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ACCESS FROM AN INTERPERSONAL ANGLE

Tools for Ongoing Learning

Wisconsin's Violence Against Women with Disabilities and Deaf Women Project:

*Disability Rights Wisconsin
End Domestic Abuse Wisconsin
Wisconsin Coalition Against Sexual Assault*

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PREFACE

Access is often understood as a list of requirements based on the Americans with Disabilities Act (ADA). Parking spaces, ramps, power doors and architectural dimensions for bathrooms are some of the factors that support and service organizations can check off their lists as either requirements met or not. From the points of view of service organizations, once they have accounted for structural access, there is often an assumption that access has been addressed.

While there are still places where people find physical access lacking, we were hearing different kinds of stories from individuals who were in search of information, services or support. We learned that **it is not only buildings that can be inaccessible; people can also be inaccessible.** The stories we heard encouraged us to expand our thinking about the meaning of access.

We have learned that in addition to the legal requirements, full access or genuine access involves more than measurable minimum standards. Ultimately, sharing information, offering services and providing support are relationship-based activities; it is interpersonal work. **Being fully accessible is a dynamic practice that requires our attention one contact at a time.**

The legal requirements for access are essential. They set a necessary foundation. The visual icon of the wheelchair that is used to designate a parking spot, entry or available restroom causes some to think that access refers only to individuals who use wheelchairs. That understanding has expanded to include people who might use power scooters, walkers or canes; and to people who do not have the strength or dexterity to open doors.

First, a person needs a way to make contact. Once contact has been made, what happens is interpersonal. When one person makes contact with a phone answerer, advocate, nurse, shelter staffer, intake specialist, job coach, in-home worker, social worker or others, those contacts are interpersonal by definition. **Each contact sets the stage for whether there will be a next.**

We often focus on the social service or provider's angle on access; the nonprofit organization or the business owner. We often consider access from their angle and what these entities have to do to be up to code. We also have to consider access from the POV (point of view) of the individuals with and without disabilities who are trying to make contact with domestic abuse and sexual assault programs at some of the most stressful times in their lives. **The angle on access we want to focus on is the POV of a person trying to feel safer.**

People with disabilities experience abuse at higher rates than those without disabilities [see: Harrell, E. Crime Against Persons with Disabilities, 2009-2013, US Dept. of Justice, 2015]. The rates of abuse are significant enough that each of us

who work to support people with disabilities can work smarter with a better understanding of what might be happening, and what might have happened, in their lives. The same is true for those who work primarily with individuals who are affected by domestic or interpersonal abuse, sexual assault and stalking. People with and without disabilities need advocates and other support providers who are prepared to support them well. **Learning to be fully accessible should be a priority.**

It is worth noting:

There is nothing you will learn about being attentive and responsive to individuals with disabilities that will not enhance the quality of contact you provide to those without disabilities.

During the early years of the disability rights movement, when the need for accessible parking was first brought to the attention of businesses and service providers, they said there was no need to consider parking spaces nearer to their entrances, or ramps rather than steps, because they had no patrons with mobility problems. They failed to imagine that the reason no people with physical disabilities were using their services was because they could not get into their buildings.

Historically, people with developmental disabilities (e.g., intellectual disabilities, autism) and mental illness were marginalized and separated so routinely that they were not on the radar of many human resource organizations. This is no longer true. People with all kinds of disabilities, mental illness and Deaf are living in communities and need fully accessible supports and services.

Imagine that all ADA requirements have been met. What could possibly make an organization, service or person inaccessible? Slow down on the last part of that question: **What could make one person inaccessible to another?**

Mo, after years of believing that she must be flawed or not smart enough, started to understand that she neither invited nor wanted any of the abuse that she had experienced throughout her life. When she finally made the momentous decision to ask for support, she was met with what she experienced as intrusive questions by someone who seemed more concerned with paperwork than the woman in front of her. The agenda for this initial contact was taken over and controlled by someone else. This was a too familiar feeling: someone else was taking control.

The person Mo contacted while trying to take charge of her life, to feel safer and respected, left her feeling cornered. There were questions she did not feel safe answering. In addition to not trusting the questioner's need to know, she also felt a contrast between her Native American understanding of respect and the way she was being spoken to. This one person represented the organization to Mo. Mo left and continued living in fear and distress for another two years before trying to find personal support again.

Cee first heard the word incest when she was 15 as part of a family life class. She was not familiar with the word or what it meant until that day. She later heard descriptions of child abuse, another concept that was her reality but referred to experiences she had not known how to name or understand in a social or legal context. Incest and child abuse were family life, as she knew it.

When Cee at 15 heard friends talking about who they thought was cute and who they wanted to kiss and touch, she realized she had already experienced those contacts and more, but not in an exciting or curious way. It was during this time that not trusting other people and feeling unsafe took over her life. It was during this time that Cee started to move in the world with shame and anxiety.

Several years later, Cee was diagnosed as having bi-polar disorder. She has learned to distinguish symptoms of mental illness, a medical matter, from symptoms of trauma that are the effects of her life experiences. As an adult, Cee tried to find support for the trauma she was living with. If those she contacted knew or even suspect that she lived with a mental illness, they only saw her through the lens of their assumptions about mental illness. They attributed everything about Cee to a diagnosis and did not consider her life experiences. Disability took the lead and dominated their thinking. They did not recognize Cee as a person living with trauma.

Both of these stories are about access. However, the issues for Mo and Cee were not about physical access. The hindrances they experienced were about interpersonal access. **We hope that in the very near future, when anyone thinks about access, it will be from various angles including an interpersonal one.**

Some additional concerns about access still exist. Does the person who answers the phone communicate in the same language as the caller, and if not, are there systems in place to make language translation available? If a Deaf person makes contact, do those receiving the contact know how to find out the preferred method of communication with this one Deaf person? Have they ever thought about the difference between language translation and language interpretation?

When we consider other factors that might result in a service, an organization or an individual being experienced as inaccessible, i.e., not accessible, there are other phrases that might describe the experience from the other person's POV.

Not available to me.

Not understandable to me.

Not listening to me.

Not getting me.

Not responsive to me.

Not attentive to me.

Not interested in me.

Not helping me.

Not respecting me.

Not believing me.

Being Accessible is a practice - one person at a time, one contact at a time.

We have found significant overlap between access and outreach. Both are about making the kind of impression needed for someone to feel safe and respected. Both are about setting the stage for a next or future contact. Whether a person benefits from what you have to offer, and whether someone shares a positive or negative experience with others about their contact with you or your organization, matters.

