

Positive Approaches May 1, 1995

The following series of articles devoted to *positive approaches* originally appeared in the in-house newsletter of The Pressley Ridge Schools, a non-profit agency providing multi-faceted services to troubled and troubling children and adolescents. The writer works in the Home Places program, a program specifically devoted to serving extremely challenging youngsters with mental health diagnoses and, frequently, developmental disabilities. The newsletter is distributed each Friday to agency employees and generally contains educational items and informative news items relevant to the staff. The series of short essays on positive approaches were written with this audience in mind. However, the essays may prove relevant to a wider readership serving devalued children, adolescents, and adults.

—Bernie Fabry
May 1, 1995

The Pressley Ridge Schools

Friday Flyer

A Weekly Intra-Agency Newsletter

Vol. x No. 1

Maybe you've heard someone mention "positive approaches," or maybe heard that "Home Places does positive approaches" and wondered what he or she meant. The staff of Home Places have been intimately involved in developing the concept of positive approaches through participation in a state-wide work group formed to explore positive approaches and to advise the Pennsylvania Office of Mental Retardation. In addition Home Places staff have presented local one-day training seminars as well as organized and produced multi-day *Positive Approaches Training Institutes* for the Pennsylvania Office of Mental Retardation. Home Places now has a strong reputation both locally and state-wide as a place that loudly advocates for positive approaches. In the Spring, 1994, Home Places received the *Everyday Lives* award from the Pennsylvania Office of Mental Retardation, in part for its work on positive approaches. So what is this beast that Home Places is so caught up with?

Some folks have interpreted positive approaches to mean that we need to be more positive with kids. You've probably heard some trainer say something like, "there should be a ratio of three or more praise statements for every one critical or corrective statement given to kids." While this statement can be considered one positive approach, it really does not focus on the whole idea. Others have interpreted

positive approaches to mean that we should have a more positive outlook on how we think about kids. This is the notion of "positive thinking" (seeing the cup as half full rather than half empty). Again this might be considered one positive approach, but it leaves so much out.

We hope to give you a better understanding of positive approaches. More importantly we hope to excite you about the possibilities of treating and supporting kids with positive approaches. But first things first. To understand positive approaches it is necessary to understand the history of the positive approaches movement.

Positive Approaches found its birth in the field of mental retardation. It's scope is by no means limited to people with disabilities, but it did arise as a reaction to some of the things that were (and still are) being done in the name of professionalism to people with disabilities. The reaction initially was to the use of more and more potent aversive control procedures that were being developed as part of the behavior modification movement of the late '70s and early '80s. Behavior Modification had been found to be a very powerful technology for changing people's behavior. In fact the writer was trained as a behavior modifier. The theories underlying behavioral practices are not bad, but when given over to the

propensities of human nature, there seems to have been a tendency to gravitate towards aversive control techniques.

Research and common practices were increasingly refining and relying on such aversive control practices as time out in a confined space, the contingent use of mechanical and physical restraint and forced movements, and probably most disconcerting of all, the use of electric shock. In the early '80s it was possible to buy a "portable time out box" in which people could be locked up, and to buy a device that would automatically deliver electric shocks when some inappropriate behavior occurred. These were procedures that were dehumanizing and not normally acceptable for persons who do not have disabilities.

The positive approaches movement initially started as the "nonaversives" movement. A group of parents, educators, and other human service professionals were reacting to the degrading aversive treatments to which people with developmental disabilities were exposed. What surfaced throughout the '80s was a smoldering conflict between the "nonaversive movement" which held that troubled and troublesome people did not need to be exposed to "chemical restraint, aversive stimuli, environmental deprivation or exclusion" in the name of treatment (TASH Resolution on Nonaversives, 1981), and a "right to

treatment" group who advocated that the same troublesome people had a "right to the most effective treatment," and professionals were most expert in deciding what was the most effective treatment. This stance was most generally interpreted as: professionals know when it is best to use aversive forms of treatment and should be given unrestricted freedom to do so because it can be effective and "therapeutic" (kind of like your mother saying, "eat your spinach because it's good for you").

