

MENTORING A CULTURE OF GENTLENESS

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MENTORING IS...

To be a Mentor of Gentle Teaching is to be reflective and thoughtful, driven by values of non-violence and justice, and filled with personal stories about transforming violence through non-violence. To be a Mentor is teach others how unconditional love triumphs over violence in all its forms.

The Mentor's initial responsibilities are to ensure:

- ◆ Administrative participation in and commitment to a culture of gentleness
- ◆ A continuation of current practices while key caregivers learn and experience a culture of gentleness
- ◆ On-going Mentor oversight
- ◆ A series of experiences with individuals with special needs
- ◆ Periods of dialog and reflection
- ◆ Certification of the agency as a Gentle Teaching site.
- ◆ Certification of the Mentors

Above all, a culture of gentleness means that harm will not come to anyone. Mentors have to be astute at the prevention of violence or, once emerging, removing stress from the person. The secret to prevention is the caregivers moment to moment loving interactions with the troubled person with a sharp focus on ensuring a feeling of being safe and loved.

Mentoring takes personal commitment—from the Mentor and his/her agency. Most violence occurs due to the lack of adequate staffing, poorly educated caregivers, or houses or classrooms that lack personalization. Most violence is caused by systemic administrative negligence, not personal negligence. Systemic negligence takes hold when agencies put money before services, fail to deal with the obligation to teach caregivers how to prevent violence, or choose to teach them how to physically manage those whom we serve. The Mentor's challenge is the initiation of a process to transform agencies to commit themselves to a culture of gentleness, eventual agency-wide education, eventual policy making, and the clear demonstration of non-violence and justice in the confluence of family and community life.

Mentors assume responsibility for deepening and spreading a spirit of gentleness through on-going example, teaching others, and participation in projects that decrease violence and increase a culture of gentleness. Mentoring is an on-going project that requires the support and involvement of administrators so that over time the mentor helps the agency evolve a culture of gentleness.

Around the world caregivers are challenged to serve children and adults whose lives are filled with fear and meaningless lives. Mentoring is a way to help teach others about gentle care giving, to enter into terrifying spaces, and teach others to feel safe and loved. Mentoring is an approach to do this. It is a way to share with others a spirit of gentleness and justice.

Their initial role is to define the empty and violent spaces that exist between caregivers and marginalized individuals in institutions, shelters, homes, prisons, nursing homes, schools, and wherever we happen to serve. These places have to be filled up with the caregivers' laces of affection-- their loving touch, warm words, and kind gazes. Caregivers need to stop and reflect on the formation of companionship and community and the role of helping individuals feel safe, engaged, loved, and loving. From this foundation, caregivers can then create communities of caring. Mentoring is a process for teaching caregivers to establish companionship and community. Mentoring a spirit of gentleness among caregivers is an on-going project based on trust between Mentors and caregivers. There are no fixed answers. The very process of Mentoring is a response to empowering caregivers and those whom they serve to discern non-violent responses to violence and to form community.

Mentoring is an ever-deepening task that calls for the development of trust among caregivers and the formation of a sense of companionship and community. This trust starts by the Mentor entering into the caregiver's space with a deep sense of humility and justice and helping each caregiver feel safe and respected. It is the informal coming together of the Mentor and caregiver around the kitchen table and the sharing of the meaning of companionship and community. It is working together and finding ways to teach marginalized people these feelings.

Mentors cannot give what they do not have. Mentors are not about changing anyone's behaviors; they are about focusing on others feeling safe with them and loved by them. Nothing more and nothing less. When in situations where there might be opportunities to state what they are against, they merely share what they are for. Mentors do not devalue, put down, or condescend; they lift up, respect, and simply share what they might do. They do not forbid or frown upon those actions that they do not like; they

They must be embedded in daily hands-on experiences with the most marginalized. They find joy in being among the most forsaken; they reach out to the most abandoned. The Mentor's work is with caregivers in union with the most marginalized.

