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# TRAIN THE TRAINER Curriculum

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# INTRODUCTION

## 1. BASKI Train the Trainer

Train the Trainer is a qualification programme for professionals in the social/educational/psychological sector with experience in the fields of counselling, assistance or disability care. Personal requirements include good communication and reflection skills, flexibility; and, they should show respect and acceptance towards people with and without disabilities.

The trainees should gain basic knowledge from the group dynamics sessions for people with disabilities, special training and coaching skills; and, they should obtain concrete support for the assistance of Basic Skills Training groups.

## 2. Process

As defined in the Train the Trainer curriculum, modules are worked on in linear together with the participants.

The intensity and duration of the various contents depend on the participants' previous knowledge and basic training. Breaks, tasks (e.g., theoretical work at home, collecting practical examples), and reflection time are to be arranged. And remember: Self-determination is a determinant of success in every respect, also during the schooling process!

## 3. Implementing Contents

Here we aim to revise and work on the theoretical contents and link them to BASKI Training and BASKI Coaching.

Exchanging practical experience and working on possible training or coaching situations invite participants to be active and to deal with topics in a constructive manner.

## 4. BASKI-Basics

Participants become familiar with the general framework of the Basic Skills Training Model. Topics such as basic attitude, acceptance and equal participation of all involved are to be explored and experienced during the course of the training.

## **5. BASKI-Methods**

We recommend the introduction and trial of many different methods and exercises which the participants can then apply in their future work with BASKI Training groups in supported housing schemes, day centres and sheltered employment. Furthermore, the implementation of the methods and exercises that are offered to disabled individuals in the BASKI Training is recommended (see: BASKI Training Curriculum on the website: <http://www.basic-skills-training.org> )

## **6. The Role of the Parents and Relatives**

The learning- and development process aimed for in the BASKI Training often triggers strong emotions, which may also affect the family systems of the participants. It is therefore important that the group and the group leader are strong enough to deal with this and to give support where necessary. Participants should therefore be offered the possibility to reflect on and reorganise their own situation within the family system. Hence, BASKI Training can contribute to a balance of autonomy and attachment in the family system.

## **7. Self-Awareness/Reflection**

The self-reflection abilities of the participants are extremely important and should be given enough time to develop during the course of the qualification process.

## **8. Recommendations for General Framework**

- Smaller training groups of ten participants (maximum)
- Well-equipped rooms with a comfortable working and training environment (i.e., flip charts, overhead projector, CD-player, etc.).
- The duration of one teaching session: 50 to 60 minutes
- As it is a part-time course the training should be offered in blocks.
- When developing the learning contents, interdisciplinary knowledge transfer pertaining to practical use should be taken into consideration
- The handouts for the individual sessions should complement the learning contents and advance knowledge.
- The participants should be included in the process as much as possible as experts in their own right (as lecturers).
- The modules and sessions can be changed, expanded or shortened according to the previous knowledge and experience of the participants
- The learning methods and materials should stimulate the learning process.

# MODULES

<b>Module I</b>	<b>“Introduction to the Basic Skills Training Model”</b>	Lebenshilfe Author: Harnik Christine <a href="http://www.lebenshilfe-guv.at">www.lebenshilfe-guv.at</a>
<b>Module II</b>	<b>“Analysis of the target group – people with disabilities”</b>	Lebenshilfe Author: Harnik Christine <a href="http://www.lebenshilfe-guv.at">www.lebenshilfe-guv.at</a>
<b>Module III</b>	<b>“Basic knowledge of special education”</b>	ÉFOÉSZ Author: Szabo Kinga <a href="http://www.efoesz.hu">www.efoesz.hu</a>
<b>Module IV</b>	<b>“Elementary and developmental psychology with relation to the target group - people with disabilities”</b>	ÉFOÉSZ Author: Szabo Kinga <a href="http://www.efoesz.hu">www.efoesz.hu</a>
<b>Module V</b>	<b>“Group dynamics and group discussion with the target group”</b>	EKON Author: Elżbieta Gołębiwska <a href="http://www.ekon.org.pl">www.ekon.org.pl</a>
<b>Module VI</b>	<b>“Adaptation of psycho-social counselling forms with reference to the target group - people with disabilities”</b>	EKON Author: Elżbieta Gołębiwska <a href="http://www.ekon.org.pl">www.ekon.org.pl</a>
<b>Module VII</b>	<b>“–Augmentative and alternative communication”</b>	Integr@Point Author: Mag. Barbara Prazak-Aram <a href="http://www.integrapoint.at">www.integrapoint.at</a>
<b>Module VIII</b>	<b>“Special conditions”</b>	Lebenshilfe Author: Harnik Christine <a href="http://www.lebenshilfe-guv.at">www.lebenshilfe-guv.at</a>

# MODULE I

## INTRODUCTION TO THE BASIC SKILLS TRAINING MODEL

### 1. Learning Objectives

**The participants should gain an overview and information concerning:**

**a. The participants:**

The participants are to meet the lecturer and get to know one another. At the beginning of the course the participants' expectations, wishes and ideas concerning the Train the Trainer Curriculum should be clarified. It should also be ascertained in what form these ideas supplement the modules on offer.

The participants will be invited to reflect on and question their reasons for taking the course, and to agree on the conditions and given requirements.

Previous experiences of the participants concerning individuals with disability and the topic of self-determination are to be collected in order to create the necessary sensibility to work on the topic. Through this the lecturer gets an orientation for his/her further proceedings.

**b. Train the Trainer:**

The participants should gain an insight into the course, structure and the contents of the modules. In addition to this the course and contents of the following modules are to be presented.

**c. Basic Skills Training Model:**

The participants should gain an insight into the aims, contents, methods, structure, responsibilities and working methods in the BASKI Training. Parallel to this there will be an introduction to institution coaching. The division of roles, sharing of information and the cooperation form between the trainers and the coaches are to be described.

**d. The creation of a BASKI-Training Group:**

The participants are to gain knowledge on how to organise the BASKI Training sessions for people with disabilities. An overview of possible basic conditions, prerequisites concerning public relations work and dissemination to individuals and the related institutions is to be created.

**e. Content competence:**

The participants can combine the knowledge learned in this module with their previous experiences.

They are to have understood the Basic Skills Training Model and the responsibilities, possibilities, limitations and alternatives to BASKI Training.

## **2. Learning Contents**

### **2.1 Introduction**

- (1) The participants are to be welcomed. All are asked to introduce themselves (name, age, qualifications, and previous experience).
- (2) The previous experiences of the participants concerning self-determination and people with disabilities are to be recorded by "mind-mapping". This result already offers the basis for a discussion and warm-up round for this topic.

### **2.2. Main Part**

#### **a. Presentation of the Basic Skills Training Model**

BASKI is to be introduced as a mobile group advisory service for people with disabilities who live or work in institutions. For this reason the cooperation between BASKI and the institution staff plays an important role.

Explicit information has to be given concerning: agreements, commencement, course, aim and the completion of the BASKI Training.

The counselling and educational services for people with disabilities already on offer are to be presented and discussed. The opportunities and limitations of these will be dealt with.

The most important determinant of the Basic Skills Training Model is: firstly, the satisfaction of the participants with disabilities and; secondly, the willingness and satisfaction of the staff and director of the participating institution.

Following on from this there will be a presentation of the initial idea, the advantages and possibilities of the Basic Skills Training Model.

Therefore, with regard to this Basic Skills Training Model, this support service is offered. In order to understand BASKI and which role it plays, the model of daily and process support is to be introduced . It should be clear that each of these types of assistance has its own form, quality, possibilities and limitations.

#### **b. Basic conditions for BASKI–Training**

Here the participants are to be sensitised to the fact that certain basic skills (social competence, the ability and willingness to communicate, active participation in society, ethical attitudes, the motivation to learn, lifelong learning, problem-solving abilities,...) are essential for a self-determined life, and also for diverse counselling possibilities.

The type of cooperation is to be worked out, the role of the trainer and the coaches is to be discussed. Important attitudes of the participants concerning opinions and views are to be discussed and clarified.

**c. Contents of the BASKI–Training (overview of the modules)**

The participants are to be introduced to the BASKI Training Curriculum, contents and related methods. These modules serve as tools for the participants (Environment- and needs analysis, Individual- group analysis, Communication analysis,...). In addition to this it should be conveyed that the person with disabilities is always the focal point. Use of the module is not compulsory.

Furthermore, it will be explained that the modules are to be seen as a circular procedure. The participants' opinions and reasoning in relation to this should be discussed, ascertained and clarified.

The participants are to formulate the target group of people with disabilities for the BASKI Training and also possible reasons for exclusion (for example: lack of interest, no connection to the group)

**d. The principles of group work and group dynamics**

BASKI Training is a group counselling service for people with disabilities (compared to coaching, which is a group counselling service for assistants in institutions).

Group work is a method that is often used when working with people. There are several theories and trends from social group work to cooperative learning. Kurt Lewin in his description of group dynamics states that the attributes and abilities of groups are different to the sum of attributes and abilities of each single person in the group. Participants are to learn the classical group-phase model and how to deal with forming, storming, norming, performing, adjourning and situation dynamics in the future BASKI Training. The behaviour of a group depends on the behaviour of the trainer. Participants learn self-reflection and how to augment the needs and wishes of BASKI Training participants. It is important to make time to let the group get to know one another and the future training situation. Conflicts are allowed and are important for the work. Here the motto "fermentation and clarification" is applicable. (Wikipedia, Gruppendynamik, 2006)

These principles are to be worked out with the participants. The responsibilities of the trainers are to be discussed and worked through utilising exercises. The trainer should make sure that each person with disabilities can experience, practise and perceive themselves in any role, and to make space available for this. The group resources should always be used; for example, experiences, opinions, observations, existential orientation, strengths and also weaknesses .

**e. The aims of the BASKI Training**

The self-determination and empowerment movements and recent theories are to be dealt with and these are to be compared to the Basic Skills Training. The aim of the Basic Skills Training is self-determination for people with disabilities. Possible limitations and BASKI Training as a chance are to

be discussed. Furthermore, the initial sensitivity is to be validated that in future BASKI Training, contents and topics should always be orientated towards the needs of the individual.

Further aims of the BASKI Training are to be worked out: An increase in active participation, self-confidence, personal responsibility and also satisfaction for people with disabilities.

