

# **More Than Luck**

**A well  
behaved  
child is  
not the  
result  
of luck.**



**Universal Enhancement**

# Trigger Words

Mommy, I  
want candy.

Please, please  
can I have candy?

I want candy!

Candy, candy,  
candy!!!

Honey, you can't  
have candy now.

I said, no  
candy now dear.

No! I am not  
telling you again!  
No candy!

No candy, no  
candy, no candy!!!

**Stop with the trigger word!  
Intelligently redirect.**

# **Self-Esteem**

**Parents influence their child's self-esteem more than anyone.**

- Accept them for who they are
- Encourage their talents
- Praise their accomplishments
- Show a sincere interest in their daily life



# **Self-Esteem** (cont'd)

- Encourage age-appropriate independence
- Use constructive discipline
- Appreciate their uniqueness
- Help them develop healthy peer relationships
- Respect their child's views and opinions



# **Parenting Motto**

**The foundation for effective parenting is:**

**Yes is Yes**

**and**

**No is No**

**This builds a parent-child relationship of TRUST!**

I am not going to tell you again, you need to stay out of the way!

That means he'll tell me at least two more times.



# **Successful Parents...**

- Have a game plan
- Have proactive strategies for managing tantrums
- Learn from their children
- Are consistent
- Say what they mean and mean what they say



Universal  
**LifeStyles**

# **Positive Behavioral Supports: Meeting Unmet Needs**

by

**Thomas E. Pomeranz, Ed.D.**



**Universal Enhancement**

# I Am A...



**It's not just what we do...it's who we are!  
Challenges to what we do, challenges who we are.**

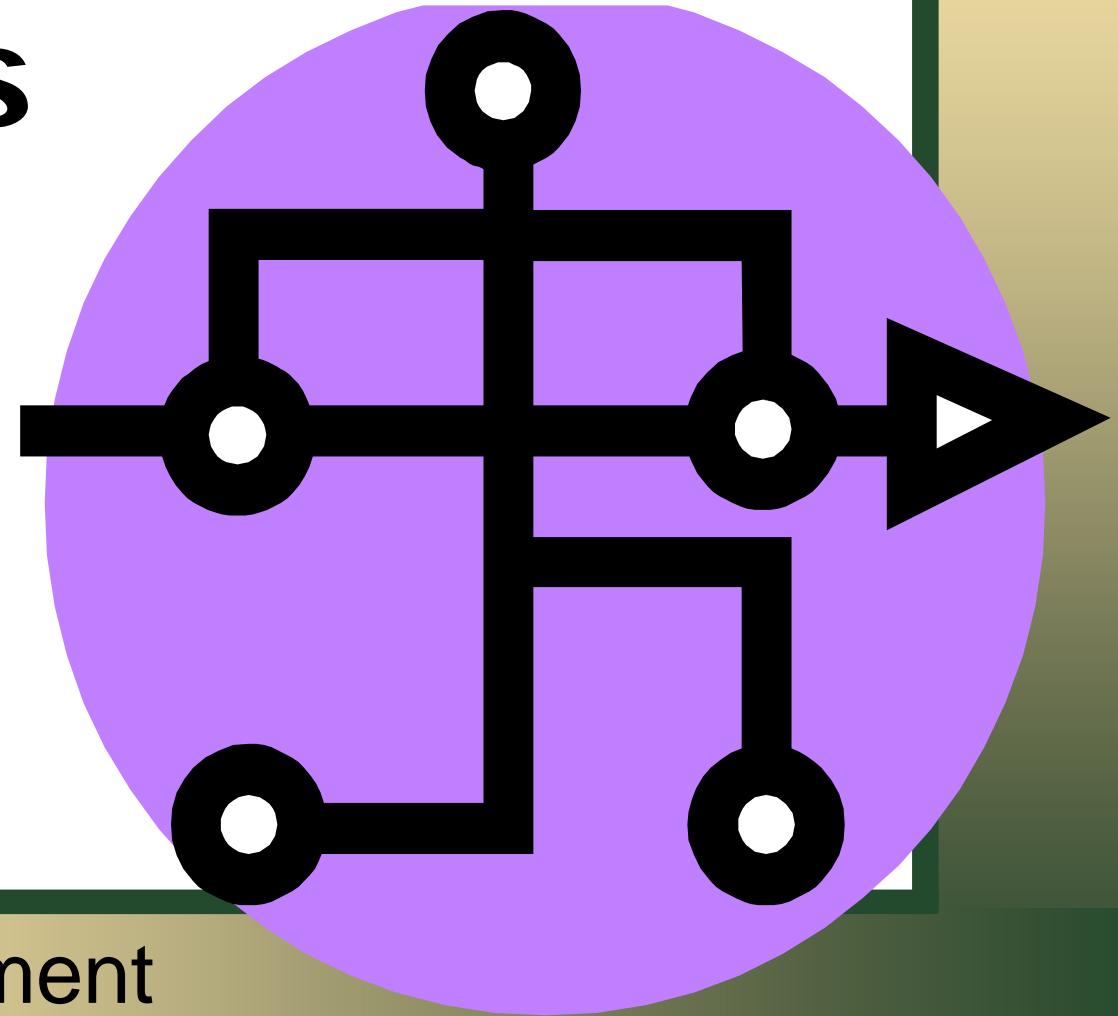
# BSP Process

It's more important that we  
“get it”  
emotively  
than  
cognitively



# Behavior Management

It is the nature of  
Behavior Management  
to cause its  
subjects to  
surrender  
their spirit  
**or rebel.**



Thomas E. Pomeranz, Ed.D.

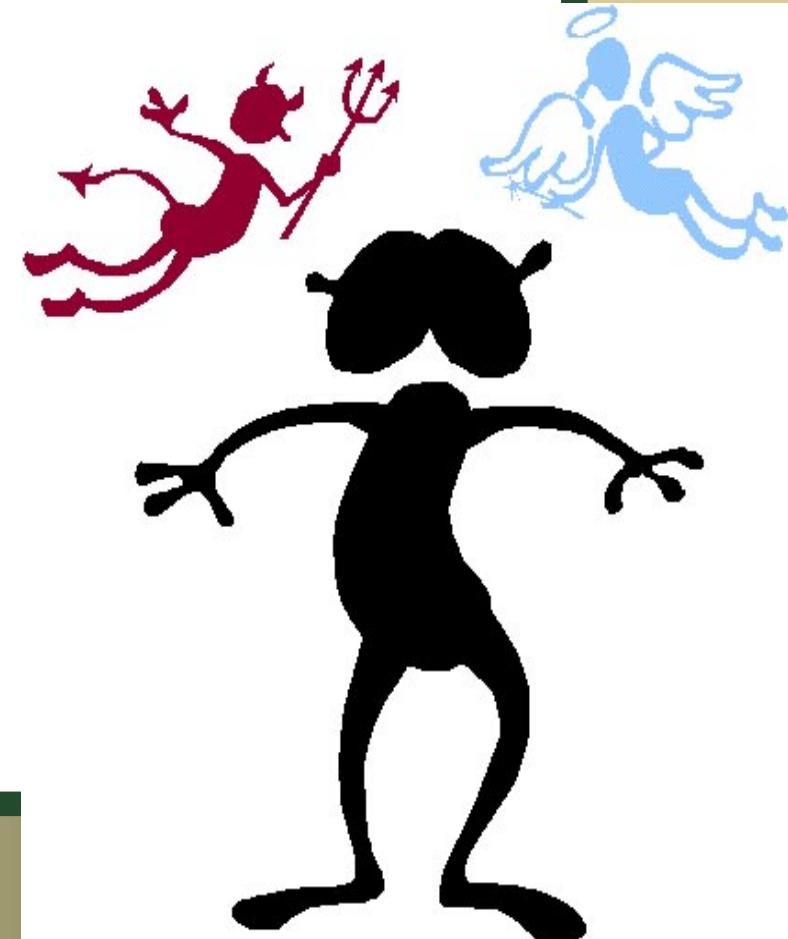
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# **Behavior Management**

**Antecedent:** any stimulus which precedes a behavior occurrence

**Behavior:** any observable act of an individual; the activity one performs in the presence of a particular stimulus

**Consequence:** the events which have occurred following behavior



# PBS-A New Perspective

Positive:

(Psychological/Psychiatric

Behavioral:

(Biological/Medical)

Support:

(Social/  
Environmental)



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# Applied Behavior Analysis

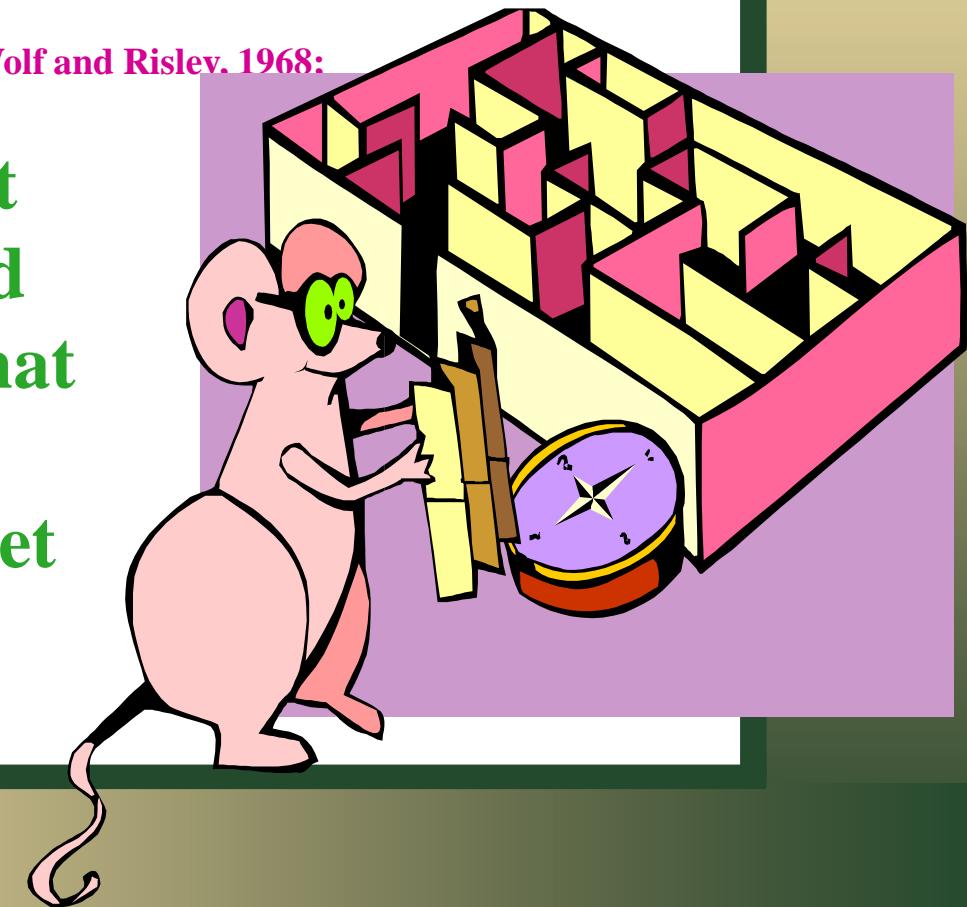
...is the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree and to demonstrate that the interventions employed are responsible for the improvement in behavior.

Baer, Wolf and Rislev, 1968:

Sulzer; Azaroff and Mayer, 1991

Behavior analysis dates back at least to Skinner who performed animal experiments showing that food rewards (immediate, positive consequences to a target behavior) leading to behavior change.

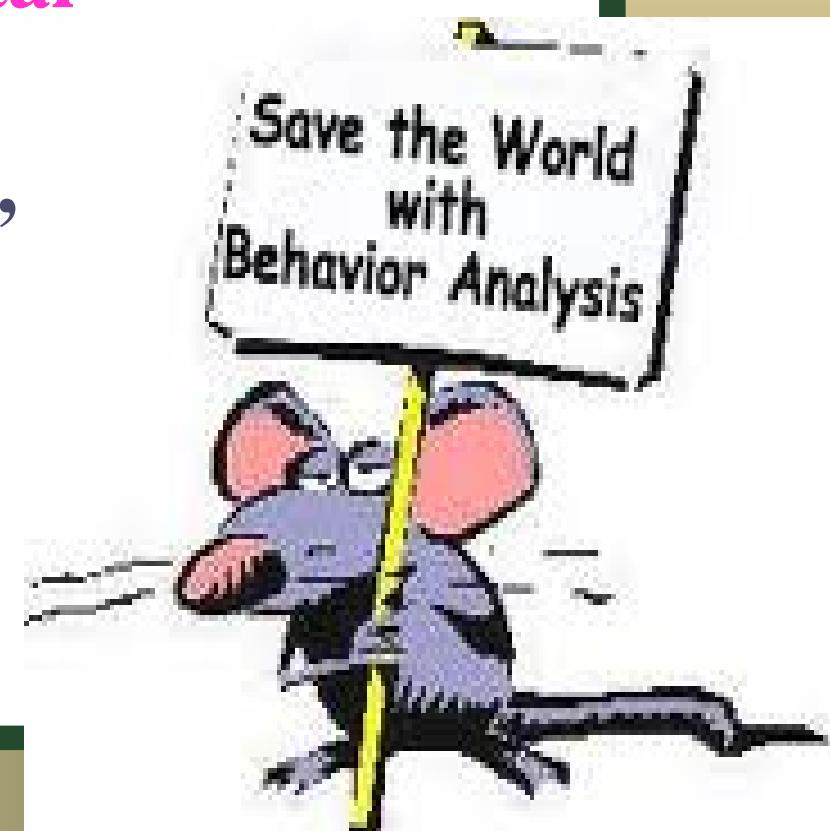
ABA Resources



# **ABA Misguided Application**

**The Operant Paradigm inherent in ABA served in the 1960s as an effective instructional intervention to achieve toileting independence (accelerated response) in individuals with developmental disabilities.**

**This heralded success resulted, unfortunately, in the misguided application of ABA as an intervention for interfering behaviors.**



# Avoiding Reform

**Behavior modification is an attempt  
to further the goals of  
the organization...**

- control for the sake of control
  - order for the sake of order
  - tranquility for the sake of tranquility
- ...avoiding the necessity  
for organizational reform.**

From *Punished by Rewards*, Alfie Kohn



# Evidence - Based Practice

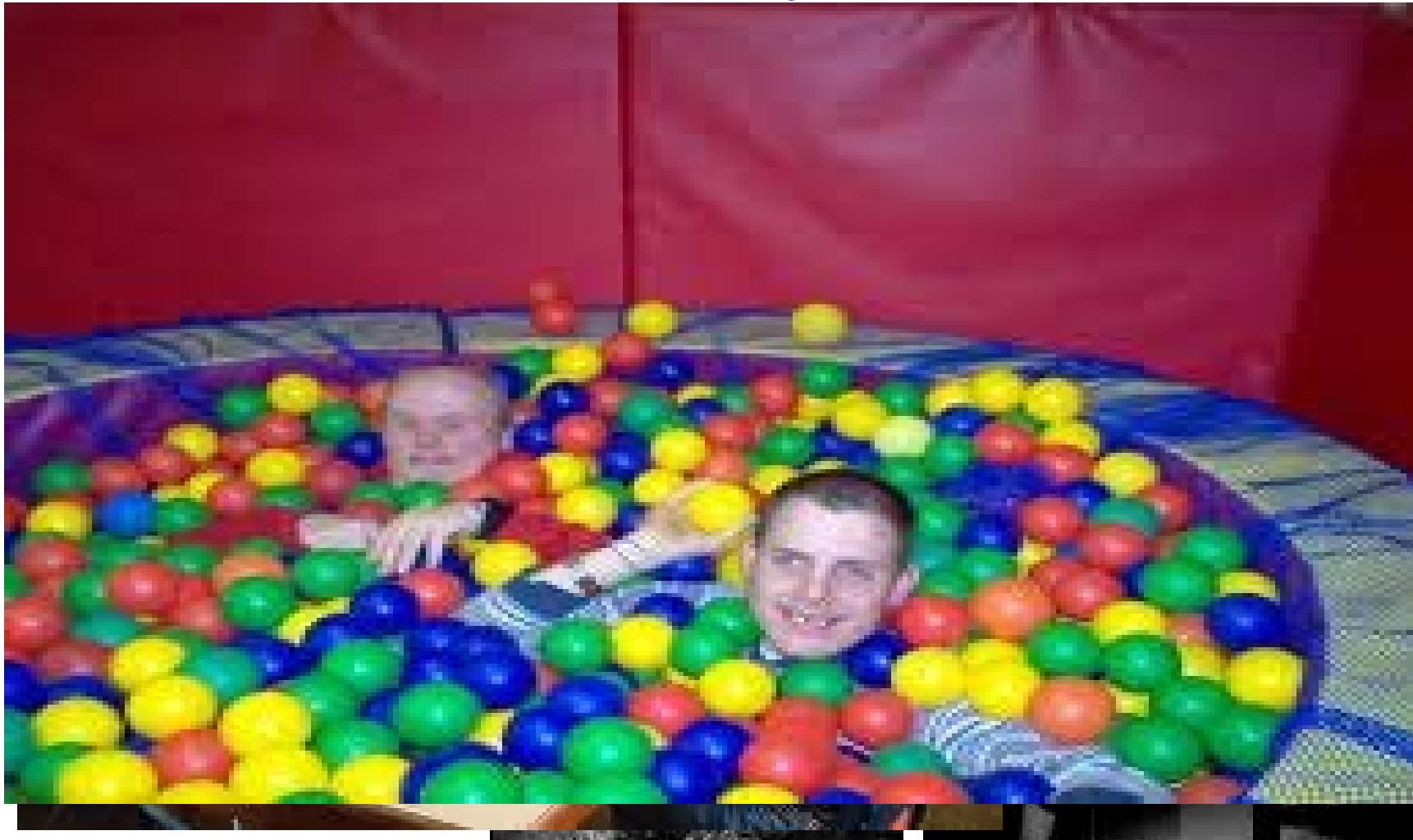
Evidence - based practice applies the best available evidence gained from the scientific method to clinical decision making. It seeks to assess the strength of evidence of the risks and benefits of treatments (supports, services, interventions or lack thereof). This helps clinicians (supports providers) to learn whether or not any treatment (service; support) will do more harm than good.

Wikipedia



# Evidence – Based Practice (cont'd)

or... We can continue to do what we've  
always done!



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# Perpetuate The System

{Some} Applied Behaviorists, {perhaps} in their desire to avoid impairing their professional relationship with their employer, design systems of control that perpetuate those organizational factors which give rise to the interfering behavior:

- Lack of options
- Rigid schedule
- Limited participation
- Denial of adult status
- Impair positive rituals



From *Punished By Rewards*, Alfie Kohn

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# **Who Works For Whom?**

**Your organization's contracted or employed behaviorist/psychologist work for you – you do not work for them!**

**If their clinical values and philosophy are counter to those held by the organization's management and they will not modify their position –**

**Move them on!**



BSP vs. BMP

Behavior  
modify  
dogs, not  
people!



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# **Applied Life Analysis...**

**...is like playing the game of 20,000  
questions.**

**Does he like water? No**

**Does he sleep through the night? Yes**

**Is his gait anormative? No**

**Does he have siblings? No**

**Does religion play a role in  
his life? No**

**Do his housemates relate  
well to him? Yes**



# Applied Life Analysis (cont'd)

**Is he continent of bowel and bladder? Yes**

**Is he employed? Yes**

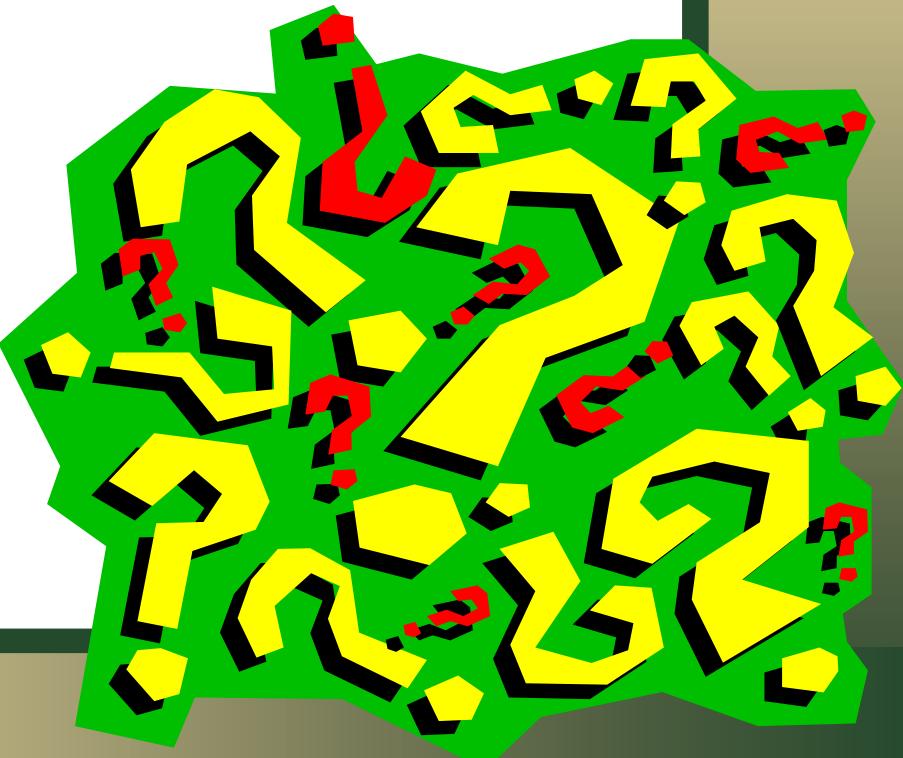
**Has he had the job at least a year? Yes**

**Does he like his job? Yes**

**Does he have friends at work? No**

**....and on and on....**

**The answers to these  
questions reveal his  
“unmet needs.”**



# **Intervention Analysis**

The answers to the 20,000 questions provide insight to the individual's unmet needs:



Dysfunctional family

Sensory impairment

Idle time

Limited participation

Disrupted sleep pattern

Limited options

Lack of adaptive devices

Hyper-ritualistic

Food allergies

Rigid schedules

Barriers to sexual expression

Incontinent

Denied privacy

Impaired speech

Tactile selective

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# **Intervention Analysis** (cont'd)

**Those factors and conditions likely result in primary emotions:**



**fear**

**rejection**

**frustration**

**confusion**

**pain**

**embarrassment**

**exhaustion**

**loneliness**

**disappointment**

**failure**

**anxiety**

**discomfort**

**panic**

**jealousy**

**depression**

# Intervention Analysis (cont'd)

**When one is unable to process, express and/or manage these emotions in socially acceptable ways, anger is manifested:**



**Self injurious behavior**

**Physical aggression**

**Property destruction**

**Oppositional behavior**

**Stereotypy**

**Verbal aggression**

# **ISP vs. BSP**

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**What is the difference between an Individual Support Plan and a Behavioral Support Plan?**

**What aspects of an individual's life are not addressed in a BSP?**

**Getting a life for people – meeting unmet needs and coaching them into it is the BSP.**



# **Seek Remediation**

**Patients being treated by noted:**

**Oncologists - may not live**

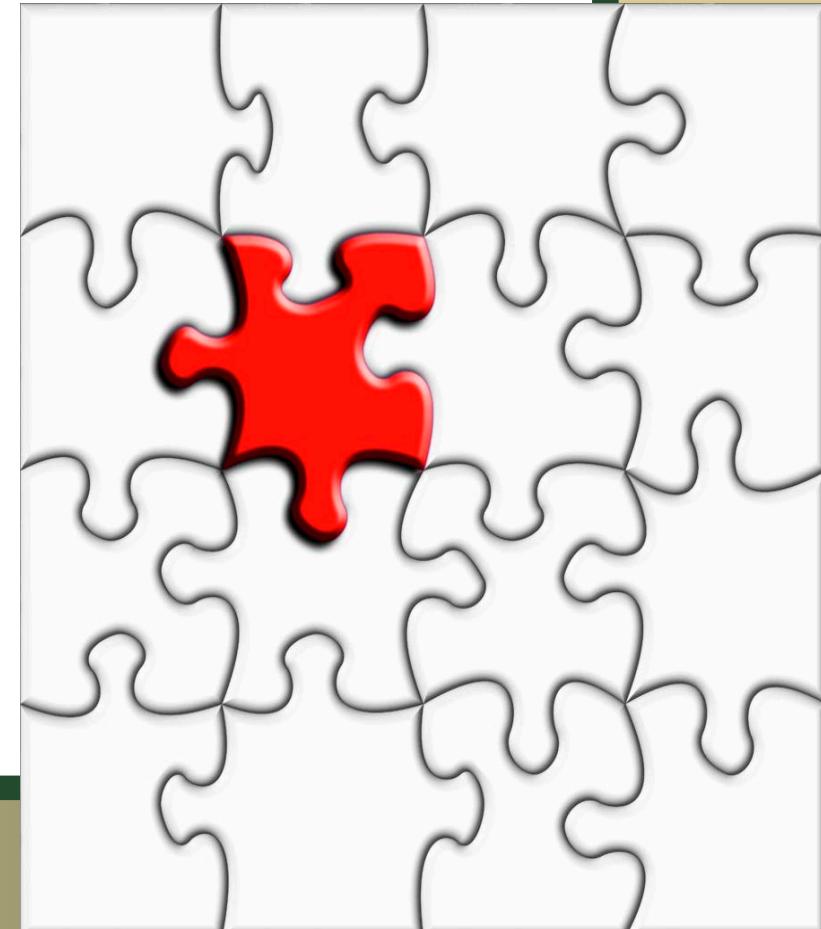
**Neurosurgeons - may never walk**

**Otolaryngologists - may never hear**

**Ophthalmologists – may  
never see**

**Rheumatologists - may  
never be pain free**

**These physicians are  
not inept!**



# **Seek Remediation** (cont'd)

**Individuals being supported by noted:**

**Psychologists/Behaviorists/Psychiatrists –**

**may always self injure, physically  
aggress, property destruct, etc.**

**There are conditions for  
which we have no remedy!**

**We must persist  
in seeking  
a remediation!**



# **Behavioral Hospice...**

**...is a type and philosophy of care that focuses on the relief and soothing of the behavioral symptoms without effecting their extinction. The hospice service is provided to individuals with severe interfering behavior for whom no effective therapeutic interventions are known.**

**The hospice provides compassionate care, to help address the individuals fears and concerns as well as palliative comfort for physical symptoms. A wide range of environmental modifications and pharmacological options may be utilized to minimize the detrimental consequences of the interfering behavior.**



# **Volitional vs. Non-Volitional**

**Both of these responses are an attempt to meet one's unmet needs:**

**Volitional – an act or instance of making a conscious choice or decision; an act of exercising the will; the power of choosing**

**Non-Volitional – an act, choice or decision not under one's conscious control**

**How will :**

- you determine which descriptor is applicable to one's behavior?
- your attitude regarding the person be effected?
- the interventions differ?



# Not So Positive Consequences

When it is determined that one's interfering behavior is volitional with malicious intent and with full understanding of the implications, should aversive consequences be applied? OR...

Could such interfering behavior be an expression of an unmet need without malicious intent nor understanding of the consequences?

- Psychological/Psychiatric under this set of circumstances, should there be an aversive consequence?
- Biological/Medical
- Social/Environmental

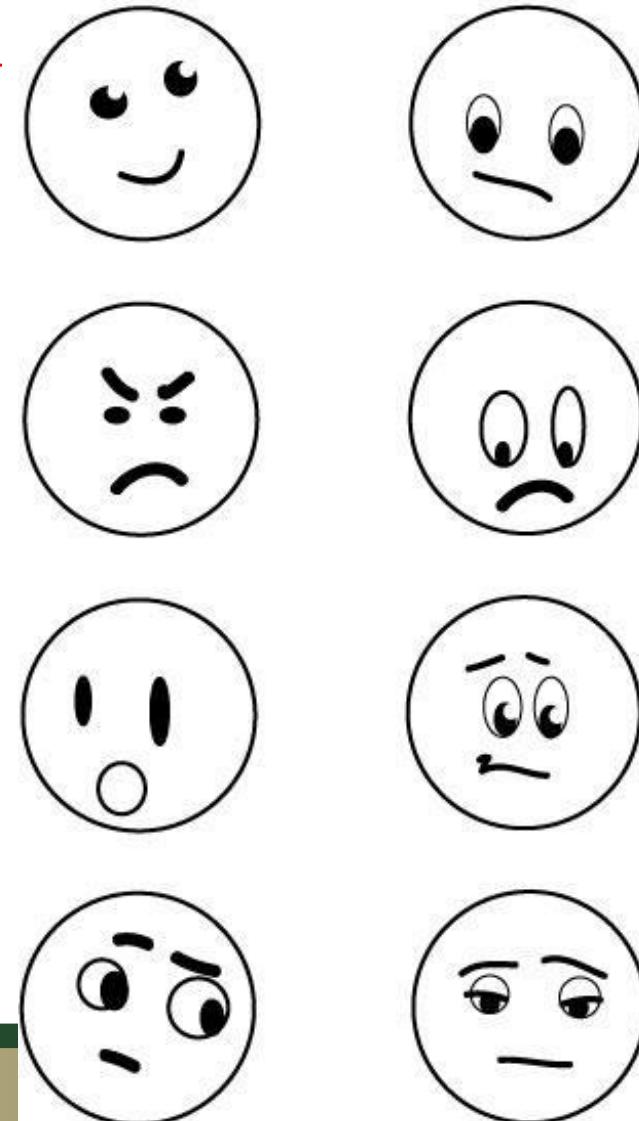


# Analyzing Volitional Behavior

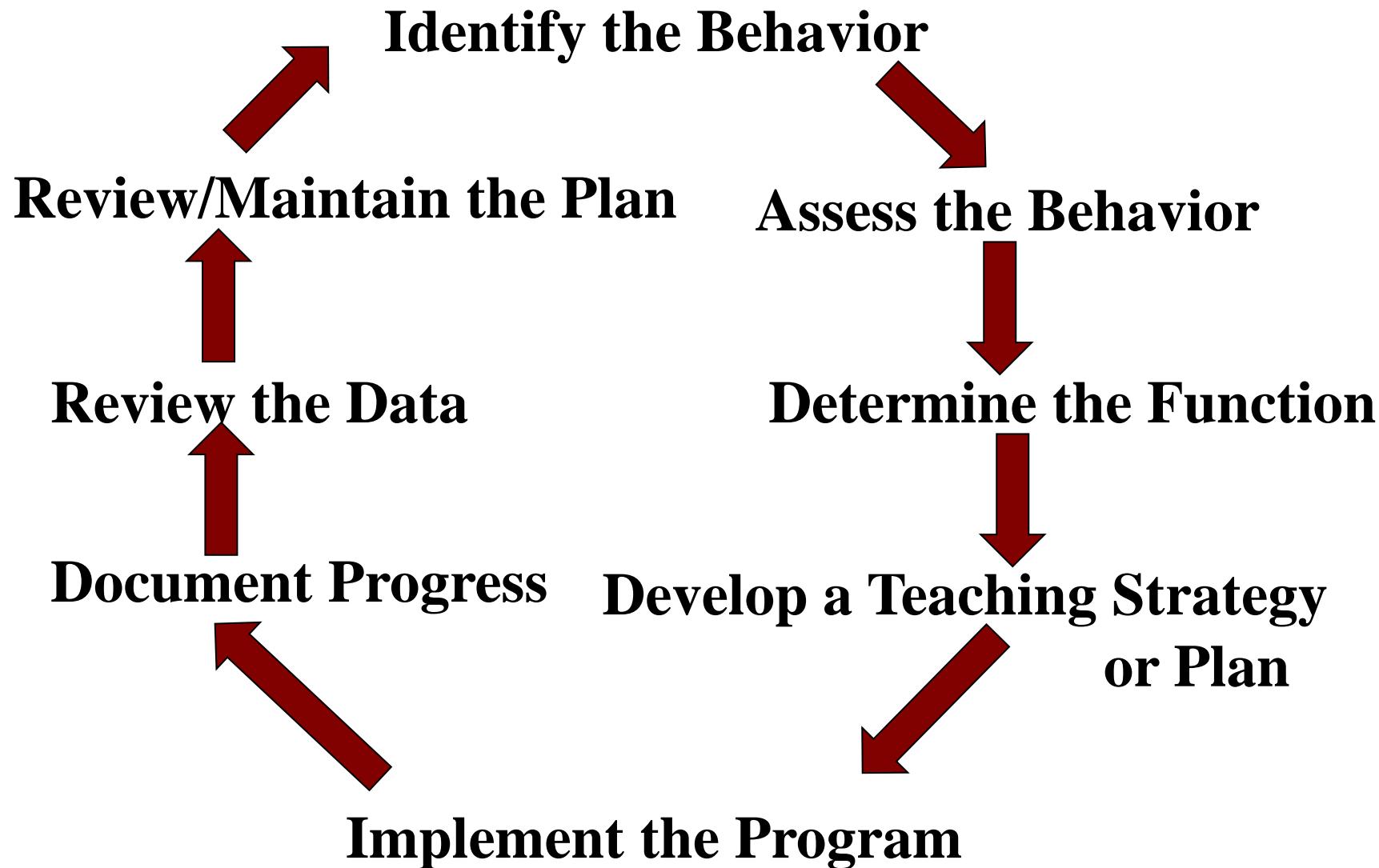
Volitional behavior transitions from one degree or stage to another, commonly imperceptibly and may become non-volitional.

There are many factors that influence behavior as it transitions.

- Fatigue
- Physical well being
- Nature of engagement
- Social pressure
- Circadian rhythms



# The Old BMP Paradigm



# **It Has Its Place**

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**The operant paradigm has  
value in:**

- Acquiring new skills**

# Acquiring New Skills

Positive reinforcement and aversive consequence are powerful interventions in increasing the frequency of a correct response or desired skill.

- Teachers put smiley faces on errorless tests
- A child is given a dollar from their parent for each A on a report card
- A 4<sup>th</sup> grader repeats a grade due to failures
- The straight A high school student is awarded a scholarship
- A college student's graduation is delayed due to an F in a course

Did consequation facilitate your learning?

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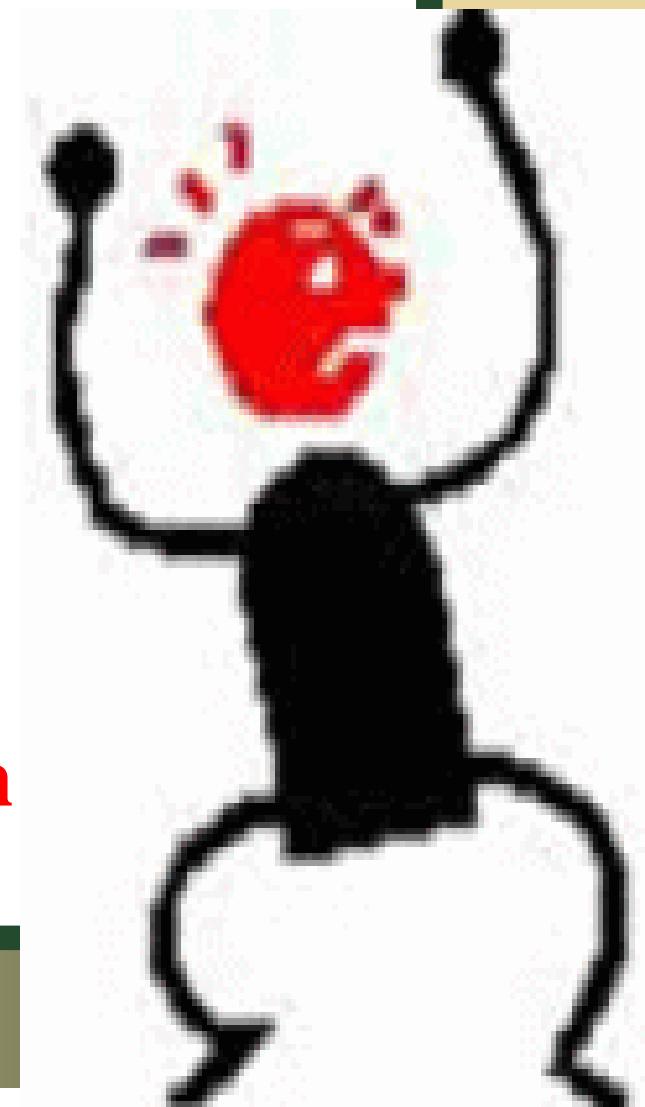
# Replacement Behavior

**Decreasing the inappropriate behavior should not be foremost on our minds, rather what behavior can be increased that will make the interfering behavior irrelevant (doesn't work, has no purpose).**

An important way to look at interfering behavior is as “purposeful”; thus we need to address what purpose the behavior serves.

**Attention: what ways can you teach an individual to get attention?”**

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# Replacement Behaviors (cont'd.)

The question seldom asked when the focus is on replacing the interfering behavior is what are the needs, causes, influences for the attention?

**Low self esteem**

**A feeling of rejection**

**Post traumatic stress disorder**

**Boredom**

**Failure**

**Pain**

**Merely teaching an individual more socially acceptable ways of expressing their unmet needs without addressing them is unethical!**



# **Skill vs. Conduct**

**We must differentiate between  
the absence of social skills and  
issues of conduct:**

Speaking loudly

Poor eye contact

Public exposure

Eating too fast

**The intervention  
will differ**



# **It Has Its Place**

**The operant paradigm has value in:**

- Acquiring new skills
- Increasing productivity
- Avoiding aberrant contingencies

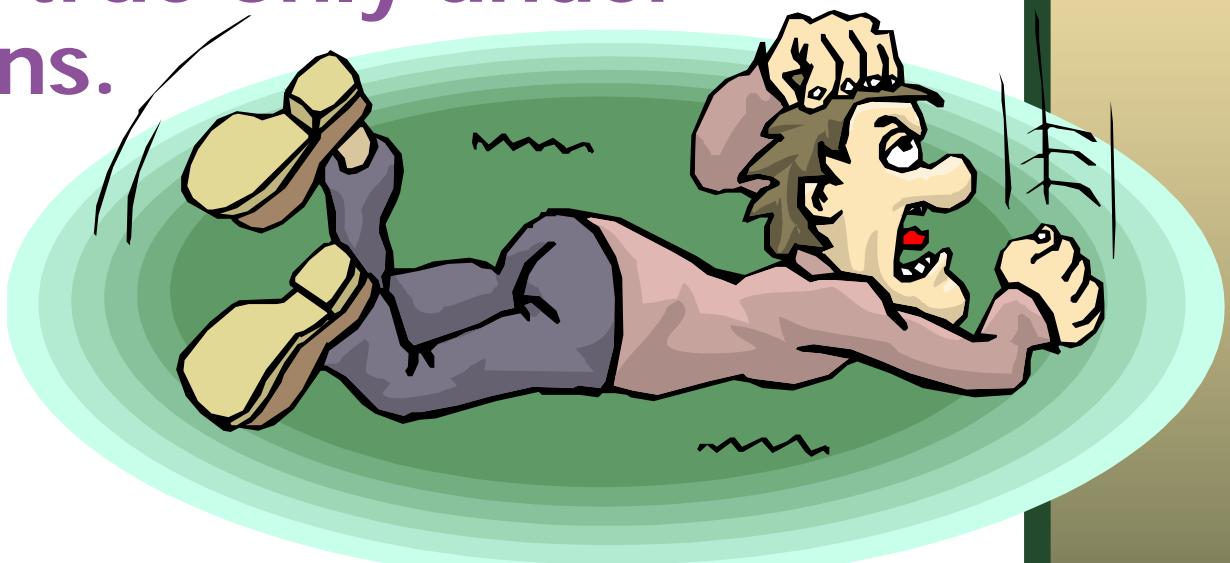


# Aberrant Contingency

**Aberrant:** Deviating from the expected outcome.

**Contingency:** Something incidental to something else, true only under certain conditions.

“Bob, come over here and have some chocolate ice cream!”

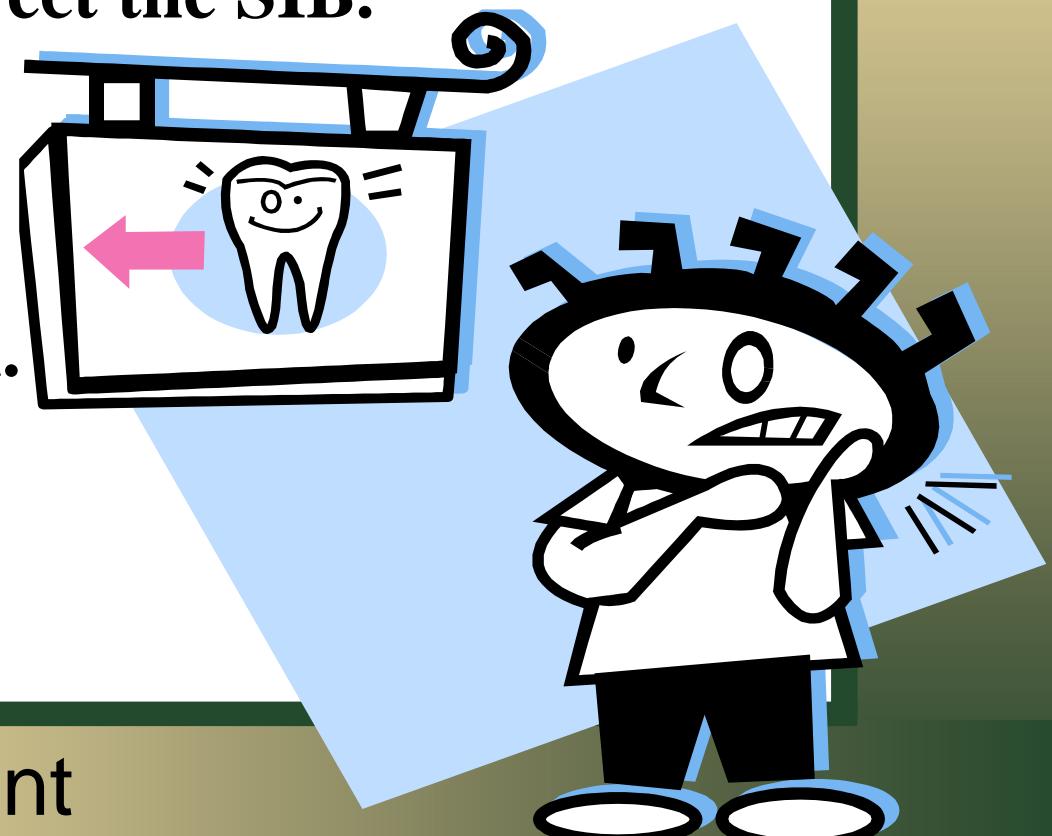


Redirecting inappropriate conduct by offering a desired item may be reinforcing.

# Contingency Transfer

Interfering behavior, initially an expression of an unmet need, can transition to the control of an aberrant contingency.

- 1. Bob slaps his face in response to a painful tooth.**
2. Staff interact with Bob (talking and supportive touching) to intervene/redirect the SIB.
- 3. The painful tooth is treated – no pain.**
4. Bob slaps his face – seeking staff interaction. (talking and supportive touching).



# **It Has Its Place**

**The operant paradigm has value in:**

- Acquiring new skills
- Increasing productivity
- Avoiding aberrant contingencies

**It is misplaced in addressing issues of conduct or affect.**



# **ABA Intervention**

An Applied Behavioral Analysis approach has value in teaching:

**social skills**

**complex communication  
play**

What is its function in addressing...

