

# Changes in Attitude....

Warren Ellis, Ph.D.

Director, Adult Special Populations Program

Delaware Division of Developmental Disabilities

Dave Black,

Behavior Analyst, The Chimes - Delaware

# Our New Mindset

- Focus on the positive
- What is the behavior telling us?
- Communicate first
- Restraint is not dignified or respectful
- We now have a common context and language for how to relate to those we serve



# What Is Our Behavioral Focus?

- No longer driven by restraint; only used as an absolute last resort and only standing restraints are permitted
- Look at different factors: environmental, relationship with the staff person, history of any kind of trauma, removal of the trigger
- Develop behavior support plans with incentives that appeal to each specific person

# Actions Speak Louder Than Words

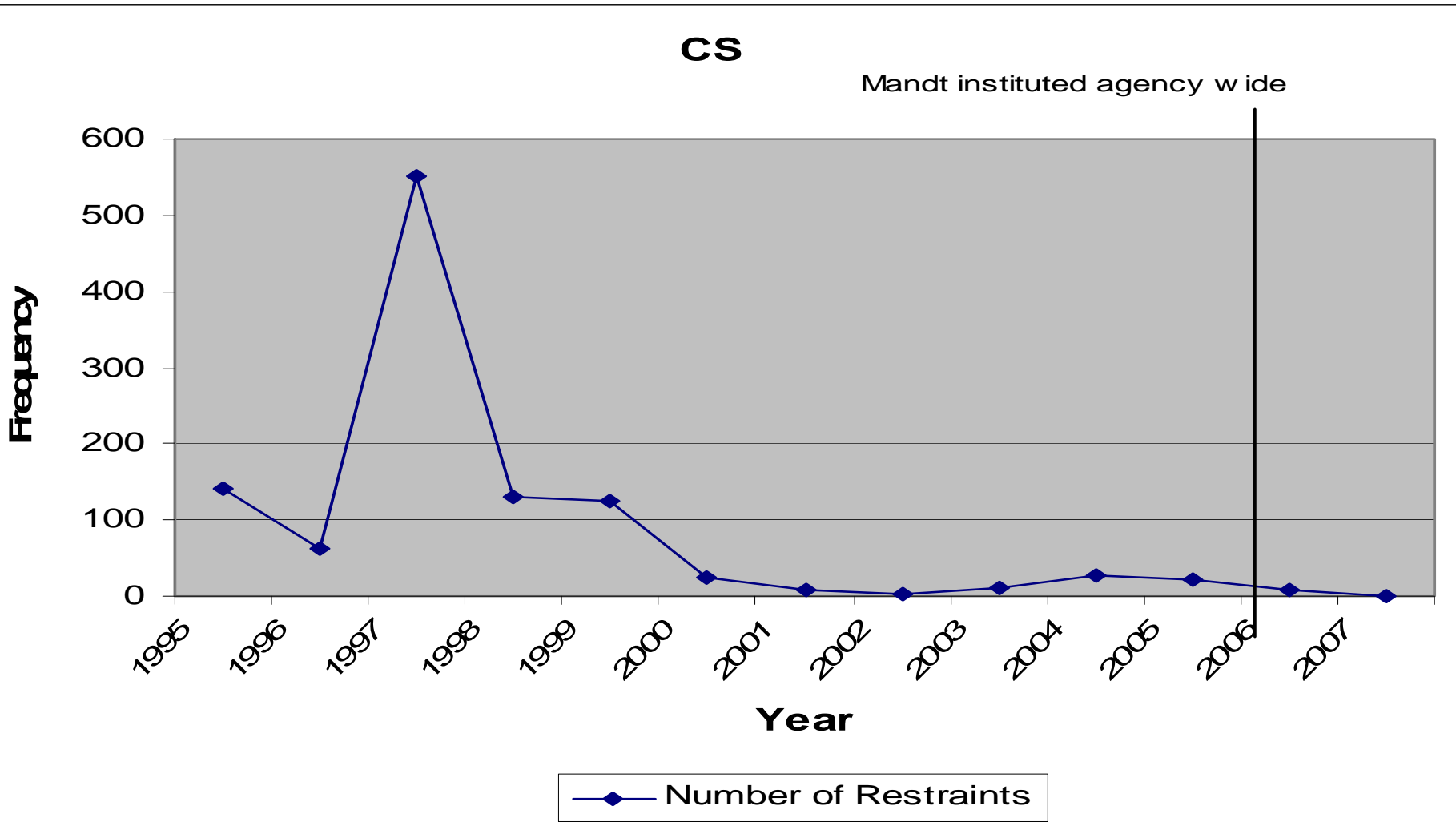
Putting what we have learned into  
practice: Case studies

