

# Enhancing Independence: An Assistant's Guide to Personal Assistance Services



## **ENHANCING INDEPENDENCE: AN ASSISTANT'S GUIDE TO PERSONAL ASSISTANCE SERVICES (PAS)**

**Adapted from a manual by Benita Nease, PAS Education Coordinator**

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## What is Personal Assistance Services?

Personal Assistance Services (PAS) allows individuals with disabilities to receive assistance with their daily living activities and other tasks. PAS is founded on the belief that persons with disabilities can best direct and determine the services they need. PAS allows persons with disabilities to achieve their desired level of independence.

“Personal assistance” then means that we compensate for our disabilities by delegating tasks.

The term “personal” means customized to the individual’s needs. It also means the user (consumer) decides what activities are to be delegated – to whom and when – and how the tasks are to be done.

With the use of PAS, you are doing everything the person with the disability could have done for themselves had it not been for the physical, mental, or sensory disability. You will be conducting these tasks for them through the use of your arms, your legs, your thought processes. But remember, these are the **consumer’s** tasks that you are doing in the way that they would like them to be done. These are not your (**the attendant’s**) tasks to be done in the way you would like them to be done!

Let me give you an example. When I first started doing attendant work in 1985, I was feeding a young gentleman a piece of pie, when he asked, “I see you don’t like pie crust?” I was amazed at how he knew this, since he had never seen me eat pie. I asked, “How did you know that?” He stated, “Because you are not giving me any!”

So you see, be careful or you will be conducting these tasks in the way you do them, which is not always the way the consumer prefers it. My case was feeding the consumer what I like to eat, not what he liked to eat! Always ask your consumer the way they like things done. It becomes their responsibility to teach you this. That is what makes them your employer.

Personal assistance allows many individuals with disabilities to achieve goals that many of us take for granted. Through personal assistance services consumers can once again engage in educational, vocational, recreational and social activities. For many individuals with disabilities, personal assistance services allow the consumer to live in a home setting rather than in a nursing home or care center. For many



individuals with disabilities, personal assistance services can make the difference between **living** rather than **existing**!

Everybody uses assistance. Nobody can perform all the tasks necessary to sustain his/her lifestyle. For example, instead of individuals fixing their own cars, they take them to a mechanic. Most people do not know enough about cars or do not have the time. By utilizing somebody else's knowledge and resources we can compensate for our lack of ability or lack of time. People like to specialize in doing what they are good at. Most other things they delegate to somebody else. In this way you can be more efficient in the sense that you will get more done, and focus your other time on what you want to do!

Good quality PAS is the only service that can maximize the consumer's true independence. PAS is the most recognized, respected profession in the disability and independent living movement. Be proud of who you are, for you do far more than a doctor, nurse, psychologist and educator can do. These folks cannot keep an individual with a disability out of an institution, but **you** (the attendant) can!



## Independent Living History

A man by the name of Ed Roberts is known as the “Father of Independence” – a well-earned, well-deserved title. Roberts contracted polio at the age of 14, and knew firsthand about discrimination when he was denied access to the University of California at Berkeley. He despised discrimination, and viewed it as dehumanizing. In a quest to give individuals with disabilities control over their own lives, Roberts became a civil rights activist. He challenged the university’s denial of his enrollment and won. He and his peers instituted a “Disabled Students’ Program” on campus. In 1971, Roberts and his associates organized the first Center for Independent Living (CIL). Today we have 21 CILs in Missouri. As of April 2002 there were 427 Independent Living Centers and 176 satellite offices across the nation. If you ever had the chance to hear Roberts speak, then you know he spoke of attendants constantly. He made the public aware that for every speech he spoke, his attendant made it possible for him to be there and to assist him in the fight for independence for everyone with a disability. He often would have his attendant on stage with him as he made his introduction, giving the highest regards for them. Roberts died in 1995. He lived 43 years through the assistance of an iron lung, ventilator, and of course his attendants.

CILs are consumer-controlled, community-based, non-residential organizations that assist persons with all types of disabilities so that they can live more independently in the community. The four core services, which are available at no charge to the consumer, are: information and referral, independent living skills training, peer counseling, and advocacy. The significant involvement of persons with disabilities, in providing direct services and instructing the consumer on how to advocate for themselves to empower them to live independently, is probably the most distinguishing feature of a center setting it apart from other agencies. The Independent Living Center **does not tell** the consumer to what to do. The consumer tells the agency what they **would like** to do. The center’s very existence is for the consumer. In addition to the four core services, CILs offer a variety of other services, programs, and activities. For a complete list of CILs in Missouri see the last section of the companion manual – [Enhancing Independence: A Consumer’s Guide to Personal Assistance Services](#).



