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## **DHS/ORS Personal Assistant Training Program: Report on Centers for Independent Living (CILs) Input**

SEIU is committed to engaging stakeholders from the Disability Community in the design and implementation of the PA Training Program. Beginning in December, 2010, SEIU has been engaging the disability community and Centers for Independent Living to seek their input and up-front insight on the design of the Training Program. With support from PHI, SEIU has:

- Invited CILs to share information regarding PA Training/Orientation programs currently provided by CILs and to share their recommendations for the design of the SEIU training program;
- Engaged in dialogue about PA Training with advocates at INCIL Executive Director and PA Coordinator meetings;
- Conducted focus groups with CIL Executive Directors;
- Conducted one-one-one interviews with 7 CIL Executive Directors;
- Committed to establishing a Training Advisory Committee that includes disability advocates and CILs to ensure their ongoing input and partnership into the training program.

This report summarizes the input that SEIU and PHI have received from CILs regarding the perspectives of the CIL and Disability community on PA Training. SEIU is committed to continuing a process of collaboration with Disability advocates, and we believe that the viewpoints and recommendations from Disability advocates should be strongly considered as we move forward on the Training Program. We believe that CILs can be key partners in the design and the delivery of PA Training.

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## Invitation to share information regarding CIL Training/Orientation and recommendations

In December, 2010 SEIU reached out to INCIL's Executive Director to engage CILs by asking them to share information around their PA Training Programs, and share recommendations regarding the development of SEIU's Training Program.

Thirteen CILs shared information regarding their PA training program design and content, reflecting a wide variety of training methodologies, approaches and training topics. In general, CILs focus on recruiting new potential Personal Assistants, and provide a training/ orientation to potential PAs that enables those PAs to be listed on each CIL's Registry; the CIL can then make referrals to consumers who are looking to interview or hire a PA from their Registry.

CILs indicated that they have adopted a consensus around nine "**Must Have**" Elements for initial PA orientation Training, which include:

- Independent Living Philosophy \*
- Individualizing Services to Consumers \*
- Universal Precautions \*
- Proper Transfer Techniques \*
- Proper Completion of the PA Packet
- Understanding the Service Plan
- Completing a Time Sheet
- General Disability Etiquette
- Confidentiality

*\* The asterisks indicate topics that are required topics by the CIL's DRS/HSP contracts.*

CIL PA Coordinators indicated that there are four additional topics that they also considered critical:

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|---------------------|-----------|
| - Sexual Harassment | - Neglect |
| - Abuse             | - Fraud   |

In addition to these "Must Have" topics, many CILs reported providing trainings on additional topics, including: About Our CIL, Consumer Control, Fraud, Sexual Harassment, Abuse and Neglect, Dressing, Bathing, Communications, Hygiene, Preparing Food, Handling Conflict, Money Management, Skin, Bed Sores and Reporting Changes, Common Disabilities, Medication, Fall Prevention, Stress Reduction, Caregiver Wellness, Range of Motion, Transferring Techniques, and Code of Ethics.

Of the thirteen CILs who reported, two train 200 or more people per year; others train 45 – 80 PAs per year. CIL Orientations/ trainings range from 30-45 minutes to 4 – 20 hours. Orientations are presented to individuals, and to groups of 6 or more people. One or more CILs conduct evaluations and offer certificates. Three invite the Union to present.

The thirteen CILs who shared information reported training a total of 812 Personal Assistants in a one-year period.

## **Focus Group and Interviews**

What follows are notes from the discussion and focus group held at a quarterly INCIL meeting on May 3, 2011 with SEIU and PHI, and attended by Executive Directors from nearly 20 CILs, and representatives from CCDI (Coalition of Citizens with Disabilities) and SILC (Statewide Independent Living Council). 9 CIL advocates participated in the Focus Group immediately following the INCIL meeting, and over the next few weeks, the following Directors were interviewed at length in one-on-one interviews:

- Ann Ford, Executive Director, Illinois Network of Centers for Independent Living (INCIL)
- Cathy Contarino, IMPACT CIL
- Mike Egbert, Opportunities for Access CIL
- Horacio Esparza, Progress Center CIL
- Daisy Feidt, Access Living of Metropolitan Chicago CIL
- Becky McGinnis, Jacksonville Area CIL
- Melody Reynolds, Advocates for Access CIL

On June 3<sup>rd</sup>, SEIU and PHI met with CIL PA Coordinators at their quarterly INCIL meeting to give a program overview and invite their input. This Report summarizes our understanding of the feedback we received from all of these sources, and has been proofread for mistakes and additions by the Directors we interviewed.

