GENTLE TEACHING PRIMER
On behalf of everyone at COR, I am thrilled to present the 2nd Edition of our Gentle Teaching Primer! Although our organization was established only four years ago to embrace the gifts offered by one specific individual, we have grown to support meaningful life experiences for numerous men and women in our community. Through the philosophy and practice of Gentle Teaching, we have eliminated the typical patriarchal and hierarchy-based service system that has historically infused the lives of people labelled with disabilities. We support people not clients; we facilitate rather than dictate; we hope to craft companions not employees; and we embrace authentic selves that tell a story of who a person truly is, rather than a fictional self and story created by others that tells the world who you should be.

We are privileged to have the support of the Gentle Teaching community to carry on with the work established by our dear friend, the late Dr. John McGee. We hope our efforts will honor his passion to ensure others always feel safe, loved, loving, and engaged.

Brenda Rossow-Kimball, PhD
President, Creative Options Regina (COR)
· Gentle Teaching is based on a psychology of human interdependence. It asks caregivers to look at themselves and their spirit of gentleness to find ways to express warmth and unconditional love toward those who are the most disenfranchised from family and community life.

· It views the caregivers’ role as critical and requires a deep commitment to personal and social change. It starts with ourselves, our warmth toward others, our willingness to give without any expectation of receiving anything in return, and our intense desire to form feelings of companionship and community with those who are the most pushed to the very edge of society.

· Gentle Teaching focuses on four essential feelings that need to be taught to those who are served - safe, loved, loving, and engaged. Caregivers not only need to ensure that those whom they serve are safe, but more importantly, feel safe and loved.

· Gentle Teaching and a psychology of interdependence are used to help marginalized children and adults around the world. Their key focus is on those who are on the very edge of family and community life.

· Gentle Teaching is about unconditional love. It recognizes that many people are burdened with memories of distrust and fear and that their hearts are broken. It focuses on teaching them a sense of companionship. Through this process, violent behaviours begin to disappear and new ones begin to emerge. We need to reach out to others with kindness, to feel for the need of others, and to share a spirit of gentleness.
Gentle Teachers/ Caregivers ...
are committed to setting an example of non-violence and implementing the precepts of Gentle Teaching in their interactions with those served.

Gentle Teachers teach others to feel:

SAFE
LOVED
LOVING
ENGAGED

The central care giving intention of Gentle Teaching is to focus on a mutual change process leading to companionship and community.

Four Pillars of Gentle Teaching

Gentleness goes for the heart, not the head. We teach people to feel safe, loved, loving, and engaged. These lessons are taught by example and the intense ongoing expression of unconditional love by caregivers who also feel safe, loved, loving, and engaged.

SAFE means ...

feeling comfortable and at peace. It is the absence of fear. A person who feels safe is relaxed, not worrying that someone is going to grab or make demands or talk about mistakes. Caregivers know a person feels safe when they are greeted with a smile, when the person is content to be together, not flinching or pacing from room to room. A person who can count on being safe begins to develop a sense of self-worth, to think and feel, “I am good because my caregivers say I am good.”

LOVING means ...

wanting to do good things for others, to bring them joy and happiness. A loving person feels warm towards others and wants them to feel safe and comfortable. A loving person learns to use eyes, words and hands to show love. Caregiver accept and welcome signs of love, a smile, a twinkle in the eye, a helping hand.

ENGAGEMENT means ...

preferring to be with others, looking for activities to share with loved ones, being an active participant in one’s own life. Engagement is the opposite of loneliness. Caregivers help and encourage people to engage, they provide time, places, and activities to be together. Engagement teaches the person it is good to be with the caregiver, to do things together, and to do things for others.

LOVED means ...

feeling sure that there are people that only want what is best for you and who will never hurt you. Being loved means that someone will watch over you, think about what you need and do things that make you happy. When people feel loved, they learn that they are somebody. They learn that life can be good and hopeful. This feeling is a gift from caregivers who give unconditional love.
The tools are also used to understand how a person is feeling and reacting. This is very important when caring for people who do not use words to communicate or those who have learned to protect themselves with threatening words or actions.

