Louisiana Office for Citizens with Developmental Disabilities

Direct Support Professional (DSP) Core Emotional Wellness Tools Reference

Table of Contents

The Wellness Guide

The *Wellness Guide* included here is designed to "guide" individuals with IDD and their support system in highlighting and communicating important wellness areas and needs. It can help accomplish the following:

1. Guide thinking for the individual (and family),
2. Guide discussion within the support team and planning process,
3. Guide review of what's working and not working in important areas,
4. Guide assessment questions and considerations when professionals are consulted and
5. Guide therapeutic approach decisions to assure "goodness of fit" for the individual.

In all of these ways, the Guide can support achievement of positive life changes and outcomes and assure anyone who supports the individual or has a relationship with the individual knows what matters most.

Why it's a Guide and not a Plan

Individuals with disabilities have been and continue to be have "Plans" of various types that must be followed and remain present over the course of their lifetimes – at home, in school, at work. Providers and professionals author these most often. Even though the intent of them is good – to help those who may support the person in some way to do it most effectively – it is still easily interpreted as something the person needs and that we do for them so that specific behaviors or skills change, something that individuals without disabilities just don't have in the same way throughout their lives. Also, "plans" are usually associated with the things someone CANNOT do and the supports/treatments they need.

The Wellness Guide is designed to be something different – it empowers the person to make a meaningful, well life. It does this by guiding us, the reader, to what is important to and important for the person. It also guides us, the reader, on what we must do to help support the person in achieving a meaningful, well life. It is different from the typical "plan" because it guarantees what a person CAN do. It is a living/adapting document that changes as the person's life and interests change giving them the power/authority to be the "writer" of their own wellness. It tells the reader what matters to the person the most – what is essential for them to have, do, and be with to have a meaningful, well life. It is designed to be SOLELY authored by the person (or someone who speaks with a substitute voice for someone who is a minor or needs assistance in sharing the information). It tells providers and professionals what we MUST consider before recommending any support/treatment and if any of these recommendations are to be adopted and used effectively. It "guides" us in the work we do so that we understand and honor the person in that work thereby allowing for change, growth and new directions (or changing guideposts) over time. We all set out on a course in life but

as we encounter new things, ideas and choices we get to follow new paths or change directions sometimes in ways we could not have anticipated earlier in our journey – if we follow this Guide as intended hopefully it will keep us "on track" in our role to effectively provide support along the journey but not to dictate the path.

If someone needs significant help throughout the day, the Guide should be required not because the intent is to impose an additional requirement per se, but because the other "plans" will be there and so it's only appropriate that this information take center stage and guide the decisions about those other instructions including eliminating those in conflict with what we know about the person's wellness considerations. For those needing little to no support daily, the Guide is just an available option should it benefit them.
The Guide should be available to you as you engage with the individual in planning and throughout support. When present it becomes the place to highlight the NON-NEGOTIABLES that have been discovered. It can also be used in conjunction with the other person centered tools to "check" that we are getting the right BALANCE and that we all have the same and correct information. When in doubt, this is the MOST IMPORTANT stuff to get right in any day, week, and month. The Guide should be the foundational piece of staff instructions for the provider. Understanding the important information in the Guide can enhance use of other person centered tools. The Guide will:

1. Include the most core features of important to AND important for when done well. There will be other important to and for information but not likely as urgent and impactful as what is contained here.
2. Contain the relationships that should be most close to Center in any relationship map (comparing these depending on what is completed first can really provide a check in on what info really makes sense).
3. Be referenced anytime the What's Working and What's Not Working tool (or one like it) is used as the areas in the Guide should be checked.
4. Lead the way in ideas about building more connections and relationships, areas of the person's community that might be explored for more involvement, areas of independence that may be most important, and vocational considerations that might be explored. Other preferences may be present but the information in the Guide is the most meaningful and impactful to explore particularly if things are currently missing.

Remember, the Guide should be a living document that is updated as often as the individual requests and as new information is learned.

Emotional Wellness Guide

The purpose of this guide is so that there is shared understanding about what support I need to make choices toward a healthy and fulfilling life. This is my guide, & just as my needs can change over time this guide may also need to be updated from time to time to reflect my changing needs.

