Wednesday, 2:30 – 4:00, F4

Improving Quality of Life for Individuals with ID who Exhibit Disruptive Behaviors

Lynn Van Norman
810-667-0500 lvannorman@cmh.co.lapeer.mi.us

Objectives:

1. Identify effective methods for the practical application of concepts related to improving the delivery of services for persons with developmental disabilities

2. Identify advances in clinical assessment and management of selected healthcare issues related to persons with developmental disabilities

3. Discuss the ethical issues related to persons with developmental disabilities

4. Identify and emphasize attitudes that enhance the opportunities for persons with DD to achieve their optimal potential

5. Develop strategies to promote community inclusion in meeting the needs of persons with developmental disabilities

Notes:
Improving the Quality of Life for Individuals with Intellectual Disabilities who Display Disruptive Behaviors

- Lynn Van Norman, MS
Lapeer County Community Mental Health

Historical Perspective

Christmas in Purgatory (Blatt & Kaplan, 1974)

What are “behaviors”?

Behaviors
During the past month:
• List your six most positive behaviors
• List your six most negative behaviors

1. Were any to gain a specific consequence?
2. A pure, unthinking response to a trigger to your environment?
3. An expression of emotions based on feelings occurring within you?
Quality of Life

Encompasses:
- Interpersonal Relationships
- Emotional Well Being
- Constructive/meaningful activities
- Social or Community Affiliation

Schalock et al. (2002)
Perry and Felce (2003)

Profile of Individual with Problem Behaviors

• Feels unsafe.
• Feels Devalued
• Feels disconnected to others

Perry and Felce (2003)
Harvey (2012)

Elements that will Increase Sense of Well Being

• Safe and Valued
• Positive Interactions and Decreased Demands
• Structure and Transitions

De Schipper and Schuengel (2010)
Davies and Woitach, (2008)
Duperouzel (2008)

Safe and Valued

De Schipper and Schuengel (2010)
Davies and Woitach, (2008)
Duperouzel (2008)

Positive Interactions & Decreased Demands

Davies and Woitach, (2008)
Perry and Felce (2005)
Structure and Transitions
- Flannery & Honer (1994)
- Fox, Holtz and Moist (2009)

Assessment
- Histories/Memories
- Caregivers interactions
- Environment
- Triggers
- Diagnosis
- Medications

Happiness Assessment
The purpose of our lives is to be happy.
Dalai Lama
There is only one happiness in this life, to love and be loved.
George Sand
Anything you're good at contributes to happiness.
Bertrand Russell
Harvey (2012)

Assessment
- Should include what each element looks like for the individual.
- Should guide staff on how to support the individual in increasing their quality of life.
- Focus on proactive assistance.

Examples of Interactional Guidelines –
See Appendix A and B.
Bibliography


Retrieved from [http://aaidd.org/content_145.cfm?navID=32](http://aaidd.org/content_145.cfm?navID=32)


doi:10.1521/aeap.2011.23.4.367


### Interactional Guidelines for Sally

<table>
<thead>
<tr>
<th>When Sally is feeling Safe</th>
<th>When Sally is not feeling Safe</th>
<th>What we do to make Sally feel unsafe</th>
<th>What we can to help Sally to feel Safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smiling</td>
<td>- Yelling – I hate you, I want you to die, I wish I could die, etc.</td>
<td>- When we are mad or upset</td>
<td>- Ask her how her day was when she comes home.</td>
</tr>
<tr>
<td>Bubbly</td>
<td>- Threatening to hurt you</td>
<td>- Telling her that her fantasies about fairies and mermaids are not real</td>
<td>- Tell her that you care about her.</td>
</tr>
<tr>
<td>Laughing</td>
<td>- Leaving the house and running in the woods.</td>
<td>- Having too much alone time</td>
<td>- Tell her she is “beautiful” “a princess” and “popular”.</td>
</tr>
<tr>
<td>Singing</td>
<td>- Not smiling</td>
<td>- If Sally feels ignored.</td>
<td>- Ask her if she wants to accompany staff on errands.</td>
</tr>
<tr>
<td>Dancing</td>
<td>- Using the “ugh” noise or saying “whatever”</td>
<td>- Being cooped up in the house for too long.</td>
<td>- Ask her to draw her feelings.</td>
</tr>
<tr>
<td>Cheerleading</td>
<td>- Rolling her eyes</td>
<td>- Has difficulty getting up in the morning.</td>
<td>- Stay positive always.</td>
</tr>
<tr>
<td>Talking more with others</td>
<td>- Eating and hoarding food</td>
<td>- Staff using a stern or demanding tone of voice.</td>
<td>- Give her 1 to 1 time.</td>
</tr>
<tr>
<td>Helping others</td>
<td>- Cries and hyperventilates</td>
<td>- If a promise has been broken.</td>
<td>- Ask if you can help her.</td>
</tr>
<tr>
<td>Baking</td>
<td></td>
<td>- If she feels physically crowded or cornered.</td>
<td>- Do any necessary paperwork when she can’t see you.</td>
</tr>
<tr>
<td>She says she is a Princess and Popular</td>
<td></td>
<td></td>
<td>- Be soothing.</td>
</tr>
</tbody>
</table>

- Tell her she is safe with you.
- Tell her “I’ll take care of it” or “it will be ok”
SALLY’S SHOWERING ROUTINE

1. At about 6:30 pm begin having one to one time with Jeannine for about 10 to 15 minutes.

2. Then say to her “I’m going to get your showering things together why don’t you pick out which pj’s you want to wear”

3. Give her a few minutes alone to get undressed and in the shower.

4. Promote singing in the shower.

5. Give her lots of praise – telling her how beautiful she is, how she is a princess, etc.

6. Remember to stay positive.

7. Discuss with her what she would like for a snack after her shower.

8. When she is ready assist with washing her hair, back and/or shaving.

9. After shower offer to blow dry her hair for her.

10. Give her snack.