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**Overarching Thoughts** – CILs want to express the following overarching thoughts and opinions:

1. The CILs see the value of the training program and wish to support its successful launch, particularly given SEIU's efforts to actively engage CILs initially and on an ongoing basis. Communication, collaboration and mutual support are keys to success and will be beneficial to both organizations.
2. The SEIU training program should not supplant or put at risk the current orientation and training programs that the CILs are and have been providing for up to 20 years. This is of particular concern given the funding SEIU has available for training and for stipends while PAs are in training.
3. SEIU training needs to reinforce the CILs' efforts to ensure that all PA-provided supports and services are grounded in the Independent Living Philosophy, consumer direction and person-centeredness. There is some concern that if the training empowers PAs, they may be more likely to dominate consumers.
4. Training needs to also prepare PAs to be open and ready to receive additional training from their consumer employers. It cannot set up PA staff to say, "I already know how to do this the right way, you don't have to teach me."

5. The CILs' content and training expertise needs to be valued and respected. At the same time, CILs' proprietary interest in products and materials they have developed needs to be protected.
6. It will be critical for the program to stay abreast of emerging needs, changing program requirements, and best practices and techniques so that training is kept current and teaches accurate, up-to-date information.
7. It is important to clarify confusion about CILs and SEIU maintaining a registry.
8. SEIU should share PA training program goals with the CILs.

I. **Recommendations for Training Program Design**

1. **Session Details** – Generally, CILs have found that 2 – 4 hour sessions, repeated at 2 or 3 times during the day so that working PAs have choices about attending to accommodate their work schedule, offered 2 -3 times a week, are likely to work best. One CIL has success offering 5-6 hours of training 4 days in a row.
  - Sessions should not go longer than 1.5 hours without a break for participants.
  - If a variety of topics are offered menu-style at the same time, some students could attend full day programs, which would suit some PAs.
2. **Program Approach** –
  - a) While some CILs felt that individual stand-alone sessions offered as a menu of options rather than a longer series of sequenced modules would be more effective, a number also believed that a limited, standard, fundamental curriculum for all PAs would be valuable to offer.
  - b) Given that this is the first year of an ongoing program, offering stand-alone sessions of most interest to PAs creates the opportunity to build program capacity as it sparks PAs interest and confidence in the training. More formal sequencing, programming and, possibly, credentialing could develop over time.
  - c) This approach also allows flexibility across the state. It was suggested that if CILs served as centers of the training, offerings could be varied based on local needs and interests. Through state-wide coordination, locally developed programs could become models to use state-wide.
  - d) One CIL Director offered a suggestion to include information on the training that PAs have completed on CILs' individual registries to reinforce the value of this training.
  - e) CILs and SEIU need to have ongoing dialogue about offering mandatory vs. voluntary training. Requiring minimum mandatory program of all PAs could be valuable, for example, CILs' training in paperwork actually saves the state money. On the other hand, mandatory training and credentialing impose on consumers' choice.
  - f) It's very important to ensure that consumers are getting their services and PAs are not skipping work hours to attend training without making advance arrangements –

given that PAs will be paid for attending training and will require additional demand on PAs' time.

- g) It would be good to pilot trainings in both rural and urban areas to ensure that it meets the needs of both.

3. **Instructional Approach** – Using a mix of approaches, including these below, is the most successful way to teach. Variety keeps participants engaged and is more effective.