## Definition of Personal Assistance

Personal assistance means that the **consumer exercises the maximum control** over how his/her services are organized.

With PAS, **you are assisting the consumer** with everything they would have done by himself/herself had it not been for a physical, mental or intellectual disability.

The term “personal” means **customized to the individual’s needs**.

With PAS the **consumer is the EMPLOYER**.

With PAS the **consumer decides what tasks are be delegated** to whom, and how the tasks are to be done.

The consumer must be able to **recruit, train, schedule, supervise, and if necessary fire his/her own assistants**.

**PAS enables consumers to take their rightful place in family, work and society.**

Most existing services cannot be called “personal assistance” because they are tied to specific physical locations, and not to the individual who needs the service. Therefore, the consumer has to (follow) the service rather than the other way around.

With PAS, persons with disabilities need no longer be a burden on families. Parents, husbands, or wives do not need to stay at home and sacrifice their own careers. **The relationship that is established between the consumer and attendant is unique.** Once that relationship is established, PAS can be one of the most rewarding and satisfying jobs available.



## Who Makes a Good Personal Care Assistant?

Being on time.

Dependable; being on time consistently.

Helpful; willing to do things rather than acting burdened by their requests.

Honest; someone you can trust.

Clean and neat; keeping things picked up and sanitary.

Take direction; not argumentative thinking your way (**attendant**) is the only way.

Communicative; easy to talk to.

Direct; discuss openly and honestly about how you feel.

Patient; doesn't get bothered if things take longer than usual.

Don't be encouraged by your consumer to participate in sexual activities.

Don't be encouraged by your consumer to participate in drugs or alcohol.

Don't be conducting business transactions with your employer (such as loaning money, etc.).

Don't plot to make your consumer your boyfriend or girlfriend.

Keep all information pertaining to your employer's personal life confidential.

Do not discuss your employer outside your job.

Do not treat the person with the disability like a child (for example, just because you may have to feed them and pull their pants up does not give you





the right to treat them with any less respect than you would any other employer).

Always let the consumer know when their medical supplies are getting low such as underpads, suppositories, and any other items that are used regularly.

Alert the consumer to the status of other needed items such as groceries, paper supplies for the computer, dish soap, laundry soap, etc.

Respect this as you would any other employment. Your consumer is your boss. You are working in **their** home. Let me give you an example of this. If you were employed for Kmart, would you bring your friends to work with you? Would you freely give out their number to have your friends call you? Would you bring your kids to work with you? Would you freely help yourself to the food aisle and get something to eat and drink? No! I don't imagine you would. This job is to be treated with the same respect as that of any other employment. Say this to yourself three times: "This is the place of my employment. My consumer is my boss. I will respect it as such."

Attendants are critical people in the day-to-day activities that give an individual with a disability the freedom to live life to the fullest. Try to provide a structure that can enhance communication between you and your consumer. Find some common interests. This will be important especially if you spend a lot of time together. Encourage the very best from each other. A good attendant should anticipate some of the consumer's needs so he/she doesn't have to work really hard to be telling what they need next. (Communication is more challenging with a consumer who has a speech impairment.) Watch your tone, your attitude, and respect them as your employer. Remember, to get respect you have to give respect. Encourage your consumer to sit down with you weekly or bi-weekly to evaluate your progress as his/her employee.

You can develop a great working relationship with your employer; a relationship in which you can have fun and be comfortable. Once that is established, the relationship between consumer and attendant can be one of the most rewarding and satisfying experiences in this unique work.



## Personal Care Assistant's Responsibility

It goes without saying: You need to understand your job duties, your pay, and your time off. Make sure you understand these issues up front to alleviate any unnecessary conflict that may arise later. Other questions you may want to ask your employer are:

- Are you the only worker or will other personal care attendants (PCAs) share the duties?
- Are you expected to perform tasks outside the home (such as going to social events; if they spend the night at a friend's house are you expected to do the care over there)?
- What does a day off really mean?

You should always arrive at the scheduled time ready to work.