**self restraining**

**rectal digging  
disrobing**

**water intoxicification**

**pica**

**food foraging**

**food stuffing**

**aggression**

**property destruction**

**stereotypy**

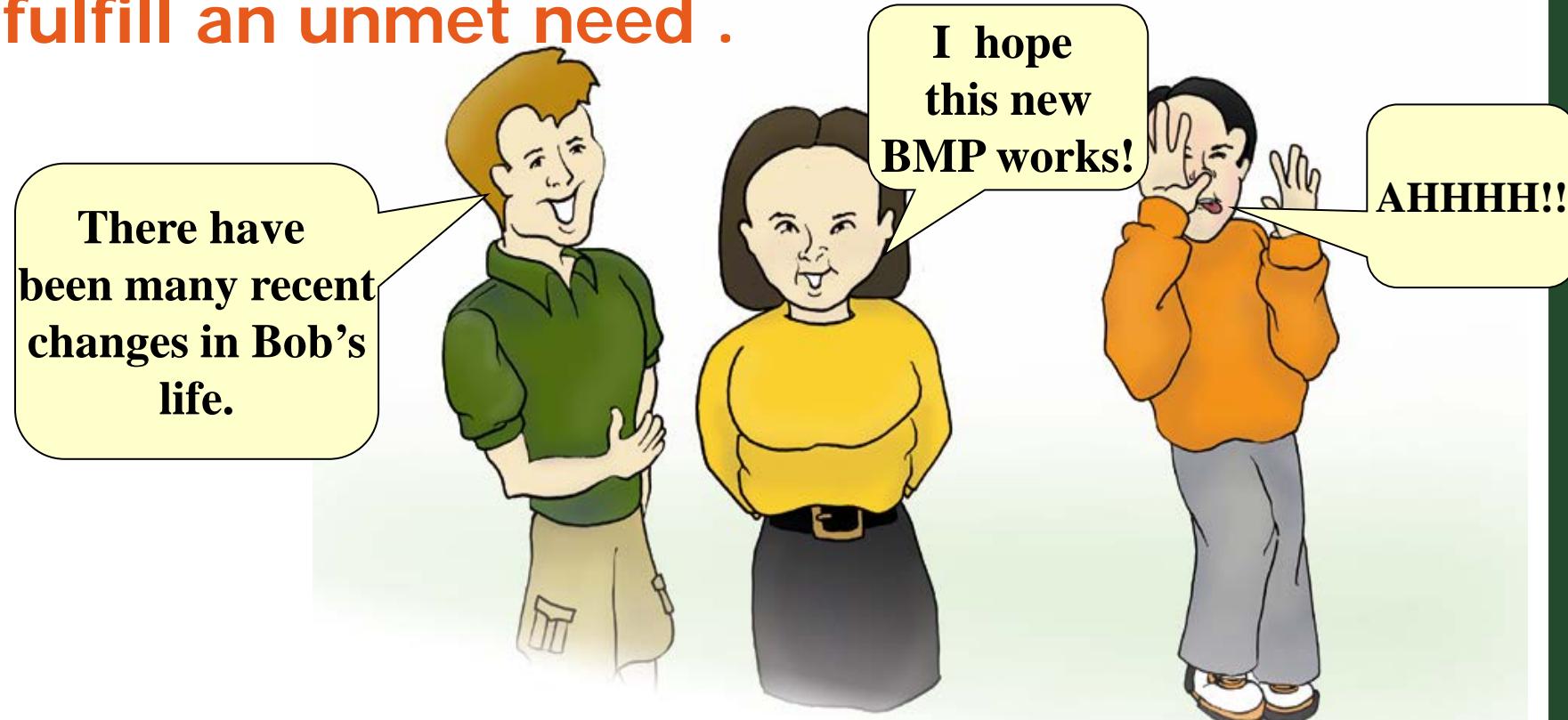
**spitting**

**fecal smearing**



# BMP's

Token economies, behavioral contracts, schedules of reinforcement, planned ignoring, redirection and extinction procedures do not fulfill an unmet need .



You can't fix a broken life with a behavior management plan!

# **Behavior Mismanagment**

A non-therapeutic intervention wherein certain interfering (target) behaviors (e.g. self injury; aggression; property destruction) are placed on extinction (e.g. withholding contingent reinforcement; planned ignoring). Concomitantly, preferred (antithetical) behaviors are contingently reinforced. This intervention is initiated and maintained on individuals for years, exacting great suffering, with total disregard as to the psychological, psychiatric, biological, medical, social and environmental causes of the interfering behavior.



# **Here Is The Point**

**The antecedent psychological, psychiatric, biological, medical, social and environmental conditions/stimuli that give rise to the plethora of primary emotions (e.g. anxiety, frustration, fear, panic, rejections, pain, etc.) and which are expressed in the form of interfering behavior - anger - (e.g. self injurious behavior, physical aggression, property destruction, verbal aggression, etc.) are not likely to be suppressed or extinguished by contingent reinforcement applied to antithetical behavior.**



# An Alternative Perspective

**Challenging:** calling for full use of one's abilities or resources in a difficult effort

**Interfering:** to be or create a hindrance or obstacle; to delay, hinder or obstruct the natural desired course of something

**From the perspective of the staff,  
the behavior is challenging;**

**From the perspective of the individual, the behavior is  
interfering with their quality  
of life.**



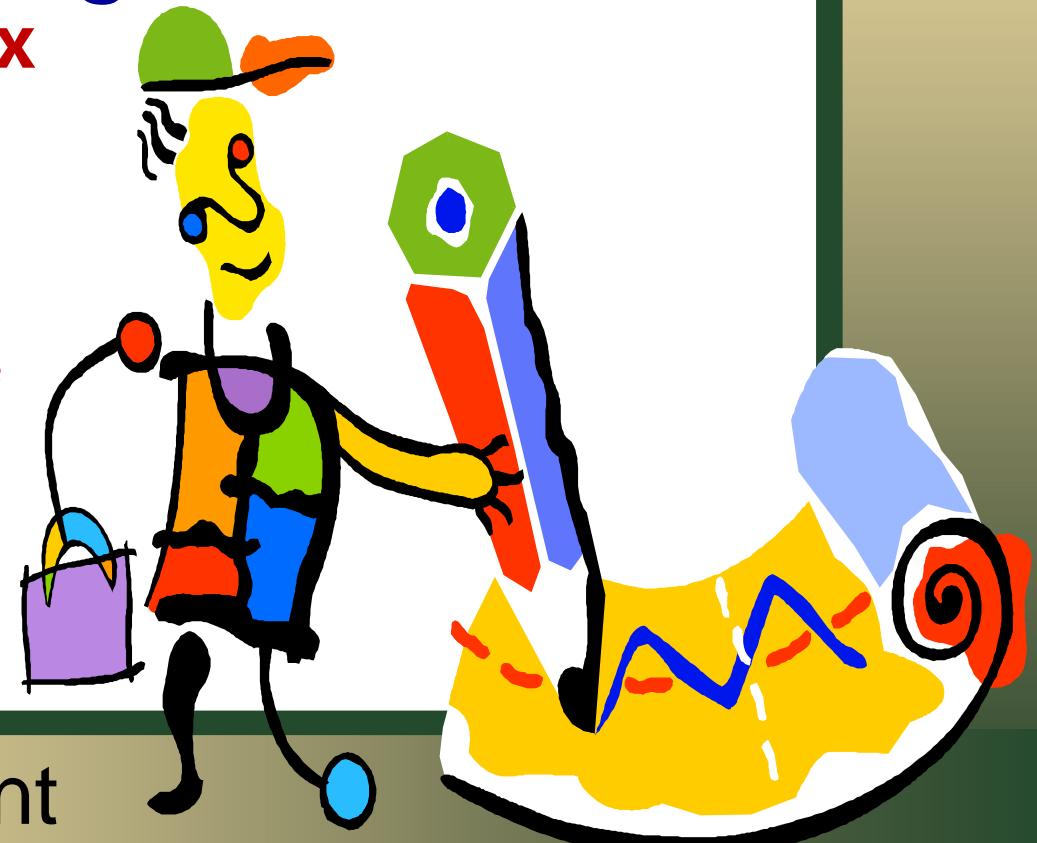
# BSP Plan Development

BSPs should be developed when an individual's conduct:

- Undermines the quality of their life
- Results in being demeaned and devalued

Commit plans to writing when:

- The behavior is complex
- Multiple agencies are involved
- Regulation requires it
- Needed to substantiate reimbursement
- Liability or injury is of concern



# The Right To Be Safe

When people are in danger of serious injury or death the imposition of restrictions may be necessary to ensure their right to be safe.

Mechanical restraints

Video cameras

Locked access

Motion detectors

Door alarms

Physical restraint

Audio monitoring

One on one

These restrictions must be assessed in situations of imminent danger.



# **Easy To Reject**

Creative environmental engineering to achieve protective oversight can be proclaimed as:

**Stigmatizing**

**Abnormal**

**Prohibited by regulation**

**Rights restricting**

**Too costly**

**Clinically contraindicated**

**Overly intrusive**

**Politically controversial**

**Ethically compromising**

**Hold The Naysayers**

**Accountable!**



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# **Who Has the Say?**

**Who influences the interventions and protective oversight strategies in a BSP?**

**Conservator/Guardian**

**Family/Parent**

**Service Coordinator/Case Manager**

**Human Rights Committee**

**Behaviorist/Psychologist/  
Psychiatrist**

**Interdisciplinary Team**

**State Licensing/Accreditation**

**Department of Justice**

**Agency Policy & Procedures**

**The individual**

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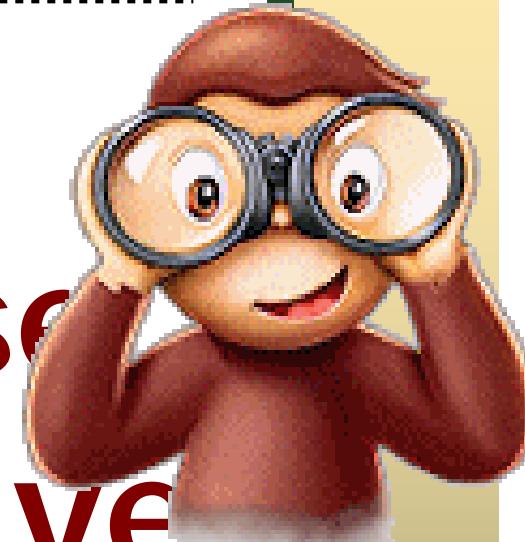


# **Minders and Lurkers**

**When in the  
presence of those  
requiring protective  
oversight we must  
play the role of:**

# **Minders and Lurkers**

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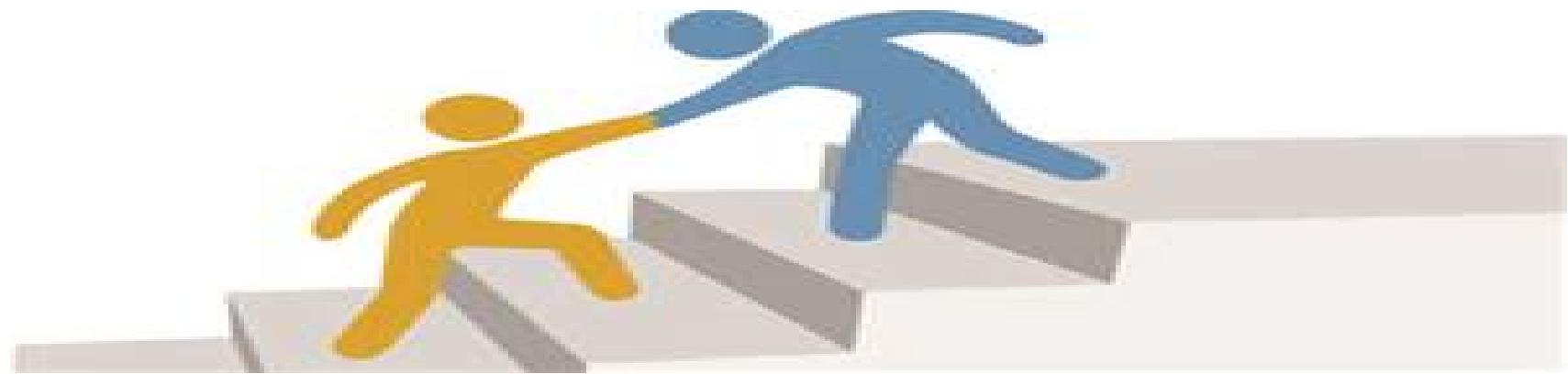


# Minders and Lurkers

## Minders:

A person assigned to guide or escort a visitor, or to provide protection to somebody, or to otherwise assist or take care of something

Wikipedia



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# Minders and Lurkers

## Lurkers:

To lie or wait in concealment, remain in or around a place secretly or furtively

Dictionary.com



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# **One On One**

A “one on one” staff for protective oversight, deemed not intrusive by many, is an extremely invasive measure...

- intruding on one’s personal space**
- of little to no therapeutic value**
- resulting in a maldistribution of resources**
- diminishing the necessity of addressing the etiology of the interfering behavior**
- frequently functioning as an aberrant contingency to the interfering behavior**



# **One On One** (cont'd)

**It is imperative that the implementation of a “one on one” staffing for protective oversight be operationally defined to:**

- Assure the individual’s safety
- Provide clarity for the staff
- Minimize liability
- Fulfill regulatory requirements

**Without definition it is meaningless!**



# **One On One** (cont'd)

**Commonly used definitions of  
“one on one” include:**

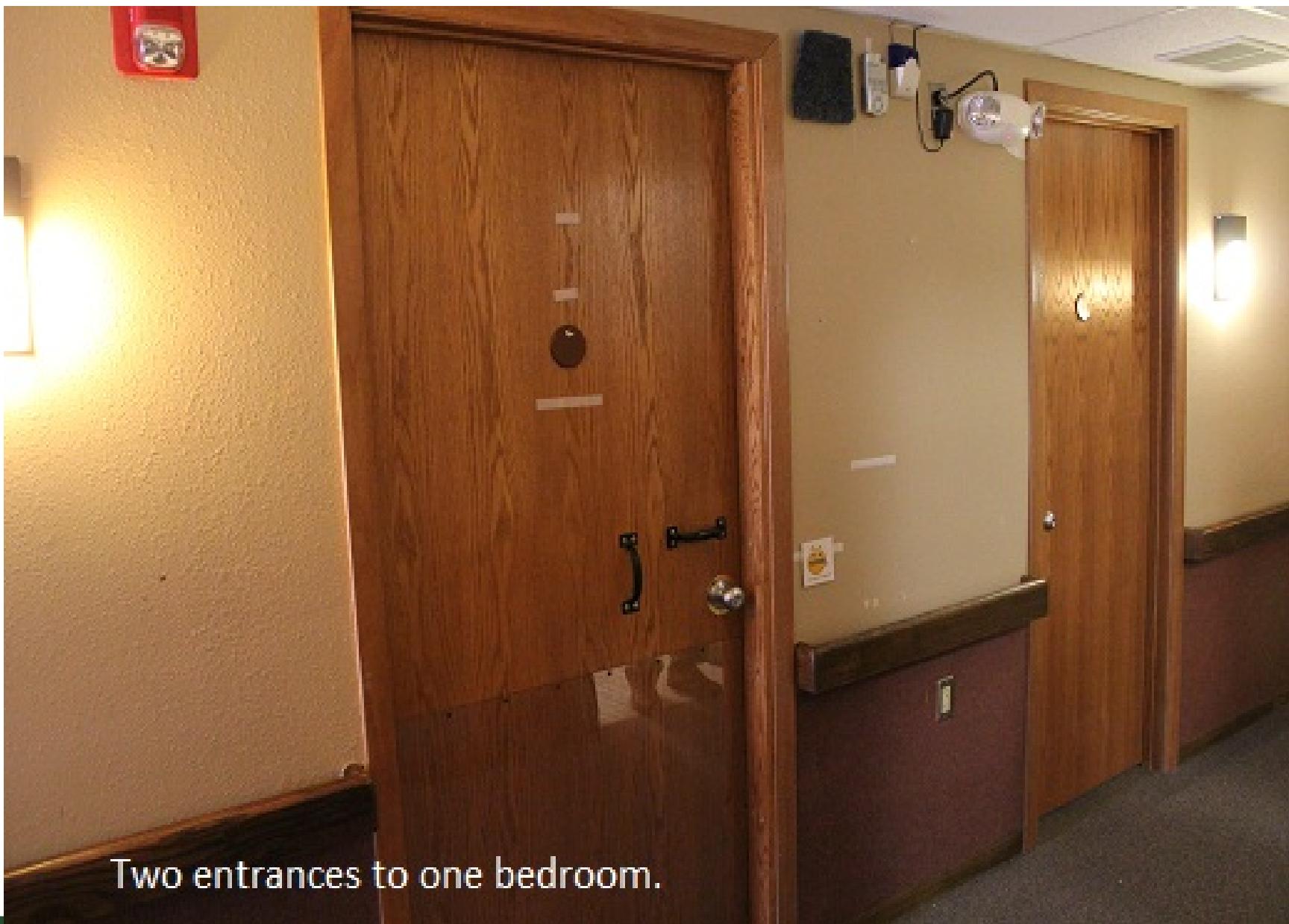
- Eyes on at all times
- Arms length
- Same room
- Immediately available to intervene
- Between the focus individual and others

**The type of one on one deployed  
may vary by:**

- Time of day
- Nature of the activity
- Location of the individual
- Antecedent conditions



# Double Entrance



Two entrances to one bedroom.

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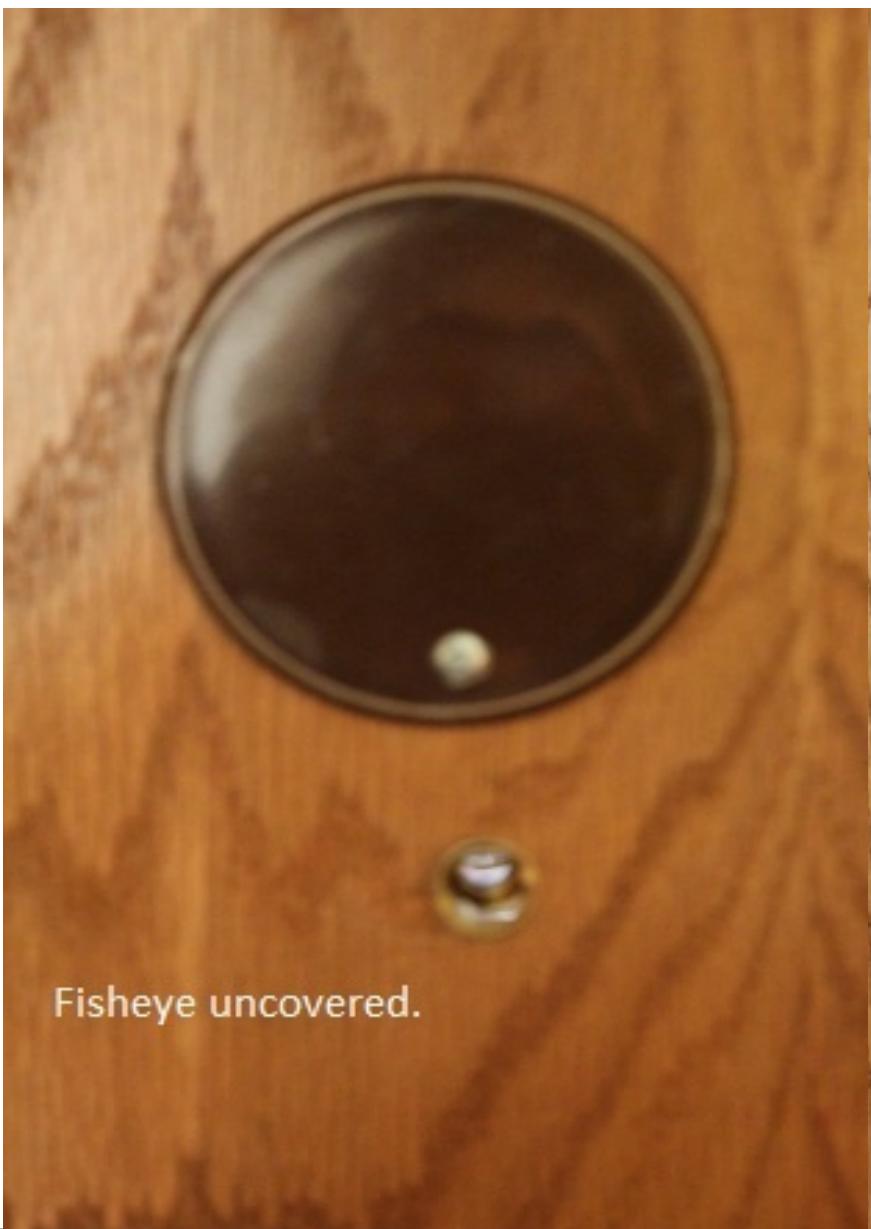
# Double Entrance (cont'd)



Two entrances to the bedroom. Padding is for protection from harm.

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# Observation Mechanism



Fisheye uncovered.



Fisheye on both entrances  
covered for privacy from the  
hallway.

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# A Quiet Place

Exclusionary  
time out  
from  
aversive  
antecedents



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# Protective Modification



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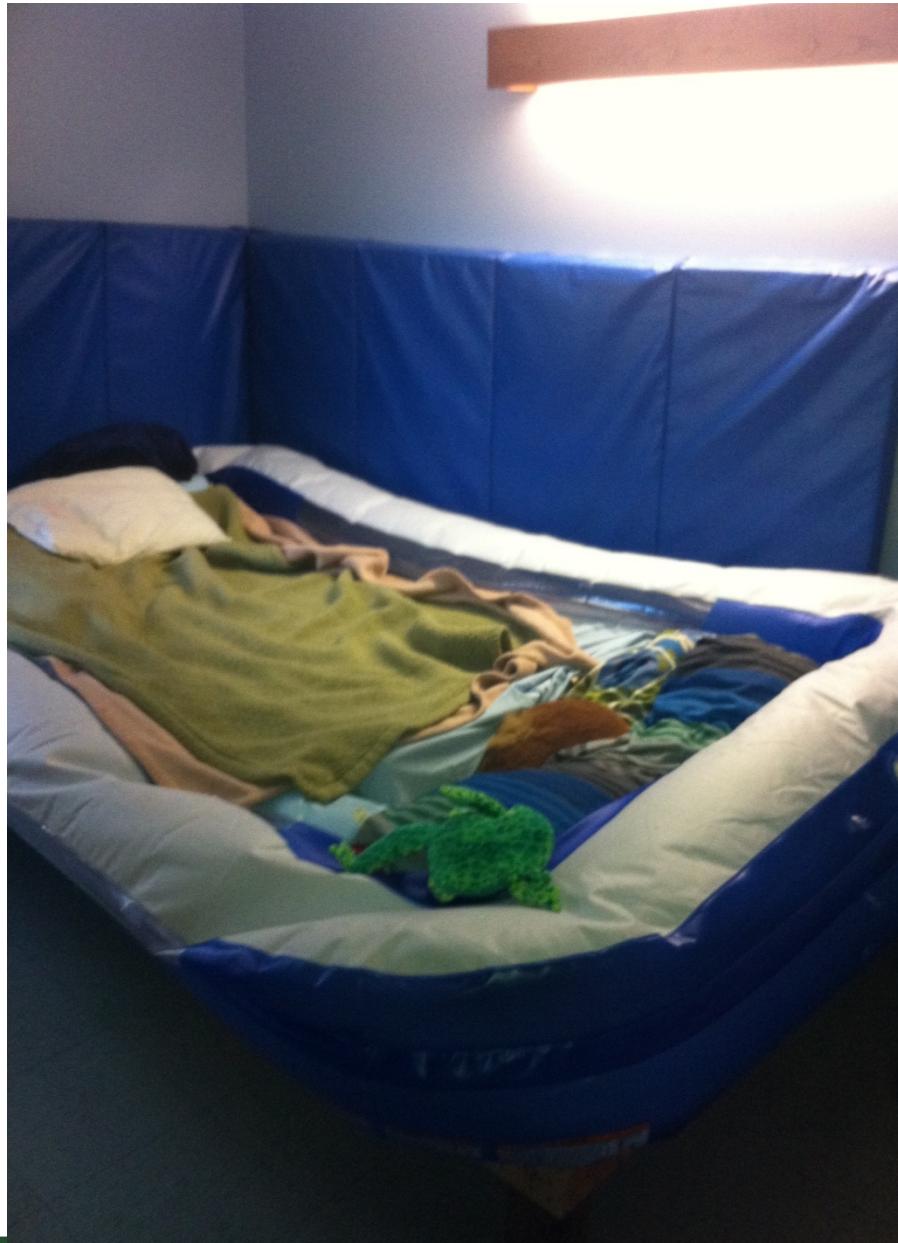
# Protective Modification (cont'd)



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# **Protective Bed**

**Sleeping area  
designed  
for individual  
with  
self injurious  
behavior.**



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# **“The Wall”**



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# Padded Dresser Top



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# Safety Window



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# Safety Window (curtains open)

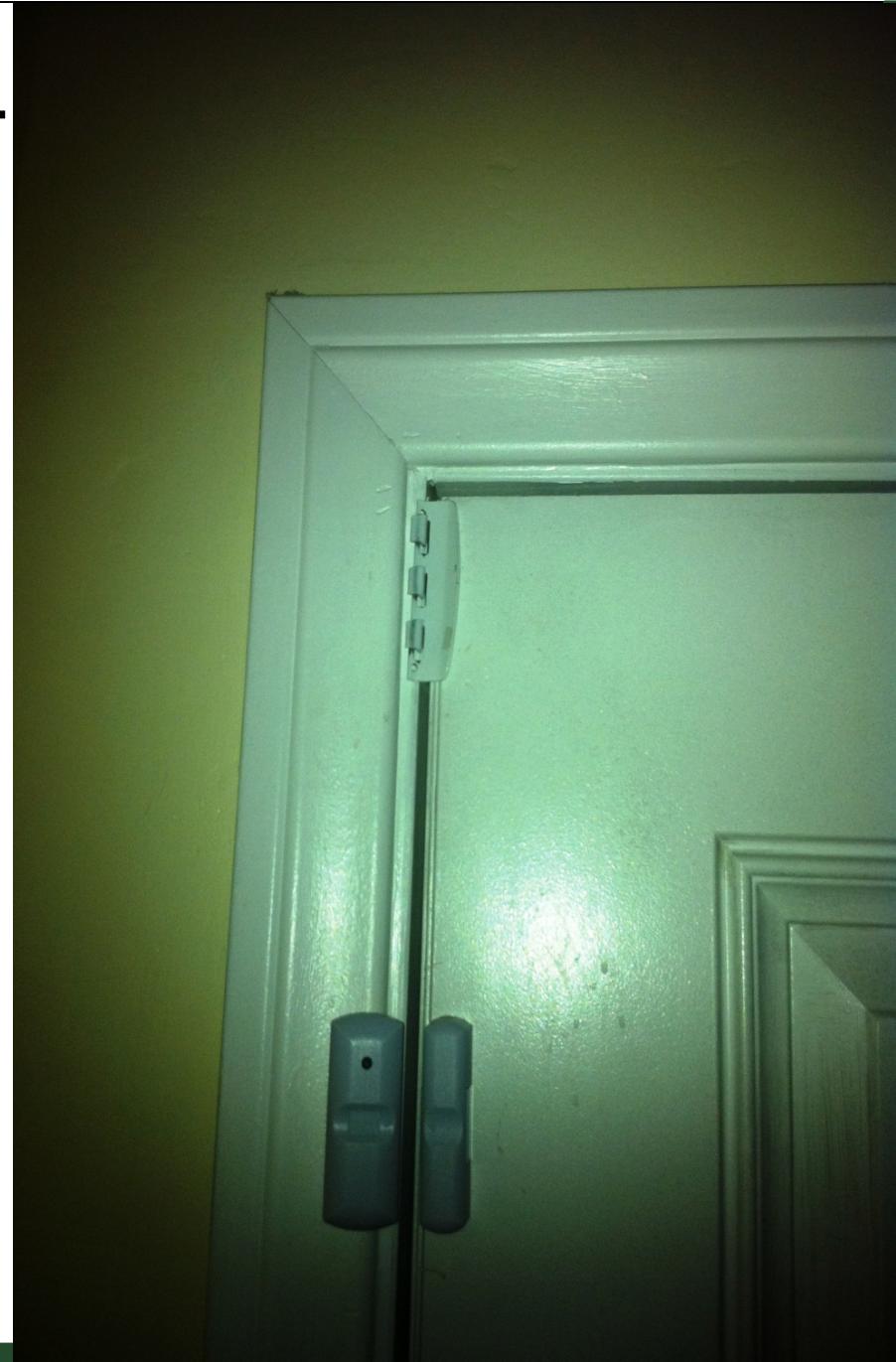


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# **Slow Down**

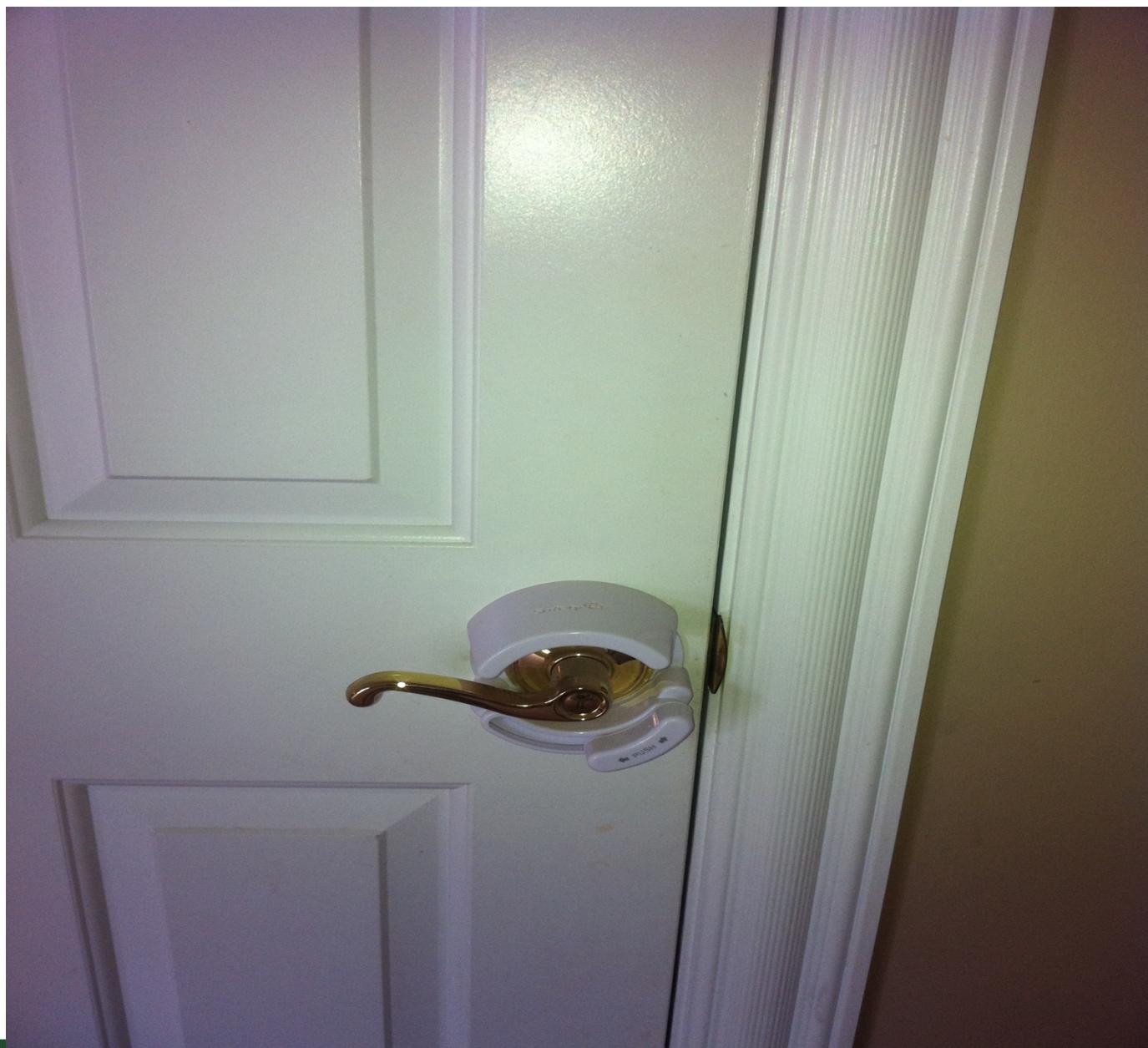
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**Provides an opportunity for staff to redirect and intervene.**



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# Safety Lock



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# Out of Reach



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# Safe and Secure Doorknob



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# Hinge Protectors

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# SIB Knee Protectors



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# Bump Hat Insert™



[www.grainger.com/bump-caps](http://www.grainger.com/bump-caps)

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# Placemat Protector



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# Padded Table

Table  
padded for  
use  
by  
individual  
with self  
injurious  
behavior.



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# **Paneling For Protection**

**Walls  
paneled to  
protect  
individual  
with self -  
injurious  
behavior.**



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# **Don't Ignore the Obvious**

**Sometimes what you're searching for does not really require searching. It's right in front of you.**

**Sometimes the best answer is the most obvious one. Often, when something seems too simple or unsophisticated, it is exactly the right approach.**

greatday.com

**CAPTAIN OBVIOUS**



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# **Don't Ignore the Obvious** (cont'd)



**Here's the obvious solution...what  
was the dilemma?**

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# Microwave

To avoid  
this...



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# Microwave

Do this...



Built in



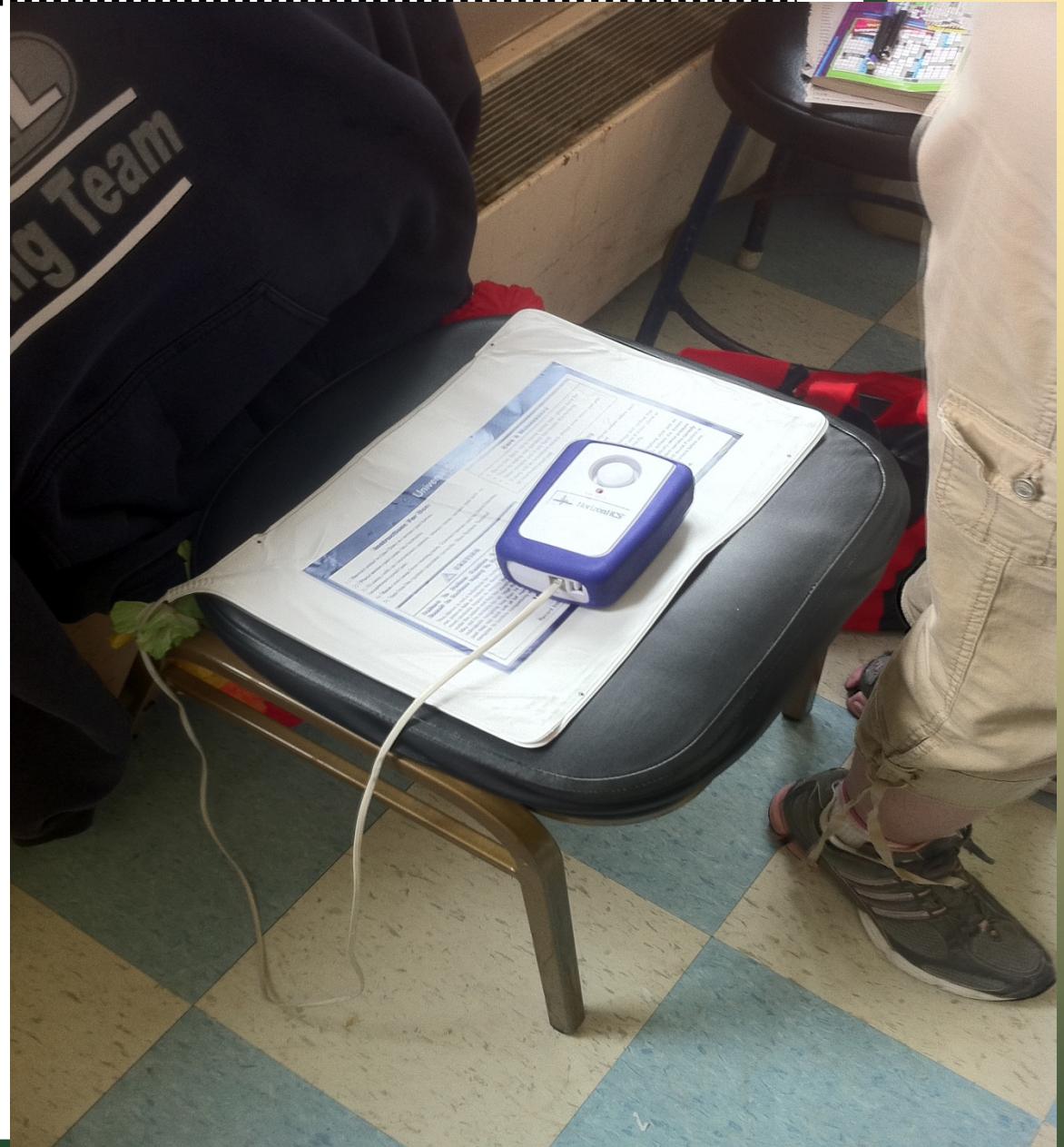
Bolt  
down

or even  
this...

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# Chair Alarm

Less  
intrusive  
and costly  
than 1:1  
staff ratio.



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# Wander Guard



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# Drapetomania

A supposed mental illness coined by physician Dr. Samuel Cartwright, 1851, to explain why black slaves ran away from slavery and abusive treatment. [Wikipedia](#)

Do the people you support:

Elope?

Go AWOL?

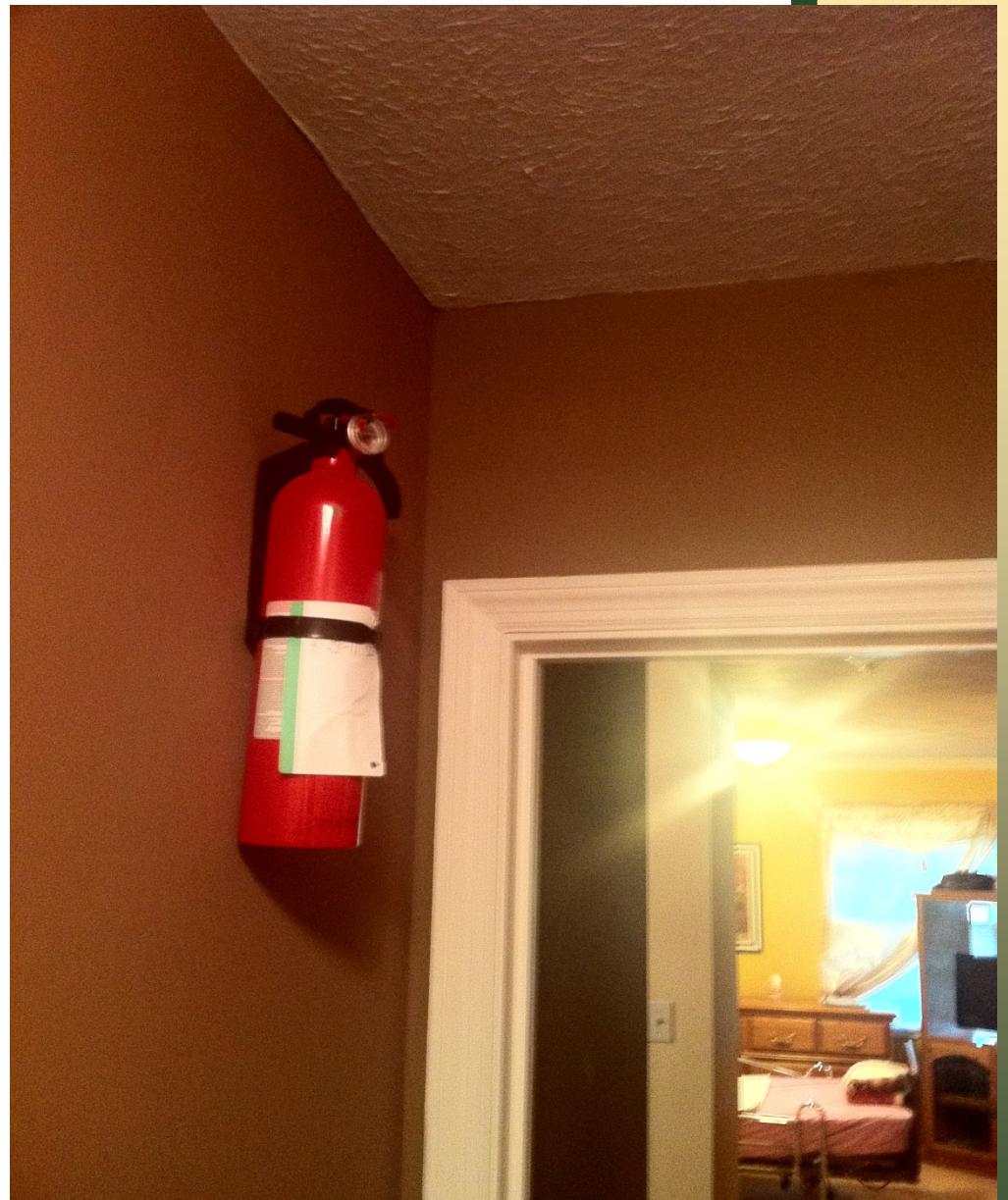
Take off?

Leave without permission  
or supervision?



# Out of Their Reach

...and  
hopefully,  
out of  
mind!



# What Gives Us...

...the right to alter the behavior of those we support?

Should we not accept people for who they are?

When is bizarre, non-normative or deviant behavior not acceptable?

- *Trans gender dressing*
- *Sleeping without linens*
- *Being reclusive*
- *No eye contact*
- *Hand gazing*
- *Ritualistic movement*
- *Asking for money*



# What Gives Us (cont'd)

The justification and necessity to develop BSPs for those we support arises from:

- ❖ the covenant – do no harm
- ❖ their inability to make informed consent decisions

It is not their diagnosis that results in the imposition of the BSP!



**Life**

We must  
provide an  
environment  
that is  
healthy  
enough for  
a life to  
happen.

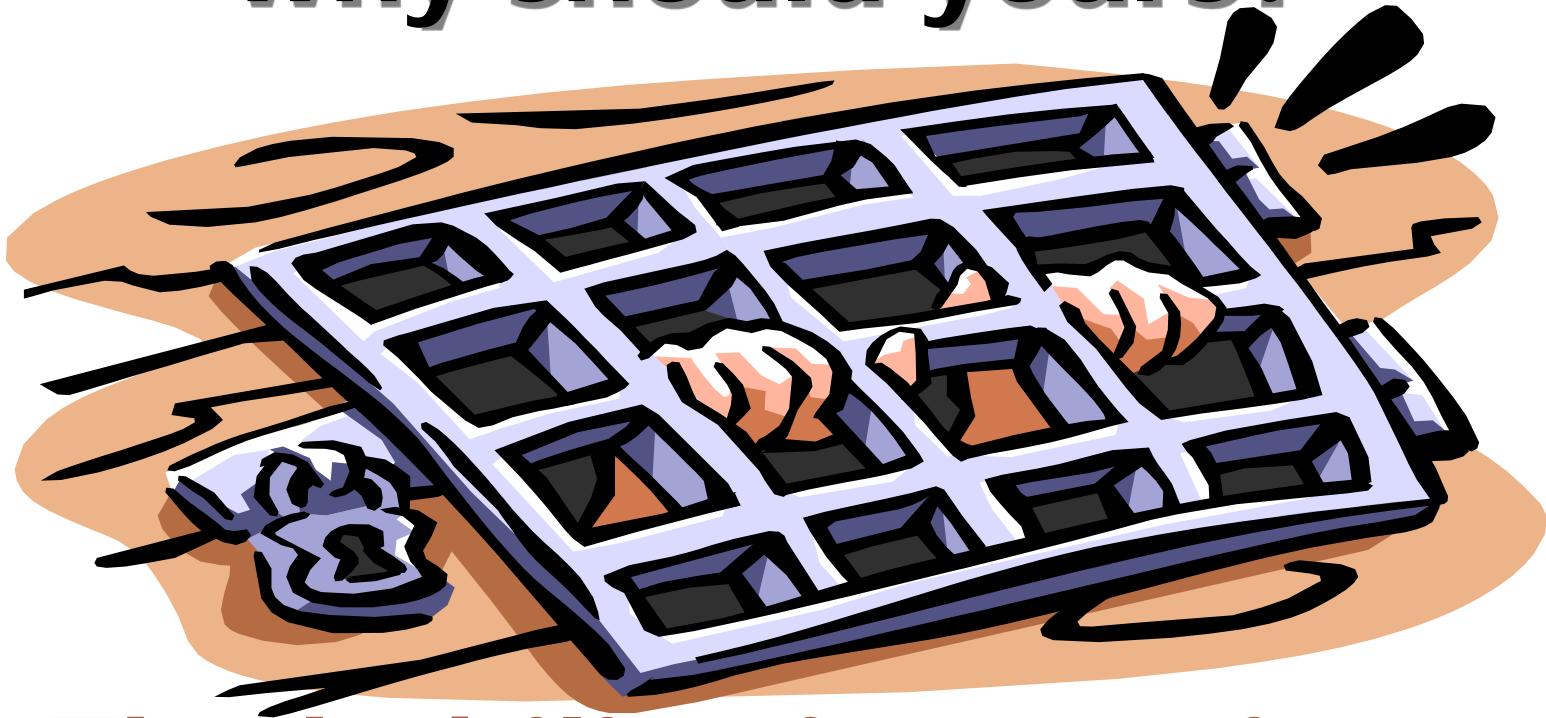


Dan Berkowitz

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# Anomie

If my life has no meaning,  
why should yours?



The habilitation setting  
generates the inappropriate  
behavior!

# **Objective Observer**

**When witnessing another's life,  
anomy may not be identified.**

**If the person being observed  
feels anomy, they are  
likely to act upon it.**

**Do you perceive  
anomy among the  
people you support?**

**Do they perceive  
anomy in their lives?**



# Perspective

**What feelings are expressed when staff say:**

**"He shouldn't be allowed to get away with that!"**

**"There needs to be a consequence for his behavior!"**

**"She needs to learn a lesson!"**

**"If he were my child I would tell you what I would do!"**

**"She thinks she can get away with anything!"**

**How would you respond to this staff?**



# **Prove It!**

Prove that...