#### **f. The role of the trainer**

The participants are to be instructed in detail in the following: The duty to protect confidential information, to duty to make records, working to the best of one's knowledge, client-orientation and knowledge and practise in methods of working. Participants' questions and possible insecurities are to be clarified. (Stewart, Joines,2000)

### **2.3. Conclusion**

- (1) Existential orientation: The participants are asked how they feel after the work on the module
- (2) Feedback: The participants choose their favourite from different reflection methods offered and give the lecturer feedback concerning their personal satisfaction/ dissatisfaction and/or their wish to make changes in the module. Through this the participants can also learn different reflection methods for their future work.

## **3. Teaching Methods**

The aim is to involve people in the process of reflecting on self-determination and heteronomy. This module does not concern knowledge only, but also refers to the changing of attitudes. Therefore the methods that have been selected require active participation.

- Self-awareness physical and reflection exercises: Through this the participants learn different methods for their future work. Additionally these exercises support and sensitise the participants in the preparation of a topic. (Compared to "CA-Teaching methods")
- Existential orientation and feedback round: The participants are seen as active participants and are invited to contribute. They are introduced to the methods.
- Role-playing:/Training examples: The participants learn about themselves in self-determined/ dependant situations. Other contents of this module or topics resulting from discussion can be addressed by means of role-playing. Questions from the participants for example "How can I act, if..." could be acted out and the experiences could be reflected in the group.
- Films: Information about institutions, forms of assistance, self-determination movements can be presented as films.
- Group work: To make the course of the module interesting, individual and group work is to be implemented.
- Discussions: Discussions are to be varied and interesting. Discussions should be planned to cover the theory and then to exchange individual experiences from practice and activities.

However, it is more important to exchange experiences in the Train the Trainer course. (Theory can be worked through at home).

All methods presented and used can be implemented in the BASKI Training for people with disabilities.

## 4. Teaching materials

The teaching material will follow the standards of adult training and the basic principles of "accompagnement"

- Videos and recorder (institutions for people with disabilities in the work and housing sectors, empowerment movements,...)
- Paper, posters, pens, ... (materials for creative work)
- Pre-prepared cards and materials for discussion games
- Symbols and pictures (for the participants to learn methodic-didactic materials)
- Overheads, flip chart (to visualise information and contents)

## MODULE II

# ANALYSIS OF THE TARGET GROUP – PEOPLE WITH DISABILITIES

### 1. Learning Objectives

The participants are to learn and work through the following investigation criteria. Work opportunities for people with disabilities are to be presented:

1) REASONING:

The participants are to receive information and formulate why it is important for the BASKI Training and as a trainer, to draw up an analysis of the participants of the BASKI Training: The methods and contents for the training should be offered according to the interests, needs and abilities of the participants.

2) FUNDAMENTAL INFORMATION:

The participants are to be shown the importance that they as trainers are going to be seen by the people with disabilities as persons of trust and external experts. It is to be clearly stated that the trainers need certain fundamental information at the onset of the training (concerning communication abilities, previous experiences and the level of care of the person with disabilities) that could be of importance for the duration of the respective training unit. However, during the course the trainer should gain more precise information from the participants themselves, not from the staff of the institution. Hereby, increased work loads and possible exploitation of institution staff caused by the Basic Skills Training Model can be prevented.

3) OBSERVATION:

The participants are to learn observation types, criteria and testing for future implementation in their work. They should learn that these methods are to be implemented especially when working with people with severe disabilities and especially in the initial training units.

Example: The participants observe another participant, how he/she is sitting. The participants try to sit in the same way for a few minutes and notice their own body- and feelings. After that the participants reflect on how they felt (strained, in defence, guarded,...)

4) QUESTION TECHNIQUES:

The participants are to learn and try out different questioning techniques. Example: With the help of augmentative and alternative communication the participants can elaborate and arrange "interviews". Questions like "How do you feel now?" "What do you need?" "Do you know that?", "What did you do before, when you needed that?", "What would help you?" and opportunities to answer in the form of symbols for people with disabilities. It is very important to arrange an interview in a varied and invitational way. The conversation can be relaxed with input from the trainers in the future. Input might be 1.) examples, stories, pictures (for visualisation) and 2.) information, occurrences, the incorporation of other participants in discussions clarify the contents for the trainers and participants, Questions, discussions and output from different people and points of view facilitate "crystallisation". "Crystallisation" is when person becomes his/her own situation; feelings and needs become more apparent. Observation and the needs of people with disabilities are the most important criteria. Trainers, with the help of these tools, are able to obtain information that is needed for an accurate analysis of the people with disabilities.

5) GAMES/EXERCISES:

Different individual and group exercises are to be presented and explored. These provide opportunities for target group analysis. The participants learn methods they can use in their future work. Games and exercises from the BASKI Training Curriculum can be tried out. In group work the participants can work out other exercises

6) DOCUMENTATION:

Different types of documentation and the duty to record data are conveyed to the participants.

7) CLIENT ORIENTATION:

In all methods and analysis possibilities it should be made very clear that the person with disabilities is always in the foreground. The person is to be valued and respected for what he wants to share within the framework of the training. It is especially important to value and protect the limitations of the BASKI Training participants. (Berne, 2005)

## 2. Learning Contents

### 2.1 Introduction

The participants are to be greeted.

#### Exercise:

The participants are asked to form pairs comprising of person A and person B. Person A must find out what positive and negative qualities person B has. Person B always only answers with "yes" or "no". After this, person A and B change roles. Finally, the participants reflect in the large group how they experienced this (to be asked and to ask).

### 2.2 Main Part

The topics of the module are to be worked through taking the feedback from the exercise into account:

#### 1) ENVIRONMENT OF THE TARGET GROUP:

The participants are invited to discuss their work experience with people with disabilities in different surroundings.

The following questions are to be worked through:

- What basic conditions, assistance forms and possibilities are there in residential services and sheltered employment programmes for people with disabilities?
- What limits to self-determination are posed by the basic conditions of the institution and what limits are due to the personal disability of the individual?
- In the future as a trainer how do I obtain information and orientation concerning the environment of the person with disabilities?
- In comparison to my previous work experience how did I find out about the environment of the person with disabilities? What would I have needed?

#### 2) CONFLICTS AND CHANCES:

The participating groups are to discuss what conflicts they are aware of and what conflicts could arise with reference to the disability, personal self-determination and in the institutions (fears, lack of self-confidence, misunderstandings in communication/ in expression,...).

Individual exercise: The participants close their eyes and think about where they would really like to go on holiday. The wishes are then discussed in the group and together possibilities can be shown, in which form the wishes can be realised step by step.

The participants are to be sensitised to the fact that, it does not make any difference what obstructions or hindrances life brings, everyone still has needs which should be taken seriously, everyone wants to express themselves and shape their lives so that they are fulfilled. The participants are to support and aid the people with disabilities in the BASKI Training. Each person has wishes, needs and aims, as well as a personal expression of them. The support is given according to the personal resources of the group and each person with disabilities. As a result of this the people with disabilities learn to describe their needs in their surroundings. The institution coaching supports the institution in this aspect.

### 3) PRACTICAL PART:

The participants get an overview of exercises and questioning techniques with the help of which they can get to know the people with disabilities or vice versa (see BASKI Training Curriculum, Module 1).

Exercise: The participants can try out diverse exercises and questioning techniques in groups of three. The 1st person is the trainer, the 2<sup>nd</sup> person is the disabled person and the 3<sup>rd</sup> person is an observer. The roles are then changed. At the end the participants can give feedback. The following contents should be reflected upon:

- What did I observe in myself/ in others?
- How did I feel in my role towards the other person?
- What was good?
- What was lacking?

In the group the experiences are described and open questions clarified.

After this the participants are introduced to the forms and criteria of documentation.

### 4) ANALYSIS

The participants are to be introduced to the following analysis techniques that may be tested afterwards:

- Historical analysis: Past information, experiences and adventures of the target group are collected.
- Behavioural analysis: Behavioural reactions, posture and changes are observed and when necessary assigned to specific situations (for example: the person turns away when questioned about her assistance).
- Phenomenal analysis: One can collect data on the following; what feelings and experiences people with disabilities have in what situations, which feelings and reactions always help or worsen their state of being (for example: a person always reacts with aggression to others when feeling insecure).
- Social analysis: The participants learn to ascertain which social contacts the person with disabilities has, is accustomed to and is looking for. It can be differentiated if the person

with disabilities acts as a "victim", "saviour" or "follower"; if he feels responsible for himself and others in relationships, or if he hands responsibility over to others.

It is very important that the future trainers avoid taking on the role of "saviour", "follower" or "victim"; but always set a responsible example in the training. With this the "adult part" of the person with disabilities will be addressed and strengthened.

These analyses offer the future trainer orientation and information concerning the **possible** thinking, feeling and acting of people with and without disabilities. (Steiner, 2000)

## 2.3 Conclusion

The participants are asked for feedback on how they liked the module, what they already knew and what contents were new to them.

On a feedback scale of 1-10 the participants can additionally express their opinion about the module.

The lecturer shall also give feedback concerning her observations during the exercises.

## 3. Teaching methods

- Exercises and questioning techniques (see above)
- Video recordings (as additional reflection for the exercises = the behaviour of the trainer and the "person with disabilities")
- Role-playing
- Group work, presentations
- Presentation of information and theory (by the use of various materials)
- Feedback rounds (the experiences made, each exercise is to be reflected upon, missing information and explanations are to be supplemented)

## 4. Teaching materials

- Handouts (summary of the contents, information, exercises)
- Flip chart und overheads (to present the contents)
- Training material of module A (to get to know and visualise the possible exercises and contents)
- Documentation forms (to view)

# MODULE III

## BASIC KNOWLEDGE OF SPECIAL EDUCATION

### 1. Learning objectives

The target training group (future trainers) should know and recognise the specific needs of specific disability groups in order to assure adequate support services.

- o Social sensitivity to people with disabilities and their needs.
- o Help fight discrimination, support the mental health of people with disabilities, and educate service personnel in these fields.

O Participants of the training should acquire knowledge to enable them to help people with disabilities enforce their rights.