# Case Study #1: CS

- Came to the Chimes in 1995
- Diagnosed with Moderate Mental Retardation and Intermittent Explosive Disorder
- Maladaptive behaviors included severe aggression, running into roads and through windows, jumping out of vans
- Planned responses included planned prone restraints, posey usage, and physically lifting her on to a van
- Medications were frequently changed in an attempt to stem the behaviors

- CS would display high anxiety behaviors prior to major events
- In our old mindset, it was “normal” to go to holiday and birthday parties so she was made to go to these events
- In our new mindset, if CS said that she did not want to go somewhere, she would simply not go
- She also has a behavioral program which rewards positive behavior and ignores the negative

# Results

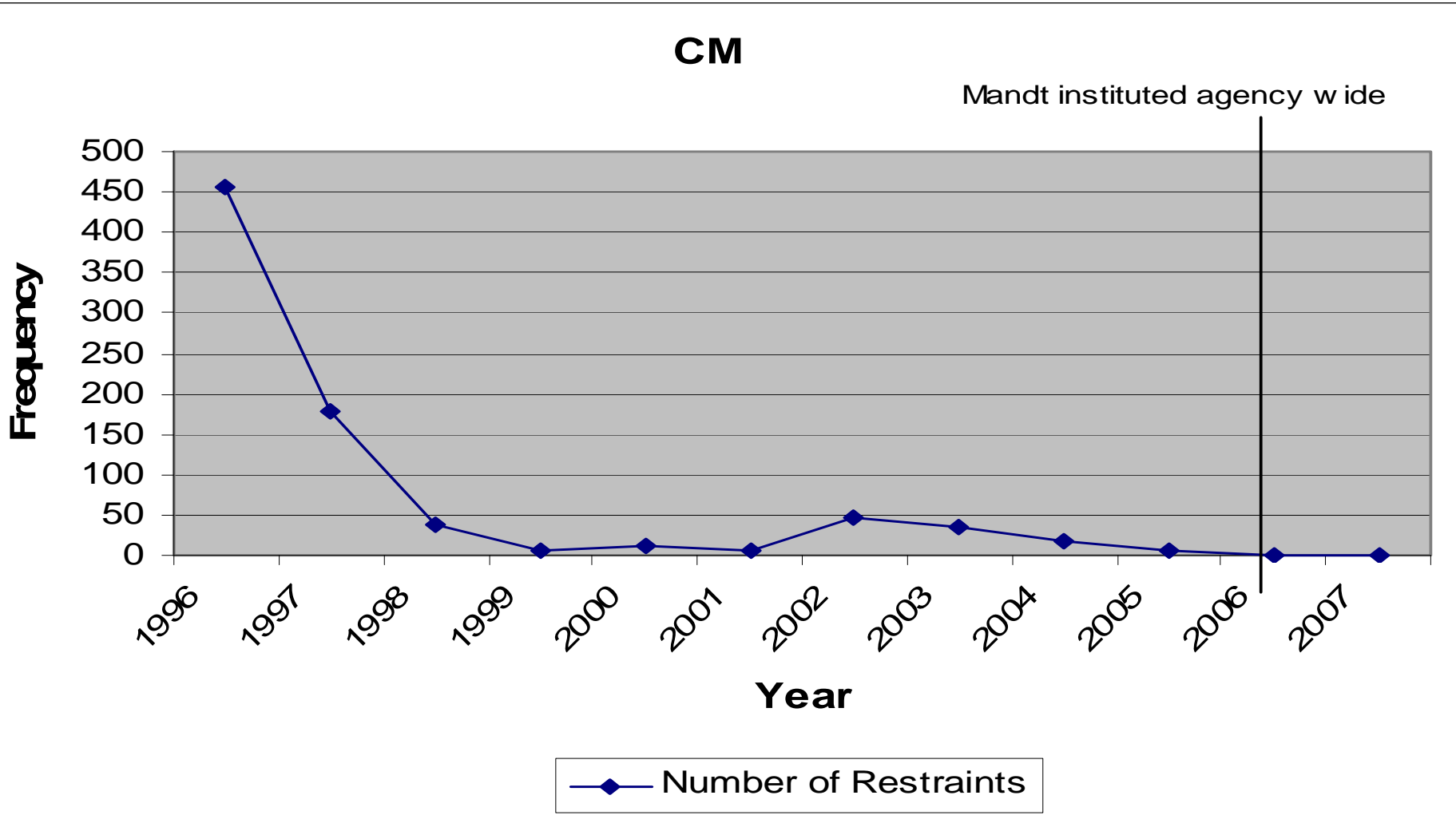


# Case Study #2: CM

- Came to the Chimes in 1995
- Diagnosed with Profound Mental Retardation, TBI from a vehicle accident, braces on his legs, and a shunt to drain cerebral spinal fluid from the brain
- Maladaptive behaviors were severe aggression, primarily biting
- Planned responses included planned prone restraints
- Echolalia and musical tunes were primary methods of communication

- Had an extremely low tolerance of loud or outside noises
- Was frequently moved from one area to another to “find a good match”
- Picnic story
- New mentality had us focus on noise levels, maintain consistency in staffing, and use of the MSC as a neutralizing routine