- a) Interactive presentations to convey information and gain an understanding of participants' own knowledge and experience with the subject matter, as well as to answer questions participants raise
- b) Slide shows and handouts to visually reinforce content and provide participants with take away opportunities to continue learning
- c) Videos to illustrate real-life experiences and people, vary presentation of content, and set the stage for discussion and analysis. One director suggested that the clips be short to keep focus on discussion of content. High quality videos mentioned include:
  - ◆ Independent living and consumer choice
  - ◆ The Ten Commandments of Communicating with People with Disabilities
- d) Role plays to give participants the opportunity to practice skills and explore attitudes and perspectives
- e) Small group work with case scenarios to build problem solving and reinforce content
- f) Movement activities to help participants stay engaged, and to demonstrate and practice skills, such as transfers, taking blood pressure, etc.
- g) Consumers need to be engaged as presenters to convey a true understanding of PA work and roles
- h) Use quizzes and tests to determine participants' grasp of ideas and content

PHI and SEIU emphasized that adult learner centered approaches will be used in all training. A PA Coordinator expressed concern that new content will need to be taught to PAs and pedagogical approaches will need to be used to ensure that participants learn these new skills and knowledge.

4. **Classroom Management** –Trainers need classroom management skills to control dominating people

5. **Program Topics** – Topics CIL Directors believe are critical for PA training include:

- a) Independent Living Philosophy, Social vs. Medical Model, Person-Centeredness, Consumer Control & Direction. Understanding how it informs responding to consumers who want to make unhealthy choices, e.g. diabetics who want to eat candy

- b) Person-Centered Language
- c) Respecting Consumer's Role as Employer and Trainer
- d) Understanding the DHS/ORS System and Home Services Program business model – the employee manual, pay system, etc.
- e) Ethics and Setting and Maintaining Clear Professional Relationships and Boundaries – with consumers, families, friends at the home. One Coordinator noted, "PAs need a lot of self-awareness – have to be ready for the unexpected, have to explore consumers' needs through careful review of the service plan."
- f) Preventing Abuse, Neglect and Fraud
- g) Personal Hygiene
- h) Understanding Services and the Service Plan
- i) Safety for PA and the Consumer – excess safety and right to choose
- j) Universal Precautions
- k) PA/Consumer communications
- l) Body mechanics
- m) Sexual harassment
- n) A broad base of fundamental health care skills – an introduction to diverse variety of approaches to techniques – that consumers can build on to train their PAs in how they want these services provided to suit their individual needs and preferences
- o) New technologies and techniques as they emerge
- p) CPR/First Aid
- q) Cultural competency and training in the cultures of the individual consumers they work with, e.g. Latino, Asian, – including norms, language, foods, etc.

6. **Experienced PAs' Training Needs** – CILs felt that even PAs who had received training in all of the above topics would benefit from revisiting issues and continued training. The topics that were thought to be most critical to revisit included:

- a) Independent Living Philosophy, Social vs. Medical Model, Person-Centeredness, Consumer Control & Direction
- b) Respecting Consumer's Role as Employer and Trainer
- c) PA/Consumer Communications
- d) Professionalism
- e) Issues with illegal drug use and alcohol; concerns with mixing them with medications have to be addressed.
- f) Dealing with conflict between employer consumer and PA.
- g) Setting and maintaining healthy boundaries continues to be an issue.

h) It would be good for experienced PAs to learn how to mentor other PAs.

7. **PAs Characteristics as Learners** – PAs have a wide variety of backgrounds, of education levels, of attitudes, and of job preparedness, as reflected in SEIU survey results. Suggestions for successful training approaches with these learners include:

- a) Because PAs with low reading levels will be in the mix, keep grade level of written material for participants at 6<sup>th</sup> grade level or lower.
- b) We have to value PAs as smart and capable people who are impacted themselves by how our society views people with disabilities. By becoming partners with consumers in promoting the independent living philosophy and consumer self-direction, PAs enhance their own status as well as that of the consumers they serve.
- c) Some participants will have learning disabilities and they need to be accommodated.
- d) Many PAs don't know how the system works – how to get paid, whom to go to for what, how to address concerns that arise, etc. They need specific training in this.
- e) The face of PAs is changing because of wage increases and the state of the economy.