Does the person prefer to be alone? Does the person leave the room when certain people enter the room? Does the person seek out certain caregivers or peers?

Does the person hit him or herself or others? If so, when? Does the person flinch from touch? Does the person use formal or informal sign language? Does the person know how to touch gently? Caregivers learn to “hear” these kinds of messages and find ways to make sure that their physical contact is an expression of warmth and unconditional love.

Does the person yell or scream? If so, when? When is the person silent? Does the person understand what certain words mean? Are there certain words that seem to frighten the person? Caregivers share these kinds of observations with each other and find ways to make their words and interactions express feelings of being safe and loved.

Does the person look you in the eye? Does the person always look down? Are the person’s eyes always darting around, scanning the room? Does the person cover his or her eyes? If so, when? Caregivers prevent violence and evoke peace by “reading” eyes.

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Be a good and sensitive storyteller. Understand that dialogue will be hard in the beginning and even one-sided. Think about your rhythm, tone, and warmth. If you ask a question, give the answer, to avoid humiliating the person.

The spoken problem is hardly ever the underlying problem. The “problems” are of the heart, not of the head.

Search for the unspoken undercurrents - fear, self-hatred, meaninglessness, ugly memories of abuse and neglect.

Be in the moment - not a moment before, nor a moment after. Your words have to revolve around the person feeling safe and loved with you at this moment.

Use words to express warmth, tenderness and unconditional love. Use them slowly and softly.

Speak of good things that honour and uplift the person.

Keep the dialogue in the here-and-now and only about goodness.

Your PRESENCE as a Tool

- Your greatest gift to the troubled person is your time and attention
- Enter the space where the person is at, not where you want the person to be
- Enter with humility and knowledge
  - The humility to see yourself in marginalized others
  - The knowledge you need to teach the person to feel safe with you and loved by you
- Avoid the provocation of any form of violence or any feeling of violence
- Enter with faith and a burning hope that goodness begets goodness
- Synchronize your movements to those of the person
- Be relaxed and with no fear
- Be calming and slow down
- Be supportive, compassionate and generous
- Express unconditional love

Your WORDS as Tools

“Let us just rest”

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“Let us just rest”

“Your are so very good …”

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Keep the dialogue in the here-and-now and only about goodness.

“I will not make you do anything, do not worry”

Acknowledge the person’s worries and frustrations, then move on to talk about joyful things.

Express warmth and love.

“Your are so very good …”

Recognize the spoken problem without making it the centre of the conversation.

“I know you are sad, it is difficult, life is hard … Shhh”
Your **EYES** as a Tool

- Eyes are the window to the soul and can be used as tender hands with those who are fearful of touch.
- Do not worry about the person’s fleeting glances.
- Imagine that your eyes are hands and arms and, thus, reach out to the person.
- Move your gaze into the person’s eyes without scaring the person.
- Recognize that the person might see your eyes as fists. So, go slowly and softly as if tenderly touching the person’s soul.
- Your gaze should be:
  - **SOFT**
  - **SLOW**
  - **LOVING**
  - **WARM**
- When there seems to be fear or its possibility, gaze off to the side or slightly downward to avoid scaring the person.

Your **HANDS** as Tools

- Touch is a concrete sign of love and a concrete way to teach abstractions.
- At times, avoid touch due to the person’s life-story, culture, or religious beliefs.
- When you use touch, do so:
  - **Softly** • **Slowly** • **Predictably Ready to back off at any moment**
- As you touch, explain its meaning: "This means we are good ... We are friends ..."
- If appropriate, use an embrace as a symbol and ritual of companionship and community in all daily comings and goings. If not, find your own ritual.
- Describe touch as a sign of friendship and deep caring.
- You are dealing with fear. If you decide that touch would be good, touch the person as if you were touching the wings of an angel - with the utmost softness, almost not touching, quietly, carefully, and slowly without provoking any rejection.
- If you decide that is best not to use touch, use your other tools as if they were tender hands - words, eyes, and presence.
Feeling SAFE and LOVED

Everyone hungers for a feeling of being-at-home. This connectedness is basic to the human condition and is the foundation for all learning.

