Culture and Disability

"It's not the difference between people that's the difficulty.

It's the indifference." Anonymous



Karen Toto LMFT Executive Director

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Background

•Who are we and why are we here?





The Schreiber Center





Common Myths

- People with developmental disabilities do not have mental illnesses severe enough to need therapy.
- People with a developmental disability cannot participate in or benefit from psychotherapy.
- People with developmental disabilities already live in a therapeutic environment and do not need mental health services.

-Carroll Jackson, LISW-S 2010



Ben

25 year old with Down Syndrome, engaged in his community, involved in city politics as an advocate.





Reality

•1/3 of individuals with a developmental disability have a mental illness of some type.

•In Developmental Centers the number can be as high as 7 out of 10.

-National Core Indicators, 2010



People's First Language

People-first language is a type of <u>linguistic prescription</u> in <u>English</u>, aiming to avoid perceived and subconscious <u>dehumanization</u> when discussing people with <u>disabilities</u>, as such forming an aspect of <u>disability etiquette</u>.

The basic idea is to impose a sentence structure that names the person first and the condition second, for example "people with disabilities" rather than "disabled people" or "disabled", in order to emphasize that "they are people first"..

The speaker is thus expected to internalize the idea of a disability as a secondary attribute, not a characteristic of a person's identity.



Vision

•People with developmental disabilities living in supportive communities with a sense of belonging, beauty and joy in their own homes.





Mission

Create and sustain high quality services that are stable, secure, lasting and committed to serving the unique and changing needs of each individual.





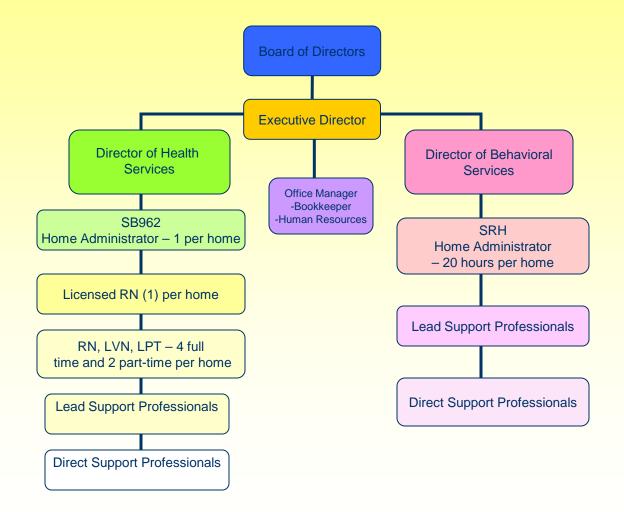
Current Projects

- 7 Special Residential Homes
- 2 SB962 Homes for individuals who are medically fragile





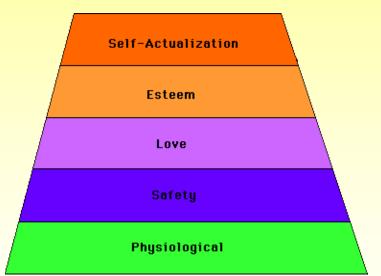
Organizational Chart Alegria Community Living



•Going above and beyond meeting the basic needs of the individual

•Emotional, psychological, spiritual needs

•A truly therapeutic environment





• Therapeutic Environment

•Health Consultants (Nurse, Dental Hygienist, Psychiatric, OT/PT, Speech, Respiratory Therapist) – 3 hours per month per client

•Behavioral Consultant – 5 hours per month per client





• Therapeutic Environment

•Alternative Consultants (Art Therapy, Music Therapy, Massage Therapy, Pet Therapy, Sand tray, Individual/Family Counseling) – 2 hours per month per individual











• Multi-Sensory Equipment (Snoezelin)

High Staff Ratio

•at least 2-3 staff on at all times (overnight, too)

-Director of Behavioral Services - MA

-Home Administrators – BA

-Lead Staff & Direct Care Staff - BA or equivalent experience





• CHOICE

•Furniture, decorations

Beautiful backyard

Bringing the outdoors into the home
Non-ambulatory – but not a medical facility





• Being part of a "community"



- Family involvement
 - •Feedback
 - •Dinners and other events
 - Counseling





•Building a Team

- •Respectful
- •Priority is to serve
- •Choice
- •TEAMWORK
- Compensated and valued
- •Training





•Oversight

- •QMS Project
- Internal QA
- Regional Center
- Community Care Licensing



Shady Springs



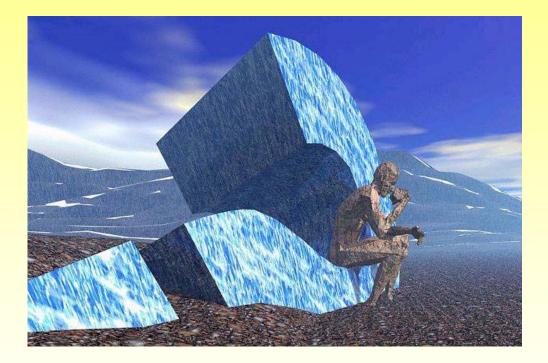








THE END



QUESTIONS?