CHAPTER 7

Mentoring a Spirit of Gentleness

We need a way in which we can enter into frightening spaces and bring the gift of gentleness, nonviolence and justice.

Children without names,
Christ, atop the highest hill,
Looks upon the city,
Arms of stone opened
Toward the housed and the fed,
Eyes fixed firmly
On the land of the living.

The sun shines on His face,
Casting a cascading shadow
Behind and down the darkened hillside,
Impacting on the white tombstones,
Each rising from the ground
Like rectangular scars.

At the bottom,
The Street of Tears
Embraces the dark, pocked hill.
Beyond the shadows of death,
On the opposite side of the Street of Tears,
On the darkened plain,
The earth has opened up,
Pushing out a tomb for the abandoned,
For twenty-seven children
Frozen between life and death,
Chilled by the lengthening shadow,
Forgotten by the fattened city dwellers
On the other side of the hill.

A cemetery of the living,
Its guarded iron gate
Opens its arms,
Footsteps echoing a requiem.

And a few steps beyond
Lies the tomb of the living,
Of the twenty-seven abandoned ones,
Who once having entered
Were named,
Were gowned,
Were left
Moving slowly, roaming ghostly, looking deathly,
Each blue gown stamped with Pediatrics,
Each child named by the city's Committee of Beneficience,
Those who dwell on the other side of the hill,
Naming, not numbering,
Entombing, not embracing,
Charity's deed having been done.

Child Salvador,
Body black,
Arms outstretched,
Approaches
Sucking a red plastic cord,
His lips never having touched
A mother's breast,
His blackness imprinted on the whitened walls.

Juan Luis,
Pale face,
Eyes moving from side to side
Like rounded ice,
Stands alone
Frozen in time,
An infant child
Gazing at what he has never seen.

Claudia,
Child of the Andes,
Sits on a wooden stool,
Lips moving,
Whispering, crying,
"Come, come, come!",
Words not answered,

Panchito,
Head cast downward,
Rocks himself,
His blinded eyes fixed
On his tiny strapped arms
Listening to an unsung song.

And at his feet
Squats the Garbage Dump Boy
Having been nurtured in the
city's sunned garbage,
But gathered up one day and left
To rot on the cold tile floor
Of the city's children's pavilion,
A cousin of the municipal dump,
Now searching for scraps of life
Where hunger rules.

And twenty-two others
Are twisted images of these five.
Though named,
They remain nameless.
Though gowned,
They are naked.
Though living,
They are dead
In this tomb of nothingness,
Of bodies, of ghosts, of shadows.
Finally, I leave
The guarded gate opens its iron arms.
Footsteps echo again on the
cobble stones
Until I reach
The Street of Tears,
The tomb-pocked hill,
Christ's back,
And the darkness of the night
On the other side of the hill.

How can we teach others a spirit of gentleness among caregivers? We need to go to the other side of the hill. We need to be strong in our convictions, have a clear mind, and a pure heart. We need to have the courage to bring gentleness where it is absent, hope where there is despair, and love where there is emptiness.

We have looked at ourselves and those whom we serve. We have reflected on non-violence, companionship, and community. We know that the pursuit of non-violence and justice is a life-project. We also need to assume responsibility for deepening and spreading this spirit of gentleness through our on-going example and our sharing. We have to recognize that it is a life-project for us and for others. Around the world caregivers are challenged to serve children and adults whose lives are filled with fear and meaningless lives. We need a way to help teach others about gentle care giving, to enter their space just as we have reflected on entering the space of marginalized people, and teach them to teach others to feel safe and loved. Mentoring is our approach to do this. It is our way of sharing with others a spirit of gentleness and justice.

We have to feel secure as mentors. Our role is to define the empty and

violent spaces that exist between caregivers and marginalized individuals in institutions, shelters, homes, prisons, nursing homes, schools, and wherever we happen to serve. These places have to be filled up with the caregivers' laces of affection-- their loving touch, warm words, and kind gazes. Caregivers need to stop and reflect on the formation of companionship and community and the role of helping individuals feel safe, engaged, loved, and loving. From this foundation, caregivers can then create communities of caring. Mentoring is our process for teaching caregivers to establish companionship and community. Mentoring a spirit of gentleness among caregivers is an on-going project based on trust between mentors and caregivers. There are no fixed answers. The very process of mentoring is our response to empowering caregivers 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 caregivers and the formation of a sense of companionship and community. This trust starts by the mentor entering into the caregiver's space with a deep sense of humility and justice and helping each caregiver feel safe and respected. It is the informal coming together of the mentor and caregiver around the kitchen table and the sharing of the meaning of companionship and community. It is working together and finding ways to teach marginalized people these feelings.