Name: **Date of Guide:**

Wellness Tools: *Listed below are the activities/things that I need on a daily basis to keep myself healthy and to make myself feel better.*

(Note: These questions are good opportunities to identify specific activities related to wellness that are important to the person. Get creative!! Use this as an opportunity to really explore what's currently important to the person but also activities/things that the person thinks might be enjoyable & wants to try. These activities should be regularly available, as engagement in these activities supports a healthy lifestyle and are important toward preventing negative life events.)	
Enjoyable activities that I do alone:	
Enjoyable activities that I do with others (please note individual if activity is linked to specific person):	
Exercise/Fitness:	
Movement (when I get up & move around this is what I like to do):	
Creative Expression: Journaling/Drawing/Singing/Music/Dance/Etc.	
Relaxation:	
Activities that make me feel good about myself:	
Outdoor activities or activities related to nature:	
Social media, pets, plants, & other important connections:	
These are some goals that I want to accomplish & will make me proud & happy (goals can be short-term & long-term):	
This is the amount of sleep I need each night to feel good the next day:	
Positivity!!! This is what I love most about me:	
Treating myself – these are the things that I like to do to give myself a boost of positivity when I need it &/or when I want to celebrate an accomplishment:	
Other important wellness tools (this might include any non-negotiables not already noted above):	

Wellness Needs: *Here is my description of myself when I am feeling good and healthy (Note: there is a link between feeling well and using the wellness tools shared above.):*