For this reason, they should be aware of the basic principles of law and legislation, mechanisms of law enforcement, and the hierarchies of legislation and regulations. Also, principles of working with personal history and experiences, ways of dealing with personal limitations and disabilities should be discussed.

### 2. Learning contents

#### 2.1. Introduction

- The definition of disability and disability in society.
- Fighting discrimination.

#### 2.2. Main Part

##### I. Factors influencing the self-determination of people with disabilities:

##### Disability in daily life

The daily life of people with disabilities is not only determined by their actual level of functioning, but also by their possibilities to access services. In many cases, additional hindrances emerge from the physical inaccessibility of (public) buildings, transportation, through limited accessibility of information, media, communication, financial means, and personal care/assistance services. These issues have to

be addressed as well, in addition to special educational services which aim to achieving maximal functioning potential in areas of individual limitations/disabilities.

### **Inappropriate use of existing abilities, discrimination in society**

People with disabilities should be able to participate in society like any other person. They should have the opportunity to set their own goals and to live according to their own preferences.

Discrimination and misunderstanding in society can emerge from the average citizen's limited knowledge of the needs and abilities of certain disability groups; and, from the unwillingness on the side of society to accept these people as citizens with normal rights providing them appropriate assistance to help them live a life of dignity.

### **Knowledge of personal disabilities, self-value, knowing one is different**

Knowing about our own abilities and limitations is important for us all in order to maximise our potentials and realistically see our strengths and weaknesses. People with disabilities experience frustrations when they realise that they are different from other family members, peers, and members of their communities. It is important that people with disabilities do not isolate themselves from participation in everyday life because of fears, depression, or overprotection by family members or society. They need to know how to make a first step, how to obtain help/assistance, how to set realistic goals and carry out their ambitions. Self-value can only be developed by participation and feedback, by actual results, and not by lamentations in social isolation.

## **II. Basic knowledge of special education:**

### **Definitions of disability / special (educational) needs**

In modern definitions, the functioning levels and special needs of persons are categorised, and not the symptoms of disabilities like in traditional medical models. The FNO model (2001) evaluates functioning levels and assigns measurable data values to these, in order to create a profile of individual special needs. In young years, it is especially valuable to have special educational assistance and services available, for maximising the potential of people with limited functioning levels. Special needs can emerge in certain specific areas of daily living or on more general, multiple levels of everyday life.

### **Typical specific needs of certain disability categories**

- Physical disabilities: accessibility of personal living space and of public buildings and institutions, transportation, training of physical abilities, prevention of function loss, physical and occupational therapy, (special) sports.- Sensory disabilities: accessibility of communication means (AAC-devices), information exchange, use of personal and public space, specific technical appliances, social skills training.- Cognitive disabilities: accessibility of easy-to-process information, early

intervention and ongoing assistance in training self-help and academic skills, appropriate assistance in schedule making, residential and community living, life and financial management, adaptive skills training, supported work (level of assistance depends on actual functioning levels).- Autism spectrum disorders: communication and social skills training, support in social inclusion, behaviour management.

- Behavioural disturbances, emotional problems: prevention of crisis situations, behaviour management, psychological services, social inclusion.

- Speech-language pathology: communication and social skills training, AAC devices and training (methods of alternative/augmentative communication).

- Persons with multiple disabilities: support according to major symptoms, coordinated services, life management, personal aids, psychological services.

### **Assessment of needs and matching services**

Both initial and ongoing assessment is necessary in order to appropriately match and adjust support services for optimal functioning and development. Personal interests and priorities of people with disabilities and their families have to be considered in intervention planning and goal setting. Assessment has to be objective and reliable, interventions and adjustments data-based.

### **Putting the normalisation principle to work, working towards a better quality of life**

Social inclusion should reach a level on which the lives of people with disabilities resembles the "average" norms lived and accessed by all citizens. Services should be aimed towards assisting people with disabilities in achieving maximal possible independence, choice and decision-making, participation in community life, education and (vocational) training, work.

### **1) Changes in views on disability in society**

A long history of attitudes in society towards people with disabilities shows several stages, from total exclusion through to acceptance, protection and (segregated) overprotection; and, the idea of general inclusion. Today, gears have been shifted from protective support to the idea of equality, viewing every

person as a partner and citizen with equal rights. Instead of norms, we look at personal values and strengths/weaknesses, individual potentials and needs. (More details of the stages in attitudes can be found in the literature, if desired.)

### **2) Basic principles and terms related to disabilities (illness vs. impairment vs. disability vs. handicap etc.)**

The terms used related to disabilities can be viewed on different levels. On one level, terms have shifted from stigmatising expressions as descriptions of conditions to a "persons first" language, with a focus on the individual and his/her needs. On another level, different terminologies are used in medical science, education, and social support services, based on the focus of services provided by

these fields. Still another level, terms differentiate between conditions that are temporary ('illness') vs. chronic deficits ('disability'), and also between limitations due to a specific condition. ('impairment') vs. secondary limitations due to current inaccessibility of services ('handicap'). These levels appear in each language used in the EU.

### **3) Temporary and chronic disabilities**

There is a difference between therapeutic approaches if we plan to realistically "cure" a condition, where a skill/functioning deficit is only temporary and the patient will most likely be able to return to normal/average forms of functioning; vs. cases where a skill deficit is chronic and most likely permanent. In these cases, the aim is to find ways of adaptation, so that with well-chosen and well-provided support, people with disabilities can function like most "average" citizens in typical everyday environments.

### **4) Types of disabilities, and their biological/psychological characteristics**

(Sensory disabilities in detail / Physical disabilities in detail / Cognitive disabilities in detail / Multiple disabilities / Pervasive Developmental Disorders including Autism). See the categorisation of this topic in the literature

### **5) Aspects of care for persons with specific disabilities**

First of all, the focus should be on prevention, so that no additional (secondary) disabilities occur. Then, attitudes in society have to be formed, positive examples have to be shown, advocacy groups should be organised. Families should be informed and empowered so that they can appropriately care for their children with special needs. Educators should be trained in inclusion techniques. Service provision on the individual level should occur locally, and in the most natural environments. Professionals have to be highly trained, and they have to learn how to cooperate both with primary clients, and with family members and/or community members in other fields (~ work, social services, residential and leisure activities, personal aids).

### **6) Habilitation and rehabilitation**

Rehabilitation means the development of skills that were present to some extent at an earlier point in time, but these skills have been lost. The word means to 'learn again/anew'. Complex skills like community participation can be re-trained as well, or skills can be practised within a different, larger scope than before. This skill generalisation is a gradual, planned process. Habilitation means the training of new skills, teaching new routines in order to overcome situations that couldn't be resolved with a former skill repertoire. It is always important to consider a person's existing behaviour and build on those to make interventions and teaching as economic as possible.

### **7) Normalisation, autonomy, inclusion**

Because each member of society (with or without disabilities) should equally be able to access services and activities in both professional and private life, persons with disabilities should be given the opportunity (and appropriate means of additional support) to make decisions in questions concerning themselves as autonomous beings. Also, their participation in community life (leisure,

education, work) should occur in an inclusive manner, without segregation, stigmatisation, or any kind of discrimination.

### **8) The equality principle, and its realisation**

People with and without disabilities should not only have equal rights to access services/activities, but also equal access to appropriate information concerning these. In order to access information and services, people with disabilities may need forms of individualised support. Especially, transition services may be necessary to ease the transition from school to work, and from institutionalised towards more independent living. Some forms of positive discrimination may be applicable to ensure equal chances of participation, at least on a temporary basis.

### **9) Aspects of occupation, training, education, leisure and recreation for people with disabilities**

Again, these services and activities should be accessible in an inclusive manner, within natural environments. Support services have to come to the clients. Needs, abilities, personal desires, and possible types of support have to be assessed and well appointed. It is important that education and leisure activities be provided with peers. Real social participation has to be aimed for vs. simply 'being in the same surroundings together' . Supported work should be embedded in a competitive employment setting, not in segregated, artificially created workplaces.

### **10) Ways of supporting people with disabilities, assistive technology, ecological and environmental factors**

Support has to be individualised, and coordinated across disciplines and service providers. In early years, the whole family unit should be addressed and empowered to ensure a normal environment for optimal development. Support may be needed in areas of medicine, social networks, financial aid for devices and service provision, skills training, therapy, (special) education, vocational training, work support, behaviour and/or life management, assisted living, (temporary) personal aids, technology etc.

Factors to consider include not only financial resources, but also personal support from family members, agencies, shared competence for more effective teams, and the training of individuals within the disabled person's everyday environment and who play important roles/influences in their lives. Attitudes of society and of actual communities have to be shaped as well.

### **11) Institutions and regulations in the special needs care system**

In the light of the normalisation principle and of inclusion, all public institutions play a role in the service provision for persons with special needs. Besides general public institutions, there are special services focused on their needs. Assessment and evaluation services are provided, starting from early intervention activities to specific therapies and training in physical, mobility, sensory, self-care, academic, and vocational needs. Some of these services are provided in the client's natural environments but some may require special environments, within specialised (medical or rehabilitational) institutions. Some formal services are specific to certain ages, some to the

presence of certain needs and circumstances. Actual regulations and service provision models (incl. The financing of services) differ in countries and regions.

### **12) The role of leaders in the complex processes of rehabilitation**

People with disabilities may need complex, and changing support services. Several professionals and other supporters are involved in formal and informal service provision. Ideally, services and service provision teams should be coordinated by a supervisor and coordinator to ensure optimal support, and the appropriate legal, financial and human resources for service provision. Leaders have to be familiar with assessment methods, typically emerging special needs, ways of addressing those needs through therapy, educational and community services, legal regulations, resources, and team mechanics. Supervision and programme adjustments should be ongoing.

### **13) Enforcement of rights, advocating for people with disabilities, the law enforcement system**

People with disabilities enjoy the same equal rights as any citizens in the light of the normalisation principle, but they may not have the knowledge and abilities necessary to actually enforce their rights. Law enforcement and advocacy services are necessary to map out opportunities, resources, and to access

services and activities. Fighting discrimination and prejudice, and actual inclusive participation on the community level (in leisure, education, or work), may also require professional advocacy and network building skills/services.

### **14) Mental health**

For a life in dignity, psychological well-being is also important so that people with disabilities feel the strength to cope with difficulties and to learn ways of adapting. Services should not only address skill deficits and related needs, but also support the general well-being of the person. Social isolation, depression, low self-worth and secondary disabilities should be fought against. Both prevention and actual crisis-management should be considered.