MENTORING IS...

- An on-going process and a life-project
- Bringing a spirit of gentleness into homes and day programs to caregivers and those whom they serve
- Developing trusting relationships with care givers
- Experiencing hands-on interactions with troubled individuals, sharing ideas with caregivers around the kitchen table
- Developing and carrying out community-centered celebrations that lead to companionship and community

A mentor is someone who is dedicated to spreading a spirit of gentleness, provides leadership, and facilitates change in his/her unique manner. The common ingredients of mentoring are frequent visitations to the most troubled individuals and their caregivers, the formation of trust with caregivers, hands-on experiences, and sharing ideas and values with care givers. The mentor comes in a spirit of gentleness and confronts violence and chaos with peace and discernment. The mentor sees 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:

GOALS

- To improve the well-being of troubled individuals through the formation of companionship and community
- To establish a sense of companionship with caregivers
- To teach a spirit of gentleness to caregivers through example and coaching
- To develop with caregivers 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 caregivers 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 caregivers, 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 caregivers 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 caregivers 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 caregivers whom you will encounter, and in the troubled individuals whom you wish to help. The mentor has to recognize that he/she enters into a complex space that involves both the caregiver and the marginalized person. The general rule of mentoring is twofold and applies to both troubled individuals as well as their caregivers. We need to prevent any form of violence and evoke a deep and abiding sense of 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 caregivers 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 caregivers. Each mentor brings her/his unique gifts, life-experiences, and depth of feelings. Mentors are walking in the same direction, but each has to create his/her own path. The direction is mapped out.

MENTOR'S DIRECTION

- See your role as centering around caregivers
- Create a trusting relationship among caregivers
- Teach caregivers how to make vulnerable people feel safe and loved
- Help caregivers form companionship and community
- Teach them to use their teaching tools (their words, their hands, and their eyes) in their own way
- Enable them to transcend their own desires and ordinary ways of interacting in order to strengthen and deepen their teaching message

A mentor is more than a caregiver. He/she is a teacher of other caregivers. This requires experience and humility. Teaching calls on us to identify, clarify, and convey complex messages about the meaning of care giving, its purpose, ways of helping very troubled individuals, and creating a culture of life. Nothing is more complex than teaching others to feel safe and loved. The mentor has to be able to bring a spirit of gentleness to care givers for non-violence to take root by making caregivers feel safe and loved.

Mentors have to be steady in their own values and share these with other caregivers.

BASIC VALUES OF MENTORING

- Interdependence being more basic to the human condition than independence
- Nurturing replacing control
- Unconditional love being more powerful and essential than reward or punishment
- Collective decision-making being more basic than self-determination
- Nonviolence and dialogue are more powerful than confrontation and violence

Some caregivers will present a multitude of "Yes, but..." situations. A mentor does not argue, show pride, arrogance, or anger. A 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 caregivers so that they then might share it with those served. A mentor is not bossy or authoritarian. A mentor centers her/himself on seeing reality, listening, and slowly evoking peace. A mentor realizes that caregivers do not often recognize the deep fears of those whom they serve and that some caregivers continue old practices that have failed for years. A mentor understands that many caregivers 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 CAREGIVERS

The first process in mentoring is to develop a sense of trust with caregivers. 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 caregivers:

FIRST ENCOUNTERS

- Make caregivers 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

Trust evolves over time. A mentor has to be committed to forming trusting relationships with caregivers through frequent visits and sharing. A mentor takes his/her time. There should be no sense of being rushed. Mentoring is much more than giving information about non-violence. Its first purpose is to build trust with caregivers. The mentor's presence should convey a strong message of companionship. This evolving trust starts with the mentor's going to where the caregiver is at, spending time with the caregiver, and working hand in hand with each caregiver. As a mentor enters into a care giving reality, he/she has to come as a servant-leader and be seen as humble, ready to listen, and able to help. A mentor has to avoid a sense of attacking or a know-it-all attitude, and generate a process of equality and mutual change. The purposes of the mentor's first encounters with caregivers are:

MENTOR'S FIRST ENCOUNTERS

- 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 caregivers 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 caregivers statements about the goodness of what they are doing

The mentor's initial steps start as he/she enters the care giving reality. The first purpose is to develop a sense of trust. It involves the same process as teaching a feeling of companionship. The mentor's task is to establish a healing relationship with the caregivers based on trust. Each caregiver 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 caregivers and discussing a spirit of gentleness, getting to know the caregivers, and expressing warmth toward them.

In this process, we center our interactions on what we want the caregivers to become, not what we want to get rid of. As a mentor, the primary "client" is the community of caregivers. And, our first task is to help them feel safe with us by avoiding any perceptions of being domineering. The mentor should present her/himself 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 caregivers to understand the need to teach companionship and community. Each individual needs to feel safe, engaged, loved, and loving, and this sense has to lead to a community of caring in which the caregivers and those served are connected with one another. The process starts with the mentor-caregiver relationship. What we want to do is to begin a process of each caregiver 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:

SOME SIMPLE TIPS AS STARTERS

- Introducing self to each and every person
- 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. It might be the screams that echo down the corridors of a locked psychiatric unit, the use of restraint in a home for men and women with Alzheimer's disease, the moans and sorrow of babies in an orphanage, the boredom and meaninglessness of a community home, or the cold sternness of a school. Unless it is an obvious instance of abuse or neglect, it is better to focus on the caregivers' trust-- holding one's tongue regarding the negative and looking for instances of goodness. The mentor might see and feel chaos-caregivers 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 caregivers to do what most others cannot do-- dealing with extreme forms of violence, self-isolation, obsessions, and mania. We are asking caregivers to ponder the depths of human fear and meaninglessness. Caregivers deserve our respect and support. The mentoring process should be an on-going supportive process in which we learn as much as the caregivers.

First visits are a mix of listening to and guiding the caregivers along with hands-on, "show-and-tell" experiences with troubled individuals. We have to make the caregivers 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 caregivers and to spend time hands-on with troubled individuals. When the mentor sits down with caregivers, the first questions often revolve around, "What do you do about the hitting, biting, cussing, and a host of other behavior problems. The mentor does not come to discuss what to rid a person of, but to focus on who the person might become and what the

culture of the setting might become. It is critical to avoid focusing on what to get rid of. Tell the caregivers that whatever they are doing now is fine and obviously the best they can presently do. Keep your focus on safe and loved.

Center yourself and your involvement on peace making. Look for acts of kindness—a smile, a warm touch, and a kind word. Use these small acts as part of your teaching by highlighting them. It does no good to argue with or come down on caregivers. Help the caregivers feel comfortable with you. The mentor's visitation approach with the caregivers is important. Search for the good and focus on it. Try not to argue and focus on what you are helping the caregiver to become. Be humble and see yourself as a brother-sister.

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 caregivers 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 caregivers reflect on 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 "How do we get rid of the aggression...!". Enter the home, listen, and talk about the prevention of problems and the teaching of companionship.

Since many caregivers are used to “fix-it” approaches, they will likely insist on “What do you do when he hits!” A good mentoring strategy is to focus on prevention. This will probably raise questions about control. Control is quite often the hidden and unrecognized source of violence. The mentor has to talk about teaching others to safe and loved, giving in to avoid violence, and demonstrating how to teach these feelings.

AN OUNCE OF PREVENTION...

- Help caregivers deal with problems through prevention
- Giving in while teaching the person companionship
- Focusing on the individual learning to find loving meaning in the caregivers
- 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 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 caregivers. Prevention plans are a good tool to develop. Instead of having everyone wonder about getting rid of behaviors, help them focus on their prevention. The mentor should develop prevention plans with the caregivers around the kitchen table once a basic sense of trust has been established. They should be in the caregiver's words and be as concrete as possible.