It is important that Mentors keep their focus on feeling safe and loved toward themselves and all those around them. Mentors are polite and respectful. They honor all with whom they come into contact. They do not argue; they share their thoughts and values.

Mentoring and care giving are subjective acts that arise out of feelings and values, not out of logic and deductive conclusions. They are born in the heart, not the head. Yet, in many cultures data takes precedence over the desire to feel safe and loved. Mentors need a way to show that Gentle Teaching's outcomes are valid and this is quite possible if the focus is kept on those actions and interactions that are at the core of all human development—safe and loved.

MENTORING IS ABOUT...

- ◆ Us and all caregivers: mother, fathers, direct care supporters, clinicians, physicians, and all who advocate for and about those who are forsaken
- ◆ All cultures and our desire and creativity to integrate the centrality of feeling safe and loved into all cultures and faith systems
- ◆ A sharp and transcending focus on caregivers and administrators with the assumption that we are the ones who need transformation from within so that we might more lovingly serve others
- ◆ Our day-to-day life experiences, always linking what is taught with what is done
- ◆ A calling to keep our hearts open and building on unconditional love and its meaning in every encounter
- ◆ Human interdependence as the center of the human condition
- ◆ A commitment from agencies to a culture of gentleness that gradually changes policies and procedures so that feeling safe and loved is the central cultural aspect of all forms of care giving
- ◆ Experiencing hands-on interactions with the most forsaken individuals and sharing ideas with caregivers around the kitchen table in a spirit of gentle dialog
- ◆ Developing and carrying out community-centered celebrations that lead to companionship and community

A Mentor is someone who is dedicated to spreading a spirit of gentleness, provides leadership, and facilitates change in his/her unique manner. The common ingredients of Mentoring are frequent visitations to the most troubled individuals and their caregivers, the formation of trust with caregivers, hands-on experiences, and sharing ideas and values with care givers. The Mentor comes in a spirit of gentleness and confronts violence and chaos with peace and discernment. The Mentor sees goodness of all involved, points out the beauty of care giving, sets a gentle example, and helps create a culture of life.

MENTORING IS NOT ABOUT...

- ◆ Changing behaviors. Behaviors that alienate will disappear or, at least, lessen in their marginalization effect, and have more empathic power
- ◆ The other, but about us and deepening our understanding of the human condition and the central power of the expression of unconditional love
- ◆ The primacy of data collection and measurable outcomes; however, it accepts these as a somewhat necessary cultural aspect of industrialized society and the commercialization of care giving

MENTORING'S MEASUREMENT IS ABOUT...

- ◆ Our mercy and insight into measuring things of the heart
- ◆ Asking what indicates inner peace, self-esteem, companionship, and community
- ◆ The measurement of the unseen by the seen

Measurement is a tool that can help decision-makers make embrace a culture of gentleness as a way to save money, produce laudable cultural outcomes, and protect individuals from harm.

MENTORING'S OUTCOMES ARE...

The end results of the Mentoring process are:

- ◆ To improve the well-being of troubled individuals through the formation of companionship and community
- ◆ To teach a spirit of gentleness to caregivers through example and dialog
- ◆ To develop with caregivers prevention strategies-- reducing all forms of violence and evoking a sense of peace
- ◆ To find ways to integrate person-centered-planning within the tenets of a culture of gentleness
- ◆ To encourage policy makers to develop policies and practices that reflect non-violence and a culture of gentleness
- ◆ To certify personnel in the various phases of Gentle Teaching

Mentoring is no easy task. Mentors have to define their own safe-zone, both with the caregivers and those served. The Mentors' values and experiences play a role in the unfolding of the process. Some will be bold in terms of hands-on experiences with troubled individuals, while others will be more reluctant and less assertive. The Mentor should not feel rushed, but confident that the very process of coming together will uncover a spirit of gentleness. The Mentor must avoid entering a violent person's space to "change" the person; but must enter with the sole desire to bring a sense of peace. Any action or interaction that provokes violence must be avoided.