One person's experience is important for that one person. What that person shares with others about her/his experience is important to the reputation of your organization. Outreach is an attempt to extend information, services and support to those who are not currently using what you offer. A less than satisfying experience might pass through a community as: *they weren't helpful; she didn't listen; he didn't get me; they don't get us.*

If you are a staff of "similar" (e.g. white, middle class, hearing, straight, able bodied, literate, of average intelligence, ...), the responsibility is on you to demonstrate your willingness and ability to learn from others. What would be the experience of a person who is not white, middle class, hearing, straight, able bodied, literate, of average intelligence ... if s/he contacted you?

Each of our movements - interpersonal abuse, sexual assault and disability rights - have evolved with words and phrases that are held in higher esteem by some. Periodically our language is adjusted for reasons of clarity or respect. Those once called mentally retarded were then called cognitively disabled and are now described as having intellectual disabilities. Some people refer to themselves as victims, others as survivors. Some make distinctions between violence and abuse; others focus on power and privilege. Each of these uses of language has significance. However, the priorities of a person in distress might be different. **The POV of any one person trying to find help is a critical factor in interpersonal work, especially when the issue is safety.**

'People first' language is used to help us all remember that while a person might be living with schizophrenia there is more to who she is than a psychiatric diagnosis. Because being Deaf is experienced as a cultural identity rather than a disability, there is not the same emphasis on people first language. We do not say *a person with deafness* in the same way we might say *a person on the autism spectrum*. An acceptable statement would be that she is Deaf in the same way you might say she is Armenian-American as a cultural identity with the major factor being use of a visual language rather than an auditory language.

When we think about all of the ways that access can be derailed, two acknowledgements seem important. First, there are many ways that good, smart,

caring people can get the interpersonal connection wrong. Second, we can each bring a little more attention and humility to our interactions. No one can get it right 100% of the time, but each of us can try to do better more of the time. **We can each be a little more curious about what it is like to be the person trying to find the kinds of support that will be personally useful and meaningful.**

USING THE TOOLS

This booklet is not a narrative. It is a collection of questions, conversations and themes that can be used by you alone, with another person, in teams, within organizations or during community events. We are calling them tools because we have found them helpful in inviting people to think about how they approach their work and practice in their fields. **The reason for these tools is to invite thinking and conversation about how we engage in interpersonal work.**

We often purport *to be respectful, to listen, to support*, etc. When we actively consider more than our own POV, we notice that what one person finds respectful or safe, another might not. There might be generational differences, cultural differences or individual differences.

To be fully accessible means each of us has to actively wonder how we are understood and experienced – one contact at a time. To say *I am respectful*, meaning that every person during every contact experiences me as respectful, misses the reality that while it might be my intention to be respectful, I might not always be understood or experienced that way.

People who attend trainings with ‘trauma informed’ in the title might check it off their to-do list as though they have achieved something without having adjusted how they and their colleagues interact with an individual they want to support. People working to support those who live with developmental disabilities and mental illness continue to use control through ‘placements’ and behavioral intervention plans; they value compliance as a desired outcome. We rarely slow ourselves enough to reflect on the effects of our actions, one contact at a time. **We tell ourselves that our intention to be helpful is good enough.**

The purpose for each of these tools is to invite thinking and conversation; and to heighten awareness that everything we say or do has an effect. Whether by design and with intention or by default, we have an effect and leave an impression. What we put into our brochures and mission statements is important; but *nothing is more important than a person’s direct experience; and whether s/he feels safe and respected.*

There is one idea that runs throughout this booklet: being automatic/ reactive/ habitual is not the best way to do interpersonal work. The more we think about what we are doing and try to notice the effects of our actions, one contact at a time, the more opportunities there are to adjust ourselves in order to be more accessible to someone else. When we practice in this way, we can create more safety and respect in our relationships.

There are many questions embedded in these pages. Some might seem redundant. Redundancy can be helpful when learning to think from a different angle. All of the

questions are meant as invitations. If something was included, it means that it has been used in our work and been found to generate interesting and beneficial conversation.

For each section, ask yourself:

How could I/we use this content and these questions to invite thinking about interpersonal access?

□ IF I HAD KNOWN

Have you ever learned something about someone and then in reflection thought,

If I had known that, I could have...?

If I had known that, I would not have...?

What have you learned later that resulted in your thinking that if you had known ‘that’ you might have interacted with someone differently; you might have made adjustments to your actions or expectations?

What events (e.g., abuse, assault, death in the family) as well as status issues (e.g., she couldn’t read; he didn’t sleep well) are significant enough that you would consider interacting with someone differently?

How might you have been different as a result of what you learned? What might you have done differently or not done at all in consideration of what you learned?

There is always more to one person’s life at any age than we can know. Whether you have known someone for an hour, a week or ten years, there are always things you do not know. It does not indicate a weak relationship when you find that you did not know about something that happened in someone’s life or how events affected them.

What is important is that we are humble enough to remember that there is more to a person’s actions than the action itself. If you have ever heard the phrase ‘trauma informed,’ this is one way to think about its application. **I can adjust myself in some way in an effort to help someone else feel safer and more respected.** Trusting that it can be you who adjusts to make a moment in time feel safer and more respectful to someone else is one way to think about what it means to interact with trauma awareness or power awareness.

Think about someone you know and how this kind of humility, practiced by you, might change the course of a relationship that feels strained.

- We can often acknowledge in hindsight that we might have participated differently during earlier interactions with someone. The purpose of this conversation is to remind ourselves of the need for attention and flexibility in our interactions - while we are having them.

□ I'M JUST TRYING TO HELP

Have you ever said to someone, *I'm just trying to help you*? Have you ever even had that thought? What did you know for sure or at least sense in order to have the thought, *I'm just trying to help you*?

We sometimes know that we are not connecting with someone. Often, because we trust our own positive intention, we attribute problems or confusion in our interactions to the other person. We might say s/he is: *not listening; lazy; unmotivated; not trying; has a bad attitude*. Sometimes, we attribute problems in our interactions to a known or perceived disability. The problem is autism or mental illness. Notice how fast we can spin out from a simple human moment of not connecting: *he does not belong here; she needs specially trained people... a place for people like her*. Just because our intention is to be helpful, does not mean that we are experienced or understood as helpful. **It takes humility to do relationship based work.**

Make a list of the assumptions, judgments, conclusions and projections we can make about another person from a single moment of just noticing that our efforts are not connecting.

Your intention might be excellent. Your delivery might be wonderful for another person or even for this person at a different time. Even though your intention is to be helpful, consider the possibility that you are not being experienced or understood as either. What would you have to acknowledge to accept this possibility?

What other good intentions (in addition to the intention to be helpful) might not be experienced or understood as you hoped? The intention to be ...

What could you do when you notice that someone might not be experiencing or understanding you as you hoped s/he would?