### **15) Individualised support plans**

It is important to consider each person and their specific needs, desires and interests, their backgrounds and existing support networks in the planning of service provision. No "cookie-cutter" approach can be followed. Specific disability groups may have typically emerging special needs, but individual differences always make every personal support plan highly individualised.

### **16) Community involvement in residential and work environments**

As discussed earlier, the focus of inclusion should be real participation and not solely physical proximity. Collegial relationships and friendships are important in forming real and functional social networks. Help may be needed with mapping out personal interests and the means of sharing those with others having similar interests with social skills training, augmentative and alternative communication, transportation, time management, etc.

### **17) Aspects of supported work (support in health and safety)**

In supported work in the competitive employment setting, it is important to not only train and support a client with special needs, but also the personnel, directors, supervisors and future colleagues of the employee. Special technical or scheduling supports may need to be provided, crisis management interventions need to be taught, and health and safety issues have to be discussed. Only such cooperation leads to a satisfying work environment for both employers and employees.

### **III. Basic knowledge of legislation and administration:**

#### **Basic human and civil rights and requirements**

Basic human and civil rights are coded in each country's constitution. These basic rights are valid for each citizen. Changing these regulations requires a complex procedure, and substantial changes are usually rare. Some civil rights movements also declare human rights that may influence later legislation.

#### **Concepts/terminology of civil law; the question of self-determination**

In order to be able to make use of one's rights, one needs to have a clear mind and insight into one's own actions. If such insight is limited, the free action potential of a citizen may need to be limited and exercised by an officially appointed entity. (Please refer to the professional literature for a given country's individual legal regulations.)

#### **Professional liability, quality service provision**

Services for special needs should be provided in a professional manner and with a responsibility for the development of the client's maximal potential. Progress related to specific interventions has to be monitored and interventions need to be adjusted and modified according to actual progress levels. Only those in need should be provided services - and those services provided have to be the most potentially helpful for a given client.

#### **Legal aspects of work**

Basic legal documents of countries also declare the right to work as one of the basic human rights. Work activity, on one hand, gives the worker the potential to financially support him/herself, and on the other hand, leads to the psychological well-being of the person. Thus, citizens with a limited capacity to work, or work independently, need to be supported in finding an appropriate form of occupation, preferably in the open labour market; and/or in finding adaptations that enable a person to work under ideal circumstances according to their capacities and limitations. (The individual regulations of each country may differ, please refer to the literature.)

#### **Social support and the legal system of distribution of services (includes regulations concerning equality and inclusion)**

Local regulations may vary (please refer to local information), but in general, a service provision system has to have clear rules as to who is entitled to certain support services and in what form or quantity; and how these services can be accessed (who pays for what, who chooses the provider,

what controlling administration needs to be realised, etc.). In many cases, private providers have more freedom of choice, but if agencies depend on state funds, providers have to attend to the principles of equality and of service provision in the most inclusive and least restrictive environment.

### **2.3. Conclusion**

The discussed content areas are contemplative and only give general guidance – they need to be elaborated on, according to specific interests and foci in each training group and situation. Please refer to the professional literature for specific information, and for local regulations and exceptions.

## **3. Teaching methods**

- Lectures
- Demonstrations
- explanations, discussion
- literature reviews
- visits to institutions
- organised practical experience

## **4. Teaching material**

- Research literature
- Guided notes
- Video presentations
- Technical media

# MODULE IV

## ELEMENTARY AND DEVELOPMENTAL PSYCHOLOGY WITH RELATION TO THE TARGET GROUP

### 1. Learning objectives

The target training group should be aware of and recognise specific needs of specific disability groups in order to insure adequate support services. These include:

- Social sensitivity to people with disabilities and their needs.
- Help fight discrimination, support the mental health of people with disabilities, and educate service personnel in these fields.
- Factors influencing self-determination of people with disabilities:
- Disabilities in daily life
- Inappropriate use of existing abilities, discrimination in society
- Knowledge of personal disabilities, self-value, knowing one is different

### 2. Learning contents

#### 2.1. Introduction

In this training unit the definition and concepts of disability in society are to be discussed, together with a description of the difficulties experienced during inclusion and suggested methods of fighting discrimination. A basic mapping out of knowledge of psychology of the personality will include:

- The concept of "man" in history
- Typical and abnormal development of the personality
- Personality dynamics, maladaptive behaviour and personalities
- Principles of support in personality development
- Socialisation of people with disabilities, inclusion
- The normalisation principle and its realisation

## **2.2. Main Part**

### **1) Personality: development of people with and without disabilities**

Personality is the result of development. Personality develops through adaptation to an ever changing environment and its reactions. Development depends on the qualities of both the human "instrument" of cognition and information processing, and of the -social and material- environment. Deficits, maladaptations (i.e., 'undesirable' behaviour) and inadaptation (i.e., incomplete behavioural repertoire for certain tasks) can occur if any of these elements/factors function in an abnormal, atypical or non-optimal manner. The need for support in such cases, for a normalisation of development, depends on both the individual strengths and weaknesses, and on environmental properties. Deviations from typical personality development can occur as primary (based on a disability/malfunction) or secondary consequences (based on how a person is able to function in a given environment, with given support or deficit levels). Thus, prevention is equally important to specific, problem-focused supportive interventions.

### **2) The role of the environment in human development: impact on people with disabilities**

Due to specific skill deficits, people with disabilities depend more on their environments and support than typically developing peers. Some people with disabilities need assistance throughout their lives. Dependence on the environment is influenced by the severity of the disability, and the time of its occurrence in a person's life (how much skill and personality development has already taken place, and how much of that development remains preserved). Local and cultural influences and personal beliefs form the attitudes of parents and of communities regarding the acceptance and handling of the situation of having a child with a disability. Schooling and formal educational institutions have also differed throughout cultures and history in their philosophies, care and support of the socialisation of children and adolescents with disabilities. The opportunity to work, and the quality of the workplace play an important role as well. Residential and community life, social relationships and friendships substantially form the personality and competence of people; with or without disabilities.

### **3) Psychometric characteristics of disability types**

- Physical disabilities: people with physical disabilities experience themselves as different from 'normally developing' peers, and they also experience a limitation in mobility, (re)action time. They lack experience in physical exploration and the exercise-like (social) games of childhood. Much time is spent in (physical/occupational) therapy sessions – placing a further focus of attention on the disability. It is important that one is aware of this secondary social isolation in order to prevent it.
- Sensory disabilities: Sensory disabilities, like physical deficits, can be highly stigmatised in the social environment, influencing both one's own ego, and social interactions. Impaired communication skills can seriously limit participation and understanding; especially if communication channels and means are not shared/understood by all members of the community. Impressions of the world, exploration and discovery are limited. Dependence on assistance can also hinder healthy personality development.

- Cognitive disabilities: According to the degree of cognitive disability, a person's self-image and the knowledge that one is 'different' may be highly variable. As is the ability and quality of communication. There is a high risk of social isolation or segregation if communities are not open and inclusion is not supported. Caution should be applied so that actual necessary assistance with everyday activities doesn't become stigmatising, or overprotective (hindering personal development and self-determination).
- Autism spectrum disorders: In these cases, social interaction, communication and empathy are typically affected, carrying a risk of social isolation. Self-image, motivation, and realistic/optimal goal setting abilities may be limited, affecting personal growth and finding one's optimal place in the community/society.
- Behavioural disturbances, emotional problems: social coexistence, social interaction, social inclusion may be problematic; self-image may not be realistic.
- Speech-language pathology: frustration from impaired communication abilities and stigmatisation can affect healthy personality development - see also under 4).
  - People with multiple disabilities: major symptoms, individual abilities and needs, self-image, and the environment's attitudes and support influence their mental health to varying degrees according to each case.

#### **4) Speech and comprehension: information transfer needs**

Limitations in communication abilities, a broken bridge of understanding, lead to frustration on both ends of the communication channel. For desperate attention seeking, maladaptive behaviour may develop. Limited self-expression abilities may easily lead to stigmatisation, social isolation, and further limited development of cognitive schemes and of vocabulary. Adapted means of AAC (alternative/augmentative communication) have to be sought to preserve a healthy social and information exchange and access to self-expression.

#### **5) Socialisation of people with disabilities**

Disabilities do not only affect a person's skill development and functioning levels, but also their social maturation. The self-image of people with disabilities influence their motivations and willingness to participate; and reactions, attitudes of the social environment shape how outgoing a person is in his/her endeavours. Many secondary, social disabilities can develop if the environment is not supportive enough. In some cases, overprotectiveness is a problem as well: overprotection cuts off experiences necessary for the development of skills. Too much frustration sets back motivation - but not enough practise in real-life situations hinders the adaptation to typical, realistic, everyday settings. Social inclusion is a process that requires sensitive assessment and ongoing support for people with disabilities; and also, education of the public, shaping of attitudes.

## **6) Social interactions, friendship, intimate relationships: emotional life, behavioural norms, value systems**

For the maturing personality, the family environment becomes insufficient to healthily care for all needs of social exchange and socialisation. The interaction with peers in the local and extended communities shapes the potential of social inclusion. The focus of inclusion should be real participation and not solely physical proximity. Collegial relationships and friendships are important in forming real and functional social networks. After puberty, intimate relationships with a 'special' partner -on differing levels- add to the nuances of self-expression, self-determination and life planning, and also, emotional development. People with disabilities may need help in mapping out personal interests and a means of sharing them with others having similar interests; social skills training; augmentative and alternative communication; transportation; time management; medical/sexual education etc. Adaptation to behavioural and/or ethical norms is another problematic issue. One problem may be that the insight/understanding of people with (especially cognitive) disabilities may hinder the understanding of, and adaptation to, "accepted" ways of self expression, and also the separation of public and private domains. On the other hand, society's attitudes need to be more flexible towards ethical-behavioural norms and people with disabilities. Often, we expect the people we educate and train to be 'perfect' - whereas 'normally developing'" adolescents and adults often go through crises and behave 'inappropriately' or 'unacceptably' in some situations (even if they later regret it). A sensitive balance has to be found between education, openness, expectations, tolerance, inclusion, and crisis management.