There is no firm answer as to what to do in any given situation. However, all Mentors are expected to move within the same broad framework with both caregivers and the vulnerable people they serve. The primary marks of Mentoring are to ensure that all learn to feel safe, engaged, loved, and loving. The Mentoring process is an unfolding one. The more experiences, the better equipped the Mentor will be to teach companionship to caregivers and troubled individuals. Each Mentor has to make a moment-to-moment definition of his/her safe zone and slowly expand it. It does not matter where you start, but how far you can go in terms of deepening a sense of gentleness in yourself, in the caregivers whom you will encounter, and in the troubled individuals whom you wish to help. The Mentor has to recognize that he/she enters into a complex

space that involves both the caregiver and the marginalized person. The general rule of Mentoring is twofold and applies to both troubled individuals as well as their caregivers. We need to prevent any form of violence and evoke a deep and abiding sense of peace.

THE MENTOR AS AUTHENTIC

The first secret of Mentoring is to be authentic. But, authenticity has to be tempered with a deep understanding of our values. A Mentor's purpose is to focus on the creation of companionship and community. Whether visiting with caregivers or troubled individuals, the Mentor has to discover her/his own Mentoring style-- tone of voice, way of carrying oneself, way of explaining and teaching, way of showing others how to deal with violence, way of encouraging and valuing caregivers. Each Mentor brings her/his unique gifts, life-experiences, and depth of feelings. Mentors are walking in the same direction, but each has to create his/her own path. The direction is mapped out.

- ◆ Seeing the Mentor's role as centering around caregivers by creating a trusting relationship with caregivers
- ◆ Teaching caregivers how to make vulnerable people feel safe and loved
- ◆ Helping caregivers form companionship and community
- ◆ Teaching them to use their teaching tools (their words, their hands, and their eyes) in their own way
- ◆ Enabling them to transcend their own desires and ordinary ways of interacting in order to strengthen and deepen their teaching message
- ◆ Encouraging agency leaders to move toward a policy of non-violence and justice

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

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

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

Some caregivers will present a multitude of "Yes, but..." situations. A Mentor does not argue, show pride, arrogance, or anger. A Mentor should listen and gradually place the focus on helping the care-giving community feel trusting and safe. This is the gift that Mentors need to give caregivers so that they then might share it with those served. A Mentor is not bossy or authoritarian. A Mentor centers her/himself on seeing reality, listening, and slowly evoking peace. A Mentor realizes that caregivers do not often recognize the deep fears of those whom they serve and that some caregivers continue old practices that have failed for years. A Mentor understands that many caregivers are trained to control rather than evoke peace. Mentors bring a new way of dealing with these controlling realities, and this takes time.

GAINING TRUST WITH CAREGIVERS

The first process in Mentoring is to develop a sense of trust with caregivers. Trust is a feeling in which a person listens, participates, contributes, and questions because he/she feels safe. It is based on the Mentors bringing a spirit of encouragement, praise, and serenity to the situation, even in the midst of chaos. It involves a dynamic process that starts with the Mentors in their first encounters with caregivers:

- ◆ Make caregivers feel safe and loved by coming as a friend and companion
- ◆ Keep your focus on the creation of companionship and community, not on behavior problems, physical management, or griping
- ◆ Avoid arguments by listening closely and translating concerns from the perspective of feeling safe and loved

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

- ◆ To develop an initial sense of the degree to which a spirit of gentleness is or is not present in the situation
- ◆ To plant the first seedlings of trust between the caregivers and Mentor
- ◆ To plant the first seedlings of trust between the Mentor and a vulnerable person through hands-on experience
- ◆ To state and then elicit from the caregivers statements about the goodness of

what they are doing

The Mentor's initial steps start as he/she enters the care giving reality. The first purpose is to develop a sense of trust. It involves the same process as teaching a feeling of companionship. The Mentor's task is to establish a healing relationship with the caregivers based on trust. Each caregiver has to feel safe with the Mentor. The Mentor comes as a brother or sister, not as a boss, regulator, or inspector. Although the Mentor might see sad and ugly things, the first step is to create a sense of trust and mutuality--looking for small good things to focus on, sitting with the caregivers and discussing a spirit of gentleness, getting to know the caregivers, and expressing warmth toward them.