We have many decision points every day. Do you keep doing what you were doing because it was supposed to be helpful? Do you tell yourself that the other person is the problem and needs to change? Do you defend yourself and think *I'm fine*? What would it be like to pause with curiosity rather than react with judgment or blame? *My intention was to be helpful. However, in this moment I'm not being experienced, understood (or appreciated) that way*. Just that much. What might happen if you did just that much?

- When drivers see traffic lights they adjust their actions, creating more safety on the roadways. When we develop the ability to notice certain thoughts, we can use them as signals to create more safety and respect in our interactions.

□ RESPECT

Picture two women in a convenience store. Both are strangers to you. The woman in the blue sweater is talking. The woman in the green sweater looks interested and attentive. Someone walks up behind the woman in the green sweater. He puts his hands on her shoulders. His right hand is on the back of her right shoulder and his left hand is on the front of her left shoulder. He leans in and says something that you can't hear. He turns her body away from the woman who was talking. This happens in a matter of seconds. You see the woman in the green sweater elbow the man behind her. She hits him in the chest with a lot of force. He removes his hands and steps back.

If you witnessed just that much and had to describe what happened to the woman in the green sweater (the one who was approached from behind and physically moved) what would you say happened to her in the convenience store?

At the very least, a stranger would say the woman in green was startled. Other words that have been used to characterize what happened to her include that she was *attacked, accosted, forced, threatened, mugged, etc.* What was this woman probably trying to accomplish when her elbow went backward; what was she probably trying to cope with or assert?

Most people give a stranger the benefit of the doubt. They would assume that something happened to her and so her actions had a purpose – to protect herself from a perceived threat or danger. Now, imagine the woman in green is someone you know to be a 'client' living with a mental illness or an intellectual disability, a brain injury, or someone on the autism spectrum. Add to that, the person who was elbowed in the chest was her job coach who said that he was *redirecting her* (back to her job). What is likely to be said or written about what the woman in green did in the convenience store? What kinds of characterizations might you hear or read about her actions?

While we say that we respect individuals with disabilities, we do not extend the same quality of respect. With a complete stranger, we accept that something happened to her and that her actions had purpose. That is respect. Too often we have a differentiated form of respect, a lesser standard, for people with disabilities even when we know them.

What interferes with extending the same quality of respect to individuals with disabilities that we extend to strangers?

- Good, smart, caring people are not always aware that they operate with different degrees of respect. For some people, we are unaware that we are operating with a lesser standard of respect. How we view people and situations is a measure of our accessibility.

□ POPULATION THINKING

For those of us who are not diagnosticians, i.e., most of us, the phrase *people with disabilities* might set off alarms that do not help you in your work. In fact, a person's disability might not be what they are contacting you about. A woman with a mental illness or autism who contacts a sexual assault or domestic abuse program is most likely calling with questions or concerns about sexual assault or interpersonal abuse – not disability status.

We are a culture that has marginalized people with disabilities. Too often we still attribute qualities to a population of people to such an extent that we miss the opportunity to get to know one person at a time. You might have a lifetime of accumulated assumptions, beliefs and biases about people based on a diagnostic category (e.g., autism, bipolar) or classification (e.g., low functioning, nonverbal). It might be helpful if we could at least acknowledge that we make assumptions, hold beliefs or have biases.

What assumptions, beliefs or biases might be operating in you when you know or even suspect that someone lives with a mental illness? You might notice having different assumptions, beliefs and biases about different types of mental illness (e.g., schizophrenia, borderline personality, anxiety, or post-traumatic stress.) How do your assumptions, beliefs or biases manifest in your interactions?

What assumptions, beliefs or biases might be operating in you when you know or even suspect that someone has an intellectual disability? How do these assumptions, beliefs or biases manifest in your interactions?

These questions can be used to invite conversation about any population references. Depending on your audience, consider these.

- Homeless
- Deaf
- Illiterate
- LGBT (Lesbian, Gay, Bisexual, Transgender)
- Alcoholic or Drug User
- Autistic
- Undocumented (not a citizen)

→ It is unrealistic and unnecessary to do away with all group or population references. However, with interpersonal work, we do have to be vigilant about not wasting the opportunities we have to focus on an individual. These conversations are a reminder not to let an individual get lost in what we think we know about a population.

□ YOUR INTERPERSONAL COMFORT ZONE

Each of us values some personal qualities more than others. You might have thoughts about the way people take care of their clothes or hair or they don't; the ways they clean themselves or they don't. We appreciate some methods and styles of interaction more than others. You might have thoughts about the way people use language and communicate. We relate to some personal qualities or practices more comfortably than others. We have more curiosity, patience and compassion about some people and their situations and less about others.

Think about the individuals who contact you for work. Describe the personal qualities and practices of those with whom you find more ease and comfort. These might be the people you can relate to most easily. You could also consider the word affinity; what do you notice about the people with whom you feel the most affinity?

Because we are sensory beings, consider at least what you see or don't see, what you hear or don't hear, what you smell or don't smell. Because this is about exploring your comfort zone, you are allowed to be petty. It does not necessarily make you a petty person to have preferences. If something affects you in a positive manner, acknowledge that it affects you positively.

Are there factors related to any of the following that result in greater comfort or ease:

- Appearance?
 - Hygiene?
 - Use of language?
 - Attitude?
 - Style of communication?
- Having preferences is not a bad quality. Having awareness that we have preferences can safeguard us from being less attentive toward those with whom we have less comfort or ease.

□ YOUR INTERPERSONAL DISCOMFORT ZONE

We are not supposed to acknowledge that anyone is out of our comfort zone. We are *supposed* to be open and available, i.e., accessible to everyone. We are supposed to understand and feel compassion at all times. Because we are human we can lose our balance. We are subject to being reactionary, judgmental and uncomfortable with others. Because we are all subject to personal discomforts and biases does not mean that this quality is conducive to being accessible.

Whatever we do, we have a comfort zone and its opposite, a discomfort zone. Whether we answer phones, provide training, work in people's homes, work in shelters, provide advocacy or offer peer support, we might find that some people and some situations are easier for us than others. We do not all find the same situations or individuals to be within our comfort zones. Any time two individuals come together there is more or less ease and more or less comfort. This is the nature of interpersonal contact.

Because we are sensory beings, consider at least what you see or don't see, what you hear or don't hear, what you smell or don't smell. Because this is about your discomfort zone, you are allowed to be petty. It does not necessarily make you a petty person to have biases. If something affects you negatively, acknowledge that it affects you negatively. Are there factors related to any of the following that result in your discomfort or lack of ease:

- Appearance?
 - Hygiene?
 - Use of language?
 - Attitude?
 - Style of communication?
- Discomfort is personal. Most of us cannot successfully carry out our mandate to be accessible without first being able to acknowledge when and with whom we experience hindrances.