Caregivers need to teach several lessons:

- The troubled person feels loved by us
- Being with us and in contact with us is good
- Doing things with us is good

The troubled person will express love toward us.

A hallmark of a spirit of gentleness is that it goes of each person’s heart. It does not make any difference what a person knows if the individual does not feel safe and loved.

If caregivers focus on a strong and deep feeling of companionship with those who are troubled, most violence can and will be prevented. A key tip is to give in to what the person wants so there is time and space to teach a feeling of being safe and loved.

SAFE. We must create new memories in the here-and-now between ourselves and the person. We have to enter into a process, at this very moment, to create a new memory that is completely personal between ourselves and the fearful other. We have to teach the person that our presence will not signal an attack, but a sense of warmth and acceptance.

These words will not put you down; they will praise you.

These eyes will not look with disdain, but with tenderness and reassurance.

These hands will not hurt you in any way; they will be a concrete expression of your goodness.

As caregivers we have to enter into the person’s fear-filled space by inserting expressions of love as you join him or her in that fear-filled space.

Watch for tiny moments when you can enter into the space.
The best way for caregivers to deal with violence is through prevention. Some helpful tips for prevention include:

- Giving in while teaching the person companionship
- Focusing on the individual learning to find loving meaning in the caregiver’s role
- Making a list of things the person likes
- Making a list of things the person does not like
- Giving the person what he or she likes and avoiding dislikes
- Calming the environment down and introducing warmth and serenity
- Changing the culture of the place from control to companionship
- Developing and carrying out a plan to teach the person companionship

As you approach the person, centre 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. The driving force has to revolve around feeling safe and loved.

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. Your roles is to first be attuned to those feelings and then begin to teach a new meaning, "When you are with me, you are safe!"
Loved means feeling honored, respected, tolerated, understood, forgiven, protected and desired. It arises from repeated acts of love. Your sole intention is to teach the person to feel safe and loved.

To feel loved is to feel:
WORTHY    DIGNIFIED    GOOD    ESTEEMED

When dealing with behaviors, go for the center. Mend the heart. All else will follow.

Teaching Someone to be Loving

Loving others is what we want for the people we support. They can only get to that point after they feel safe and loved themselves. They will need our help to learn how to be loving, especially if their disabilities or life stories make it more difficult to reach out to others.

Elicit, in a natural manner, small acts of recognition, warmth, kindness, and affection. Loving gestures fitting to the culture; a bow, an embrace, a smile, a wink, a kiss on the cheek are all signs of loving others.

A person is beginning to feel loving towards others when he or she:

· Warmly recognize the presence of others
· Moves lovingly towards others
· Reaches out to others
· Has a sparkle in the eye upon seeing a loved one
· Shares and takes turns
· Works and plays together

I will always accept you and treasure you.

When you see me, know that you are good.

All is well. I will protect you and care for you.
Teaching Someone to be ENGAGED

Engagement is where we wind up, not where we start. You should try for as active a degree of participation as a person can achieve. You do not want compliance; or for people to do things out of fear. You want the person to do what you ask because he or she trusts you. The extent of participation is determined by a person’s innate abilities as well as his or her sense of companionship and community. For one person, engagement might be moving a finger intentionally; for another it might mean finding a cure for Alzheimer’s disease.

The cardinal rules related to engagement with a troubled person 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.
- Do not worry about changing the person, just be satisfied to be with the person.
- Have very simple expectations - being with or just near the person, talking softly, perhaps lightly touching, and staying with the person.
- Approach the person slowly, quietly and warmly.
- Stay 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 other signs of rejection, say nothing except something like, “Shhhh I am not going to hurt you or make you do anything.”
- When the moment seems opportune, say a loving word or two, reach your hand toward the person, and, if possible, touch him or 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.
Engagement moves from self-centeredness to other centeredness.

Assume responsibility for teaching the person that it is good to be with you.

Remember, just your presence might signal fear.

Give no hint of any demand.

Avoid talking about doing anything ... Just focus on being together ... Almost invisibly ...