8. **Qualities of Successful Trainers** – PA Coordinators brainstormed the following ideas:

- a) Experience in the duties of being a PA.
- b) Exposure to having and living with a disability.
- c) You've got to be honest and sincere with everyone, and need to lay out the information clearly.
- d) The best trainers will be consumers who have hired PA's.
- e) You need 2 types of trainers: content specialists and trainers schooled in learning theory.
- f) Someone who has an understanding of the independent living philosophy and consumer as employer.
- g) Someone who knows the materials, knows how to deliver it, but most importantly knows how to identify their audience and teach as they need to be taught.
- f) Trainers need to be skillful at "reading" participants in a class – identifying who may have difficulty reading, who has skills and knowledge that could be drawn upon.

9. **Characteristics of Consumers Impacting Training Program Design and their Role** – While Directors did not see many location- or area-specific trends among consumers in their CIL regions and serve a very broad range of people with disabilities, they offered some thoughts about the people they served.

- a) It is more effective to center training around consumers' functional needs rather than on knowledge of consumers' particular disabilities.

- b) CILs tend to work more with consumers who have challenges managing their PAs and/or who need more than PA services.
- c) CILs serve people who are deaf and/or hard of hearing, among others, as well as people with visual disabilities, cognitive and developmental disabilities, and people with other physical disabilities. One reported serving a growing number of people with traumatic brain injuries and with mental health issues.
- d) Having consumers attend training with their PAs could be great.
- e) Let consumers know about training so they can take the initiative to encourage their PAs to go.

10. **Thoughts on Establishing a PA Peer Mentoring Program** – CILs were enthusiastic about the creation of a peer mentor program for PAs, particularly given how isolated PAs can be in their work. They offered some cautions and advice from their own experiences.

- a) Be prepared for confident, experienced PAs who think they know it all but don't. They may not be the best peer mentors because they talk better than they listen. They may be operating from the old paternalistic model. Or they may have accumulated an inaccurate body of knowledge and inadequate set of skills they think are absolutely right. SEIU needs to identify the characteristics, skills, and knowledge it's looking for in a mentor and design a thoughtful selection process.
- b) Offering some structure to the initial relationship can be helpful, e.g. "You should try to meet with your peer mentor X number of times in your first month."
- c) It may be more effective to match peer mentors with PAs who work with consumers with similar needs.
- d) PAs' conversations with their mentors need to be productive – not just griping. They may need to vent sometimes, and that can be helpful, but it can't just be gossip or negative.
- e) This is a great way to provide one-on-one training too.
- f) The CILs offer peer counseling and there needs to be a clear separation of this service and SEIU's Peer Mentoring program for PAs.

II. **Feedback Regarding Sample Modules of PHI PCS Curriculum** – Seven Directors were sent copies of activities from modules introducing "Person-Centered Care," and a second on "Infection Control," and asked for their impressions.

1. Most Directors did not have time prior to the interviews to review the modules in detail. We encouraged them to share feedback through email or phone at any time.
2. The 'using gloves' handout and instructor's guide did not discuss removing gloves properly. If PAs don't know and use the procedure incorrectly, everything else they're taught is pointless. [NOTE: The next activity in the module is the practice session, and the activity and handouts do cover that procedure.]

3. One director thought they were very good and similar to the training they do.

III. **PA Coordinators' Background as Educators** – As with PAs, PA Coordinators have very different backgrounds and educational experience. Many have not been trained as trainers, but are content experts and have natural talent as presenters.

1. Many Coordinators are people with disabilities who have managed PAs themselves, and others are PAs who bring firsthand content knowledge and experience to their work.
2. Most appear interested in doing more training, and being involved in the SEIU Training program.
3. Other staff, particularly advocates, at the CILs also offer training in specific topics. For example, if the Coordinator is not a person with a disability, another staff member who is may come in.

IV. **Partnering with Education Providers** – While most Directors did not know of education partners that they would recommend in their areas, they did have some thoughts.

1. One Director suggested that Community Action Providers or Community Care Program Providers across the state might be good partners (.).
2. A few Directors mentioned their community colleges, some of which provide CNA training. They noted that the Colleges also might have the space and lab facilities for training, which some, but not all CILs have.
3. May want to bring in specialized trainers for topics such as CPR/First Aid, health care skills, etc.
4. VALOR has cultural competency training for working with Latino consumers, and Progress CIL has a Spanish translation of the CIL training available.
5. Jacksonville's school for people who are visually impaired was also mentioned.