❑ WHAT HAPPENS IN YOUR INTERPERSONAL DISCOMFORT ZONE?

It is important to acknowledge having both a comfort zone and a discomfort zone. It can be helpful to be as specific and honest as possible in naming what moves you from comfort to discomfort. What do you notice that results in personal discomfort? Try not to censor yourself.

What do you see, hear or smell that you wish you would not? We will call these 'events.' Be as specific as possible about the events that cause you to feel off balance, annoyed, uncomfortable, in over your head, etc.

Referring to the list of events that move you out of your comfort zone, think about what happens to you when these events occur?

- What **thoughts** show up, uninvited?
 - What kinds of judgment, criticism or blame show up?
 - What kinds of personal doubt about your ability to work with someone arise?
- What **sensations** occur in your body and where?
- What **emotions** do you notice?
- What are your ordinary, unchecked **reactions**; what do you usually say or do?

We tend to believe that no one else is aware of our thoughts, sensations or emotions and so they have no effect on how accessible others find us. In reality, our thoughts, sensations of the body and emotions can all reveal themselves in our presence and manner, in our speed and curiosity. When your thought is *here we go again, I can't believe..., I can't wait to be done with this, s/he is...* those sentiments are often experienced by those on the other side of the interaction.

In a large group of executive and program directors, the executive director of a domestic abuse program acknowledged that, when she was in her discomfort zone, a question that arose for her was *whether some people*, those she did not have ease or comfort with, *are deserving of limited resources*. That kind of self-awareness, humility and honesty is critical to creating more accessible services.

What humility and honesty about your interpersonal discomfort zone are you willing to acknowledge?

- We can be more proactive about trying to be accessible when we have greater awareness about how our own discomfort manifests. With awareness about what is happening to us, we are able to make adjustments in the direction of greater accessibility.

❑ WOULD YOU RATHER?

Given the choice, would you rather support or interact with someone who does

- What s/he wants to do?
- What you want her/him to do (or think would be best)?

This question is worth considering slowly. Too fast an answer will be *of course I want people to make their own choices*. Slow down. Imagine yourself on the job while you are having contact with individuals, while the clock is ticking and you have other things that need to be done.

Maybe you work in someone's home or place of work. Maybe you see someone on an appointment basis in your office. Maybe you are taking someone's call or you are in a group together. You have a certain amount of time. Wouldn't it be easier and more efficient if s/he answered the questions you are asking, followed the directions you are offering, adhered to the rules as they were explained, and made choices that were healthy and safe (from your POV)?

This question, *would you rather...* has been asked of thousands of people over the years in training situations. People in direct contact roles acknowledge that while they generally want people to be autonomous and self-directed, it might be easier if they (people seeking or receiving support) went along with 'the plan.' Even for those who say they are sure they want people they are working with to make their own choices, when asked if that was true during their shifts, their appointments, their contact time – they mostly acknowledge a bias in favor of agreeability, cooperativeness or even compliance rather than assertiveness.

What emerges is an attitude something like this: *Be assertive when you are with other people. During the time you are with me, couldn't you make better choices and be more cooperative? Couldn't you just answer my questions or tell me what I need to know? Couldn't you just do what we planned for you to do?* How does this preference for compliance play out overtly or subtly in your interactions?

- Who is a good client; an enjoyable client to work with? What does the good client do?
 - And what does that make the rest?
- The disability rights movement as well as the movements against sexual assault and interpersonal abuse all promote the values of assertiveness, autonomy and self-direction from those we support – in theory. It can be advantageous to consider some of the subtle ways that good, smart, caring people slip into prizing someone else's compliance.

□ POV (Point of View)

Most of us have a plan for what we will be doing during a day. We are aware of time. We have a plan. At this time, I am supposed to be at this location with this person or persons, for this purpose. We have expectations about how others should participate; what they should not say or do. You probably notice when you think someone did something wrong.

Another person in the same place at the same time might have a less clear or different understanding of why they are there, what is supposed to happen and how they want to participate. This moment in time might not have been this person's plan for herself, but another person's plan for her. Or this person might have clarity and purpose about a desired outcome but it is a different purpose or desired outcome than yours. And yet here you are together on the phone, face to face, in a meeting, etc.

When two individuals are operating with unacknowledged and possibly different points of view, tension can arise.

Think about situations when your POV about what is to be done (and how and why and...) does not seem to match the POV of another person. What happens?

- What might the other person notice about you?
 - How might the details they are noticing about you affect their relationship with you or your organization?
 - How accessible might someone else find you at these times?
- It is natural to operate from your own POV. However, considering another person's POV is more likely to result in you being more accessible to that person.

□ WANTING ENERGY

Based on your POV, there might be a mental model of how any activity should unfold. You have a sense of how you want others to engage with you and what you do not want to see or hear. This mental model might include what you will do and what someone else should say and do, and how they should say and do it. You know what you want to accomplish and how much time you have. You have personal standards.

Then, events start to unfold in ways that are different than your mental model. Someone says or does something that is not in keeping with what you wanted or expected. Some might refer to these actions by another person as her/his *behavior*. Some might characterize the other person as *out-of-control* or *difficult*. The other person's actions have an effect on you. This energy manifests in your thoughts, your body, your emotions and your actions. This is wanting energy; *I wanted this to be different*.

Talk about how your demeanor changes when wanting energy rises. What happens to your voice? Your speech? Your attitude?

Think of your wanting energy as having force and power – because it does. What happens to your breathing? What might someone notice about your physical position in relation to theirs; your movement and your muscle tone? How might someone notice and perceive your tension and animation?

While your intention might be to help, inform or encourage, is it possible that you are being experienced and understood as something else? How might someone be experiencing and understanding you when (your) wanting energy takes over?

Visualize your wanting energy and the wanting energy of another person you are trying to support. Consider someone you find confusing or difficult to support. On a piece of paper, draw a representation of how you perceive this person. Your representation only has to be meaningful to you. Now add a representation of your wanting energy to the paper in relation to the other person. This is a visual representation of an interaction.

- What do you imagine it would be like to be on the other side of you when your wanting energy is expressed?
- Does your wanting energy communicate what you want it to about who you are and who you would like to be in someone else's life at this moment in time?
- How would you have to adjust yourself in order to be experienced as accessible? What would you have to do to achieve that shift?

→ *It's not what you said; it's the way you said it.* Most of us have heard this at some time in our personal lives. It also has bearing in our work lives. Few of us slow down often enough to consider how our actions are being understood and experienced.

❑ CONCEPTS OF COMMUNITY SUPPORT

For many in the disability rights movement, there are words and phrases related to community support that are used frequently with the assumption that everyone agrees on what these words and phrases mean. There is the concept; and, there is the experience of that concept in daily living. Concepts do not automatically align with an individual's life experiences.