You should complete your assigned tasks in the allotted time.

You use the time sheets to accurately record your hours worked.

You should schedule time off as far in advance as possible.

You should know what to do if a medical emergency should occur.

Respect the personal property of the employer.

If you decide to quit, give as much notice as possible. Leaving a disabled person without care borders on neglect/abuse.



## Code of Ethics for Personal Assistants

Respect an employer's/consumer's rights regardless of race, religion, sexual preference, or other beliefs.

Acknowledge that the employer/consumer is in charge of the working relationship and that the employer/consumer has the right to make the final decision concerning his/her assistance.

Refrain from any act of abuse, neglect, or exploitation.

Do not put personal preferences before the employer's/consumer's choice.

Safeguard the employer's/consumer's right to privacy.

Act to safeguard the consumer and the public when home-based assistance, health care and safety are affected by the incompetent, unethical or illegal practice of any person.

Assume responsibility and accountability for individual judgments and actions.

Maintain competency levels in regard to home-based assistance.

Exercise informed judgment and use individual competence and qualifications as criteria for seeking consultation, accepting responsibilities, and delegating activities to others.

Make an effort to establish and maintain conditions of employment which promote high quality assistance.

Make an effort to protect the public from misinformation and misrepresentation, and maintain integrity of home-based assistance.



## Responsibilities of the Consumer

Be as complete and honest as possible in explaining your needs.

Do all that is feasible for you to do for yourself.

Do not ask your attendant to do more than the duties which he/she has agreed to do.

Be ready to work when your attendant is scheduled to arrive.

If you have a live-in attendant, be careful not to make unnecessary demands on him/her.

Don't ask your attendant to stay longer than necessary. If you need to reschedule hours to complete daily tasks, be as flexible and considerate of your attendant's other responsibilities as possible.

Be as courteous and thoughtful as possible at all times. **Follow the saying, "attitude with gratitude."**

Be as open as possible in your communication. Make sure they understand clearly what **you** want and **how** it is to be done.

When using checklists, remember this only tells the attendant **what** you want done, not **how** you want it done.

Use compliments. Remember to say "please" and "thank you."

**Submit those time sheets on time. This is your responsibility as an employer.**

Give your attendant advance notice if you do not need them to work the scheduled hours. A note on the door stating "Don't need you tonight" is not appropriate. Only in extreme measures should this form of communication ever be used.



## Communication

It has been proven that open, honest, and direct communication will facilitate understanding. Communication is a shared responsibility. It is the key to any good relationship. Individuals can talk all day long, but what are they really saying? Is their communication being understood by the person with whom they are speaking? Failure to be understood is the fault of the speaker. Work to ensure the listener hears your words and understands your intent.

Please learn to communicate as openly as possible. This alleviates any misunderstandings later on in your job. If you don't feel comfortable doing a certain task the consumer asks of you, talk to him/her about it. Don't do tasks you do not want to do. Speak to the consumer about this issue in the interview if possible. Ask to be given a clear job description so you will know what to expect. Be direct with your consumer about your concerns. Both the consumer and the attendant are not mind readers. If you need to request a certain day off, you have to ask for it.

There are three basic communication and behavioral responses we use to resolve conflict: passive communication, assertive communication, and aggressive communication.

The **assertive** person can get their needs met without violating the rights of others. Assertive individuals do not swear, but do not give in as the passive person would; they simply keep reinforcing their needs and wants. Being assertive takes practice. It is not something you can acquire overnight. Assertive persons always start their sentences with **I**:

I need you to . . . . I would like to . . . .

I feel this is what is right for me.

I would appreciate your help with . . . .

I don't feel so well today, so don't take it personally.

For more information about communication techniques, consult pages 21-27 of the [“Enhancing Independence: A Consumer’s Guide to Personal Assistance Services.”](#)



## Corrective and Positive Feedback

Everyone needs to hear something positive about his or her job performance.

Many times employers can take for granted some of the simplest things that could improve job performance from an attendant such as a simple **please** and **thank you**. It doesn't cost anything and goes a long way in enhancing a good working relationship.

**Attendants**, your employer should be evaluating your job performance weekly or biweekly. Consumers can use your work schedule as an evaluation tool to see what has been completed and on time.

This is a good opportunity for both of you to discuss the working relationship. Be open for suggestions.

