Mentoring a Spirit of Gentleness

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Introduction

This workbook is about mentoring a spirit of gentleness among care givers. It is designed to help those skilled in Gentle Teaching deepen this spirit in themselves and others. Around the world care givers are challenged to serve children and adults filled with fear and meaningless lives. Care givers try to deal with the violence that comes out of this, but are often confronted with even more violence. Gentleness is our response to violence- a most difficult task.

Care givers are often burdened with a feeling that their "jobs" consist of controlling others. The mentor has to help refocus the care givers' roles:

Instead of

Meals,

Pills, and

Toilet spills

The focus has to be re-centered on

Filling empty, and sometimes, violent spaces

With the care givers' loving laces

That form thousands of warm embraces

Care giving priorities are often topsy-turvy-- house cleaning, meal preparation, medications, and house cleaning. These can be important, but they cannot be the be-all and end-all of care giving.

The mentor's role is to define the empty and violent spaces that exist between care givers and supported individuals. These have to filled up with the care givers' laces of

affection-- their loving touch, warm words, and kind gazes. Care givers need to stop and reflect on the formation of companionship and community helping individuals feel safe, engaged, loved, and loving. From this foundation, care givers can then create communities of caring.

Mentoring is our process for teaching care givers to establish companionship and community. Mentoring a spirit of gentleness among care givers is a an on-going project based on trust between mentors and care givers. There are no fixed answers. The very process of mentoring is our response to empowering care givers and those whom they serve to discern non-violent responses to violence and to form community.

Mentoring

Mentoring is an ever-deepening task that calls for the development of trust among care givers and the formation of a sense of companionship and community. It is:

- An on-going process
- In which those skilled in Gentle Teaching
- Bring a spirit of gentleness into homes and day programs to care givers and those whom they serve
- In a supportive and trusting relationship
- By developing a feeling of trust, experiencing hands-on interactions with troubled individuals, coaching care givers, sharing thoughts and feelings around the kitchen table
- Developing and carrying out person-centered plans that lead to companionship and community

Each mentor provides leadership and facilitation in his/her unique manner. However, the common ingredients are frequent visitations to the most troubled individuals and their care givers, the formation of trust with care givers, hands-on experiences, coaching, and the evolution of person-centered plans built on trusting relationships. The mentor comes in a spirit of gentleness and confronts violence and chaos with peace and discernment. The mentor seeks goodness of all involved, points out the beauty of care giving, sets a gentle example, and helps create a culture of life. The end results of the mentoring process are:

- To improve the well-being of troubled individuals through the formation of companionship and community
- To establish a sense of companionship with care givers
- To teach Gentle Teaching to care givers through example and coaching
- To develop with care givers prevention strategies-- reducing all forms of violence and evoking a sense of peace

Mentoring is no easy task. Mentors have to define their own safe-zone, both with the care givers and those served. The mentors' values and experiences play a role in the unfolding of the process. Some will feel quite comfortable with any and all care givers, while others will be more hesitant and less confident. Some will be bold in terms of hands-on experiences with troubled individuals, while others will be more reluctant and less assertive. The mentor should not feel rushed, but confident that the very process of coming together will uncover a spirit of gentleness.

There is no firm answer as to what to do in any given situation. However, all mentors are expected to move within the same broad framework with both care givers and the vulnerable people they serve. The primary marks of mentoring are to ensure that all learn to feel safe, engaged, loved, and loving. The mentoring process is an unfolding one. The more experiences, the better equipped the mentor will be to teach companionship to care givers and troubled individuals. Each mentor has to make a moment to moment definition of his/her safe zone and slowly expand it. It does not matter where you start, but how far you can go in terms of deepening a sense of gentleness in yourself, in the care givers whom you will encounter, and in the troubled individuals whom you wish to help.

The general rule of mentoring is twofold and applies to both troubled individuals as well as their care givers:

- **Do not provoke violence!**
- **Evoke peace!**

The Mentor as Authentic

The first secret of mentoring is to be authentic. But, authenticity has to be tempered with a deep understanding of our values. A mentor's purpose is to focus on the creation of companionship and community. Whether visiting with care givers or troubled individuals, the mentor has to discover her/his own mentoring style tone of voice, way of carrying oneself, way of explaining and teaching, way of showing others how to deal with violence, way of encouraging and valuing care givers. Each mentor brings her/his unique gifts, life-experiences, and depth of feelings.

Mentors are walking in the same, but each has to create his/her own path. The direction is mapped out:

- Create a trusting relationship among care givers
- Teach care givers how to make vulnerable people feel safe and loved
- Help care givers form companionship and community
- Use their teaching tools (their words, their hands, and their eyes) in their own way
- Be able to transcend their own desires and ordinary ways of interacting in order to strengthen and deepen their teaching message

The hardest thing is to sometimes transcend our own way of doing things. A mentor is a teacher. Teaching calls on us to identify, clarify, and convey complex message. Nothing is more complex than teaching others to feel safe and loved. The mentor might be a quiet person. She might prefer to sit back and watch. As a mentor, she will have to stand up and be counted as an authoritative voice. He might like to boss people around. The mentor will have to ensure a sense of trust with care givers and deal with them in a highly valuing way.

Care givers are good people trying to do good things. Yet, violence often is the hallmark of many troubled individuals and too frequently violence begets violence on the part of care givers, not because we want to hurt people, but because our focus is on controlling others instead of teaching a spirit of companionship and community.

The secret to non-violence is to focus intensely on making individuals *feel* safe and loved. Some say, "But, John *is* safe and even loved!" Mentors have to be strong in their understanding that those served do not feel safe or loved due to the inherent nature of a particular disability such as autism or paranoid schizophrenia, plus many have endured years of abuse and neglect. They might be safe and loved, but they do not feel that way.

Mentors have to be steady in their own values:

- Interdependence being more basic to the human condition than independence
- Nurturing replacing control
- Unconditional love being more powerful and essential than reward or punishment

Care givers will present a multitude of "Yes, but..." situations. The mentor should listen and gradually place the focus on helping the care giving community feel trusting and safe. This is the gift that mentors need to give care givers so that they then might share it with those served. Do not be bossy or authoritarian, center yourself on seeing reality, listening, and slowly evoking peace. Care givers do not often recognize the deep fears of those whom they serve. They continue old practices that have failed for years. They are trained to control rather than evoke peace. Mentors bring a new way of dealing with these controlling realities, and this

takes time.

Gaining Trust with Care Givers

The first process in mentoring is to develop a sense of trust with those mentored. Trust is a feeling in which a person listens, participates, contributes, and questions because he/she feels safe. It is based on the mentors bringing a spirit of encouragement, praise, and serenity to the situation, even in the midst of chaos. It involves a dynamic process that starts with the mentors in their first encounters with care givers:

- Make care givers feel safe and loved by coming as a friend and companion
- Keep your focus on the creation of companionship and community not on behavior problems, physical management, or griping
- Avoid arguments by listening closely and translating concerns from the perspective of feeling safe and loved

The mentor's first task is to develop a sense of trust with care givers. This is done through frequent visits and dialogue with them as well as hands-on experiences with their troubled individual.

The mentor's presence should convey a strong message of companionship:

- Visit as a friend and teacher
- Make the kitchen table your classroom
- Avoid any artificial signs of "professionalism" or lording it over care givers no note books, no forms to fill out, to data to be discussed
- Have empathy for the care givers' reality

The mentor has to avoid a sense of attacking or a know-it-all attitude, and generate a process of equality and mutual change.

