

“LIVING IN NEW KINDS OF SITUATIONS”

A PUBLICATION OF THE NATIONAL ASSOCIATION OF PRIVATE RESIDENTIAL RESOURCES
(Serving People With Mental Retardation and Other Developmental Disabilities)

TRAINING FOR TODAY

Universal Enhancement: Quality of Life Profile

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To assure a high quality of life for individuals served in TODAY's highly-regulated and clinically-complex residential settings, training of both professional and paraprofessional staff must focus on skills that assist individuals in becoming active members of the community. Thus, staff of all disciplines must learn how to facilitate opportunities for individuals to develop meaningful relationships and enhance the value of activities in their lives. The Habilitation Model, under which staff efforts are directed toward assisting the individual in attaining the behaviorally stated: physical therapy, occupational therapy, psychology, nursing and other clinical objectives, was believed to enhance the individual's quality of life. After many years of honing my clinical skills, as well as enthusiastically training other professionals to increase their competence in an array of domains,

I never paused sufficiently to question what the real importance and contribution the staff training curriculum played in improving the quality of life for individuals served. This is a rather self-disclosing statement that does not bode well for my intuitiveness.

As trainers, being self-disclosing and demonstrating a willingness to expose our vulnerabilities allows our training participants a greater opportunity to set aside their defensive posture. Defensiveness arising partly out of response to the presentation of new ideas and ways of thinking. Now that I have reached new conclusions regarding the relevance of staff training, it is evident that staff competence in teaching individuals “to apply underarm deodorant” is not where it's at. The penultimate element relative to a quality life is found in relationships with others and the satisfaction derived from activities

of choice, not accomplishments of self-help skills, as important as they may be. The skills of ambulation, dressing, communication, etc., are important, but their acquisition will not improve the quality of life unless the individual has an opportunity to apply these skills in ways to more effectively manage and adapt to his/her environment--to achieve inclusion.

As discussed in the last column of *Training for Today*, quality of life for all individuals is found mainly through inclusion--the relationships we develop with others. Given the importance of one's ability to establish relationships, it now seems obvious that TODAY's staff training efforts must focus on training staff to assist and support individuals in developing relationships. Given the effort required and challenges encountered by individuals without a disability to develop meaningful

relationships, it should come as no surprise that a staff training program on this topic is at the backbone of inclusion. This column and the ones to follow will present a cutting-edge approach to training staff in the skills of inclusion; the approach is called Universal Enhancement.

In training staff in the techniques of Universal Enhancement, I find it instructional to apply the Quality of Life Profile to my own life during the course of training. This approach requires a good deal of self-disclosure; thus, the trainer must be willing to be vulnerable. By applying the techniques of Universal Enhancement to yourself as trainer, it demonstrates the applicability of the system to all individuals, regardless of ability. Graph A is designed to assess the relationship between activities of value in one's life and the extent to which these activities involve others. Note that the ordinate (vertical line) is intended to show the relative value of an activity in relationship to how we might value other activities.

In my case, I value gardening, walking, classical music, fishing, public speaking, dining out, decorating and work. For most individuals the list of "things of value" is vast, comprising hundreds of items, though the majority of those items would probably be ranked as having low value. If I were to rank the value of dining out to the value of classical music, dining out would receive an 8 and classical music would receive a 3. Although I enjoy classical music, it has been years since I have attended a concert, and my participation in classical music is limited to occasionally listening to an FM radio station while driving. On the other hand, public speaking gives me an emotional high. It is an activity I frequently do two to four times per week, and I look forward to giving presentations. When

ranking the relative value of activities, we should appreciate that the perceived value of an activity may increase or decrease with some frequency. For example, after giving a presentation that falls short of my expectation, I might rank public speaking a 6 and subsequently increase the value of gardening as a more preferred activity.

The abscissa (horizontal line) of the accompanying graph denotes the perceived value that the participation or interaction with other individuals hold relative to the valued activity. For example, with respect to gardening, others play a very limited role in my gardening activities. Actually, gardening is a way of spending time with myself. Gardening, for me, is an opportunity for self-inflection, a quiet time. The value of others in my gardening is limited to sharing the fruits of my labor. Therefore, I rank the value of others with respect to my gardening as a 2. The value of others in my public speaking activities, however, is very important. In public speaking, I value the audience's affect, the give and take, even the twinge of anxiety initially evoked when being introduced to a large audience. To a great extent, I am attracted more to public speaking by the audience and my relationship with them, than by the activity itself. Thus, I rank the value of others in my public speaking a 7.

Graph A additionally details the status of "things of value" in my life relative to the value of others to the activity. Reviewing the profile as depicted in Graph A, I celebrate the positive changes that have occurred in my life. To illustrate the effect of inappropriate behaviors in one's life, I will disclose that as recently as two years ago, I was afflicted with a serious condition that adversely affected both the value of activities and value of others in those

activities. That condition, unfortunately, affects both the value of activities and value of others in those activities. That condition, unfortunately, affects many of us as professionals. It is called workaholism (more disclosure), and it can erode the quality of one's life. Had I completed Graph A two years ago, it would have looked much different than it does today. Workaholism (an inappropriate behavior) does not allow one to have the time to pursue valued activities nor sufficient time to enhance relationships with others.