## **7) Pitfalls of socialisation: the mechanics of developing prejudice and discrimination – ways of counteracting / dealing with this**

Pitfalls on the path to socialisation can occur both in family life and in the broader community, in society. We have already discussed the problem of the conflict between overprotection and self-determination; and point 8) further elaborates the danger of social isolation of families rearing children with disabilities. Another issue within family life may be the positive discrimination of the child with disabilities contrasted to other siblings. Children with special needs require much attention and may become the centre of caring, putting other important, needs on 'hold'. On a broader level, prejudice against people with disabilities often result from simple ignorance and misunderstanding of their situations. The unknown is always scary, and it is easier to avoid a problem than to face it consciously with a real interest in problem solving - even if this requires changes in our own routines. Discrimination and segregation try to hide and ignore a problem; active education and shared, real (positive) experiences are important in fighting such ignorance. In the light of the normalisation principle, society at large has to understand that the only acceptable way of human coexistence is that of inclusion and equality; there is no tenable reason for any form of segregation. However, such insightful inclusion requires (self-) change and education.

### **8) The psychological environment of family life: child rearing**

Children with (and without) disabilities first come in contact with their family environments. In many cases, families with children who have special needs experience prejudice and misunderstanding from their communities, and this may lead to social isolation. Parents can be overwhelmed with care responsibilities; frustrations and tensions may develop. Parents may have more contact with professionals than friends and family, which further deepens isolation and dependence. In such a setting, socialisation and personal maturation is limited, and emerging limitations and deficits may decrease the chance of healthy social maturation even more as the gap between typically developing peers and family units becomes more and more obvious. This situation should not be perpetuated - it is the responsibility of the early intervention service provision systems to fight against such processes in order to maintain a healthy environment for social development.

### **9) Empathy, tolerance, conflict management**

For a fruitful and well-functioning inclusive coexistence in society, empathy and tolerance cannot be 'blind' and uninformed. Behaviour that is seen to be inappropriate in people with disabilities should not be tolerated by people without disabilities, either, as this would broaden the social gap instead of closing it. It is important for educators to understand how far an individual can be insightfully responsible for certain actions - even if limited insight exists, tolerable forms of adaptive behaviour have to be trained. If such training is time consuming, and/or if a person has the tendency to become aggressive or dangerous to him/herself or others, crisis management techniques need to be elaborated for socially acceptable behaviour management. The social validity of such techniques is not only important for smooth coexistence in everyday life, but also to ensure real support for people with special needs: if an intervention is not accepted by the family and carers of a person with disabilities it is not likely that it will be implemented as planned. Professionally adequate but not tenable/realisable support provision basically equals neglect and has to be considered unethical.

### **10) Psychological factors in rehabilitation**

Rehabilitation, as normalisation of one's life and improvement in the quality of life, involves several main foci such as residential/community, work, leisure and recreation, mental health etc. Previously mentioned factors of the normalisation and equality principle: public education and attitude change; self-determination and advocacy; and, inclusion play important roles in these processes. Another factor is the psychological counselling of family units, and support staff directly working with people with disabilities. Supervision techniques may help resolve conflicts, find specific solutions, and prevent energy and motivation 'burn out' of family members and staff.

### **11) The normalisation principle and methods of implementation**

A long history of attitudes in society towards people with disabilities shows several stages; from total exclusion through to acceptance, protection and (segregated) overprotection, to the idea of general inclusion. Today, gears have been shifted from protective support to the idea of equality, viewing every person as a partner and citizen with equal rights. Instead of norms, we look at personal values

and strengths/weaknesses, individual potentials and needs. Social inclusion should reach a level where the lives of people with disabilities resembles the "average" norms lived and accessed by all citizens. Services should be aimed towards assisting people with disabilities in achieving maximal possible independence, choice and decision-making, participation in community life, education and (vocational) training, work. In order to access information and services, people with disabilities may need forms of individualised support. Especially, transition services may be necessary to ease the transition from school to work, and from institutionalised towards more independent living. Some forms of positive discrimination may be applicable to ensure equal chances of participation.

### **2.3. Conclusion**

The discussed content areas are contemplative and only give general guidance - they need to be elaborated in more detail, according to specific interests and foci in each training group and situation. Please refer to the professional literature for specific information, and for local regulations and exceptions.

## **3. Teaching methods**

- Lectures
- Demonstrations
- Explanations
- Discussions
- literature reviews
- Visits to institutions
- organised practical experiences (as needed; depending on the existing personal background experience of the participants)

## **4. Teaching material**

- Research literature
- Guided notes
- Video presentations
- Technical media

# MODULE V

## Group dynamics and group discussion with the target group

### 1. Learning objectives

Professionals with a qualification in psychosocial counselling who have had little experience with people with disabilities are to gain knowledge in psychological and physical factors in relation to people with disabilities, e.g. physical disorders, disturbed cognitive processes or emotions. The work strategy consists of supporting people with disabilities during the difficult period of gaining skills for an active, independent life in society. The trainer must be a sensitive and patient person.

This group will be equipped with knowledge on types and methods of communication that will be necessary in the course of basic skills training. They will learn possible methods and tools. For instance, they may work with W. Sherborne method, which concentrates on contact with other persons, on the verbal as well as the therapeutic aspect, which is based on movement. This method is used to develop:

- the feeling of safety
- self confidence
- trust towards others
- spontaneity and activity
- the sense of responsibility for one's actions/ sense and ability to make things happen
- the awareness of one's own body
- the ability to facilitate contact

Finally, the future trainers will become acquainted with, and get to know the people with disabilities on a more personal level during the joint workshops. In the future BASKI Training the trainers will have to respond to the participants individually.

During the Train the Trainer course welfare workers and labour office representatives will give information concerning the rights of people with disabilities and the available services. Participants with previous experience may also share their knowledge with the other participants. They will then be able to prepare the trainees to make use of the services directed at them.

During the Train the Trainer course the participants should be prepared to conduct training with people with disabilities in the field of gaining skills for self-determination and independence. For instance, the settlement of affairs in government offices (labour office etc)

It is of great importance that the participants are able to communicate freely with people in the BASKI Training in the future.

They must be well prepared to respond to their needs and suggestions regarding teaching methods and introducing corrections and innovations to the Train the Trainer Curriculum. They should also be aware of the potential and experience of each participant and use it during the training.

And finally, the ability to correctly interpret the behaviour and expression of people with intellectual disabilities is of great importance. The trainer should react to different behaviour in an adequate way, the activities chosen should be well-suited to certain behaviour; for example, if certain participants are very restless they may benefit from the physical stimulation of a drama session.

They must be prepared to take action whereby people with disabilities are guaranteed to gain competence and to obtain knowledge and abilities to continue their work with people with disabilities. Their training should have permanent character.

After this module the trainee should be able to:

Conduct training sessions with the target group, choose methods and contents suitable for the subsequent stages of acquiring social competence for people with intellectual disabilities.

Establish good emotional relations with the participants and understand the needs and suggestions of the trainees. The training with a group of people with disabilities must be based on groups dynamics, clear determination of participants' perception; and, the trainers must have ability to respond to messages sent by the participants.

Good communication with project participants is of great importance. Because of this, they should acquire a simple language of symbols and gestures, that will guarantee their success in the work with people with intellectual disabilities.

They should also become informed of adult education- and support services for people with disabilities in order to benefit from these services.

The trainer should become familiar with Kurt Lewin's theory.

In Lewin's theory there are three kinds of authority models:

- The autocratic model – powerful personality or wide powers (as a kind of dictator)
- The democratic model – majority rules
- “laissez faire” model – the leader is only a nominal leader, the wholeness is too chaotic to manage.

A further, very relevant aspect in this module is the introduction to the theory and workings of **group dynamics** including testing and experiencing this in one’s own “Train the Trainer” group.

## **2. Learning contents**

### **2.1. Introduction**

Trainers - participants of CB, will be equipped with sheets which will enable them to categorise the progress of the people with disabilities during the separate stages. This documentation will be used in the future BASKI Training. The participants will be equipped with knowledge regarding various limitations resulting from the disabilities of the trainees. This knowledge comprises of theory as well as detailed observations and individual histories of participants.

The participants will independently determine what knowledge they need in order to be able to conduct lessons with the people with disabilities successfully.

They must be aware of the responsibility they hold when supporting people with disabilities. They will form important and trusting relationships with the trainees. This trust should not be betrayed, all trainees are to be treated with honesty and respect.

The participants are to be presented with various work techniques and tools to work with people with disabilities.

Through behavioural analysis and competent questioning they will learn to evaluate group dynamics and they are to organise further training sessions according to the group participants expectations. This will be done with the cooperation of the group participants, after discussion and questioning. If the majority of the group prefer drama as means of expression then the trainer could prepare adequate activities.

### **2.2 Main Part**

Trainers who would like to work with people with disabilities must be equipped with knowledge on various disorders of cognitive functioning resulting from disability; and the physical, sensory and emotional disorders linked to them.

\*Obstacles and impediments that people with disabilities come across in their life must be recognised and recorded. This knowledge can be obtained through observation and current documentation.

\* The trainers should also have knowledge on the personal experiences of each group member and a choice of appropriate teaching methods in accordance to the potential abilities of the participants – this information should be recorded.

This information can be acquired in a simple way by means of role-playing, asking questions or using the technique of finishing sentences.

\* What social environment has had an impact on each group member and what are their habits and behaviour in connection with this, what causes frustration and restraint – this information should be recorded. Observing reactions of persons in various natural and arranged situations, eg. a person avoids conflicts or is aggressive?

\* What are his/her most common reactions and behaviour – this information should be recorded. Observation, role-playing as a source of knowledge.

\* What gestures, words and rewards may cause reinforcement of positive and expected behaviour – this information should be recorded

\* Which theories and models can I make use of when working with groups and the resulting group dynamics?

### **More detailed information on group dynamics:**

The term group dynamics describes

1. patterns, in which activities and sequences take place in a group of people
2. a method that influences activities in group dynamics and makes them perceptible,
3. the scientific discipline that studies these patterns and methods.

### **Group Process**

The process of a group comprises the complete development of the group, the classical phases, the distribution of roles, the determination of aims and responsibilities, the development of norms and rules, the shaping of culture, the distribution of POWER, the admission of new members and the handling of third parties and other groups.