First Encounters

The purposes of the mentor's first encounters with care givers are:

- To develop an initial sense of the degree to which a spirit of gentleness is or is not present in the situation
- To plant the first seedlings of trust between the care givers and mentor

- To plant the first seedlings of trust between the mentor and a vulnerable person through hands-on experience
- To state and then elicit from the care givers statements about the goodness of what they are doing

The mentor's initial steps start as he/she enters the home or service. The first purpose is to develop a sense of trust-- the same process as teaching a feeling of companionship. The mentor's task is to establish a healing relationship with the care givers based on trust. Each care giver has to feel safe with the mentor. The mentor comes as a brother or sister, not as a boss, regulator, or inspector. Although the mentor might see sad and ugly things, the first step is to create a sense of trust and mutuality-looking for small good things to focus on, sitting with the care givers and discussing a spirit of gentleness, getting to know the care givers, and expressing warmth toward them.

In this process, we center our interactions on what we want the care givers to become, not what we want to get rid of. As a mentor, the primary "client" is the community of care givers. And, our first task is to help them feel safe with us by avoiding any perceptions of being:

- Judgmental a "know-it-all"
- Authoritarian bossy
- Aloof flaunting your position
- Disengaged telling people what to do without doing it yourself

The mentor should present her/him self as authoritative rather than authoritarian-- giving a sense of equality as well as knowing what direction to go in-- the establishment of companionship and community through a sharp focus on teaching all to feel safe and loved. The mentor might not know exactly what to do, but knows the right direction to go in. The mentor is not expected to know everything, but to facilitate change based on companionship and community. The mentor needs to be well-grounded in this direction.

The mentor's road posts are to move the care givers to understand the need to teach companionship and community. Each individual in the home needs to feel safe, engaged, loved, and loving, and this sense has to lead to a community of caring in which the care givers and those served are connected with one another..

The process starts with the mentor-care giver relationship. What we want to do is to begin a process of each care giver accepting us as equals and as individuals who

have an authentic desire to be with them, share, and be open. This begins with the mentors' first interactions. Simple things are important:

- Introducing self to each and every person in the home showing care and concern toward all
- Shaking hands coming into personal and equal contact with all involved
- Being relaxed, natural, and brotherly/sisterly seeing self and all involved as equals
- Speaking words of encouragement and praise even in the midst of chaos
- Gravitating toward the most troubled individual showing trust in self and others

In some situations, the mentor will be shocked and scandalized by the overall situation. Unless it is an obvious instance of abuse or neglect, it is better to focus on the care givers' trust-- holding one's tongue regarding the negative and looking for instances of goodness. The mentor might see and feel chaos-care givers with loud voices, ignoring the needy, and grabbing. The mentor has to cut through this sadness and look for acts of kindness-the care who pats someone on the back, says a good word, and smiles, These simple acts have to be lifted out of the chaotic reality and made the focus of the beginning of trust and understanding.

Remember, we are asking care givers to do what most others cannot do-- dealing with extreme forms of violence, self-isolation, obsessions, and mania. We are asking care givers to ponder the depths of human fear and meaninglessness. Care givers deserve our respect and support. The mentoring process should be an on-going supportive process in which we learn as much as the care givers.

Initial Visitations

First visits are a mix of listening to and guiding the care givers along with hands-on, "show-and-tell" experiences with troubled individuals We have to make the care givers feel safe with us from the very first meeting. Even the appearance of the mentor is important. Avoid any look of haughtiness or superiority. The mentor's presence is to be one with the care givers and to spend time hands-on with troubled individuals.

A crucial part of mentoring is engagement with the most troubled individuals. Center yourself and your involvement on peace-making. In some instances, these hands-on experiences can become somewhat stormy. The less jewelry, ear rings, necklaces, eye glasses, fancy clothing, and the like, the less likelihood that items will be damaged, and the less frustration will emerge. More importantly, the mentors need to relate to the care givers who are spending the day working hands-on, cleaning, cooking, and doing other chores. It is also good to leave behind papers, documents, and other symbols of hierarchy and authority that might distance the mentor from care givers.

The mentor's visitation approach with the care givers is important:

- Focus on the good-- look for small acts of kindness
- Deflect the contrary-- avoid arguing
- Enter as a brother-sister-- be humble
- Praise and uplift the care givers-look for goodness
- Spend special moments with each-- be authentic
- Focus on the care givers feeling safe with you-- be relaxed and friendly
- Do not argue-- save your words for good things
- Do not criticize-- give tips on what to do, not what not to do
- Enter into a process of teaching what you want the home or day program to become

This approach involves a risk. Our cultural tendency is to come down on people and tell them what is bad and demand change. The mentor's approach has to be authoritative without being authoritarian. Authoritative means that we are well-grounded on the need to bring about companionship and community. We will not focus on what to get rid of even though most care givers will be driven to get a "What do you do when....?" response. Mentors have to keep the focus on becoming, not getting rid of behaviors. The authoritative mentor helps care givers design strategies to prevent or water down presenting problems. More importantly, the mentor elicits new perspectives on the need for companionship and community. Avoid visiting homes and entering into a dialogue about "Got get rid of the aggression...!". Enter the home, listen, and talk about the prevention of problems and the teaching of companionship.

- Help care givers deal with problems through prevention
- Giving in while teaching the person companionship
- Focusing on the individual learning to find loving meaning in the care givers

The hands-on aspect of mentoring should be a simple process. Its purpose, in the beginning, is not to find an answer about what to do, but to set a non-violent example. It might involve just being near someone, touching them softly, drinking coffee or having a snack, or cleaning a person with soiled clothing.

While doing this, the mentor has to start thinking about ways to prevent violence or diminishing it and later share these strategies with care givers. Prevention plans are a good tool to develop. Instead of having everyone wonder about getting rid of behaviors, help them focus on their prevention. These plans include:

- Making a list of things the person likes

- Making a list of things the person does not like
- Giving the person what he/she likes and avoiding dislikes
- Calming the environment down
- Changing the culture of the place from control to companionship
- Developing and carrying out a strategy to teach the person companionship

The mentor should develop prevention plans with the care givers around the kitchen table once a basic sense of trust has been established. They should be in the care givers words and be as concrete as possible.

Remember that many care givers have trouble giving people what they want. Most often, giving in resolves violence. Many causes of violence are simple things like

- Giving coffee
- Giving cigarettes
- Giving cake

It is better to give than provoke violence. The mentor has to teach care givers, if violence is avoided, it is much easier to teach people to feel safe and loved. Giving in gives care givers time to teach these feelings. Many people have nothing else in their lives than these material things. A central mentoring role is to teach companionship. By giving in, the person can learn a deep sense of companionship and community.

First Kitchen Table Dialogues

The initial visits with care givers can be the toughest. They will want to focus on the negative or will simply ignore the mentor. Focusing on getting rid of behaviors is part of our culture. Quick fixes are always sought. Compliance is a ruling attitude. The mentor has to nurture trust through valuing each care givers, spending time with them, and looking for the good in them.

After introductions and initial observations, the mentor should call as many care givers as possible to sit around the kitchen table and very informally discuss what a spirit of gentleness is about. The main points in this first dialogue are:

- Companionship-- finding ways to deepen the sense of trust between care givers and those served by teaching
- Feeling safe-- based on the perceptions of the vulnerable individual about us
- Feeling engaged-- encouraging the desire of the person to be with us
- Feeling loved-- pouring unconditional love on the troubled person
- Feeling loving-- drawing out smiles, hugs, warm gazes, and hugs

The concept of companionship will be strange to many since the typical focus is on getting rid of behaviors and compliance. Companionship is a different perspective. Define its importance in the care givers' language, but also introduce a new vocabulary of care giving. If companionship and community are the central dimensions of care giving, then our language has to bring this flavor.

