# 

# The Call for Companionship: Observing Visits

# Gina Laura Ciani

# Lehigh University

# SPED 332: Education/ Inclusion for Individuals with Special Needs

# Dr. Freya Koger

The Call for Companionship: Observing Visits

Working for Lehigh Support allows me the amazing opportunity to share life and experiences with three extraordinary individuals: MH, JM and EH. While working with these people I have learned a great deal about life for those with special needs and even more about how their day-to-day happenings are both very different *and* very similar to my own. Each individual at the community home is elderly (over 60) and have severe intellectual disabilities. JM has Down's Syndrome and trouble breathing and moving; MH has a limited vocabulary and EH speaks only with eye blinks indicating a positive or negative response. Nonetheless, each individual, has a pool of "cans" larger than that of their "cannots." JM has a heart of gold and a personality like any sly old man. He's funny and sweet with a great sense of humor and amazing smile. MH is possibly the most lovable woman anyone will ever meet. She is a kind elderly woman that loves to help people, to point out the beauty and wonder in the world, to tickle you and make you smile and above all to love and be loved. EH is another person impossible not to love. He is a gentle giant of sort after a first impression who loves to hold hands, reflect and just live in a world he looks to be a part of. EH will sit an enjoy nature for every aspect nature has to offer: rain, sunshine, wind and snow are all beautiful elements of nature that EH would love to bask in. I can relate with so many aspects of all three people and I know that anyone can do the same. EH, MH and JM quickly moved from my work, or consumers, to my friends and special needs is now simply one more unique part of their personalities.

While at the community home, we are sometimes favored with visitors such as BK, M and Baby RW. BK and M are other individuals supported by Lehigh or others programs and Baby RW is a child of a friend of the individuals in the community home I work in that is still a baby. Whenever any of the individuals visit, the occasion is very memorable for both staff and consumers. BK often visits with a member of the staff at his home while M and Baby RW have always visited together with Baby RW's mother, KW. Regardless of the visitors, all three individuals always seem excited about the new faces in the house and even happier to see and old friend.

The first experience I observed was when BK visited for dinner. MH, as most single women, loves to have male guests. She was acting like the best host around and sitting with BK and helped set the table for dinner. She beamed as happy as can be and almost seemed shy at the same time. Similarly, JM could not stop telling the staff about the visitor and waving at BK. EH was not as excited as the others but smiled contently. When it was time for dinner, MH wanted BK to sit next to her and set the table that way. EH didn't want to be bothered with the dinner guest and kept to himself while at dinner as is normal. After dinner, MH and BK sat at the table and talked a bit and soon it was time for BK to go home. For days afterwards, MH reminded us about BK's visit. She told us, "Boy Cute," and "Cooked him dinner." She was right, for a couple of single people their ages, MH and BK could be considered 'cute' and we did have dinner. JM didn't mention the visit much, but as he eats in a different way he wasn't really part of the dinner. Overall, it was a fun time where MH really seemed to feel like the star of the experience.

The next visit of note was that of Baby RK, his mother KW and M. M is significantly younger than the individuals in the community home, but likes to visit them as older friends and the house loves to have him visit. Even EH, seems intrigued when M visits and notices and attends to his visit. M pays attention to all of the individuals in the house and EH seems to really appreciate that extra bit of attention that M gives him when he visits. M says hello and goodbye to each person individually and is excited to see each person. It easiest to imagine this focus on equal attention when thinking of someone coming into a large party. Usually, the new guest will greet the entire crowd with a sweeping hello and go about enjoying the party. Often there are a few guests that go around and individually say hello to each guest. That kind of guest always makes you feel like he or she cares a bit more about you. That is how M is and EH recognizes this great attribute. Similarly, MH and JB are excited to have M visit and engage in an element of conversation with M. Really, there is very little difference between a visit for people with special needs and for those without.

When Baby RW visits, the air of the house is magical and makes your remember how much children make anyone smile. One of the greatest traits of people with intellectual disabilities is that they often don't limit themselves to social conformities that many people do. When a baby enters the room, there is no shame is filling up with joy and showing it to a full extent. When someone wants to be around the baby more than the mother, there isn't harm in saying just that. People with intellectual disabilities communicate better than those without in this manner--everyone is on the same page with knowing what the other would like when communication is possible. When Baby RW is visiting this trait shines and makes the visit that much more memorable.

