

## **Positive Support Rule & Strategy**

The Positive Support Rule (PSR) provides guidance to service providers in Minnesota about how to support community living and a high quality of life for people with interfering behavior.

“Positive support strategy” means a strengths-based strategy based on an individualized assessment that emphasizes teaching a person productive and self-determined skills or alternative strategies and behaviors without the use of restrictive interventions.

- Promote community participation, person-centeredness & inclusion in the most integrated setting
- Focus on creating quality environments;
  - Ensure people are free from humiliating and demeaning procedures;
  - Eliminating the use of aversive and deprivation procedures; and
- Ensure collaborative development of positive support strategies;
- Increase skills and self-determination of people receiving services;
- Improve the quality of life of people receiving services;
- Create a consistent set of standards for providers across service settings in serving people with developmental disabilities

To develop and implement positive support strategies, service providers must complete an individualized strength-based assessment that guides selection of approaches that:

- are evidence based,
- are person-centered,
- are ethical,
- integrate a person into their chosen community,
- are the least restrictive to the person
- and are effective

### **Examples of Potential Positive Support Approaches**

- Applied Behavior Analysis (ABA)
- Cognitive Behavior Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- Integrated Dual Diagnosis Treatment (IDDT)
- Motivational Interviewing
- Multi-systemic Therapy
- Person-Centered Thinking and Planning (PCT &PCP)
- Positive Behavior Support (PBS)
- Response to Intervention
- Systems of Care
- Trauma-Informed Practices
- Wraparound Planning

## **Interventions Prohibited by the PSR**

- Restraints – programmatic
- Seclusion
- Time out
- Aversive & Deprivation procedures
- Faradic shock
- Speaking to a person in a manner that ridicules, demeans, threatens or is abusive
- Using physical intimidation/shows of force
- Denying or restricting a person's access to equipment and devices such as wheelchairs, walkers, hearing aids and communication boards that facilitates a person's functioning
- Using painful techniques
- Hyperextending or twisting a person's body parts
- Tripping or pushing a person; Using punishment of any kind
- Requiring a person to assume and maintain a specified physical position or posture
- Using forced exercise
- Totally or partially restricting a person's senses
- Presenting intense sounds, lights other sensory stimuli
- Using a noxious smell, taste, substance or spray
- Requiring a person to earn normal goods and services
- Using token programs that include response cost
- Using a person receiving services to discipline another person receiving services
- Using any action or procedure that is medically or psychologically contraindicated

## **Positive Behavior Support**

Behavior is something you can see (observable). It is also something you can measure. Consequences to behavior help shape it. By adjusting these, a person can learn to use a behavior. A person may also be discouraged from using a behavior. Some people have a history of seriously disruptive or dangerous behaviors. You must know how to interrupt the behavior. You must do so in ways that are respectful, safe, and effective.

When people engage in challenging behavior, it's important to have an understanding of the behavior. It's also important to have strategies in place that help people do better. Behavior support plans (BSP) help direct support professionals and others know exactly what to do to help people with their behavior. [Positive behavior support](#) (PBS) is based on prevention of [challenging behaviors](#). It includes the teaching of new skills. The success of PBS will be based on an understanding of the [function](#) of the behavior. Attention must be paid to the person's overall [quality of life](#) and personal goals. In addition, it will be based on the response that the desired and the challenging behaviors receive.

A good plan provides information on why the behavior is being used. It lists ways to prevent challenging behaviors. It provides ways to teach new more acceptable behaviors. Finally, it has ways to respond when prevention and teaching strategies don't work.

Not everyone will need a formal behavior support plan. However, there are certain situations for which behavior support plans are needed. Very often they are required by law. These include:

- When a person is taking psychotropic medications for the purpose of controlling challenging behavior.
- When other restrictive methods are being used to change a person's behavior. This includes things like time-out, physical or mechanical restraints, limiting access to preferred items, or locked areas of the environment.
- When a person's quality of life is diminished by behavior. This happens when people hurt themselves or others. It happens when they have few opportunities or are socially isolated.

Not every behavior you find offensive or irritating is "challenging." In fact, most individuals do not require a written behavior support plan. When you have difficulty with a person's behavior but it doesn't put the person at risk, it is time remember people have choices. This is especially true in a person's home. If others are not concerned by the person's behaviors and choices, but you are, it may mean that you and the person are not a good match together.