- Everyone hungers for a feeling of being-at-home or connectedness
- This need is basic to the human condition and is the foundation for all learning
- Feeling safe means that each person has to learn to see the care givers has a fountain of security
- Teaching that being with us and contact with us is good
- Teaching that doing things with us is good
- Teaching that the troubled person is loved by us
- Teaching the person to reach out to us

The mentor should introduce as many of these ideas as possible, but within the context of the presenting reality. If there seems to be significant disinterest, understanding that this means the trust-level is near zero, do not become frustrated. Recognize that you have to start in the basement. This tiny step then means that the mentor does not push his/her agenda, but retreats to a position of, "Well, let's see what happens when I am with so-and-so..." The idea is to not push the care givers, but to show that you are willing to roll your sleeves up, take a few licks, and feel the deep frustration of care giving. The companionship dialogue can then occur after your hands-on engagement.

Engaging with the Troubled Person

Whenever the mentor feels safe, he/she should begin some type of engagement with the most troubled individual. A prelude to this should be discrete observation of the individual, looking for his/her range of behaviors, ways to bring a spirit of serenity, strategies for being-with the individual, touching him/her, and talking to him/her. Also, keep your eyes open for those care givers who seem open and responsive. In this initial encounter avoid any focus on:

- Getting rid of behaviors
  - Focus on teaching the person to feel safe and loved
- Having the person do something with/for you at the start
  - Focus on teaching engagement
- Fast movements
  - Focus on calming the person
- Loud sounds
  - Focus on calming

The mentor should not worry about doing anything except being with or even near the troubled person. Generally, years have been spent trying to get rid of behaviors. The mentor's concentration has to be on teaching new modes of interacting based on companionship. The quieter and slower the mentor approaches and stays with the individual, the better. Do not worry about a "home run", just be satisfied with being with the person. The first steps in engagement are:

- Approach the person slowly, quietly, and warmly
- Get as close to the person as possible without provoking violence
- If the person is extremely scared, slow down and quiet down even more
- If the person moves away, screams, or shows any other signs of rejection, say nothing except something like," Shh! I am not going to hurt you or make you do anything!"
- Stay as close to the person as possible without provoking violence
- When the moment seems opportune, say a loving word or two, reach your hand toward the person, and, if possible, touch him/her
- Stay with or near the person for as long as possible
- If you are not sure of what to do or you sense the evocation of any form of violence, back off, and just be near the person

As you approach the person, center yourself. Take a deep breath and relax. Reflect on your desire to simply be with the person without violence and in a spirit of gentleness. Have very simple expectations-being with or just near the person, talking softly, perhaps lightly touching, and staying with the person. The mentor's first three cardinal rules related to the mentor's engagement with the troubled person are:

Avoid provoking violence through giving in and staying calming

Concentrate on evoking peace through your focus on nurturing

Have no expectations other than ever-increasing and burning hope

The mentor has to dig deep into his/her heart and concentrate on peace and serenity. At the start, everything should be in slow motion, cautious, and loving. Do not worry about proving anything, nor showing that you can deal with the situation. Keep your whole focus on the troubled person and evoke the best in the person by bringing out the best in yourself. The mentor's presence has to be calm, peaceful, and loving. Only get as close as you feel safe with. Speak in a hushed tone and let the person know that you are asking for nothing, except being there. If this provokes violence, move away slightly, become even more hushed, and focus on your own peace and its transmission to the person.

The mentor's tools are his/her hands, words, and eyes. Use these to evoke peace:

- Our hands
- Our words
- Our eyes
- Softly and lightly
- Hushed and comfortingly
- Warmly and nurturingly

In the most disturbing or frustrating moments, the mentor's use of these tools has to be attuned to quick change-- decreasing rapidly from whatever degree of being-with the person had been to:

- Softer gazes
- More hushed conversation
- The lightest touch

The mentor's most challenging role is to become attuned to the person's fears and sense of meaninglessness. We have to read constantly what the person's body is saying. Sense the individual's tenseness when his/her hands tighten or face flushes. Check out the person's eyes and feel the coldness or disconnected appearance. Watch the more driven bodily movements. Look for the slightest flinching when touched or even when moving closer to the person. The mentor then goes quickly in the opposite emotional direction-stopping midway when reaching out so as to not increase the fear, looking down somewhat so that even our gaze does not provoke fear, and softening our voice.

It might seem odd, but all of our tools can equate with violence, even when used in the most loving way. It is as if the person feels that not just our hands are going to grab, but also our eyes and words. The troubled individual has strong memories of fear and dehumanization and is certain that our eyes are like daggers and our words like sharp razor blades. The mentor's role is to first be attuned to these feelings and then begin to teach a new meaning, "When you are with me, you are safe!".

Safe-Zone

In the attunement process, each mentor has to determine his/her safe-zone-- the physical and emotional space that produces calming or, at least, avoids any escalation of any form of fear or violence. The mentor has to feel safe before the individual can feel it. We have to recognize that sometimes our mere presence can provoke fear. So. Go slowly and avoid any hint of demand.

This process might involve any or all of the following:

- Stepping back for a moment
- Decreasing any sense of demand
- Moving out of sight
- Averting one's gaze
- Hushing

Once in this safe-zone, which should take a moment to discover, the mentor has to find a way, if possible, to re-engage. This is often an ebb and flow process of feeling safe, then feeling scared, both on the mentor's part and that of the fearful person. The ebb and flow might include any or all of the following:

- Moving momentarily into the person's presence and then disappearing
- Remembering that even your presence can be a horrible demand
- Giving a slight look
- Giving the lightest and quickest of touch
- Whispering words that convey a sense of "I am not going to hurt you!" or "I am not going to make you do anything!", along with "I know you are scared... You are good!"
- Gradually narrowing this safe-zone

Mentors should not be surprised or disappointed, if no one pays much attention to these efforts. First encounters are to gain the trust of care givers. These initial hands-on experiences are an indirect way to teach the care givers that the mentor is authentic, cares about them and their travails, and is willing to roll up his/her sleeves.

Initial Kitchen Table Dialogues

When the hands-on encounters are over, the mentor's next task is to try to sit down at the kitchen table and enter into a dialogue with the care givers-- not about how to "change the client", but about the goodness of the care givers' work. Remember, we are first dealing with the care givers' trust.

These dialogues should deal with:

- A summarization of what the mentor was doing in terms of safe, engaged, loved, and loving
- A conversation of the beauty and challenge of care giving

- Pointing out small acts of beauty that the mentor has observed

As this dialogue evolves, often at the beginning very lop-sided, the mentor should elicit comments from the care givers that relate to their perception of the beauty of their work. In many ways establishing a trusting relationship with the care givers is as hard as developing it with the troubled person. Our hands-on experiences are our vehicle for entering into a care giving dialogue. The mentor could pose "forced response" questions such as:

- "Tell me one beautiful thing that you see yourself doing!", or
- "Give me the most important reason why you do this work!", or
- "What is the one thing you are proudest of?"

While engaged in this dialogue, the mentor has to also concentrate on his/her posture toward the care givers. This takes as much focus and concentration as being with the troubled individual. Always remember that our first purpose is to establish trust with the care givers:

- Relaxed body posture
- Warm affect
- Reaching hand out whenever a care giver participates or is mentioned in a special way

Be natural. Be warm. Look for ways to praise the care givers. Show empathy toward them and their work. Care giving is a hard job that is seldom recognized and honored. As the dialogue winds down, the mentor should thank every one, shake their hands, and leave with a date and time for the next encounter.