### **Phases**

Every group develops in phases, which always follow a similar pattern.

Bennis describes three phases:

#### ***Dependence – Independence***

To defend against fear, an outward search for a common goal, willing subordination

#### ***Counterdependence – fight***

Fight against or challenge the power of the group leader, splitting of the group into two parts.

Solution: Contents, adhere to the topics, clarify relationships, gain knowledge and establish rules.

#### ***Interdependence – consensual validation***

Flight to harmony, solidarity, idealisation of the group, external boundaries. There is disenchantment, fighting and conflict between personal wishes and group pressure- the questioning of rules, goals.

New power struggles ensue, there is distrust and splitting. Consensus is reached: the group has the potential to achieve its goals, the roles are clarified, norms and rules are able to be applied constructively, the making of joint decisions, a group culture emerges.

### **Roles**

Raoul Schindler specifies characteristic roles in each group:

Alpha (the leader), Beta (the specialists), Gamma (the workers) and Omega (the scapegoat).

These roles are always occupied.

In one's own training group particular attention can be paid to the observation and reflection on this role allocation, and previous group experiences regarding roles and positions can be shared. Work on this topic demands particular sensitivity and acceptance from the lecturer and the other group members.

### **Principles of work**

e.g.: The trainer provides little structure in the form of work instructions which leads to a development of insecurity in the group. According to Kurt Levin this insecurity leads to learning possibilities: old behavioural patterns are unfrozen, so that new behavioural patterns can be tried out.

### **The here and now principle**

In the group it is preferential to refer to events that are happening at the moment so that they have equal meaning for everyone and the resulting mutual discussion is made easier. Events occurring outside of the group; e.g. in one of the participant's past, should only become a topic in so far as they facilitate the understanding of actual group processes.

### **Feedback**

Since group dynamic training is about the mutual understanding of events taking place in the group, it is necessary to report on personal experience.

### **Group dynamic intervention**

This can be a theory input, a description of a situation or analysis, feedback, a task or instruction, a question or an exercise. After the intervention the group is left to its own resources and has to independently decide which findings it can extract and how to implement them for further processes in the group work.

This knowledge, as well as personal observation and the learning of new skills by group members, should be documented.

### **2.3. Conclusion**

The trainer is to observe group dynamics, interpersonal relationships between members, how they change and what influences them. The group is a living entity and all activities that increase its focused activities ensure success in attaining competence for independent life. The trainer is to observe, analyse, make conclusions and plan further activities jointly with the group members.

## **3. Teaching methods**

- Lecture on the use of the training method and the scope of activities with people with disabilities.
- Workshops presenting practical usage of this method, practising this method application.
- Lectures on theoretical knowledge regarding intellectual disabilities, and basic knowledge of group dynamics and group discussion.
- Filmed material
- Documentation analysis – review of school records connected to the achievements of some people with disabilities.

## **4. Teaching material**

- Flip chart
- DVDs
- Lectures in the form of brochures on topics; for example, the Handbook for People with Disabilities, European Social Charter, special rights for people with disabilities in the competitive employment setting.
- Pictograms and symbols for communication
- Art work from people with disabilities for analysis of expression and dynamics. Creative work always shows expression, dynamic or static, colourful, clear cut or unclear. On the basis of creative activity it is possible to gain an insight into the temperament of author or his/her method of communication.
- Multimedia projector

## MODULE VI

# ADAPTATION OF PSYCHO-SOCIAL COUNSELLING FORMS WITH REFERENCE TO THE TARGET GROUP

### 1. Learning objectives

The group of trainers trained within the BASKI project should adapt all known forms of psycho-social counselling to date in their work with target group (that is in work with people with disabilities). We assume, that after reaching this stage, the group of trainees will be able to assess the level of difficulty in acquiring knowledge from people with disabilities and encouraging successive skills.

All activities undertaken in the work with a group must be focused on the individual psycho-physical abilities of its members.

The trainer, firstly, acquires an ability of receiving and interpreting messages sent by people with disabilities. Based on words, symbols and specific behaviour under stress, the trainer is able to analyse a problem and adequately modify their own intervention. If the trainer feels uncertain and does not understand the need for intervention, it is necessary to return to the beginning. This is the objective of this module – psycho-social counselling must always be matched to a specific person considering the person's limitations.

After this module the trainee should successfully be able to choose adequate contents and methods for the work with people with disabilities according to their abilities, needs and expectations. The individual abilities and limitations of each participant should always be analysed with the consideration of e.g. their vocabulary and cognitive abilities.

After this module the trainer will choose effective forms of psycho-social counselling, and the target group will benefit from the information and proposed methods.

It is also recommended that the trainer sees the training participants as experts; and, when the possibility arises consults with other interested persons.

The trainers gain knowledge concerning psychological counselling forms which can be implemented in BASKI and they are also informed of the opportunities that disabled individuals still have outside the

BASKI framework. The awareness and maintenance of the limits of BASKI and appropriate intervention and support is essential.

## **2. Learning contents**

### **2.1. Introduction**

The training should entail joint workshop activities during with the inclusion of the target group as participants –the group of trainers obtain feedback and learn which methods of psycho-social counselling are the best for the participants, what methods should be repeated and which of them appeared to be ineffective and rejected by the target group.

Mutual relationships between trainers and the target group have a great influence on training effects. Good contacts give a sense of security and increase the chances for success in a course of learning.

### **2.2. Main Part**

The training should comprise of joint activities with a target group, who are experts in this field of the trainers' training.

The trainers give their experts a proposal regarding the various forms of psycho-social counselling using a form of drama with different scenes for this purpose. People with disabilities constitute an audience who, using various means (applause, symbols, agreed gestures, discussion) show their approval or disapproval of the different scenes. In this way experts actively contribute to the creation of the small performance.

The trainers are offered to play a scene which shows that one of characters does not want to accompany his friend to the swimming pool. The other friend leaves and is sad and unhappy. The question is: Was it good for the friend to refuse?

Most experts answer "no"

The next question is: How can we persuade him to change his mind?

Here various concepts appear and the trainer analyses what former experiences did the participants–experts have which are reflected in the answers. If one of the participants says that he should be beaten and forced to change his mind the trainers may think that he has experienced violence. Other answers suggests that the trainers should ask him and try to bribe him with sweets, which may be freely interpreted that this person's behaviour has been enhanced by these kind of rewards.

This game may be developed with the introduction of additional information to the scene; for example: the friend refused because he was embarrassed to go to the swimming pool. Thus the trainers gain additional information regarding the sensitivity of the experts, etc.

During the course of these joint activities the trainers carefully watch and make note of their observations. Naturally these records are confidential.

In the next stage, video recordings from the joint sessions are shown without the participation of the experts and there is a discussion on the forms of psycho-social counselling that might be introduced during work.

Training participants share their previous experiences as regards the work with people with disabilities and try adapting them to current situations.

### **An overview of psychological counselling models:**

As a future BASKI-Counsellor it is rendered necessary to have knowledge of alternative counselling models for disabled individuals at one's disposal. An essential part of a counsellors' responsibility, which assures working to the best of one's knowledge and beliefs, is to be able to inform, support and strengthen disabled individuals in the utilisation of different or more suitable counselling or therapy forms.

Psychosocial counselling encompasses a variety of completely different services. All these services have a common link, the link between human weakness and the reaction of the environment.

### **Psychological counselling**

Psychological counselling is a complex interpersonal interaction between a professional counsellor and one or more consulters on topics that affect a person in his emotions, actions and thinking. Psychological counselling is limited in time and content and predominantly has a clarifying or problem-solving character.

Apart from the individual aims of the counsultor, the general aim of psychological counselling is an improvement in the quality of life.

This service is helpful when topics and contents in the BASKI Training repeat themselves, intensify or go beyond the scope of the framework of the group setting. Affected persons can be informed of this additional support and counselling service in the BASKI Training.

### **Addiction counselling**

Addiction counsellors support people to conquer addictions that they suffer from. They are the first point of contact for those who want to change their condition and need support in order to do so. The types of addiction range from alcohol and drugs to compulsive gambling. Here addiction counselling offers appropriate and competent help and support. This cannot be offered in BASKI Training to the same extent.

### **Mediation**

Mediation may be employed when at least two people have a conflict whereby no settlement can be reached. The task is to take on the role of mediation, reconciliation and to effect a settlement. This way the affected parties can save a lot of time, money and bother. Mediation can be used in businesses, families and in all situations where existing conflicts should be solved. Here too, it is necessary to identify and secure the limits of BASKI Training. Consequently, professional advice and the protection of all the participants can be ensured.

## **Relationship counselling**

In relationship counselling the focus is directed at the couple, with all their existing difficulties and conflicts. With the help of the marriage and couple counsellor old patterns are reflected on and reassessed and new forms of interaction are found.

Marriage and couple counselling is offered by a variety of counsellors and institutions.

## **Coaching**

Generally coaching can be divided into two fields of application: on the one hand, a coach can be used on a personal level, and on the other hand in a business context.

Generally speaking the term coaching is understood as a consultation on equal terms, whereby coaches play a supportive role in finding solutions to problems. They draw from a wide range of methods to support development, but do not prescribe solutions. Coaching is a very goal-oriented counselling method.

More information: Curriculum C "European Counsellor" and "Coaching of organisations".

## **Pastoral care**

Pastoral care is predominantly offered by the church and qualifies to support and counsel people with the help of faith.

It is not necessary to have a religious denomination in order to make use of pastoral care, for example on the internet or telephone.

Pastoral care is almost always free of charge.

## **Further examples of counselling in the psychosocial field**

- Debt counselling- Citizens Advice
- Health counselling
- Counselling for victims of harassment at work
- Counselling for messy people and their partners
- Counselling for men
- Counselling for fathers
- Counselling for women
- Well-baby clinics
- Counselling in questions of transport and mobility
- Victim counselling
- Sexual counselling
- Etc.

<http://www.filandra.de/kompetenz/psychosoziale-beratungen.php>

## **Psychotherapy**

Psychotherapy is the treatment of people with mental-spiritual, physical and psychosomatic illness and behavioural disorders by the systematic use of psychological (scientifically founded) methods of verbal

and nonverbal communication. Due to the general framework concerning statutory and theoretical conditions, the scope of the psychotherapeutic setting compared to other psychosocial counselling forms and types of professional (working) relationship, is clearly defined.