In this process, Mentors center their interactions on what they want the caregivers to become, not what they want to get rid of. As a Mentor, the primary focus is the community of caregivers. And, the Mentor's first task is to help them feel safe by avoiding any perceptions of being domineering. The Mentor should present her/himself as authoritative rather than authoritarian-- giving a sense of equality as well as knowing what direction to go in-- the establishment of companionship and community through a sharp focus on teaching all to feel safe and loved. The Mentor might not know exactly what to do, but knows the right direction to go in. The Mentor is not expected to know everything, but to facilitate change based on companionship and community. The Mentor needs to be well grounded in this direction.

The Mentor's road posts are to move the caregivers to understand the need to teach companionship and community. Each individual needs to feel safe, engaged, loved, and loving, and this sense has to lead to a community of caring in which the caregivers and those served are connected with one another. The process starts with the Mentor-caregiver relationship. It is a process in which each caregiver accepting the Mentor as an equal and as individuals who have an authentic desire to be with them, share, and be open. This begins with the Mentors' first interactions. Simple things are important:

- ◆ Introducing self to each and every person
- ◆ Showing care and concern toward all
- ◆ Shaking hands—coming into personal and equal contact with all involved
- ◆ Being relaxed, natural, and brotherly/sisterly-- seeing self and all involved as equals
- ◆ Speaking words of encouragement and praise, even in the midst of chaos
- ◆ Gravitating toward the most troubled individual—showing trust in self and others

In some situations, the Mentor will be shocked and scandalized by the overall situation. It might be the screams that echo down the corridors of a locked psychiatric unit, the use of restraint in a home for men and women with Alzheimer's disease, the moans and sorrow of babies in an orphanage, the

boredom and meaninglessness of a community home, or the cold sternness of a school. Unless it is an obvious instance of abuse or neglect, it is better to focus on the caregivers' trust-- holding one's tongue regarding the negative and looking for instances of goodness. The Mentor might see and feel chaos-caregivers with loud voices, ignoring the needy, and grabbing. The Mentor has to cut through this sadness and look for acts of kindness-the care who pats someone on the back, says a good word, and smiles, These simple acts have to be lifted out of the chaotic reality and made the focus of the beginning of trust and understanding.

Remember, Mentors are asking caregivers to do what most others cannot do-- dealing with extreme forms of violence, self-isolation, obsessions, and mania. We are asking caregivers to ponder the depths of human fear and meaninglessness. Caregivers deserve respect and support. The Mentoring process should be an on-going supportive process in which we learn as much as the caregivers.

When the Mentor sits down with caregivers, the first questions often revolve around, "What do you do about the hitting, biting, cussing, and a host of other behavior problems. The Mentor does not come to discuss what to rid a person of, but to focus on who the person might become and what the culture of the setting might become. It is critical to avoid focusing on what to get rid of. Tell the caregivers that whatever they are doing now is fine and obviously the best they can presently do. Keep your focus on safe and loved.

This approach involves a risk. A cultural tendency is to come down on people and tell them what is bad and demand change. The Mentor's approach has to be authoritative without being authoritarian. Authoritative means that the Mentor is well grounded on the need to bring about companionship and community. Mentors should not focus on what to get rid of even though most caregivers will be driven to get a "What do you do when....?" response. Mentors have to keep the focus on becoming, not getting rid of behaviors. The authoritative Mentor helps caregivers reflect on strategies to prevent or water down presenting problems. More importantly, the Mentor elicits new perspectives on the need for companionship and community. Avoid visiting homes and entering into a dialogue about "How do we get rid of the aggression...!". Enter the home, listen, and talk about the prevention of problems and the teaching of companionship.