Future Encounters

This procedure and process should be based on the first visitations-- warm, open, friendly, and encouraging. The purposes of these encounters are:

- To deepen the spirit of trust with the care givers
- To have other hands-on engagements with the troubled person
- To engage one or two care givers in the hands-on experiences, if possible
- To focus on what feeling safe means
- To define the care giving tools

Before these experiences, the mentor should come prepared with a kitchen table dialogue and sit at the table with the care givers and give an informal mini-lesson on what companionship means, emphasizing feeling safe once again, plus our care

giving tools-- hands, words, and eyes:

- The use of our hands to produce feelings of being safe
- The use of our words to uplift and soothe the person
- The use of our eyes to gradually connect with the person

Use your own language, and keep it simple and concrete. Try to always .base the dialogue on reality and on what everyone is seeing. Point out that the individual is filled with fear, not because of the care givers, but due to the inherent nature of the disability and the person's life-story. It is difficult to dialogue about how an individual is filled with deep fear without alienating the care givers, basically giving them a guilt trip. This has to be avoided. Emphasize the nature of the disability and life-story in clear, concrete, and down-to-earth language, essentially creating an empathy-producing story about why the person behaves as he/she does.

Ask the care givers things that they see that indicate fear. In the beginning, make this dialogue simple and non-threatening. Avoid a paper and pencil "test" assessment and just ask clear questions such as on a scale of 1 to 10 where does the person fall when 1 is extremely fearful and 10 is extremely joyful. What does the person do when the care giver:

- Moves toward the person?
- Touches?
- Speaks
- Looks at?
- Tries to do an activity?

At the same time, look for examples of even minute "safe" responses that the troubled individual shows toward the care givers-- perhaps moving toward a care giver, looking, making sweet sounds, accepting some minimal touch, or staying momentarily with a care giver.

In another dialogue, the mentor should discuss the care givers' attitudes about companionship and community. This is hard since it can be threatening. We have to sense a bot of trust and then include yourself in the questioning. The main areas to explore are our feelings about the person and how we use the care giving tools. The mentor could use a scale like the one about the troubled person. Questions should revolve around areas such as:

- Do we see the person as our sister/brother?
- Is our touch soft and loving?

- Are our words comforting and uplifting?
- Is our gaze warm?
- Do we sense our authenticity?
- Can we engage the person in a smooth flow?
- Is it possible to bring the person into engagement with others?
- Do we elicit loving responses from the person?

Other Hands-on Experiences as a Way to Start Coaching

After this brief dialogue, the mentor should initiate a hands-on encounter as way to teach the meaning of good care giver interactions. However, this time the mentor has to try to bring one of the care givers into the experience. The mentor should look for a care giver who:

- Seems relaxed and warm
- Has shown some good personal, informal attempts at the slightest move toward companionship
- Seems to have some leadership credibility
- Is willing to be nudged into participation

The engagement during this encounter should be better than the first one, if only in the faintest way. The mentor, building on the first experience, has to enter into a stretching process-- getting slightly more than the first time in terms of touch, gazes, reaching out, and staying power.

The mentor has a twofold task -- engaging the client and coaching the care giver. The primary one is the engagement of the care giver in the hands-on experience with a sharp focus on the use of the care giver's hands, words, and eyes as the tools to teach the troubled person to feel safe. This process involves:

- As the you feel safe with the person, ask the care giver to imitate you in his/her own way
- Stay side by side with the care giver and whisper what to do-- touching more, talking about how good the person is, reaching out to the person
- Give words of encouragement
- Avoid any criticism
- Re-enter the hands-on experiences to show and tell a point
- Re-invite the care giver to try what you just tried
- If you feel comfortable, work hand-over-hand with the care giver
- Know when to stop

These experiences should unfold somewhat like the initial ones, but with a faint increase in the person's feeling safe. Look for indicators of how the person feels safe-unsafe such as:

- Warmth-coldness of the gaze
- Shying away from-accepting touch
- Head cast downward-upward
- Moving away-reaching out

The coaching aspect might be impossible due to care giver reluctance. If so, do not worry, this means that the trust between the mentor and the care givers has not yet taken sufficient root. Go ahead and engage in the hands-on experience alone as a way of building the elusive trust.

This elicitation generally requires the mentor to ask a question and give the answer so that the care givers do not become embarrassed or frustrated: "Tell me one way we were trying to help the person feel safe with us... Well, for example, we must have touched him/her dozens of times, and, as the session wore on, the person began to let us linger longer and longer on his hand..." Gradually, build up the care givers' responses. Keep citing real-life examples and focus on the good things you saw.

End the session with personal thanks, a date for the next encounter, praise to the group, and bidding farewell to each with a warm handshake.

The On-going Mentoring Process

The mentoring process has to be on-going-- the tougher the troubled person or the care givers, the more intense the process. Some signs of the need for more intense mentor involvement are:

- The presence of physical management or intervention
- Harsh grabbing and leading people around
- Yelling at those served
- Chaotic management
- High care giver turn over
- High frequency aggression, self-isolation, or self-injury

At the same time, if there is little or no administrative support or if the policies and practices of the administrators are contrary to gentleness, then the mentor has to do some preliminary spade work at the system's level.

Perhaps the scariest aspect of mentoring, at least in the beginning, revolves around the mentor's hands-on experiences with troubled individuals. The general rules for this engagement is:

- The slower you go, the faster you will get there
- Evoke peace
- Avoid provoking violence

Do not feel rushed. Feel safe. Remember a primary mentoring role is to set a peace-making example. There are no fixed answers as to what to do when. Do not worry about fixing the person, focus on being with the person.

Each visitation should follow the steps outlined in the initial sessions with a different theme or teaching objective. The entire process could involve the following moral themes as the center of the kitchen table dialogues over a year's time:

- Feeling safe
- Care giving tools
- Feeling engaged, loved, and loving
- Assessment of the companion
- Assessment of the care givers
- Culture of life assessment of the home or day program
- Person-centered planning process
- The gifts of the person
- Description of companionship needs
- Where the person "would like to be" in a year's time-- the person's dreams
- What the care givers, related staff, friends, and person will do to get there
- Defining community and making community
- Celebration of community

Each of these of these moral themes has a set of competencies that the mentor should evolve over the year's time (See Mending Broken Hearts for skills). The major outcomes might be:

- Increases in the amount and quality of physical contact and expression of warmth
- Increases in the amount and quality of time spent with troubled individuals
- Increases in care givers working together and job stability
- Increases in the amount of time that care givers sit and dialogue with the mentor
- Improvements in the culture of the home-quietude, slowness, softness, appearance
- A person-centered plan written by the circle of friends in a step-by-step fashion
- Stabilization of staffing patterns

- Decreases in acts of violence-- aggression, self-injury, self-isolation, property destruction and the use of punishment and physical management (reported and unreported)

Profiles of Troubled and Vulnerable People

An important mentoring role is to help care givers feel empathy regarding the vulnerability and life-stories of troubled individuals. Mentors need to weave this into the dialogue process. In many ways, the mentor is a story-teller, but stories that are reality-based and lead to deeper understanding of each individual's fears and vulnerabilities. A spirit of gentleness is aimed at the heart, not the head. Care givers have to feel deeply about the emotional life of the people whom t hey serve.

Care givers often want to focus on "the behavior". Mentors have to humanize the situation and direct the focus to the whole person. A central aspect of the this is a clear understanding of the fears and meaninglessness that envelops so many individuals. A key mentoring value has to be empathy toward the person. Mentors have to describe underlying feelings and this requires mature interpretation of:

- Meaninglessness-years of institutionalization, neglect, and abuse
- Aloneness-a sense of being all alone on this earth, controlled by others, and unable to reach out for friendship
- Choicelessness-being placed wherever and with whomever, seeing care givers come and go
- Death-feeling dead inside and striking out or giving up
- Oppression-an on-going sense of being pushed from here to there with no purpose in life other than being "programmed"

These feelings are what drive what we lightly call "behaviors". We only look at the surface. The mentor has to help care givers dig more deeply and develop a sense of these existential feelings. Look for small, concrete examples of this anguish-flinching when touched, head down, empty facial expression, crying, withdrawing, crying, arms wrapped inside one's shirt, screaming, hitting self or others, exploitation of others, and fetal position.