For example, if you are sitting in your living room and feel hungry you go to your kitchen and look in the cabinets or refrigerator. That is 'choice.' How choice is applied in many living situations for people with disabilities is that if someone sees you approaching the kitchen you might hear *it's not snack time, you'll have to wait, or you stay there - do you want an apple or some crackers?* And they say, *we give choice.*

Say a woman's ordinary speech is peppered with the f-word. That is how she communicates. She lives in a place that she is told is her home. Caregivers have set *no swearing* rules for her in her home. Who gets to decide what language is allowed in your home? Talk about what it would be like for you if someone that you did not invite had keys to your home and could set rules about what you could and could not do or say?

How would it affect you if this went on not for an hour or a few weeks or even a few months? What if this was your life over years?

Talk about how these concepts of community support relate to the daily lives of individuals with disabilities you know.

- Least Restrictive Setting
- Self-Direction
- Empowerment
- Autonomy
- Meaningful (support)
- Safety
- Most Integrated Setting
- Appropriate (behavior)
- Choice
- Responsible Risk
- Aging with Dignity
- Included

→ Every field of work has field talk. Grocers, realtors, and mechanics all have words and phrases that they use to short cut conversation. Human service and support workers also have field talk. Our field talk is often big picture concepts. It is worth some conversation to find out how these concepts are being understood in someone's daily life.

□ S/HE IS _____

A characterization does not tell you exactly what someone did. A characterization appraises someone's actions, often with a slant toward those actions being positive or negative. One woman might be characterized as *patient*. The word patient does not tell us what she did; we are only getting someone's assessment of her actions. Being characterized as patient would often be considered positive. Another woman might be characterized as *impatient*. Again, there is no report of her actions, only an appraisal by someone of her actions. Impatient would often be considered a negative characterization. It is worth noting that any two people might have a different standard for the line between a patient person and an impatient person.

What are some of the characterizations (words or phrases) you have read, heard or used about individuals with disabilities? Victims / Survivors?

S/he is: _____

Characterizations do not communicate actions. Characterizations communicate one person's assessment (or judgment) of a person's actions. There is a significant difference between a report of actions and an opinion about those actions. If I say that a person is *manipulative*, I have not told you what s/he does. If I say that someone is *difficult*, I have neither told you what this person does nor taken responsibility for the fact that I find this person's actions difficult, unpleasant or confusing and you might not.

When you hear or read characterizations about individuals you might be having contact with, how does it influence you? For example, if you were told that you were going to be working with someone who is *difficult and manipulative* what possible influence could that have on you?

Move through your list of characterizations and talk about how they might influence your interactions with a person who is characterized in this way. Then, consider how those influences on you might affect how accessible you are.

- The purpose is not to play language police. The point is to make ourselves aware of how powerfully characterizations influence our interactions.

❑ QUESTIONS WORTH ASKING

When brains are locked on characterizations like (s/he is) *stubborn, challenging, overreacting* there is no room to think about access from any angle. In a culture of support that values compliance, the thinking is often: *first we have to get her/him to behave then we can have a relationship*. When you hear someone characterized, ask the following questions.

Ask: What do you see or hear that you are characterizing as (*stubborn, challenging, overreacting*)? Listen for verbs; for action words. Would an actor be able to take the information being offered and portray this person?

Ask: When is s/he more likely to do those actions? You are not asking for certainty about when certain actions will occur. You are looking for a context or conditions of increased likelihood.

Ask: What does the person probably understand about those moments in time? What does this person probably understand about the activity and expectations; the reason for the activity or expectations; the words that are being used, the vocabulary? What does this person understand about other people (including you), their roles or their trustworthiness?

Ask: What is this person probably experiencing in her/his body at this time; what sensations of comfort or discomfort? What are you seeing and hearing that causes you to guess these sensations of comfort or discomfort?

Ask: What emotions might be accompanying these sensations and understandings? What are you seeing and hearing that causes you to guess these emotions?

Ask: What is this person possibly trying to cope with, to assert, or to accomplish in these moments when you described her/him as (*stubborn, challenging, overreacting*)?

Ask: If this person had ease of communication and emotional comfort, what might s/he say in that moment? What request or rejection? What comment or expression of emotion?

→ The purpose of asking these questions is not to come up with an intervention plan or to change someone's behavior. The reason for asking these questions is to translate a characterization, an opinion or judgment about someone into a report of their actions. These questions help us to consider the person's actions in context from her/his POV. This is a of practice empathy.

□ WHAT WOULD A GOOD HOST DO?

Sometimes, people report not knowing how to get started with an interaction. Some report difficulty with new people and others report difficulty with familiar people. What should we say or do first? Make opening statements? Ask questions? Bring out forms?

Make a list of the situations in which you find yourself not knowing how to get started or move forward with someone.

Now, have a conversation about good hosts. What is the intention of a good host? What is s/he trying to accomplish and how does s/he attempt to do that?

Good hosts want someone to feel welcome and safe. A welcome guest would not feel like they are being a bother, dividing your attention or in the wrong place.

A good host might let someone know where the restroom is and offer a beverage. A good host might ask where in a room someone might feel most comfortable sitting. If she sits there, what will she see? If he sits there, what will he hear? Will this person be likely to feel welcome and safe?

Among the things that have been learned about people who might be experiencing anxiety or living with trauma is that sipping water can ease a nervous system. Answering a seemingly simple question like *would you like something to drink* might, for some, feel too hard to answer. A good host might just place some water in front of a person. There is no reason to ask and there is no imperative that the person drinks it. It's just good to know.

When you think about the situations you identified as not always knowing how to get started or move forward, what are the lessons to be learned from good hosts?

- We can get overly complicated in trying to decide what to say and do. When the goal is to help a person feel safe and respected, it might be best to start by thinking simply.

❑ WHAT MIGHT KEEP YOU AND YOUR ORGANIZATION IN AN AUTOMATIC MODE?

People in helping fields do not set out to be uninviting or inattentive. They often learn their roles and responsibilities. Over time, they slip into a routine. *This is how we operate. This is how I do it.*

What are the activities that you do most often and automatically, i.e., with less thought?

The longer we do some things, the more routine and ordinary they become. We start to use acronyms and jargon specific to our field of work. What words, phrases or questions have you spoken so frequently that you can recite them in your sleep?

What are some possible reasons that you might operate in an automatic mode with some people or in some situations?

What are some possible reasons that your organization / team might operate in an automatic mode with some people or in some situations?

While operating on automatic is very human and ordinary, it is not good practice when there is a need to be accessible. What can you do to avoid being on automatic and create greater interpersonal access?