To further highlight the Quality of Life Profile, let us analyze two hypothetical men, both having alcoholism (another inappropriate behavior, if you will). Man #1 had a group of friends with whom he would frequently go mountain biking. Additionally, he enjoyed his job and received much satisfaction from the interaction with his colleagues. Man #2 unfortunately disliked his job and his colleagues. His interest in any activity other than drinking of alcohol was very limited. The key question is--which man has the highest probability of achieving sobriety and why? (all things being equal).

The answer should be evident: Man #1, for he has others in his life to "positively reinforce" his sobriety, and he has much to lose if he continues drinking. There will likely be "severe consequences" in that his biking friends and professional colleagues may not want to be around him when he is intoxicated. In addition to impairing his relationship with his co-workers, he stands to lose the job that he so enjoys. Man #2, on the other hand, has limited opportunity to have his sobriety reinforced. Man #2 has far less to lose if he continues drinking because the value of activities and others in his life is severely limited. Inclusion is a powerful force,

keeping in check inappropriate behavior.

Graph B is divided into quadrants. Note that Man #2 is depicted in Quadrant C, whereas Man #1 is depicted in Quadrant B.

It is at this point in the training of **Universal Enhancement** that the participants should be asked to complete a Quality of Life Profile on themselves. This is an essential part of the training because this exercise enables the participants to process and reinforce the concepts presented so far. It is critical that the trainer emphasize to the participants that the graph they are about to complete is confidential and will not be shared; only they will use it.

Having conducted this exercise with several hundred individuals in various parts of the country, I have a growing concern. Many participants are unable to list activities of value in their lives. For example, some individuals, because of financial necessity, must work two full-time jobs. Other participants must shoulder the duties of a single head of household and care for several small children. Under these circumstances, individuals may have neither the time, energy, nor financial resources to pursue valued activities. Subsequently, individuals in this situation have little time to develop meaningful relationships with others. Many of these individuals are in Quadrant C. Though I suspect Quadrant C participants are in the minority, we must be sensitive to their presence, for this exercise can evoke much embarrassment and anxiety as a result of the individual's inability to complete the graph. This exercise dramatically demonstrates that, not unlike the men and women whom we serve, the quality of our lives hinges on the activities we value and our relationships with others.

After the participants complete

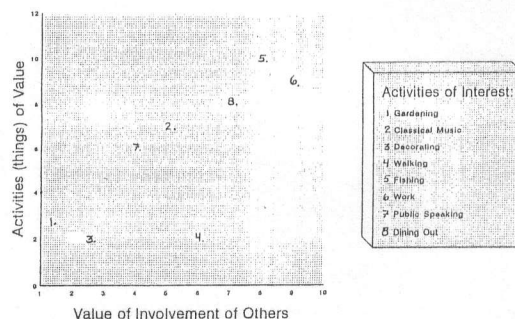
their respective graphs, ask the participants to think of one individual for whom they are responsible to provide services. Ask the participants to count the number of persons with whom that individual has relationships; who are not related to them, do not get paid for the relationship, nor have a developmental disability. Ask each participant to put his right hand over his head, holding up the number of fingers that represent the number of relationships with others. A clinched fist signifies zero relationships. The results of this exercise are both obvious and frightening. Most individuals selected by the training participants have few, if any, relationships with others who meet the criteria as detailed. Next, ask the participants to think of the activities valued in that person's life. The response to this query is equally predictable. Usually, the activities of value are of a solitary nature--watching TV, looking at magazines, smoking cigarettes, collecting baseball cards, etc. They do not involve others.

Yet, there are thousands of persons with developmental disabilities who cherish and value many activities and relationships in their lives. These individuals, however, do not usually reside in highly-regulated and professionally-managed residences. Such environments tend to impede opportunities for developing activities of value and forming meaningful relationships. All too often, individuals residing in highly-regulated environments are profiled in Quadrant C. Therein lies the significance of **Universal Enhancement**; it is a system that supports individuals in moving from Quadrant C to A, B and D despite regulation. Quadrant C reflects an "institutional quality of life." We must remember that an institution is not a place, but a way of life. Institutional life-styles tend to thrive on regulation and clinical protocol.

Universal Enhancement promotes opportunities for individuals to develop many activities of value involving others in meaningful ways. **Universal Enhancement** provides staff with the tools to overcome many of the constraints and limitations historically limiting inclusion in highly-regulated environments. You see, underarm deodorant is not where it's at!

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GRAPH A
QUALITY OF LIFE PROFILE



GRAPH B
QUALITY OF LIFE PROFILE