_____

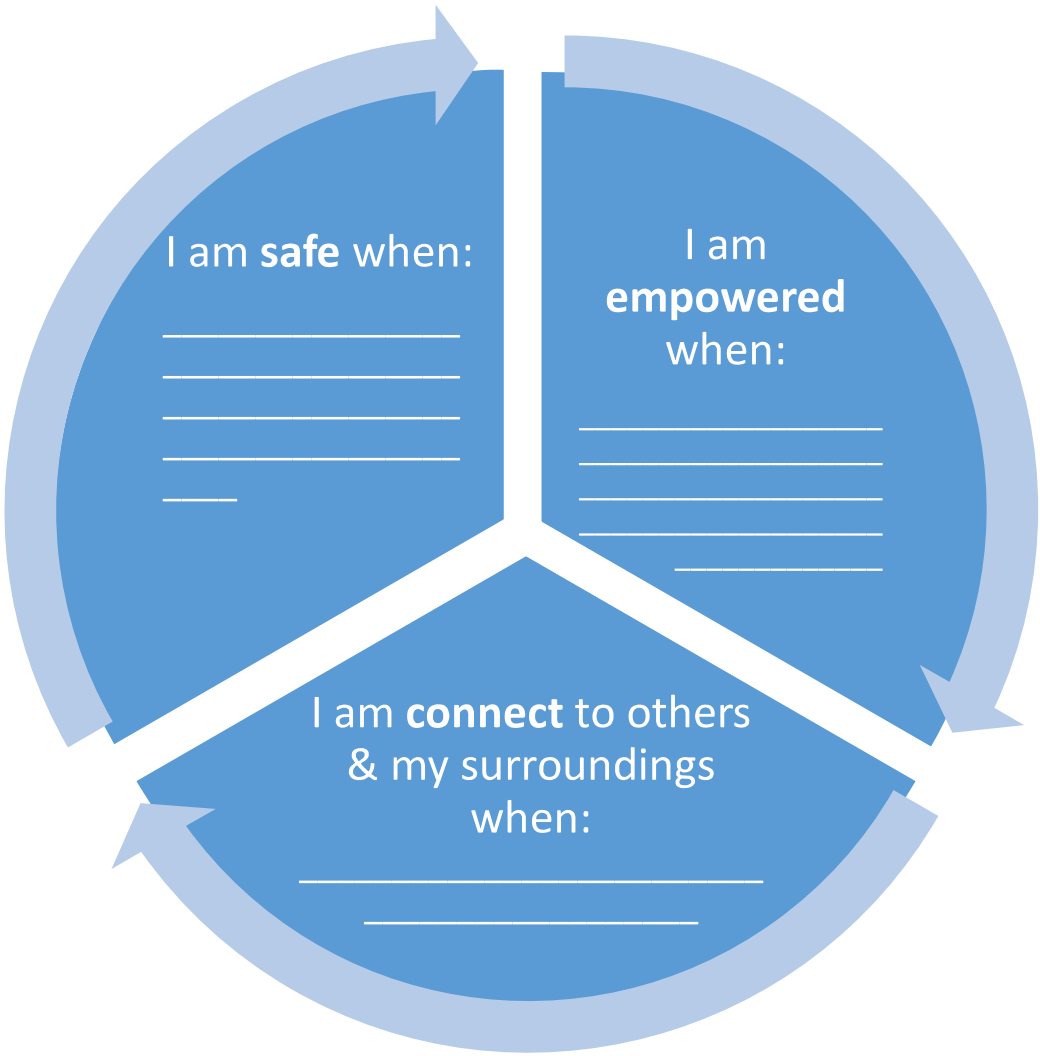
_____

_____

_____

_____

The Circle of Trust



The following areas are essential to planning supports needed to establish trust. The Emotional Wellness Guide, and other plans/supports the individual may have are companion tools to the Circle of Trust. Discussion should include gathering information about the following from the person's perspective (e.g., "I" = the person):

- Perceived safety: Activities/actions – what I believe I need to do/not do & what I need from others so that I feel safe. Safety starts at home so this should be part of the initial focus on my feeling safe.
- Empowerment: Supports and activities that facilitate choice and control. Also includes support so that I can communicate feelings (any needed teaching and support from caregivers should also be included).
- Connections: What support will facilitate relationships with others? How do these relationships contribute to my sense of safety & empowerment? How do these connections facilitate the establishment of trust?

Person-Centered & Wellness Links

Life Area	Person Centered Considerations	Wellness Considerations
Relationships/ Social Wellness	ALL family, friends, and connections in one's life The OUTER rings of one's relationship map	The most important people in one's life (closest friends/family) [Those we MUST see, talk to, spend time with, etc and typically at specific very frequent intervals] The CENTER of one's relationship map
Work & leisure/ Occupational Wellness	Preferred types of work/leisure activities; Positive work/volunteer/leisure experiences May appear in important to/for discussions or Staff Matching descriptions	The PURPOSE someone NEEDs in a day – what drives/motivates the person Talents/Strengths that MUST be used in day to day activities to achieve success Should be distinguished as PRIORITY or NON-NEGOTIABLE
Spiritual Wellness	Opportunities to be connected to faith/worship of choice or to be connected to nature in way one prefers May appear in important to/for discussions or Staff Matching descriptions	Specific church/religious community where the individual feels belonging; Amount/type of access to nature most soothing/connecting Understanding core values/beliefs and activities consistent with this Should be distinguished as PRIORITY or NON-NEGOTIABLE
Physical Wellness	Some exercise or movement each day consistent with identified enjoyable activities Balance of healthy foods and treats Support in key health areas of importance Often identified by professionals and highlighted in Important For	Specific types/amount of exercise and movement to feel energized and recharged; NON-NEGOTIABLES in meals (what matters most and is hardest to give up; what is really not a big deal) CONTROL in managing health (NON-NEGOTIABLE vs what's up for grabs); Key MOTIVATION to make the difficult health decisions This is really a big part of the balancing of Important To and Important For
School, Lifelong learning & Creativity/Intellectual Wellness	Preferred activities at school or in learning situations; Ideas/areas of interest in learning and positive school/learning experiences that continue to shape the person and ways in which the person expresses themselves creatively	Involves the person's talents and strengths that MUST be considered and used for success in learning and creative activities as well as access to and support in learning styles that work BEST for the person Should be distinguished as PRIORITY or NON-NEGOTIABLE
Emotional Wellness	Support and opportunities to share and experience emotional ups and downs Flexibility to adjust routine during difficult times Support to learn new things to be independent and confident	Specific ways responds to certain emotional experiences and the support the individual tells us is NEEDED during those times Learning, Supporting and Building the individual's specifically stated PREFERRED coping strategies