How could you create an organizational culture that strives to create greater interpersonal safety and respect?

- Momentum, habit and assumption can be the enemy of interpersonal access. It is important that we try to become aware of where, when, how and with whom being on automatic has become our practice.

□ DIMENSIONS OF EMOTIONAL STYLE

adapted from The Emotional Life of Your Brain by R Davidson with S Begley (2012).

When engaging with others we can be swept away. Our thoughts and emotions can rise up and overwhelm our reason for trying to engage in the first place.

Neuroscientist Richard Davidson, in his book The Emotional Life of Your Brain, outlines six dimensions of emotional style. Consideration of these dimensions of emotional style can result in some interesting and enlightening conversation.

Consideration of these styles can help individuals focus on themselves in relation to the individuals they work with. First, talk about each dimension a little bit and then ask participants to talk with one another in pairs or small groups. Ask them to consider each dimension of emotional style in two ways.

1. How would you assess yourself **generally, under ordinary circumstances?**
2. How would you assess yourself **when you are stressed or out of your comfort zone?**

Dimension: Resilience

Resilience can be understood as the time it takes to recover from adversity. This is a temporal definition. There is a kind of resilience that is within the short run as compared to long term. There is the kind of adversity that might come from someone rolling their eyes while you are talking, or someone texting during a meeting. Maybe someone does not use people first language, or repeatedly asks why someone experiencing interpersonal abuse doesn't just leave. These are recurring irritants for some people. How would you assess your ability to keep your purpose in mind and not be derailed, to be resilient, when you encounter events that are irritants for you?

- How quickly do you recover from irritating events generally?
- How does stress influence your resilience?

Dimension: Outlook

Outlook is about how you approach your work. Do you generally approach situations related to your work with a sense that your time is well spent and that positive outcomes are possible?

- Do you see yourself as generally positive, neutral, negative, cynical?
- How does stress influence your general outlook?

Dimension: Social Intuition

When we interact, there is what we say and what we do not say. Individuals are more or less attuned to nonverbal signals. Some people 'read' another person's state of mind or sense of wellbeing, their interests and concerns. Some people learn to discern whether they are making assumptions or reading others correctly. Some others do not generally notice or consider unspoken signals.

- How would you assess your own general ability to assess another person's state of mind or wellbeing from their nonverbal signals?
- How does stress influence your ability to tune into another person and read them accurately?

Dimension: Self-Awareness

Because we are human our emotions can fluctuate. A shift in emotion might result in a shift in attention, understanding, openness, etc. A shift in emotion can influence our actions; what we say or what we do.

- Generally, how would you assess your awareness of your own shifts in emotion?
- How does stress influence your self-awareness regarding your emotions and actions?

Dimension: Attention

To have a steady quality of attention, we have to cope with potential distractions as they arise. Depending on where you are and who you are with, there might be more or fewer possible distractions. Distractions might include unrelated sounds or the quality of sound, images, smells, thoughts or your own physical energy.

- Generally, how would you assess your ability to maintain a steady quality of attention to what is happening?
- How does stress influence your ability to focus your attention?

Dimension: Sensitivity to Context

Context includes the “who, what, where, when, why and how” of our work. What is my purpose? What is your purpose? What are we trying to accomplish? Who am I with and what is this person's role? Where are we, and how might this setting influence what we can accomplish? Given who I'm with, where I am and why I'm here, how can I most effectively participate? This is sensitivity to context.

- Generally, how would you assess your sensitivity to context?
- How does stress influence your sensitivity to context?

After conversations about the dimensions of emotional style both generally and when stressed, talk about which dimension(s) you might want to pay attention to in order to be more accessible in your work.

→ It can be helpful to be honest about how we bring ourselves to interactive work. This section based on work by Richard Davidson is one approach that can help us each notice areas where we might want to focus more attention in order to be as accessible as possible.

□ WORKING WITH CONFLICT

When differences arise between people regarding content, purpose, desired outcome, methods of engagement, values or style of interaction (differences can arise about almost anything – we're human), we might find ourselves in conflict. When people are in conflict, a contest has begun.

- In what kinds of situations with people who are seeking support do you ever feel the need to guide, direct, redirect, manage, control, take charge or steer with good intention?
- In what kinds of situations does your good intention lead to you feeling a need to be in charge, to win, to be right?

With many or even most people you might connect easily and well. Think about the interactions that do not feel easy. How might someone else describe you during these interactions?

Which of the descriptors you generated are most conducive to being experienced and understood as accessible? What about the rest?

When we talk about working with conflict, we let go of having to win. We do not give up a desire to be influential, but we acknowledge the benefits to first allowing ourselves to consider another person's POV. Working with conflict we make a deliberate attempt to understand what matters to someone else. Think about situations where you have been in conflict and consider these questions.

- What is s/he trying to accomplish or preserve?
- Does what s/he is trying to accomplish or preserve matter?
- What does s/he value?
- Does what s/he values matter?
- What would s/he have to give up to consider anything new or different?
- What would s/he have to accept to consider something different?
- What are her/his fears or concerns?
- Are her/his fears and concerns something I should think more about?
- How big is the challenge being presented?
- What might be a more reasonable size challenge?

→ Disagreement is inevitable. How we relate to disagreement is a choice. When we perceive disagreement or conflict as a contest that needs to be won, we operate in one way; we operate in conflict. When we perceive conflict as a time to find out what matters to someone else, we create an opportunity for a different kind of relationship. We preserve the possibility of being experienced as accessible now and in the future.

□ A CULTURE OF COMPLIANCE

Have you ever seen or heard goals that a person will: *follow all directions; do what s/he is told to do; or obey all house rules*? What are some other examples of compliance training?

PICTURE THIS. You are in a direct support role for someone with an intellectual disability. When a supervisor asks about Kay, you hear people say *she's a pleasure, she does everything we ask her to do*. And you agree. When you are working, Kay does everything you ask her to do, too.

- From her POV, why might Kay be doing everything she is asked to do?
- Why is it an advantage when somebody does everything she is told to do?
- Are there any concerns about a person's safety by being agreeable or compliant all the time?

PICTURE THIS. You are in a direct support role for someone with an intellectual disability. When a supervisor asks about Vee, you hear people say *he's difficult, he does not do what we ask him to do*. And you agree. When you are working, Vee does not do almost anything you ask him to do.

- From his POV, why might Vee not be doing what he is asked to do?
 - Why is it a disadvantage when someone tries to communicate what matters to him?
 - Are there any concerns about someone not being allowed to have his own ideas about what to do, when, where, with whom, and for how long?
 - In your capacity, how could you invite others to think about the effects of compliance training in their interactions?
- We need more conversation about all of the overt and subtle ways that we teach and value compliance. We do not all do it intentionally; but we do it.