- treating people with dignity and respect
  - meeting unmet needs
  - bonding
- ...decreases the frequency and intensity of interfering behavior.

**I can't!**



# **Most Significant**

**There are many causes of interfering behavior:**

**Psychiatric**

**Genetics**

**Hormonal**

**Psychological**

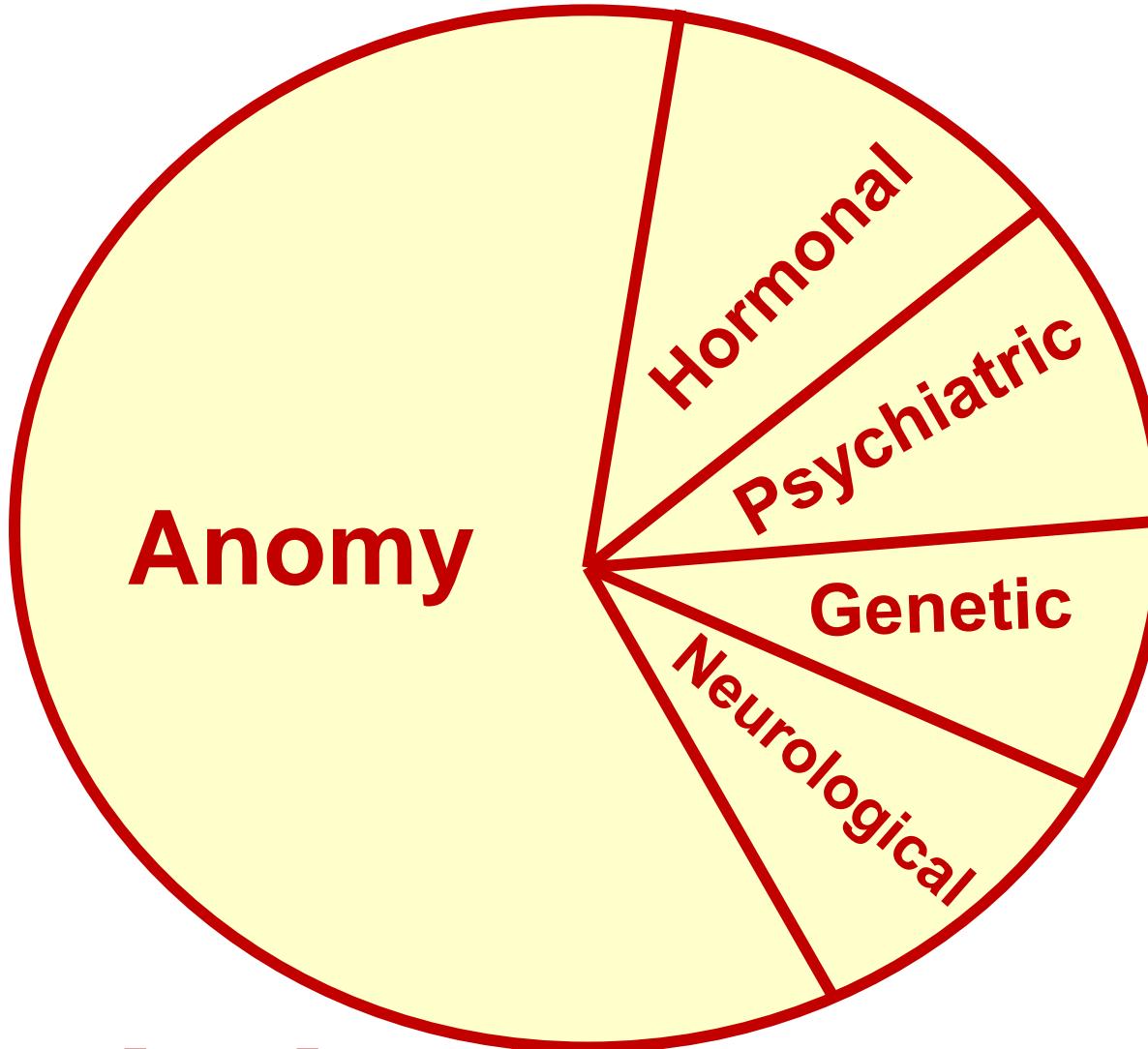
**Neurological**

**Addictions**

**..anomie is the most prevalent, pervasive and tragic!**



# Etiology of Interfering Behavior



**This is good news!**

# A Dichotomy

Unmet needs must be assessed from two perspectives relative to their influence on conduct.

## Rational

- Lack of privacy
- Limited options
- Rigid schedules
- Courtesy withheld
- Sexual expression prohibited
- Environment not accessible

## Pathological

- Schizophrenia
- Sociopathic personality
- Schizoaffective personality
- Manic-depression
- Prader-Willi Syndrome
- Lesch-Nyhan Syndrome



**Unacceptable**

Though anomaly is an expression of unmet need, such an expression may be:

**Unjustified  
Illegal  
Immoral  
Unethical**



# **Responses To Anomie**

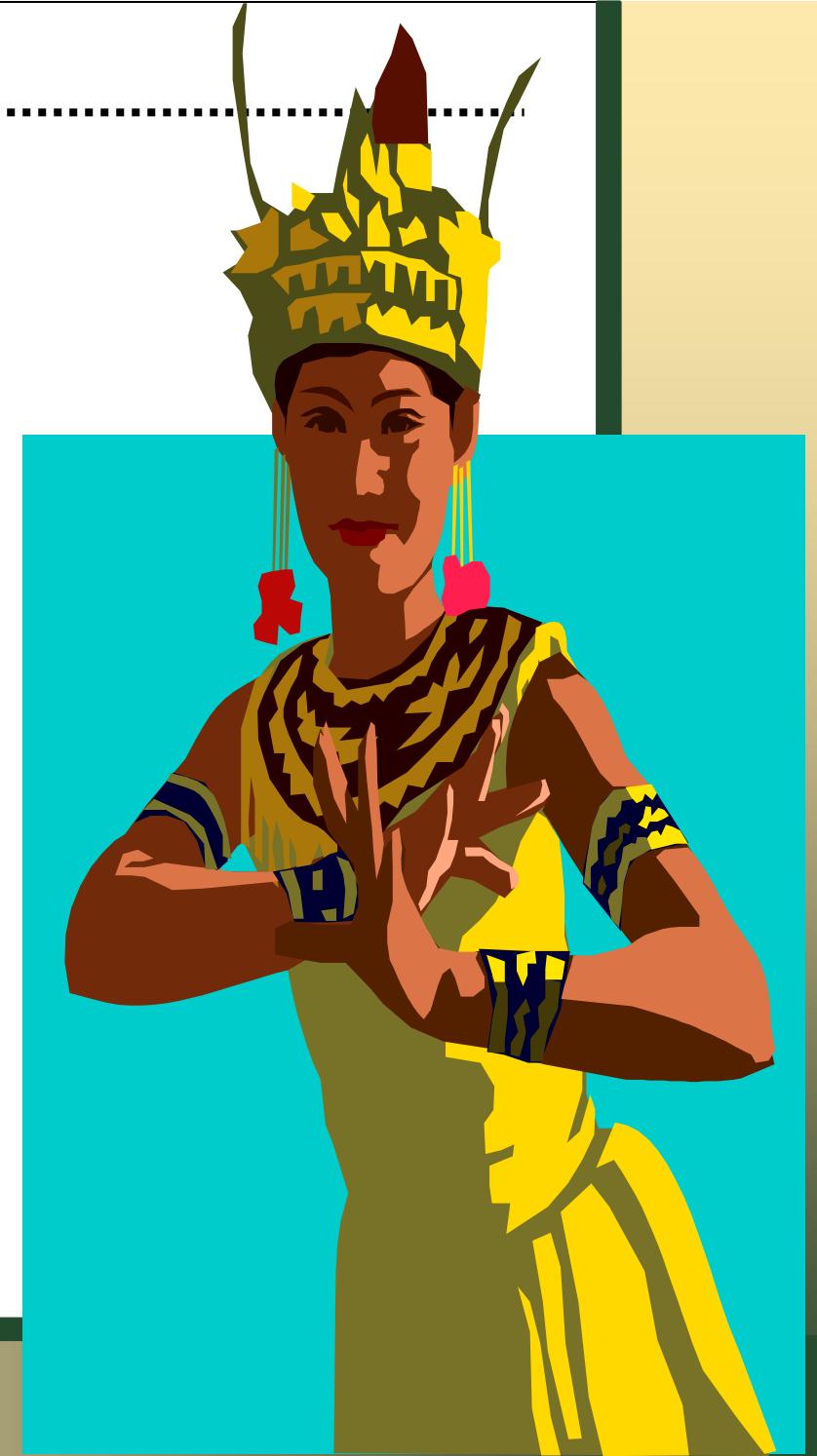
## **Expressions of Unmet Needs:**

Darfur	Genocide
Nigeria	Destroy Oil Wells
Philippines	Overthrow Gov't.
Watts (CA-1965)	Civil Unrest
Palestine	Suicide Bombers
Hungary (1956)	Molotov Cocktails
Prisons	Riots
"Institutions"	?



# Culture...

...cumulative deposit of knowledge, experience, beliefs, values, attitudes, hierarchies, religion, notions of time, roles, concepts of the universe and material objects and possessions, acquired by a group of people; passed along by communication and imitation; learned and deliberately perpetuated



# Culture-Bound Syndrome...



Universal Enhancement

# Culture-Bound Syndrome... (cont'd)



Universal Enhancement

# Conversion Reaction...

...also called mass sociogenic illness, is the rapid spread of illness signs and symptoms affecting members of a cohesive group, originating from a nervous system disturbance involving excitation, loss or alteration of function, whereby physical complaints that are exhibited unconsciously have no corresponding organic etiology.

[Wikipedia](#)



# Culture-Bound Syndromes

...denotes recurrent, locality-specific patterns of aberrant behavior and troubling experience that may or may not be linked to a particular DSM-IV diagnostic category. Many of these patterns indigenously considered to be “illnesses,” or at least afflictions, and most have local names.

Culture-bound syndromes are generally limited to specific societies or culture areas and are localized, folk, diagnostic categories that frame coherent meanings for certain repetitive, patterned and troubling sets of experiences and observations.

DSM-V

APA

# Culture-Bound Syndromes (cont'd)

**Sangue dormido (“sleeping blood”)** This syndrome is found among Portuguese Cape Verde islanders and includes pain, numbness, tremor, paralysis, convulsions, stroke, blindness, heart attack, infection and miscarriage.

**Shenkuei (Taiwan; shenkui (China)** A Chinese folk label describing marked anxiety or panic symptoms with accompanying somatic complaints for which no physical cause can be demonstrated.

**Pibloktoq** An abrupt dissociative episode accompanied by extreme excitement of up to 30 minutes' duration, followed by convulsive seizures and coma lasting 12 hours. Primarily in arctic and subarctic Eskimo communities.

# Pseudocyesis

Psychologists believe that women who experience false pregnancy have an extremely strong desire to be pregnant and experience the process of pregnancy.

**Not only do they fervently believe they are pregnant, but they also have bona fide symptoms to back up their claims – cessation of menses, abdominal enlargement, nausea and vomiting, breast enlargement and food cravings.**



# Pseudocyesis (cont'd).....

A few patients with pseudocyesis even test positive on pregnancy tests.

**“Every sign and symptom of pregnancy has been recorded in these patients except for three: no heart tones from the fetus, no visible fetus on ultrasound and delivery.” said Dr. Paul Paulman, University of Nebraska Medical Center**

Excerpts from an article published in the NY Times  
*All Signs of Pregnancy Except One: A Baby*  
Dr. Elizabeth Svoboda  
December 5, 2006



## Culture – Bound Syndromes (cont'd)

**Koro** - A term, probably of Malaysian origin, that refers to an episode of sudden and intense anxiety that the penis (or vulva and nipples) will recede into the body and possibly cause death.

**Mal de ojo** – A concept widely found in Mediterranean cultures and elsewhere in the world. Mal de ojo is a Spanish phrase translated into English as “evil eye.” Children are especially at risk. Symptoms include fitful sleep, crying without apparent cause, diarrhea, vomiting, and fever in a child or infant.

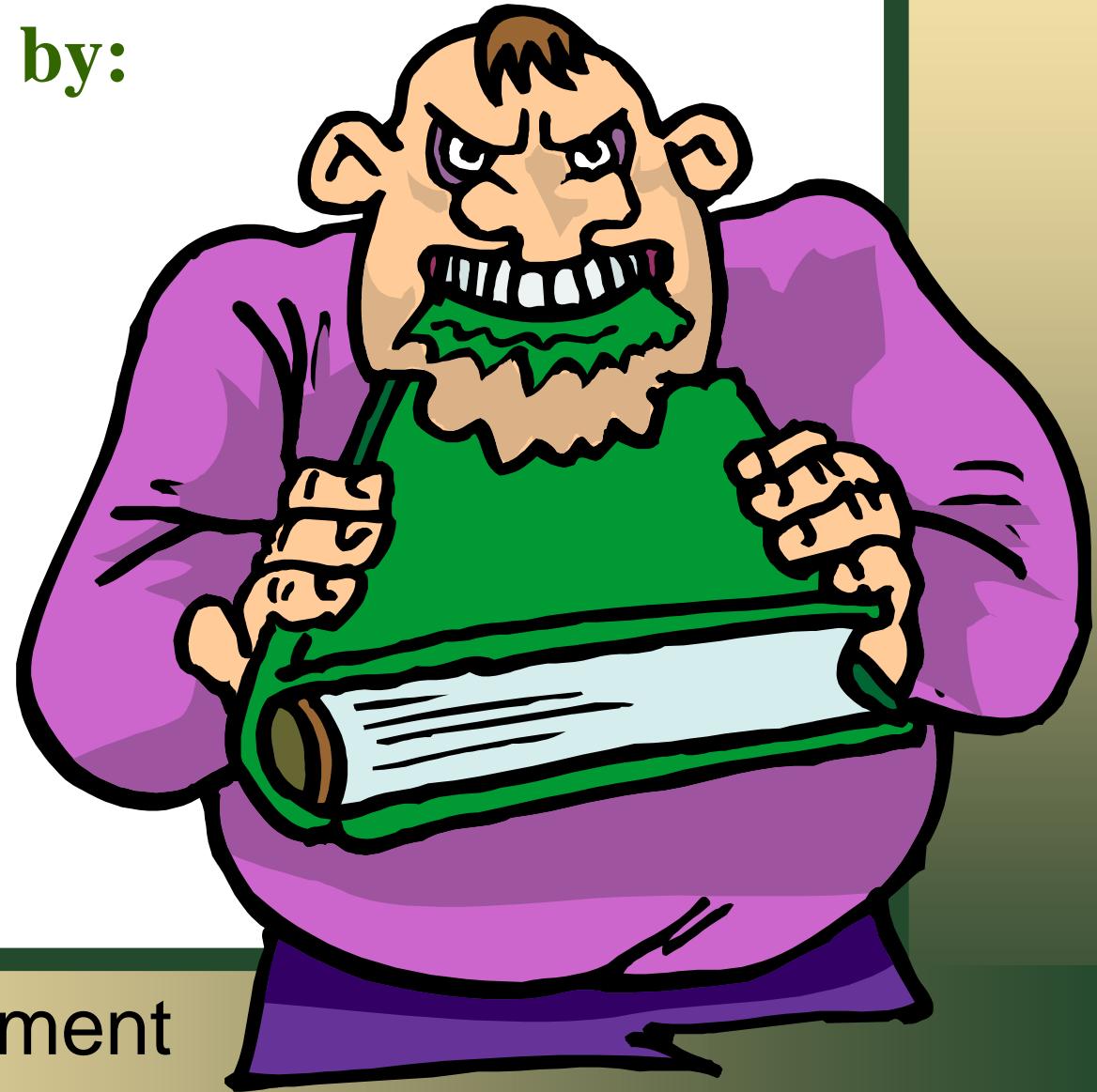


# Culture-Bound Syndromes (cont'd)

## Institutional Anomie (Valueless)

Symptoms emanating from an institutional culture characterized by:

- Floor sprawling



Universal Enhancement

# Floor Sprawling

This is  
what  
results  
when  
chairs are  
not  
available.



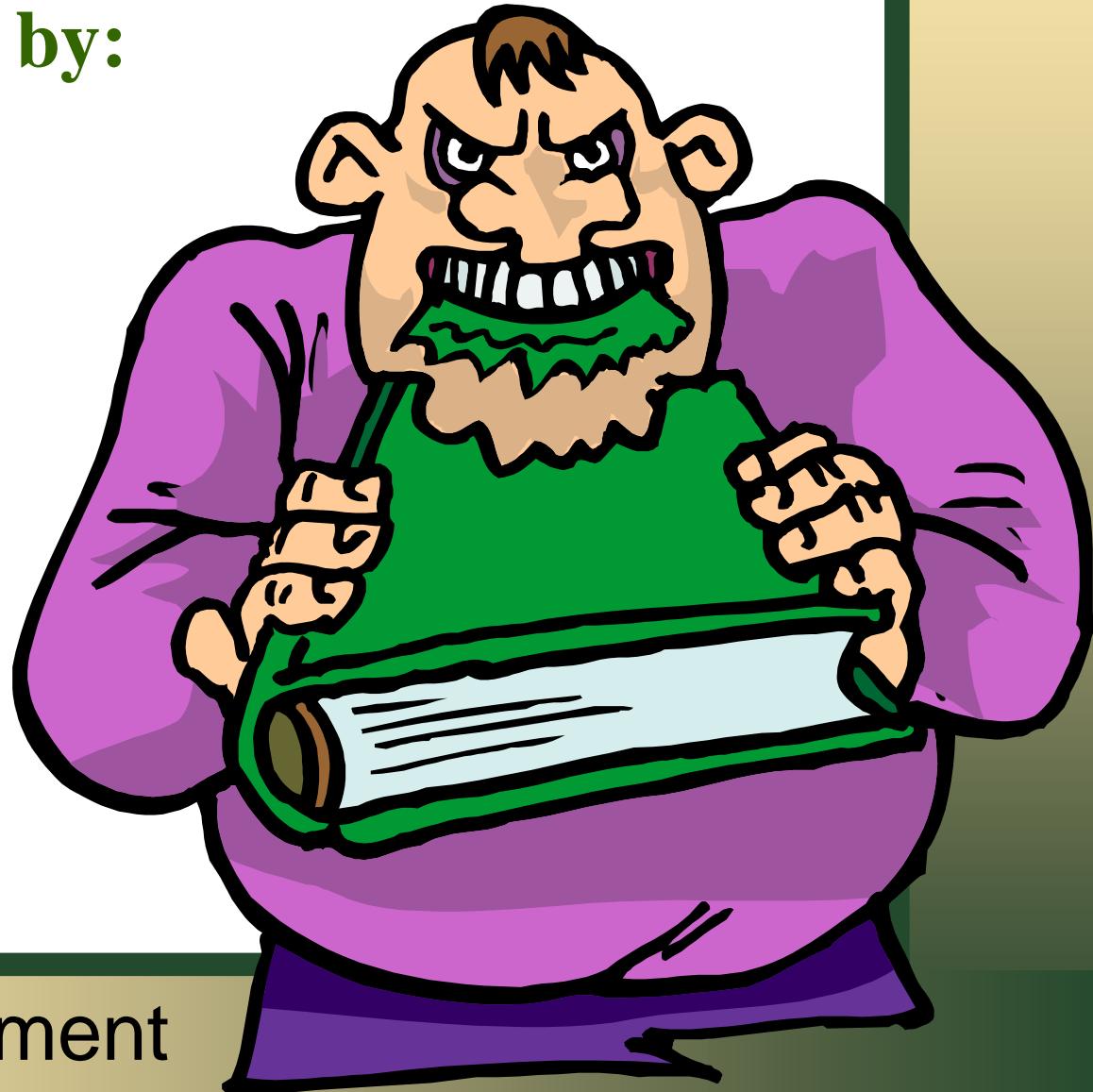
Universal Enhancement

# Culture-Bound Syndromes (cont'd)

## Institutional Anomie (Valueless)

Symptoms emanating from an institutional culture characterized by:

- Floor sprawling
- Food stuffing
- Stereotypy
- Hoarding
- Reclusiveness
- Aggression
- Inappropriate touching
- Excessive loudness
- Oppositional behavior
- Atypical sexual expression
- Prompt dependent
- Learned Helplessness



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**Anger**

**Anger communicates  
unmet need**



Universal Enhancement

# The Real Challenge

Identifying unmet needs does not assure that one is either able or willing to meet them.

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# Excuses With Dire Consequences

**Reasons commonly given for not implementing effective therapeutic interventions:**

- Too expensive
- Violates agency policy
- Guardian/conservator will not approve



# **Parent/Guardian Underground**

**When parents/guardians:**

- Refuse to authorize medications
- Refuse to follow BSP protocols
- Reinforce/incite interfering behavior in their ward
- Verbally deride staff efforts

It evokes frustration and exasperation in staff!

**Management must address the issue!**



# Excuses With Dire Consequences

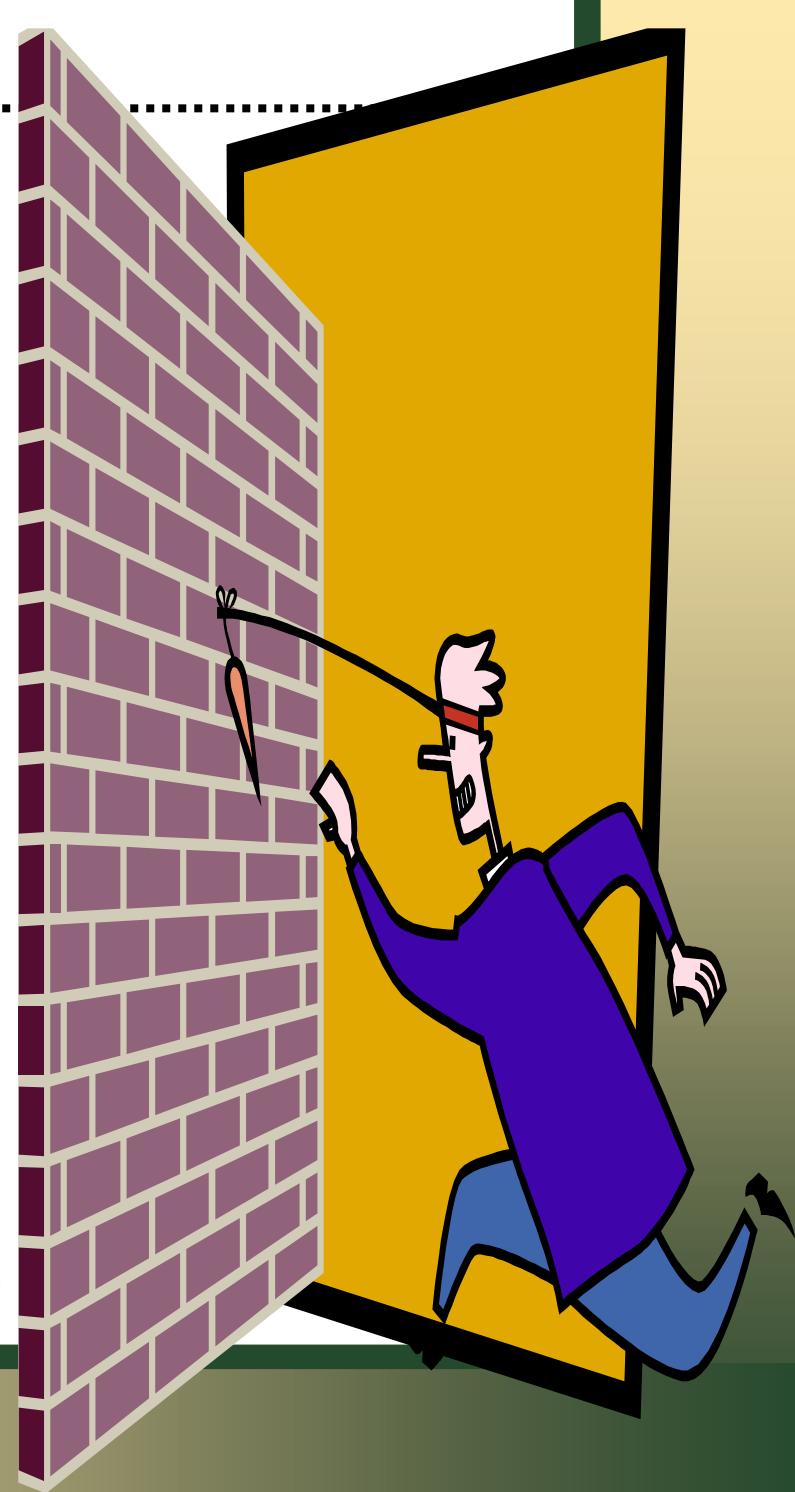
**Reasons commonly given for not implementing effective therapeutic interventions:**

- Too expensive
- Violates agency policy
- Guardian/conservator will not approve
- Staff lack clinical competence to implement
- Procedure is not clinically validated
- Intervention is in conflict with community, staff values, beliefs or morals
- Interventions are in violation of licensing, state law, Medicaid, etc.



# Challenging

The more intense and frequent the interfering behavior, the greater the probability it can be resolved.



# The Focus

Altering the behavior of others necessitates modifying our own.



# Best Practice Strategies...

...for behavioral support plans –

**Get to know the:**

**individual:** hobbies, health,  
fears, family ties, dreams

**staff:** sensitivities, skills,  
abilities



# **Staff Attitude...**

and behavior are perhaps the most significant of all behavioral influences on the individuals supported.

**Do you:**

**listen**

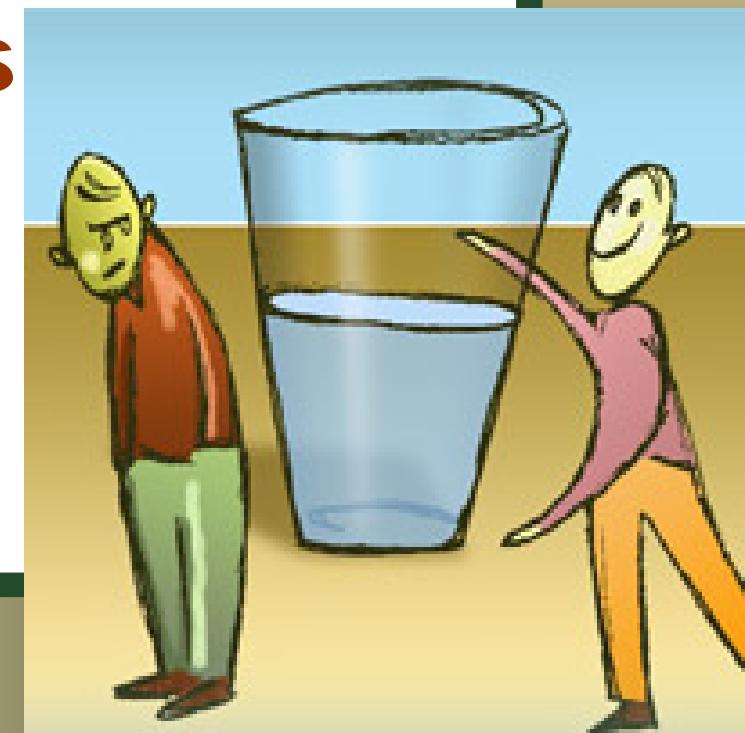
**smile**

**speak softly**

**and...**

**celebrate the gifts of the people you support?**

**engage in humor  
give options  
have fun**



# Best Practice Strategies...

...for behavioral support plans –

**Get to know the:**

**individual:** hobbies, health,  
fears, family ties, dreams

**staff:** sensitivities, skills,  
abilities

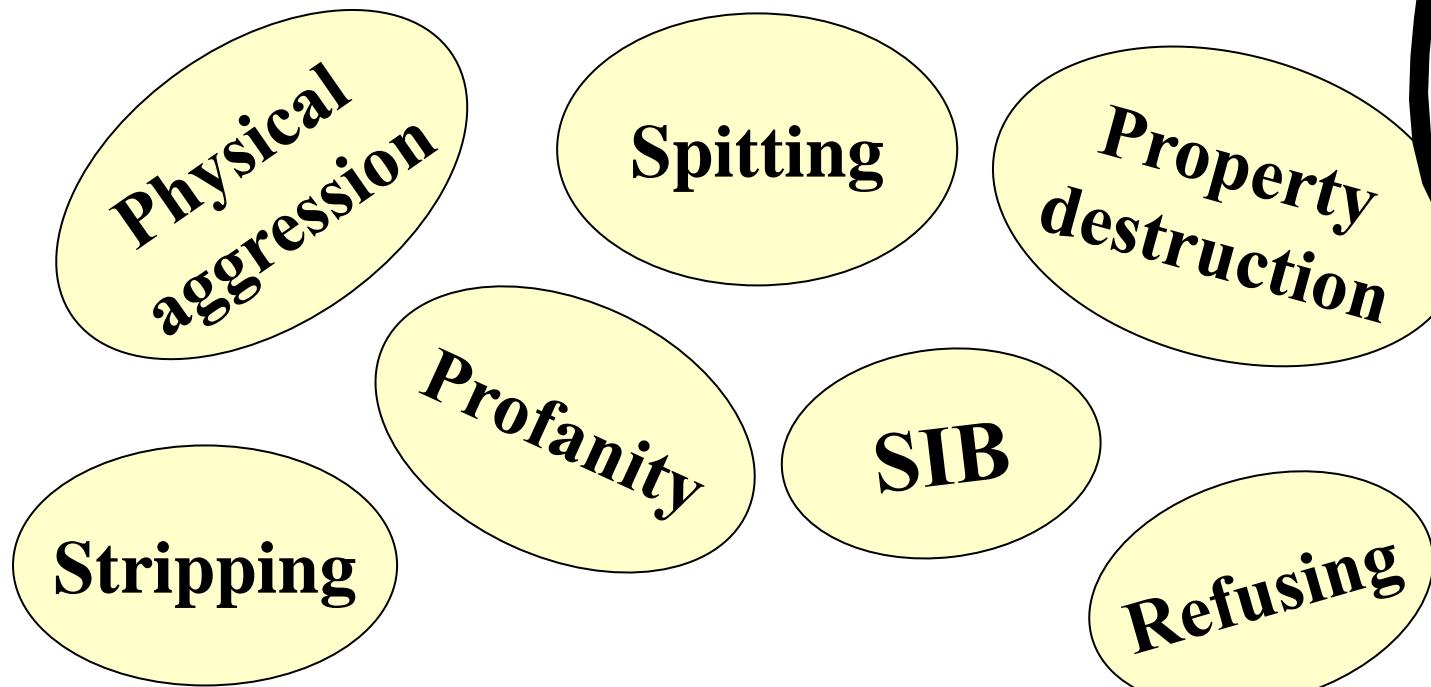
**environment:** accessibility,  
privacy, personal artifacts

**The keys to  
problem  
resolution**



# Unmet Needs

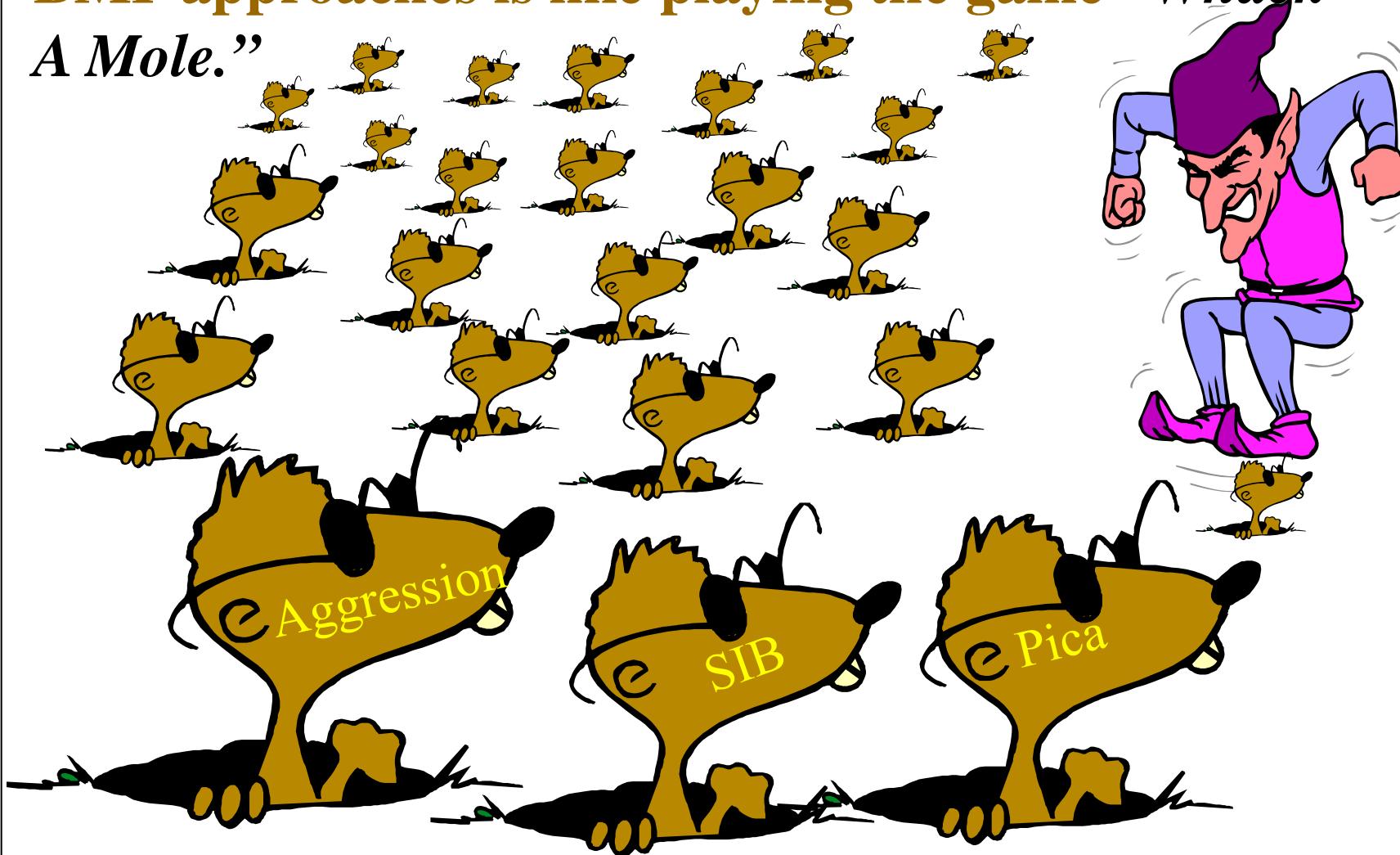
These behaviors likely express a common unmet need:



Setting events and protective oversight strategies may differ.

# “Whack” A Behavior

“Extinguishing” interfering behavior through BMP approaches is like playing the game “*Whack A Mole*.”



Universal Enhancement

# **Not How...**

**How can we get him...**

**off the van?**

**to take his medication?**

**to stop banging his head?**

**to do his home chores?**

## **Ask the relevant question –**

**Why won't he...**

**get off the van?**

**take his medications?**

**stop banging his head?**

**do his home chores?**

**...BUT WHY?**

# Lack of Understanding

To call someone lazy, uncooperative or stubborn is to admit we don't understand them.



**Behave Healthy**

**People have a right to be  
“crazy” – they just don’t have  
a right to behave that way!**

**We must  
support people  
in behaving  
healthy, even  
though they  
may not be.**



# Honesty

**Asperger Syndrome:** a pervasive developmental disorder notably resulting in the inability to socialize with others; to communicate and to use imagination. Their conversation may be focused on their interests.

Web MD

Unlike neurotypicals, commonly people with Asperger Syndrome reject the concept of socially mandated dishonesty.

**They say it  
as it is!**



# Becoming Empathetic...

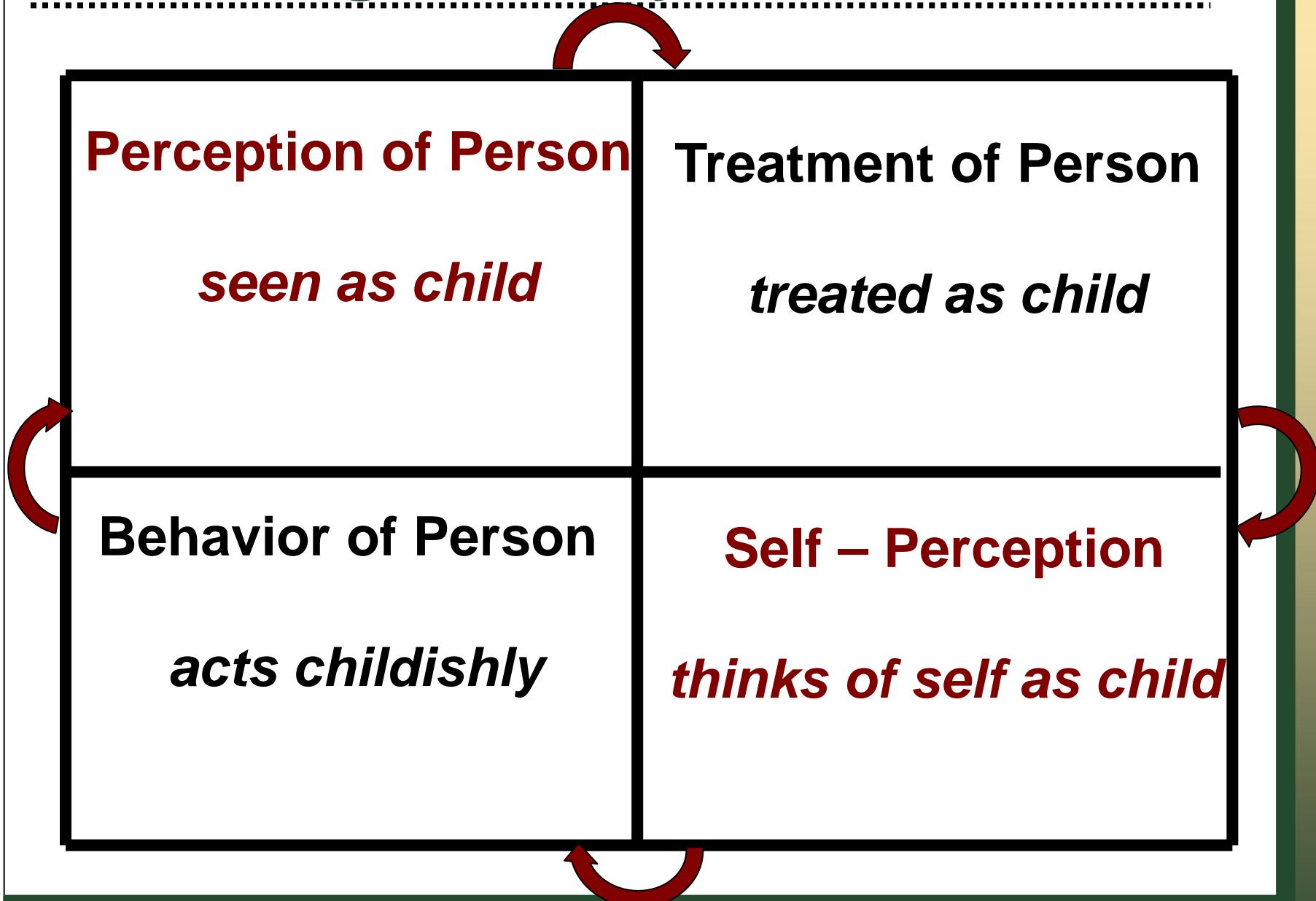
...is an enlightened approach  
to interpreting interfering  
behavior.

- What are their experiences & life conditions?
- What emotions are evoked?
- Seek more specifics
- Envision being in “their shoes”

## How would you behave?

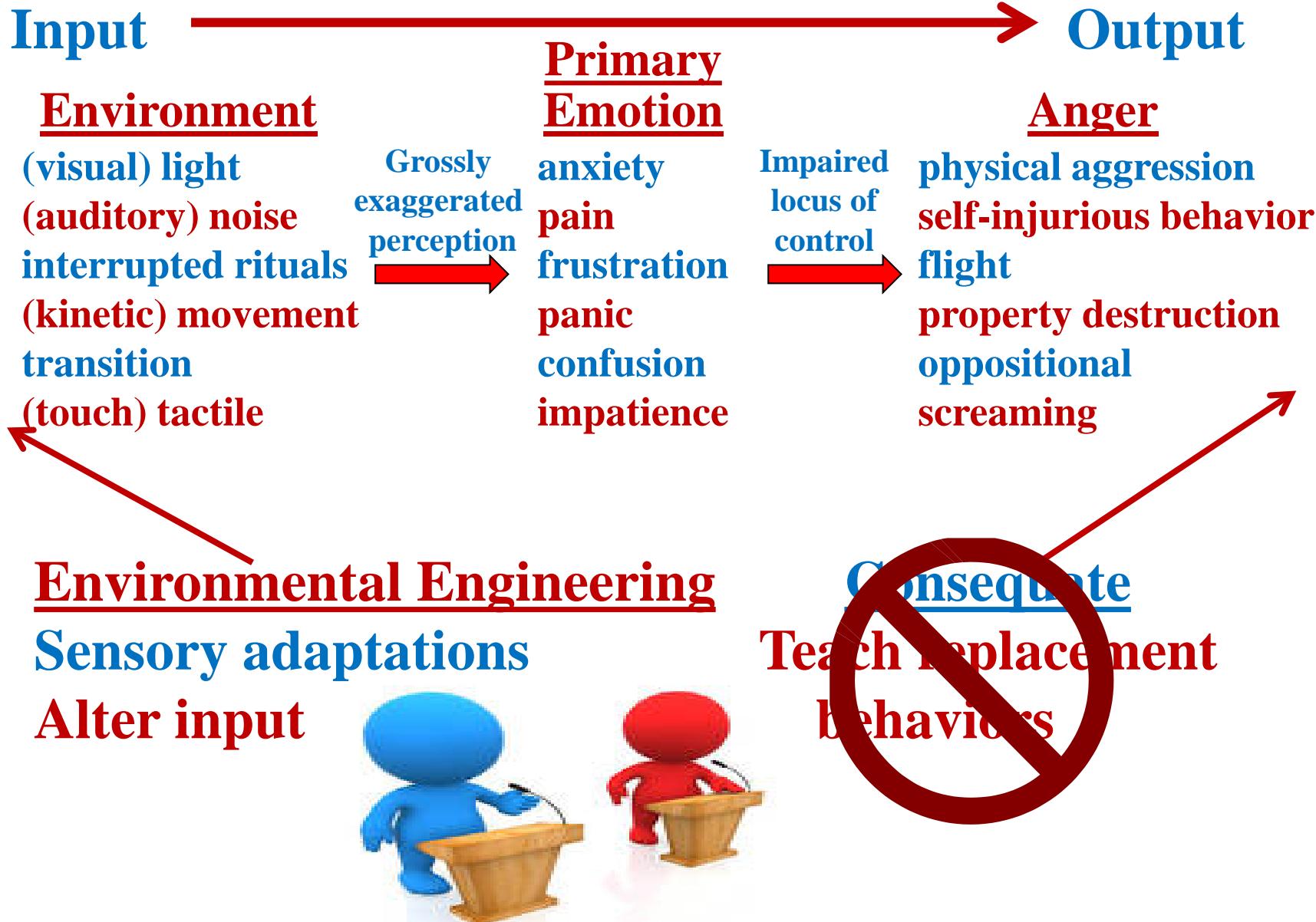


# Breaking The Cycle



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# The Great Debate



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# **Modify The Environment**

**When the environment inflames interfering behaviors (e.g. noise, intense activity, bright lights), attenuate those conditions – versus placing the individual in a sensory stimulation room!**

- Noise cancellation headphones
- Sunglasses
- Decreased demands
- Increased personal space



# **Ecological Behaviorism**

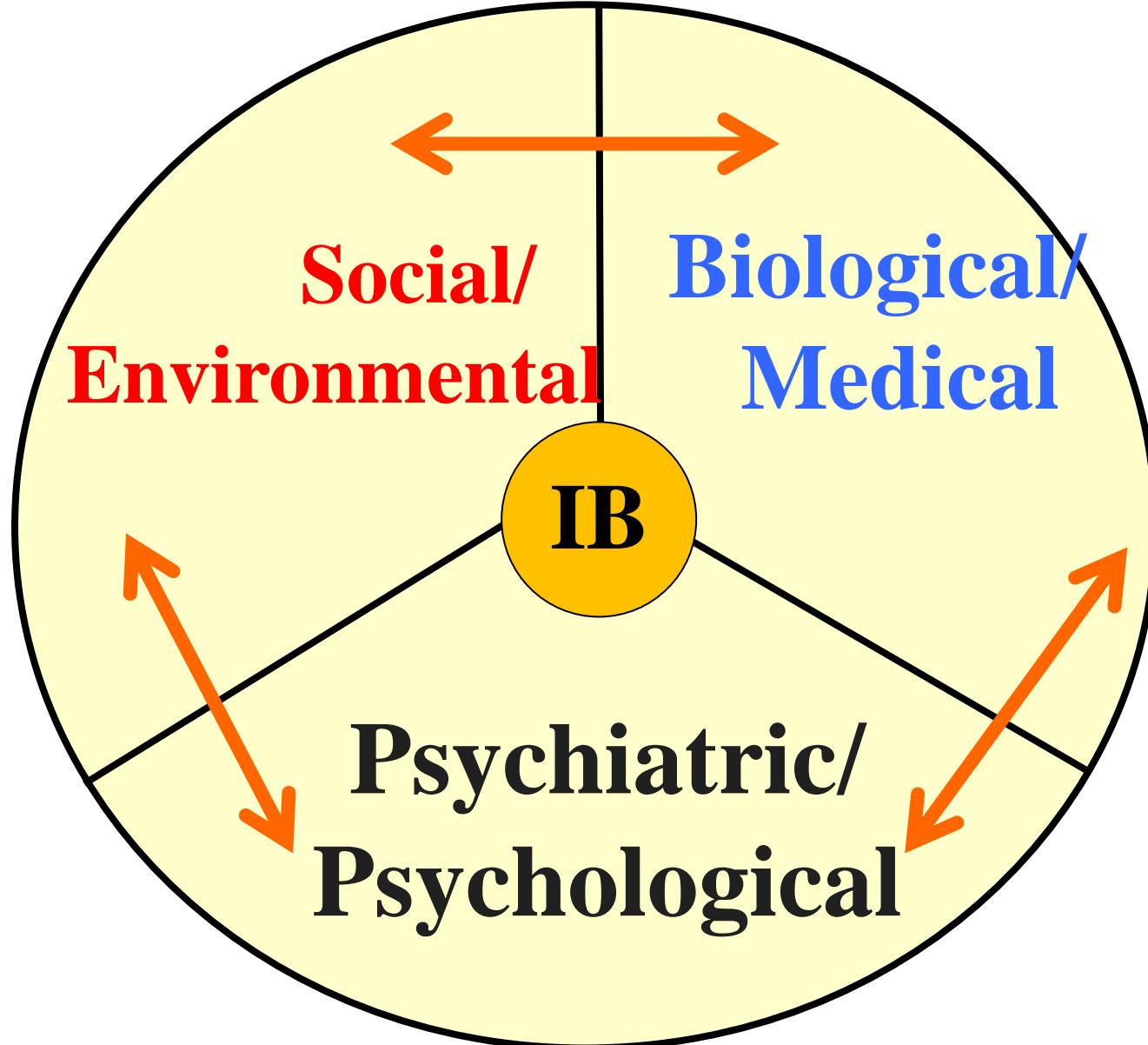
**Ecological** – The branch of sociology that is concerned with studying the relationship between human groups and their physical and social environments.