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

The Mentor has to be ready to deal with ways to prevent violence. The idea is to:

- ◆ Help caregivers deal with problems through prevention
- ◆ Giving in while teaching the person companionship
- ◆ Focusing on the individual learning to find loving meaning in the caregivers
- ◆ Making a list of things the person likes
- ◆ Making a list of things the person does not like
- ◆ Giving the person what he/she likes and avoiding dislikes
- ◆ Calming the environment down
- ◆ Changing the culture of the place from control to companionship
- ◆ Developing and carrying out a strategy to teach the person companionship

The hands-on aspect of Mentoring should be a simple process. Its purpose, in the beginning, is not to find an answer about what to do, but to set a non-violent example. It might involve just being near someone, touching them softly, drinking coffee or having a snack, or cleaning a person with soiled clothing. While doing this, the Mentor has to start thinking about ways to prevent violence or diminishing it and later share these strategies with caregivers. Prevention plans are a good tool to develop. Instead of having everyone wonder about getting rid of behaviors, help them focus on their prevention. The Mentor should develop prevention plans with the caregivers around the kitchen table once a basic sense of trust has been established. They should be in the caregiver's words and be as concrete as possible.

Remember that many caregivers have trouble giving people what they want. Most often, giving in resolves violence. Many causes of violence are simple things. A good rule is to give in without giving up. It might be as simple as giving someone a cigarette, cup of coffee, or cookie. It is better to give than provoke violence. The Mentor has to teach caregivers, if violence is avoided, it is much easier to teach people to feel safe and loved. Giving in gives caregivers time to teach these feelings. Many people have nothing else in their lives than these material things. A central Mentoring role is to teach companionship. By giving in, the person can learn a deep sense of companionship and community.

FIRST KITCHEN TABLE TALKS

The initial visits with caregivers can be the toughest. They will want to focus on the negative or will simply ignore the Mentor. Focusing on getting rid of behaviors is part of our culture. Quick fixes are always sought. Compliance is a ruling attitude. The Mentor has to nurture trust through valuing each caregivers, spending time with them, and looking for the good in them. After introductions and initial observations, the Mentor should call as many caregivers as possible to sit around the kitchen table and very informally discuss what a spirit of gentleness is about. The main points in these first dialogues are:

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

- ◆ Feeling safe-- based on the perceptions of the vulnerable individual about us
- ◆ Feeling engaged-- encouraging the desire of the person to be with us
- ◆ Feeling loved-- pouring unconditional love on the troubled person
- ◆ Feeling loving-- drawing out smiles, hugs, warm gazes, and hugs

Mentors have to be ready to talk about basic values:

- ◆ Everyone hungers for a feeling of being-at-home or connectedness
- ◆ This need is basic to the human condition and is the foundation for all learning
- ◆ Feeling safe means that each person has to learn to see the caregivers has a fountain of security
- ◆ Teaching that being with us and contact with us is good
- ◆ Teaching that doing things with us is good
- ◆ Teaching that the troubled person is loved by us
- ◆ Teaching the troubled person to express love toward us

The concept of companionship will be strange to many since the typical focus is on getting rid of behaviors and compliance. Companionship is a different perspective. Define its importance in the caregivers' language, but also introduce a new vocabulary of care giving. If companionship and community are the central dimensions of care giving, then our language has to bring this flavor.

The Mentor should introduce as many of these ideas as possible, but within the context of the presenting reality. If there seems to be significant disinterest, understanding that this means the trust-level is near zero, do not become frustrated. Recognize that you have to start in the basement. This tiny step then means that the Mentor does not push his/her agenda, but retreats to a position of, "Well, let's see what happens when I am with so-and-so..." The idea is to not push the caregivers, but to show that you are willing to roll your sleeves up, take a few licks, and feel the deep frustration of care giving. The companionship dialogue can then occur after your hands-on engagement.