Remember that many caregivers have trouble giving people what they want. Most often, giving in resolves violence. Many causes of violence are simple things. A good rule is to give in without giving up. It might be as simple as giving someone a cigarette, cup of coffee, or cookie. It is better to give than provoke violence. The mentor has to teach caregivers, if violence is avoided, it is much easier to teach people to feel safe and loved. Giving in gives caregivers 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 DIALOGS

The initial visits with caregivers 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 caregivers, spending time with them, and looking for the good in them. After introductions and initial observations, the mentor should call as many caregivers as possible to sit around the kitchen table and very informally discuss what a spirit of gentleness is about. The main points in these first dialogs are:

WHAT TO TALK ABOUT...

- Companionship-- finding ways to deepen the sense of trust between caregivers and those served
- 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

WHY?

- 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 caregivers 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 troubled person to express love toward us

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 caregivers' 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.

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 caregivers, 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

When 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 troubling 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 caregivers who seem open and responsive. In this initial encounter avoid any focus on controlling others or getting rid of behaviors. 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 changing the person, just be satisfied with being with the person. The first steps in engagement are:

STARTING OUT...

- 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:

CARDINAL RULES OF MENTORING

- Avoid provoking violence by giving in and staying calming
- Concentrate on evoking peace through your focus on nurturing
- Re-center your expectations and increase your 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:

MENTORING TOOLS

- *Our hands*-- Use them softly and lightly
- *Our words*—Use them hushed and comfortingly
- *Our eyes*-- Use them warmly and in a nurturing way

In the most disturbing or frustrating moments, the mentor's use of these tools has to be attuned to quick change. This involves changes such as decreasing rapidly from whatever degree of being-with the person had been to softer gazes, more hushed conversation, and 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 attuning 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:

WHEN IN DOUBT, TRY...

- 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 reengage. 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 moving momentarily into the person's presence and then disappearing. Our very presence, our hands, words, and eyes can be like sledgehammers. The key issue is to make sure the person feels no demand. We have to remember that even our presence can be a horrible demand.

KITCHEN TABLE DIALOGUE

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 caregivers--not about how to "change the marginalized person, but about the goodness of the caregivers' work, simple acts of beauty, and the meaning of feeling safe and loved. The mentor has to be very observant and look for small signs of goodness—a smile, a word of encouragement, a pat on the back. It is important to avoid criticism.

As this dialogue evolves, often at the beginning very lop-sided, the mentor should elicit comments from the caregivers that relate to their perception of the beauty of their work. In many ways establishing a trusting relationship with the caregivers 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:

WHAT TO ASK...

- "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 caregivers. 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 caregivers. Make sure that your body posture is relaxed and open, your affect is warm and caring, and highlight simple acts of beauty. Be natural. Be warm. Look for ways to praise the caregivers. 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 next encounters are:

WHAT ELSE TO DO...

- To deepen the spirit of trust with the caregivers
- To have other hands-on engagements with the troubled person
- To engage one or two caregivers 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 caregivers and give an informal mini-lesson on what companionship means, emphasizing feeling safe once again, plus our care giving tools—our presence, hands, words, and eyes. Use your own language, and keep it simple and concrete. Teaching is a dialogue. Avoid telling caregivers what to do. Weave your hands-on experiences with the troubled person in with the caregivers’ experiences. 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 caregivers,

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 caregivers, 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 caregivers things that they see that indicate fear. In the beginning, make this dialogue simple and nonthreatening. 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 caregiver:

THINGS TO OBSERVE ABOUT THE TROUBLED PERSON...

- 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 caregivers-- perhaps moving toward a caregiver, looking, making sweet sounds, accepting some minimal touch, or staying momentarily with a caregiver. In another dialogue, the mentor should discuss the caregivers' attitudes about companionship and community. This is hard since it can be threatening. 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:

THINGS TO OBSERVE ABOUT CAREGIVERS...

- 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 caregiver interactions. However, this time the mentor has to try to bring one of the caregivers into the experience. The mentor should look for a caregiver who seems relaxed, warm, and open. As you are spending time with a troubled person, look for someone who seems ready and open to be with you. Invite that caregiver to be near you and nudge him/her into participation with you.

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 caregiver. The primary one is the engagement of the caregiver in the hands-on experience with a sharp focus on the use of the caregiver's hands, words, and eyes as the tools to teach the troubled person to feel safe

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 the 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 caregiver reluctance. If so, do not worry, this means that the trust between the mentor and the caregivers 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 caregivers 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 caregivers' 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 caregivers, the more intense the process. Some signs of the need for more intense mentor involvement are:

HOW TO DECIDE HOW MUCH TIME MENTORING WILL TAKE...