Wellness, Trauma & Universal Behavioral Supports

Wellness Domain	Routine Supports that Prevent "Problems" [Trauma Informed considerations are noted in RED]
Relationships/ Social Wellness	• Build constructive, supportive relationship (rich schedule of proactive individualized attention/interactions) • Provide routine social activities tailored to X's preferences and tolerance; Respect Choices in relationships and social/community activities & assure connections with the people who matter most and make the person feel safe • Promote Preferred Level of Stimulation with regard to amount/type of interactions and involvement
Work & Leisure/ Occupational Wellness	• Provide daily set of work/leisure/learning activities tailored to X's preferences and tolerance • Respect Choices in amount/type of activities [how the person wants to spend the day] • Limit Demands to essentials [remember if we must require or demand participation in these activities it is unlikely that it is something the person wants to do & "escape" behaviors could signal trauma trigger] • Promote Preferred Level of Stimulation in amount and type of activities/work/leisure
Spiritual Wellness	• Provide routine set of activities tailored to X's preferences/tolerance • Respect Choices in spiritual practice & access to nature or other soothing activities • Avoid Demands [it is exceedingly rare that any activity in this area should be required & "escape" behaviors could signal trauma trigger] • Promote Preferred Level of Stimulation/involvement
Physical Wellness	• Ensure unimpeded access to anything necessary for health and safety • Respect Choices in physical activity/exercise and best approach to healthy eating/lifestyle • Limit Demands to essentials [i.e., bad stuff will happen if these don't occur - & "escape" behaviors could signal trauma trigger] • Promote Preferred Level of Stimulation/involvement in physical activity/exercise • Ensure Any level of discomfort or pain is detected and relieved
School, Lifelong learning & Creativity/Intellectual Wellness	• Provide daily set of learning/creative activities tailored to X's preferences and tolerance • Respect Choices in amount/type of activities [how the person wants to spend the day] • Limit Demands to essentials tasks [remember if we must require or demand participation in these activities it is unlikely that it is something the person wants to do & "escape" behaviors could signal trauma trigger] • Promote Preferred Level of Stimulation in amount and type of activities/learning/leisure
Emotional Wellness	• Provide daily set of wellness/relaxation/creative activities tailored to X's preferences/tolerance • Respect Choices in wellness/relaxation/creative activities • Avoid Demands [it is exceedingly rare that any activity in this area should be required & "escape" behaviors could signal trauma trigger] • Promote Preferred Level of Stimulation/involvement in these activities & learn and respond to how the person communicates emotions/feelings so that day can be adjusted accordingly

Universal Behavioral & Emotional Support Tips

interactive principle	query for person providing support	query for person receiving support
Build a constructive, supportive relationship by providing a rich schedule of proactive individualized attention & support important connections	How are you getting along with X? Who else is in the X's life? What kind of relationships does X want?	How are you getting along with family/staff/etc? Are you seeing the people you want to?
Provide a daily set of activities tailored to X's preferences and tolerance	Aside from the typical routine what activities has X enjoyed?	What have you been doing? Have you had any fun lately?
Ensure unimpeded access to anything necessary for health and safety by providing whatever assistance is needed to achieve this	Is there anything X needs? Is there anything that X wants?	Is there anything you need? Anything you want?
Respect choices	Does X make choices you disagree with?	What choices do others disagree with?
Limit demands	What do you have a hard time getting X to do?	What do you NOT like to do?
Promote preferred level of stimulation	What is needed to facilitate a sense of well-being?	How's it going?
Ensure any source of discomfort or pain is detected and relieved	Do you ever see signs that X may be uncomfortable/hurting/in pain?	Are you feeling OK, anything hurt?

My "Game Plan" for Today Staff Instructions

The purpose of this game plan is to support me to have a positive day focused on moving forward to achieve my personal goals through positive activities and positive, lasting relationships. This daily game plan guides what support I need from you EACH DAY so I can

a) have a good day,
b) do the things that matter to me with the people that matter to me and
c) move forward toward achieving the life I want for my future.

This is my game plan for today & each day I want you to help me use this guide to move my life forward. Just as my wants/needs can change over time what we do in my game plan each day may also be different over time to reflect my changing wants/needs.