### **The ABC's of Behavior**

- A. Antecedents** are events that happen before behavior. They may or may not influence a behavior. When people respond to antecedents, the response can be rewarded. If this happens regularly, the antecedent can become a signal for the person to use the behavior. Once this is learned, the person often will continue to respond with the same behavior, even if the behavior is no longer rewarded.
- B. Behavior** is something someone does that can be seen and measured. Behavior is influenced by consequences and antecedents.
- C. Consequences** are events that occur after the behavior. They are the result of the behavior. They influence whether or not the behavior will occur again in the future. Consequences can be changed to improve behavior. They can be changed to decrease the number of challenging behaviors. They can also be changed to increase the likelihood a person will use a desired behavior.
  1. *Reinforcement* is one type of consequence. It increases the likelihood that a behavior will occur in the future.
  2. *Punishment* is another type of consequence. It decreases the likelihood that a behavior will occur in the future.

3. Aversive techniques are a form of punisher used in positive punishment. They are products, events, or things that are presented to the person after a behavior is used in order to discourage or stop the behavior. Caution! The use of many types of aversive procedures are not allowed by law. Aversive techniques that cause discomfort or harm (physical or psychological) are usually not allowed. When they are allowed, they are carefully monitored and controlled.
4. *Deprivation* procedures are a form of negative punishment. They remove something from the environment after a behavior. This is done to discourage the use of the behavior.

Limitations, risks, and [ethical](#) considerations in consequence management:

- If people don't have the ability (skills, understanding) to get needs met appropriately, they won't get needs met. This may cause them to try more disruptive or dangerous behaviors to try to get needs met. Or, they might miss out on getting important needs met, such as medical needs.
- A focus on consequences often leads to worrying about compliance over learning. This in turn often leads to the use of harsher or demeaning consequences to try to stop behavior.
- If consequences include harsh or demeaning methods of intervention, people might imitate them and hurt others. They are also at risk for emotional or physical harm during intervention.
- People may have to endure situations that are uncomfortable to them.
- People may have to endure situations that they have every right to avoid. For example, not being allowed to make their own choices.

## **Cultural Competence**

Macro culture is the shared cultural perspective of the largest group. The macro culture is almost always the basis of law. It will also usually be the basis of regulations and community practices, and the basis of policies and practices in organizations.

*Dominant Culture* is the cultural practices which are the basis for judging actions and establishing public traditions. Usually the dominant culture is so much a part of the societies' perspective that it is "invisible." Behaviors which are contrary to the perspective of the dominant culture are usually considered inappropriate or wrong, even when they are not harmful.

Micro culture is the shared perspectives of smaller groups. These groups have common traits or beliefs that may be in conflict with the macro culture. Micro cultures may include different types of groups. For example, some groups include ethnic groups, religious groups, people with disabilities, or women. Which groups are "in" (part of the macro culture) and which groups are "out" (different from the macro culture) depends on the situation.

*Institutional bias* is when one culture is favored over others in public situations.

*Cultural capital* is the power and influence a person has by being part of the macro (dominant) culture. The more people are able to "fit in" with the dominant culture, the easier it is for them to be successful.

### **The Macro Culture of the United States**

American culture has at its roots:

- A belief in the value of equality, self-determination, self-reliance, and independence.
- Preference for informality, direct communication, optimism, and quick friendliness.
- A strong focus on clock time and calendars, meeting deadlines, and punctuality.
- Faith in technology and science. Separation of the domains of religion, science, and government.
- Future orientation. There is an emphasis on planning, changing, improving, and fixing.
- Belief in delayed gratification and efficiency.
- Belief that the individual comes before family and community.

### **Culture of Support Services**

- An emphasis on health and safety over choice for the person receiving supports.
- An emphasis on diagnosis and disability labels.
- A focus on intervention, goal setting, progress, and data collection.
- Lots of new terms, acronyms, and jargon.
- A practice of seeking the opinions of professionals, not the direct support staff or individual themselves.
- A focus on determining what was best for the individual and how to satisfy rules and regulations.
- A focus on problems and limitations.
- A belief that rights and privileges need to be earned.

The services culture is usually a cycle of the following components:

- Planning and organizing supports
- Implementing plans
- Assessment of need



## **Cultural Bias in the Language of Supports, Barriers to Clear Communication**

*Slang* - Informal words that have meaning to certain groups. The meaning of these words is not understood by people outside the group. Some are not real words. Others have a different formal meaning.

*Jargon* - Words related to a certain field of interest that are not meaningful to most people outside of that field.