- The presence of physical management or intervention
- Harsh grabbing and leading people around
- Yelling at those served
- Chaotic management
- High caregiver 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 spadework at the system's level. Yet, the key is to keep the focus on the small community of caregivers and make change occur from the bottom up. 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 dialogue over a year's time:

HOW TO DECIDE HOW MUCH TIME MENTORING WILL TAKE...

- Feeling safe
- Care giving tools
- Feeling engaged, loved, and loving
- Assessment of the companion
- Assessment of the caregivers
- 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 caregivers, related staff, friends, and person will do to get there
- Defining community and making community
- Community-centered-celebrations

Each of these of these moral themes has a set of competencies that the mentor should evolve over the year's time. The major outcomes might be:

OUTCOMES OF MENTORING...

- 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 caregivers working together and job stability
- Increases in the amount of time that caregivers sit and dialogue with the mentor
- Improvements in the culture of the home-quietude, slowness, softness, appearance
- A community-centered celebration 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 caregivers 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 storyteller, 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. Caregivers have to feel deeply about the emotional life of the people whom they serve.

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 are:

TIPS FOR DEALING WITH VERY TROUBLING MOMENTS...

- The slower you go, the faster you will get there
- Evoke peace
- Avoid provoking violence
- Give in as much as you can

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. Caregivers 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 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 each troubled person's needs.

DEFINING THE WHOLE PERSON...

- *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 caregivers come and go
- *Death*—feeling death 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 caregivers 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.

INDIVIDUALS WHOSE LIFE-RULES ARE HARMFUL

Individuals with these needs are quite deceptive in terms of how terrified they are. They are regarded as "high functioning", knowing better, and manipulative. Caregivers, 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 caregivers into a focus on individualism instead of companionship. This type

of person is quite difficult to teach a sense of companionship since their relatively high level of skills is deceptive, hiding their vulnerabilities and disorienting caregivers 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 put down.

Typically, persons with these needs have horrendous life-stories that go back to early infancy and patterns of grotesque abuse and neglect.

AVOID

- Any sense of control
- Yet, assume responsibility for the person's well-being
- Treating like a baby
- A sense of having rights denied
- A sense of putting down

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. Avoid lose-lose conversations related to "I want to do this...", "No you can't..."

TIPS

- "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.

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: Mentors need to take their time, gain insight into the individual's life-story, and translate a companionship assessment into this "high functioning" reality. It is difficult to share with caregivers 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 caregivers is critical. Be careful to not put the individual down, but also be truthful and concrete.

INDIVIDUALS WHO MOLEST CHILDREN OR OTHER DEFENSELESS PEOPLE

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 caregivers 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 naivety and 2) those in whom it is a fixed personality construct.

The mentor's posture awareness of the devastating significance of person 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 person molestation as a fixed personality construct, the mentors have to guide the caregivers 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 caregivers. These caregivers 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: The second group has a less fixed personality construct. Many "experimented" with sexuality with defenseless individuals in institutional settings. They are marked more by naivety than by pedophilia. Their molestation was characterized more by its sexual nature than by aggression and cruelty. If caregivers 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, but the person will require life-long support and protection.

AVOID

- Any freedom that might lead to harm
- Any focus on "He/she has to learn by consequences"
- Any focus on "He/she has the right to..."

FOCUS ON

- Teaching a new moral memory of what it means to respect self and others
- Understanding that this is an extremely long term process
- Understanding that the younger the more possible it is to teach companionship and community.
- Teaching caregivers their dual role: 1) to teach this new moral memory and 2) to ensure that no harm comes to the community

TIPS

- Always give absolute assurance that harm will come to no one
- Give nonviolent, companionship-centered caregiver 24-hours per day, 7-days per week
- Prevent any harmful sexual encounters
- Make a pleasant home, but supervised constantly
- Give supervised opportunities for the development of just relationships

INDIVIDUALS WHO HEAR VOICES OR THINK THEY ARE ANOTHER PERSON

Individuals with schizophrenia generally 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 caregivers often misinterpret as mere self-talk. Mentors need to realize and discuss with caregivers the deep fears and confusion in persons with schizophrenia. Some tips are:

AVOID

- Blaming the person
- Interpreting what the person does as deliberate
- Focusing on “knowing better”
- Giving any sense of fear
- Any focus on independence or self-reliance when the person is troubled
- Any focus on choice or decision-making when the person is troubled
- Any focus on compliance

EXPLAIN

- 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 caregivers should not be judgmental with "He knows better..."
- Help caregivers 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.