Quietly, almost hiddenly, start doing something. But let the person know that you will not make him/her do anything.

Draw the person into the activity but without provoking even a hint of violence or discomfort.

Be prepared to do the whole task.

Avoid any focus on compliance or obedience.

Follow the person’s lead and then slowly have the person follow your lead.

Switch back and forth until the person is doing more on his/her own initiative and doing it out of trust.

Support and participate in as supportive a way as needed – allow zero frustration.

Remind the person in a subtle way “I am not going to hurt you ... put any demands on you ... just accept my presence.” Assume responsibility for teaching the person that it is good to be with you.

Touch will be misinterpreted.

Lets the person do “whatever.”

All this kindness will just spoil the person and let him or her get away with bad behavior.

Misconceptions About Gentle Teaching
Some people have misconceptions about what Gentle Teaching is. It is not the traditional behavioral approach used in many industrialized countries. Gentle Teachers do not wait for vulnerable children or adults to do something good to reward them.

Gentle Teaching recognizes human suffering, aloneness, choicelessness and oppression. It asks caregivers to give marginalized people unconditional love.

- Gentle teaching is very disciplined; it is not disciplining.
- Caregivers prevent harm, moderate, regulate and teach new feelings.
- Caregivers set limits without making the person feel controlled.

Many people, especially those trained in strict behavior modification techniques, say that Gentle Teachers “spoil” people or let them do or have whatever they want. Our answer to them is “yes”, we do spoil people and let them do whatever they want - if it prevents violence and provides time for us to be engaged. The important thing to understand is that we are doing this purposefully, not out of laziness or fear of confrontation. It is part of an overall plan to make the person feel safe and loved.

Most “programs” for people with challenging behavior require work and change from the person. If they reduce unwanted behavior they are rewarded with things they enjoy. They have to earn simple pleasures like snacks or favorite T.V. shows. They are reminded constantly, sometimes with harsh words or gestures, to stop the behavior. This approach is disciplining. It trains caregivers to be disciplinarians.

Gentle Teachers are disciplined, they do the hard work that will result in the person feeling safe, loved, loving, and engaged - and incidentally reduce or eliminate undesirable behavior. Gentle Teachers change their own behavior, environments, and schedules and are constantly vigilant for signs of stress or situations that may evoke violence.
They are disciplined; they do the hard work every day.

Following is an example.

**SITUATION:** Tom needs to lose weight and he lives with Bill who needs to gain weight. Their caregivers say that Gentle Teaching "Giving him what he wants" will be dangerous and unhealthy for Tom. They think it is their job to limit his calories and it often leads to outbursts.

**GENTLE ANSWER:** The caregivers have to be disciplined. The situation is their problem, not Tom’s. They need to get help from a dietician or do the research themselves to create nutritious menus that meet Tom’s and Bill’s needs. They have to shop only from the menus. Even though Bill needs to gain weight, he should be gaining it from healthy food. If junk food is not in the house, Tom will not eat it, he will eat fruit or raw vegetables. If he has an occasional unhealthy snack at school or outside the home, that is normal. This is not easy, caregivers must be disciplined enough to follow the menus and not bring their own snacks into the home. The caregivers change, not Tom, and behavior incidents caused by “no more cookies” are eliminated.

Gentle Teachers learn to:
- Focus on inner healing rather than behavioral change.
- Focus on the total acceptance of each person.
- Help people feel safe and loved.
- Help people learn to reach out lovingly, respectfully and in a dignified manner toward others.
- Help others become as active a participant as possible in their own lives.
- Enter into a person’s space without the provocation of fear and with the evocation of a sense of peace.
- Avoid expectations of compliance or blind obedience.
- Prevent physical, developmental and emotional harm.
- Assure active participation.
Avoid Anti-Peaceful Attitudes and Practices

A spirit of gentleness is aimed at the heart, not the head.

