MENTAL RETARDATION BULLETIN

COMMONWEALTH OF PENNSYLVANIA · DEPARTMENT OF PUBLIC WELFARE

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SUBJECT:

Positive Approaches

BY:

Kevin T. Casey
Deputy Secretary for Mental Retardation

SCOPE:

County MH/MR Administrators
Base Service Unit Directors
Community Residential MR Facility Directors
Adult Training Facility Directors
Family Living Directors
State ICF/MR Directors
NonState ICF/MR Directors

PURPOSE:

The purpose of this Bulletin is to emphasize the concept of Positive Approaches and to encourage the promotion of Positive Approaches in all programs serving people with mental retardation

BACKGROUND:

Pennsylvania, in helping to lead a larger national trend over the past 30 years, moved away from providing services in large institutions to developing a variety of community based alternatives. In 1968, there were 12,000 individuals living in large state-operated facilities and very few individuals received services in the community. By 1990, the number of individuals living in state centers decreased to 3,900 and over 53,000 individuals were receiving services in the form of community residential programs, employment training, early intervention and family living or lifesharing. Today, only about 1,500 individuals remain in state centers while over 70,000 are receiving services and supports in communities across Pennsylvania.

The 1980s saw increasing numbers of people with mental retardation transitioning to community living. Concurrently, the need for increased quality services and supports in the community became easily apparent and people began to voice greater expectations beyond simply a system of services and supports. Self-advocates incorporated as Speaking for Ourselves in 1982 and Family Driven Support Services (FDSS) began a few years later. Individuals, their families and advocacy organizations expressed a desire to have more control over their own lives and to address issues such as restrictive and aversive procedures, maintaining contacts with family and friends and becoming an interactive part of the community.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:
The Appropriate Regional Program Manager

As part of the movement to address these issues, the Office of Mental Retardation formed a Subcommittee on Positive Approaches in 1991 and also published Mental Retardation Bulletin 00-91-05 entitled “Positive Approaches.” The Subcommittee, represented by state, county and provider agency staff in each region, introduced and promoted the concept of Positive Approaches by providing training, developing resource materials, establishing communication networks and identifying the major principles of Positive Approaches that were contained in the Bulletin. Consequently, the Office of Mental Retardation adopted the concept of Positive Approaches for use in regulation and policy development, training, monitoring and providing services and supports to individuals.

Complementing the incorporation of Positive Approaches into the service system was the publication of Everyday Lives. Everyday Lives captured the vision for the future of the mental retardation system. John McKnight wrote:

Our goal should be clear. We are seeking nothing less than a life surrounded by the richness and diversity of community. A

collective life. **An Everyday Life.** A powerful life that gains its joy from the creativity and connectedness that comes when we join in association as citizens to create an inclusive world.

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In 1996, the Office of Mental Retardation's Statewide Training Initiative began the quarterly publication of The Pennsylvania Journal on Positive Approaches, and an article entitled "An Overview" appeared in this issue that conceptualized the Positive Approaches paradigm. Recent issues have focused on identifying mental illness in people with developmental disabilities and supporting people with mental retardation who have problematic sexual behaviors.

A Multi-Year Plan for Pennsylvania's Mental Retardation Service System was formulated in 1997 and the Waiting List Campaign began in 1998. A Self-Determination grant was received in 1999 from the Robert Wood Johnson Foundation. Everyday Lives, Making It Happen was published in 2002 and summarized ten years of progress and outlined a framework for the future.

Mental Retardation Bulletin 00-03-05, implemented in 2003 and entitled "Principles for the Mental Retardation System," took the values articulated in Everyday Lives, Making It Happen and listed them as a series of person-centered outcomes that serve as a guide for personal action.

Another major goal begun in 2003 is to reduce and eventually eliminate all restraints in the mental retardation system. This will be done through getting input from several counties, provider agencies, and individuals and families, and then rewriting current regulations to reflect an emphasis on positive interventions and the elimination of restraints.