There are other tools and guides that I may have that work with My Daily Game Plan. These Include:

1. *My Emotional Wellness Guide provides a broader overview of ALL the things across my life that are important and tips for what MAY come up in a day; this game plan is so you can help me with TODAY and what of all those things I WANT to do today or I NEED help with today.*
2. My CPOC Life Vision and Goals tell you what I want my life to look like in 3-5 years and the goals I am working on this year to get to that vision. There may be some things I want or need to do today to move forward with these goals, but I will not do everything every day.
3. My CPOC/Support Plan Attachments tell you if I need help with certain things and if I do how much and what type of help I need. You may need to refer to them as we do things today.

This game plan should NOT be filled out ahead of time as it is a game plan I need you to help me develop each day and as we go through each day.

My "Game Plan" for Today

Name: **Date:**

Practicing and Cultivating Hope (Starting each day with reflection and gratitude)	
Talk with me about and help me express at least two things I am grateful for today	*Help me write/express the two things I have identified:*
Plan for how we will celebrate and remember these things throughout the day	*Write down so we can remember and share with others who may support me what works:*
Today's Game Plan	
These are the things I want or need to do today to move toward my goals	*Which goals do I want to work on today? (Each day is different and I will want to prioritize different things that matter to me and its ok if some days I just don't feel like working on certain things, but if I frequently don't have interest in ANY of my personal goals it means we probably should talk with my team about if I want to change them)* *What actions/activities will move this forward today?*
These are the things I want to do today to stay "well"	*Help me look at my Emotional Wellness Guide and pick the things I want to do today: (There are many things/activities/people/etc that help me live a "well" life, but each day which ones I want to do will be different so check with me to see what matters most to me today)* *Here is what I need you to do to support me to do those things today:*
These are the people I want to connect with today	*Who do I want to call?* *Who do I want to visit?*
These are new things I want to try today	*Help me think about if there are any new things I want to do, food/drink I want to try, places I want to go (Please remember this is my choice and it is ok if I don't want to try new things today, I just need you to ask me so that if I do and I need your help we can work together to make it happen)*
Strength Spotting (Help me to see my strengths each day and use them)	

These are my top strengths so if I struggle today help me think about how I might use them	*Think about strengths I (and those who know me best) have identified and help me think about them as we start the day, write them here:* *What might be some words/reminders you could give me if I struggle today and need to use one of my strengths:*
Throughout our time together today, help me "spot" my strengths	*Help me write/express the strengths I used today:*
Celebrating Today	
As we end our day, let's talk about what went really well today	*Help me write/express the two things I have identified:*
Help me to celebrate these things	*Write down so we can remember and share with others who may support me what works:*
Help me think about what we learned today	*What new things did I learn that I like today:* *What new things did I learn that I do not like today and don't want to repeat:* *Is there anything I want to change in my goals or supports after today:*

Support Team Active Problem Solving Guide

☐ **Are the challenges occurring at certain times of day?**

a. What is happening during these times that is not happening at other times?
b. What is not happening during these times that is happening at other times?
c. What type of day/schedule does the individual typically like?
d. What times of day are best for the individual? What is different about these times than others, particularly those that are most problematic?

☐ **Are the challenges occurring on certain days of the week?**

a. What is happening on these days that is not happening on other days?
b. What is not happening on these days that is happening on other days?
c. What days are usually best for the individual? What is different about these days than others?
d. How was the bad day different from a typical day?

☐ **Are the challenges occurring with certain people?**

a. What are these people doing that other people are not doing?
b. What are these people not doing that other people are doing?
c. Does the individual have a history of problems with this staff member?
d. Who does the individual really like/have good days with? What is different about what this individual is doing?

☐ **Are the challenges occurring during certain activities?**

a. What is happening during these activities that is not happening during other activities?
b. What is not happening during these activities that is happening during other activities?
c. Has the individual typically not liked these activities?
d. What kinds of activities does the individual like?