Caregivers have to feel deeply about the emotional life of the people whom they serve. It is important to avoid negative habits and thoughts such as:

- She knows better
- He just wants attention
- She is manipulative
- Yelling
- Bossing around
- Grabbing
- Rushing people
- Focusing on compliance
- Making fun of or ridiculing expressions of love as age inappropriate
- Use of caregivers as guards

Safe-Zone

You must determine your own safe-zone - the physical and emotional space that produces calm or, at least, avoids any escalation of any form of fear or violence. You must feel safe before the individual can feel safe. Sometimes your mere presence can provoke fear. So, go slowly and avoid any hint of demand. This process might involve any or all of the following:

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

Once you are in this safe-zone, which should take a moment to discover, you must find a way, if possible, to re-engage. This is often an ebb and flow of feeling safe, then feeling scared, both on your 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 feel like a horrible demand.
Many life situations and disabilities, such as abuse, poverty, trauma, schizophrenia, bi-polar disorders, personality disorders and autism make it hard for people to feel safe and loved.

Caregivers teach that it is good to do things with, and even for, others.

Caregivers help to create new moral memories, a memory beneath a memory, a memory of what life is all about - companionship and community, feeling safe and loved, loving others, and becoming as active a participant in life as possible. The new joyful memories help troubled people to deal with the old frightening memories.

Learning new memories requires tolerance, patience and compassion. Caregivers need to provide:

- Sufficient time and space to nurture the new memory.
- Stable and consistent care giving.
- Repeated messages of care communicated through presence, hands, eyes, and words.

" When I am with you I feel safe and loved. "
" It is good to be with you. "
" It is good to do things with you. "
" It is good to do things for you. "

Go for the Center.
Mend the Heart.
All else will Follow.
The self can only be found in the other. For the suffering person we are nameless, anonymous at best, just another in a long line of people who want power and control, lacking trust.

Self-esteem starts with our naming ourselves and others. We have to name ourselves and teach the person who we are - good, kind, warm and loving - all signs of being safe and loved. We are not fearsome, terrifying, manipulative, or controlling.

We become people whom the person can trust and want to be with. They must feel that we will protect, accept and understand. Naming is the start of a trusting relationship. Using the person’s name often and repeat your name as often as possible. “I am John, I am your friend. You are such a good man, Joe. John and Joe are friends.”

As long as it is not harmful, caregivers should give the person what he or she wants (coffee, cookies, coca-cola, and cake) and other things the person might like. This gives us the peace and time to teach the person what he or she needs to feel safe and loved.

Take as long as possible to make a pot of coffee together, pass a tray of cookies back and forth, all the while using your name and the person’s name as you talk about good and uplifting memories.

**Naming Ourselves and Others**

**Kitchen Table Talks**

Over the course of a year, caregivers should schedule Kitchen Table Talks to discuss ways to deepen and expand a culture of gentleness.

Topics might include:

- Feeling safe
- Care giving tools
- Feeling engaged, loved and loving
- Assessment of troubled people
- Assessment of caregivers
- Culture of life assessment of the home or day activities
- Person-centered planning
- The gifts of the person and the caregivers
- Description of companionship needs
- Where the person would like to be in a year’s time - the person’s dreams
- What the caregivers, relatives, staff, friends, and the person will do to get there
- Defining community and community-making as a purpose of caregiving
Caregivers need to focus on the person’s feelings and things of the heart. The issue is to teach feelings of safe and loved, not to simply teach skills.

Compassion means that the caregiver is centered on protection, decreasing demands, hushing (not silencing) the person, and teaching the person that he or she is safe in this moment with the caregiver.

Do Not
· Go for the head instead of the heart
· Focus on the wrongfulness of their ways
· Take an attitude of knowing better
· Take an attitude of reprimand
· Make the person feel undeserving
· Describe behavior as manipulation

Compassion means that the caregiver is centered on protection, decreasing demands, hushing (not silencing) the person, and teaching the person that he or she is safe in this moment with the caregiver.

Logic versus Compassion

Caregivers should only worry about the moment, their encounter with the person in the here-and-now.

· It is only the exact moment of your encounter that matters.
· Your focus has to be on the person’s goodness and suffering.
· You have to express hope and love, no matter what.
· This moment then floats into the next moment and creates a chain of moments, based on unconditional love, that then forms a new moral memory.

