

APSE REPRESENTS SUPPORTED EMPLOYMENT

The Association for Persons in Supported Employment (APSE) is a rapidly growing organization now numbering almost 4,000 members. It was formed to improve and expand integrated employment services and outcomes through supported employment (SE) for people experiencing disabilities.

APSE members are SE professionals, people who use SE services, family members, employers, rehabilitation counselors, advocates, and state and federal agency officials. Membership is open to anyone who wants to be part of a

grassroots network committed to ensuring that SE continues to grow and improve.

APSE provides a voice for SE when policy and funding decisions are made. Information about SE news and events is available in *the Advance*, ASPE's quarterly newsletter. Some publications are free to members, others are available at discounted prices, as are conference registration fees.

APSE provides assistance locating information and technical assistance on SE. It also helps in

job search for members.

Legislative updates are available to members as well. Dues for individuals range from \$20 to \$60 per year, and for Organizations from \$250 to \$350, depending upon the number of copies of mailings. The higher dues for organizations also provides a free conference registration for one individual who uses SE services.

For more information about APSE, contact the organization directly at 1627 Monument Ave., Richmond, VA 23220; phone 804-278-9187, fax 804-278-9377. Their web site can be found at <http://www.apse.org>.

"I AM SOMEBODY:" BEYOND INCLUSION

by Thomas E. Pomeranz, Ed.D.
Chief Clinical Officer
VOCA Corporation

One evening while viewing a broadcast on public television, chronicling the civil rights movement in the United States, I saw a television documentary of the now famous speech given by Dr. Jesse Jackson on December 25, 1971. (The date that Operation PUSH was founded.)

The proclamation exclaimed by Jesse Jackson and chanted in cadence by his audience reverberated loudly in my ears: "I-AM-SOMEBODY." Frequently woven throughout Dr. Jackson's

speech was the affirmation to the African-American community--I am somebody. This imperative inspiring Afro-Americans to recognize who they are and their inherent value as human beings captured the imaginations and the spirits not only of Afro-Americans, but all who heard the celebrative message.

At the time I heard that broadcast of Dr. Jackson's speech, I was immersed in a project to develop an assessment instrument to measure the Quality of Life of persons with mental retardation. As I poured over my stack of papers, reflecting upon my efforts, I realized upon hearing Dr.

Jackson's message, that I was missing the spirit--the essence--of what I was attempting to assess.

As an experienced professional, I had made sure that I identified the many qualities that I could observe as indicators of a quality life, i.e. privacy, self-determination, relationships, etc. Until I heard Dr. Jackson's speech woven with the melodic cadence of "I am somebody," it never crossed my mind that a higher order condition must prevail if one is to experience a high quality life.

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It is only recently that I truly began to understand and appreciate the "universality" of Dr. Jackson's message--"I am somebody." That apparently simple, though not simplistic, statement caused me considerable consternation as I attempted to relate Dr. Jackson's message to the lives of people with mental retardation. Certainly the implications of being somebody portends beyond the goal of providing integrative and participatory activities. As professionals, we set our sites on supporting persons with mental retardation to be members of their communities while forming meaningful and valued relationships with others. As grand and visionary as these ideals are, the message of "I am somebody" transcends the expectations of the principles of inclusion.

"I am somebody" connotes that one has a sense of self and that the individual sees himself/herself as a valued person--who has much to share and contribute. One learns--grows to understand--that he or she is somebody through the array of positive interactions experienced with others. Interactions with others nurture and support one's sense of inherent value as a human being. Persons with mental retardation are often the subject of interactions which communicate that they are valued not for who they are, but rather for what they do. Relationships for persons with

mental retardation far too often tend not to be reciprocal, but rather directive, coercive, and subjagative--otherwise called service. Frequently the significant others (usually paid staff) in the lives of persons with mental retardation interact contingently--contingent upon the individual behaving in desired ways.

Contingent social interaction serves to communicate that people are valued not for who they are, but rather for what they do--their compliance to meet demands and expectations. A relationship of this nature is based not upon an attraction or a sense of appreciation for one's presence or natural gifts brought to the relationship (one's smile or laugh), but rather the individual's adherence and compliance to expectations or demands. When individuals are related to in this fashion, it is not likely that *the individual will learn to view him or herself as a valued person*. A belief that "I am somebody" will remain allusive.

