



“LIVING IN NEW KINDS OF SITUATIONS”

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TRAINING FOR TODAY

*The Process of Supporting Appropriate Behavior
The Tools of Universal Enhancement*

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The previous article served as an introduction to the concept of Universal Enhancement. The importance of developing relationships with others was recognized, and the positive impact of having activities and things of value in one's life was discussed. It was concluded that all individuals, whether having a developmental disability or not, are more likely to behave in appropriate ways when meaningful relationships are established and the individual values a variety of activities in which others, with whom they have meaningful relationships, participate.

It is obvious that for most individuals developing and maintaining socially appropriate and eliminating inappropriate behaviors arises out of the natural contingencies within our social environments. Goals, objectives, behavior management plans, and schedules of reinforcement are not the natural forces supporting our appropriate behaviors. Our desire to maintain treasured relationships and

involve ourselves in enjoyable activities with others is the key in achieving a quality life.

Given the highly regulated residences in which many of us deliver services, the challenge with which we are confronted is: how can we provide individuals with an opportunity to learn more appropriate ways of behaving, improve the quality of their lives and yet fulfill the regulatory mandates?

The tools of Universal Enhancement are simplistic--they are basic and are derived from the experiences that affect our lives. It is exciting; as trainers we no longer need to train staff in "controlling or managing others." It is gratifying, at long last we have identified a process to support appropriate behavior that is free of aversives, intrusion and control. The opportunity to "arm staff" with the tools of Universal Enhancement to support and assist individuals, regardless of how challenging and

disruptive their behavior may be, must be celebrated as a new technology in providing options and choices for all people.

The process of Universal Enhancement is comprised of five steps. For purposes of this presentation, as well as in the training of staff, the steps are presented sequentially, though in fact they are frequently utilized concurrently. Universal Enhancement is not a model of service delivery, as is the case with the medical, developmental, habilitative or inclusionary models. Rather, Universal Enhancement is a system which contains a variety of strategies to facilitate an individual's ability to make decisions, develop relationships and expand the number and value of activities in the individual's life.

Universal Enhancement is a coming together of the efforts of many individuals over the last decade. Though inclusion has become a mainstay of our professional vocabulary, for many

of the persons we serve, it is elusive. We, as staff trainers, have yet to identify or develop strategies for individuals to achieve inclusion when individuals are highly behaviorally and developmentally challenging. Universal Enhancement provides us with a staff training technology which will facilitate the process of inclusion.

The first step in Universal Enhancement was historically the first and the only step. Universal Enhancement is initiated by providing the individual who is challenging with a "stabilized" environment. Individuals who are out of control (their own control) cannot move forward to achieve inclusion. Stabilization may require three supports at a minimum:

- Prosthetic Environment,
- Stimulus Control,
- Temporary Medication Plan.

It was but a few short years ago that the above steps were seen as "treatment." That is, modifications in the environment to protect the individual from harm, the physical presence of staff for protective oversight, and the use of medication to control behavior were the total scope of service. In training staff in the tools of Universal Enhancement, we emphasize that the process of stabilization is not an intervention or service but rather creates an environment where the service can be provided.

For example, I recently visited the home of a man who engaged in property destruction. In particular, he would remove the drawers from his dresser and throw them against the floors and walls, destroying the dresser as well as damaging the walls. At the time the man moved into his new home, staff were made aware that he had engaged in this behavior for many years in the institution where he had resided. In the institutional environment, this behavior had resulted in denying this man access to a dresser, for his dresser was maintained in a locked closet.

In his new residence, I was delighted to see the use of a prosthetic environment. That is, in an alcove in the man's bedroom,

where his dresser was originally located (the three that had been destroyed), staff built, with the assistance of the individual, a built-in dresser mounted in the alcove. In lieu of drawers, plastic bins were used to store his clothing. The staff developed strategies to support the individual for appropriately using his dresser. This prosthetic approach prevents possible injury to others who might be in the way of a flying drawer, but yet assures the man access to his clothes. The staff were hopeful that in two to three months they would be able to remove the prosthetic dresser and replace it with a standard type dresser. The use of a prosthetic environment provided an opportunity for staff to support the individual in learning new and more socially acceptable ways of expressing his anger--it is a temporary measure.

The second component of stabilization is stimulus control. Stimulus control requires that a sufficient number of trained staff are available to provide positive support. If, as a result of an insufficient number of staff or lack of training, staff are unable to respond to a challenging behavior, stabilization is prevented. If staff and housemates of the individual are terrified or in fear, they cannot begin to interact in ways to start the process of relationship building.

Stimulus control in Universal Enhancement is not physical restraint; it is the use of physical intervention to block, redirect and neutralize physical aggression. Staff not trained in such procedures and assigned to work with individuals who are physically aggressive are likely to resort to restraint or avoidance responses, neither of which are desirable.

The third element in stabilization may include a temporary medication plan. Emphasis is to be placed on the words temporary and plan. Again, historically, medication was used to "control" the behaviors of individuals with challenging behaviors. The use of medication would remain in place indeterminately, without regard to the medication's physical side effects, such as tardive dyskinesia.

There was no intent to support the individual in learning more appropriate ways to communicate and express anger as an alternative to his aggression or self-injurious behaviors.

The use of medication for behavioral purposes is only acceptable when a plan has been developed and implemented that supports the individual in developing meaningful relationships and increases the value of activities and "things" in individuals' lives.

Certainly, the strategies used to stabilize are restrictive, but for many individuals, they are necessary for moving toward inclusion. TODAY's training must envelop the strategies of stabilization in a strong value base--that is a set of values that increase the dignity of the individual and his right to choose.

In summary, there are four remaining steps in our staff training process to achieve Universal Enhancement. They will be discussed in subsequent articles. The implications and issues in stabilization are:

- Historically, this first step use to be the only step.
- If staff are highly anxious and in fear of their safety, you cannot proceed.
- Failure to stabilize precludes an opportunity for inclusion.
- Provide enough staff to provide positive support.