Leave room for flexibility and compromise.



## Disability Communication

Before you help, always ask a person who uses a wheelchair or any assistive device if assistance is desired. Your help may not be needed or wanted.

Don't hang or lean on a person's wheelchair because it is part of that person's personal body space.

Speak directly to the person with a disability, not to someone nearby as if the person were not there.

If the conversation lasts more than a few minutes, consider sitting down or kneeling to get yourself on the same level as the person using the wheelchair.

Don't pat a person in a wheelchair on the head. This is seen as a "put-down".

Give clear directions, including information about distance and physical obstacles that may cause difficulty.

When a person using an assistive device transfers to a chair, toilet, or bed, do not move the objects out of reach.

Don't assume that people who use wheelchairs can't walk. There are different reasons for using wheelchairs. Some people can walk but use wheelchairs to save energy and move about quickly.

Don't assume because the person cannot speak clearly due to a speech impairment that this means they are deaf. You don't need to speak loud. In most cases their hearing is fine.



## **Abuse/Neglect**

There are two types of abuse:

**Verbal-** Threats, public ridicule, humiliation, etc.

**Physical-** Hands-on, such as pushing, shoving, hitting, etc.

Individuals with disabilities are in a protected class. That is why there are legal classes of abuse/neglect.

**Neglect-** Not showing up for work, and therefore leaving the consumer in bed, not feeding the consumer, etc.

### **Statistics**

Since its enactment in 1985, one report of a hotline claim to Division of Vocational Rehabilitation has been made.

According to the Division of Aging Central Registry Unit, more than 14,000 hotline complaints have been reported from the Home and Community Services.

### **Control**

The consumer is in control of his/her work environment, which includes: job duties, evaluations, list of duties, checklists, etc. You are **not** in control of the attendant.

### **Attendants**

If you are responsible for your consumer's care and not giving it, that is referred to as neglectful supervision. If you suspect abuse or neglect it is your responsibility to report it. You do not need to give your name.

The following is a list of hotline numbers to call:

Child Abuse Hotline 1-800-392-3738

Elder Abuse Hotline 1-800-392-0210

Shelter for Battered Women (check to make sure they are accessible) 1-800-548-2480





## The Mechanics of Lifting

### **Back Basics:**

The back is made up of movable bones called vertebra and shock absorbers called discs between each vertebra. Ligaments and muscles that help keep the back aligned in three balanced curves support these structures. You know your back is aligned correctly when your ears, shoulders, and hips are in a straight line.

### **Unsafe Transfer Technique:**

When you transfer, it's important to keep your back in balance. If you bend at your waist and extend your upper body to transfer an individual, you upset your back's alignment and the center of balance. You force your spine to support the weight of your body and the weight of the person you are lifting. This example is called overload. You can avoid overloading your back by using good transfer techniques.

### **Safe Transfer Technique:**

When you bend at the knees and hug the person close to you as you do your transfers, you keep your back in alignment and let the stronger muscles in your thighs do the actual work. You do not have to extend your upper body and are able to maintain your center of balance.

Always remember it helps to go down in your transfers; never try to be transferring an individual up. Keep the wheelchair as close as you can to the bed when you are transferring in and out of bed. If you are transferring from the chair to the bed, it's always best to use a wheelchair where the leg rests swing out; this allows you to get closer to the person. Also, by removing the arm of the wheelchair it keeps you from having to try to transfer over the arm; this can be dangerous to both you and the person you are transferring. Some persons may use transfer boards to help with the transfer.



## Infection Control

The following is an outline of the infection control recommendations concerning body substances, isolation, and “occupational exposure to blood-borne pathogens.” Transmission can occur when blood or other potentially infectious body fluids are in contact with mucous membranes (eye, mouth, nose) or broken skin (cuts, rash, dry skin). Body fluids recognized by the Centers for Disease Control to which body substance isolation recommendations apply include: blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid (fluid within the joints), pericardial fluid (fluid around the heart), amniotic fluid (fluid within the uterus of a pregnant woman), **feces, urine, wound drainage, oral secretions** (these are the ones you may deal with the most).