# Results

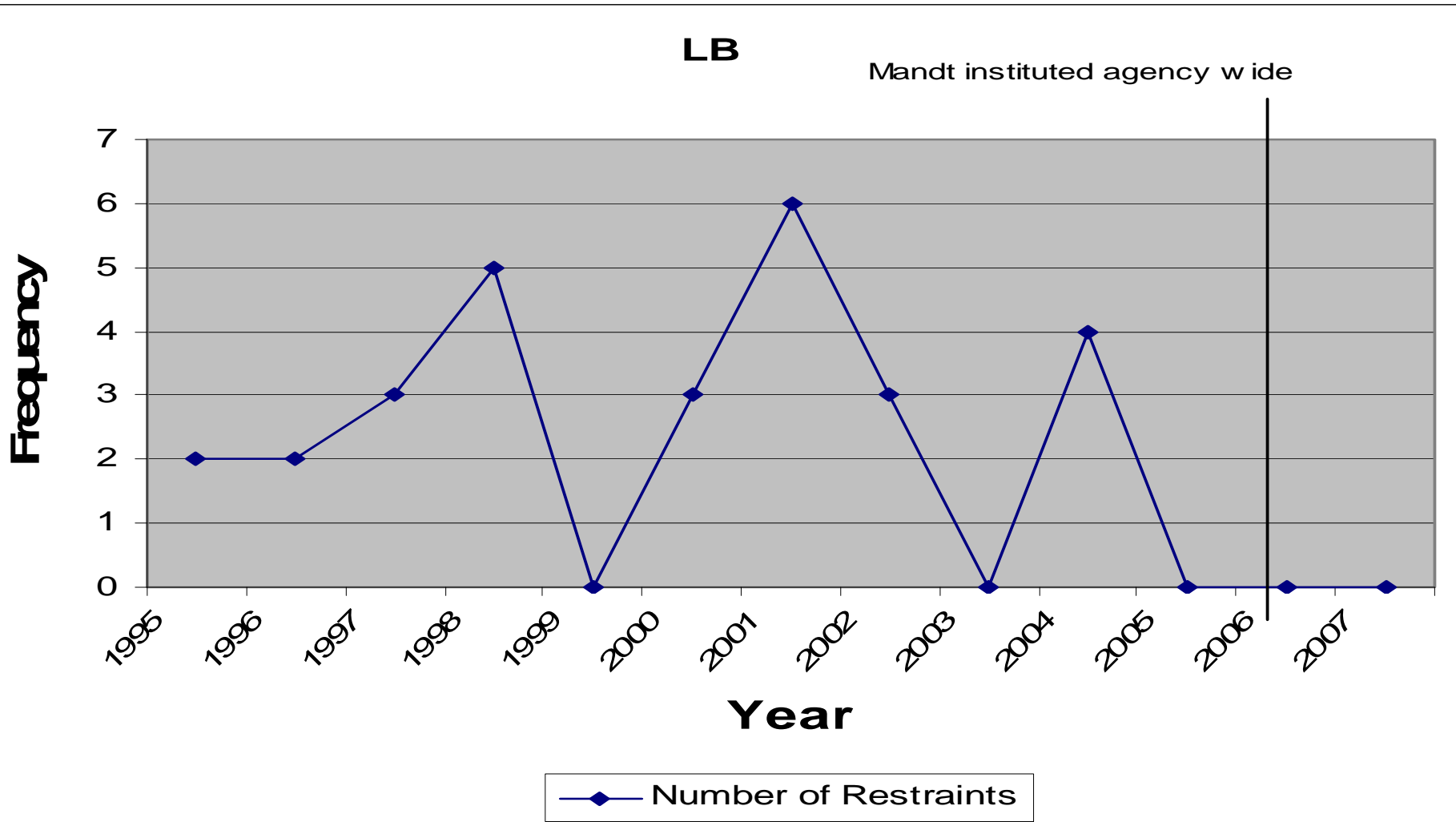


# Case Study #3: LB

- Came to the Chimes in 1995
- Diagnosed with Moderate Mental Retardation and a seizure disorder
- Maladaptive behaviors were severe aggression with weapons, property destruction, elopement, medication refusals in order to go to the hospital
- Planned responses included planned prone restraints, posey usage, and mechanical restraint chairs

- LB's diabetes and weight caused staff to limit his food intake, significantly upsetting LB on a routine basis
- New cultural changes have us fostering relationships with LB and helping him understand why these limits are so important to him.
- LB has learned to use phrases like, "I am upset because..." and not act on those emotions