It is impossible to describe the range of problems that will be encountered in the hands-on sessions. There is an infinite range of possible situations. And, more importantly, each person is so unique that broad descriptions do no individual justice. Yet, it might be helpful for mentors to have a feel for some basic situations they will likely encounter. When we look at all the possible situations that we encounter, there are some basic types of individuals for whom we will be asked to offer help. These

types are described below.

Type 1-- Anti-Social Personality

Individuals with these needs are quite deceptive in terms of how terrified they are. They are regarded as "high functioning", knowing better, and manipulative. Care givers, then, get into power struggles with them and end up in a lose-lose situation. Ironically, individuals with these needs feel totally unsafe in the world and distrustful of loving relationships. They lead care givers into a focus on individualism instead of companionship.

This type is quite difficult to teach a sense of companionship since their relatively high level of skills is deceptive, hiding their vulnerabilities and disorienting care givers from companionship to control. Ironically, beneath the facade of "knowing better", individuals with this history are as in need of feeling safe as the most obviously terrified individuals. How to teach this becomes harder because we do not want the person to feel any thought of:

- Being controlled
- Being treated like a baby
- Having rights denied
- Being put down

Yet, the trick is to walk the tight rope between a sense of respect for the individual and the need to teach the person to feel safe. Mentors need to focus on:

- Pride in the person
- Focus on moral themes related to safe, engaged, loved, and loving
- Guiding decision-making toward the four pillars
- Giving a lot to get a little
- Building trust through subtle forms of physical contact within the context of esteem-raising dialogue, e.g., sneaking in handshakes as the person cites things he/she is proud of, but turning the conversation toward what you are proud of
- Avoiding lose-lose conversations related to "I want to do this...", "No you can't..."

Mentors need to take their time, gain insight into the individual's life-story, and translate a companionship assessment into this "high functioning" reality (See Mending Broken Hearts, Assessment for Those Who Know Better). It is difficult to share with care givers what the person's needs are since they are cloaked by the facade of "high functionality".

Giving insight about anti-social personality disorders to the care givers is critical. Be careful to not put the individual down, but also be truthful and concrete. Primary points of dialogue center on:

- "He/she knows better.."-- In fact this is true but irrelevant. These individuals have learned a different set of moral rules, and abide by them. Our task is to gradually

teach them new rules based on companionship and community

- "Let him/her choose, and suffer the consequences..."-- They have done this their entire lives and consequences have had little or no impact. They need to learn the power of unconditional love
- "He/she has the right to decide..."-- Decision-making that leads to harm should be avoided. The focus has to center on feelings of being safe.

Type 2-- Pedophilia

Pedophilia is a form of personality disorder and deserves special attention since it can be so devastating to the community, especially children. When entering into a helping relationship with an individual with pedophilia, a crucial mentoring role is to educate care givers on its significance and make sure that the proper protections are built into the person's life. An initial task is to differentiate between two sub-types: 1) those who have engaged in these behaviors out of naivete and 2) those in whom it is a fixed personality construct.

The mentor's posture awareness of the devastating significance of child molestation is critical. While many will want to talk about the person's high level of skills and his/her right to choose and suffer the consequences, the mentor has to remain steadfast in the protection of the community. In those with child molestation as a fixed personality construct, the mentors have to guide the care givers in ensuring community protection every moment of the day. The person should have as much freedom as he/she is capable of, but under the watchful eyes of care givers. These care givers have to learn to build a sense of companionship, but also protect the community. Those with a fixed personality construct generally have a life-story marked by:

- Early child abuse
- Incest
- Presence of drugs and alcohol
- Increasingly troubled schooling with defiant behaviors
- A history of incarceration or court appearances
- On-going denial of molestation

The second group has a less fixed personality construct. Many "experimented" with sexuality with defenseless individuals in institutional settings. They are marked more by naivete than by pedophilia. Their molestation was characterized more by its sexual nature than by aggression and cruelty. If care givers enter into a helping relationship with them fairly early in their lives, say before the mid-20's, there is hope that they can learn new sexual patterns. Once fixed, the person requires life-long support and protection.

Type 3 Schizophrenia

Individuals with schizophrenia present a history of institutionalization, years of punishment and restraint, a life based on token economies to earn cigarettes and coffee, and a deceptively high level of skills. They are tormented by mean hallucinations that care givers often misinterpret as mere self-talk.

Mentors need to realize and discuss with care givers the deep fears and confusion in persons with schizophrenia. Some tips for discussion are:

- Describe hallucinations as horrible nightmares while the person is wide awake
- Point out that delusions are driven and frightening ways of being and a search for meaning in the absurd
- Describe how to talk lovingly to the person while he/she is engaged in driven thoughts and conversations-- breaking in when the person gasps for breath, using soothing and non-demanding words and tones
- Explain how the person floats in and out of hallucinations and drivenness and that care givers should not be judgmental with "He knows better..."
- Help care givers write out a list of symptoms for psychiatric consultations instead of talking about behaviors
- Talk about the horrible impact of years of psychiatric incarceration and the effects of years of token economies, restraint, and isolation.

Type 4-- Severely Mentally Retarded-Autistic

Individuals with these needs tend to be very unresponsive to the care giver's presence, push care givers away, flee from warm contact, and often become aggressive toward self or others. Each develops his/her own pattern of distorted life-meaning-- withdrawing, pacing, hoarding, hitting, biting, throwing objects, and refusing to participate.

Individuals with these needs call on mentors to emphasize feeling safe and engaged. Care givers have to understand the nature of disconnectedness and the central role of nurturing. Within this, the primary tool is loving physical contact, even though the person refuses it. It is not a question of wanting or not wanting such contact; it is a question of not knowing that unconditional love is good.

The mentor should gradually explain the meaning of autism:

- Tactile defensiveness-- arising out of an inherent fear of touch due to sensory processing problems as well as years of physical management
- The need for sameness-- arising out of a need to feel safe, making everything

predictable
- Gaze aversion-- arising out of an inherent sensory processing disorder as well as an emotional sense of disconnectedness
- Disengagement-- arising out of an inherent need to be alone as well as a memory of being forced to be compliant

It is also helpful to discuss two developmental points about autism that highlight the need to teach the person to feel safe and engaged:

- Detachment-- pointing out the need to teach companionship
- Self-centeredness-- pointing out the need to teach engagement

Since many persons with autism strongly prefer to push others away and do their own thing, mentors have to be good at finding a safe-zone that does not frighten the person, but, at the same time allows for a gradual insertion into the person's world.

Type 5- Self-Harm

The paradox with this type of situation is protect without giving a sense of control. Care givers have a tendency to over-use physical management (grabbing) to protect or to guide and, thereby, increase unwittingly the person's fear. The person does not see this a helping, but as mean domination. The challenge is to protect while teaching a feeling of being safe with the care givers. As this occurs, care givers have to slowly break up the individual's self-centeredness by teaching engagement.

Strategies for protecting the person from harm centers on:

- Watch the person's face and hands and be ready to protect before there is any movement toward harm
- Use your hands and arms to shadow and block hits
- Even while shadowing hits, use your fingers or hands to caress the person
- Be very soothing and nurturing with your voice, touch, and eyes
- Keep reassuring the person that nothing bad is going to happen
- Emphasize to care givers that the most important moments are when the individual is not trying to hurt self. It is during these times that care givers need to develop the strongest possible memory that the person is safe with them and loved by them. This memory then gradually kicks in during the bad moments.

Type 6-- Out of the Blue Aggression

Individuals who become aggressive "out of the blue" bring the worst out of care givers. They often suffer from an underlying, but unrecognized, mental illness or neurological disorder. They are also burdened by a life-story filled with authoritarian care givers who have come down on them with punishment and restraint.