**Behaviorism** – a school of psychology that confines itself to the study of observable and quantifiable aspects of behavior and excludes subjective phenomena, such as emotion or motive.

The Free Dictionary



# Ecological Behaviorism (cont'd)



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# Noise

This is what a person with auditory hypersensitivity hears listening to normal volume sound levels.

What's the intervention?



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# Auditory Torture

I will  
express  
my  
unmet  
need.

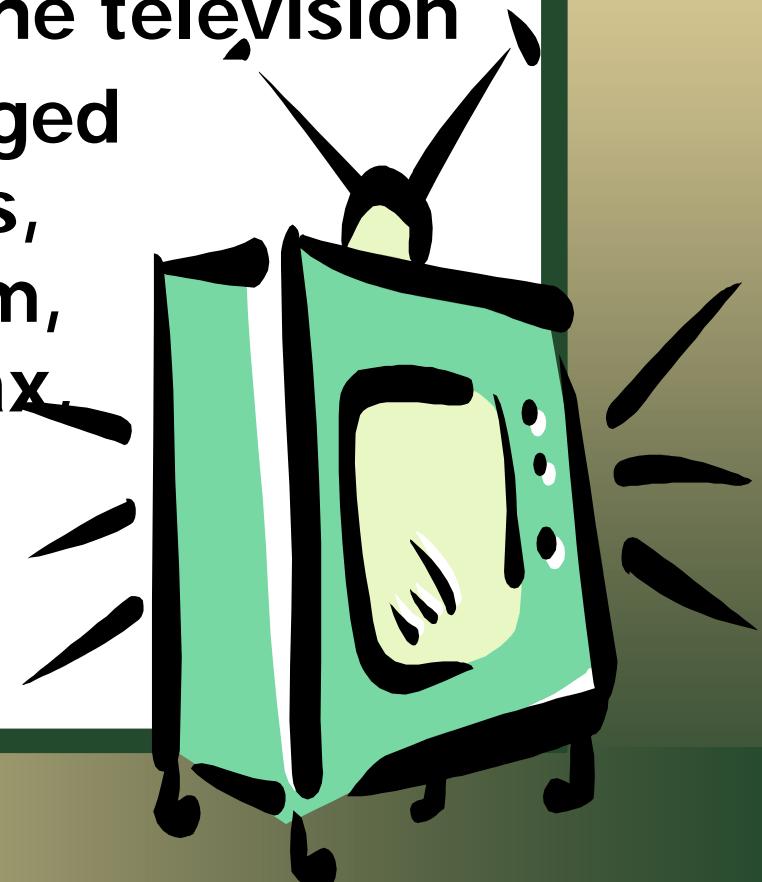


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# The Din

*Back ward of the Institution:* The indiscernible sounds bouncing off the 15' high ceiling, cinder block walls, the detention screening - there are no soft surfaces

*Community Residence:* The television is blaring, an individual is engaged in self-stimulatory vocalizations, staff are talking across the room, stereo volume turned to the max, two residents are arguing over who can sit in the chair, doors are slamming

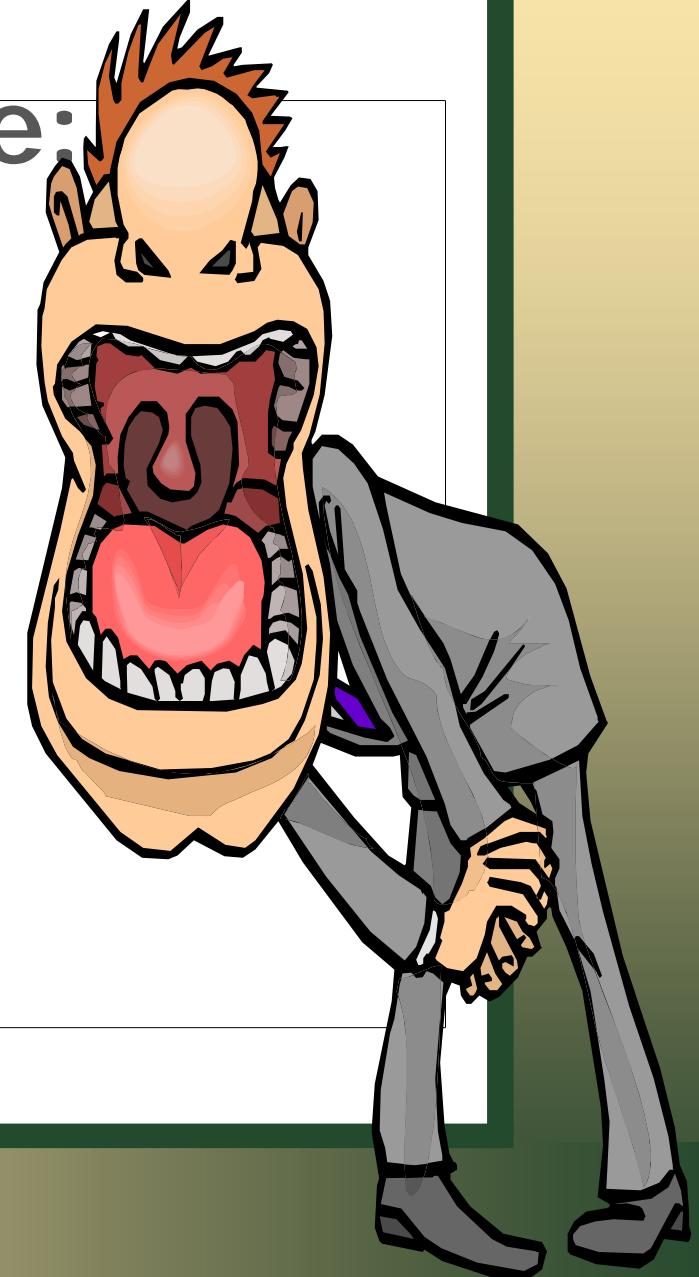


# Quiet Is Better

Speaking in a quiet tone of voice improves quality of life;

Decreased voice volume:

- *facilitates the listener's ability to comprehend the message*
- *results in the listener behaving more cooperatively*
- *is effective in gaining the listener's attention*
- *allows the speaker to be heard over the "din"*
- *provides good modeling and enhances relationships*



# Hunger

This is how a person with insatiable hunger feels.

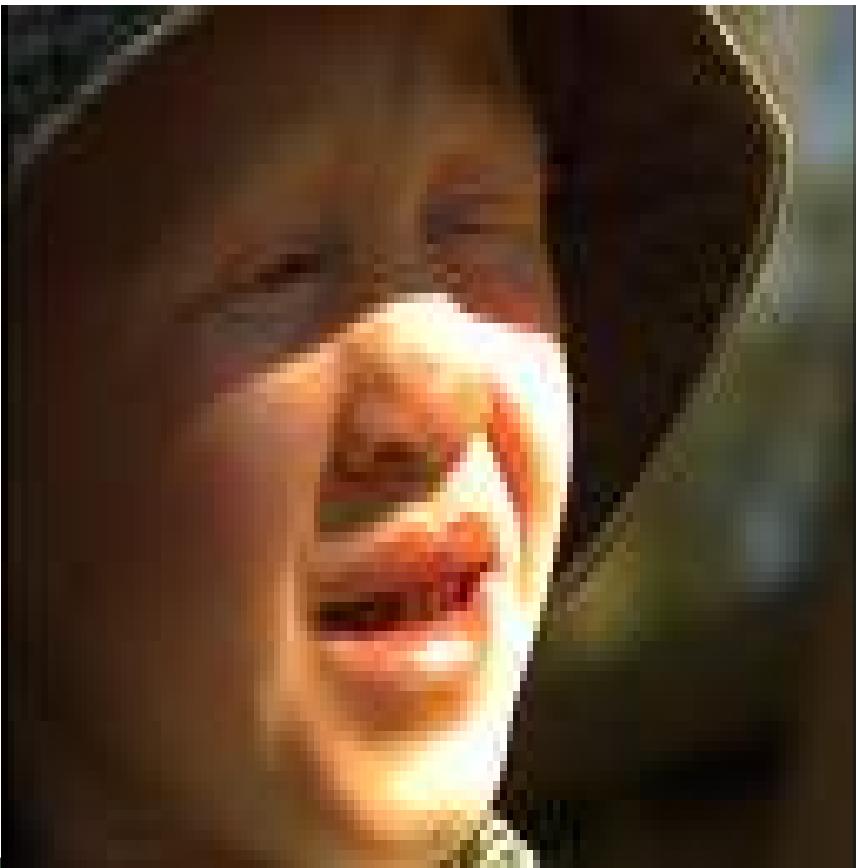
What is the intervention?



# **Light**

---

**This is how a person with visual hypersensitivity feels under the condition of normal lighting.**



**What's  
the  
intervention?**

**Universal Enhancement**

# It's So Obvious...



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# From Obsession to Art

Capture the  
individual's  
creative  
energy!



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# **Restricted**

**This is how a person with hyperactivity feels when they experience normal restriction on their movement.**

**What's the intervention?**



# **Touch**

**This is how  
people who are  
tactile defensive  
feel when items  
or others touch  
them.**

**What's the  
intervention?**



# I Lost It!

When an individual lacks the ability to *appropriately* express their *primary* emotion, anger may be demonstrated.



# Frequently Angry

There is a class of individuals in this country who experience great difficulty in managing their anger.

## Who Are They?

Hint: Their anger is frequently expressed thorough temper tantrums, crying, whining, running away and yelling no!

## Children!



# **Secondary Emotion**

**Anger is a secondary emotion to:**

**Fear**

**Frustration**

**Grief**

**Anxiety**

**Disappointment**

**Paranoia**

**Inferiority**

**Confusion**

**Suppression**

**Repression**

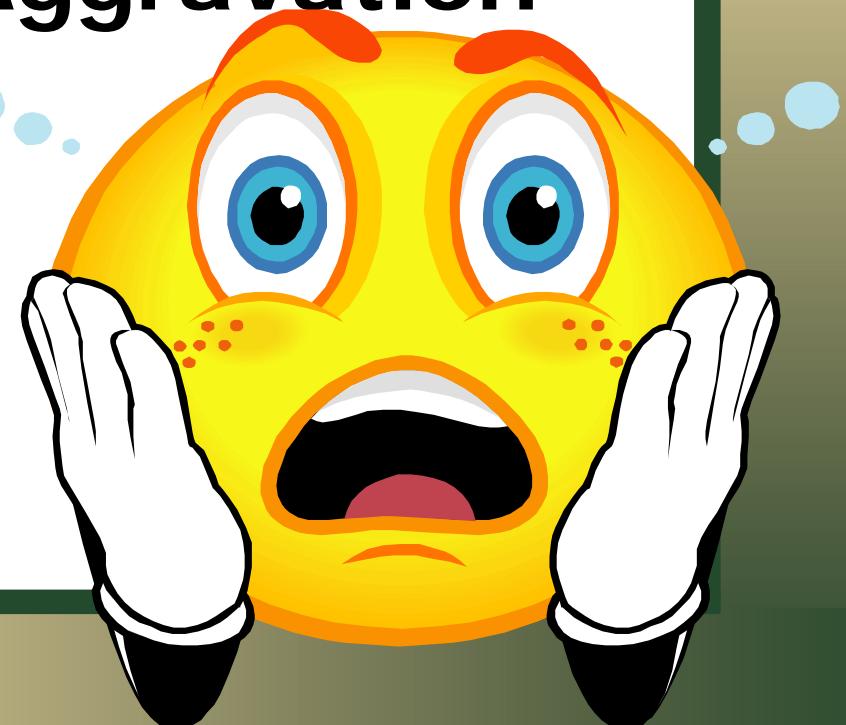
**Depression**

**Panic**

**Loneliness**

**Hysteria**

**Aggravation**



# **Secondary Emotion** (cont'd)

**Disillusionment**

**Subjugation**

**Impatience**

**Rejection**

**Hopelessness**

**Remorse**

**Overwhelmed**

**Jealousy**

**Ineptness**

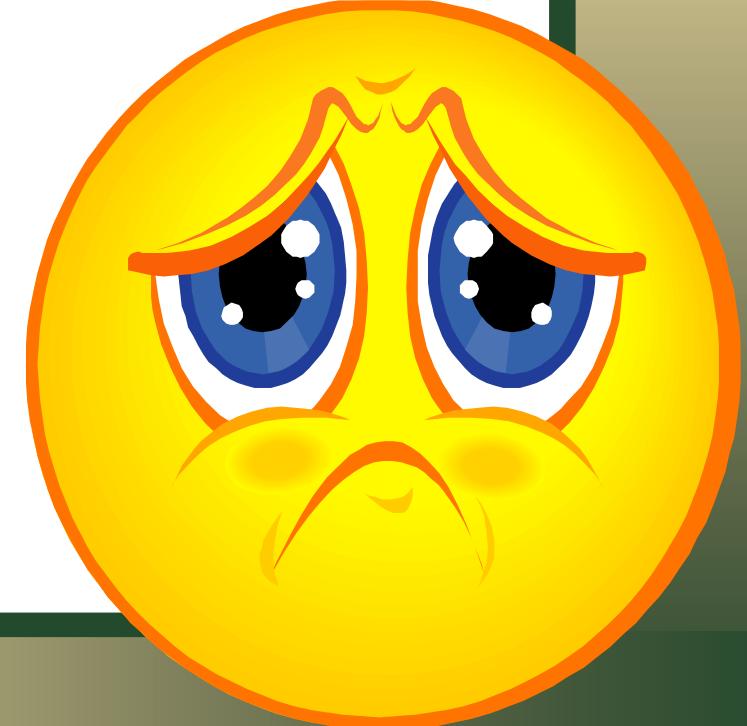
**Sadness**

**Deprivation**

**Exhaustion**

**Inability to manage  
these emotions may  
result in anger.**

**What role does intellect  
play in processing  
these emotions?**



# Anger Can Be A Mask For...

- too much to do, too little time
- being rushed
- expectations are not attainable
- worry and sickness

# Stress



The real need is....

Relaxation  
Stress reduction  
Real Expectation  
Reassurance

# **Anger Can Be A Mask For.....**



**not receiving what was wanted or  
expected**



**not being treated fairly**



**making best effort and not being  
acknowledged**

## **Frustration**



**The real need is....**

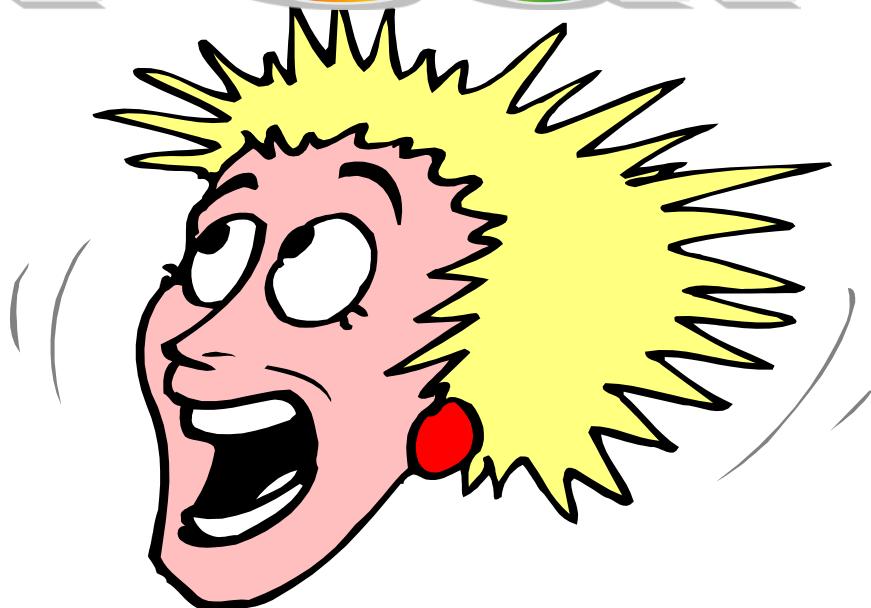
**Problem Solving  
Assistance-  
Support  
Reassurance**

# Anger Can Be A Mask For...



- being threatened**
- being physically hurt**
- threat of loss of love or attachment**

# Fear



The real need is....  
**Safety  
Security  
Reassurance**

# Anger Can Be A Mask For...



**verbal abuse, insults**



**neglect, humiliation**



**depression, anxiety, and low  
self-esteem**

## Emotional Discomfort



The real need is....

Prestige

Comfort

Empathy

Reassurance

# Maladaptive

Referring to an individual's interfering behavior as maladaptive is inaccurate.

*Maladaptive: Marked by faulty or inadequate adaptation*

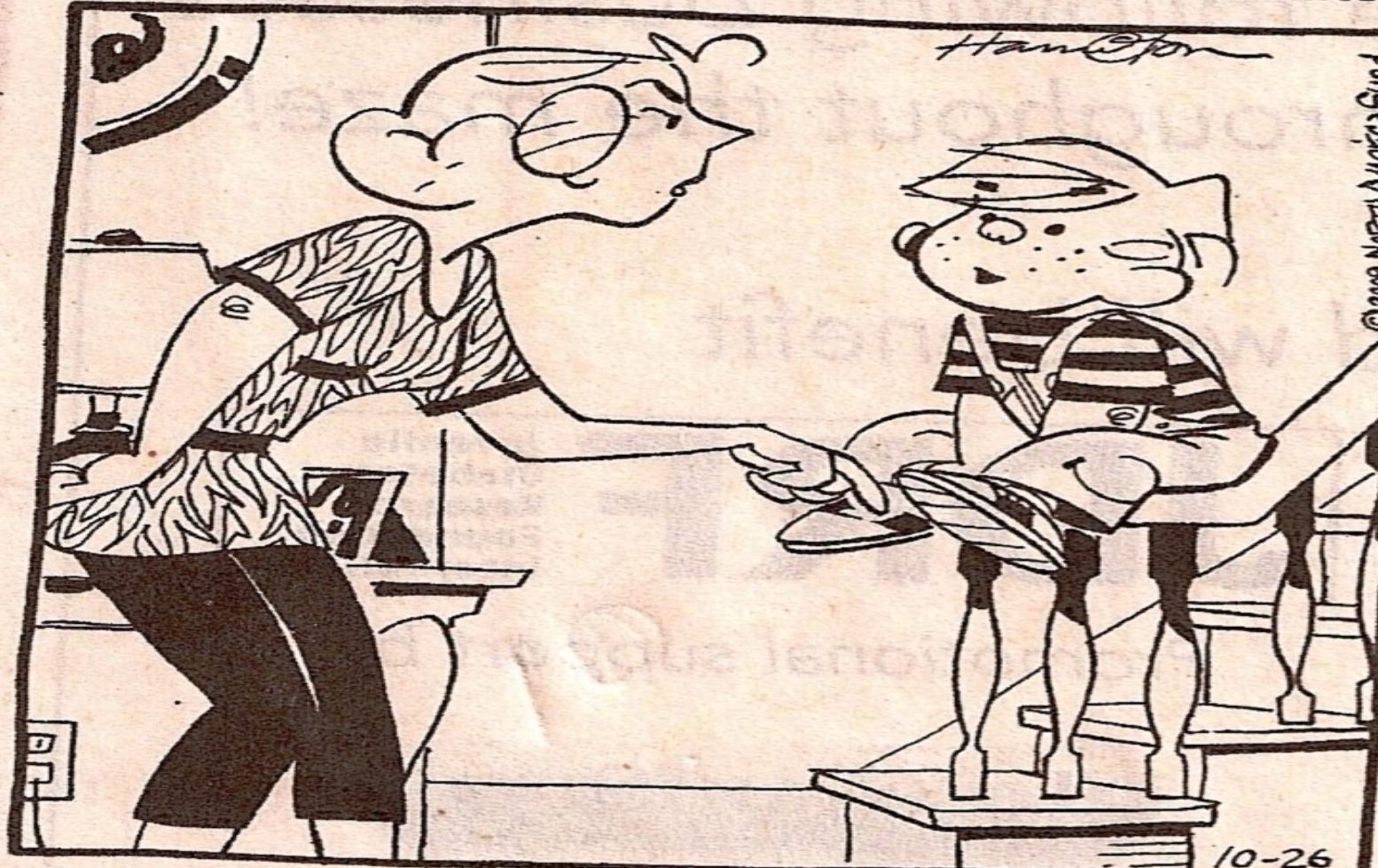
The truth is, the undesired behavior is highly adaptive; it is the most effective way to communicate one's unmet needs.



# I Am Behaving!

DENNIS THE MENACE

By Ferdinand & Hamilton



"I AM BEHAVING! IT'S JUST NOT THE WAY  
YOU WANT ME TO!"

Universal Enhancement

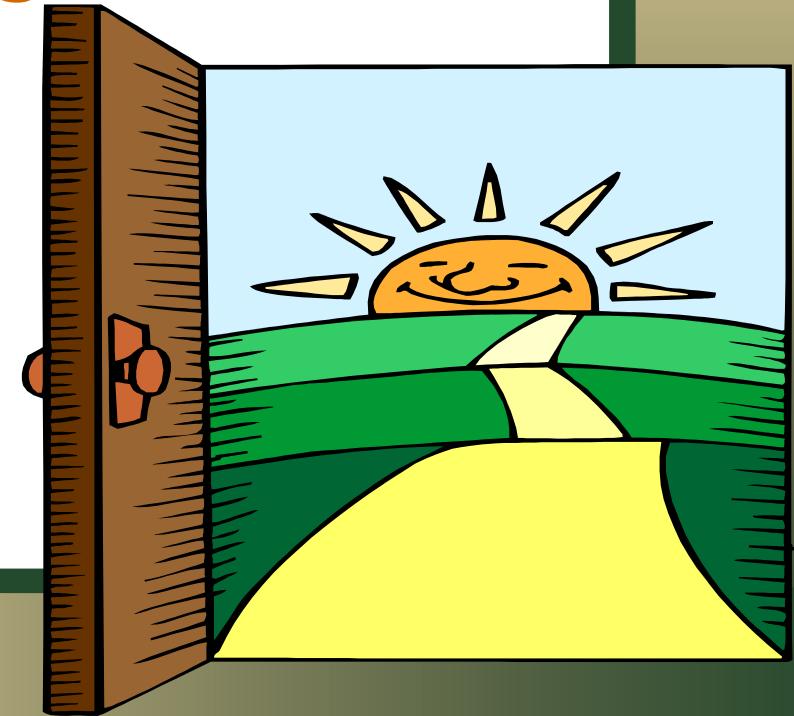
# **He Had A Behavior**

**Of course he had a behavior!  
If he didn't he'd be DEAD!**

**There is:**

**walking behavior   talking behavior  
sitting behavior   standing behavior  
smiling behavior   eating behavior**

**Have you ever  
been outside  
when there  
wasn't any  
weather?**



# Until You're Dead

**Five adolescents on the street corner, with no opportunities for employment, education, recreation, volunteering -**

*Will they behave?*

Certainly – vandalizing, stealing and other criminal mischief!

**Five elderly residents of a nursing home with no opportunity for social interaction, crafts and games-**

*Will they behave?*

Certainly – wringing hands, pacing the halls and moaning!

**Such behavior is not a function of adolescence or old age!**



**Be Flexible**

**“Take what you  
can get  
closest to  
what you  
want.”**

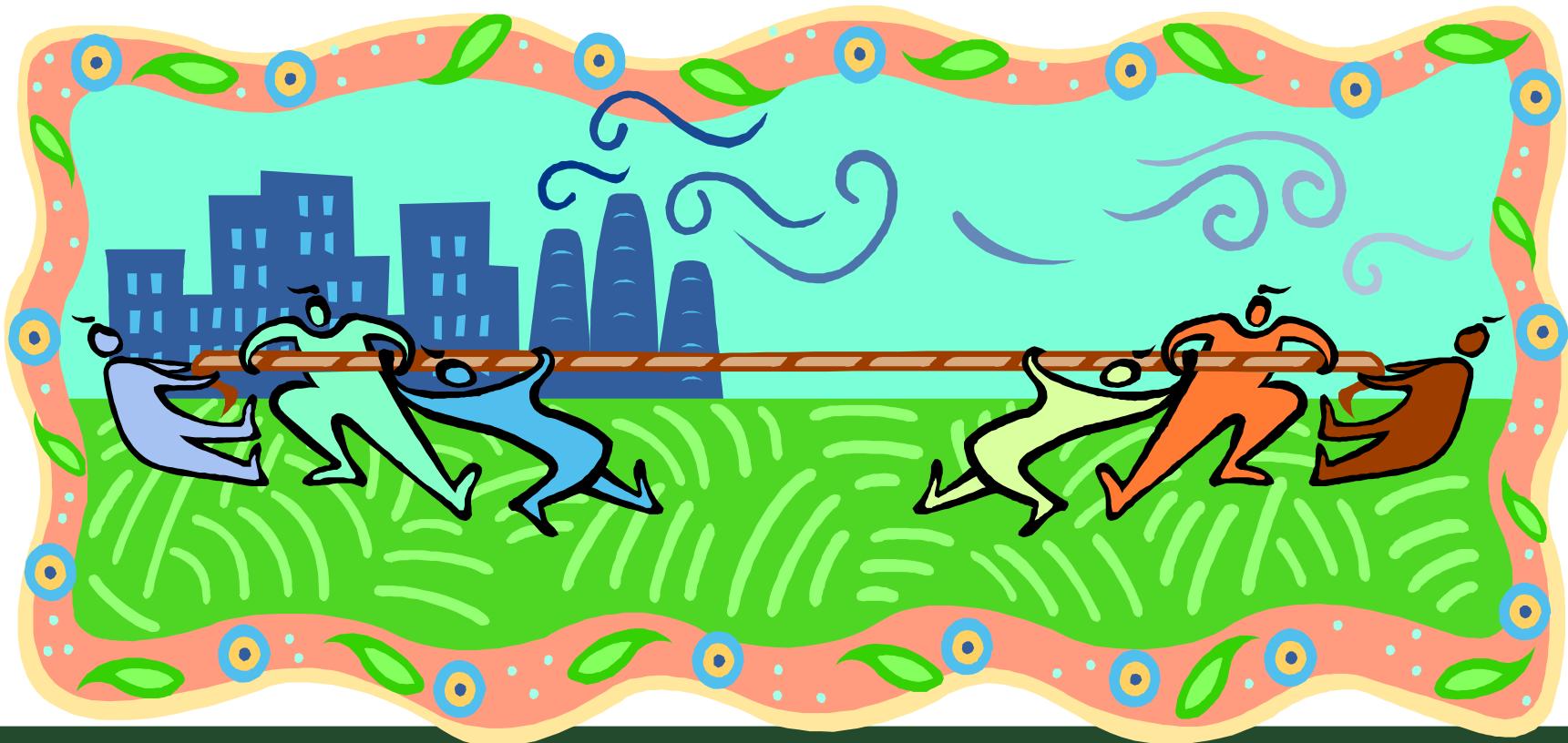
**-- Lee Graber**



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**"If You Make It A  
Struggle - YOU  
Will Lose."**

Lee Graber



Universal Enhancement

# Avoid A Struggle

When  
individuals  
refuse....  
don't give  
ultimatums!  
offer options!



# The Mountain Must Come

If Mohammed  
will not go to  
the mountain,  
the mountain  
must come to  
Mohammed.

From Essay by Sir Francis Bacon (1625)  
(first appearance in English)



# Ice Cream Headaches

Behavior Management Plans are part of a puzzle that doesn't fit our ethic.

**Self-injurious behavior and aggression are ice cream headaches for psychologists and behaviorists.**

**It sure tasted good going down!**

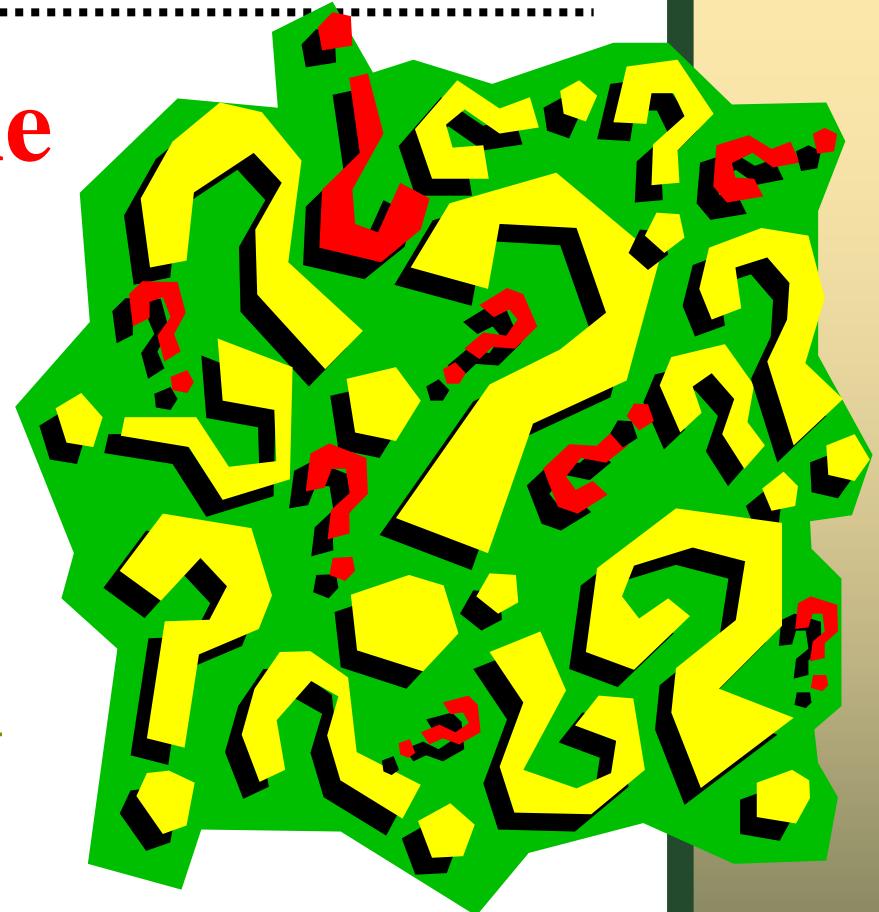


# The Question.....

....is as important as the answer!

Our *effort* to resolve challenges that erode quality of life is a statement of how much we care.

Not having the answer is forgivable; failure to ask the question is not.



# Intractable Interfering Behavior

That behavior or conduct  
adversely impacting Quality of  
Life and which is marked by a  
tenacious unwillingness to yield  
to best practice  
therapeutic  
intervention.

Tom Pomeranz



Universal Enhancement

# **Act**

**When behavioral issues adversely effect QOL, initiate intervention ----- expeditiously, creatively, consistently and sensitively.**

**Such action:**

**Communicates that we care**

**Empowers staff**

**Enhances clinical skills**

**Demonstrates empathy**

**Provides protective oversight**

**Achieves regulatory compliance**

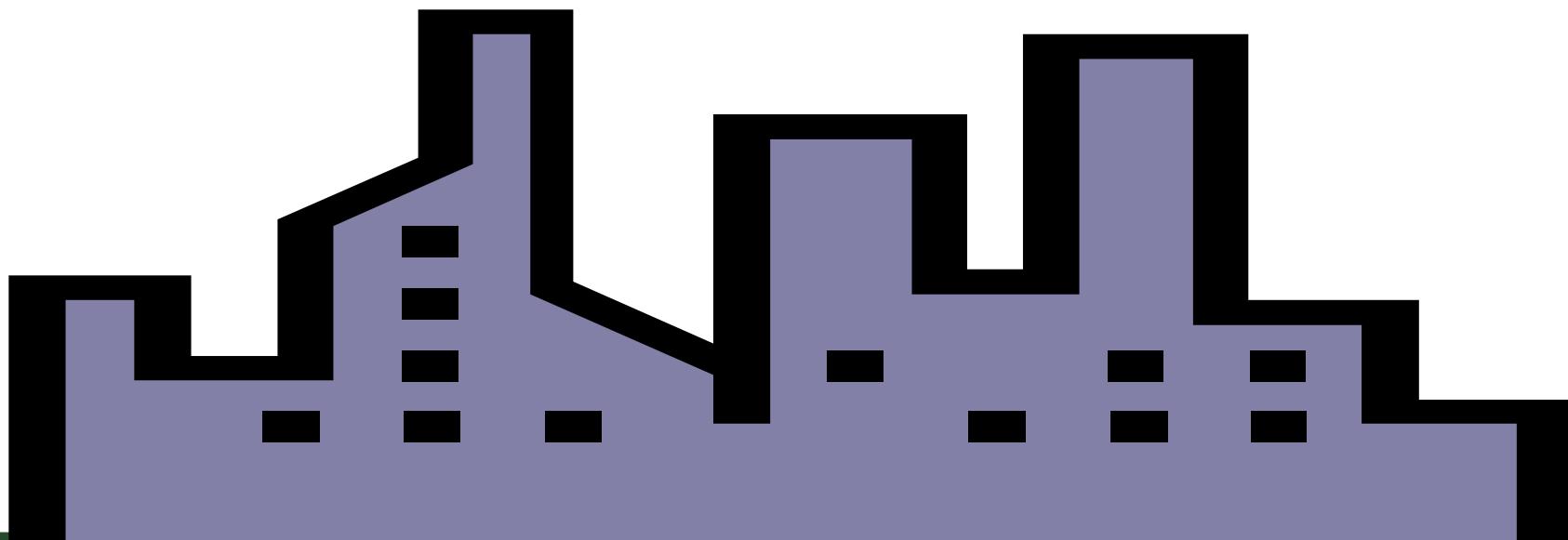
**Do Something Even If It's Wrong!**

**Universal Enhancement**

# Nosocomial Behavior

## Definition:

*Interfering behavior  
acquired in an institutional  
environment as a result of  
“active treatment services.”*



# Causes of Nosocomial Behavior

**Cost-response**

**Overcorrection**

**Rigid schedules**

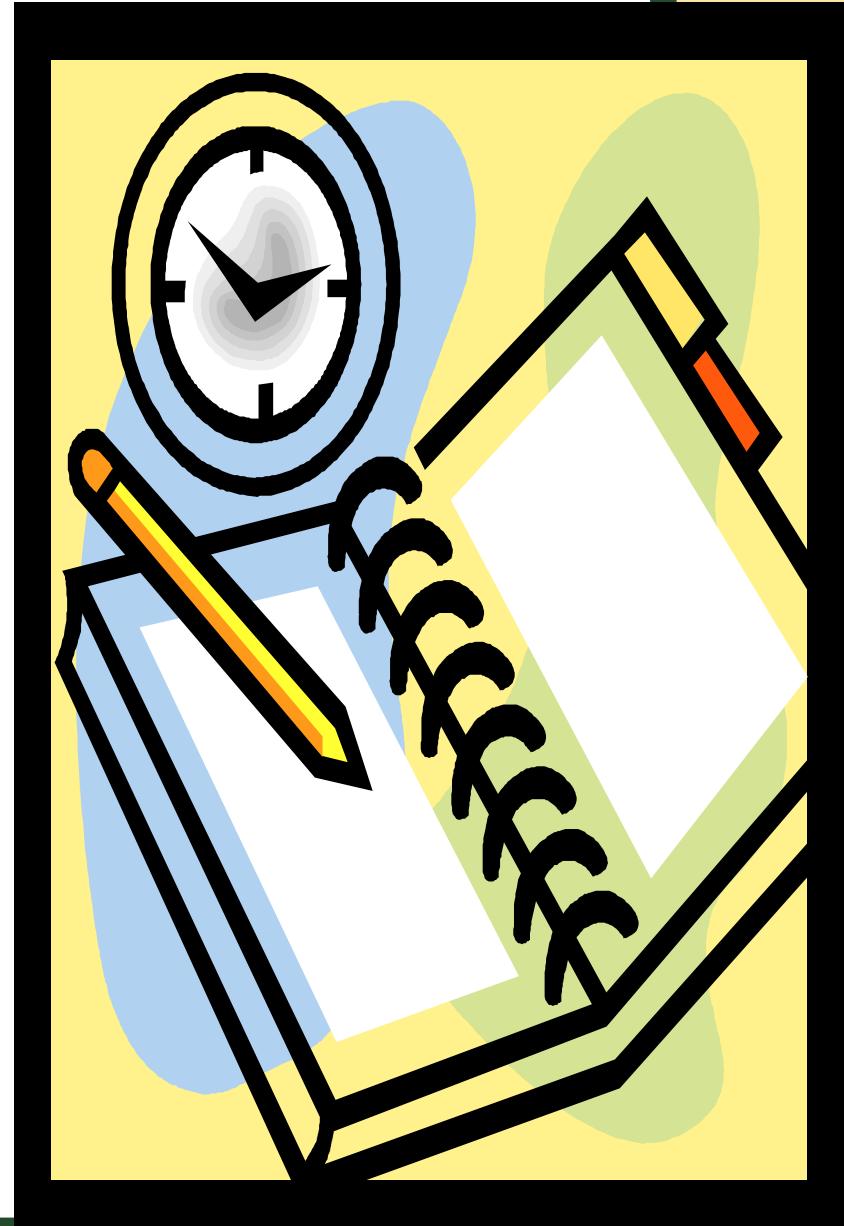
**Non-Exclusionary  
time out**

**Positive punishment**

**Simulated tasks**

**Level systems**

**Exclusionary  
time out**



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# Causes of Nosocomial Behavior (cont'd)

Token Economies  
Behavioral Contracts  
Schedules of Reinforcement  
Planned Ignoring  
Activity Schedules

Placement Menus

Programs

Habilitation Behavior

Management

A controlling “DO TO” mentality drains the life out of its subjects.

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# Keep 'em Dependent

Limiting opportunities, options,  
education and experiences  
assures dependence.

## Oppressor

Chauvinistic husband	.....	Oppressed
White slave owner	.....	Abused wife
Loan shark	.....	Black slave
Drug dealer	.....	Debtor
Pimp	.....	Drug addict
Coal baron	.....	Prostitute
?	.....	Coal miner
		People with intellectual disabilities

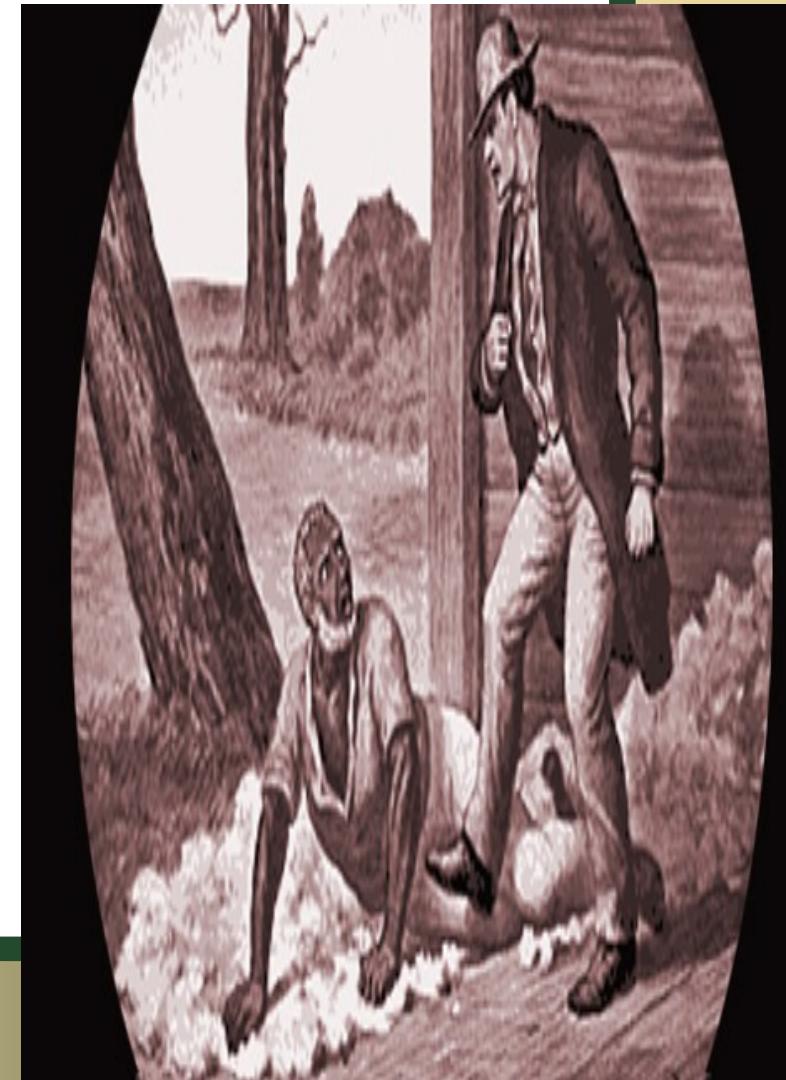
The oppressor has always  
known this about the oppressed.

# **Dependence Is Control**

---

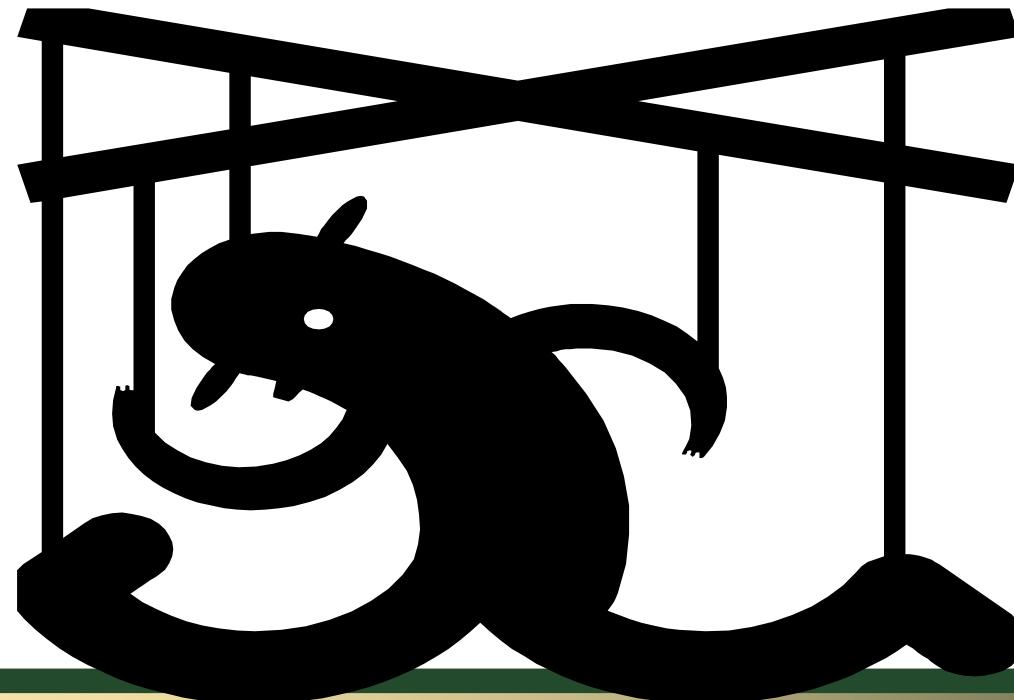
**When an individual is dependent upon you, behavior is easy to control.**

**The more dependent the individual, the easier it is to increase their need!**



Control

**Control is the  
behaviorist's  
reinforcer.**



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# **Discrepancy of Power**

The use of reinforcement in the management of interfering behavior constitutes a discrepancy of power and control, as well as contributing to it.