### **Further examples of therapy forms**

- Art therapy
- Bodywork therapy
- Speech therapy
- Occupational therapy
- Music therapy
- Dance therapy
- Physiotherapy
- Etc.

### **2.3. Conclusion**

While benefiting from individual experiences and knowledge of trainers as regards people with disabilities, the participants enter into a contract to make an effort and prepare people with disabilities to a self-reliant and independent life. They should show sensitivity and respect towards the participants, and at the same time, use their knowledge, experience and sensitivity to achieve successes in the BASKI Training.

## **3. Teaching methods**

- Lectures on the use of training method, scope of activities.
- Workshops presenting the practical use of this method, practising of the method.
- Drama
- Discussion

## **4. Teaching material**

- Flip chart
- Scenarios of various stories with morals
- Symbols showing emotional states
- Simple forms of scoring and assessing
- Video records of sessions with people with disabilities

# MODULE VII

## AUGMENTATIVE AND ALTERNATIVE COMMUNICATION

### 1. Learning objectives

- Fundamental principles of communication
- Fundamental principles of AAC
- Background Information about communication aids especially the methodical and didactic material used in the basic skills training: what are communication aids, which symbol languages exist – which one is to be used in the basic skills training
- The application of communication and AAC principles as well as the practical of the material in the work with the target group

After completing this module the trainees should have basic knowledge about communication with people with disabilities - especially AAC. They should be familiar with the background information of AAC and know how to integrate this concept in this basic skills training. They should be able to apply the didactic material and be able to create newly adapted material for their clients – if necessary. The identification of individual communication needs is also an important goal of this unit. However, this chapter does not serve as training in AAC, it will only present an overview of the AAC concept and guidelines on how to use it in the basic skills training.

### 2. Learning contents

#### 2.1. Introduction

“One cannot not communicate” (Paul Watzlawick) This is a very famous message and describes that each type of behaviour is a form of communication, and behaviour does not have a counterpart so it is not possible to not communicate. The Latin word communication (lat. *Communicare*) means to share, to announce, to participate. In everyday life the meaning of communication is the exchange of information/cogitation verbally, with gesture, facial

expression, scripts or pictures. A common communication model mostly used in humanities is the sender-recipient model:

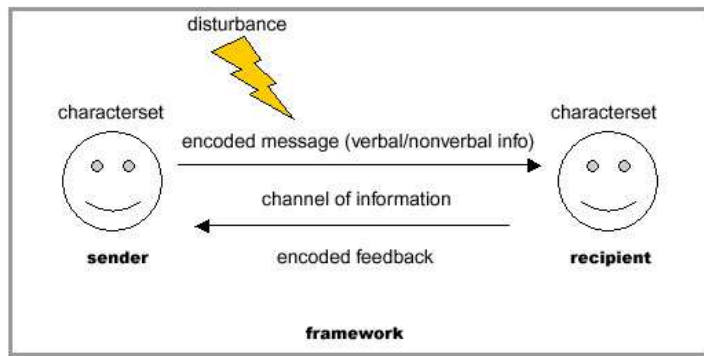


fig. 1: <http://de.wikipedia.org/wiki/Sender-Empf%C3%A4nger-Modell>, 22/05/2006

In this model communication is defined as the transfer of a message from a sender to a recipient. The message will be encoded and assigned via a signal and a transmission line. The important factor for effective communication is that sender and recipient use the same code for the message, because otherwise the message can be falsified by a disturbance.

Generally communication represents a means for gaining knowledge. There are a lot of reasons to communicate, e.g.: to give and get information, to express intentions, beliefs, feelings, express requests, feelings, solve problems, describe events, learn new behaviour, interact, conversation and dialogue (see S.W. Blackstone/D.M. Bruskin 1993). People mainly communicate by speech. But a lot of people are not able to communicate by speech or have difficulties in doing so. To support communication for these people concepts of augmentative and alternative communication (AAC) can be used.

## 2.2 Main Part

Definition of Augmentative and Alternative Communication (AAC):

*An area of clinical practice that attempts to compensate either temporarily or permanently for the impairment and disability patterns of individuals with severe and expressive communication disorders. (<http://aac.unl.edu/academic/AACGBM1.html> , 22/05/2006)*

Non-speech modes are used to supplement, or substitute, spoken language (see S. von Tetzchner/M.H. Jensen 1997).

AAC can be used for people who are not- or hardly able to speak as a result of innate or acquired disabilities. These are children, adolescents or adults who are not able to communicate satisfactorily with their available communication possibilities. The following persons belong to this group:

- People with innate disabilities (cerebral palsy, people with intellectual disabilities)
- People with progressive diseases (muscular dystrophy, amyotrophic lateral sclerosis)
- People with disabilities caused by accidents (head injury) or stroke
- People with temporarily limited speech (tracheostomy)

(see U. Kristen 2002)

The main goal of AAC for these people is to **improve and extend the communication possibilities**. AAC strategies are categorised as **unaided** and **aided**:

Unaided methods of communication:

- Vocalisations
- Gestures
- Sign language
- Head nods
- Eye gaze

→ all these methods of communication refer to the user's body to convey communicative messages

Aided methods of communication (see methodical and didactic material): these methods require additional tools or equipment, that can range from paper and pencil to highly sophisticated laptop computers with speech synthesisers:

- Lite technology (nonelectronic aids like communication boards etc.)
- High technology: *dedicated* systems and *nondedicated* devices
  - *Dedicated* systems: these are developed solely for AAC devices with features essential for communication (soft- and hardware)
  - *Nondedicated* systems: These are devices which were not especially developed as AAC devices but through adaptations can be used as an AAC system e.g. computer or laptop with special software.

(see S.L. Glennen/D.C. DeCoste 1997)

Most non-speaking people use **multiple modalities of communication** that combine unaided and aided methods.

The access to AAC systems can be used with different methods. The access method determines how the user will select a symbol on the AAC device.

- Direct selection method: typically users with good physical abilities will use this. The user is able to point to all possible symbols on the AAC device e.g. pointing with fingers, hands, other body parts, eye gaze, light pointers etc.
- Indirect selection method: People with more limited physical abilities cannot directly access symbols – they use the scanning access method. "Scanning involves the

systematic presentation of symbol choices to the user. Once the desired symbol is reached it is selected by the user" (S.L. Glennen/D.C. DeCoste 1997 p.62).

- Unaided methods of scanning: e.g. communication partner asks a lot of questions and waits for yes/no answers to each question
- Aided methods of scanning: usually a switch is used, which is pressed when the desired selection is reached on the AAC device (for more information about scanning methods see methodical and didactic material).

### Symbols

Graphic Symbols are often used in combination with communication aids, ranging from simple pointing boards to devices based on computer technology. In the following; different graphic systems which are mainly used, will be described (see S.L. Glennen/D.C. Decoste 1997, S. von Tetzchner/M.H. Jensen 1997). For examples for each symbol system see fig. 2.

Bliss: Bliss symbols were created by Charles Bliss in 1949. His aim was to develop a simple picture language to overcome language barriers. "Bliss symbols is a generative symbol system, with specific rules regarding the placement and combination of symbols." (S.L. Glennen/ D.C. DeCoste 1997 p.118). 100 basic elements of Bliss symbols can be combined using semantic rules to form different meanings.

PIC (Pictogram Ideogram Communication Symbols): This system has, to a great extent, replaced Bliss symbols for people with intellectual disabilities or extensive language difficulties. These symbols are designed drawings which form white silhouettes on a black background. The number of PIC signs vary between countries, they are often used in Nordic countries and Portugal.

Rebus: These symbols were designed to teach reading children and consist of 950 graphic signs.

PCS (Picture Communication Symbols): PCS is common in European countries. The PCS consist of about 3000 signs composite in different categories. PCS are available in paper format or colour graphics in communication software (Boardmaker). In the software the symbols can be customised and are mostly used for AAC devices. The basic skills training will use PCS symbols to support communication.

In the introduction we listed a lot of reasons why we communicate, but what does it mean to be non-speaking and to have limited communication skills?

- People have limited experiences with the feeling of being understood

- People have limited experiences to manipulate their environment, create ideas for their life
- People have limited possibilities to present themselves
- People are dependent on others and at the mercy of their environment

All these negative experiences which can be a result of being non-speaking can be the cause of low self determination, low self-worth etc. So it is really important to support non-speaking people to improve their communication abilities adapted on their individual needs.

## 2.3. Conclusion

### AAC and the basic skills training

In the basic skills training people should be supported in their communication mainly by unaided communication methods and aided methods; especially with pictures and PCS symbols which are provided in the methodical and didactic material. PCS symbols were chosen for the project because they are the most popular symbols at the moment and they can be easily used.

In the following section important principles for the use of AAC methods in context with the basic skills training are presented. There is no general recipe on which symbols should be chosen first etc. AAC is always an individual concept for each person who needs it.

Before starting with any intervention have a look at existing communication abilities (see questionnaire case studies). It is important to get a general idea how each non-speaking person communicates – which individual communication strategies exist? These existing communication abilities should not be replaced by new symbols or signs etc. In the choice of the first symbols or photos the following points are important:

- The choice should result in an improvement for the non-speaking person
- The needs, wishes and interests of the person using the symbols should form the basis of the choice
  - The size of symbol, colour and presentation (single symbols, communication board etc., see methodical and didactic material) depend on the user's needs. The symbols should be used often and by everyone during the course of the day. To teach the use of symbols demand frequent repetition. Carers should create situations where the non-speaking person gets opportunities to communicate.

In conversation with a non-speaking person:

- The tempo of the conversation is reduced
- The vocabulary of the non-speaking person may be limited
- As a result of their disabilities non-speaking people have

changed or lacking non-verbal signals

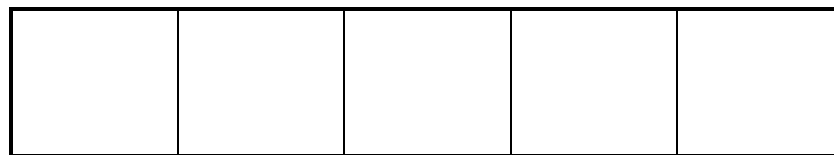
- Non-speaking people do not have much experience in conversation – tends to result in lack of communication rules
- Atypical behaviour of their roles

This unit gives an overview and a compact introduction in the AAC field. After reading this and doing the exercises the trainees should have a basic idea of the AAC concept and should be able to implement it in the basic skills training. To deepen the knowledge it will be necessary to attend a specific course.