Be in the Moment

Caregivers should only worry about the moment, their encounter with the person in the here-and-now.
A person’s self-respect comes from others around the person, a feeling of “I am good because you say that I am.”

Avoid any focus on the negative.

Take your time.

Find your way to express abundant and generous love.

Have courage, patience, and tolerance.

Avoid criticism and being judgemental.

Do not try to change the person’s behavior. Mend the Heart.

Keep the focus on the person’s suffering and goodness.

Envelop yourself in a spirit of peace. Be soothing, nurturing and comforting.

Shower the person with unconditional love.

Teach and model non-violence and peace.

Gentle Teaching Mentors

Good Gentle Teachers become mentors. It is important to talk about your own attitudes, about companionship and community with other caregivers.

Explore feelings about the people you support and how you each use the care giving tools. Some helpful questions are:

- Do we see the person as our sister or 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 of conversation and activity?
- Is it possible to bring the person into engagement with others?
- Do we elicit loving responses from the person?

There are many Gentle Teachers and Gentle Mentors around the world who can answer your questions and who are eager to learn from your experiences. You can contact Gentle Mentors through the Gentle Teaching International website www.gentleteaching.com.
A spirit of gentleness should begin at home and spread out to the community into schools, work places, social service agencies, places of worship, and beyond. Gentle Teaching is not for any particular group. All who support individuals who are marginalized are asked to deepen and broaden a spirit of gentleness.

Gentleness knows no boundaries. It covers all cultures. It is expressed differently from one land to another, yet it is the same. It does not require money or unique resources. It only requires us. Our central tasks are to find ways that are authentic to each of us within our particular culture.

When in doubt about what to do, ask yourself a simple question: What will help this person feel safe with me and loved by me?

There is no black-and-white answer. The answer is in our hearts.

We at COR have only recently begun our journey in following the life work of John in supporting marginalized people within our own community. We sincerely appreciate the ongoing support from a number of Gentle Teaching Mentors from around the world; we will continue to listen, learn and follow in their footsteps. Moreover, we are truly blessed to be in a community that recognizes the need for compassion in serving those most marginalized. Thank you to all the fellow community based organizations, local businesses, community members and the Ministry of Social Services, Community Living Service Delivery for their continued support and collaboration in allowing us to develop unique opportunities personalized to the people we serve. A special thank you to all the families, support personnel, board members and individuals of COR for making each and every day truly special – you all continue to be our source of inspiration!

Michael Lavis, MA
Executive Director, Creative Options Regina (COR)

ABOUT THE AUTHORSON

Dr. John J. McGee was the Founder and Director of Gentle Teaching International and the primary author of, “Gentle Teaching,” “Being with Others,” “Beyond Gentle Teaching,” and “Mending Broken Hearts.” For more than three decades, Dr. McGee focused his efforts on writing articles and teaching about this non-punitive approach to serving children and adults with severe behavioral and emotional challenges. He lectured throughout the United States, Canada, Mexico, Japan, Brazil, Portugal, Holland and Denmark. Dr. McGee was intimately involved in the design and implementation of Gentle Teaching initiatives in schools, institutions, and community programs throughout the world. John provided ongoing support and guidance to these programs/centers to ensure that a culture of gentleness was established and sustained.

Dr. McGee completed a Bachelor’s degree in Philosophy from St. Columban’s College in Milton, Massachusetts and a Master’s degree in Counseling Psychology from Creighton University in Omaha, Nebraska. He completed a Ph.D. in Education from Kansas University in Lawrence, Kansas.

Dr. John J. McGee passed away peacefully at his family home in November 2012. He will be forever missed by the hearts he has touched around the world.

Marge Brown is a long time organizer and Advocate for Gentle Teaching. Brown has worked all over the world as an advocate for de-institutionalization and non-violent support programs, collecting and analyzing data to demonstrate the advantages of community living. She has worked with Dr. John McGee and the Department of Justice personnel in monitoring compliance with de-institutionalization in Puerto Rico and Nebraska.
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