FIRST STEPS IN SETTING AN EXAMPLE OF NON-VIOLENCE

When the Mentor feels safe, he/she should begin some type of engagement with the most troubled individual. A prelude to this should be discrete observation of the individual, looking for his/her range of troubling behaviors, ways to bring a spirit of serenity, strategies for being-with the individual, touching him/her, and talking to him/her. Also, keep your eyes open for those caregivers who seem open and responsive. In this initial encounter avoid any focus on controlling others or getting rid of behaviors. The Mentor should not worry about doing anything except being with or even near the troubled person. Generally, years have been spent trying to get rid of behaviors. The Mentor's concentration has to be on teaching new modes of interacting based on companionship. The quieter and slower the Mentor approaches and stays with the individual, the better. Do

not worry about changing the person, just be satisfied with being with the person. The first steps in engagement are:

- ◆ Approach the person slowly, quietly, and warmly
- ◆ Get as close to the person as possible without provoking violence
- ◆ If the person is extremely scared, slow down and quiet down even more
- ◆ If the person moves away, screams, or shows any other signs of rejection, say nothing except something like, "Shh! I am not going to hurt you or make you do anything!"
- ◆ Stay as close to the person as possible without provoking violence
- ◆ When the moment seems opportune, say a loving word or two, reach your hand toward the person, and, if possible, touch him/her
- ◆ Stay with or near the person for as long as possible
- ◆ If you are not sure of what to do or you sense the evocation of any form of violence, back off, and just be near the person

As you approach the person, center yourself. Take a deep breath and relax. Reflect on your desire to simply be with the person without violence and in a spirit of gentleness. Have very simple expectations—being with or just near the person, talking softly, perhaps lightly touching, and staying with the person. The Mentor's first three cardinal rules are:

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

The Mentor has to dig deep into his/her heart and concentrate on peace and serenity. At the start, everything should be in slow motion, cautious, and loving. Do not worry about proving anything, nor showing that you can deal with the situation. Keep your whole focus on the troubled person and evoke the best in the person by bringing out the best in yourself. The Mentor's presence has to be calm, peaceful, and loving. Only get as close as you feel safe with. Speak in a hushed tone and let the person know that you are asking for nothing, except being there. If this provokes violence, move away slightly, become even more hushed, and focus on your own peace and its transmission to the person.

The Mentor's tools are his/her hands, words, and eyes. Use these to evoke peace:

- ◆ Mentor's presence—Use it to bring peace
- ◆ Mentor's hands-- Use them softly and lightly
- ◆ Mentor's words—Use them hushed and comfortingly
- ◆ Mentor's eyes-- Use them warmly and in a nurturing way

In the most disturbing or frustrating moments, the Mentor's use of these tools has to be attuned to quick change. This involves changes such as decreasing rapidly from whatever degree of being-with the person had been to softer gazes, more hushed conversation, and the lightest touch. The Mentor's most challenging role is to become attuned to the person's fears and sense of meaninglessness. We have to read constantly what the person's body is saying. Sense the individual's tenseness when his/her hands tighten or face flushes. Check out the person's eyes and feel the coldness or disconnected appearance. Watch the more driven bodily movements. Look for the slightest flinching when touched or even when moving closer to the person. The Mentor then goes quickly in the opposite emotional direction-stopping midway when reaching out so as to not increase the fear, looking down somewhat so that even our gaze does not provoke fear, and softening our voice.

It might seem odd, but all of our tools can equate with violence, even when used in the most loving way. It is as if the person feels that not just our hands are going to grab, but also our eyes and words. The troubled individual has strong memories of fear and dehumanization and is certain that our eyes are like daggers and our words like sharp razor blades. The Mentor's role is to first be attuned to these feelings and then begin to teach a new meaning, "When you are with me, you are safe!"

SAFE-ZONE

In the attunement process, each Mentor has to determine his/her safe-zone-- the physical and emotional space that produces calming or, at least, avoids any escalation of any form of fear or violence. The Mentor has to feel safe before the individual can feel it. We have to recognize that sometimes our mere presence can provoke fear. So. Go slowly and avoid any hint of demand. This process might involve any or all of the following such as:

- ◆ Stepping back for a moment
- ◆ Decreasing any sense of demand
- ◆ Moving out of sight
- ◆ Averting one's gaze
- ◆ Hushing

Once in this safe-zone, which should take a moment to discover, the Mentor has to find a way, if possible, to re-engage. This is often an ebb and flow process of feeling safe, then feeling scared, both on the Mentor's part and that of the fearful person. The ebb and flow might include moving momentarily into the person's presence and then disappearing. Our very presence, our hands, words, and eyes can be like sledgehammers. The key issue is to make sure the person feels no demand. We have to remember that even our presence can be a horrible demand.