A baby gives this rush of joy to almost any individual and those with special needs are not at all different. MH was beaming with happiness and really wanted the baby to come by her and let her hold him. When I see a baby, all I want to do is hold him or her and play with them. MH has this same yearning in her soul that burns into a smile. She called to him and made faces and tickled and finally held him in that maternal way that is written into women. Even JM and EH had that human characteristic of absolute love for babies. JM was smiling up a storm and was elated when the baby sat on his leg and smiled at him. The delight was pouring out of JM. Even EH held the baby for a while; his normally contemplative face came alive and he was attending to the child and almost interacting with him. Loving babies is something deep inside each one of us that cannot be torn out, it seems and having intellectual disabilities doesn't change it at all. People are people.

I think the most important aspects of each visit are the ways in which best practices are seamlessly incorporated into the consumers’ home environment. First, each individual is taught about social skills in social contexts. Research suggests that using community-based instruction to teach socially appropriate skills is optimal for individuals with intellectual disabilities and in the community home, pure social situation are used to teach these skills. Second, normalization is key to the home environment provided to the individuals. Even when visitors arrive at the house, a normalized environment is maintained allowing the individuals with special needs the same experiences and enhanced quality of life that those without disabilities experience. Third, with friend visits social role valorization occurs with ease. When friends of the consumers visit them in their own home, the social role of each individual is enhanced in the mind of the peers and the individuals alike. The friendships are natural and real. Finally, the consumers have a sense of self-determination. They have their own friends over and have initiated their own social experiences. Clearly, the practices used in the community home are ideal and optimal for the individuals’ needs.

With both experiences, I am drawn to the importance of community interaction for people with disabilities. People without special needs have almost too much community experiences: going food shopping, getting gas, going to work or school, going for a walk, even just looking in other cars while driving. We see other people all over the place. When a person with special needs spends most of their time just going to a day program with the same people every day and coming home, they are in a community interaction drought. They don't often see new faces, babies, animals or strangers of any sort. If EH, MH and JM get so excited about a visitor are they in a social drought too? As a staff member, I try to give each community experiences where I can but there are limitations that are daunting. One must make sure medications are attending to at appropriate times and in appropriate settings, must make sure the activities are proper for all the individuals involved and make sure they are affordable for each as well. Sometimes, I'd like to take the consumers food shopping or to the park for a walk, but JM has issues with mobility and breathing which limits where and how long these trips can be. Even considering a movie or theatre outing becomes difficult when considering that a strict medication schedule must be adhered to and movies are on their own schedule. Community interactions are important, but where can they be fit in to make sure enough are being offered?

When visitors are invited the individuals are able to have a community-type experience in their own home. Perhaps this is the best way to incorporate regular social interactions into the schedule. Just like anyone, people with special needs require friendships and group connections. If going out of the house to find these limits some of the individuals, then there is no reason such interactions cannot be brought to the consumers. Perhaps weekly visits with friends could be scheduled to assure relationships can be made. Similarly, new people can visit to ensure that a variety of people are present in EH, MH and JM's lives. Every visitor adds to that social pool that is now quite dry. Those who can easily go on social outings can still be taken regularly; however, JM might be more safe and happy with a small amount of outside trips and more visits. Research suggests that social interaction is important to maintaining happiness in the elderly (Graney, 1975) and that it is quality rather than the quantity of interactions that matters most (Conner, Powers & Bultena, 1979). Although old studies, these are numerously cited studies that are the strongholds of modern social effectiveness for the elderly research. Strong social interactions that are optimal for the individuals involved will lead to the best qualities of life for the individuals in the community home.

Clearly, visitations from friends are important to EH, MH and JM. As staff, I need to make sure these happen more often and the each is of high quality. Every social experience in the home is important for these amazing people and the best I can do it to make sure they have the best and most occurrences of friendly visits as possible. I need to schedule regular visits and maybe find times where the individuals might visit one of their friends. Taking time to reflect on my experiences with the consumers has opened my eyes to how vital social experiences are for each person. I will do what I can to make sure there are plenty of time for these kinds of memorable events.

**References**

Graney, M. (1975). Happiness and social participation in ageing. *Journal of Gerontology, 30(6),* 701-706.

Conner, K., Powers, E., & Bultena, G. (1979). Social interaction and life satisfaction: An empirical assessment of late-life patterns. *Journal of Gerontology, 34(1),* 116-121.