

Reflection on Service-Learning with Harry Meyering Center



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Introduction

Service to others and exploring diverse cultures are two of my biggest passions in life. I was ecstatic about this service-learning assignment because not only does it have “service” right in the title, but there was also the stipulation that the people we serve must be part of a culture with which we have little familiarity. I also love learning by interacting with others so this assignment was the perfect fit. My enthusiasm for the assignment led me to anticipate that I would learn a lot, but I could never have anticipated all the valuable knowledge I was going to obtain from this experience. This assignment has given me new insight into the culture of disability which has challenged my assumptions of what a cognitively disabled person living in a group home looks and behaves like, prompted reflection on the foreign concepts of having “staff” and a medical routine, highlighted shared cultural values of independence and living a meaningful life, engendered personal growth in my ability to interact comfortably and successfully with people with cognitive disabilities or other cultures I have little experience with which, along with the discovery I made of my personal influence to help those with cognitive disability, will be helpful in my future career in social work.

Description of Experience

In taking the “Student Diverse Associations Form” I determined that a culture I had the least experience with was that of people with cognitive disability. In my search for a place to engage in service-learning with this community I found Harry Meyering Center (HMC). HMC is a group home for people with cognitive disabilities ranging from mild to severe. After volunteer training I was assigned to a Supportive Living Services (SLS) house. Individuals involved in the SLS program live with two or three roommates in homes scattered throughout the Mankato area. Services are designed to meet the individual’s unique needs and desires so as to help them

live out their personal definition of a more independent and meaningful lifestyle. After a training session volunteers with SLS are assigned to an individual consumer (HMC's vocabulary) and arrange times to meet with this individual at the home to spend time with them engaging in activities the consumer enjoys.

The woman I volunteered with is Sarah (pseudonym for privacy protection). Sarah is in the SLS program because she has been diagnosed with mild mental retardation and has a severe kidney disease that requires a lot of maintenance in order to stay on the waitlist for a kidney transplant. Sarah is in her 30's and lives with three other women about her age who have Downs' Syndrome. For my service experience I would go to their house once or twice a week for about three hours each time. In the time that we spent together we went on walks around her neighborhood, watched *True Blood*, cooked dinner, drank coffee, played pool, did puzzles, and I taught her how to do macramé to make a necklace. During all these activities Sarah and I had many conversations through which we were able to get to know each other. These conversations and the experience of being in her home where I was also able to interact with her other roommates helped me to better understand the culture of cognitive disability and challenged some assumptions I carried about people with cognitive disability that I had not previously acknowledged.

Challenging Assumptions

Although I like to think of myself as a very open minded individual I have to admit that this was not the case with my conception of people with cognitive disability. Before I went to Sarah's house for the first time I had little information about who I was going to be working with and was worried that it might be difficult to relate to her. This worry stemmed from assumptions based on popular stereotypes of people with cognitive disability who live in group homes that

she would not have the ability to understand her life experience beyond an elementary level, that she had lived a fairly sheltered life, and that she was heavily dependent on support staff for daily living needs. I still held this stereotypical image even though I had previously had one personal interaction with a man who had mild cognitive disability and lived in an assisted living home, and also contradicted such a conception. I had not associated this experience with the culture of cognitive disability and group homes because I focused more on his physical disabilities. Thankfully I was able to have this experience with Sarah and her roommates so that they could open my eyes and challenge my assumptions.

My interactions with the women at the house I was volunteering at showed me that although some people living in group homes with cognitive disability may be on the more severe end of the spectrum off which my assumptions were based this stereotypical image cannot be fairly generalized to all people with cognitive disability. Even before coming to HMC all of the women had lived active and integrated life styles. For example, they all graduated high school where they participated in sports and clubs, and several have traveled abroad with family. Sarah was even married previously and has two children. Every woman in the house has a job, takes care of all their own personal hygiene needs, cleans their own home, does their own grocery shopping, cooks their own dinner, can be left home alone, and participates in community events and activities. All of these and more are achieved with little intervention from staff other than supervision and perhaps some verbal prompts. These examples are far from what I expected to encounter and stimulated reflection on assumptions I hold about any culture other than my own so as to avoid making future broad generalizations based on stereotypes of any person.

Cultural Differences and Similarities

Once I got past my assumptions I was able to begin to connect with the women at the house and see some unique qualities of the culture of cognitive disability in a group home setting such as having 24 hour staff. The concept of “staff” in one’s home was completely foreign to me. I have never had anything even slightly comparable such as a nanny, butler, cook, or house keeper. Even if I had, the aforementioned jobs are not jobs done by the staff at this house. In trying to negotiate this new concept I first felt frustrated for them because, being the independent person that I am, I would not like having constant supervision and reminders to be responsible, nor would I like having to have someone to drive me around everywhere I wanted to go. However over time I moved from a sympathetic view to a more empathetic view and began to see staff in a new light through the eyes of the women rather than my own. After watching the women and staff interact more I could see how much the women benefitted from having their staff. The staff helped them work through their emotions in conversation rather than acting them out physically or in tantrums, they helped teach the women new skills to be more independent, and they provided some companionship for them women. Also, if the women did not have the staff to drive them they would not be able to get out into the community to do the things that they found meaningful in their lives which I could see meant a lot to the women through their constant comments of thanks and admiration towards their staff.