**Reinforcement benefits the more powerful party –**

**the**

**“Reinforcer.”**

Paraphrased Alfie Kohn, Punished by Reward

Universal Enhancement



# Ask Why????

## Challenge Assumptions

- Why is everyone awakened at 6:30am on weekends?
  - That's the schedule
- Why does Bob receive seizure medications, though seizure free for eight years?
  - It's ordered by the physician
- Why isn't anyone allowed to carry more than \$5?
  - It is required Agency fiscal policy
- Why do staff wear rubber gloves when assisting people in brushing their teeth?
  - It's mandatory in the Nursing Policy Manual
- Why hasn't anyone been given the opportunity to eat star fruit, plantains, calamari or coconut milk?
  - It's not specified in the menu

*If it doesn't look right – feel right, or smell right - It's probably not right – CHANGE IT!*

# Attention-Getting "Behaviors"

*Attention-getting:* to cause oneself to become the object of attention.



*Prestige:* a desire to achieve a high reputation or influence arising from success, achievement, etc.



# **It's Not Attention**

**If attention is what people are really seeking, then intensive attention should address their unmet need.**

**It is likely that no amount of attention will fulfill the person's need.**

**For it is not attention that the person is seeking –**

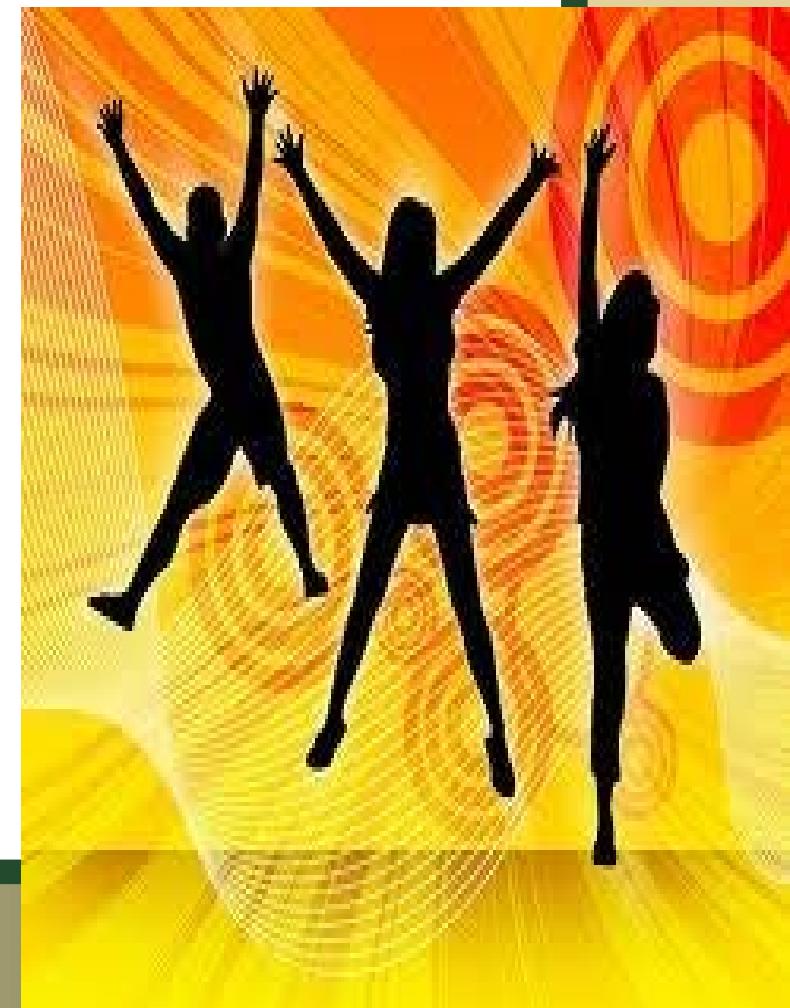
**It's Prestige!**



# Realizing Prestige

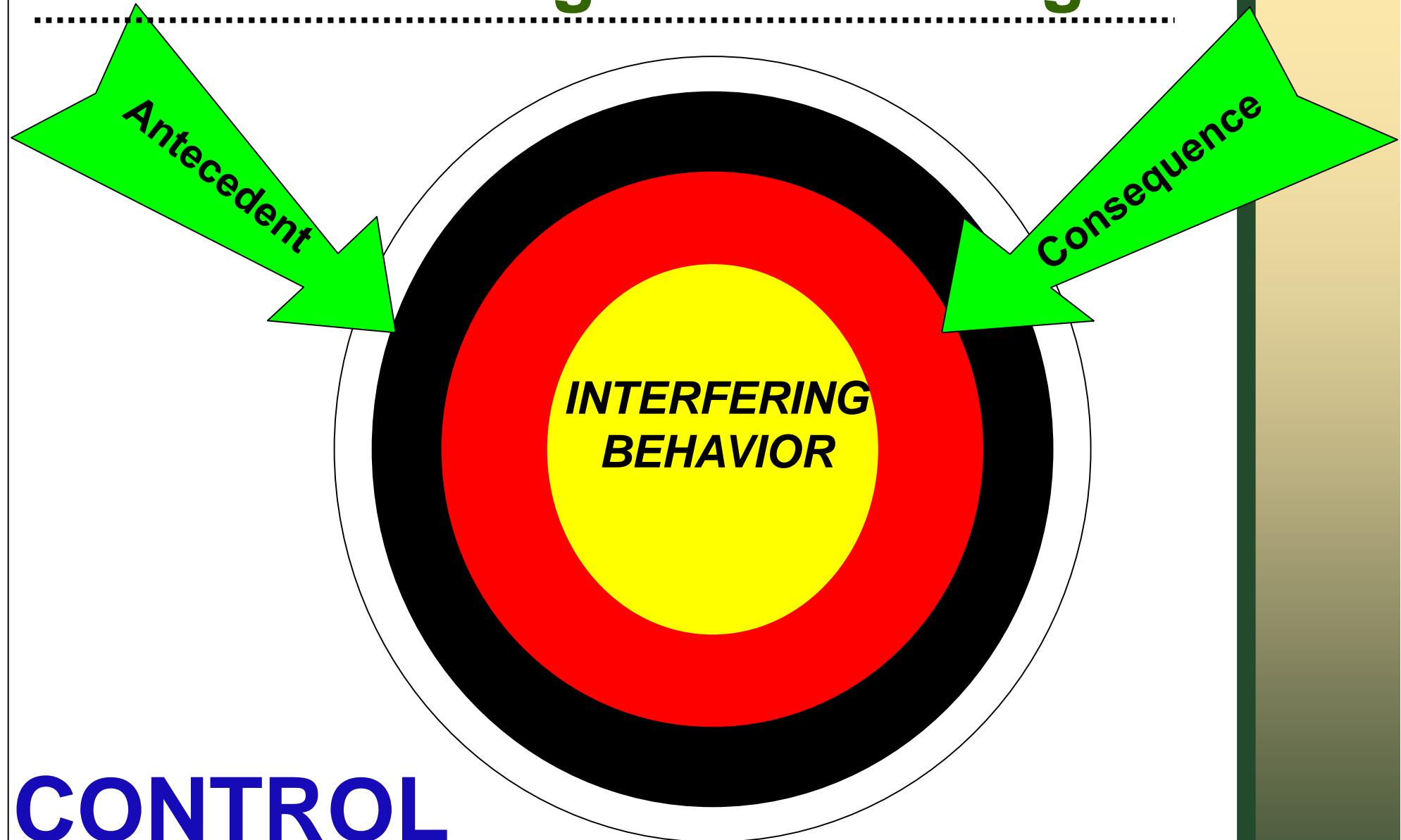
Prestige is realized when we address and fulfill an individual's unmet needs that arise from pathologies, deficits, anomalies and aberrant:

Psychological/Psychiatric  
Biological/Medical  
Social/Environmental  
conditions.



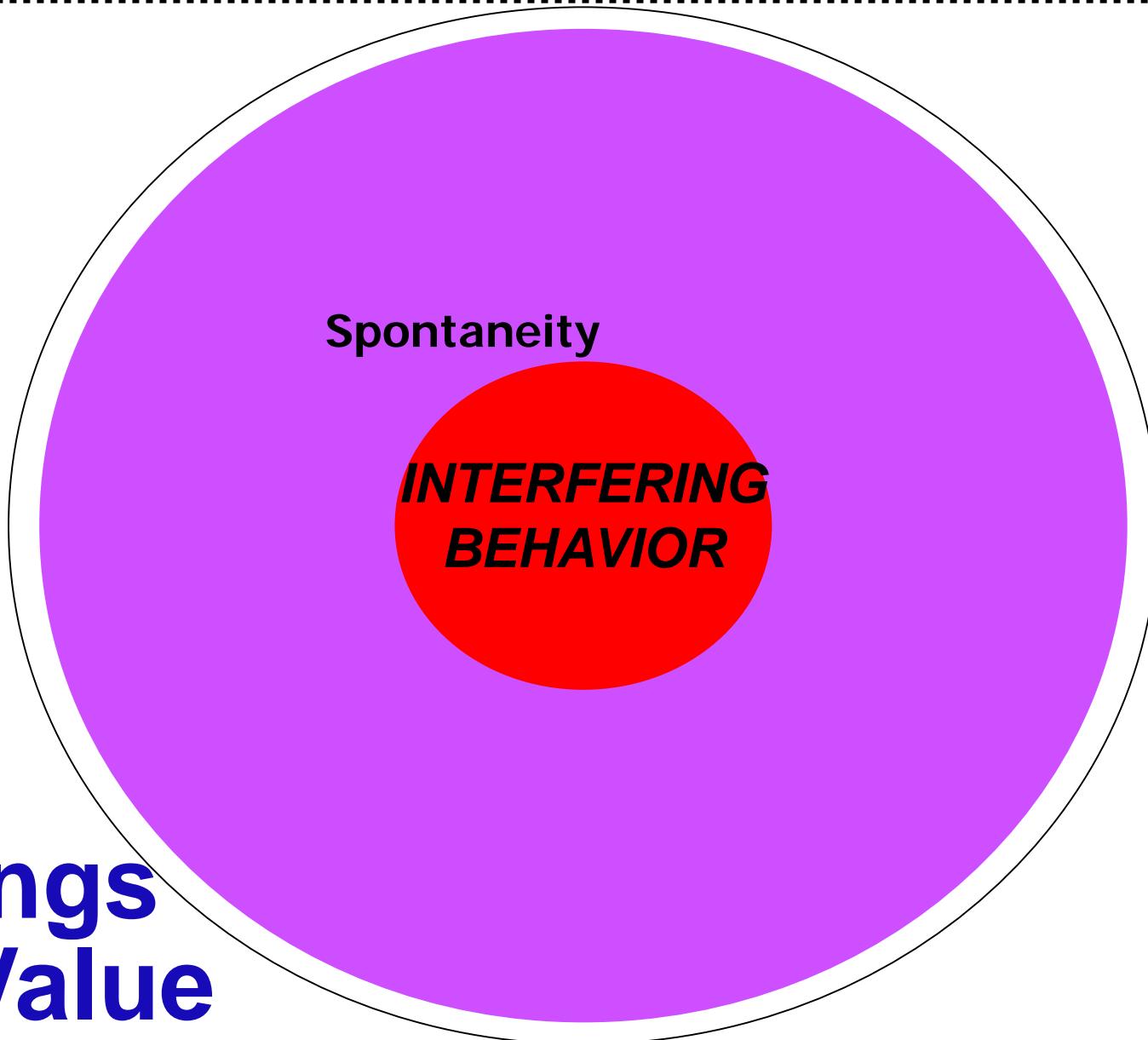
Universal Enhancement

# Behavior Management Strategies



Universal Enhancement

# Universal Enhancement Strategies



Things  
of Value

Universal Enhancement

# **It's Not Time Yet...**

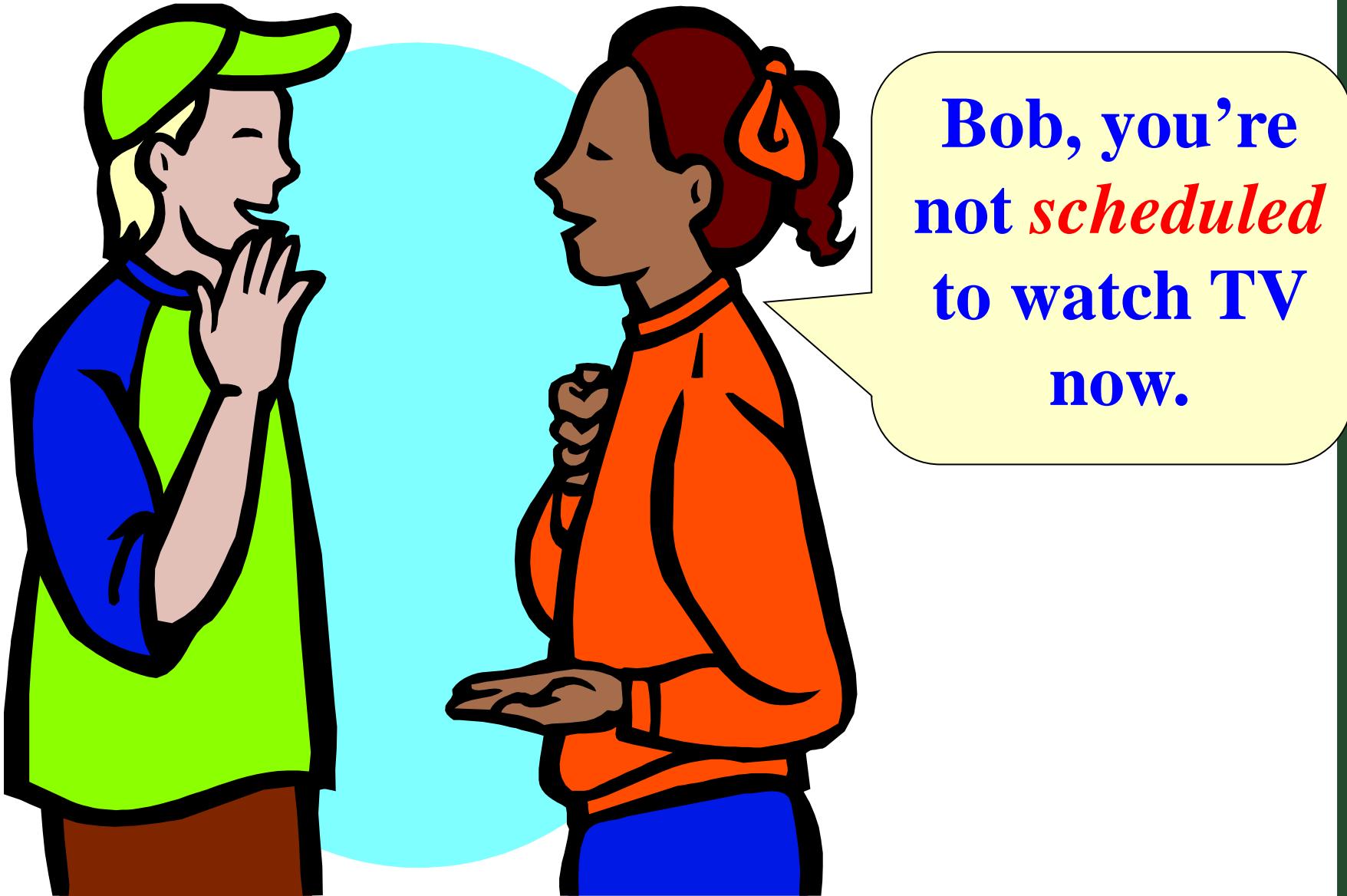
**...to:**

- have another cigarette**
- take a shower**
- drink another cup of coffee**
- lie down on your bed**
- go outside**
- watch TV**

**The mantra of staff  
who fear losing  
control**

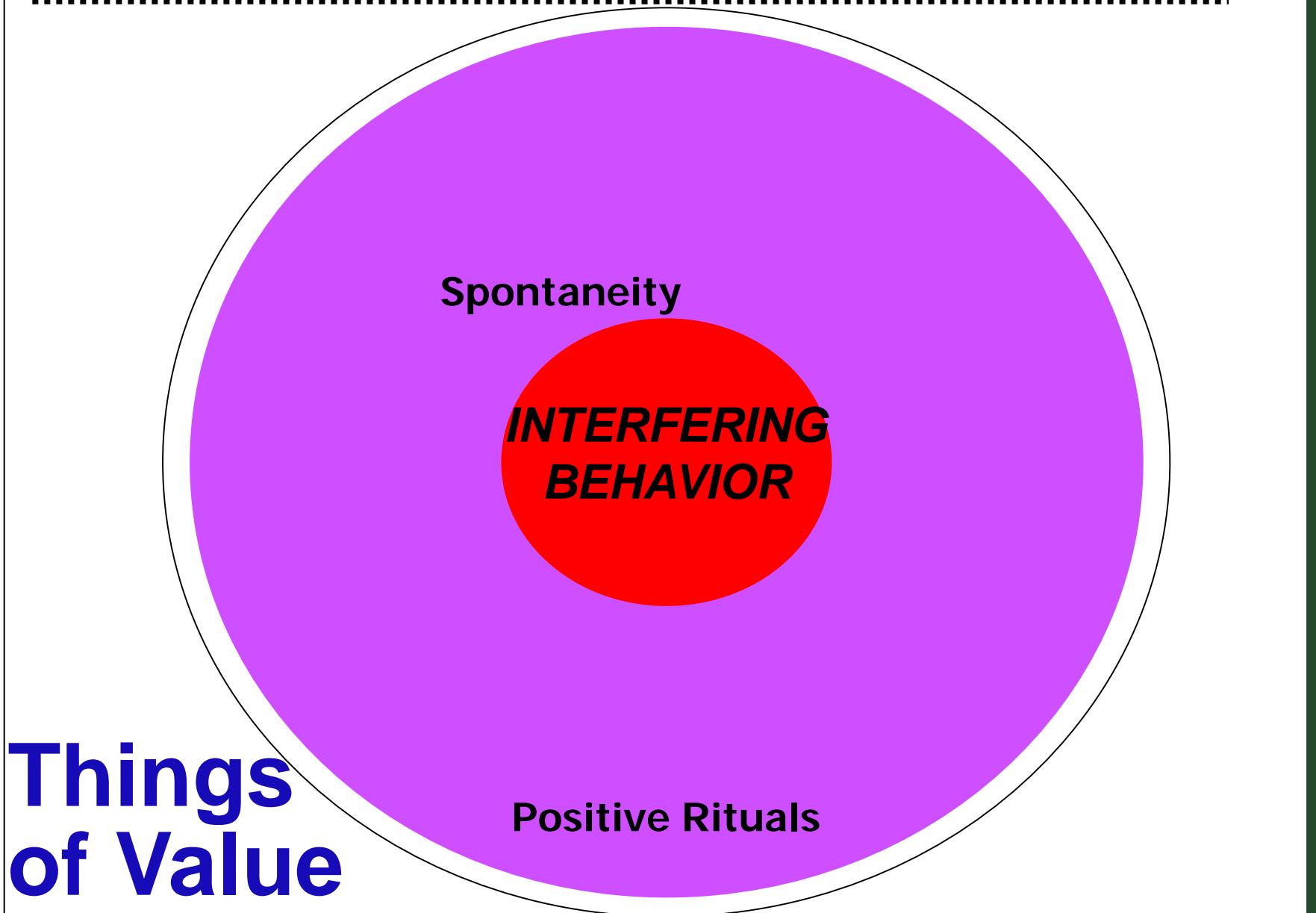


# Spontaneity



Universal Enhancement

# Universal Enhancement Strategies



Universal Enhancement

# Positive Rituals



*Raiding the refrigerator  
late at night*



*Calling your mother  
every Sunday afternoon*



*Using your treadmill  
every morning*



*Shaving with a brush*

**Supporting others in developing positive  
rituals enhances the quality of life.**

Universal Enhancement

# Universal Enhancement Strategies



## Things of Value

Universal Enhancement

# **The Cure?**

**Behavior  
management  
is itself the  
disease for  
which it  
purports to  
be the cure!**



# Supporting Inclusive Behavior

Mend  
Socialize  
Connect  
Communicate  
Initiate



**Mend**

**Design Life Styles**

**Identify the obstacles**

**Modify the environment**

**Redirect and Protect**

**Offer gentle physical support**

**Support choice-making**

**Consider a Temporary**

**Medication Plan**

**Assess the need**

**Start low, go slow**



**Universal Enhancement**

# **Socialize**

## **Develop Tolerance of Others**

**Teach kindness**

**Interact with others in  
non-task focused ways**

**Allow people to adjust to their  
own personal space**

**Promote "Unconditional Positive  
Regard"**

**Provide attention and praise for each  
person's interests and gifts**

**Facilitate occasions for successful interaction**

**Introduce giving and receiving**

**Encourage people to give and do for others**

**Promote expressions of appreciation**



# **Connect**

**Nurture the establishment of valued relationships**

**Promote interactions with people other than family, staff and other support recipients**

**Recognize that developing a relationship takes time-don't rush it**

**Foster mutual smiles and touches**

**Demonstrate your connections with others**

**Promote a sense of humor**

**Have a good time-share laughter**

**Celebrate special events, life's accomplishments and being together**



# **Communicate**

**Exercise skills of listening**

**Role model listening to others**

**Listen slowly and carefully**

**Share expressions of feelings**

**Share your feelings - show  
your emotional side**

**Support self-determination and self-  
advocacy**

**Allow individuals to exercise control  
over their lives**

**Recognize that skills acquisition  
enhances self-determination**



# **Initiate**

**Build upon the activities and items valued by the person- individualize**

**Identify strengths - they form the basis of future growth**

**Promote rituals of membership**

**Encourage participation in activities that say "I belong"**

**Celebrate the milestones of developing a presence**

**Introduce**

**Seize upon all opportunities to assist others in making new acquaintances**

**Assure that the skills acquired enhance the quality of the person's life**



**Shame on the System For:**

**Requiring people to eat food  
dictated by a dietician with no  
clinical justification**

**Denying people an opportunity  
to be gainfully employed**

**Imposing schedules that control  
when, where, and how often**

**Creating obstacles which  
impair the person's right  
of sexual expression  
and intimacy**

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# **Shame On The System For: (cont'd)**

**Treating adults as children**

**“Programming” people to acquire skills  
that have little to no relevance in their  
lives**



**Universal Enhancement**

# **Underarm Deodorant Is Not Where It's At**

---

*Is learning  
to put on  
underarm  
deodorant  
part of  
your  
preferred  
future?*



Universal Enhancement

# **Shame On The System For: (cont'd)**

**Treating adults as children**

**“Programming” people to acquire skills  
that have little to no relevance in their  
lives**

**Failing to recognize that the expression of  
anger in the people we support is their  
attempt to communicate their unmet  
needs**

**Supporting the use of Human Rights  
Committees which seldom address  
the right of people to be “Free To”**

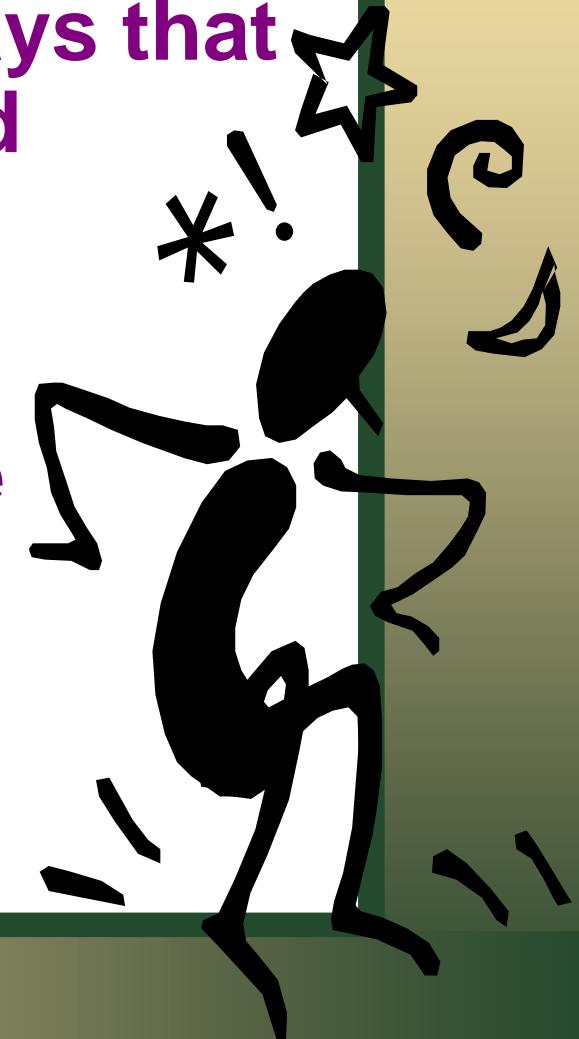


# **Shame On The System For:**(cont'd)

**Defining “Mall Herding” as a  
reimbursable therapeutic intervention**

**Allowing people to behave in ways that  
erodes their human dignity and  
justifying that allowance as a  
rights issue**

**Selecting housemates for people  
with neither their input or  
sanction**



# **Shame On The System For: (cont'd)**

---

**Justifying segregated housing,  
employment, and leisure pursuits as a  
strategy to address special needs**

**Using language in referencing  
people we support in  
demeaning and devaluing ways**

**Ignoring the tragic results from  
nurturing learned helplessness**



# **Shame On The System For:** (cont'd)

**Accepting regulatory standards  
that are indifferent as to  
whether people “have  
a life”**

**Conducting “I...” meetings  
which tarnish the  
reputation of the  
individual for whom  
the meeting is held**



# Measuring Quality of Life

Are the people for whom you provide support humans being or humans doing?

## Human Doing

Go to a restaurant

Go to work

Go bowling

Mail a letter

Make a bank deposit

Check out a library book

## Human Being

Visiting a sick friend

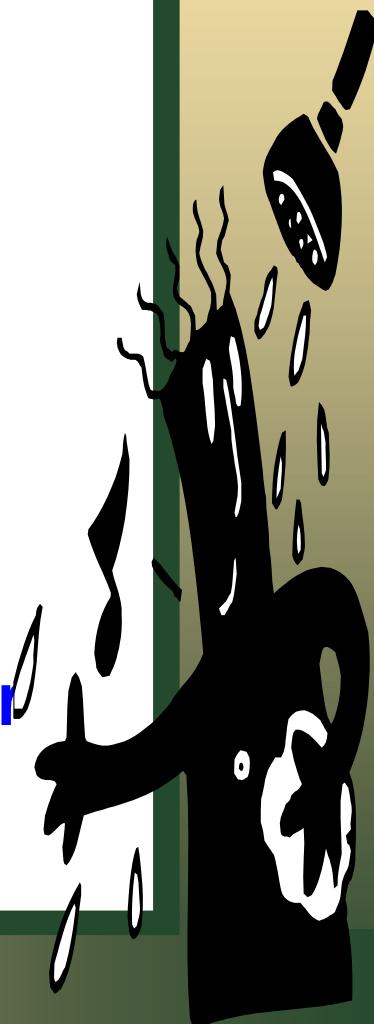
Smelling flowers

Making a baby laugh

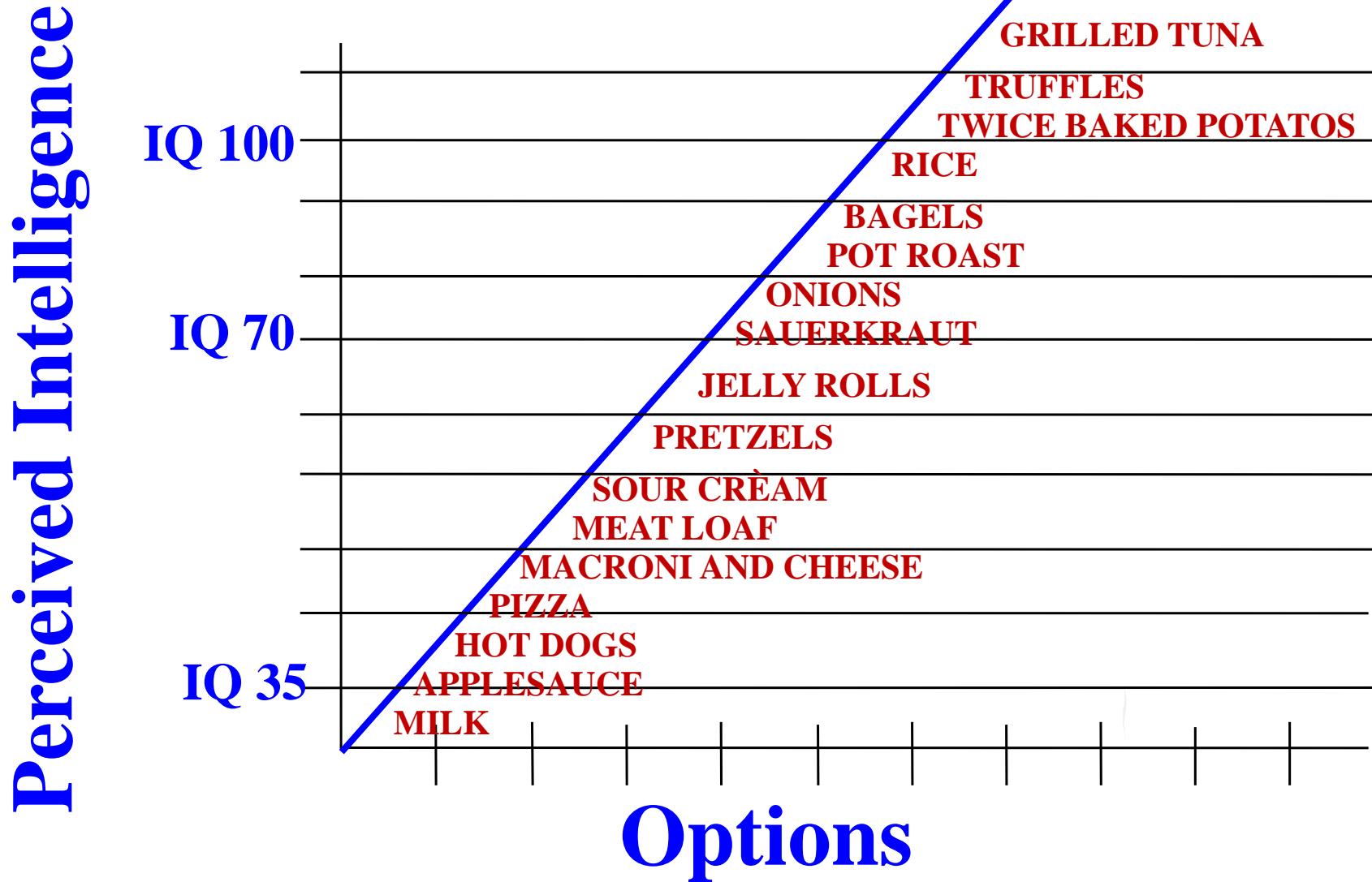
Crying at a sad story

Watching the sun set

Singing in the shower



# Supporting Preferences



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# Punishment

---

**Punishment is the antithesis of reward.**

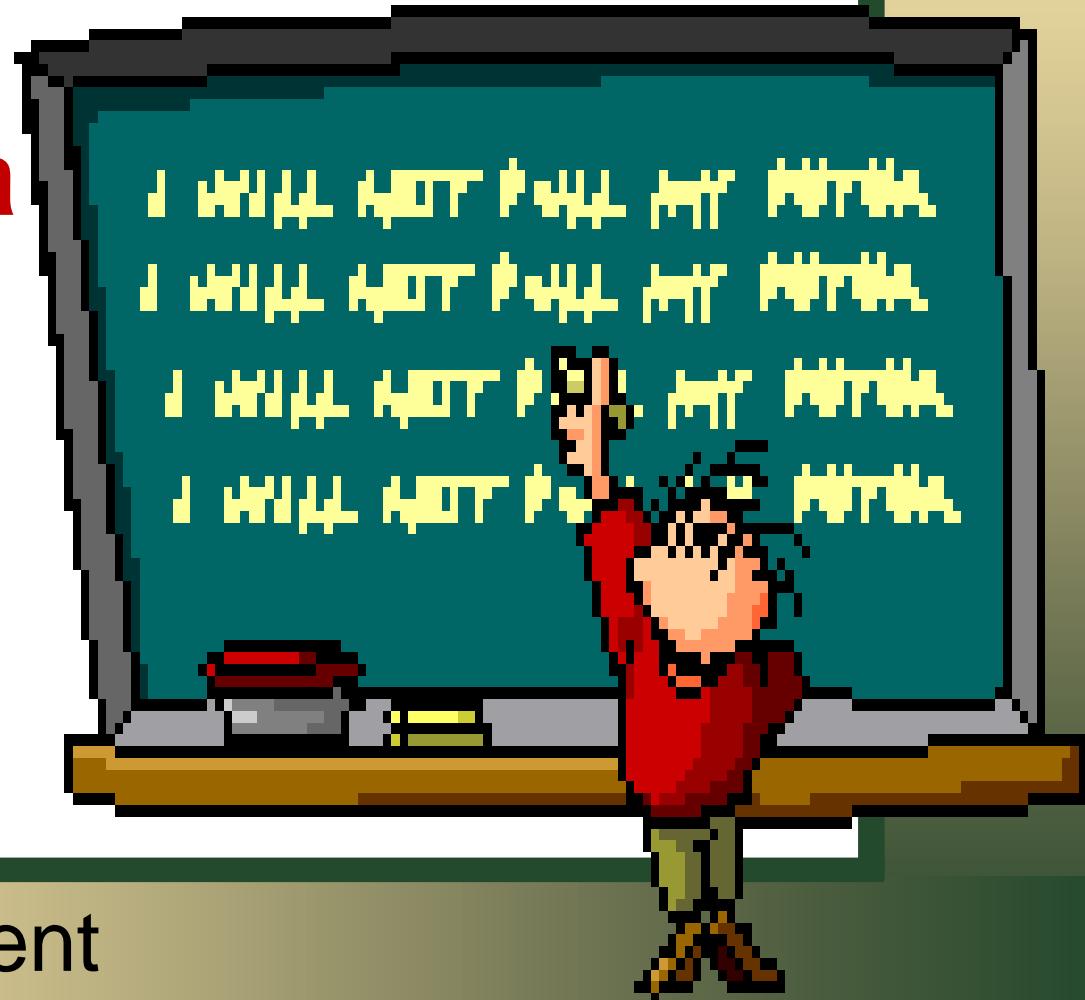
**Without reward there is no punishment.**

**Without punishment there is no reward.**

*This maxim serves as the foundation for positive behavioral supports.*

# **Negative Punishment...**

**...in psychology, the reduction  
of a behavior via a stimulus  
which is applied (positive  
punishment)  
(e.g. giving extra  
chores)**



# Aversive Shock



At the Rotenberg Center, students as young as nine and ten receive shocks for misbehaving. Employees wear remotes bearing a picture of each child around their waist so they don't shock the wrong kid.

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# Self Injurious Behavior

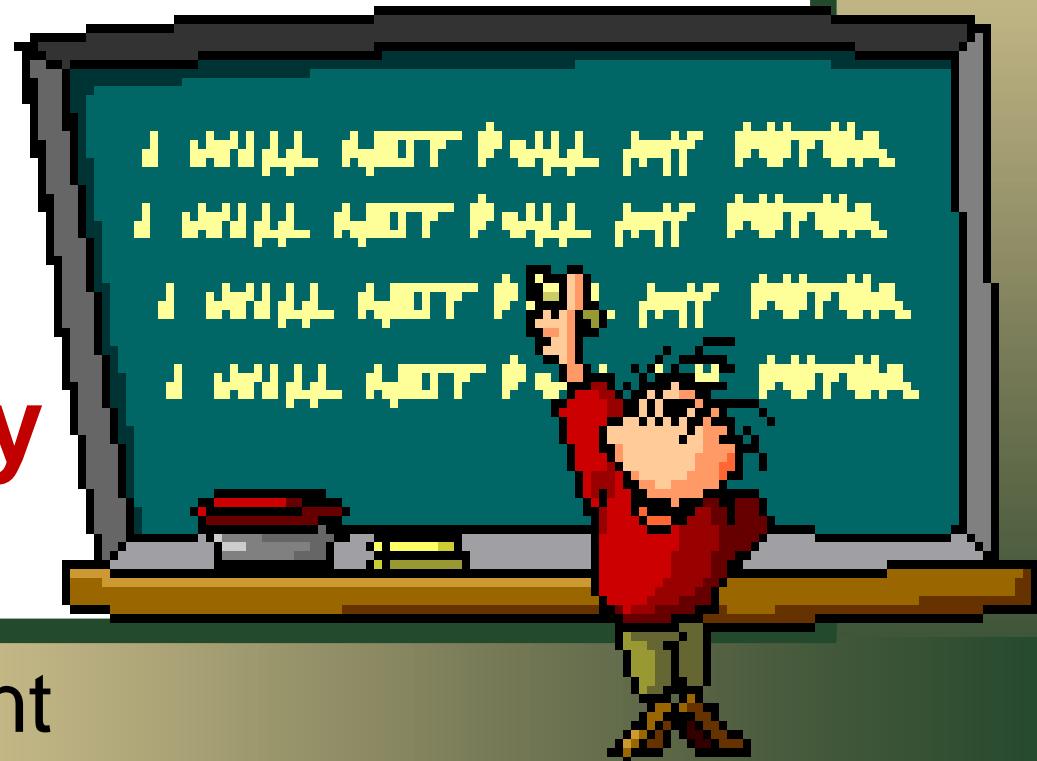
How  
do you  
keep  
him  
safe?



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# **Negative Punishment...**

**...in psychology, the reduction of a behavior via a stimulus which is applied (positive punishment) (e.g. giving extra chores) or when the stimulus is removed (negative punishment) (e.g. withholding a preferred activity or item).**



# Reinforcement Menu

**When withholding the reinforcer fails to be sufficient negative punishment to increase the frequency/intensity of the preferred behavior, the behaviorist...**

reformulates the reinforcement menu to increase the effectiveness of the negative punishment **OR** increases the state of the individual's deprivation.



# What's So Positive?

Why do they call  
it Positive  
Behavioral  
Support if the  
primary  
intervention is  
negative  
punishment?



# Four Influences

**Laws:** The body of rules and principles governing the affairs of a community and enforced by a political authority.

**Folkways:** Practices, customs or beliefs shared by the members of a group of their common culture.



# Folkways

A practice, custom, or belief shared by the members of a group as part of their common culture.....

Honeymoon

Prom

Baby Shower

Graduation Ceremony

Bachelor Party

Birthday Party

Wedding



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# Four Influences

**Laws:** The body of rules and principles governing the affairs of a community and enforced by a political authority.

**Folkways:** Practices, customs or beliefs shared by the members of a group as part of their common culture.

**Mores:** The accepted traditional customs and usages of a particular social group.



# New Year

How do the people you support celebrate the New Year -

- making a toast?
- making a resolution?
- calling family?
- attending a party?
- eating traditional food?
- lighting fireworks?



# Four Influences

**Laws:** The body of rules and principles governing the affairs of a community and enforced by a political authority.

**Folkways:** Practices, customs or beliefs shared by the members of a group as part of their common culture.

**Mores:** The accepted traditional customs and usages of a particular social group.

**Bond:** A duty, promise or other obligation by which one is bound.



# **Value of Relationships**

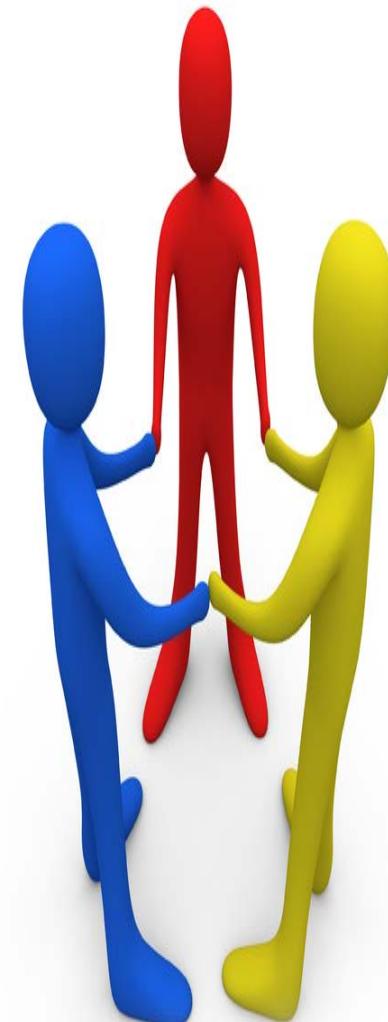
**Instead of interventions of  
seclusion utilize the intervention  
of inclusion!**

**Relationships  
have far greater  
therapeutic  
value!**



# **Most Important**

**Relationship is the  
single most important  
therapeutic  
modality for  
ameliorating threats of  
violence, emotional  
crises and the need for  
restraint.**



Peter Breggin, M.D. Psychiatrist

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**Bond**

**When you bond with people they are less likely to behave in a way to disappoint you.**



# Tarnished Reputation



A reputation may be tarnished not only  
by what one allegedly did, but also by  
where they resided.

# Influence of Others

How can people learn to behave in socially acceptable ways when everyone they live with or spend time with behaves in socially unacceptable ways?

Are specialized programs for people with interfering behaviors clinical best practice?