Mentors need to help care givers define possible causes of outbursts and find ways to deepen the person's sense of feeling safe and loved. The stronger this memory is, the more care givers will be able to prevent or, at least, diminish outbursts:

- Look for possible signs of undescribed seizure activity
- Help care givers to see outbursts as an extreme call for the need to feel safe and loved
- Avoid blaming the person even though the person seems "to know better"
- Show care givers how to nurture the person instead of controlling the person

Type 7-- Profound Mental Retardation and Non-Responsiveness

Profound mental retardation often results in a seeming non-responsiveness to feeling safe, engaged, loved, and loving. Individuals with these needs are often in wheel chairs, unable to move their arms or fingers, have trouble with visual tracking, and a host of other sensory and neurological problems.

Individuals with these needs can benefit from sensory integration-- a way of using all five senses (tactile, smell, hearing, sight, taste) in the most optimal combination in order to help a person feel connected. It incorporates, first and foremost, the care giver at the center of interactions-- recognizing that the care giver's primary tools are his/her hands, gaze, and words. And, these have to be used with sensitivity to help integrate the senses. Along with these, there are a variety of sensory integration tools to help facilitate the process-- lighting, sounds, motion, etc. Sensory integration is especially helpful when normal communication is difficult due to severe-profound mental handicap.

Sensory integration strategies are designed to help a person feel safe, engaged, loved, and loving. They should evoke good memories and establish new ones that are peaceful and harmonious. They should be calming and peace-making.

Teach the person to experience his/her body as a symbol of existence and liberation

- Existence-- the use of touch or other physical contact that might remind the person of positive experiences with his/her own body
- Liberation-- the use of touch or other physical contact that de-emphasizes negative experiences or limitations of the body, including experiences of being restrained, isolated, abused, or attacked.
- Teaching the person to experience existence as a human being, living among

others, with a personal life-story and with a personal future.

- Living among others--the use of various stimuli that might connect the person to the place where he/she is and the people around him/her.
- A personal life-story-- the use of stimuli that might remind the person of his/her own past: the color of important events, the smell of home or work, etc.
- A personal future-- the use of stimuli that might liberate the person from negative remembrances and which one might use in the future to lead the person in his/her life.

Teach the person a feeling of belongingness, to have others around him/her, who care, and love

- The use of stimuli that remind the person of being safe and give a sense of the early years at home
- The use of stimuli that make the person experience care givers as being safe and loving

Teach the person to experience a structure in life and daily events

- The use specific stimuli before specific events so the person will know what is going to happen next, e.g., turning on soft music before getting the person out of bed

Teach the person a feeling of safety

- The use of stimuli that remind the person of safe events and persons
- The use of stimuli that help the person predict what will happen, e.g., speaking to a blind person before touching
- Teaching a person the feelings described above is a way of helping him improve his/her quality of life.

Other ways to improve the quality of life are:

- Give the person meaningful daily activities
- Use environmental conditions which the person will recognize and like (repetition of music, video and other sensory activities like a visit to the sensory-room)
- Help the person dealing with emotional or psychological stress
- Use prompts which will distract the person when he/she is stressed and which will bring calming (relaxing music, recognizable and relaxing video's, relaxing, physical contact, calming words, and warm gazes)
- Help the person enlarge his/her world.
- Use recognizable prompts that will connect the person with social events or community based activities (the national hymn, pictures of specific buildings/ places, the color or songs of national holidays and religious events)

Sensory integration is by its nature a gentle process that brings care givers and vulnerable individuals together-- not so much through objects, but through a deep sense of caring. It starts with our touch, our gaze, and our smile.

Type 8-- Depression

Many individuals suffer from depression due to the vulnerabilities inherent in mental retardation, extreme difficulty in dealing with loss, and life-stories with multiple and ever-changing care givers.

Individuals with these needs tend to be forgotten since they present no acting out behaviors except when they required to do something such as having to get out of bed. Yet, they are among the neediest. Mentors should:

- Emphasize the need for face-to-face encounters throughout the day
- Point out the need to re-teach feelings of being safe and loved
- Consider the need for a psychiatric consultation
- The face-to-face encounters should involve:
- Slowly and peacefully approaching the person
- Getting as close as possible without provoking violence or irritability
- Allowing the person to be where he/she is at, but sneaking in subtle touches
- Highlighting your nurturing-- smiles, soft words, gentle touch
- Gradually "uncovering" or "unraveling" the person and eliciting loving responses

Type 9-- the Hyper Person

Individuals with driven, manic, or hyper behaviors, along with attention deficits present a unique challenge. Typically, they are like humming birds-- flicking their wings and then, swosh, they are off somewhere else. Individuals with these needs pace back and forth, flee from care giver contact, and look for the biggest space possible to roam. When care givers try to do anything with them, they are off and running.

The basic strategy in teaching a sense of companionship to those who will not stay with you is to teach them that it is good to be with you. Care givers need to learn:

- To stay calm and not fixate on compliance
- To accompany the person
- Avoid yelling or grabbing

- Use of hands to teach the person "It is good to be with you..."
- Avoid being behind the person. Stay with him/her
- Move slowly. Talk slowly. Even gaze slowly

Community-Centered Celebrations

A key aspect of mentoring is to provide leadership in the formation of companionship and community. A tool in this process is the community-centered planning process. It can be broken into steps and used as a vehicle for kitchen table dialogues. Mentors have the challenge of making this an opportunity to clarify basic human needs, orient care givers in essential values, and utilize the tool as a road map for companionship and community. As the mentor develops trust with care givers and those whom they serve, the planning process becomes a guiding tool to bring the circle of friends together, analyze needs, examine values and strategies, and develop a framework to guide all those involved.

For the mentor, the community-centered-celebration process is:

- A process that empowers the individual to envision and fulfill his/her dreams based on his/her capacities, gifts, and community support
- Requiring various degrees of facilitation and enabling
- Based on the values of companionship and community
- A step-by-step process able to be used for kitchen table dialogues
- Involving the person's circle of friends to help interpret dreams and desires

The formation of this process should be built on those who know the person the best. The more vulnerable the person is, the more critical the circles of friends supporting the individual. For those living in group homes or other living settings, direct care givers certainly generally rank at the center of this circle with relationships that are generally more intimate, longer-enduring, and more insightful than most others in the individual's life.

Whoever is most intimately involved in the person's life should be central to the discernment process, regardless of roles, titles, and positions. This involves bringing together the individuals circle of friends. The mentor has to assure that those who enter the process have a sense of companionship with the person involved.

Circle of Friends

This group becomes the circle of friends made up of the person involved, the mentor, care givers, family members, and others who have shown friendship and trust in the process:

- The group around the individual which empowers, enables, and supports
- Formed around those most intimately involved with the individual often parents, relatives, or other direct care givers
- Supported and facilitated by a trusted person involved in the individual's life
- It is selected through a give-and-take process, led by the feelings and insights of the individual involved
- The circle entering into a long-term mutual educational process

Direct care givers should be honored as playing a central role in supporting the interpretation of the individual's dreams and desires. They often have the closest and most insightful view of the person. This special relationship should be held in the highest esteem by other members of the individual's circle.

The Mentor's Role

As the mentor, care givers, and community of those served evolve in companionship and community, the planning process serves as a further tool. The mentor's role is to facilitate and enable this. The following case study is an example of what a plan encompasses when it is centered on companionship and community.

Ed is a young man who has been in and out of psychiatric hospitals due to life-threatening self-injury to his head slamming it against sharp corners. He is a smart young man reads the newspaper every day, takes Polaroid pictures, converses, can have a playful attitude, and has hobbies. Yet, he has a deep gash on the top of his head from forceful head-banging so powerful that his head is swollen. Something in him terrorizes him. When stressed, he folds his fingers and talks to "Shookey".