*Idioms* - Statements that have meaning within a culture yet are not clear when directly translated into another language or to people of other cultures.

Avoid using jargon or labels unless absolutely necessary. Avoid judging words that stem from your own values. Prepare written and verbal reports in partnership with persons being supported.

## **Cultural Bias in the Design and Delivery of Services**

*Normalization* is an important concept. It has improved the lives of many people. Today, it is well integrated into the service system. There is an expectation that all people with disabilities will experience "normal" opportunities and routines as they live their daily lives.

### **Forms of Communication**

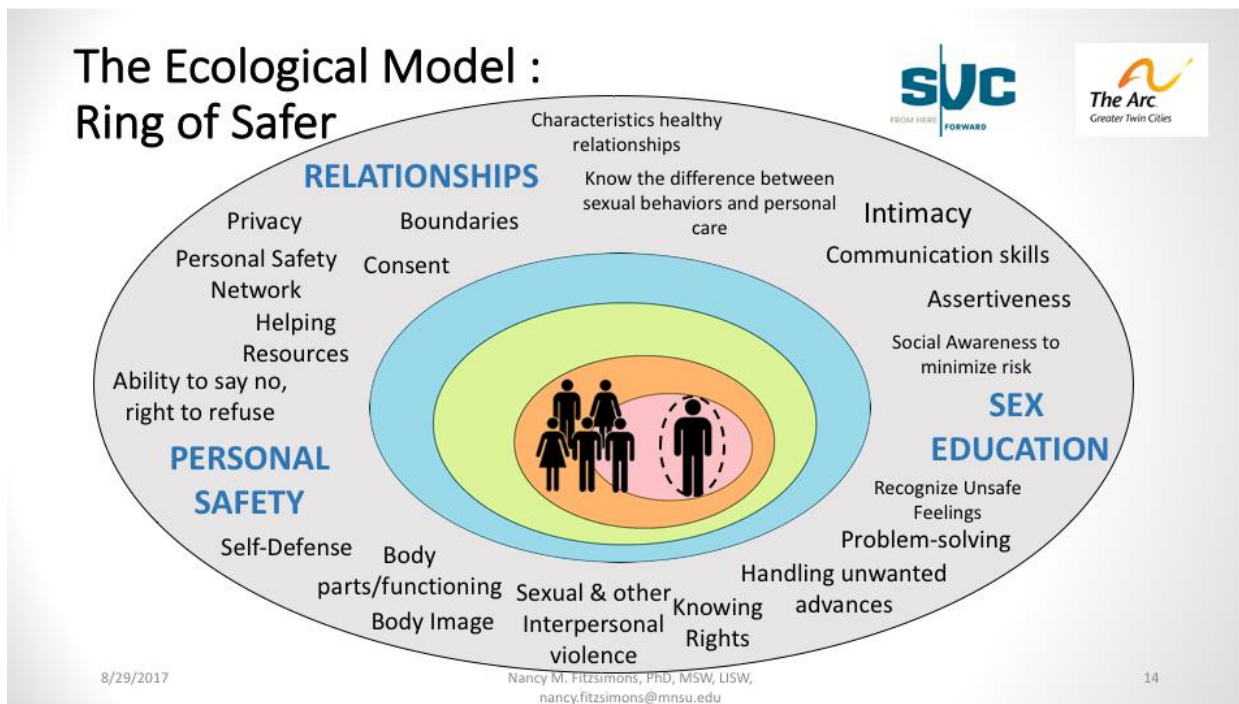
- Spoken Language
- Written Language
- Sign Language
- Body Language
- Gestures
- Etiquette and Rituals

## Sexual Violence

Sexual violence is a serious public health problem that affects millions of people each year. SV involves a range of acts including attempted or completed forced or alcohol/drug facilitated penetration (i.e., rape), being made to penetrate someone else, verbal (non-physical) pressure that results in unwanted penetration (i.e., sexual coercion), unwanted sexual contact (e.g., fondling), and non-contact unwanted sexual experiences (e.g., verbal harassment, voyeurism).

### **How can the risk of sexual violence be reduced?**

The Ecological Model: A Ring of Safer can help to understand what tools a person may need in order to reduce their risk of sexual violence.



In the middle of the picture is the Ecological Model of Risk to Sexual Violence. We are going to examine the very center of the picture that focuses on the Individual. The vulnerability associated with the individual are personal attributes or characteristics combined with knowledge, skills, opportunities, and experiences.