# Influences On Behavior

## Medical/Biological

Temporal Lobe

Epilepsy

Overactive Thyroid

Diabetic

Neuropathy

Menopause

Enlarged Prostate

Untreated

Hydrocephaly

Muscle Spasms

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# Influences on Behavior (cont'd)

## Medical/Biological

Fecal Impactions

Lesch-Nyan  
Syndrome

Sensory  
Impairment

Sleep Apnea

Medication  
Reaction

Toothache

Migraine  
Headaches

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# Influences On Behavior

## Medical/Biological

Temporal Lobe

Epilepsy

Overactive Thyroid

Diabetic

Neuropathy

Menopause

Enlarged Prostate

Untreated

Hydrocephaly

Muscle Spasms

## Environmental

Extreme  
temperature

Loud noise

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**The Only Guarantee**

**If no one is listening to  
it or watching it –  
have them turn it off.**

**Speak softly –  
keep things quiet.**

**Conduct will improve  
in direct relationship  
to diminished  
noise levels.**



# Influences On Behavior

## Medical/Biological

Temporal Lobe  
Epilepsy  
Overactive Thyroid  
Diabetic  
Neuropathy  
Menopause  
Enlarged Prostate  
Untreated  
Hydrocephaly  
Muscle Spasms

## Environmental

Extreme  
temperature  
Loud noise  
Rigid schedules  
Lack of privacy  
Hunger  
Neglect  
Abuse  
Limited  
accessibility  
Poor body  
positioning

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# Influences on Behavior (cont'd)

## Medical/Biological

Fecal Impactions

Lesch-Nyan  
Syndrome

Sensory  
Impairment

Sleep Apnea

Medication  
Reaction

Toothache

Migraine

Headaches

## Environmental

Interrupted  
Rituals

Lack of Options

Boredom

Sexual  
Frustration  
Social  
Intolerance

# Influences On Behavior

## Medical/Biological

Temporal Lobe  
Epilepsy  
Overactive Thyroid  
Diabetic  
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Menopause  
Enlarged Prostate  
Untreated  
Hydrocephaly  
Muscle Spasms

## Environmental

Extreme temperature  
Loud noise  
Rigid schedules  
Lack of privacy  
Hunger  
Neglect  
Abuse  
Limited accessibility  
Poor body positioning

## Psychological/ Psychiatric

Active hallucinations  
Obsessive/  
Compulsive  
Disorder

## **Obsessed - Hoarding**

**This is a result of hoarding, an Obsessive Compulsive Disorder.**

**What are the interventions?**



# Influences On Behavior

## Medical/Biological

Temporal Lobe  
Epilepsy  
Overactive Thyroid  
Diabetic  
Neuropathy  
Menopause  
Enlarged Prostate  
Untreated  
Hydrocephaly  
Muscle Spasms

## Environmental

Extreme temperature  
Loud noise  
Rigid schedules  
Lack of privacy  
Hunger  
Neglect  
Abuse  
Limited accessibility  
Poor body positioning

## Psychological/ Psychiatric

Active hallucinations  
Obsessive/  
Compulsive  
Disorder  
Prader-Willi  
Syndrome  
Pervasive Dev.  
Disorder

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**Each Is Different**

**Autism is like  
snowflakes;  
no two are  
alike.**

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# **Autism: A Chameleon**

**Autism is like a chameleon – continually altering its signs and symptoms**

**Autism can look like:**

**Intermittent Explosive Disorder**

**Obsessive-Compulsive Disorder**

**Bi-polar Disorder**

**Oppositional Defiant Disorder**

**Attention-deficit/Hyperactivity**

**Disorder**

**Intellectual Disability**

**Stereotypic Movement Disorder**



# **Autism Spectrum Disorder**

**Reclusive**

**Hypersensitive to touch**

**Ritualistic**

**Difficulty in transitioning**

**Obsessive**

**Frenetic**

**Stereotypical**

**Echolalia**

**Diverts eyes**

**Flat vocal intonation**

**Savant abilities**

**Self-injurious**

**What do these traits have to do with intellectual disabilities?**

**If it looks, smells and feels like a rose, it probably is a rose!**



# Spectrum Disorder

This variance in symptoms has historically made the diagnosis of autism allusive:

Mute



Reclusive



Hypo-sensitive

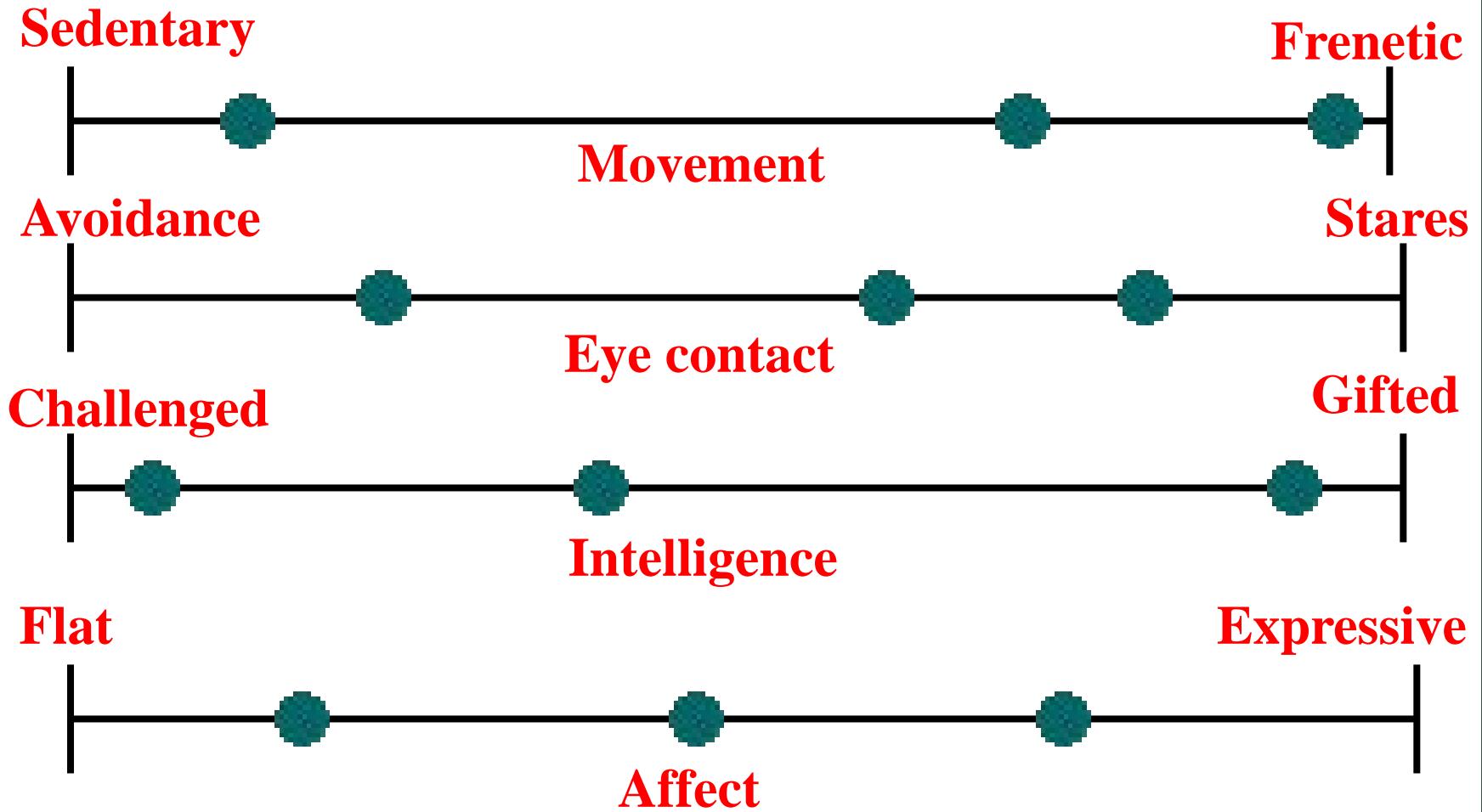


Hypo-sensitive



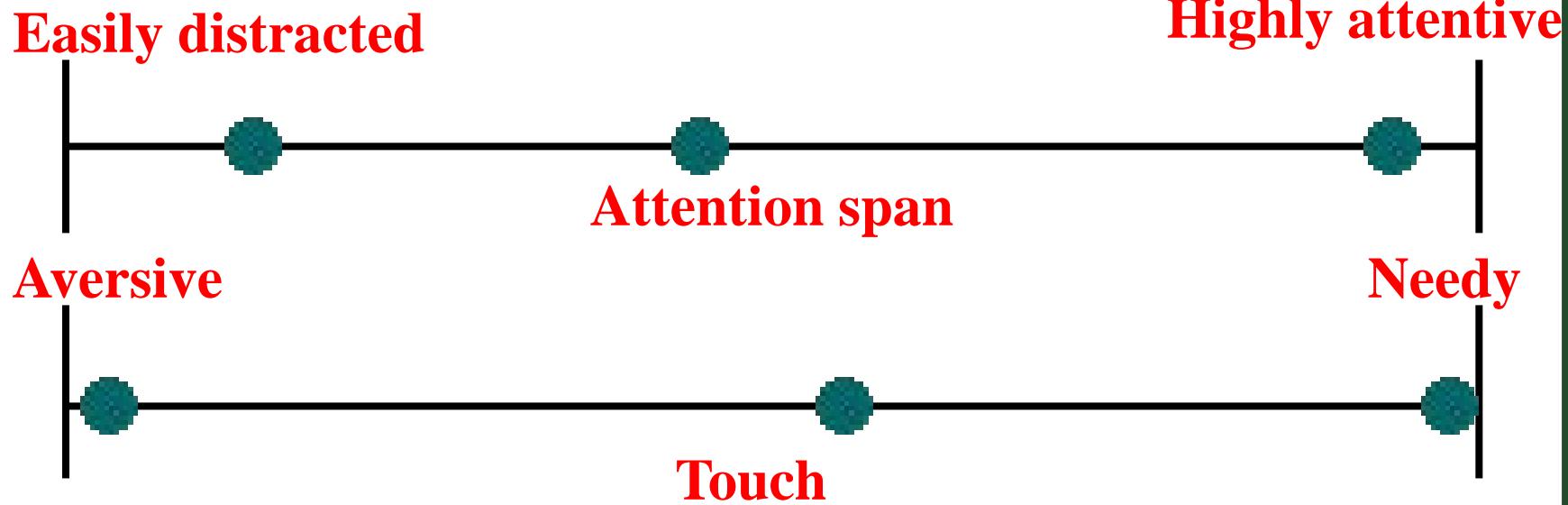
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# Spectrum Disorder (cont'd)



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# Spectrum Disorder (cont'd)



Each of these characteristics are independent of each other!

# **Diagnostic Overshadowing**

**Overshadowing occurs when one diagnosis stops another from being seen or diagnosed. The symptoms are attributed to the existing diagnosis. This may lead to the illness(es) and/or condition(s) being missed.**



# Influences On Behavior

## Medical/Biological

Temporal Lobe  
Epilepsy  
Overactive Thyroid  
Diabetic  
Neuropathy  
Menopause  
Enlarged Prostate  
Untreated  
Hydrocephaly  
Muscle Spasms

## Environmental

Extreme temperature  
Loud noise  
Rigid schedules  
Lack of privacy  
Hunger  
Neglect  
Abuse  
Limited accessibility  
Poor body positioning

## Psychological/ Psychiatric

Active hallucinations  
Obsessive/  
Compulsive  
Disorder  
Prader-Willi  
Syndrome  
Pervasive Dev.  
Disorder  
Substance abuse  
Repeated failure  
Paranoia

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# Influences on Behavior (cont'd)

## Medical/Biological

Fecal Impactions

Lesch-Nyan  
Syndrome

Sensory  
Impairment

Sleep Apnea

Medication  
Reaction

Toothache

Migraine

Headaches

## Environmental

Interrupted  
Rituals

Lack of Options

Boredom

Sexual  
Frustration  
Social  
Intolerance

## Psychological/ Psychiatric

Fetal Alcohol  
Syndrome  
Traumatic  
Brain Injury

# Impact of TBI

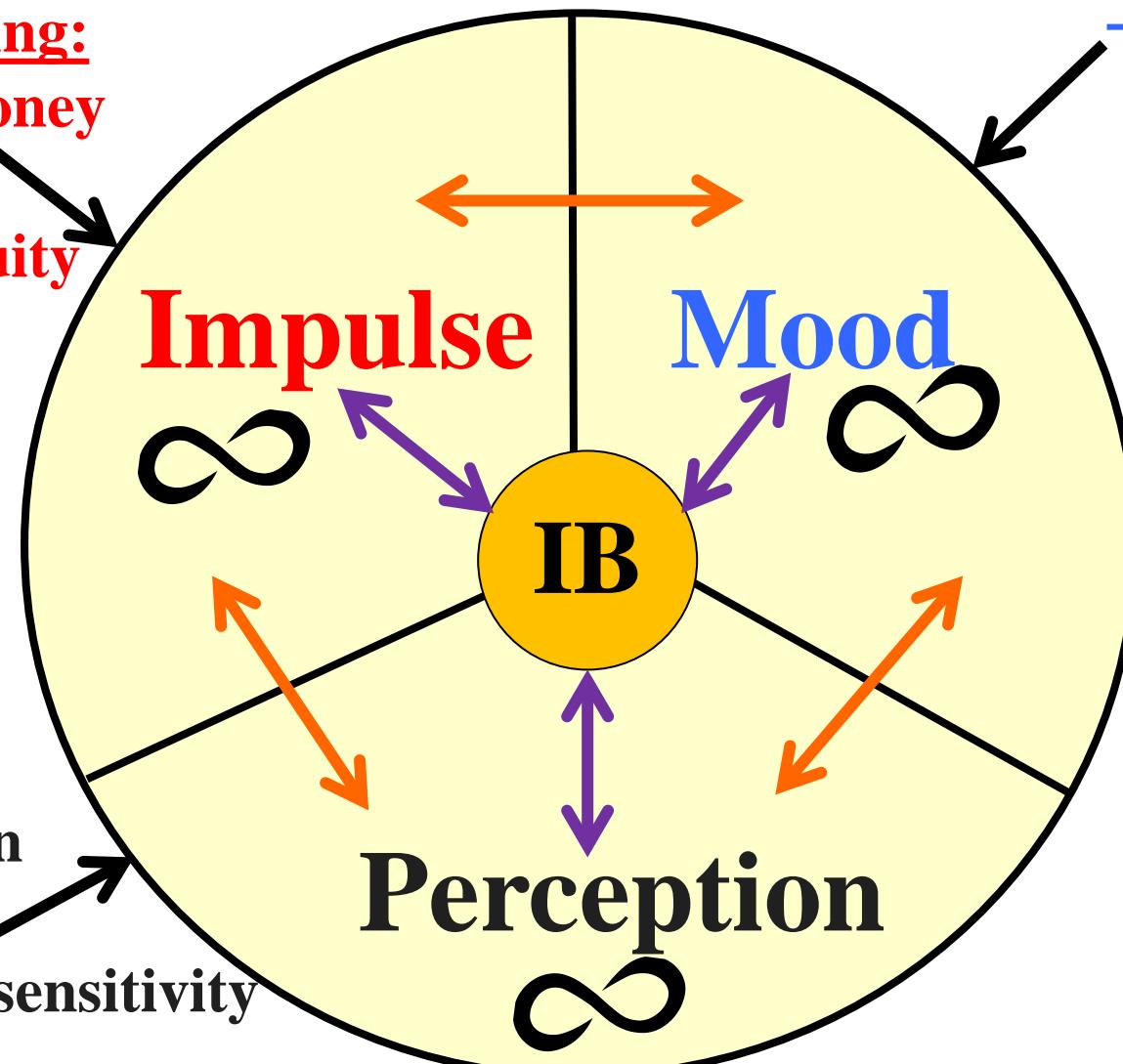
## Risk Taking:

Spend money

Sexual

promiscuity

Drugs



Primary Emotions:  
Regret  
Depression  
Frustration  
Sorrow  
Rejection  
Secondary Emotion:  
Anger

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# Interventions:

## Medication

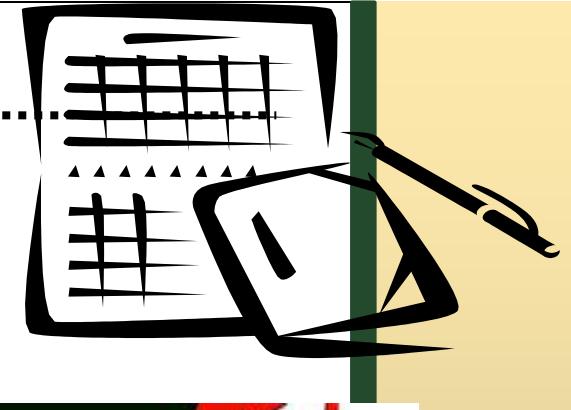
## Environmental modification

## Counseling

## Meditation

## Support group

## Schedules



*support groups*



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# Influences on Behavior

(cont'd)

## Medical/Biological

Fecal Impactions

Lesch-Nyan  
Syndrome

Sensory  
Impairment

Sleep Apnea

Medication  
Reaction

Toothache

Migraine

Headaches

## Environmental

Interrupted  
Rituals

Lack of Options

Boredom

Sexual  
Frustration

Social  
Intolerance

## Psychological/ Psychiatric

Fetal Alcohol  
Syndrome

Traumatic  
Brain Injury

Phobic  
Reactions

Post Traumatic  
Stress

Anxiety/Panic  
Disorder

Low Self-Esteem

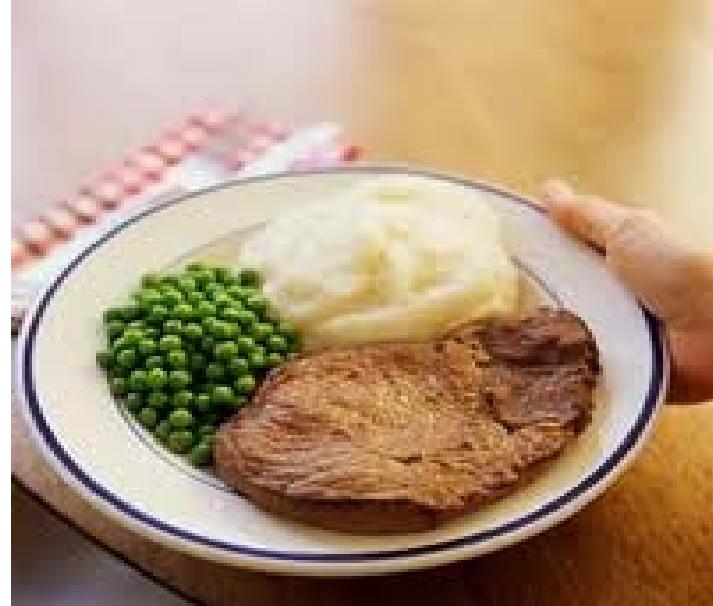
**Can you detail how you would respond to  
each of these influences which can give rise  
to an unmet need?**

# Innovative vs. Traditional

Developing Behavioral Support Plans frequently results in a collision between interventions that are: **innovative, pioneering, groundbreaking, state of the art and inventive** vs. **traditional, typical, conservative, consistent with regulation, policy and customary practice.**



VS.



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# **Interventions**

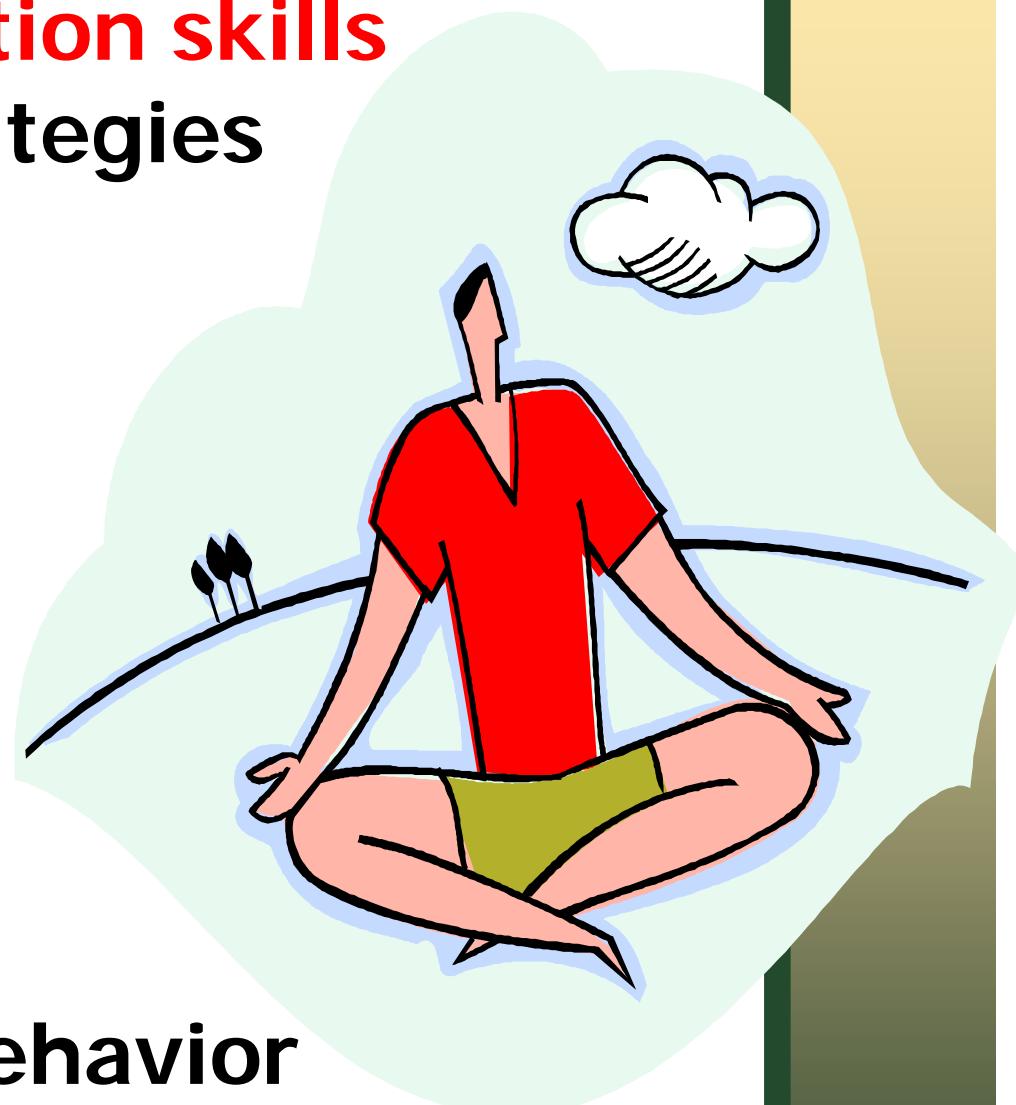
**The following are examples of behavioral supports that address unmet needs.**

**Can you identify the need, given the support?**



# Interventions (cont'd)

- Enhance communication skills
- Teach relaxation strategies
- Provide counseling
- Initiate phobic desensitization
- Maximize supported routines
- Increase sensory stimulation
- Diminish noise
- Provide Dialectical Behavior Therapy



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# Dialectical Behavior Therapy (DBT)

**DBT combines standard cognitive behavioral techniques for emotion regulation and reality-testing with concepts of distress tolerance, acceptance and mindful awareness largely derived from Buddhist meditative practice.**

**Research indicates that DBT is also effective in treating patients who present varied symptoms and behaviors associated with spectrum mood disorders, including self-injury.** *Wikipedia*



# **Interventions** (cont'd)

- Provide options
- Assure privacy
- Bond
- Prescribe medication
- Utilize support groups
- Promote hobbies
- Provide adaptive equipment



# **Interventions** (cont'd)

- Promote exercise
- Address health care issues
- Teach self advocacy
- Pursue employment
- Support sexual expression
- Nurture family connections



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# Interventions (cont'd)

- Encourage weight loss
- Promote adult status
- Obtain massage therapy
- Improve body alignment/positioning
- Assist in transitioning
- Assure environmental accessibility



# Give 'em The Hook

Refusal to do home chores , take medication, go to work, get out of bed, etc., may necessitate cunning and deceit:

Act silly

Make it a game

Challenge their ability

Profess needing help

Make it a contest

Plead ignorance (show me how)

Hold out a carrot

Show disappointment

Fuel their guilt

A directive, authoritative approach will likely evoke more resistance.



# **Paradigm Shift - Behavioral**

**Old  
Approach**

**New  
Approach**

**Narrow  
emphasis**  
**Short term**  
**Topography**  
**Behavior**  
**management**  
**Hierarchies**

**Broad  
emphasis**  
**Long term**  
**Function**  
**Behavior**  
**support**  
**Unmet needs**

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# **Paradigm Shift-Behavioral** (cont'd)

## **Old Approach**

**Simple  
Contingent**

**Decrease  
behavior  
Aversive**

**Reactive**

## **New Approach**

**Comprehensive  
Non-  
contingent  
Meet unmet  
needs  
Valuing the  
person  
Proactive**

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# Limitations of Reinforcement

Reinforcement: *A consequence that increases the frequency and/or intensity of a behavior.*

## Limitations of Reinforcement:

Contingent reinforcement  
seldom fulfills unmet needs.

He who controls the  
“reinforcer” is in a power  
struggle with the recipient.

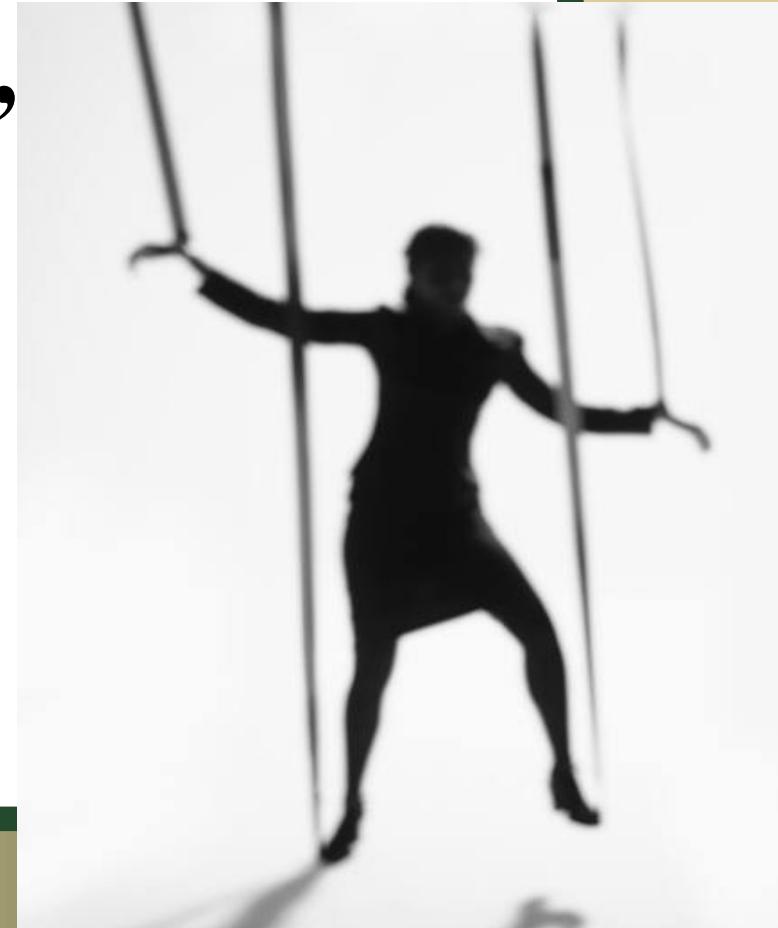
Over time, the recipient  
desires/requires more  
reinforcement to maintain  
the preferred behavior.



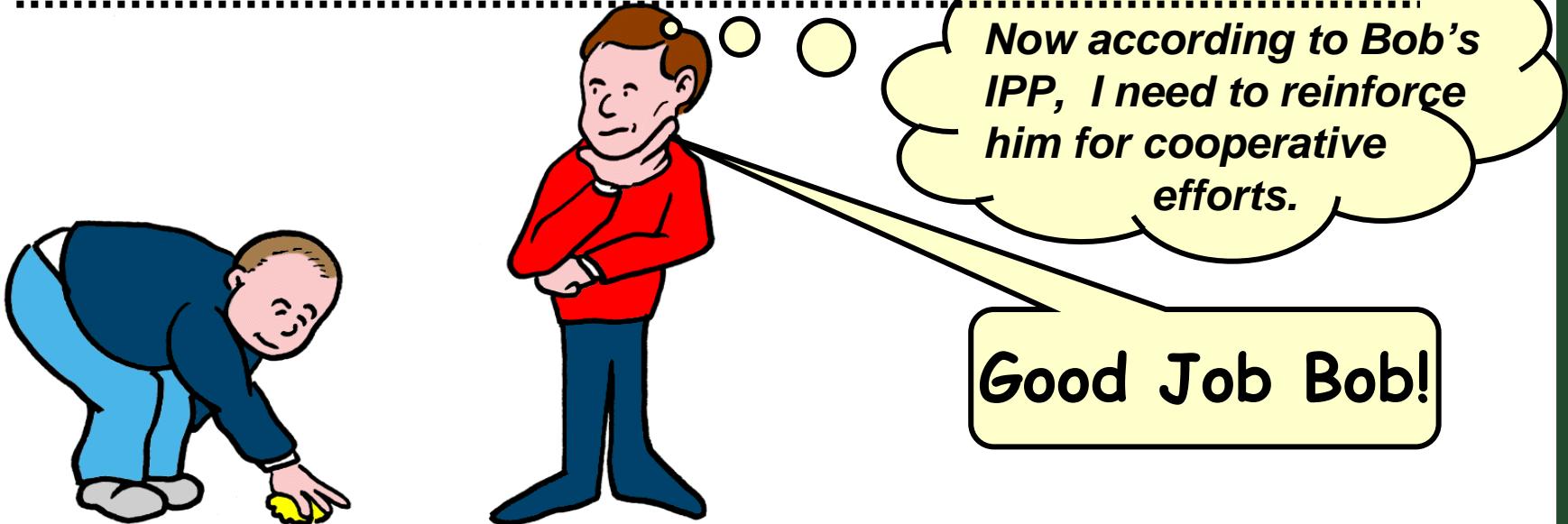
# **Where's The Reinforcement?**

**Reinforcement can become a  
lifestyle!**

**After years of being “managed” by reinforcement schedules, the recipient learns to depend upon reinforcement - never developing an internal locus of control.**



# Reinforcement



**Appreciated  
Spontaneous  
Sincere  
Expression of affect  
Responding to  
the person  
Heartfelt  
Supportive**

**Reinforced  
Scheduled  
Contrived  
Superficial  
Responding to  
the behavior  
BMP driven  
Controlling**

# **Effective Behavioral Support**

*..requires the design of an environment that makes problem behaviors:*



**Irrelevant**



**Ineffective**



**Inefficient**

**Violence**

**“Violence Is The Language  
Of The Unheard”**

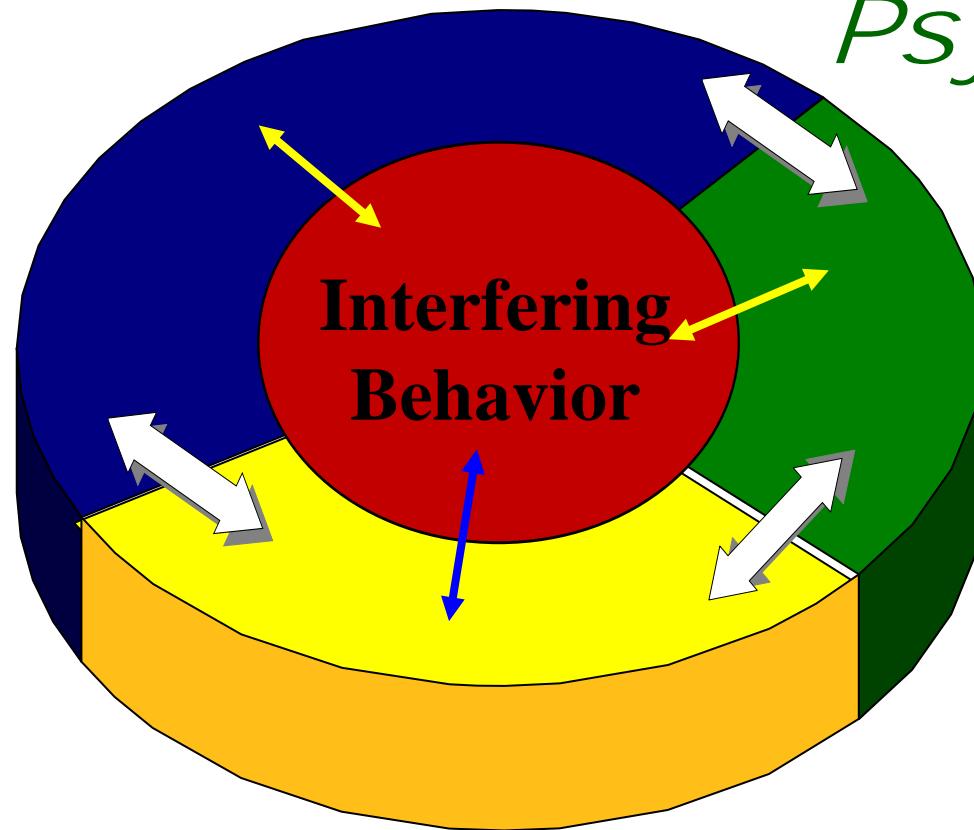


*Dr. Martin Luther King, Jr*

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# Bio-Psychosocial Factors

*Environment Psychological  
Psychiatric*



*Biological*

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# Bio-psychosocial

Interfering  
Behavior



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# Behavioral Influences

*Predisposing:* 1. to make susceptible or liable 2. to give an inclination to beforehand

*Precipitating:* to hasten the occurrence of

*Perpetuating:* 1. to make continuing or enduring forever, last an indefinitely long time, or continue without interruption 2. to preserve from extinction or oblivion

# Gaining Cooperation

**People who behave in a resistive manner are communicating their unmet needs. To gain their cooperation we must address those unmet needs.**

I want to be valued and appreciated by others - if we value each other and bond,

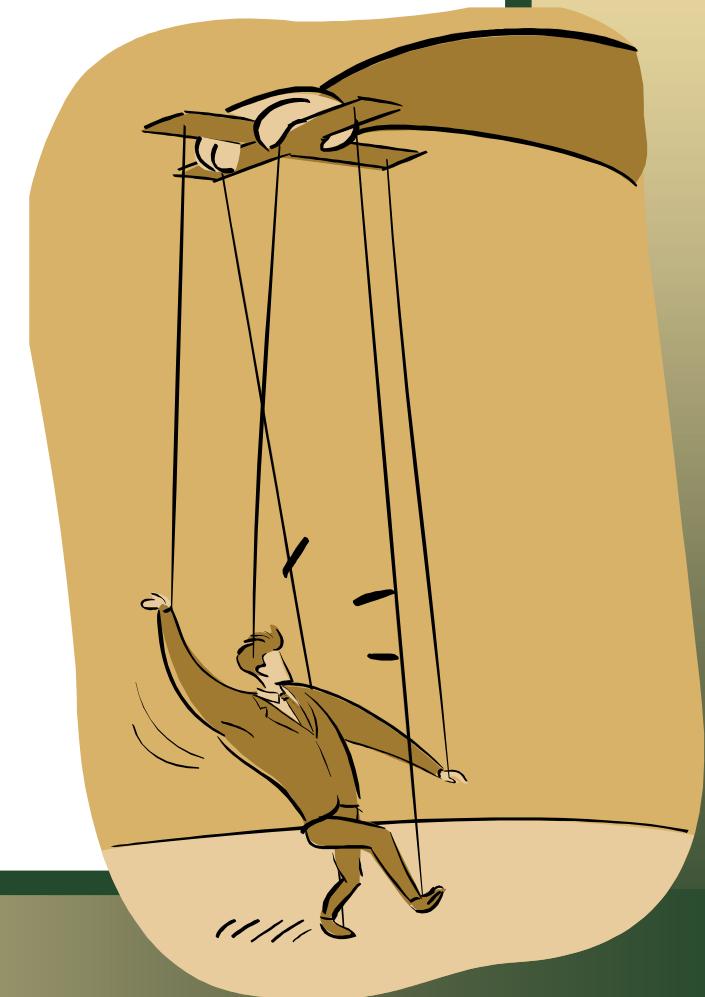
*I will be less likely to behave in a way to disappoint you.*



# Gaining Cooperation (cont'd)

I need a sense of control over my life. If I am not allowed to self determine the essentials in my life (e.g. where I live, what I eat, my daily schedule), I fulfill my need to self - determine by refusing to cooperate –

*I will control  
what I can  
control.*



# Having Control

The need to be in control of one's life is all powerful:

- People will control what they can control
- People will engage in counterproductive behavior to exercise their need to control.

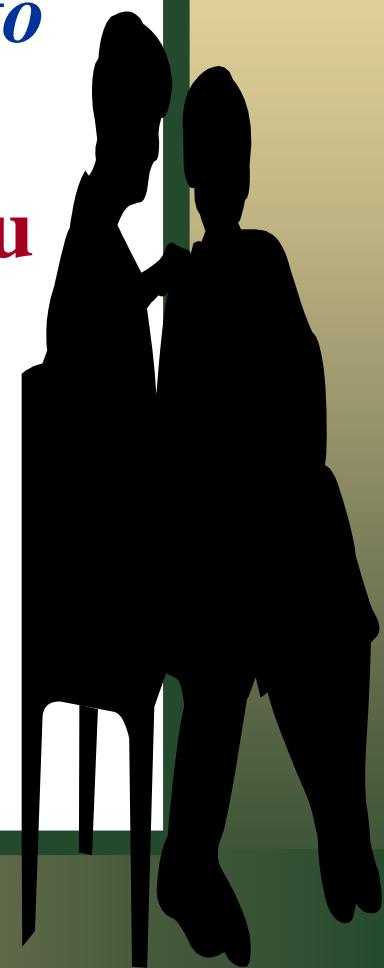
Can you identify when the need to control is an unmet need?



# Gaining Cooperation (cont'd)

It may not be obvious to you, but what you are asking me to do requires a lot more physical and/or cognitive effort than I am used to exerting. If you lower the bar and are willing to *take what you can get closest to what you want*, I will probably cooperate.

There are activities and routines, which you ask me to do that may cause me to be anxious. *Get to know me and become familiar with my history*. This will help you to be more sensitive and understanding in my effort to cooperate.



# Gaining Cooperation (cont'd.)

If I am gong to cooperate with you, I need to know “*what's in it for me?*” Bring to my attention why I should engage in the activity. If I engage, will it show others how strong, talented or capable I am? Tom Sawyer understood this.

When you touch me, it is purposeful (e.g. assisting in my daily routine, transferring and/or walking, providing physical prompts). If you touch me only when I require assistance - I will learn to resist your touch. *Touch me non-contingently.*



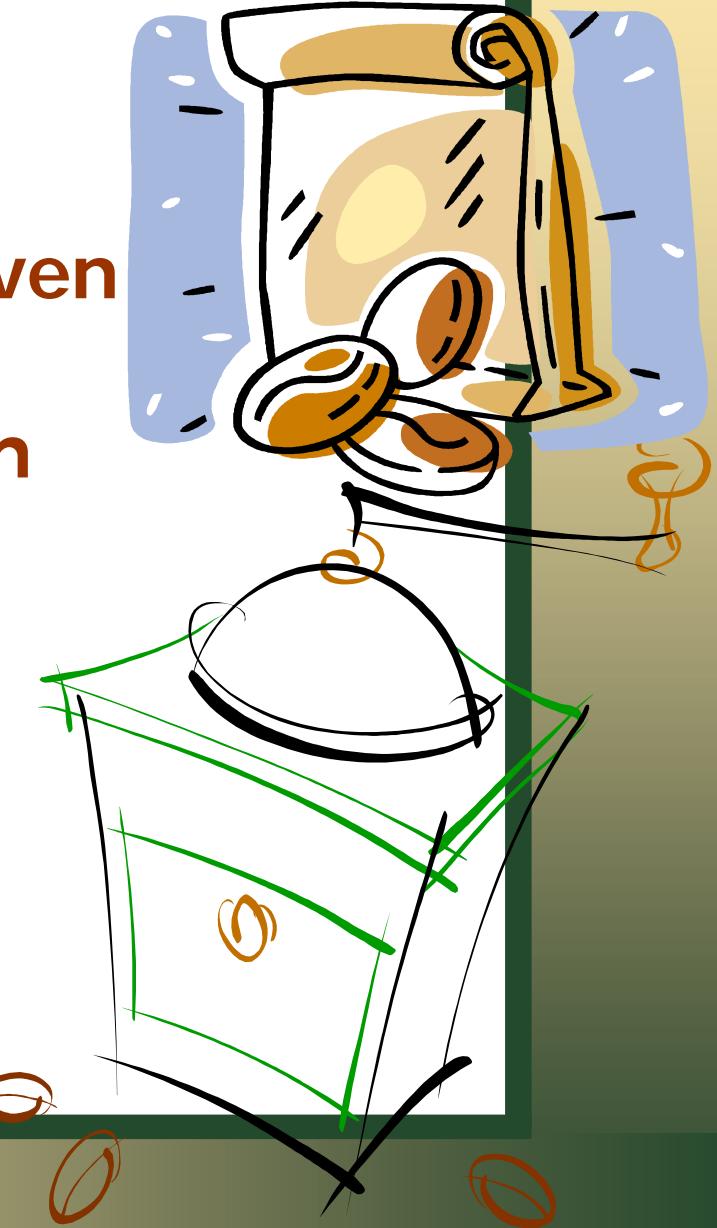
# Build On Strengths

**"All he wants to do is drink coffee."**

**Have him:**

- Select a preferred coffee bean
- Boil water in the microwave oven
- Grind beans in a hand grinder
- Place ground beans in a French coffee press
- Pour hot water into the press
- Slowly press the coffee
- Pour coffee into a cup

**Enjoy and share this experience!**



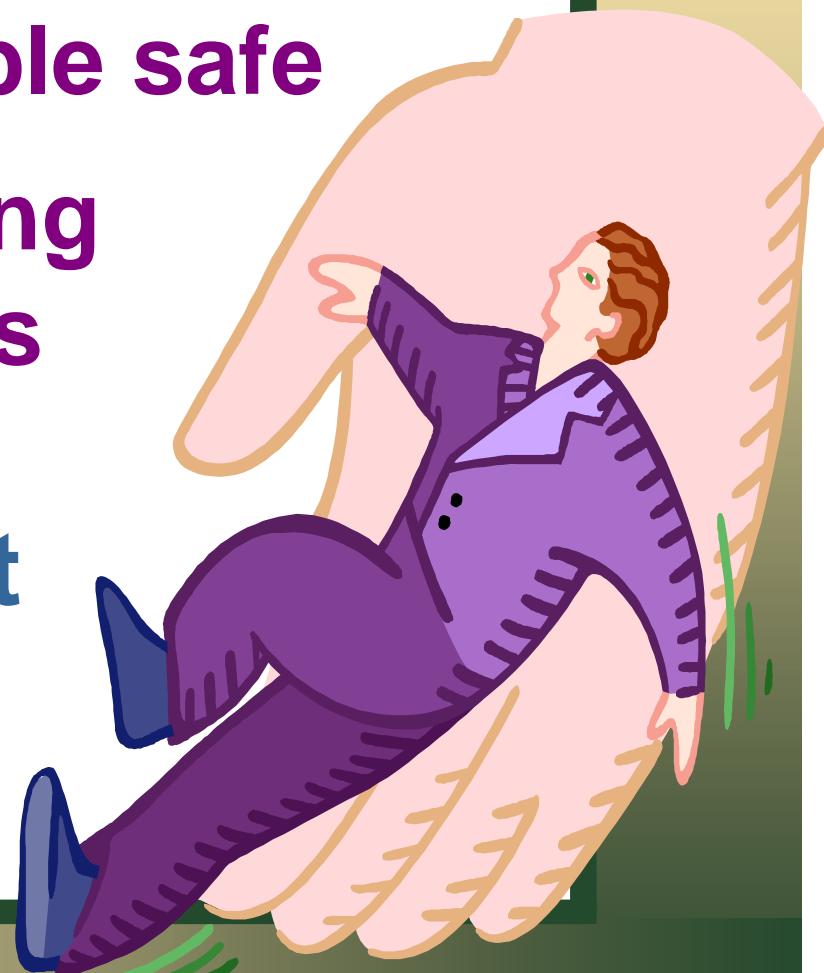
# **Consequation Considerations**

## **Consequation in a behavioral support plan:**

**is primarily to keep people safe**

**can never replace meeting individual unmet needs**

**Be vigilant that the consequence does not become an aberrant contingency.**



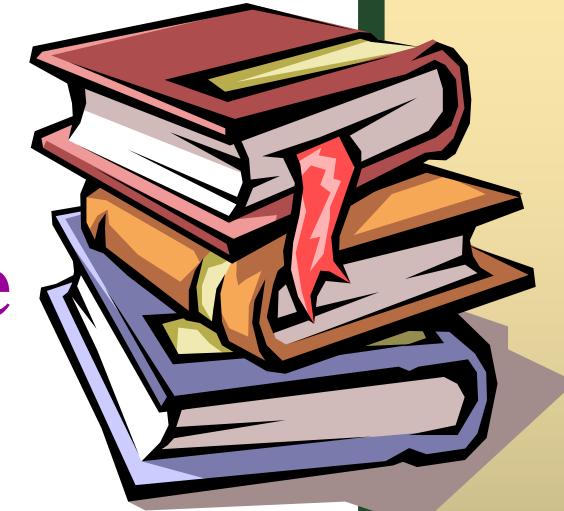
# Definitions - New Perspectives

## *Nagging* -

Giving repeated verbal prompts because you really do not believe the person is responsible for their own behavior.

## *Psychological “Welfarism”* -

When outcomes are provided regardless of behavior and/or behavior provides no differential consequences, the person comes to believe that someone other than themselves is responsible.