Most recently, he had been in a home by himself with a large contingent of care givers. The use of physical restraint was the main intervention and when that failed he was held on the floor until he was "calm." He hates people near him, detests being touched, and prefers to spend his time in isolation. Money could not buy him safety. Physical management could not help.

Everyone's attention has always been fixed on his head-banging, and rightfully so with a long and deep slit going from the top of his forehead to the first third of his skull. However, the new focus will not be so much what to do when he tries to hurt himself, but how to prevent it and, more important, how to teach him to feel safe with me, engaged with me, loved by me, and loving toward me.

The celebration process has to create a focus on the individual's place on this earth. The following steps were helpful in establishing a plan for Ed:

Assessment of Needs

The mentor's first task is to help the circle pinpoint the person's basic need. A good tool for this is the Assessment of the Companions (Mending Broken Hearts, 1997). These were Ed's essential needs:

- Acceptance of human touch by learning that care givers' physical contact is good, nurturing, soothing, and comforting.
- Desire to reach out to his care givers' by learning that reaching out in affection, caring, and companionship is central to the human condition.
- Engagement with his care givers' by learning that doing things with his care givers is good, and evolving into doing things for his care givers and eventually others.
- Ability to accept acts of care givers' love by learning that a sense of being comforted and respected is good.
- Ability to show signs of love to his care givers' by learning to smile upon seeing them, reach out as a demonstration of trust and love.
- Ability to engage with his care givers throughout the day by a predictable schedule of events and activities because he is with his care givers. This will help alleviate some of the fears he has.
- Ability to accept reaching out affectionately, even in the face of fear as an option to hurting himself
- Internalization of enjoyable routines as a way to empower Ed and, at the same time, prevent his deep-seated fears from emerging
- Ability to express fears on a regular basis to his therapist and a small circle of friends so that he has predictable opportunities to vent his nightmarish fears and dream about what he is becoming, a companion to/with a circle of others

Preludes to Care Giving

In Ed's case, the mentor felt that it was necessary to dialogue about the kind of care giving characteristics that were required to serve Ed. Each of these need's fulfillment is totally dependent upon his care givers. The circle agreed that the characteristics below would be critical to helping Ed:

- Absolutely no sense of pressure or demand on him to eliminate most proclivities toward self-harm
- A laser-like focus on teaching him to feel safe with himself and his care givers
- A sense of nurturing not so much focusing on his independent skills, which are abundant, but on his profound need to feel safe
- A collective agreement between each and every care giver that the driving force in their care giving is to teach him a sense of companionship all else is secondary
- A care giving culture that goes far beyond the ordinary home or day program-- no time out, no punishment, no reprimands, and, more important, an overall sense of

peace, welcoming, and brother/sisterhood with his care givers as well as the inclusion of his parents as the central part of his community.

Care Giving Characteristics to Foster

The mentor then led a dialogue on what characteristics the care givers needed to foster:

- Warmth as an ongoing expression of joy and friendship
- Quietude talking softly
- Slowness moving in such a way so as to avoid the provocation of fear
- Softness touching as if touching a new born
- Prevention giving in when insistence will lead to self-harm
- Togetherness doing activities with him
- Predictability setting up a daily schedule that enables Ed to feel safe and empowered
- Managing his fears for/with him recognizing his fears, care givers then have to handle them for him with a "No sweat!"attitude that conveys the message "You are safe with me! You will get hurt!"
- Giving in without giving up by a willingness to assent to his choices, while also stretching his other-centeredness over time

Care Giving Characteristics to Avoid

Along with these traits, the mentor helped the circle discuss and reach conclusions related to what they wanted to avoid:

- Hair-trigger physical management. The use of one physical intervention should be cause for alarm and review to avoid further use.
- Reacting to frustrations and fears rather than their prevention-- Care givers should be rewarded for giving in to prevent harm and/or offering warm nurturing in difficult moments
- Independence Because Ed is so high skilled, some care givers might want to focus on what he can do by himself. During initial months, while respecting his skills, the central care giving focus should be on doing things with him.
- Teaching Ed a lesson The care giving morality and practices that should be encouraged are centered on the emotional closeness of care givers to Ed and vice versa.
- Consequences If care givers want to pay Ed for this or that, fine. However, they need to see this as secondary to his feeling safe and wanting to be with them. No negative consequences or punishment should be used at any time or for any reason.
- Entrapment Because Ed suffers from a deep, deep sense of entrapment, his care givers have to make sure that he does not feel as though he is being put into a hole that he cannot get out of. This sense is probably what drives much of his head-

banging.

The Care Giving Role When Fear Surges

Since Ed had been subjected to years of physical management, the mentor facilitated a discussion about preventing harm while teaching him to feel safe. The circle adopted a care giving rule: 1) no harm, 2) no grabbing, 3) always focus on prevention, protection, and nurturing.

- Harm to no one Whatever has to be done to prevent harm must be done. However, Ed's care givers should interpret the use of physical management as harmful, perhaps necessary, and less harmful than head-banging, yet as harmful in and of itself in terms of Ed's perception of care givers as companions.
- No grabbing Save all touch for teaching him to feel safe and loved.
- Prevention-- The community around Ed needs to become skilled in predicting when self-harm might occur and slow down, quiet down, back off, and even give in. When he goes beyond the point of no return, the care givers' central role should be to block self-hits through the use of their hands, arms, or entire body. Bodily position and subtle cues are all important.

With these values and strategies well accepted, the mentor then steered the circles through several kitchen table dialogues that focused on the specifics of person-centered planning: his gifts, needs, dreams, and ways to move toward these.

Ed's Gifts

With these agreed upon foundations, the mentor then led a dialogue to define Ed's gifts within the context of the home, his family, and the community:

- Sociability desire to have people around, especially those who remind him of his father
- Living near his mother and father-- a deep love for them gives him hope
- Love of friends and relatives a desire to stay in contact
- Hobbies enjoyment of Polaroid picture taking, trains, train tracks, and arches
- Favorite foods and drinks
- Newspaper and magazine reading
- Desire to have friends, a sense of less loneliness, care of his family, and keeping busy
- Good memory, honesty, humor, and verbal skills
- A gentle spirit
- A sense of God and prayer must be seen as a loving God
- Enjoys frequent counseling

Ed's Dreams

Ed's dreams were clear to live in a house he could call his own with loving care givers who would protect him without restraining him, and to earn money. These were accepted as important givens, and agreed on by the circle.

Ed's Needs Based on a Sense of Companionship

The mentor helped the care givers define Ed's needs, especially at his worst moments:

- Fear of care giver presence
- Fear of touch
- Fear of words as demands or that crowd into his inner turmoil
- Fear of care givers' gaze
- Rejects acts of love
- Rejects giving love toward others
- Poor self-esteem
- Meaninglessness
- Vulnerability to deep fear
- Unable to express fears
- Intolerance and rigidity

Care Giver Responses

The mentor helped the circle define their responses to Ed's needs:

- Be flexible. Give in, without giving up.
- Teach him the goodness of doing things with others
- Hush down, slightly back off, remain nurturing
- Back off, but give the lightest of touch when he is calm. Focus on teaching the goodness of touch during the good moments
- Talk softly and lovingly. During good moments focus on how there is nothing to fear, that he is good, and that you are companions
- Look down slightly. During good moments, teach him that his eyes are the windows to his soul and that there is much beauty there.
- Gently interject self into the activity
- During bad moments, quiet down and whisper that nothing bad will happen. During good moments, teach him that he is good, warm, and loving
- During bad moments, avoid this perceived demand. During good moments, teach him to reach out, smile, and gaze lovingly.
- During good moments, comment on his strengths, talk about how good he is, and how loved he is.
- Sneak in a sense that it is good to do things with others. Teach kindness.