A new Behavior Support Policy for state mental retardation centers was drafted in 2003 and the policy complements the principles of person-centered, positive approaches.

In summary, the Office of Mental Retardation's efforts are aimed at a diversity of positive approaches that enhance the lives of people with mental retardation as they strive to live fulfilling lives in communities across the Commonwealth.

DISCUSSION:

Much of what has been written about using positive approaches in dealing with challenging behaviors involves examining the individual's environment to see the frequency and types of choices the individual is allowed to make; how the individual does or doesn't communicate with others to ensure wants and needs are known; what physical health issues might be causing pain or agitation; what mental health issues are present and how are they impacting on behavior; and what resources, services and supports are in place to help the individual in dealing with problems over a period of many months or years.

Changing an individual's environment can be a key to resolving what might be viewed as problematic behaviors. For example, does the individual have foods that are enjoyed at meals and access to snacks when hungry? Can the individual choose different food items or does the individual get what's served, like it or not? Does the individual have opportunities to have fun by choosing an activity that is enjoyed, by being around friends, by going into the community, by enjoying a relationship? Did the individual choose the arrangement of furniture and accessory items? Does the individual have a sense of self-esteem and being valued as a person? Allowing the individual to make choices to change the environment can be a major factor in resolving behavioral issues.

What if the individual exhibiting problematic behaviors can't communicate needs, verbally or otherwise, in a manner that is understood by support staff? Language boards and other types of augmented communication should be attempted in trying to establish what the individual wants and is trying to tell others. Certain gestures and body language can be meaningful and an individual who can't communicate easily will eventually become frustrated with every interaction. Many times the problem behaviors and frustrations decrease or disappear when the individual is consistently able to communicate in a meaningful way.

Clinical assessment, diagnosis, and syndrome-related treatment are vital tools because challenging behaviors may continue to occur even when environmental and communication needs are resolved. Physical health issues can also impact an individual's behavior, e.g., arthritis pains, gastrointestinal upsets and allergies are some common conditions that can cause distress. The diagnosis and treatment of mental illness in people with mental retardation is not uncommon and consistent quality treatment can be an asset in negating problem behaviors when other efforts meet with minimal success.

When an individual's life has been impacted by severe hardships and traumas over a period of time, the process of resolving these issues can take months or years until the individual begins to develop a sense of self-esteem and satisfaction with overall life goals. Support staff need to make constant and encouraging teaching efforts to do what it takes to help the individual despite repetitive cycles of minimal progress and regression.

The following points are titled "Positive Approaches as a Paradigm"1 and they represent a series of examples describing the concept:

- Positive Approaches (adapted from Mental Retardation Bulletin, DPWPA, 1991) is a worldview, a movement, in which all individuals are treated with dignity and respect, in which all are entitled to Everyday Lives.

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1 Guy Legare, M.Ps., Positive Approaches as a Paradigm. Positive Approaches, “Identifying Mental Illness in People with Developmental Disabilities, Second Edition, OMR Statewide Training and Technical Assistance Initiative, PA, 2002.

- Positive Approaches requires getting to know each person, his or her unique qualities as well as his or her personal history.

- Positive Approaches requires that all people involved are comfortable enough to speak freely, that we all listen carefully and respectfully, that we take each person seriously, and finally, that we honor what we hear.

- Positive Approaches requires an examination of all aspects of the person’s life including each person’s living environment, relationships, activities and personal dreams.

- Positive Approaches is characterized by an integration of values, philosophies, and technologies. Its purpose is to support people to grow and develop, to make their own decisions, to achieve their personal goals, to develop relationships, and enjoy life as full members of the community.

- Positive Approaches encourages us to see clearly and honestly the good reasons and adaptive qualities of even the most troubling behavior, no matter whose it is.

- Positive Approaches is focused not on fixing the person, but on building competencies, creating opportunities and offering choices that help each person live a fulfilling life.

- Positive Approaches assumes that all behavior has meaning and that an individual’s behavior can be a method to communicate needs and wants or the manifestation of some clinical issues.