☐ **Are there other environmental/structural concerns that impact this individual?**

a. Crowds
b. noise level
c. structure/routine (or lack of)
d. changes in light level, temperature, activity level
e. obstacles or hazards in home/yard/work area
f. Other

☐ **Are there other important changes in daily activities/habits?**

a. Eating more or less
b. Changes in bathroom habits
c. Changes in sleep
d. More irritable or upset more easily
e. Does not want to do things usually enjoys

☐ **Are there any trauma triggers identified/present?**

a. Sounds that remind the individual of a traumatic event (sirens, bells, screaming, certain music/TV show, etc.)
b. Sights that remind the individual of a traumatic event (doctors' lab coats, belts, buses, fire, dogs, bodies of water, etc.)
c. Smells that remind the individual of a traumatic event (certain foods, perfume or cologne, burning wood or rubber, rubbing alcohol or disinfectant, etc)
d. Specific locations or types of places in which the traumatic event occurred (hospital, school, daycare, workplace, places near water, etc)
e. Specific qualities or types of people that remind the individual of the traumatic event and/or the abuser (police, firefighters, clergy, doctors, particular gender, tone of voice, wears certain types of clothing, etc)

CLINICIAN VISIT & COMMUNICATION FORM

Staff/family should complete the information in each section to communicate/share the most important information with the clinician.

Name of Individual:	Date of Visit:
Medicare/Medicaid/Insurance No:	DOB:
Pertinent History / known diagnoses:	
Allergies – Medication/Food:	
Current Psychotropic (Behavioral health related) Medications: Other Medications:	
REASON FOR THIS VISIT: **Reason for today's visit? ☐ Initial visit ☐Routine follow-up ☐ requested appointment before routine follow-up** **Has anything changed recently? ☐Yes ☐No** **If yes, provide information about what new concerns have been noticed and/or changes in actions/emotions/symptoms:** **Did the clinician ask for any specific information/report/follow up at last visit? ☐Yes ☐No** **If yes, provide here or be sure to bring needed information.**	
Any of the following changes happen recently: ☐Eating habits ☐Sleep patterns ☐Mobility ☐Bathroom habits ☐Activity level ☐Alertness ☐Vision ☐Hearing ☐Touch/sensation ☐Emotional reactions ☐Relationships ☐Work/School ☐Routines ☐Living situation	

CLINICIAN RECOMMENDATIONS AND INSTRUCTIONS

Clinician Name:	**Specialty:**
New Diagnoses/conditions:	

check all that apply:

☐Wellness needs and supports reviewed

☐ No issues noted ☐Concerns noted & recommendations to family/provider:

☐Trauma concerns and Life stressors/changes were reviewed

☐No concerns noted ☐Changes occurred and impact symptoms & recommendations to family/provider:

☐Coping skills being practiced; If checked please list below with any tips for staff/family:

☐Instructions for family/staff if specific signs/symptoms occur; if checked provide instructions below:

☐Medication changes; If checked, what are new meds:

☐Tests ordered; If checked, list tests to complete:

☐Scheduling happened at office ☐Scheduling needs to be done by individual/provider/family

☐New/important signs and symptoms to monitor; check and list below

☐Signs/symptoms to report immediately to MD:

☐Signs/symptoms to monitor for next visit:

☐Emergent signs/symptoms = go to ER:

Clinician Signature:_____

Follow up date: _____

Instructions for Using the Clinician Visit Form

Clinician Visit and Communication Form Section

Page 1 of the Clinician Visit From is for you to complete for yourself/your child. This form is a tool that can help you communicate your/your child's needs, symptoms, changes. It helps to share why you/your child is seeing the professional that day. If you/your child sees the professional on a regular basis, the form also helps you share anything that is better or worse than the last time you/your child saw them.

In the first section, you put information about who you/your child are and the conditions you have or have had that the professional may need to know. You will also share any medication you take and any allergies or reactions the professional needs to know.

The next section is where you talk about why you/your child are coming to this appointment. You will want to be as specific as you can so the professional understands any problems, symptoms or changes. This is followed by a place to check any areas of life where there have been changes.

Clinician Recommendations and Instructions Section

This section is for the professional you/your child are seeing to give recommendations and instructions from the visit. If the professional does not want to complete the form themselves, you can use it to ask questions and write down the recommendations and instructions to help you/your child and any supporters.