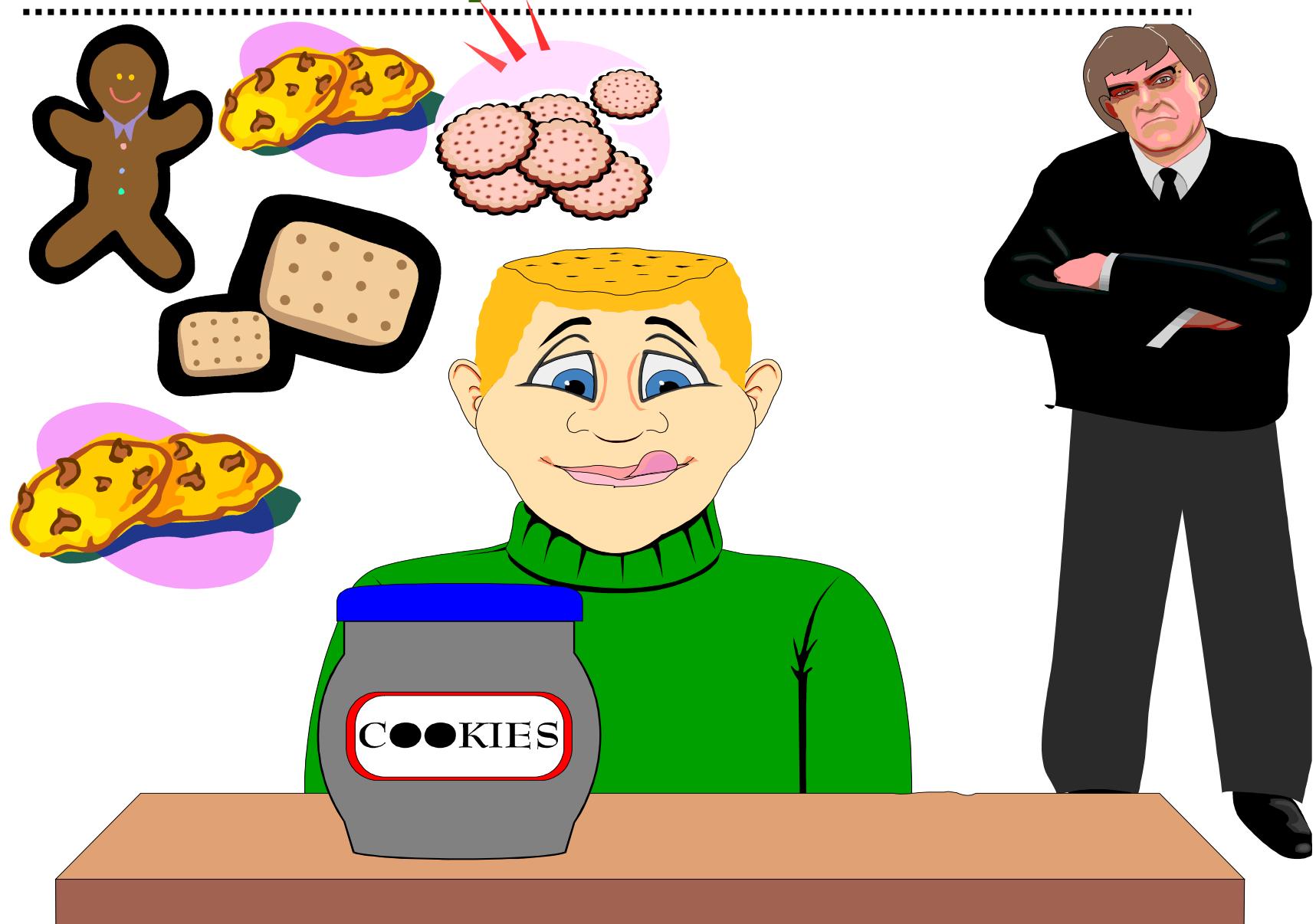
# Learning Responsibility

Your behavior  
determines  
the  
consequence.

I do  
not!



# Self-Discipline



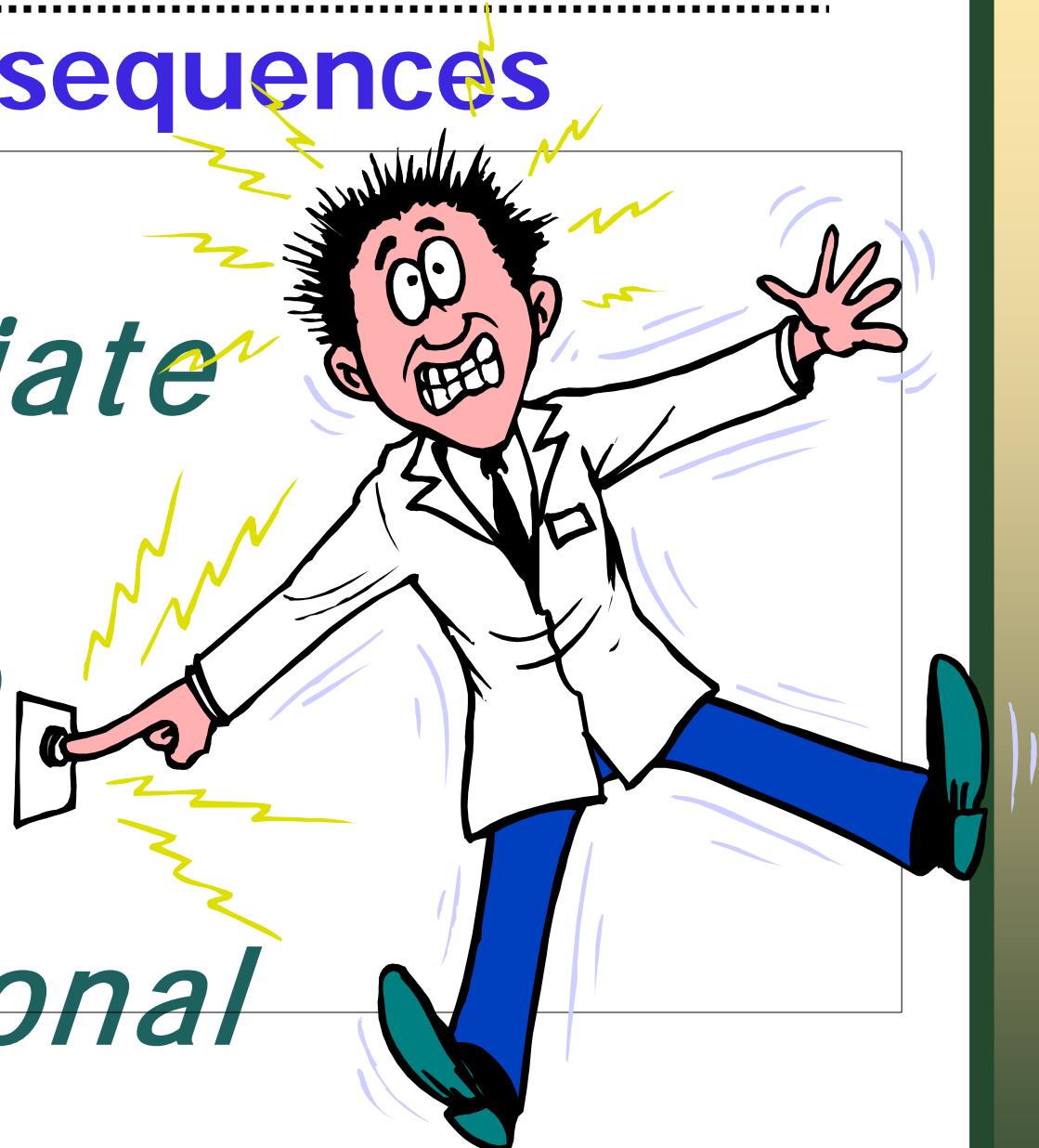
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# Three I's Natural consequences should be:

- *Immediate*

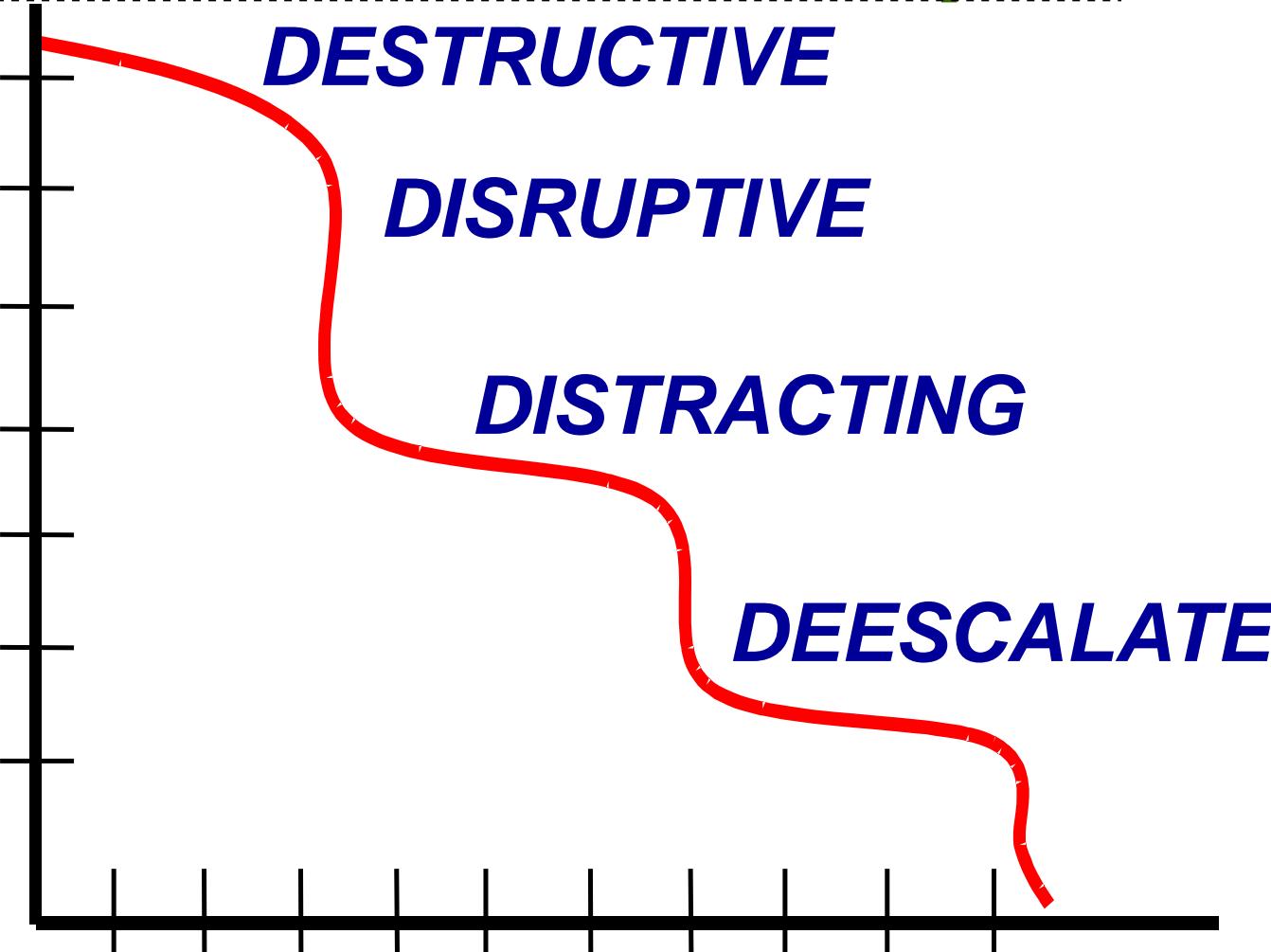
- *Intense*

- *Impersonal*



# **Behavioral - Relationships**

**INTERFERING  
BEHAVIOR**



# Critical Skills

The following social and behavioral skills are critical in forming and maintaining valued relationships.

Are you providing encouragement to the people you support in improving these skills?

## Coping Skills

*Expressing frustration without aggression*

*Coping appropriately when someone is insulting*



# Critical Skills (cont'd)

## Coping Skills (cont'd.)

*Avoiding arguments when provoked*

*Handling being lied to or blamed*

*Seeking assistance appropriately*

## Peer Relationships

*Contributing to group activities*

*Developing/maintaining individual relationships*

*Interacting with a variety of people on a regular basis*



# Critical Skills (cont'd)

Peer Relationships (cont'd.)

*Beginning reciprocal conversations  
with others*

*Initiating leisure  
activities with others*

*Expressing feelings of  
friendship toward peers*

*Complimenting others  
regularly*

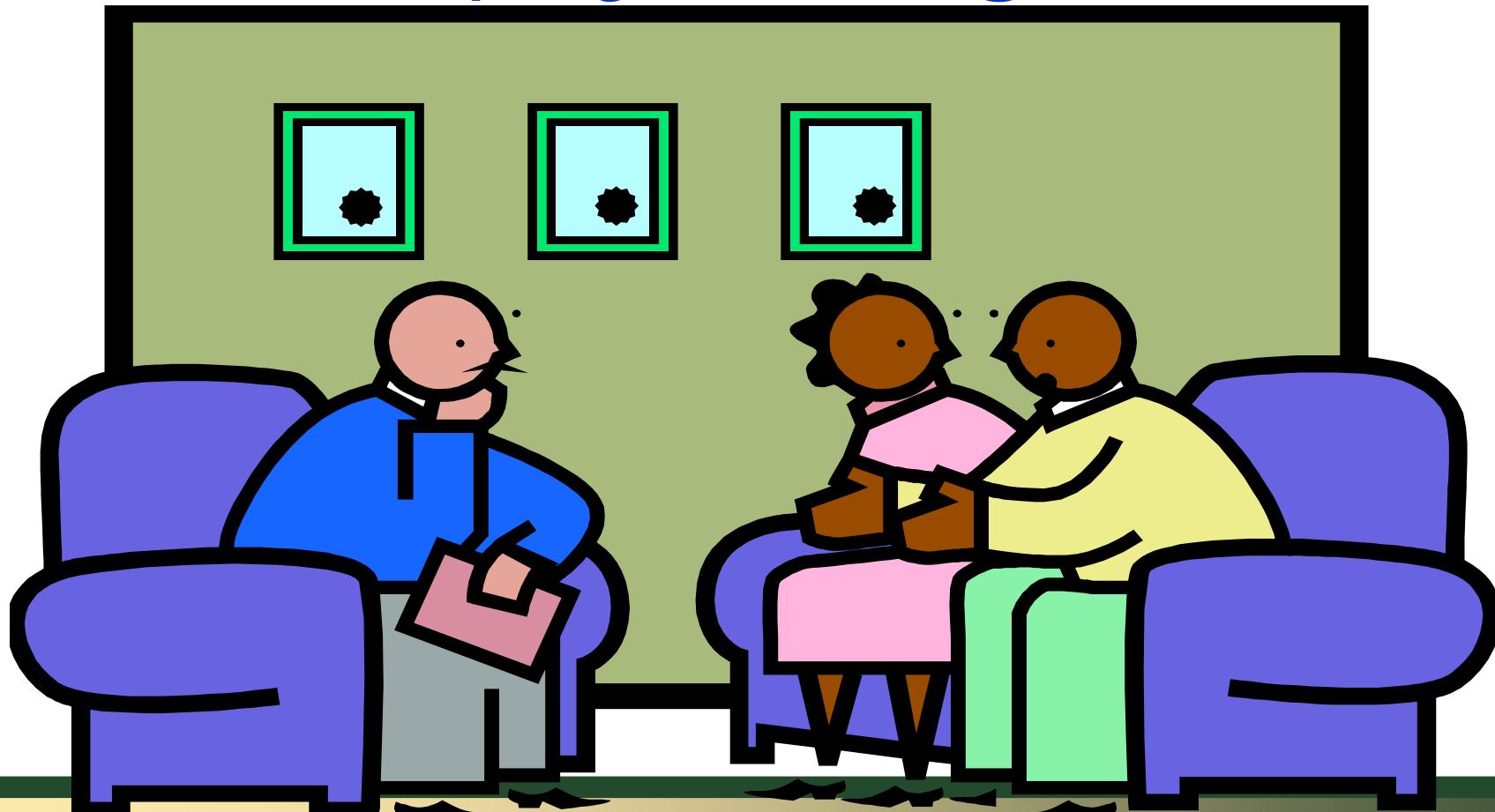
*Sharing laughter and  
jokes with others*



Universal Enhancement

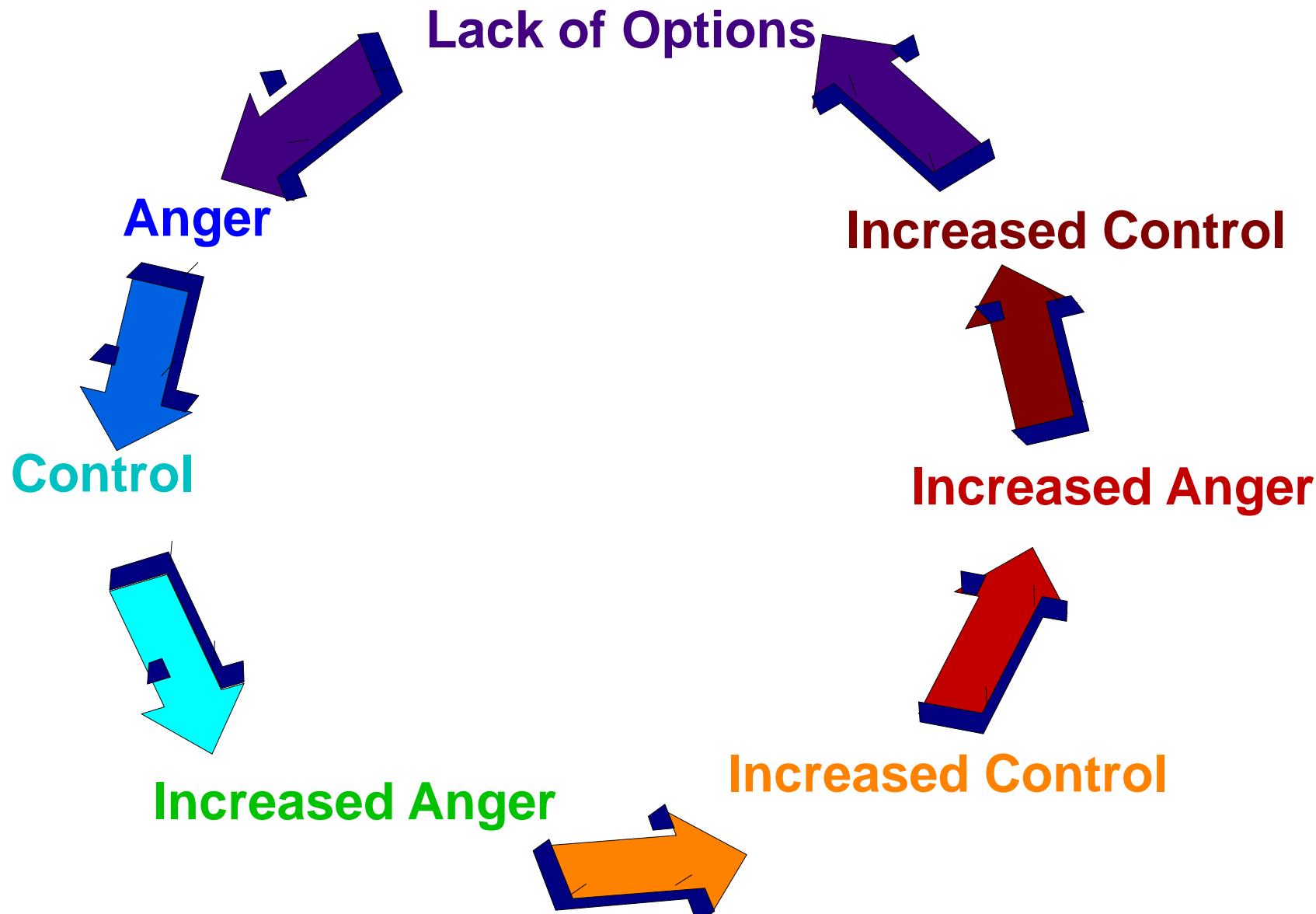
# Social Worker

*If we were all good social workers, we wouldn't need psychologists.*



Universal Enhancement

# The Control Cycle



Universal Enhancement

# Hierarchy Of Intervention

**Redirect**

**Positive Practice:**

*Restitution*

**Time Out:**

*Non-seclusionary*

*Exclusionary*

**Physical Restraint**

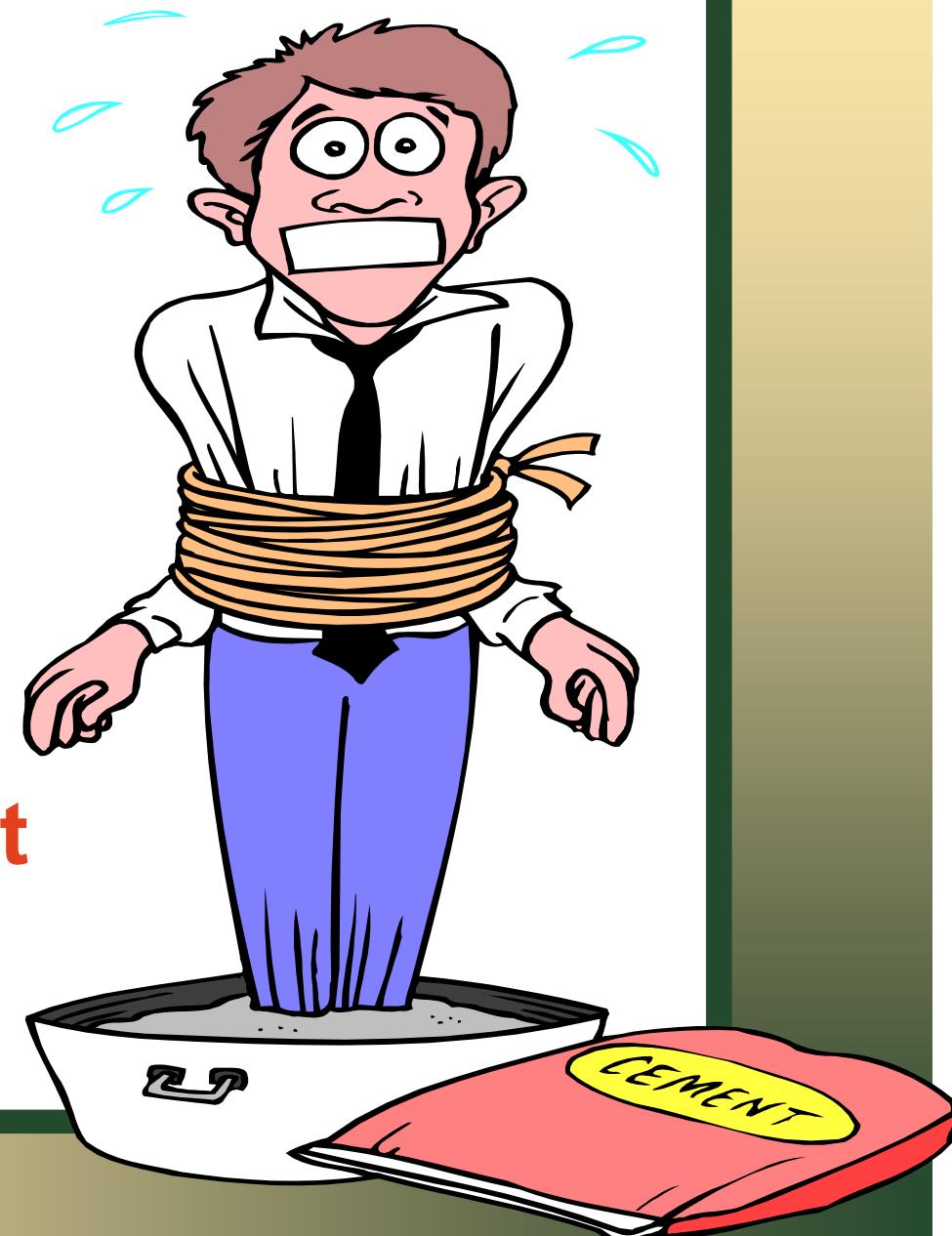
**Mechanical Restraint**

**Seclusionary Time Out**

**Over-Correction**

**Chemical Restraint**

**Universal Enhancement**



# Turn the Screw

The more inappropriate the person's behavior, the more we turn the screw...

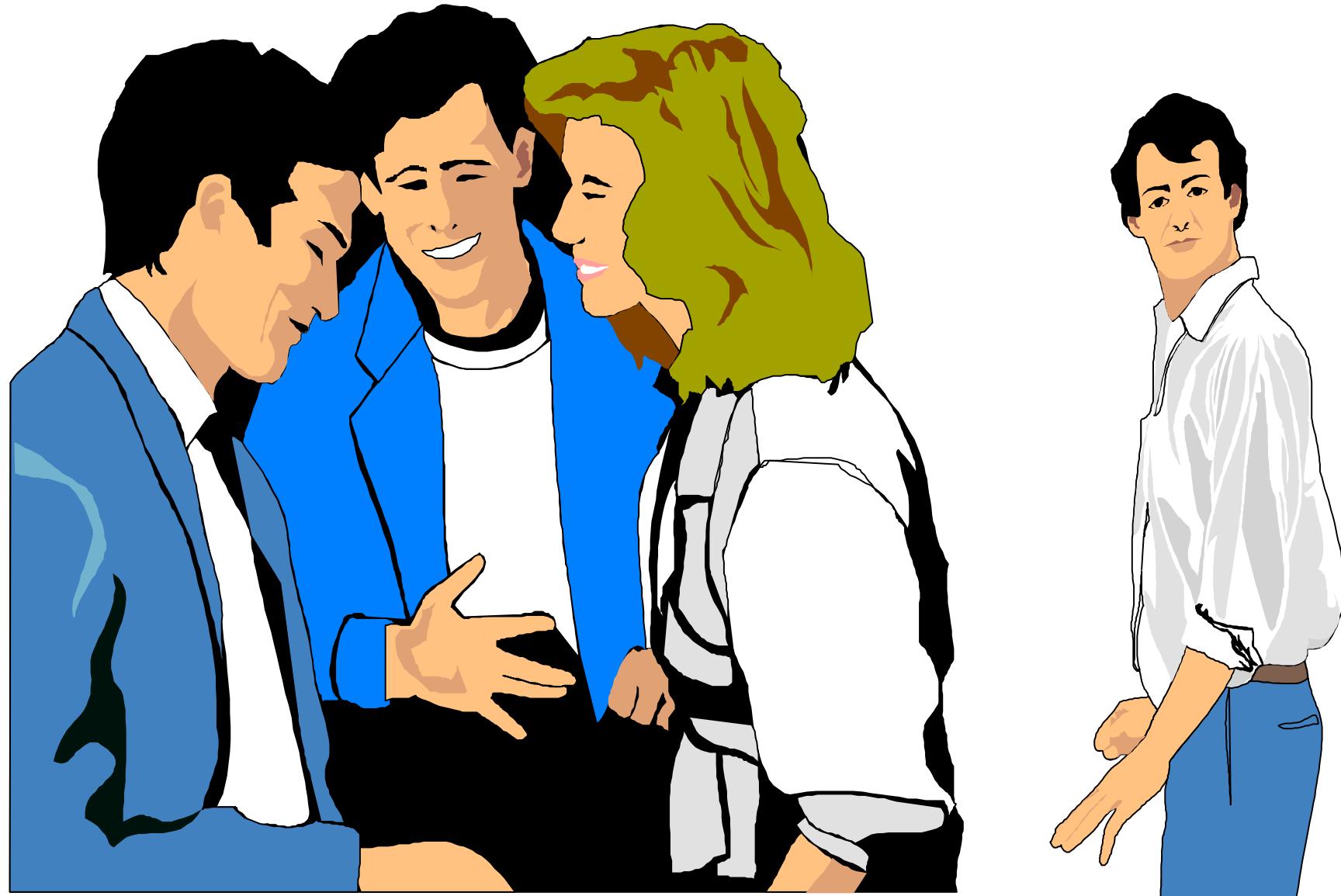
**Positive reinforcement**

**Planned ignoring**



Universal Enhancement

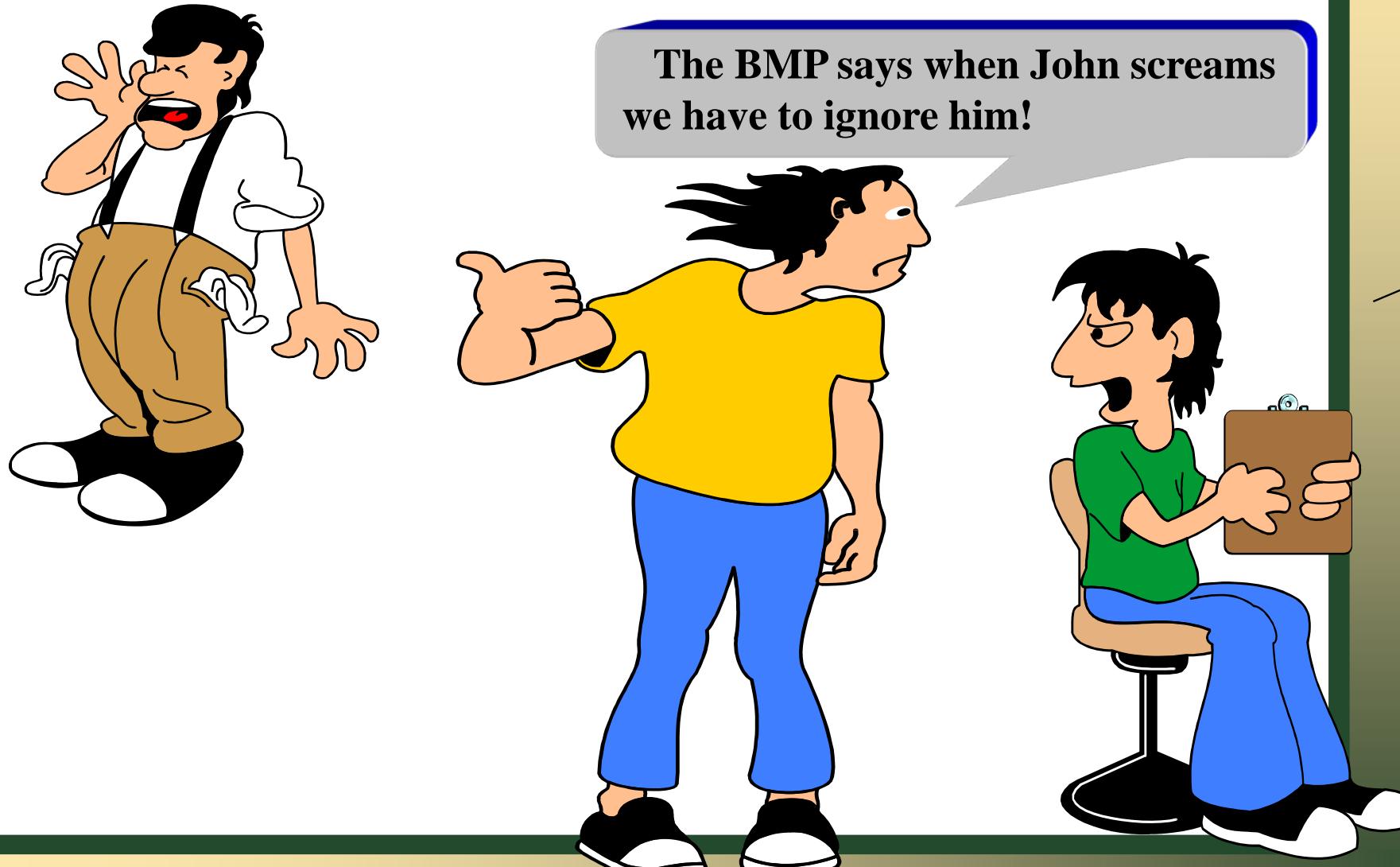
# Exclusionary Time-Out



Universal Enhancement

# Consequation Is Not Intervention...

...for non-volitional affective behavior.



# **Turn the Screw**

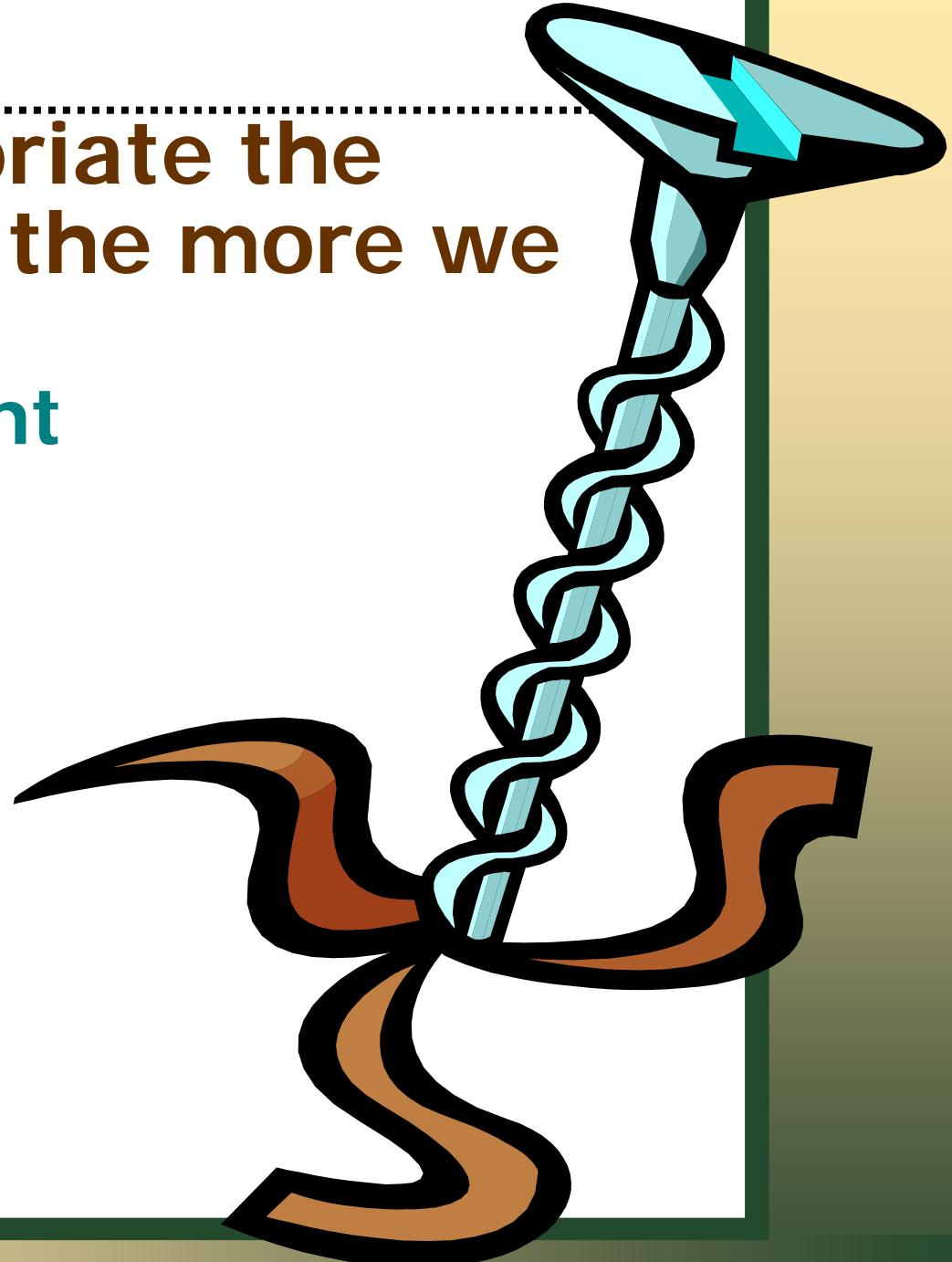
**The more inappropriate the person's behavior, the more we turn the screw...**

**Positive reinforcement**

**Planned ignoring**

**Redirect**

**Restitution**



# Restitution

Jimmy  
loves  
Gretchen

Bob was here



For a good  
time call.....

LOVE NOT WAR

Our principal is ugly!

# **Turn the Screw**

**The more inappropriate the person's behavior, the more we turn the screw...**

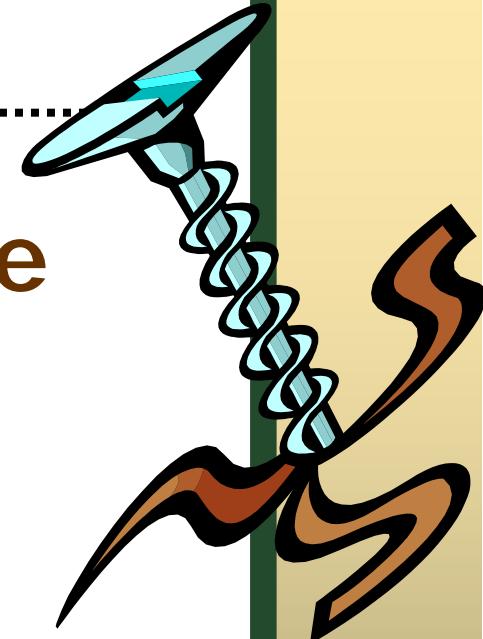
**Positive reinforcement**

**Planned ignoring**

**Redirect**

**Restitution**

**Physical restraint**



# Physical Restraint

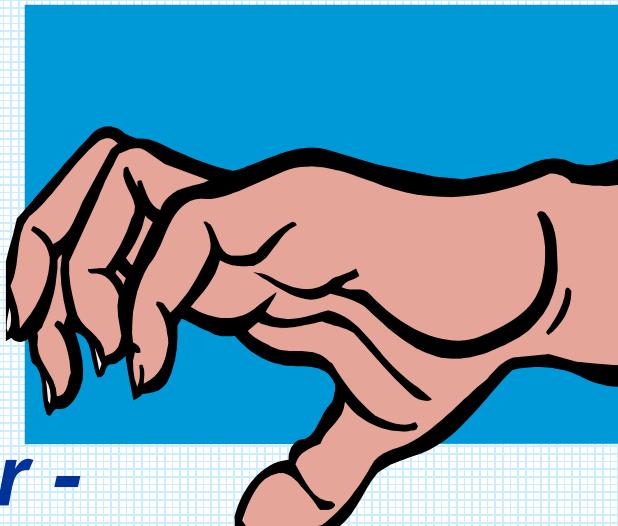
**Impairing another's bodily movements  
by using your own body:**

*To enhance developmental  
competence*

*To protect from harm*

*To consequate behavior -  
contingently applied*

*To achieve a medical outcome*

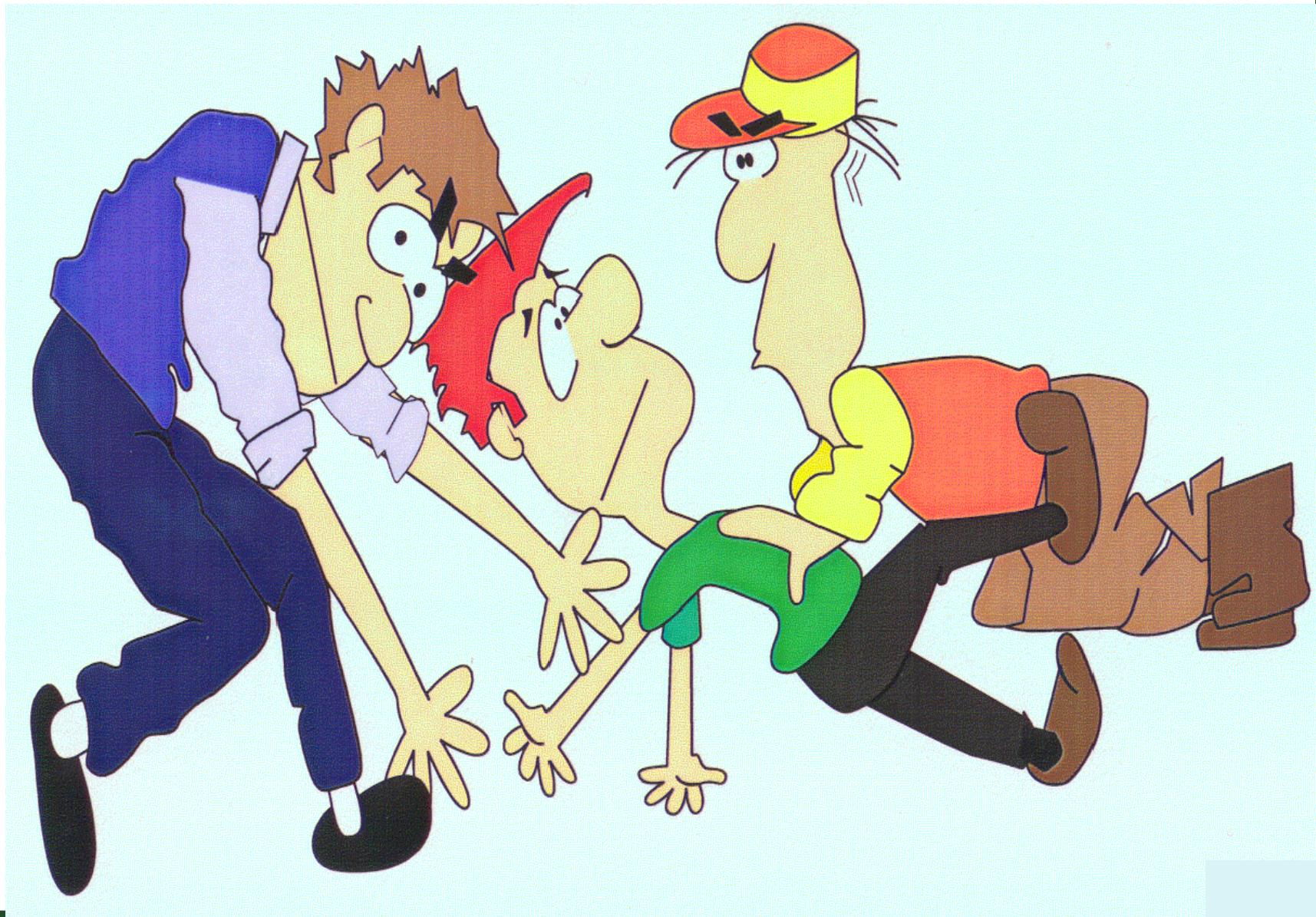


# Prone Physical Restraint



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# Therapeutic Hold



Universal Enhancement

# **Turn the Screw**

**The more inappropriate the person's behavior, the more we turn the screw...**

**Positive reinforcement**

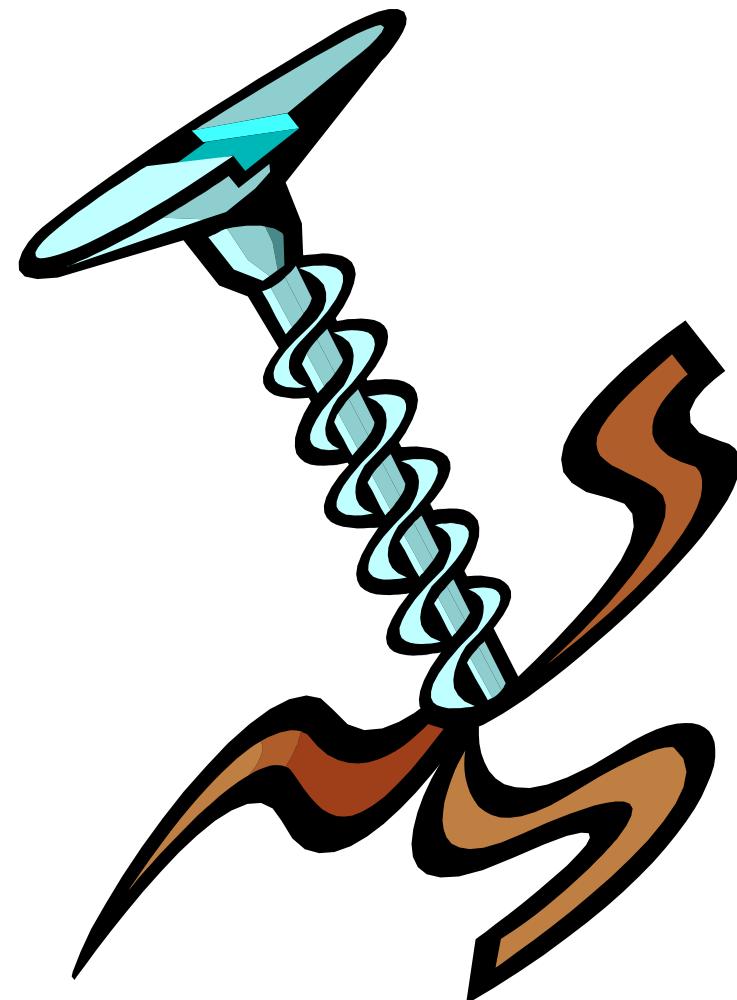
**Planned ignoring**

**Redirect**

**Restitution**

**Physical restraint**

**Mechanical Restraint**



# Mechanical Restraint

A device to impair  
bodily movement:

*-For positioning and  
body alignment*



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# Mechanical Restraint (cont'd)

A device to impair bodily movement:

- For positioning and body alignment*
- As a medical protective device*



# Medical Protective Restraint



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# Mechanical Restraint (cont'd)

**A device to impair bodily movement:**

- For positioning and body alignment*
- As a medical protective device*
- To consequate behavior*
- For crises***

# Crisis Mechanical Restraint



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# Crisis Mechanical Restraint (cont'd)



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# Five Point Restraint



**Used in psychiatric hospitals when an individual is highly combative.**

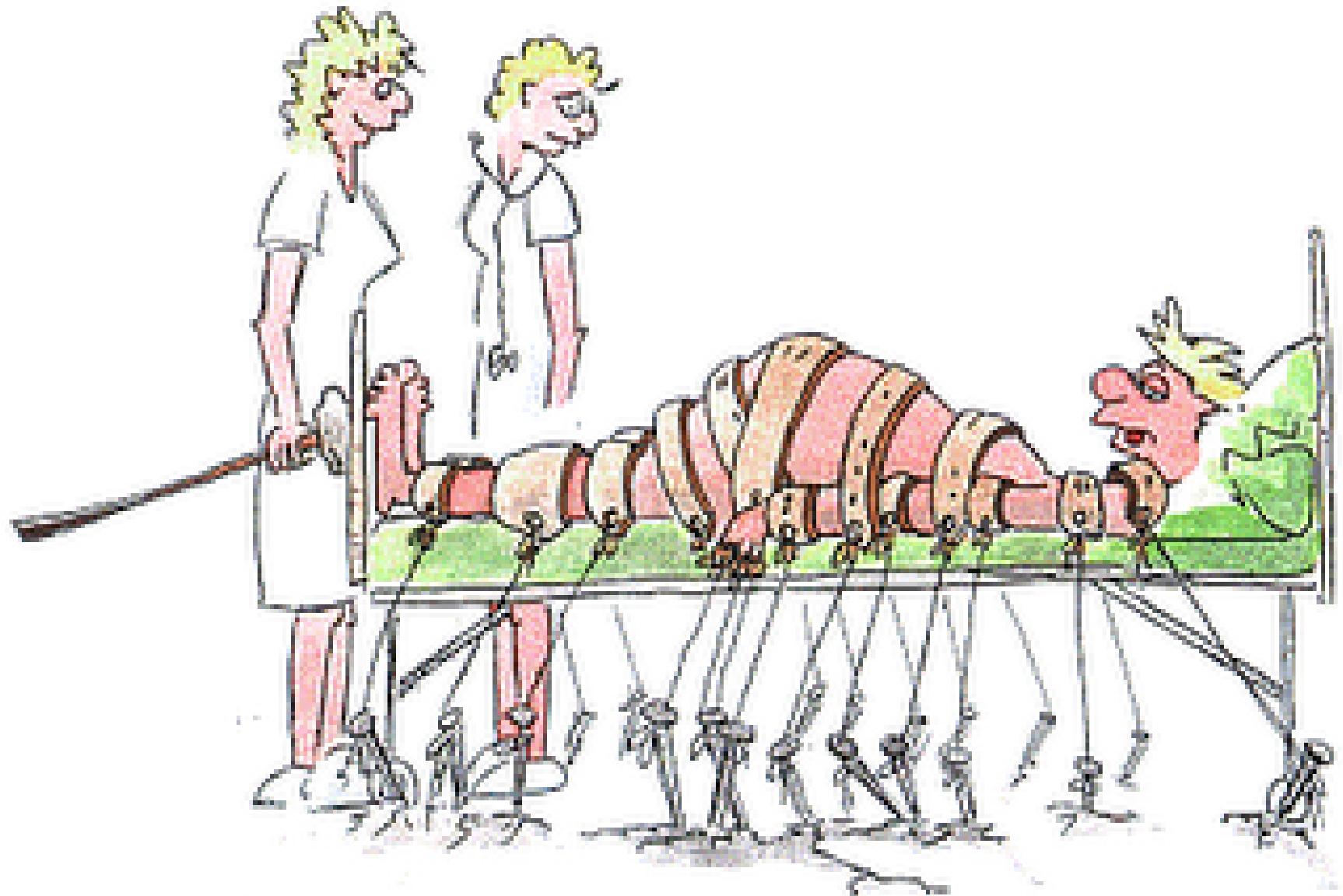
# Crisis Restraint

Used only in extreme situations, such as an individual on hallucinogenic drugs who is a danger to themselves or others.