In the late '80s the term "positive approaches" was coined by a work group brought together by the Pennsylvania Office of Mental Retardation. That group has become known as the Positive Approaches committee. The task set before the group was to develop an understanding of the nonaversive issues and disseminate information. The outcome has been a shift from focusing on just the aversives issue, to developing a broader concept that not only is concerned with the quality of support and education troubled and troublesome people receive in the name of treatment, but also promotes the dignity and worth of people. It reinterprets "their maladaptive behavior" into "maladaptive for us, but adaptive for them."

*"What on earth are you doing?"
said I to the monkey when I saw
him lift a fish from the water and
place it on a tree.*

*"I am saving it from drowning"
was the reply.*

—Monkey salvation for a fish



Due to a change in my attitude, the light at the end of your tunnel has been turned back on.

—David Hingsburger

In 1991, the Pennsylvania Office of Mental Retardation published an informational bulletin on positive approaches which attempted to present a definition and overview. To quote:

Positive approaches is characterized by an integration of values, philosophies and technologies. Its purpose is to support people to grow and develop....

So, most simply put, positive approaches is values and philosophies influencing the development of technology. While this statement appears simple, it is *in complete contrast* to how clinical interventions were being developed since the 60's. Putting it in historical perspective, our clinical tools have increased through the application of scientific methods to identify the most effective interventions. We all have experienced the scientific method when we were taught to collect data to evaluate the effectiveness of our clinical interventions. Over the years research has demonstrated that aversive procedures are our most powerful tools: behavior changes rapidly and extensively. And "because professionals know research best, then they know what is best." Put another way, the ends have justified the means: we have valued outcomes obtained through research over everything else. Viewing the development of our clinical tools in this light suggests why competent and well-meaning professionals have come to increasingly rely on and advocate for "aversive technologies." But when influential advocates, educators, and human service professionals have reviewed some of the extremes that treatment programs have gone to, when the public has looked at what we have done, when we look at the long range effects on kids, we have begun to see that something was missing from our values.

In this climate the positive approaches movement

developed with a hallmark value/philosophy that aversive and coercive methods are not necessary because a problem seems intransigent. "**More power**" isn't necessary. Aversive procedures have only temporary effects and when discontinued the original problems return. Kids adapt and require ever increasing levels of aversive control. Punishment does not teach alternative behaviors. And kids who are punished feel humiliated, tend to escape/avoid their "helpers," tend to be angry/aggressive, and fail to develop self-control. But, because aversive procedures are so immediately effective, they tend to be gratifying to the adults using them, and the more difficult work of discovering the significance of intransigent problems may never occur.

Another hallmark value of positive approaches is that troublesome behavior is not random, or psychotic, or due to a disability, or because an individual is "wired differently." The outcome of adopting this value/philosophy is that behavior is no longer viewed as "maladaptive," but is viewed as logical and useful to an individual (adaptive for him, maladaptive for us) and the same principles of behavior apply. In this framework the technology of functional analysis—discovering the purpose of behavior—becomes critical. We learn the adaptive function of a behavior first and then teach a kid more socially acceptable alternatives. We don't just suppress occurrences of the problem in our presence and ignore a kid's needs, we teach the kid more effective alternatives that meet those needs.

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This briefly illustrates how values/philosophies have influenced the choice of technologies and how newer values are changing that influence. The concepts of *functional analysis* and *teaching alternative behaviors* were known even in the 60's. They did not become the preferred tools of the trade over the temporarily and more immediately effective tools of

aversive control until we identified the values that we wanted to guide us. The clinical skills now given the most emphasis are *functional analysis* and *active listening*—two ends of the same continuum—for assessing the purpose of troublesome behavior, and *teaching interactions* for teaching alternative behaviors. It's a case of focusing on certain values and philosophies to influence our choice of technology.

In our individual efforts to grasp the meaning of a new concept we try to capture it in a few words or phrases that frame it in terms we already feel comfortable with. For example, some professionals have said that positive approaches is a *humanistic approach* or that it is the *golden rule*, "do unto others as you would have them do unto you." This usually happens when we look at the technologies that are called positive approaches without first looking at the values and philosophies that guided the selection of those technologies. So a useful description of positive approaches requires first an elaboration of values and philosophies followed by a description of technologies.