- Teach him that he is good. It is good to be with and do things with others.

Goals for Ed's Care Givers

The mentor led the group in the identification of goals for the circle to work on/. Within the first six months, Ed's care givers should teach him the following:

- To enjoy doing activities with his care givers
- To feel safe with his care givers
- To express affection toward his care givers
- To accept care givers' affection
- Sits with them and does activities with them
- Move toward them, stays with him, turns to them for help
- Smiles warmly, hugs them. talks to them, gazes at them
- Feels relaxed and accepting of hand shakes and hugs

Specific Teaching Objectives

The mentor dialogued with the circle about what strategies to start working on. Care givers' immediate concern should be to teach Ed a range of companionship-centered interactions. These are outlined below:

- Accepts touch during good moments and bad
- Reaches out to care givers for a handshake or hug
- Sits with care givers for 50-minutes at a time and engages in activities with them
- These interactions require a collective, teaching-oriented approach on the part of care givers:
- Each care giver should engage in face to face interactions with Ed in a structured manner at least 8 times per day for at least 30 minutes initially
- In each of these sessions, there should be something to do, e.g., sorting laundry, washing dishes, reading together, getting newspapers, going to the railroad tracks

Culture of the Home

Besides these formal teaching approaches, the mentor conducted a kitchen table session on the culture of the home. Primary variables in this were:

- A warm home setting that holds Ed as a brother
- A home with soft voices, music, and television
- A place decorated as Ed's home non-institutional, pleasant, with personal and familial reminders, with discrete protective devices

- A home where all looks, touch, and conversation are loving
- Interactions that are focused on companionship, not consequences
- Preventive where care givers are driven to prevent self-harm
- Self-esteem wherein Ed and his care givers take pride in themselves, their appearance, and their formation of community

Throughout this planning process, the mentor's role was to lead, facilitate, and enable open dialogue, and help the group come up with their approach toward Ed. This plan accommodates Ed's desires for a home and trusted care givers. Yet, it also seeks to help him become more integrated and connected teaching Ed to feel safe, engaged, loving, and loving in his new home. And, teaching him that it is good to be with his care givers through warm and loving interactions throughout the day.

COMMON QUESTIONS AND SITUATIONS YOU WILL CONFRONT

As a mentor, you will be confronted with many difficult questions and situations. Many of these relate to our culture, upbringing, and training. They can be challenging to deal with because many individuals have values that seek to control rather than form companionship, seek to produce independence rather than independence, and are based on the pursuit of power instead of equality.

The best rule is to not argue, but set an example through your presence and actions, especially with those who are the most vulnerable. However, as the kitchen table dialogues unfold, you will have chances to teach a new meaning about care giving. Some of the questions you will have to deal with are:

What about choice?

Choice is a valid concept, but most choices are made with others and with a sense of connectedness with the past and future. Choice has several preludes:

- A world in which one is safe as well as feels safe
- The need for companionship and connectedness
- A memory of the world and those around us that is good, non-exploitative, and just
- In those who are troubled and vulnerable individual choice must be accompanied by the discernment of one's circle of friends

What about "knowing better?"

"Knowing better" denies horrible life-stories, often underlying mental illness, and the very nature of mental retardation when linked with life-stories and mental illness.

- Mild mental is a major disability in and of itself. It often means that the individual recognizes he/she is different, but can do nothing about it.
- This results in exaggerated efforts to "pass" as normal, but the exaggeration leads to a not knowing when enough is enough
- Gentleness goes for the heart, not the head-- feeling safe, engaged, loved, and loving
- If the person is not connected at home, do not expect connectedness on the street

So-and-so is so very dangerous, how can we not use physical management?

Some care givers do not honestly know any option outside of force and control. Sometimes this arises out of an authoritarian posture, other times it is the direct result of training, and at other times no option is seen as possible.

- Always set a nonviolent example and take the posture that each has to do what each thinks is best, without arguing
- Discuss the major role of prevention and help identify what triggers violence. List these and come up with gentle responses and a prevention plan
- Look into possible seizure activity or underlying mental illness
- Offer to work with the care givers

What do we do when he/she demands cigarettes, coffee, pop, snacks. You can't let them have their way, can you?

Many individuals have long histories of token economies, their only happiness in long years of segregation or incarceration. Since they have not learned to see meaning in others, they have found it in things.

1. It is better to make peace than provoke violence-- give, give, give
2. Refocus attention on teaching the person a feeling of companionship
3. Set up a generous schedule of giving what the person wants while care givers spend time teaching companionship

What do I do when one client hates another client and targets him/her with aggression?

Even with person-centered planning, many individuals, live where they choose not to live and with people whom they do not care for. This is a reality of care giving. Our response is to begin to teach people to live together wherever possible.

- Care givers must develop a sense of companionship with each
- When this is done, the next step is to begin to teach the individuals to live together by teaching them to feel safe with one another, do things together, and even feel loved and loving

What if someone does not want to go to the workshop?

He/she is probably justified. Start looking for an option to large, segregated settings. Supported employment and volunteer activities are two options.

- Visit the workshop often to observe what is going on
- Use the person-centered planning process as a tool to insist on options

What if staff turnover is so high that a feeling of companionship is out of the question?

Gather data and inform your supervisor of the detrimental effects of the situation. Bring it up in the person-centered planning process

- Gather data
- Discuss it with your supervisor
- Give support to the home manager
- Make it a major topic in person-centered planning

What if care giver attitudes are so authoritarian that gentleness is out of the question?

Perhaps the hardest aspect of mentoring is the development of an authoritative posture, especially when the mentor is young and inexperienced. The tendency is to substitute an authoritative (knowing what direction to go in and enabling others to move in that direction) stance with one that is authoritarian (simply using your authority to come down on people). Some of this only comes with time and experience.

- Be well-grounded in a spirit of gentleness
- Avoid attacking people even those who are attacking you
- Set an intensely peaceful example in the home
- Try to win over one care giver, and then another

What if a colleague is disinterested in a spirit of gentleness and insists on punishment or restraint?

Your response as a mentor depends on your knowledge, experiences, personality, and values. Since mentors are developing a spirit of trust with care givers and vulnerable individuals, the mentor's strength rests in his/her presence with those served. The occasional, "What he needs is a swift kick..." from a colleague has little power over the mentor's ongoing companionship with those in the home. Use your position, but also remember that your real power lies in the home.

- Avoid arguing or attacking, but remain steadfast
- Focus on the home
- Be well-prepared in person-centered planning meetings
- Try inviting your colleague to work with you

Checklist for Mentoring

Mentors have a beautiful set of challenges before them-- to help extremely vulnerable individuals find a sense of companionship and community, to help care givers deepen a sense of meaning in their calling, and to help themselves grow and develop in a spirit of gentleness. Mentors should help each other effectuate these pursuits through critical questioning. This questioning is important for mentor-growth. Periodic reviews with other mentors can be helpful with questions based on actual mentoring projects:

- I felt safe/unsafe
- I felt calm/frustrated
- I was able/unable to dialogue with care givers
- I had trouble/no trouble with my vulnerable person
- I could share the person's life-story with ease/without ease

- [ ] Care givers came toward me/shied away from me
- [ ] I felt authoritative/authoritarian
- [ ] I did well/poorly with my hands-on experience
- [ ] I felt good/bad about my coaching
- [ ] I want/dread to return
- [ ] I felt at ease/nervous dialoguing about companionship and community
- [ ] It was easy/hard to coach

Reflect on your mentoring and pick two items to work on during your next visitation. Remember what you are doing is beautiful and good. The more you do it, the more insight you will develop. And, with this will come a deepened spirit of gentleness.