of learned helplessness. *Universal Enhancement* recognizes that oftentimes a co-dependent relationship can evolve between the support provider and the support recipient. That is, a relationship of co-dependence can develop in which one person—the rescuer/victim—is a partner in co-dependency. In such a relationship, the rescuer/victim is psychologically dependent in an unhealthy way on someone who

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struggles with issues of addiction or disability. In a co-dependent relationship, the person with the disability is tricked, or taken advantage of, and thus harmed by or made to suffer from an act or circumstance of the rescuer/victim "doing for". Unfortunately "doing for" people with disabilities fulfills the needs of the rescuer/victim. Tragically, this co-dependency enables people with disabilities to maintain a life of dependency.

Regardless of the tools presented, the IP/JIT training focus is on nurturing the support provider to serve in the role of *ally, mentor* and *coach* to the support recipient. It is through those relation-

ships that individuals who are cognitively, physically or psychiatrically challenged have the best opportunity for obtaining the stiles that will allow them to overcome their respective challenges.

The role of an IP/JIT training coach provides and encourages supervisors/clinicians to serve in a proactive versus reactive training mode. The support provider must make a commitment to use the tools and to allow extra time to practice and use the new behavior. The organization can influence this commitment by providing appropriate recognition and reinforcement. Individuals

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can also support each other by sharing successes and helping each other overcome barriers. In this way, they are more likely to put their learning into practice. This is another way to foster an informal

network from which support providers may draw other resources as needed. The IP-JIT staff training model integrates the concept of modifying the behavior of support providers as they carry out the day-to-day routines of providing support—IP-JIT training. ■

AUTHOR LINK Tom Pomeranz is the president and CEO of Universal LifeStiles, providing training and consultation to agencies supporting people with disabilities. He is the creator and author of *The Principles and Practices of Universal Enhancement*. To contact Dr. Pomeranz: phone: 314-535-1027; e-mail: tpomer@aol.com.

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