Sometimes when kids get our heads spinning around like a top, a little reflection helps us at least slow down the spinning so that we can focus on the functional problem. The following are three quotes, the first from a person who had been abused and became known as a troublesome child:

Most people who knew me as a child and adolescent thought my behavior deviant, maladaptive, or pathological. By their standards they were right. By most standards they were right. But by the only standard that mattered to me then—the standard of survival—they were wrong. Given the circumstances in which I lived, most of my thinking and behavior was not only appropriate, but a necessary adaptation for self-preservation. —P.E. Quinn

One of my colleagues found the following quote, and if you knew my colleague, you'd understand why he was reading *The Secret Life of Salvador Dali*:

The fact of not having been allowed to see the comet has remained seared in my memory as one of the most intolerable frustrations of my life. I screamed with such rage that I completely lost my voice. Noticing how this frightened my parents, I learned to make use of the stratagem on the slightest provocation. On another occasion when I happened to choke on a fish-bone my father, who couldn't stand such things, got up and left the dining room holding his head between his hands. Thereafter on several occasions I simulated the hacking and hysterical convulsions that accompany such choking just to observe my father's reaction and to attract an anguished and exclusive attention to my person. —Salvador Dali

A Letter By Crystal:

As part of my consequences for getting suspended from school, I am thinking about why I get into trouble and looking for a pattern to my behavior. I have noticed something. Do you want to hear it? Great!

See, every time when things are going just great and everything is right for me, I seem to get into some kind of trouble. Whether it's negative reports, skipping school, going and manipulating others, leaving things out, getting out of control and screaming, or anything else you can think of, it seems I go straight for it. In a way, I think I don't do this, but in a way I do. Remember! This is only my idea and I could be way off.

Right now, I feel safe when I'm in trouble. See, when everything is fine, no one is watching me or noticing what is going on. That's why I might consciously look for something to get into. Then when I'm in trouble, there are people watching me and always knowing where I am. Whether I have to report whereabouts or be on a structured consequence, I always know someone is checking up on me. That's why I tend to limit test to make sure of this. I might be at the car late or not dress for gym or leave something out to see if people are paying attention to what's happening to me. I realize this is no excuse.

I think I feel this way every now and then because when I was younger, my mom would leave me alone and everything would be just fine. Ho-Ho-Ho! That's what everyone thought. Meanwhile, Dad would be getting his thrills!

So now I think when everything is going like it

should, maybe my mind goes Oh No! I feel like I need supervision to feel protected. Even though I hate supervision, I don't feel safe without it.



Friday Flyer

Positive approaches is characterized by an integration of values and philosophies. . .

In a previous *Flyer* two values/philosophies of positive approaches were presented: (1) punishment or other coercive methods are not necessary just because a problem seems intransigent; and (2) behaviors that may seem maladaptive to us serve a valued function for a kid and therefore actually are adaptive. Our job is to figure out the function or purpose of a troublesome behavior and then help a kid achieve that purpose in a more acceptable manner. We need to *learn to listen* to kids' behavior. While positive approaches is a still-maturing concept, there are a few other values/philosophies for which there seems to be some level of consensus.

Interdependent relationships. At one time we thought that all we needed to do to help kids change was reinforce appropriate actions and punish inappropriate actions. Then we realized that we couldn't really help kids until we developed positive relationships with them—we needed to become strong social reinforcers. Now we have come to realize that we have been focussing on one-sided relationships which we controlled: we decided when and where we would interact with a kid; we decided if we would be positive or neutral; we decided when a kid could spend time with us. We made all of the decisions in the relationship; the relationship was contingent upon the kid behaving the way we wanted. *Interdependence in*

<i>We try to make friends who will accept us as we are.</i>	<i>They display attention seeking behaviors.</i>
<i>We love people.</i>	<i>They develop dependencies.</i>

relationships goes further. Interdependence leads us to focus on seeing kids as *equals* in a give and take relationship. The most obvious example is a parent

with a helpless, demanding, fussing baby, and the parent describing her love for the child: "is to *die* for." We can't use the negative attribution of "attention seeking" for *their* behavior, yet positively attribute *our* attention seeking as friendship or love. We can't help kids or their families when we don't like them. We see therapeutic foster families being successful with kids for whom "more intense" residential treatment programs failed. This may largely occur because families provide the context in which interdependent relationships can be nurtured—institutional settings with 8-hour shift staff certainly are not. Thinking in terms of *Interdependence* also changes the way we think about relationships among a kid's natural family, the kid's friends, and the kid's community. This new way of thinking leads us to see our jobs as understanding, nurturing and developing enduring interdependent relationships for kids, not to pass judgement on which relationships are good or bad. Clearly there is not enough space here to describe all of the implications of this attitude, but maybe it will keep us thinking about how we treat kids and their families.