□ LISTENING FOR WHAT?

Too much of the time we think we are listening when in fact we are engaging in a skewed version of listening. With a partner, take turns with one person talking and the other not talking. For a few minutes, one person should talk about something of significance. The other person will be silent. When you are in silent mode, notice your thoughts. Notice what you would ordinarily be saying if not for this request to be silent. Also notice your energy during this practice. How does your energy change when you are silent? Decide which of you will speak first and which of you will be silent. Okay, begin. (After 3 minutes, signal a pause and switch roles.)

After both partners have had a chance to be both speaker and silent listener, invite conversation. When you were silent, what kinds of thoughts did you hold back for this exercise? What kinds of comments or questions would you normally have expressed or asked out loud?

- Did you want more facts or details?
- Did you want a chronological sequence of events?
- Did you want more said about emotions and feelings?
- What kinds of direct or indirect judgment or criticism or blame did you notice while the other person was talking?

Were you holding back comments of acknowledgment or understanding? Were they comments about having similar experiences or feelings? Were they suggestions? Were they directions about what someone could or should do? When the point of an interaction is to better understand another person's situation and POV, how do these comments or interruptions help?

- The purpose for this activity is to help people notice how active and often automatic we can be even when we think we are listening. When we are not intentionally listening to understand another person's POV, we are not really listening. When we are following our own agenda and trying to satisfy ourselves, we might be missing what matters to someone else.

❑ FAILURE TO IMAGINE

When our intention is to be helpful, informative, encouraging, supportive, etc., we often keep doing what we are doing - because we have good intention.

When we work on teams with people we like and respect, we often accept that their actions must be also be helpful, informative, encouraging, supportive, etc. – because they have good intention.

When we work for organizations that have good values and mission statements, we might assume that what we say and do is right - because we work for a good organization.

Think about everyday situations that you have witnessed when a line might have been crossed with someone who is vulnerable. Think about situations where someone's good intention might have been understood or experienced as intimidating, coercive, threatening, controlling, scary, etc. When, during the course of ordinary interactions, might we fail to imagine that what another person is seeing, hearing, understanding or feeling is being perceived very differently than it was intended?

How can we stop failing to imagine another person's POV about ordinary daily interactions?

- There are many ways that 'we see we want to see' rather than the whole of what is happening in front of us. What we want to see is often from only one angle; the one that is most convenient to consider – our own. To be accessible, we have to address our frequent failure to imagine the POV of those we are trying to support.

❑ WHAT ARE YOU GOOD AT?

We hope that everyone can point to at least a few things that you believe you are good at in interpersonal work. Take some time to think about what you are good at and why you think so. Generate a list of your strengths or good intentions.

Or, here are some skills or qualities. Which of these are you good at?

My Strength / Intention

I listen

I empower

I advocate

I Support

- What makes you think that you are a good listener?
- What do you do to empower people?
- How do you know whether you are advocating for what another person wants?
- How do you know if someone else feels supported by you?

How do you know, one contact at a time, whether you are being understood or experienced in the way you intended? For example, *you said that you are a good listener; how do you know whether you have heard what mattered most to someone else?*

Think about someone you know; someone you might have characterized as *difficult* or *challenging*. Consider what that person might say about you, from her/his POV. Here are some responses we have heard.

My Strength/Intention ↪ Her/His Point of View

I listen	↪	she tells me what to do
I empower	↪	he gives permission, or not
I advocate	↪	for what they want for me or think I need
I Support	↪	when I do what you want sometimes you dismiss me

Qualities of interpersonal contact are not static. They are dynamic by nature. How will you remind yourself that what you think of as a positive quality (*I listen well*) might not be true on every occasion?

- Part of being accessible is trying to create safety. There is no finish line. It cannot be achieved and checked off. This conversation is a reminder that interpersonal access, safety and respect have to be practiced one contact at a time.

□ WHO DO YOU ALIGN YOURSELF WITH?

You have a job title with roles and responsibilities. You have people you think of as peers. Let's say you are a direct support worker. It is 8:45 AM and one of the people you sometimes have responsibility for is supposed to be up and moving because a transportation provider is waiting outside. Today, your coworker Q is in charge and responsible to see to it that W is out the door and not keeping a driver waiting. Others have told you that W can be *difficult* and is often *just trying to get attention*. You and Q end your shift shortly.

Today, client W is not moving. Q tells W, you need to get moving. Q says you won't be able to have pizza on Friday night. Then, Q says you won't be able to go on the 'outing' Saturday. Q's voice is getting louder and sterner. Q is standing within 12 inches of W who is sitting down. Q says I'm going to call your mother and father and tell them you're acting like a baby. Q starts to move W, by putting his hands on him. W continues to say no and is now cursing at Q and swatting Q away.

While witnessing this interaction, who do you align yourself with? Are you more likely to think, *poor W* (the client). *Q is being intimidating, threatening and coercive; Q is using more force than is right?*

Are you more likely to think, *poor Q* (the worker). *Here we go again. W is having behavior. W is being awful, just trying to get attention, being difficult?*

Who are you more likely to align yourself with and why?

- “We” and “They.” “Us” and “Them.” We want to operate with caution about how strongly we identify and align ourselves. Too strong an alignment can cause us to miss getting to know what matters to someone or what they are experiencing. We will skip over having any curiosity about what a person might be trying to cope with, assert or accomplish.

□ TRAUMA AWARE

The word 'trauma' and the phrase 'trauma informed' have become part of our vocabulary. What is your understanding of trauma?

Some equate the word trauma to an event.

What kinds of events have you heard referred to as traumatic events?

What we have come to appreciate is that not everyone experiences the same or similar events in the same ways. Individuals move forward in their lives differently. So, trauma is not the event but what is left behind in some people after an event or pattern of events. Some events or patterns of events affect our nervous systems. Our nervous systems are built for survival. When our nervous systems perceive a threat or danger, without thinking, we try to defend ourselves. How?

We try to flee, fight, freeze or collapse. When we start to think again, we might focus on thoughts of risk and danger. You could say that as a result of certain events or patterns of events, our nervous systems and thinking about our ability to keep ourselves safe or our trust that those around us can keep us safe have been affected. Changes in a nervous system and changes in our thinking about safety are what is left behind.

I might perceive danger when you don't. I might feel anxious or unsafe and you don't. Some individuals are living with these particular effects – from fearfulness and anxiety to terror that they are at risk or in danger. They are living with trauma. What aspects of a person's life do you think would be impacted if s/he was living with trauma?

What are the implications in your interpersonal work, if individuals you have contact with might be living with trauma?

- No doubt, the word 'trauma' will continue to evolve in how we use and understand it. Everyone is not living with trauma. However, through conversation we can come to appreciate that everyone benefits when we strive to interact so that each person feels safe, respected and has some control.