TIPS

- Understand that the person will have good moments and bad ones
- Deepen the feeling of safe and loved during the good moments
- During bad moments, use your hands, words, and eyes softly and slowly
- During bad moments, eliminate all demands
- Talk about feeling safe and loved
- Be very nurturing
- When the person’s speech is driven or jumping from one topic to another, slow down, be hushed, and enter with your dialogue as the person catches his/her breath

INDIVIDUALS WITH AUTISM

Individuals with these needs tend to be very unresponsive to the caregiver's presence, push caregivers 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. Caregivers 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:

AVOID

- Sudden physical contact
- Loud noises or conversation
- Making the person look at you
- Chaotic settings
- Grabbing the person
- Hand over hand “help”
- Rigid schedules
- Any focus on self-isolating activities
- Any hyper-focus on skills that set the person apart and isolate him/her
- Avoid any hyper-focus on skill acquisition

EXPLAIN

- 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

TIPS

- Move slowly
- Talk softly
- Talk warmly and soothingly
- At the start, touch very lightly
- Find a place where the person fears touch the least
- Focus on acceptance of touch
- Focus on reaching out
- Focus on having the person do things with you
- Look at the person's eyes softly and slowly
- Gradually include others in this feeling of being safe and loved

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.

INDIVIDUALS WHO TRY TO HURT THEMSELVES

The paradox with this type of situation is to protect without giving a sense of control. Caregivers 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 caregivers. As this occurs, caregivers have to slowly break up the individual's self-centeredness by teaching engagement.

Strategies for protecting the person from harm center on:

AVOID

- Grabbing the person
- Yelling at the person
- Any form of reprimand
- Any sense that he/she “just wants attention” or is “simply manipulating to get something”

EXPLAIN

- Hurting oneself is a form of utter self-hatred akin to suicide attempts
- Even if it is to get attention, it indicates the person has the
- deepest possible needs related to self-esteem
- How a sense of companionship is central to giving self-worth to the person
- How it is critical the person develop a deep memory of being
- safe and loved
- How the person’s fear of us drives a profound sense of meaninglessness

TIPS

- 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 caregivers that the most important moments are when the individual is not trying to hurt self. It is during these times that caregivers 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.

INDIVIDUALS WHO ARE VIOLENT OUT OF THE BLUE

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

Mentors need to help caregivers 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 caregivers will be able to prevent or, at least, diminish outbursts:

AVOID

- Blaming the person even though the person seems "to know better"
- Blaming the person because "he/she is manipulative
- Provoking violence
- Any focus on compliance

EXPLAIN

- Look for possible signs of undiagnosed seizure activity
- Look for signs of other physical illnesses
- Help caregivers see outbursts as an extreme call for the need to feel safe and loved
- Need for a deep need for feeling safe and loved with caregivers

TIPS

- Fill the person's day with a deep sense of companionship
- Avoid provoking anger or frustration
- Give in whenever possible
- Focus on a deep feeling of engagement—"It is good for us to be together
- Show caregivers how to nurture the person instead of controlling the person

INDIVIDUAL WITH PROFOUND INTELLECTUAL DISABILITIES

Profound vulnerabilities often result 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 caregiver at the center of interactions--recognizing that the caregiver'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 peacemaking.

AVOID

- Any sense of hopelessness
- Any dehumanizing talk
- Any complaints about what the person cannot do
- Any gossip in front of the person

EXPLAIN

- Profound intellectual and sensorial disabilities do not mean the person is any less of a full person
- The very basics of development as learning to feel safe with us, loved by us, loving toward us, and engaged with us
- Define what these mean in their tiniest sense—a brief smile, the slightest glance, the flicking of finger as a hug

TIPS

- Touch softly and lovingly
- Make sure your movements are hushed and slow
- Use a lot of warm physical contact
- Make sure the setting is warm and loving
- Do daily care in a deeply respectful and nurturing manner
- Set up a predictable routine
- Keep each person well-groomed, dressed, and attractive
- Keep the environment very home-like

Sensory integration is very helpful for children and adults with profound intellectual disabilities and allied sensory difficulties. Try to make sure that each individual has a deep feeling of self, others, and community. Sensory integration is by its nature a gentle process that brings caregivers 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.