MORE KITCHEN TABLE TALK

When the hands-on encounters are over, the Mentor's next task is to try to sit down at the kitchen table and enter into a dialogue with the caregivers-- not about how to "change the marginalized person, but about the goodness of the caregivers' work, simple acts of beauty, and the meaning of feeling safe and loved. The Mentor has to be very observant and look for small signs of goodness—a smile, a word of encouragement, a pat on the back. It is important to avoid criticism.

As this dialogue evolves, often at the beginning very lop-sided, the Mentor should elicit comments from the caregivers that relate to their perception of the beauty of their work. In many ways establishing a trusting relationship with the caregivers is as hard as developing it with the troubled person. Our hands-on experiences are our vehicle for entering into a care giving dialogue. The Mentor could pose "forced response" questions such as:

- ◆ "Tell me one beautiful thing that you see yourself doing!", or
- ◆ "Give me the most important reason why you do this work!", or
- ◆ "What is the one thing you are proudest of?"

While engaged in this dialogue, the Mentor has to also concentrate on his/her posture toward the caregivers. This takes as much focus and concentration as being with the troubled individual. Always remember that our first purpose is to establish trust with the caregivers. Make sure that your body posture is relaxed and open, your affect is warm and caring, and highlight simple acts of beauty. Be natural. Be warm. Look for ways to praise the caregivers. Show empathy toward them and their work. Care giving is a hard job that is seldom recognized and honored. As the dialogue winds down, the Mentor should thank every one, shake their hands, and leave with a date and time for the next encounter.

FUTURE ENCOUNTERS

This procedure and process should be based on the first visitations-- warm, open, friendly, and encouraging. The purposes of these encounters are:

- ◆ To deepen the spirit of trust with the caregivers
- ◆ To have other hands-on engagements with the troubled person
- ◆ To engage one or two caregivers in the hands-on experiences, if possible
- ◆ To focus on what feeling safe means
- ◆ To define the care giving tools

Before these experiences, the Mentor should come prepared with a kitchen table dialogue and sit at the table with the caregivers and give an informal mini-lesson on what companionship means, emphasizing feeling safe once again, plus our care giving tools—our presence, hands, words, and eyes.

Use your own language, and keep it simple and concrete. Teaching is a dialogue. Avoid telling caregivers what to do. Weave your hands-on experiences

with the troubled person in with the caregivers' experiences. Try to always base the dialogue on reality and on what everyone is seeing. Point out that the individual is filled with fear, not because of the caregivers, but due to the inherent nature of the disability and the person's life-story. It is difficult to dialogue about how an individual is filled with deep fear without alienating the caregivers, basically giving them a guilt trip. This has to be avoided. Emphasize the nature of the disability and life-story in clear, concrete, and down-to-earth language, essentially creating an empathy-producing story about why the person behaves as he/she does.

Ask the caregivers things that they see that indicate fear. In the beginning, make this dialogue simple and non-threatening. Avoid a paper and pencil "test" assessment and just ask clear questions such as on a scale of 1 to 10 where does the person fall when 1 is extremely fearful and 10 is extremely joyful. What does the person do when the caregiver:

- ◆ Moves toward the person?
- ◆ Touches?
- ◆ Speaks?
- ◆ Looks at?
- ◆ Tries to do an activity?