□ POWER AWARE

Think about how many split second decisions you make every day from the moment you open your eyes. You might make some decisions in consideration of other factors in your life; *how much energy you have or how much time*. Some decisions you might make out of respect for other people or obligations you have agreed to; *who is waiting for or depending on you*. Some decisions are about personal preference or concern; *this would be fun or make me feel good*.

What if most of these daily decisions were not yours to make? It does not matter how much energy or time you have. It does not matter who you want to see or spend time with. It does not matter what you want or think might be fun or feel good. What matters most is what others have decided you need to do, when, where, with whom and for how long. What if the phrase you hear most frequently is *you need to...?* About how many times a day would you estimate a person you know with a disability hears that phrase – *you need to...?*

What is likely to happen when a person with a disability does not do what someone says s/he 'needs' to do?

What percent of (support) interactions would you guess are for the purpose of setting limits, restricting, correcting, directing or otherwise telling someone what to do?

What percent of the time would you guess the person is probably trying to cope with something, assert something or accomplish something related to her/his personal wellbeing?

Talk about the possible effects of others having more control over what you can do during a day than you have; not just for a day or a month, but for years.

With consideration for another person's POV, what do you notice about all of the situations in which you have power? What kinds of adjustments could you consider making in order to help another person feel her/his own power?

- So many people in support or service roles say they have no power over those they support. This is not the reported experience of a significant number of those trying to benefit in some way from support. It is worth considering the various angles on power and who has it in support relationships.

□ IT'S NOT ABOUT YOU

What made you say yes to this job, this position, this work, this role? Who or what did you think you would be in another person's life?

Maybe you are an advocate, a personal support worker in someone's home, a job coach, a social worker, a receptionist, a health care provider or transportation driver. Maybe you answer a hot line or any other kind of phone line. These are job titles or responsibilities. When you have contact with another person you are being interactive, doing relationship based work. What have you experienced that you don't appreciate or respect; that you might even have found offensive or disrespectful; that made you want to holler or end a contact? Make a list; as long a list as you can come up with.

Has anyone along the way ever said *don't take it personally* or told you that *you're taking it too personally*? What does that mean for you, in your day to day activities – to not take someone else's actions and stress personally?

What can you do to remind yourself that someone else is trying to cope with something, assert something or accomplish something even when their actions seem unskillful and it feels personal?

Have you ever said *when you calm down then we can talk about it, or you need to stop swearing and then I will listen to you*? Many people have. Do you hang up or walk away? What is your inclination? What has been your practice and why?

Think about situations when you can safely ignore a person's actions without ignoring the person? Someone pointing knife at you is not the same as someone calling you names. One you can more easily ignore than the other. Notice the situations on your list that feel personal but are mostly unpleasant or inconvenient.

- People in human service work have all been told about not taking 'it' personally. Few have talked about how. It is easier to say than to do. When we make the time to talk about specific situations, for many people the incidents actually lose some of the sting. We can remind ourselves that the person we are trying to support is struggling. Then, rather than trying to take control, we can ask, *what might be helpful?*

❑ THOUGHTS ABOUT ACCESS AS AN INTERPERSONAL PRACTICE

[INVITE OPEN CONVERSATION ABOUT THE COMMENTS ON THIS HANDOUT.]

It is not only buildings that can be experienced as inaccessible. People can be inaccessible.

Trauma is not an event; trauma is what is left behind as an effect of an event or pattern of events. These effects are related to a person's nervous system and thinking about her/his personal safety and wellbeing.

Living with trauma can affect everything.

“Resilience is the time it takes to recover from adversity.” (R. Davidson)

Random sensory events (i.e., what a person sees, hears, feels in the body, smells or tastes) can set off feelings of danger or risk. Some people refer to these as ‘triggers.’

Our actions and reactions are the tools we have to cope with stress or triggers. Some are skillful, others might not be; but all are best understood as attempts to create safety.

Some people talk about interpersonal anxieties and others do not. Some people have the language and understanding that they are living with trauma and others do not. Some people have no idea why they feel anxious or afraid, why they find it difficult to trust others, why they find it hard to concentrate or follow through with plans.

Interacting with the awareness that trauma is a possibility is a state of mind. Interacting with the awareness that some people have lives in which others have more power than they do is also a state of mind.

It can be enough to notice when someone is afraid, anxious, confused, finding it difficult to establish a relationship of trust. It can be enough to notice what is happening in the moment and to act accordingly without proof of past harms.

Rather than pushing forward and doing more of what we were already doing, we can slow down. Rather than criticism or blame, we can wonder what might be helpful.

Trying to be accessible, trauma aware and power aware, is not a switch or skill set that we turn on after receiving proof of harm. Trying to be accessible, trauma aware and power aware, is not a ‘strategy’ to be used with ‘clients.’ Interpersonal accessibility is like universal design of structures. We practice / interact with this awareness because it benefits everyone.

It takes mindfulness and humility to be trauma aware and power aware; to acknowledge that the adjustments that might be important to make are yours.

□ CLOSING THOUGHTS

Being fully accessible is a dynamic practice and requires your attention one contact at a time. This is a comment made at the beginning of this booklet. It is so easy and normal for us to create habits and routines, to be on automatic, that we need help from one another to stay alert and aware. For our purposes here, one of the major components of being alert is staying open and curious about the POV of those we are trying to support in ways that are meaningful to them.

Access is a big idea that applies not only to structures but to people. We know that we can build and design accessible spaces. We also know that anyone can benefit from accessible spaces. These are often described as universal designs because while intended to make every day participation possible for those who need physical accommodations, many other people benefit.

Interpersonal access is also a kind of universal design. When we actively think about another person's POV, we can adjust ourselves in order to help someone else feel safer, welcome, respected, included and important.

The thread throughout this booklet was that being automatic / reactive / habitual is not the best way to do interpersonal work. The more we think about what we are doing and how we affect other people, one contact at a time, the more opportunities there are to adjust ourselves and be more accessible to others. When we practice in this way, we can create more safety in our relationships. We hope that you will use the tools provided in this booklet and those you create that make sense for who and where you are, to help one another.

ADDITIONAL RESOURCES

Available free and in alternative formats, as requested, at the following website: www.disabilityrightswi.org

- Creating Safety by asking *What Makes People Vulnerable?*
 - Available in Spanish as: Creando Seguridad

- Conversations about Interpersonal Safety

- When Deaf and Hearing Meet Parts 1 & 2

- A Practical Guide for Creating Trauma-Informed Disability, Domestic Violence and Sexual Assault Organizations

- Victims/Survivors Who Use Service Animals

- Understanding the Connection: Traumatic Brain Injury and Violence