SENSORY INTEGRATION

Sensory integration is a strong way to help individuals with severe intellectual disabilities learn the meaning of feeling safe and loved as well as to learn to reach out to others and become active participants in family and community life:

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.

Teach 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 belonging, to have others around him/her, who care, and love through:

- 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 caregivers 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 the 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)

INDIVIDUALS WHO ARE DEEPLY SAD AND WITHDRAWN

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

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 most needy. Mentors should:

AVOID

- Any idea that the person chooses to be alone
- Any idea that the person 'just wants attention"
- An attitude of "just leave him/her alone"

EXPLAIN

- Depression is not a choice. It is a complete surrender of the person to meaninglessness and selfworthlessness
- It takes away motivation and gives a feeling that nothing is worthwhile
- It affects the body with poor sleep and poor appetite patterns, sometimes too much, sometimes too little
- It leads to self-isolation and a sense of abandonment

TIPS

- 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

INDIVIDUALS WHO ARE HYPERACTIVE

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, swoosh, they are off somewhere else. Individuals with these needs pace back and forth, flee from caregiver contact, and look for the biggest space possible to roam. When caregivers 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. Caregivers need to learn:

AVOID

- Any focus on compliance
- Rigid schedules or curriculum
- Yelling at the person
- Grabbing the person
- Use of reward or punishment

EXPLAIN

- By nature, ADHD can lead to problems in paying attention such as failing to give close attention to details or making careless mistakes in schoolwork, work, or other activities
- By nature, it can result in hyperactivity: fidgeting with hands or feet or squirms in seat, running around, climbing excessively, often "on the go" or often acts as if "driven by a motor, and often talking excessively
- By nature, it can result in things like: blurting out answers before questions have been completed, difficulty awaiting turn, often interrupts or intrudes on others (e.g., butts into conversations or games)

TIPS

- 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
- Your physical movements and speech pattern are the person's "moderator"—the slower you go the slower, the person will go

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. Programs that use choice as the centerpiece of all that occurs will leave those who are marginalized without any choice. Feeling safe and loved are preludes to choice. Everyone needs to be grounded. 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

It is not that choice is bad. The issue is that it requires a sense of trust of self and others. It needs a strong foundation of feeling safe and loved so that decisions can be made.

WHAT ABOUT SELF-DETERMINATION?

Self-determination can only occur when the person is well grounded in feelings of being safe and loved in the world. It assumes that the best (or only) decisions are those that we make on our own in a "lift yourself up by your bootstraps" mentality. It negates or ignores that human existence is

based on interdependence.

If you are advocating for self-determination, it is critical that you understand two things: 1) No one exists or makes decisions in a vacuum. 2) All human existence calls for deep feelings of companionship and community.

- Focus on the foundations of human existence—companionship and community
- Create circles of friends around marginalized individuals
- Use these circles as the core decision-makers
- Recognize that each person will participate more actively and fully depending on how safe and loved each fills

We need to look at self-determination as a form of empowerment in which the troubled person becomes an active participant in his/her own life with a circle of friends providing the particular degree of support that each individual needs at any given point in time. The person is at the middle of the circle and his/her friends are around the individual. As the person becomes more grounded, she/he will become more active in decision-making.

WHAT ABOUT "KNOWING BETTER?"

We make a common error in putting the cart before the horse. The center of the human condition is not the mind, but our feelings. If given a chance to discuss violence, most everyone could reply that violence is bad, hurting self is bad, and hurting others is bad. The basic question is not what we know, but what we feel. Most people have had the chance to develop a moral memory of the meaning "being good." However, some individuals do not have a grounded moral memory either due to the nature of a particular disability of their life-story. We have to help caregivers develop a strong empathy for the needs of those whom they serve.