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# This Is No Joke



"HEY! I THINK HE JUST MOVED! ADD ONE MORE!"

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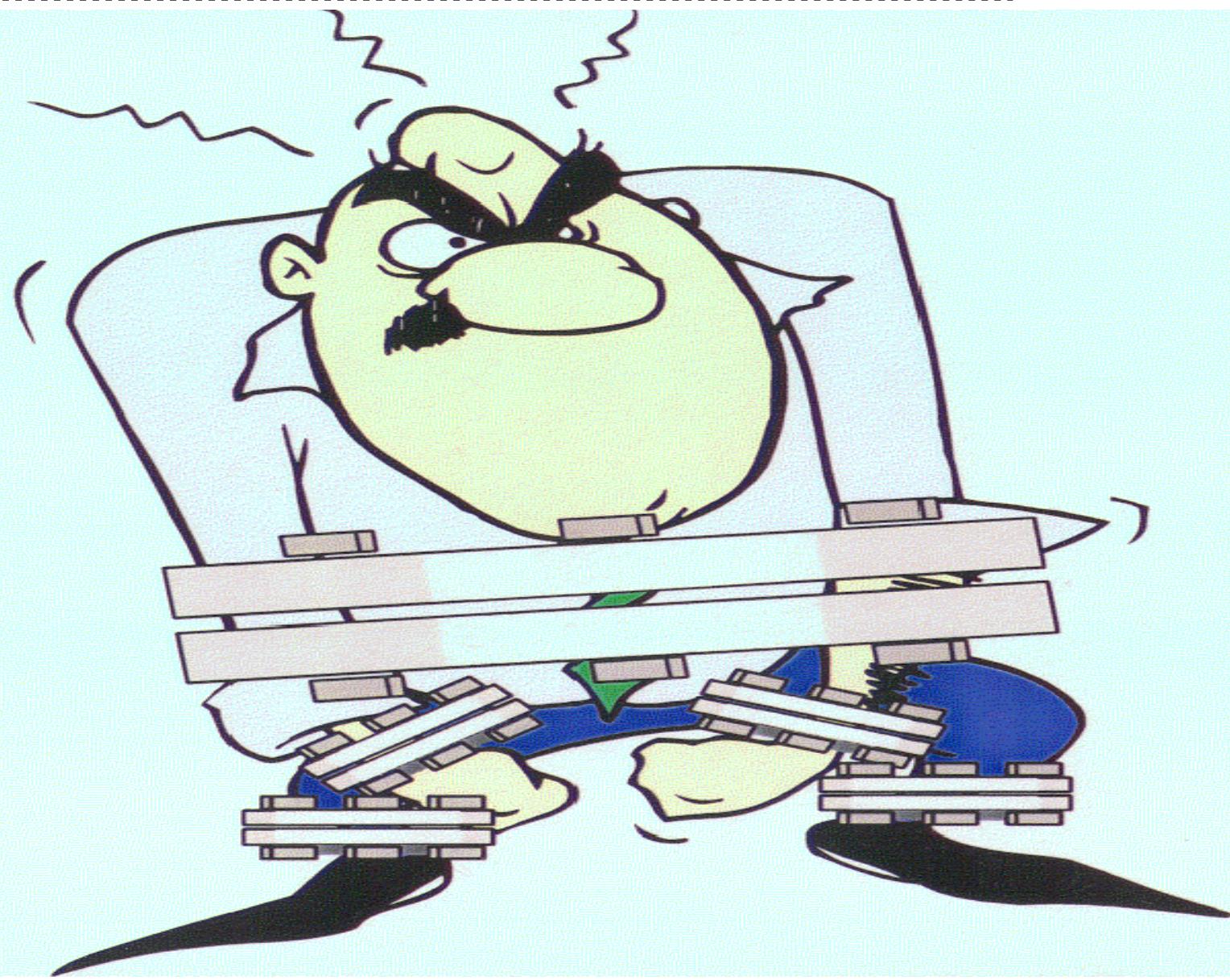
# Fooling The Surveyors

Mechanical  
restraints  
for behavioral  
purposes,  
in violation of  
regulatory  
requirements and  
the individual's  
rights.



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# Crisis Mechanical Restraint (cont'd)



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# Restrain Staff



Universal Enhancement

# Restrain Staff (cont'd)



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# Protective Sleeves



# Welder's Cut Resistant Protective Sleeve Kevlar Sleeve

# Universal Enhancement

# Turn the Screw

The more inappropriate the person's behavior, the more we turn the screw...

**Positive reinforcement**

**Planned ignoring**

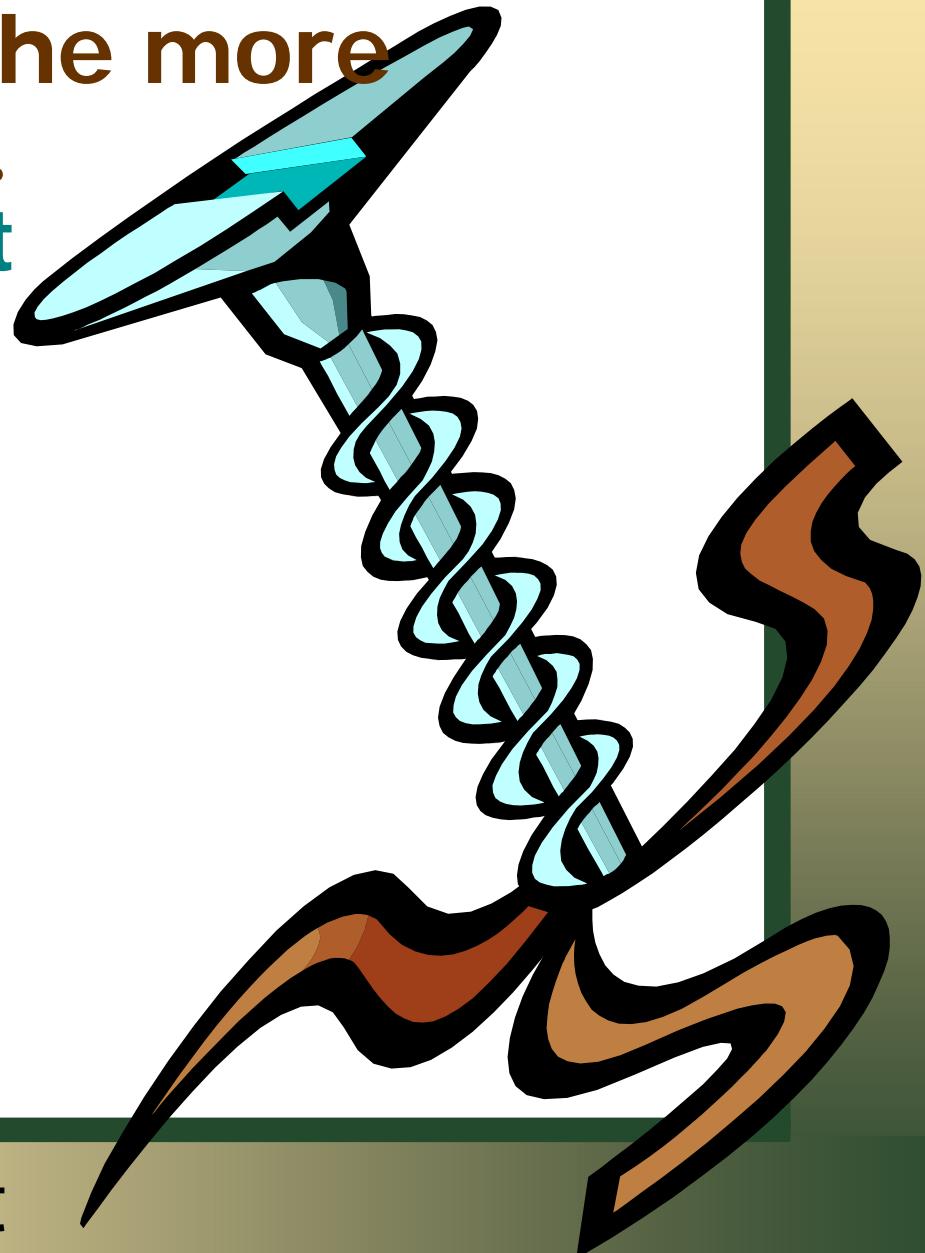
**Redirect**

**Restitution**

**Physical restraint**

**Mechanical restraint**

**Seclusionary time-out**

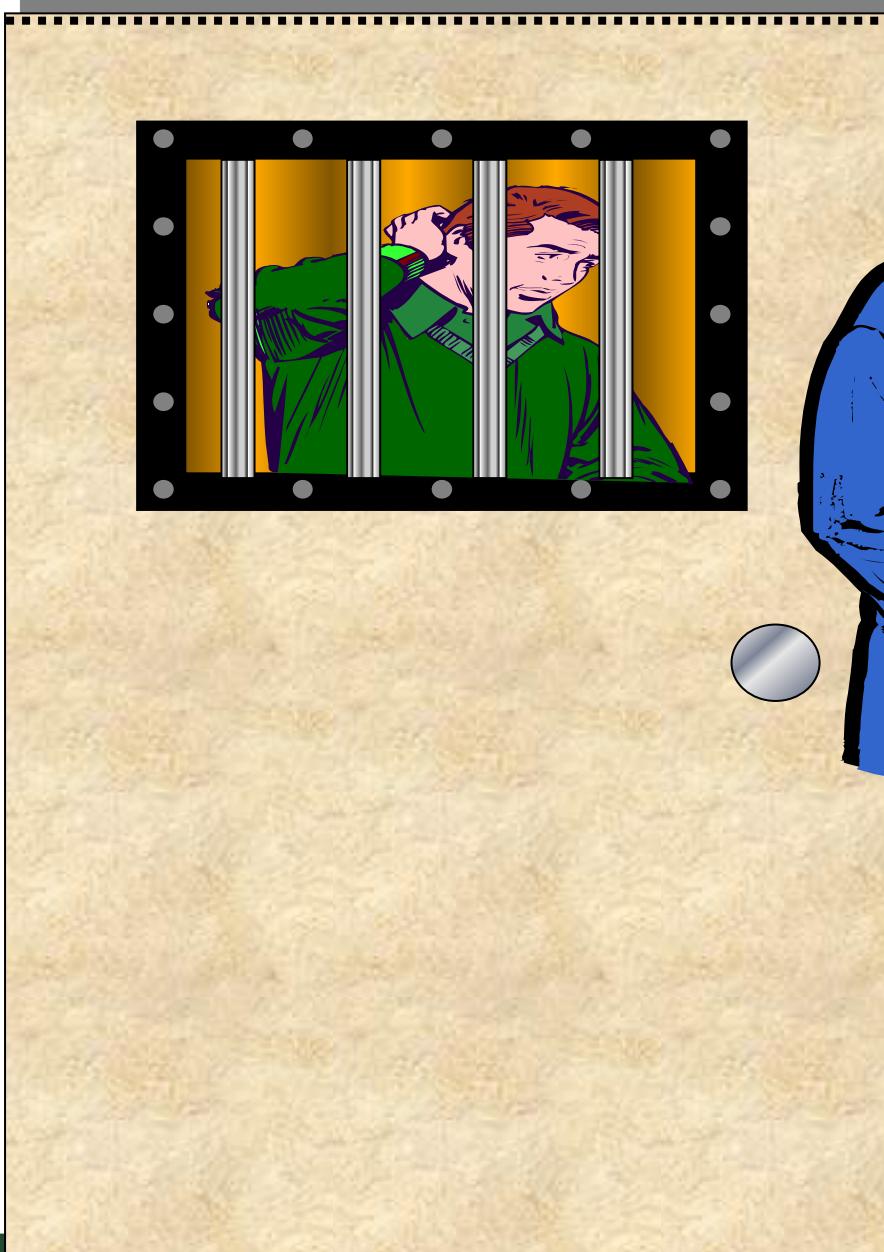


# Build It And They Will Come



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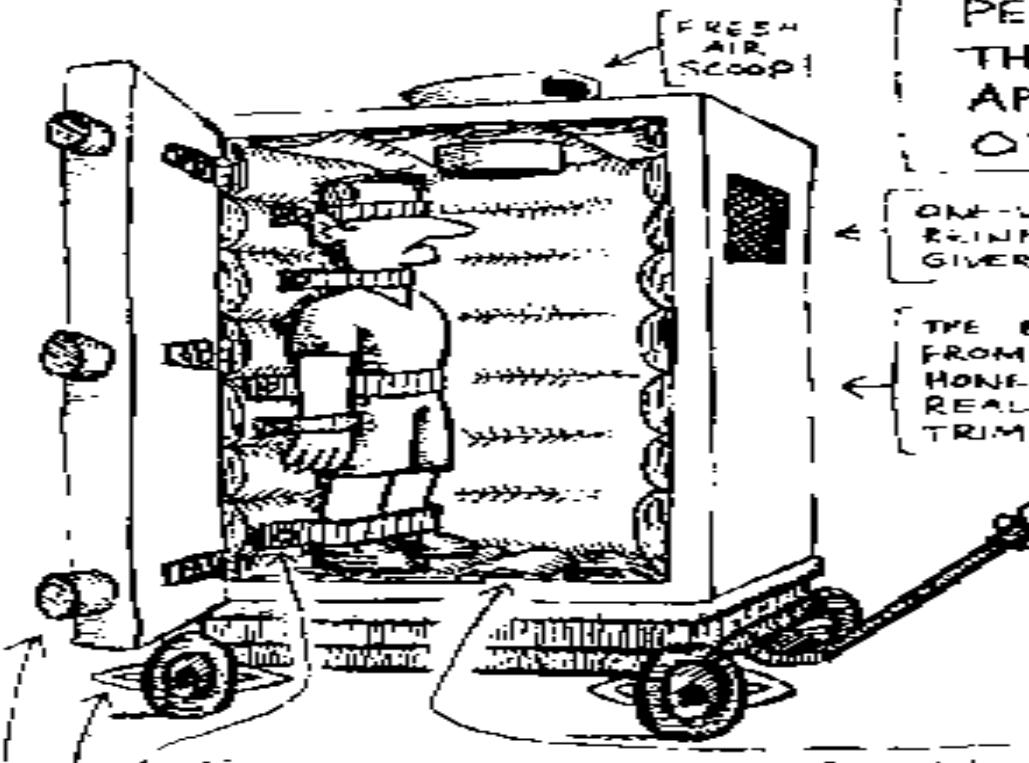
# Seclusionary Time-Out



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# The Cooler

YOUR VERY OWN  
MOBILE SECLUSION  
AREA!



THE COOLER™

YOU'LL FEEL SAFE AND SECURE IN THE PEACE AND QUIET OF THIS LUXURIOUSLY APPOINTED CHAMBER OF SERENITY!



FRENCH SILK OVER GOOSE DOWN PADDING CONCEALS TWO INCHES OF ACOUSTICAL INSULATION, ASSURING BOTH COMFORT AND QUIET.

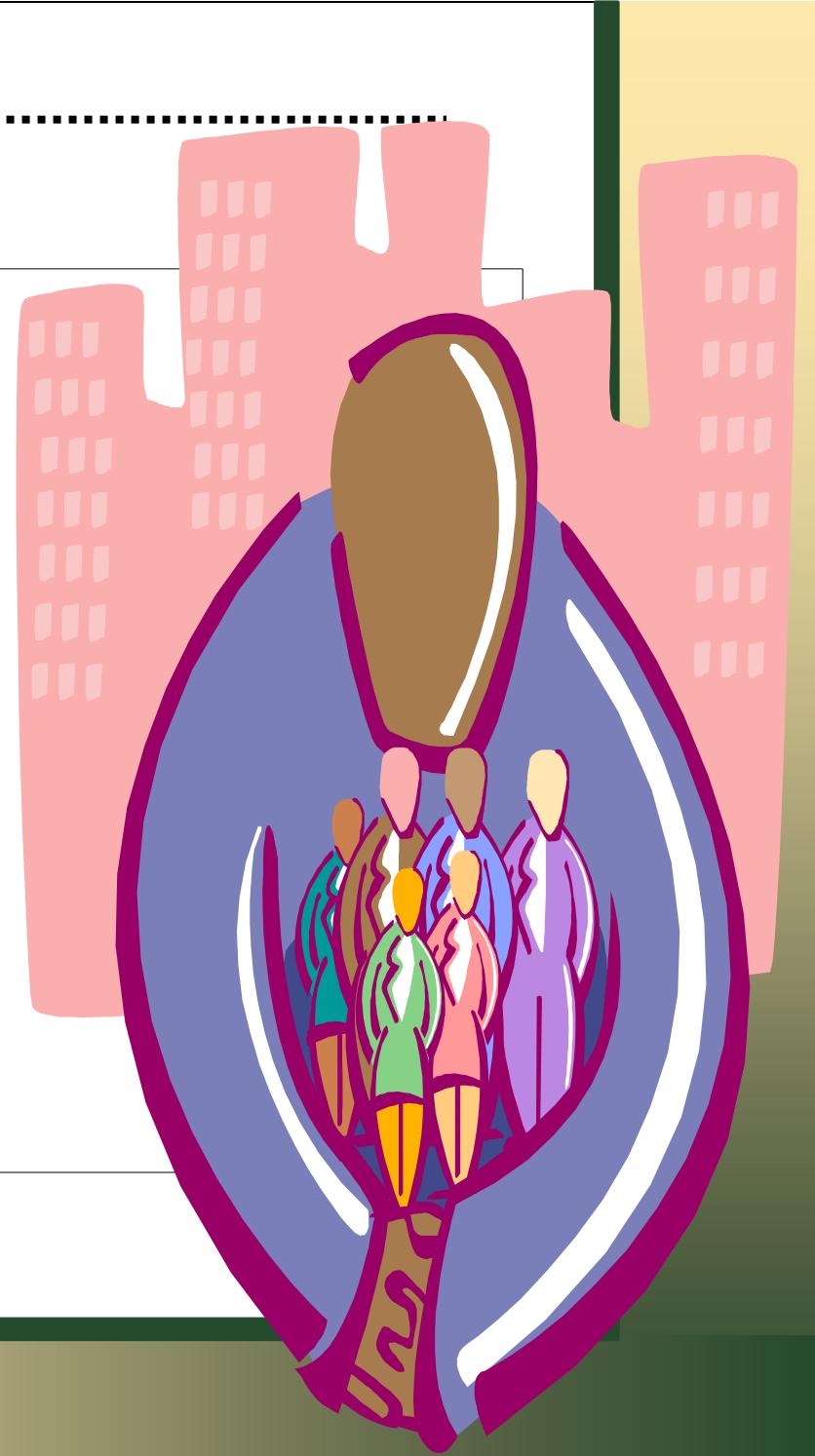
24000 US \$

THE Special COMPANY

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# Inclusion

The intervention for many interfering behaviors is not seclusion, but inclusion.



# **Turn the Screw**

**The more inappropriate the person's behavior, the more we turn the screw...**

**Positive reinforcement**

**Planned ignoring**

**Redirect**

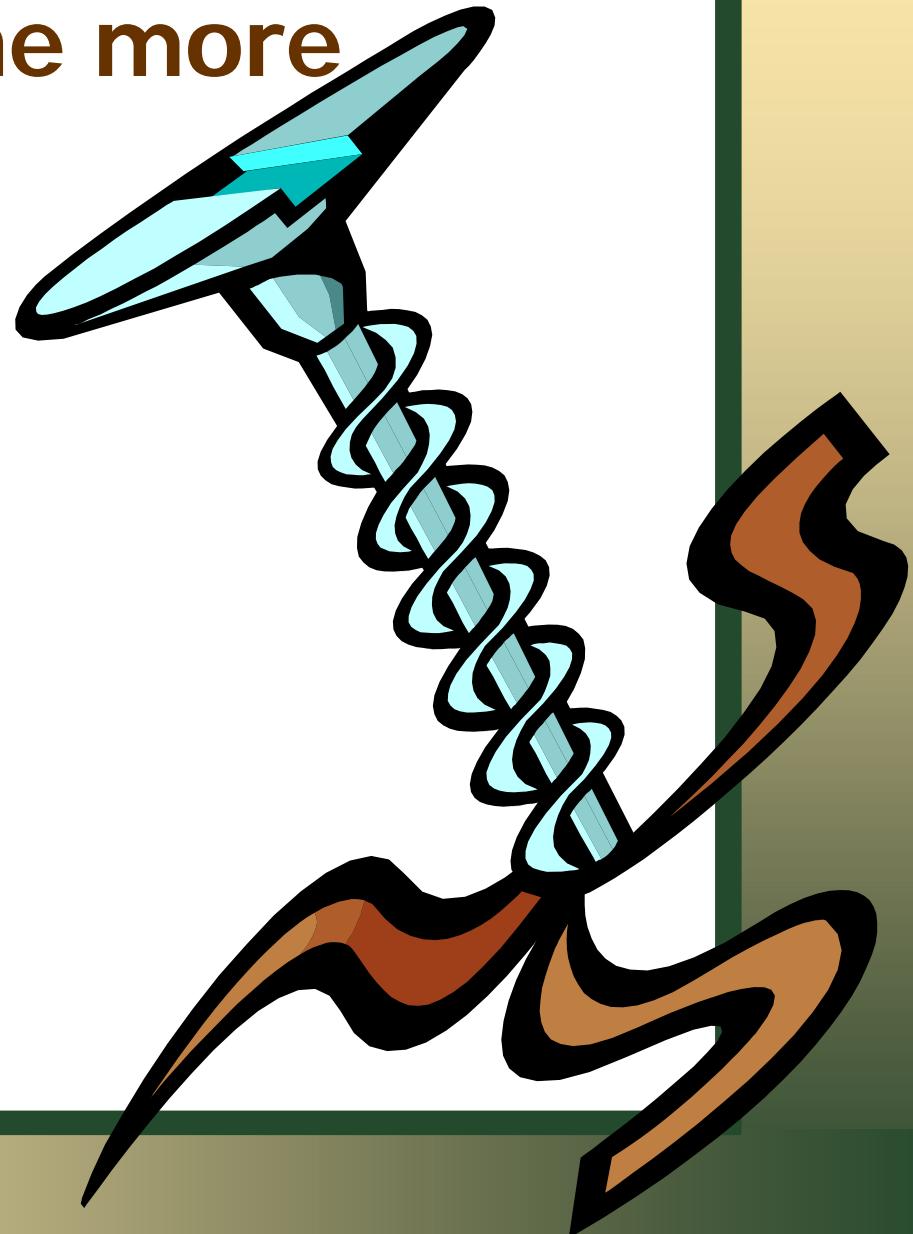
**Restitution**

**Physical restraint**

**Mechanical restraint**

**Seclusionary time-out**

**Over-correction**



# Compliant

**Compliant:**  
yielding;  
submissive;  
obedient

He recently completed our compliance training program and now he does what he is told!



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# **Turn the Screw**

**The more inappropriate the person's behavior, the more we turn the screw...**

**Positive reinforcement**

**Planned ignoring**

**Redirect**

**Restitution**

**Physical restraint**

**Mechanical restraint**

**Seclusionary time-out**

**Over-correction**

**Chemical restraint**



# Chemical Restraint



Universal Enhancement

# Psychopharmacology Laws

*The right drug  
doesn't fix the  
wrong  
environment.*

*Drugs treat  
disorders,  
not behaviors.*



# **Drugs Used on Aggression in Those With Low I.Q.'s Provide No Benefit, Study Says**

By BENEDICT CAREY

The drugs most widely used to manage aggressive outbursts in intellectually disabled people are no more effective than placebos for most patients and may be less so, researchers report.

The finding, being published Friday, sharply challenges standard medical practice in mental health clinics and nursing homes in the United States and around the world.

In recent years, many doctors have begun to use the so-called antipsychotic drugs, which were developed to treat schizophrenia, as all-purpose tranquilizers to settle threatening behavior — in children with attention-deficit problems, college students with depression, older people with Alzheimer's disease and intellectually handicapped people.

The new study tracked 86 adults with low I.Q.'s in community housing in England, Wales and Australia over more than a month of treatment. It found a 79

percent reduction in aggressive behavior among those taking dummy pills, compared with a reduction of 65 percent or less in those taking antipsychotic drugs.

The researchers focused on two drugs, Risperdal by Janssen, and an older drug, Haldol, but said the findings almost certainly applied to all similar medications. Such drugs account for more than \$10 billion in annual sales, and research suggests that at least half of all prescriptions are for unapproved "off label" uses — often to treat aggression or irritation.

The authors said the results were quite likely to intensify calls for a government review of British treatment standards for such patients, and perhaps to prompt more careful study of treatment for aggressive behavior in patients with a wide variety of diagnoses.

Other experts said the findings were also almost certain to inflame a continuing debate over

the widening use of antipsychotic drugs. Patient advocates and some psychiatrists say the medications are overused.

Previous studies of the drugs' effect on aggressive outbursts have been mixed, with some showing little benefit and others a strong calming influence. But the drugs have serious side effects, including rapid weight gain and tremors, and doctors have had little rigorous evidence to guide practice.

"This is a very significant finding by some very prominent psychiatrists" — one that directly challenges the status quo, said Johnny L. Matson, a professor of psychology at Louisiana State University in Baton Rouge, co-author of an editorial with the study in the journal *Lancet*.

While it is unclear how much the study by itself will alter prescribing habits, "the message to doctors should be, think twice about prescribing, go with lower doses and monitor side effects

very carefully," Dr. Matson continued, adding:

"Or just don't do it. We know that behavioral treatments can work very well with many patients."

Other experts disagreed, say-

ing College London, led a research team who assigned 86 people from ages 18 to 65 to one of three groups: one that received Risperdal; one that received another antipsychotic, the generic form of Haldol; and one that was given a placebo pill. Caregivers tracked the participants' behavior. Many people with very low I.Q.'s are quick to anger and lash out at others, bang their heads or fists into the wall in frustration, or singe the air with obscenities when annoyed.

After a month, people in all three groups had settled down, losing their temper less often and causing less damage when they did. Yet unexpectedly, those in the placebo group improved the most, significantly more so than those on medication.

In an interview, Dr. Tyrer said there was no reason to believe that any other antipsychotic drug used for aggression, like Zyprexa from Eli Lilly or Seroquel from AstraZeneca, would be more ef-

fective. Being in the study, with all the extra attention it brought, was itself what apparently made the difference, he said.

"These people tend to get so little company normally," Dr. Tyrer said. "They're neglected, they tend to be pushed into the background, and this extra attention has a much bigger effect on them than it would on a person of more normal intelligence level."

The study authors, who included researchers from the University of Wales and the University of Birmingham in Britain and the University of Queensland in Brisbane, Australia, wrote that their results "should not be interpreted as an indication that antipsychotic drugs have no place in the treatment of some aspects of behavioral disturbance."

But the routine prescription of the drugs for aggression, they concluded, "should no longer be regarded as a satisfactory form of care."

**The drugs most widely used to manage aggressive outbursts in intellectually disabled people are no more effective than placebos for most patients and may be less so, researchers report.**

**In the study, Dr. Peter J. Tyrer, a professor of psychiatry at Imperial College London, led a research team who assigned 86 people from ages 18-65 to one of three groups: one that received Risperdal; one that received a generic form of Haldol; and one that was given a placebo pill. Caregivers tracked the participants' behavior. Unexpectedly, those in the placebo group improved the most significantly.**

## **Universal Enhancement**

# Can't Prove It....

...but I believe that:

60% of all individuals with a primary diagnosis of developmental disabilities and a secondary diagnosis of mental illness have a “trumped up” diagnosis of the mental illness to meet best practice guidelines for prescribing medication.

## What do you think?

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# **Turn the Screw**

**The more inappropriate the person's behavior, the more we turn the screw...**

**Positive reinforcement      Mechanical restraint**

**Planned ignoring**

**Redirect**

**Restitution**

**Physical restraint**

**Mechanical restraint**

**Seclusionary**

**time-out**

**Over-correction**

**Chemical**

**restraint**

**How do these interventions meet the person's unmet needs?**



# Etiology of Diagnosis

Bob has a disability-----

**Bob hits people**

People get hurt

**Staff write BMP**

Bob hits people

**MD pressured for help**

MD renders DSM IV

Axis I Diagnosis

**Bob has Intermittent Explosive  
Disorder**

Bob takes Paxil

**Bob hits people**

You would be explosive too if you  
didn't have a life!



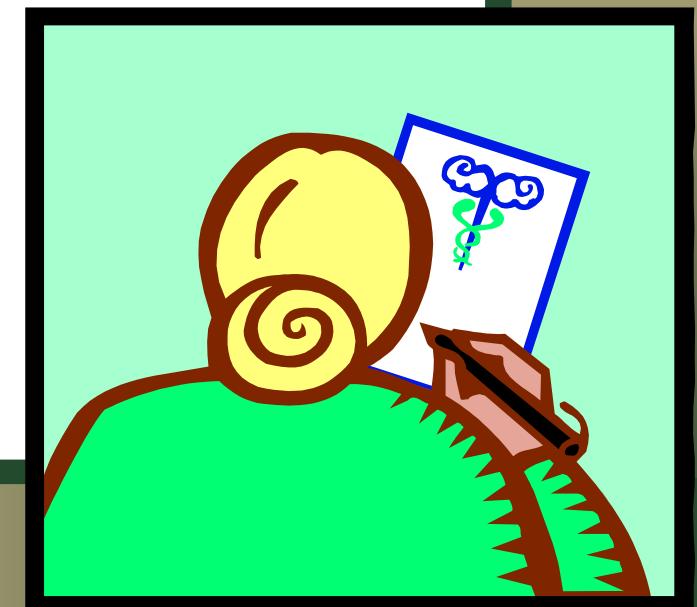
# **Misdiagnosed**

---

**Reasons why people with a primary diagnosis of mental illness may be incorrectly diagnosed with a secondary diagnosis of intellectual disabilities:**

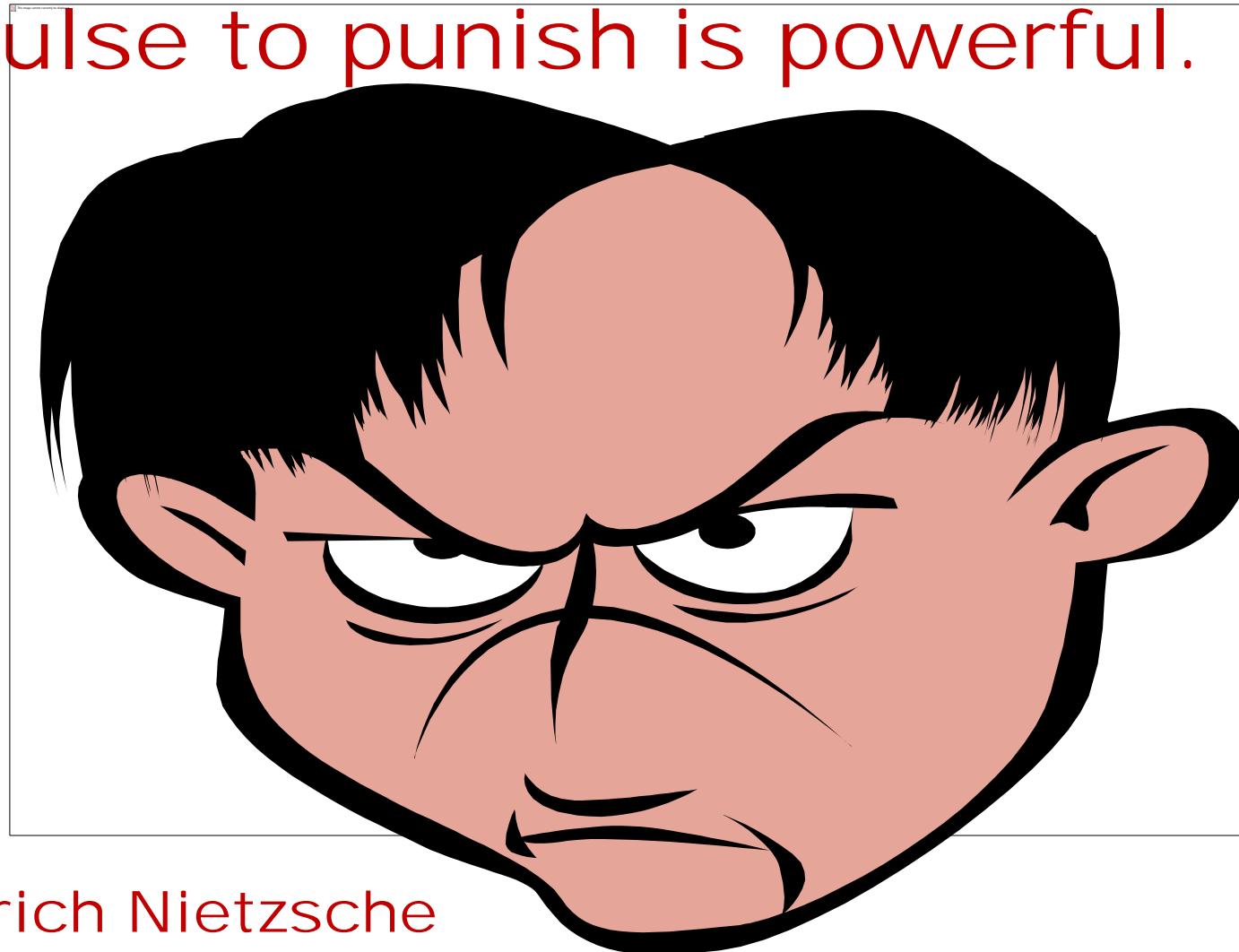
- **Institutional deprivation**
- **Medication depresses functioning**
- **Mental illness may depress IQ scores**
- **More service options for people with intellectual disabilities**

**Intellectual disability diagnoses lead to a self-fulfilling prophecy.**



# Punishment

Distrust all men in whom the impulse to punish is powerful.



Friedrich Nietzsche

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# Discipline.....

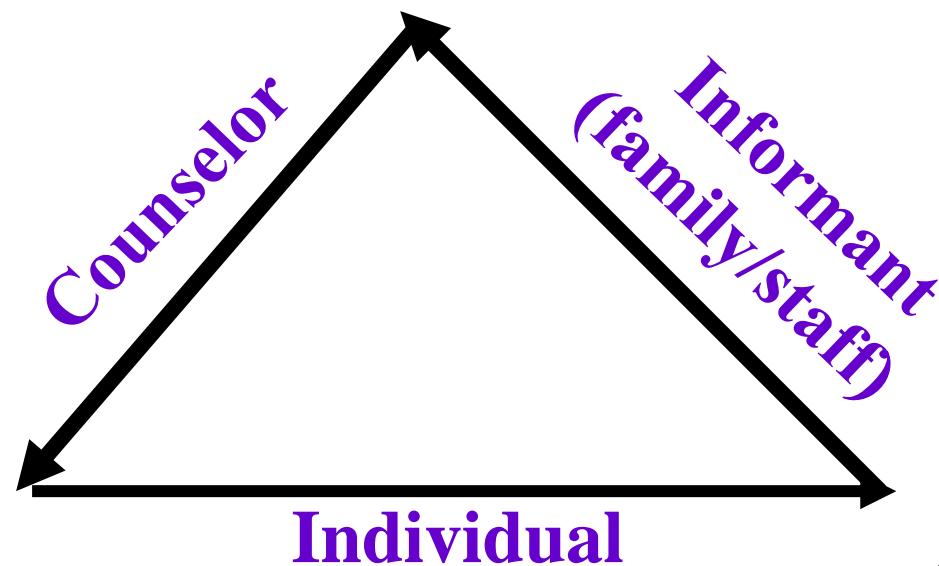
.....is teaching one:  
to make better  
choices about  
their behavior  
**that they have the  
power to choose  
how they behave**  
decision making  
**to be responsible**  
to think for  
themselves



# Counseling

**There is no therapeutic value in  
"going to" counseling.**

*For many people with  
developmental disabilities,  
counseling can only be effective when  
there is ongoing communication  
amongst:*



# Controlling Language

The following are statements of a controlling superior-subordinate relationship (oppressor-oppressed):

*"Well it's about time!"*

*(... stupid)*

*"Because I said so!"*

*(I'm in control here)*

*"I said **RIGHT NOW!!**"*

*(There is no room for debate)*

*"I don't have time for your nonsense!"*

*(There is no room for you here)*



# Controlling Language (cont'd)

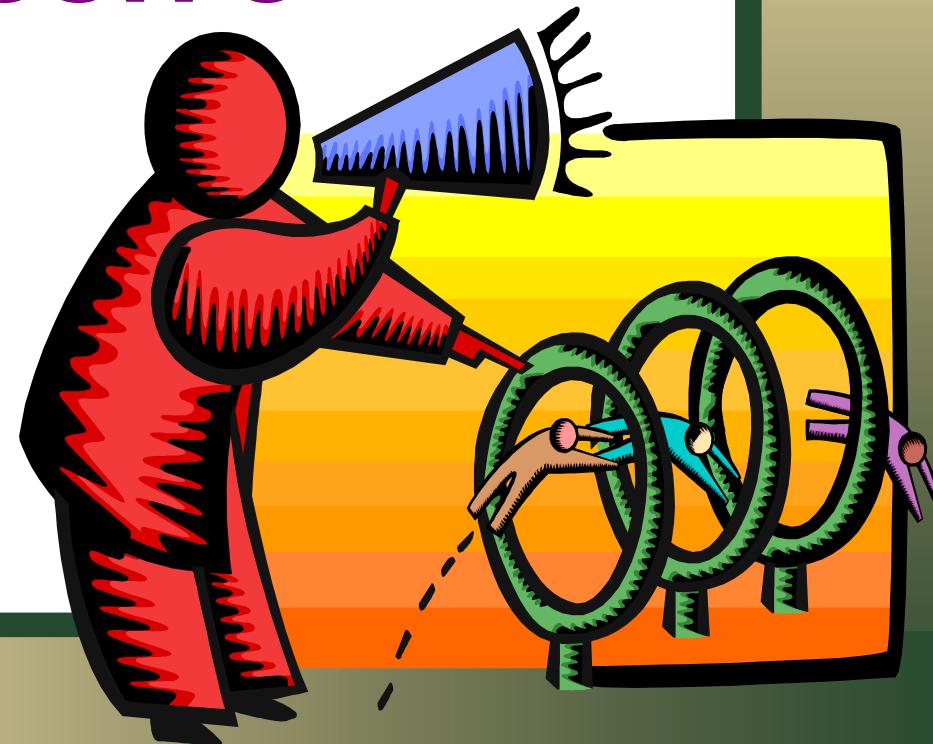
*"I am not telling you again!"*

*(Make no mistake, I'm the Boss)*

*"Didn't you hear what I told you?"*

*(Hello in there, anybody home?)*

What factors might influence a person's need to control others through devaluing verbalizations?



# Who Decides?

One's quality of life is significantly influenced by the decisions one is empowered and supported in making. In the lives of people with intellectual disabilities, who decides...

*where they live?  
what they do during  
their day?  
how they spend  
their free time?*



# **Who Decides?** (cont'd)

**what they eat?**

**what they do for fun?**

**when they go to sleep?**

**how they spend their money?**



**Being supported in selecting  
options and making decisions is  
central to a quality life.**

# Revealing the Decision Maker

## Source Of Control And Decision Making



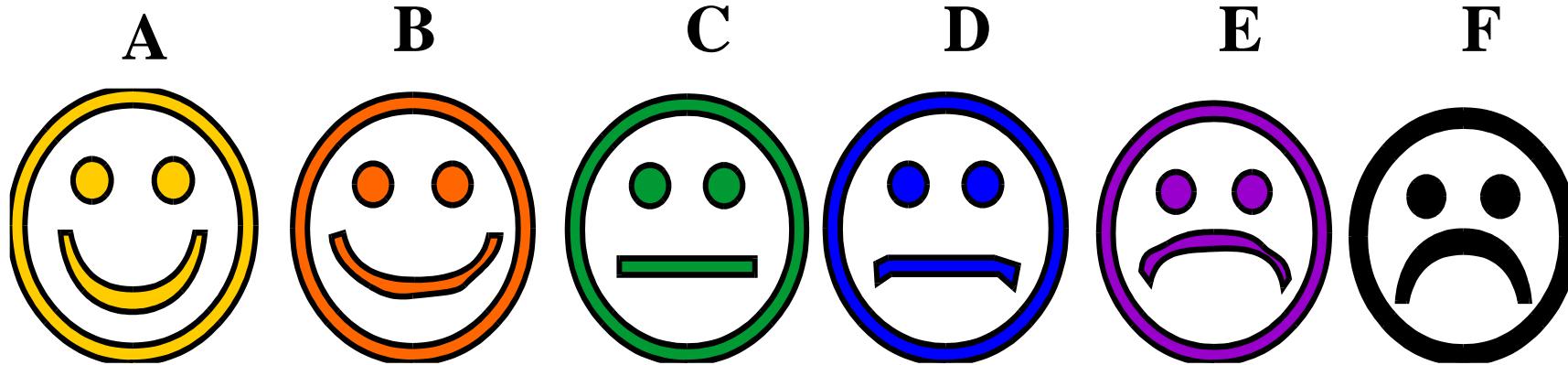
How do the plotted intersections of valued aspects of your life compare with people with disabilities?

# Feelings

We care more about how people behave than how people feel!



# Happiness



**“Compared with (the)  
depressed, happy people are  
less self-focused, less hostile  
and abusive, and less  
susceptible to disease.”**

David G. Myers

**Self-Determination**

**People achieve power through:**

**Money**

**Information**

**Abilities**

**Skills**

**Competencies**

**Violence**



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# Hypocrisy

Choice is not selecting  
an option from an array  
of one.



Hariett McBryde Johnson

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**Choices**

**Control**

**Preferences**

**Opportunities**

**Universal Enhancement**