At the same time, look for examples of even minute "safe" responses that the troubled individual shows toward the caregivers-- perhaps moving toward a caregiver, looking, making sweet sounds, accepting some minimal touch, or staying momentarily with a caregiver. In another dialogue, the Mentor should discuss the caregivers' attitudes about companionship and community. This is hard since it can be threatening. The main areas to explore are our feelings about the person and how we use the care giving tools. The Mentor could use a scale like the one about the troubled person. Questions should revolve around areas such as:

- ◆ Do we see the person as our sister/brother?
- ◆ Is our touch soft and loving?
- ◆ Are our words comforting and uplifting?
- ◆ Is our gaze warm?
- ◆ Do we sense our authenticity?
- ◆ Can we engage the person in a smooth flow?
- ◆ Is it possible to bring the person into engagement with others?
- ◆ Do we elicit loving responses from the person?

OTHER HANDS-ON EXPERIENCES AS A WAY TO START PERSONALIZED TEACHING

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

The engagement during this encounter should be better than the first one, if only in the faintest way. The Mentor, building on the first experience, has to enter into a stretching process-- getting slightly more than the first time in terms of touch, gazes, reaching out, and staying power. The Mentor has a twofold task -- engaging the client and coaching the caregiver. The primary one is the engagement of the caregiver in the hands-on experience with a sharp focus on the use of the caregiver's hands, words, and eyes as the tools to teach the troubled person to feel safe

These experiences should unfold somewhat like the initial ones, but with a faint increase in the person's feeling safe. Look for indicators of how the person feels safe-unsafe such as the warmth-coldness of the gaze, shying away from-accepting touch, head cast downward-upward, moving away-reaching out. The coaching aspect might be impossible due to caregiver reluctance. If so, do not worry, this means that the trust between the Mentor and the caregivers has not yet taken sufficient root. Go ahead and engage in the hands-on experience alone as a way of building the elusive trust.

This elicitation generally requires the Mentor to ask a question and give the answer so that the caregivers do not become embarrassed or frustrated: "Tell me one way we were trying to help the person feel safe with us... Well, for example, we must have touched him/her dozens of times, and, as the session wore on, the person began to let us linger longer and longer on his hand..." Gradually, build up the caregivers' responses. Keep citing real-life examples and focus on the good things you saw. End the session with personal thanks, a date for the next encounter, praise to the group, and bidding farewell to each with a warm handshake.

THE ON-GOING MENTORING PROCESS

The Mentoring process has to be on going-- the tougher the troubled person or the caregivers, the more intense the process. Some signs of the need for more intense Mentor involvement are:

- ◆ The presence of physical management or intervention
- ◆ Harsh grabbing and leading people around
- ◆ Yelling at those served

- ◆ Chaotic management
- ◆ High caregiver turn over
- ◆ High frequency aggression, self-isolation, or self-injury

At the same time, if there is little or no administrative support or if the policies and practices of the administrators are contrary to gentleness, then the Mentor has to do some spadework at the system's level. Yet, the key is to keep the focus on the small community of caregivers and make change occur from the bottom up. Each visitation should follow the steps outlined in the initial sessions with a different theme or teaching objective. The entire process could involve the following moral themes as the center of the kitchen table dialogues over a year's time:

- ◆ Feeling safe
- ◆ Care giving tools
- ◆ Feeling engaged, loved, and loving
- ◆ Assessment of the companion
- ◆ Assessment of the caregivers
- ◆ Culture of life assessment of the home or day program
- ◆ Person-centered planning process
- ◆ The gifts of the person
- ◆ Description of companionship needs
- ◆ Where the person "would like to be" in a year's time-- the person's dreams
- ◆ What the caregivers, related staff, friends, and person will do to get there
- ◆ Defining community and making community
- ◆ Person-centered-planning and Gentle Teaching

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

- ◆ Increases in the amount and quality of physical contact and expression of warmth
- ◆ Increases in the amount and quality of time spent with troubled individuals
- ◆ Increases in caregivers working together and job stability
- ◆ Increases in the amount of time that caregivers sit and dialogue with the Mentor
- ◆ Improvements in the culture of the home—quietude, slowness, softness, appearance
- ◆ A community-centered celebration written by the circle of friends in a step-by-step fashion
- ◆ Stabilization of staffing patterns
- ◆ Decreases in acts of violence—aggression, self-injury, self-isolation, property destruction and the use of punishment and physical management (reported and unreported)