### 3. Teaching methods

The following teaching methods should be applied (for the trainers):

Exercises for self-awareness What is it like to be non-speaking (feelings, problems etc.): People should build groups of two – these two people should not know each other well. The exercises should be operated in the following order. The messages are only examples which can and should be changed.



- Exercise 1: Each person should say a sentence in spoken language: "My birthday is tomorrow", "The weather is fine today"
- Exercise 2: One person is non-speaking and he/she can communicate with gesture and facial expression. The non-speaking person should "say" : "I would like to eat bread and cheese". The speaking person should ask questions to get to know what he/she wants to say. After 5 minutes they should change roles.
- Exercise 3: One person is non-speaking who is able to communicate with yes and no – define how yes and no will be shown (nodding=yes, shaking=no). The messages can be: "My chair is uncomfortable". The speaking person should ask questions to get to know what he/she wants to say. After 5 minutes they should change roles.
- Exercise 4: The non-speaking person can use this raster to paint his/her message with five pictures. "I would like to go to the hairdresser next week." The speaking person should ask questions to get to know what he/she wants to say. After 5 minutes they should change roles.

Working in groups - case studies: Participants should work in groups. They should think of one non-speaking client and answer/work out the following questions:

- How does the person communicate at the moment:
  - How does he/she react to speech
  - Is he/she able to show agreement or disagreement – how?
  - Is he/she able to show if he/she wants something – how?
  - Does he/she listen to conversations and respond to their content?
  - Is he/she able to show yes and no – how?
  - Does he/she use signs, symbols, gestures, words, sounds – in which situations?
  - Are statements target-oriented?
  - Is he/she able to show worry/protest – how? Etc.
- Which skills/abilities does the person have?
  - Motor abilities
  - Perception
  - Sensorimotor coordination
  - Cognitive abilities
  - Social competence
- Find situations for communication:
  - Where does the person have possibilities to communicate: interests, day-structure,

→ try to define an individual communication plan for the basic skills training using multiple modalities of communication

Development of a "Communication Passport": see BASKI Training Curriculum, Module III, see methodical and didactic material

Group discussions: after each role-play/practical exercise in order to give and receive feedback of the participant's performance and that of the rest of the group: what went well? What went wrong? What could be changed? How did I feel during the exercise?, Ideas, suggestions, etc.

## 4. Teaching material

- Software Boardmaker: Creation of symbol cards (see methodical and didactic material)
- Defined exercises for self-awareness (see above)
- Literature in the communication and AAC field (see links and literature)

- Photos and images of communication boards, examples of different symbols (see methodical and didactic material)
- Video material about AAC if available: example of a  
German video: „Auch wer nicht sprechen kann hat viel zu sagen“  
English video: “In other words”
- Body language
- Handouts containing a summary of the taught material, the most important case studies and suggestions for possible solutions in different situations – should be worked through during this unit

# MODULE VIII

## SPECIAL CONDITIONS

### 1. Learning Objectives

The participants are to receive information and knowledge concerning the:

#### **BASKI Training QUALITY CRITERIA:**

The participants are to be informed about their responsibilities concerning confidentiality, documentation and information, and will be able to internalise and practise these by means of group work and examples. The participants will get experience and opportunities to explain to and inform people with disabilities with the help of augmentative and alternative communication and other materials. Materials could be symbols on flip charts or cards, examples using dolls, handouts in "easy-to-read" format with picture- or video material. The material used depends on the needs of people with disabilities.

The participants become acquainted with the importance of regular reflection with the people with disabilities. The satisfaction in the BASKI Training is to be continually evaluated. The evaluation may be arranged in several ways; for example, use of symbols, satisfaction scale or corner feedback (for other methods see the BASKI Training Curriculum). With these methods people with disabilities can choose and find their own opinion and expression.

The limits of the BASKI Training, the reasons for discontinuing BASKI Training and alternatives to BASKI Training are to be consolidated.

#### **THE RESPONSIBILITY OF THE TRAINER:**

The participants learn, to the best of their knowledge, to carry out their future work as trainers. The following is to be emphasised again:

- People with disabilities are to be supported on their way to autonomy; meaning, a relationship of dependence between the trainer and person with disabilities should not develop. The participants should receive an awareness concerning this aspect and reflect on this

continually. People with disabilities have the right to leave the group at any time. The participants are to be sensitised to the fact that any learning is on a voluntary basis.

- It is the responsibility of the trainer to end the training session for people with disabilities well, to conclude open topics, or in consensus with the people with disabilities, to pass essential information on.
- It is the duty and the right of the trainer to discontinue the training with a group when the trainer does not want to/ is not able to carry on. (Berne, 2005)

## **PRACTICAL APPLICATION**

With examples taken from situations the participants are to revise their learned knowledge and reflect on their possible behaviour and actions with reference to the duty to protect confidential information, the duty to give information and the duty of documentation; and also with reference to the responsibilities as a trainer, adviser and being someone to confide in. The participants will test reflection and information methods that they are to use in their future occupation.

The participants are to practise and consolidate the importance of holding the participants of the BASKI Training in high esteem, and treat them with respect and recognition. The participants are also especially going to become acquainted with and use methods of contract work and "Martian thinking". (See "Learning contents- main part")

## **2. Learning Contents**

### **2.1 Introduction**

The participants are to be greeted.

A group contract for this last module is to be formulated together with the participants: "What should happen, what do I still want to learn?" "What must not happen under any circumstances? How do I want to feel at the end of the module?" The contents of this contract are to be recorded on a flip chart.

### **2.2 Main Part**

#### 1) CONTRACT WORK:

In comparison to completed group contract work possible situations are to be discussed and elaborated, how and in what form contracts could be formulated in BASKI Training groups (for example: during the first training session, by agreeing on expressions from people with disabilities

about "Do I want to/ do I not want to?"...). The meaning of consent, autonomy, active participation and the willingness of people with disabilities is to be emphasised. (Stewart, Joines, 2000)

## 2) RIGHTS AND DUTIES:

- Examples are to be presented to the participants with reference to their duty in the protection of confidential information, the duty to give information and to make documentation. With the aid of these the participants revise and give their opinions. (Examples: "A person says that she is scared of carer X" "A person leaves the group frustrated because she was not chosen by person X for a partner exercise" "A person finds an exercise childish")
- The participants are to be introduced to "open" and "closed" documentation. The "open" documentation should be made available to the employer and client at any time. In this connection anonymity should always be respected. In the "closed" documentation trainers can collect all contents, statements, observations and interpretations concerning the participants with disabilities. These, however, are not to be made available to others and must be kept locked up.
- The participants are to be informed about cooperation with the coach taking the duty of confidentiality into account.
- The participants are to learn that they are responsible for their own behaviour, and also become familiar with the materials and methods that they will offer in the future.
- The principle "BASKI Training must never hurt or offend" is in effect
- The boundaries of others services for people with disabilities (advice centres, therapy,..) should always be preserved.
- The satisfaction and the type of training on offer should be evaluated by the people with disabilities at regular intervals.
  - o Examples: With the help of several questions ("How did you like...?" "What did you learn....?" "What was easy?" "What was hard?" "What would you like to change?" "How did you like that exercise?" "Do you want to continue with BASKI Training or do you want to stop?"...) by the use of opportunities and augmentative and assisted communication people with disabilities can express their own opinions about the training. Handouts with boxes to mark with a cross may also be used if people with disabilities are experienced in the evaluation process.
- Regular meetings for reflection are to be carried out with the whole institution in cooperation with the coach. Process development, satisfaction and decisions concerning changes, conclusion or continuation of the basic skills training are to be discussed.

## 3) MARTIAN THINKING (by Eric Berne):

Partner exercise: Person A decides which film star he/she portrays. Person B is a man from Mars (does not know people, television- let alone the film star) and he observes and asks person A.

By means of the experiences made and the feedback "Martian thinking" is explained to the participants. This method or form of thinking enables the participants to get to know the people with disabilities free of prejudice, in a candid way, curious and interested and as "experts" in their own right.

#### 4) SATISFIED TRAINERS:

A great emphasis is to be placed on the fact that future trainers are careful in handling their own lives, look after and protect themselves. "Satisfied trainers are able to support satisfying training courses". Self-reflection is a central aspect in the work as a trainer. Therefore, all trainers have a right and a responsibility to take part in group supervision and intervision (peer supervision). (Berne, 2005)

## 2.3 Conclusion

The participants are invited to make a contract for themselves. They can answer the following questions:

- What is my goal in the BASKI Training?
- What will I do to reach my goal?
- What will I not do?
- How can I sabotage myself? (???)
- What do I expect from others?
- How do I know that I have reached my goal?

In conclusion the participants are to be asked for their feedback concerning the module and the whole Train the Trainer curriculum and to compare it with the group contract made up at the beginning of the course. The group is discharged.

## 3. Teaching methods

- Role-playing
- Contract work (see above)
- Group work ("Rights and duties" "How do I form a contract with a group")
- Discussions (concerning personal experiences about the duty of confidentiality, the responsibility to give information and to document work)

## 4. Teaching materials

- Flip chart, overheads (for visualisation of the contents)
- Handouts (covering the contents, theory and exercises of the module)
- Videos (of the implemented exercises for the purpose of reflection in large groups)
- Creative materials and symbols for the drawing up of the group contract.

# ANNEX I

## Specific literature and links

### MODULE I

Schulpsychologische Beratungsstelle Ludwigshafen: Auswertung, Reflexionsmethoden für die Auswertungsphase, URL <http://grundschule.bildung-rp.de/gs/anfangsunterricht/schuleinstieg/Seiten/Schule-Kurs-1-Auswertung.html>, 18/12/2005

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	Bliss	PIC	REBUS	PCS
DOOR				
BICYCLE	2⊗			
BED				
SMALL	v I			
COLD				
FUNNY				
UNDER/ BELOW				
FALL				
LIKE				
HELP				

fig.2: Examples of Bliss symbols, PIC, Rebus, PCS

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