For one to embrace and believe "I am somebody," it necessitates experiencing interaction with others which reinforces the individual's sense of self. Relationships of dependency and learned helplessness will fail to nurture feelings of self worth that support a belief that "I am somebody." Thus, inherent in self-determination lies the foundation which nurtures the belief that--"I am somebody." Having options and the ability to act upon them is a cornerstone in valuing one's self.

As staff and significant others in the lives of persons with mental retardation, we must relate (behave) to those we support in a way that encourages a sense of self and the forming of a foundation which will promote the belief that--they are somebody.

Our society is colored by a compelling desire for it's members to achieve excellence. This compulsion for excellence, found in athletics and business, has resulted in a society which reveres competence. People who aspire to and obtain our expectations for competence are highly respected and rewarded. They are revered. They are somebody. The nature of mental retardation (major impairment in adaptive behavior) is antithetical to our expectation of competence. Our societal predilection for persons with competence can result in feelings of rejection and non-acceptance for persons with mental retardation. Such feelings of being rebuffed for a lack of competence can erode one's sense of self, further distancing the individual from embracing a belief that "I am somebody."

Given the conditions which impair the recognition that one is a valued human being, the following actions should be considered in supporting individuals in their quest to be somebody.

1. Seize opportunities for making introductions that will lead to the formation of new relationships.

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2. Support the expression of affection through appropriate smiles and touches.
3. Celebrate special events in the person's life, including their accomplishments.
4. Interact with the person in non-task oriented ways.
5. Encourage the individual to give and do for others.
6. Share your expressions of feeling such as joy, anger, and

disappointment through appropriate modeling.

7. Promote frequent laughter indicating the presence of a sense of humor and happiness.
8. Provide the individual the opportunity to participate in activities that say "I belong," such as church membership, joining neighborhood watch groups, and serving on boards.
9. Relate in courteous and kind ways.
10. Listen to what people are saying are important to them.

We as clinicians and managers must be Exemplars of all these actions that supports those we serve in realizing their dream of being somebody. Through our example we will inspire and excite those around us to promote healthy and positive interactions with others.

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Readers wishing to discuss or comment on this article are encouraged to contact Thomas E. Pomeranz, Ed.D., Chief Clinical Officer at VOCA Corporation, 5555 Parkcenter Circle, Suite 200, Dublin, Ohio 43017, (614) 793-2005.

COULD THIS HAPPEN IN YOUR AGENCY?

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to the local hospital which provided emergency treatment, and she was then transferred to a specialized burn unit at another hospital.

Diagnosed with third degree burns over 25% of her body, Ms. Johnson required months of treatment. Her general condition has varied from critical to guarded. Six weeks after her injuries, the attending physician noted that her chances of dying were greater than her chances of living. She has had surgery for skin grafts to her legs, breasts and arms, and has had one surgical debridement to her right leg.

Ms. Johnson has been on and off a

respirator, and has been placed on naso-gastric tube feeding because she no longer has a gag reflex. She has had multiple blood transfusions, endoscopy under general anesthesia to diagnose burn-stress induced gastric ulcers, and multiple other treatments. She has had both pneumonia and septicemia; the septicemia persists as of this writing. The prognosis for her continued survival is uncertain.

How The Burns Were Caused

How could such serious scalding burns occur in a residence in which the maximum temperature of water in a shower was not supposed to exceed 110° Fahrenheit? The equipment in place to regulate water temperature was similar to that found in many residential facilities and included both a mixing valve supposedly set to deliver water

not warmer than 110° and a solenoid valve designed to shut off the flow of water if the temperature rose above the 110° mark.

No regular checks of the system were in place to insure that it was operating correctly and staff had not been trained to recognize signs of problems in the system. The facility's investigation, which included the first thorough examination of the water regulating system in years, revealed that the system was badly in need of repair.

After this tragedy, a plumber from an independent company found that the solenoid valve had been circumvented by pipes which diverted the flow of hot water around the solenoid valve. In addition, the mixing valve was

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