- "Knowing better" denies horrible life-stories, often underlying mental illness, and the very nature of vulnerabilities when linked with life-stories and mental illness.
- Intellectual disabilities or mental illness are major disabilities in and of themselves and 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

A hallmark of a spirit of gentleness is that it goes for each person's heart. It does not make any difference what a
person knows if the individual does not feel safe and loved.

WE HAVE TO USE PHYSICAL MANAGEMENT

The use of physical power to control violence can give caregivers a false, but immediate, sense of being in control. Our culture can lead us to use force since there is a tendency to control others through domination. Our life-story can lead us to use force. If our life is out of control, we can easily try to control others. Some caregivers 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 it seems that no option is seen as possible. Physical management gives the controlled person a further sense of worthlessness. It is common for anyone confronted with perceived violence to respond with escalating violence. Yet, it gives the controlling person, a sense of power.

- Most violence can and should be prevented. If caregivers focus on a strong and deep feeling of companionship with those who are violent, most of the violence will be prevented. A key tip is to give in to what the person wants so there is time to teach a feeling of being safe and loved.
- 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 caregivers

The use of physical management often comes out of a need to control others. It is generally not deliberate meanness, but cultural attitudes that lead us to control instead of healing. Avoid arguing about physical management and restraint and focus on teaching people to feel safe and loved.

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.

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

Most of the issues that swirl around "letting people have their own way" are once again questions of needing to control others instead of teaching companionship and community. Keep the focus on what we want people to become instead of what we want to get rid of. Initially, gentleness calls on us to give in to prevent violence. This gives caregivers the opportunity to teach companionship.

WHAT DO I DO WHEN ONE PERSON HATES ANOTHER?

Many individuals whom we support have little choice. They live where they choose not to live and with people whom they do not care for. They go to school and work in settings not of their determination. This is a reality of caregiving. Our response is to begin to teach people to live peacefully together wherever possible.

- Caregivers 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
- Use your relationship based on trust to bring enemies together, but make sure that each feels safe with and loved by you

This starts with the care givers' relationship with troubled individuals and then a gradual process of teaching those who hate each other to feel safe and loved with each other.

WHAT IF SOMEONE DOES NOT WANT ATTEND A PARTICULAR PROGRAM?

He/she might be justified. Start looking for an option to large, segregated settings-- inclusive classrooms, supported employment, volunteer activities.

- Visit the place often to observe what is going on
- Use the community-centered-celebration process as a tool to insist

on options
- Advocate for justice and inclusion

Our advocacy for justice will take time. It is a life-project. It is hard to change big social service systems. The best place to start is with mentoring caregivers and make change occur from the bottom up.

WHAT IF STAFF TURNOVER IS SO HIGH COMPANIONSHIP IS IMPOSSIBLE?

Staff turnover is a strong and ugly sign of a culture of death. Marginalized people need consistency, predictability, and stability so that they can learn the meaning of companionship and community. Servant-leaders need to make this a top priority. Gather data and inform your supervisor of the detrimental effects of the situation. Bring it up in the person-centered planning process.

Recognize that the central source of stability, consistency, and predictability rests in the organization of those who are marginalized to generate their own empowerment and not depend on "outsiders." Yet, in the beginning, caregivers are critical since they are the ones who can raise consciousness about the meaning of companionship and community.

- Have a laser-like focus on companionship and community
- Move quickly from your relationship to the formation of relationships with others
- Create circles of friends
- Gather data and discuss it with your supervisor
- Make it a major topic community-centered celebrations

WHAT ABOUT AUTHORITARIAN ATTITUDES?

"This spirit of gentleness is a pile of manure!" 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
- Be humble and extremely patient
- Set a good example
- Avoid attacking people even those who are attacking you

- Try to win over one caregiver, and then another

WHAT IF A COLLEAGUE 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 caregivers 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 mentoring the caregivers
- Be well-prepared in person-centered planning meetings
- Try inviting your colleague to work with you

HOW DO I KNOW IF I AM MENTORING WELL?

Mentors have a beautiful set of challenges before them-- to help extremely vulnerable individuals find a sense of companionship and community, to help caregivers 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 caregivers
- I had trouble/no trouble with my vulnerable person
- I could share the person's life-story with ease/without ease
- Caregivers 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 you 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.

Notes