We know that most of the characteristics that are believed to make people with intellectual and developmental disabilities more vulnerable are a direct result of the lack of knowledge, skills, opportunities and experiences – under the power and control of other people.

Risk reduction-related knowledge and skills can help a people with intellectual and developmental disabilities reduce their own risk or vulnerability to sexual violence – also known as creating a Ring of Safer.

The Ring of Safer shows what a comprehensive approach to risk reduction would look like. Written in blue are the three of the main ways to empower people to reduce their own risk.

- Sex Education includes information about body parts & functioning, distinguishing sexual behaviors from personal care, and sexual intercourse and other sexual behaviors
- Relationships includes information about characteristics of healthy, mutually respectful relationships; boundaries; consent, assertiveness, and communication skills
- Personal Safety includes information and skills in self-defense, recognizing unsafe feelings, being aware of unsafe situation, and handling unwanted attention or sexual advances.

The first example from the Ring of Safer is the power of *knowing words*. The importance of knowing words should not be underestimated – including the names for genitalia and other body parts.

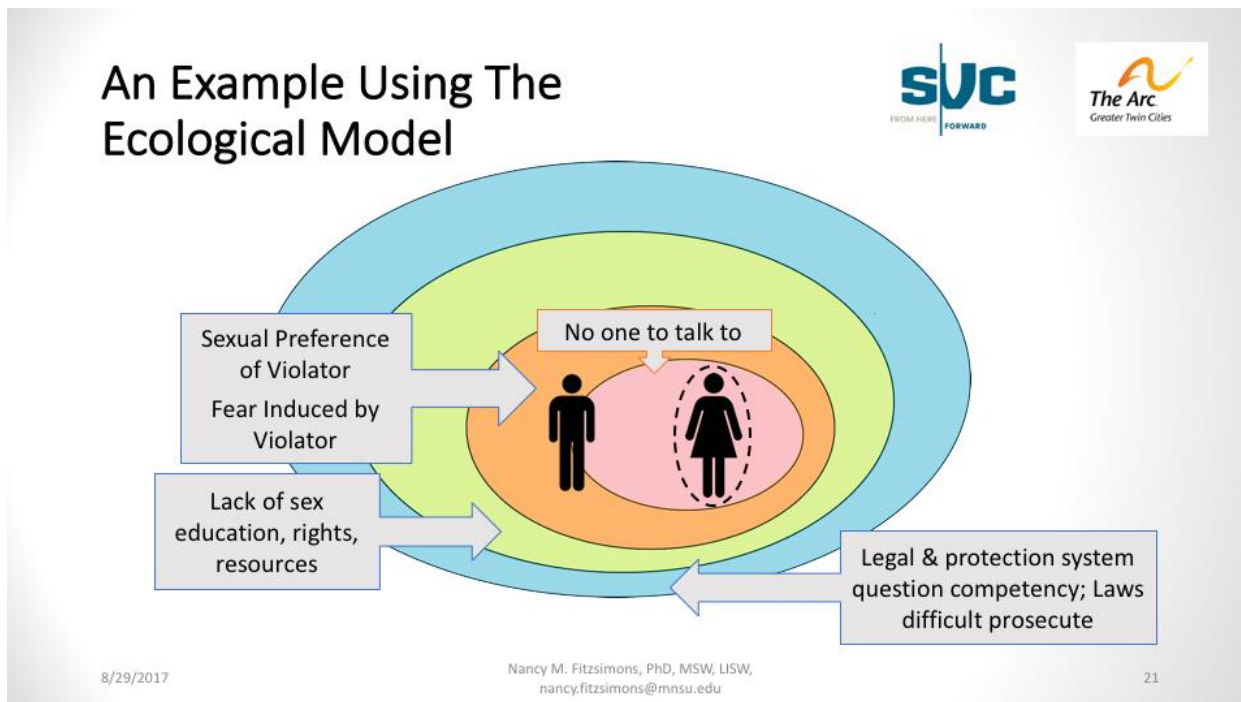
*“A young woman attempted to report sexual [assault] by saying she had a stomach ache. She had no language for her genitalia and the body part closest to her genitals that she could name was her stomach. She attempted to tell for a year that she had been hurt. On her first introduction to the word ‘vagina’ she was able to clarify what she had meant and clearly report what had happened to her” (Hingsburger, 1994, p. 73).*

This young woman knew that what happened to her wasn't right. She tried to report the sexual assault. While there are likely many other red flags that went unnoticed, had she been given the power of knowing the words for her genitalia and the perpetrators genitalia, she would not have had to suffer in silence for an entire year. The perpetrator could have sooner been held accountable.