### MODES OF TRANSMISSION OF BLOOD-BORNE PATHOGENS:

1. Accidental injury by a sharp object that is contaminated with infectious material – **NEEDLES, BROKEN GLASS, ANYTHING THAT CAN PIERCE, PUNCTURE OR CUT YOUR SKIN.**
2. Exposure of open cuts, skin abrasions, or dermatitis to potentially infectious materials, as well as mucous membrane exposure of the mouth, eyes, or nose.
3. Indirect exposure by touching a contaminated object or surface and then transferring the infectious material to your mouth, eyes, nose or open skin.

### HANDWASHING

Hands should always be washed using an anti-bacterial soap. You should wash your hands under running water for at least 30 seconds, with the hands facing down under the water to wash the bacteria away. Hands should be washed before and after all consumer contacts, before eating, drinking, smoking, changing your contact lenses and after using the toilet facilities. Yes, you still need to wash your hands even though you wear gloves. Gloves should be worn at all times when conducting bowel programs and changing catheters.

### INFECTIOUS WASTE

Infectious waste includes: liquid or semi-liquid blood or their potentially infectious material; items contaminated with blood or other potentially infectious material which would release these substances in a liquid or semi-liquid state if



compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these material during handling; and all pathological and microbiological materials.

## **HEPATITIS VACCINATION**

The hepatitis vaccination is a noninfectious, recombinant engineered, yeast-derived vaccine given in three intra-muscular injections in the arm.

The danger of hepatitis is very real, but the danger of being infected with this virus can be prevented or minimized through the utilization of appropriate precautions as suggested above as well as receiving the hepatitis vaccination.

This vaccine is available at your nearest County Health Department.



## Training Features

**Independent Living Philosophy.** I ask the group to give me their definition of independent living. We discuss what independent living is, how it got started; also Ed Roberts who is known as the “Father of Independence.” We tell the importance of Personal Assistance Services (PAS). We distribute this manual, as well as a manual that is designed for the consumer, which includes: the definition of PAS, the responsibilities of the personal assistant, neglect and abuse hotline numbers, the consumer’s responsibilities, etc. We also discuss the consumer as employer, and the consumer-driven model of care vs. the medical model. We discuss real-life experiences with other consumers and their attendants. This information is provided in both manuals.

**Communication.** We discuss the three basic behavioral responses we use to resolve conflict. What is passive, aggressive, and assertive? We watch the videotape that discusses the use of these three different forms of communication with a consumer and attendant. We role-play using different conflicts that can arise between consumer and attendant and how to resolve common issues. We discuss corrective and positive feedback. We discuss how to communicate to someone with disability.

**Hands-on.** We begin by demonstrating good hand-washing techniques with the use of an anti-bacterial soap, and how to rinse the hands by holding them down under the water allowing the bacteria to run off the hand. We discuss the proper way to put on and take off a glove.

**Bowel programs.** We discuss the proper positioning if the consumer does their bowel program in bed, and we discuss the positioning for those who do their bowel programs in a shower chair over a commode. We discuss why they are called bowel programs. We discuss how to avoid bowel accidents, what promotes good bowel health, some causes of diarrhea, some causes of constipation, what is meant by digital stimulation, and how to insert a suppository.

**Urinary management.** We show the different types of catheters that are used, what is meant by intermittent catheterizing, what is a condom catheter, and what is a suprapubic catheter. We demonstrate catheter insertion with the use of smaller mannequins of the male and female anatomy only. We



demonstrate how to inflate and deflate the bulbs, and how to check for leaks in the catheters before insertion. We talk of different type of leg bags and bedside bags, and how we clean the bags. We demonstrate both clean and sterile techniques and how to irrigate catheters. We also discuss making up a travel bag for emergencies.

**Urinary tract infections.** I give them a handout written by Dr. Michael Acuff, SCI Specialist at Rusk Rehabilitation Center. We watch an 8-minute video on urinary tract infections which discusses what signs to look for if you suspect a urinary tract infection as well as preventive measures.

**Autonomic Dysreflexia.** Autonomic dysreflexia (AD) is discussed for those who work with individuals with spinal cord injury. We hand out a brochure and discuss the symptoms as well as the causes that can bring on AD. We also discuss real-life experiences that have occurred with consumers. We discuss what is happening to the body and why this must be taken seriously and treated as a medical emergency. We learn how to take blood pressure and monitor the blood pressure every 15 minutes the first hour to make sure the pressure is dropping. We learn what we can do to alleviate the problem and what to look for that is causing the problem.