Another new cultural concept I had to negotiate was the concept of “meds” as they call it. All of the women had at least two pills if not more to take every day and they were taken on a regimented schedule. Because they were in a group home every med taken had to be documented at well. Again I was first sympathetic when trying to negotiate this foreign concept and felt

frustrated by the seeming strictness of the methods with which medication was administered. Again from my personal view of independence I felt as though the system was limiting to the women's freedom. But again with more exposure I began to become more empathetic with the women to see the medication administration system from their point of view. Because the women are limited in their cognitive ability they would not necessarily be able to manage their medications all on their own and through conversations with them I came to find that they understand that the need to track the medications is for their own safety. I also discovered that some of the women prefer not to have to be responsible for remembering to take their medication and feel as though the regimentation and recording gives them more freedom as they do not have to worry forgetting to take a medication.

Although I noticed many differences between our cultures I also noticed some similarities. One major similarity I discovered was our value of independence. Throughout my life I have been raised with a lot of responsibility for taking care of myself which has taught me to value my independence. Through conversations with the women, observing how adamant they are about doing everything that they can for themselves, and how eager they are to learn new skill that will help them be less dependent on others I could see that they valued their independence as well. Historically people with disabilities have been severely misunderstood which led to the oppression of their freedom and independence for most of history. Now that a new understanding of disability has evolved these women have taught that they too can be independent and to strive to utilize this right to the best of their ability through the culture of HMC.

Another common value I share with the women I interacted with at HMC was that of living a meaningful life. All of us have our own meaning of what a meaningful lifestyle is for us

personally. For me it is helping others and learning something new every day, for one of the ladies it is writing plays and hanging out with friends, for another it is learning new skills such as telling time, for another it means going to church, and for Sarah it means playing on basketball team. All of the ladies also found having a job, making friends, and being with their family to be very meaningful. Despite our differences in what a meaningful life looks like we all value and strive to do the things that satisfy our souls and make our life one worth living which is something I think all humans strive for and have the right to do so.

Personal Development

Before I participated in service-learning at HMC I really had no idea how to interact with people with cognitive disability which at caused some initial stress. I was worried about trying to have conversations with Sarah and her roommate because I did not want to say anything they might misunderstand or take offense too. I did not want to talk over the head, but I was also worried about talking to the as though they are children both of which would be demeaning. When I did have questions I wasn't sure the women would be able to fully answer I did not know whether to ask them directly or to ask the staff. Throughout the experience I became much more comfortable talking to the women in the house and realized that I for the most part I could talk to them just like I talk to anyone else I am just getting to know. I learned to always give them the chance to answer questions first and if they did not give me as deep or clear of an answer as I was looking for I learned the best approach is to ask them if it is okay that I ask staff to explain as well. When such occasions did occur the women always let staff add to their answers. I am so glad that I have had this experience because now I am much more comfortable with interacting with people who have cognitive disability. If I am ever in a situation with someone of this culture

I will be able to help include them in conversation and learn from their perspective rather than trying to avoid interaction with them out of discomfort.

Application to Future Career

The lessons I have learned from this experience have great value in my future career as a social worker. Unfortunately cultures many people who are oppressed and find themselves in need of assistance of a social worker are those from non-dominant cultures. Because I am a part of the dominant, privileged culture I am likely going to encounter many clients from cultures different from my own. If I am going to be successful in my practice I will need to be comfortable with interacting with people from cultures other than my own so that I can understand their perspective and find resources and ways to help that will be most beneficial for them. Every new cultural experience such as the one provided through this service-learning assignment is very beneficial to my future in social work because such exposure helps me become more and more comfortable interacting with people from other cultures and teaches me how to do so in as respectful a manner as possible without using stereotypes.

Another discovery I made through this experience that will be helpful for my future career in social work is that of my ability to positively influence others. Before I began volunteering at HMC I did not anticipate that my volunteering was going to be truly meaningful for Sarah. When looking at the situation from my point of view I thought that Sarah might actually be a little upset about the fact that HMC even has volunteers to help in the manner that I did; I would be upset knowing that people saw spending time with me as a service to the “less fortunate.” I was also lacking confidence in my ability to make a difference because I am not trained in counseling. To my pleasant surprise Sarah was actually very appreciative of the time I spent with her. I realized that she just needed someone new to talk to and spend time with out of

her house and away from the staff and her roommates that she sees all the time. The supervisor at the house told me again and again how much my volunteering was helping Sarah. Before I started coming to the house Sarah had been falling into a depression and exhibiting some negative behavior but after as I started volunteering her mood became much more positive and the negative behaviors ceased. It was extremely encouraging to know that just being there for someone could help so much. In my career in social work part of my job description is to act as a confidant of people in need so as to help influence them positively and encourage them to engage in more positive behavior. Seeing that I was able to do this with Sarah is promising for my future career.

Conclusion

In the end my service-learning experience at Harry Meyering Center was extremely beneficial and even better than I expected. I have learned about a new culture of disability which has challenged my use of stereotypes in making generalizations about the ways in which cognitively disabled people living in group homes look and act. I have negotiated unfamiliar cultural aspects of having “staff” and a medical routine and reflected on shared cultural values of independence and living a meaningful life. This experience has also promoted personal growth in my ability to interact confidently with people who have cognitive disabilities or other unfamiliar cultures. This growth and the realization of my ability to positively influence others will be beneficial in my future career in social work. I am so grateful for all I have gained from this experience and am looking forward to future intercultural interaction to further my growth in cultural competency and global citizenship.