The second example from the Ring of Safer is the right and ability to non-comply, or to say “no.”

The right and ability to non-comply, also known as the right to refuse, is about giving people choices, teaching assertiveness skills, and, most importantly, honoring the choices and preferences of people in all of the everyday decisions and activities of life. We should not expect people with intellectual and developmental disabilities to know that they have the right to say ‘no’, when their ‘no’ is routinely ignored by others.

People with intellectual and developmental disabilities need knowledge and skills and ‘real-life’ opportunities to learn and practice throughout their lifetime. Tragically, too many people with intellectual and developmental disabilities are denied this comprehensive array of vital risk reduction knowledge and skills – if any knowledge and skills at all.



On the image above you see the five rings that make up the Ecological Model of Risk of Sexual Violence.



- The smallest ring in the middle with the dashed line represents the *personal attributes or characteristics* of the individual. In our example the person is a woman, let's call her Mary. Mary has an intellectual disability resulting in a 'mild' cognitive impairment based upon 'intelligence testing'. This means that with the right educational opportunities, accommodation, and supports, Mary has a lot of human potential.
- The next ring, the pink ring, represents the *knowledge, skills and opportunities* given [or not] given to Mary. Because Mary has lived a very sheltered and protected life. She has very little knowledge and skills in ways to reduce her risk, she has "learned helplessness", and lacks confidence in herself.
- The orange ring is the *relationship-ring*. Any person in Mary's life is a potential perpetrator of sexual violence. People who are in a position of authority can pose more of a risk if they choose to use their authority to gain power and control.

In Mary's situation, her work supervisor at her vocational program is using his position to isolate Mary away from anyone else and pressure her into having sex. He is using threats of never letting her get 'a job in the community' to keep her quiet.

Mary doesn't know what to do, and because she is afraid she might get into trouble, she doesn't know who it is safe to talk to.

- The green ring focuses on the *environment*. We know that increased risk is associated with isolation, having multiple and ever-changing caregivers, and grouping people with more support needs.

Mary did not have sex education in school or by her parents.

Her vocational program did not give information about sexual harassment, bullying, or other workplace violence.

Mary doesn't know about her rights.

She also doesn't know where to report or where she could go for help.

- The blue ring is the *society and culture-based vulnerability*. Vulnerability is increased in societies that presume people with intellectual and developmental disabilities are protected from victimization by Adult Protection laws. Vulnerability is increased when there is a lack of will and resources to take a comprehensive Ecological Model approach to sexual violence prevention.

If Mary tells someone, or if someone else finds out about the sexual violence, Mary will not have total control of what happens next.

If Mary tells someone, she might not be believed.

If Mary's work supervisor is someone who is well liked and respected, people may believe him over Mary.

Mary's credibility and competency will likely be questioned by both adult protection services and law enforcement. They might think that she is lying. They might think that she doesn't know or remember what happened. Her believability or credibility will be questioned based on her diagnosis or label of 'intellectual disability' AND because she did not report right away.

Even if she is viewed as 'credible', the perpetrator probably won't be held criminally accountable because of many legal system-based biases and barriers.

These are just some of the many relationship, environment, and society and culture-based barriers that Mary and other people with intellectual and developmental disabilities face every day.

# Equality Wheel



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18

As a caregiver it is important that your relationship with your clients is one of equality and respect. Vulnerability to sexual violence is reduced when the other people in the lives of people with intellectual and developmental disabilities value, uphold, and regularly practice the qualities of equality and respect.

This includes:

- Fairness
- Non-threatening behavior
- Dignity and Respect
- Involvement in decision making and other activities
- Honesty and accountability
- Responsible provision of services
- Economic equality
- Choice and partnership

You should never use Power and Control Tactics like:

- Intimidation
- Emotional abuse
- Isolation
- Minimizing pain or abuse. Justifying abuse as necessary or part of behavioral management. And blaming the disability for the abuse.
- Withholding, misusing or delaying needed supports
- Economic abuse, like stealing or controlling the person's money Coercion and threats
- And caregiver privilege, including treating the person like a child, denying privacy, denying opportunities for learning and growth, and ignoring the person's preferences, wishes, and choices in favor of their own.