**Thermoregulation.** The signs and symptoms of poor thermoregulation are discussed. We learn what emergency procedures we can do for being too hot or too cold, and what can be done to avoid poor thermoregulation.

**Identification and Prevention of Pressure Sores.** We discuss what a pressure sore is and the stages of a pressure sore. Facts and figures on pressure sores are presented. We discuss skin maintenance, nutrition, and pressure relief, including how to conduct pressure relief activities in bed, in the chair, etc. We show graphic photos of the four stages of a pressure sore. We learn how to inspect the skin. We show different types of wheelchair cushions and discuss how proper seating and positioning is important, how you can put a cushion in backwards and cause your consumer a pressure sore, and how to inflate and deflate air pressure cushions such as the Roho.

**Range of Motion.** We show how to assist with range of motion and what is meant by active and passive. We discuss the purpose of range of motion, the different types of range of motion, and the definition of contractures.



**Transfers.** Training group participants transfer each other using the pivot transfer, transfer board and Hoyer lift. Good safe techniques are taught and back basics are discussed to prevent injury to the attendant as well as the consumer.



## **“Meet the Attendants:” A Tribute to Personal Assistance Services**

Recently, I have had the privilege of going on the road to various towns in Missouri, meeting with attendants and the consumers they work for. I have been very pleased to observe the working relationship as well as the friendship they have developed with each other. They allowed me to videotape their personal experiences – what it is like to be an attendant and what they have enjoyed the most about it. The consumer enriched me with his/her independence and empowerment as a result of being on the PAS program. The consumers expressed nothing but gratitude for their attendants. They reflected on what having a good attendant has done for their quality of life. They told in great detail all that is involved with their care, and, through the assistance of their attendant, how many have been able to go back to work, have their own home, and, most importantly, lead their own life!

I am writing this article to express my respect to all the individuals who work as personal assistants. So many times articles are written or stories told referring to the negative aspects of a personal assistant. It seems the positive stories are seldom ever told. Personal assistants allow individuals with disabilities to live life independently. Empowering individuals with disabilities to pursue their own goals is very important work. One quote by an individual stated, “My doctor saved my life; my personal attendant allowed me to live.” Personal assistants are the link between individuals with disabilities and their independence. Without that link many individuals would face loss of their freedom, dignity, and premature loss of their life.

It has been proven that good quality personal assistance improves an individual’s self-esteem, ability to work and socialize, and overall improves their quality of life. It cannot be expressed enough the importance of personal assistants. They truly are unique individuals in our society.

To describe a personal assistant is difficult to do, because they can do things that medical professionals, psychologists, social workers and educators cannot do. It is because the person with a disability directs his/her own assistance that allows them their maximum independence – a service that is made possible only by a personal assistant. “Without them, many of the effects of rehabilitation would be wasted and independence only a dream”, says Randy Francka, a teacher at Ozarks Technical Community College, Springfield, Mo., who has a spinal cord injury.



A personal assistant enables a person with a disability the possibility of achieving their hopes and dreams, living life on their terms. Together the teamwork established by the consumer and attendant can be very fulfilling and rewarding to both.

Christopher Reeve could not have given a speech or been able to write his book “Still Me” without them. He acknowledges his assistants in the foreword of his book. Elizabeth Kubler-Ross, a well know psychiatrist who wrote many books on the different stages of death and dying, suffered a stroke in 1995 that left her paralyzed on her right side. In one of her books, written after her stroke, she tells how it would not have been possible with out her attendant “Anna” who allowed her to live in her home and not in an institution.

Always keep in mind how important you are, and strive to be your very best. Be willing to learn whatever your employer is willing to teach you. Once a good employer/employee relationship is established it can be one of the most fulfilling and rewarding experiences available to human beings. It is only when the person with the disability directs his/her own service that he/she gains their maximum independence.

I hope you benefit from this manual.

I would like to personally thank everyone who opened up their homes and told their stories in an effort to educate legislators and service professionals about the independence their attendants have enabled them to achieve

As I look back on my 18 years as a personal care attendant, it has been, without a doubt the most important and rewarding work I have ever done. I remember something a long time ago I read, I would like to share with all of you... “To know that even one life has breathed easier, because you have lived, this is to have succeeded.”

Attendants, be proud of who you are. We may be a small number compared to the rest of the world of professionals, but we were blessed with the ability to be the chosen few who could effectively work as attendants.

***Benita Nease***