# Results

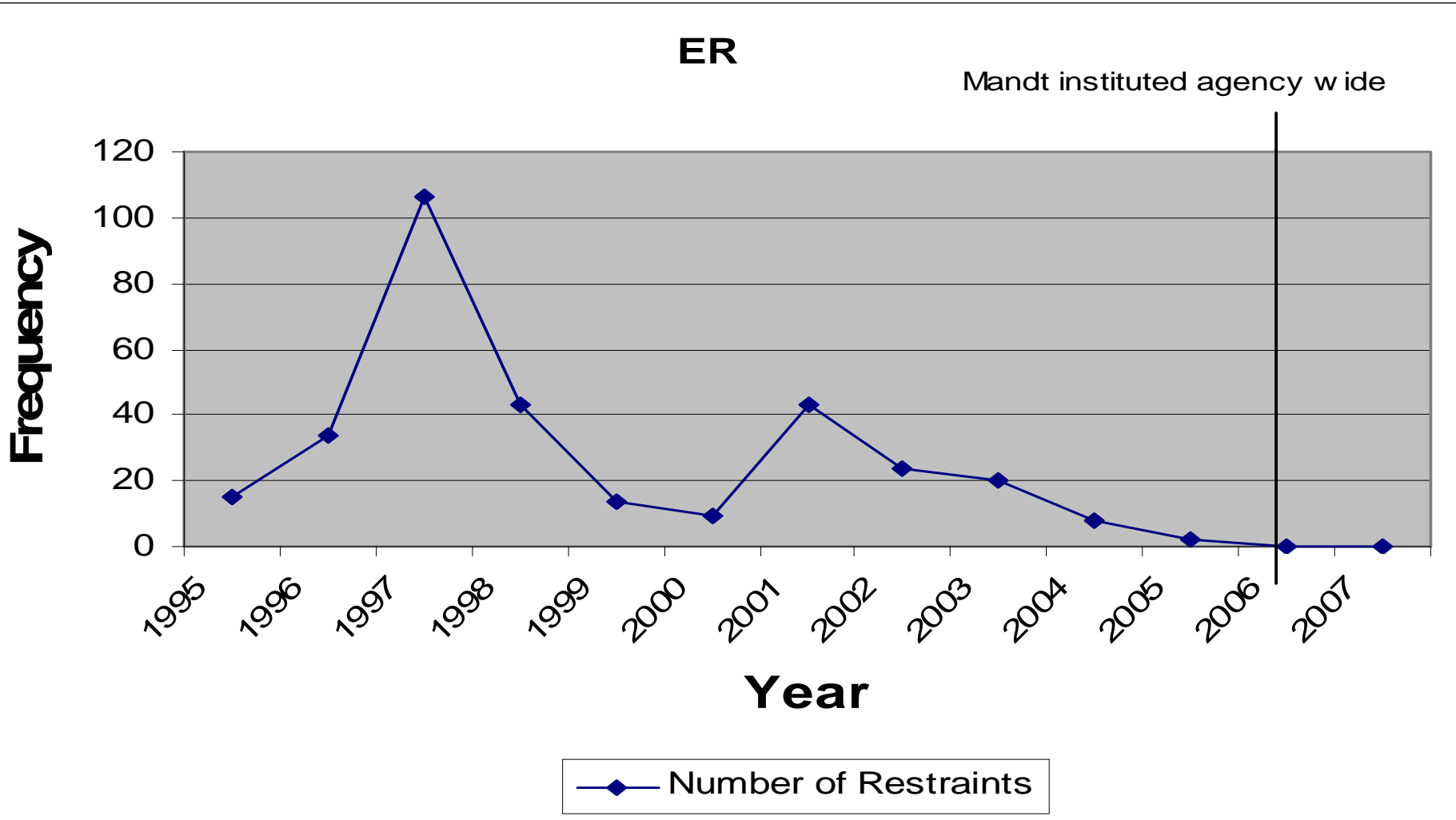


# Case Study #4: ER

- Came to the Chimes in 1995
- Diagnosed with Autism, Moderate Mental Retardation and bipolar disorder
- Maladaptive behaviors were severe aggression, severe SIB, and property destruction
- Planned responses included “required relaxation”, planned prone restraints, posey usage, and hand over hand prompting

- The maladaptives that occurred at home were primarily in ER's room where he spent most of his time
- At work, ER's maladaptive behaviors were seen as refusal to complete the tasks
- Under our new culture, medical tests were completed leading to GI and migraine discoveries
- A picture schedule was also introduced for planned residential outings and work tasks

# Results



# Case Study #5: OA

- Began to transition to the Chimes in 2003-2004 from the school system
- Had a history of severe aggressive behaviors, primarily biting
- Transition started extremely slowly, and things went well for a little while
- First aggression occurred after approximately 3 weeks of transitioning
- Would aggress by leading with his head to bite and without a clear antecedent

- He was restrained once, and that was enough
- We instead turned to environmental modifications we could try to avoid or prevent the aggression from happening
- New school district van, swing wall, work area in a room with a door, helmet, dog training equipment, and blocking pads
- Used to illustrate numerous alternatives to restraint using a team approach for a common goal