Person-centered planning. How we come to perceive a person influences how we treat that person. Look at the drawing at the left. When we are initially told that we will see an old lady and then come upon the picture, we see an old lady.

When we are initially told that we will meet an attractive young woman and then come upon the picture we see a different person. The planning tools we have been using (IEP, ITP, IPP, etc) have tended to focus on problems and then ameliorating those problems, thereby leading us unintentionally to seeing "the old lady" (if you need help seeing two different people, look at the bottom of this page). *Person-centered planning* is a *holistic approach* that can help us perceive a person from a more empathic point of view. We used to think that if we could identify and isolate the pivotal problem behaviors, we could solve the problem. Now we are becoming

more aware and empathetic to the significance of the *multiple contexts* that influence a child's actions. To help a child, we must *know the child as someone who cares for the child*. This means we must understand and value the cultural context, the historical context, biological and physical contexts, the social context (family, friends), and setting events that influence a kid's actions. Only then do we consider the antecedent events and consequences (remember the good old days when we only worried about consequences?). *Person-centered planning* (such as Personal Futures Planning) helps us to empathetically perceive the world as each kid does, not as we do.

Dignity and respect in treatment. Positive approaches embraces the value/philosophy that we need to *maintain the dignity, and respect the individual needs* of each kid. Frequently we see news articles about what employees don't like about bosses (public embarrassment usually being at the top of the list). Yet we are willing to



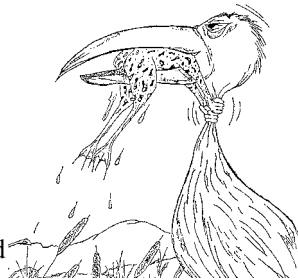
do to kids what we would never accept being done to us. Maybe we need a golden rule that also applies to troubled and troublesome kids.

Shared values. There is a growing sense of *shared values* among various entities and models of service. NIMH has urged states to adopt the Children and Adolescent Service System (CASSP) and Community Support Program (CSP) models. Pennsylvania has disseminated the Early Intervention (IE) and Everyday Lives models. Allegheny County MH/MR/D&A/H&H has developed the Blue Ribbon Task Force Standards. Some of the core values and philosophies shared by these models include *respect for cultural, racial, and socioeconomic diversity; person-centered planning with family focused service development; consumer, family, and community empowerment; strengths based integrated services; and services in the least restrictive, normal setting with emphasis on inclusion in age and culturally appropriate activities*. It would take at least a small book to articulate these shared values and all of the ramifications they imply. And there are other perhaps just as important values that other perspectives offer. Developing our own understanding of these values will directly influence how we help kids, how that feels to kids and how effective that help will be. Understanding these values and philosophies is understanding positive approaches.



Positive Approaches toon-bite. A hallmark of positive approaches is a realization of how our values impact our choice of interventions (e.g., "electric shock is OK for retarded kids, but not us"). So the movement has made an effort to become hypersensitive to our assumptions, biases and interpretations; and to become vigilant in the search for *functional values*.

One Pressley Ridge value is: *we don't give up on kids and their families*. As the teacher/counselors and parents of Home Places have struggled to serve kids with disabilities and severe reputations, we have come to realize that this value often gets



Don't Ever Give Up.

misinterpreted as we individually try to become *nothing less than the best*: "I can't give up. I have to do this. I failed if I can't. It's all on me. I can't ever give up." Don't we each try to take on the world by ourselves? Given that this misinterpretation reflects the propensities of human nature, the functional value we need to hear is that each of us is committed to the kids we work with, and our team, our program, and our agency is committed to joining us with the supports and resources needed so that *we, the group, don't give up on kids and their families*. A crisis management workgroup was established at Pressley Ridge as a practical application of this value.

integration of values from diverse sources. CASSP values of *supporting community development of self-determination and ownership of a problem*, the education value of *inclusion*, and the Mental Health Community Support Program value of the *community is the best place for long-term care*, when combined with our value suggest a 'new' value that Pressley Ridge can offer to the community: *we, the people, don't give up on troubled and troublesome kids and their families*. This occurred to me while helping my daughter memorize the constitution.



Positive Approaches is characterized by an

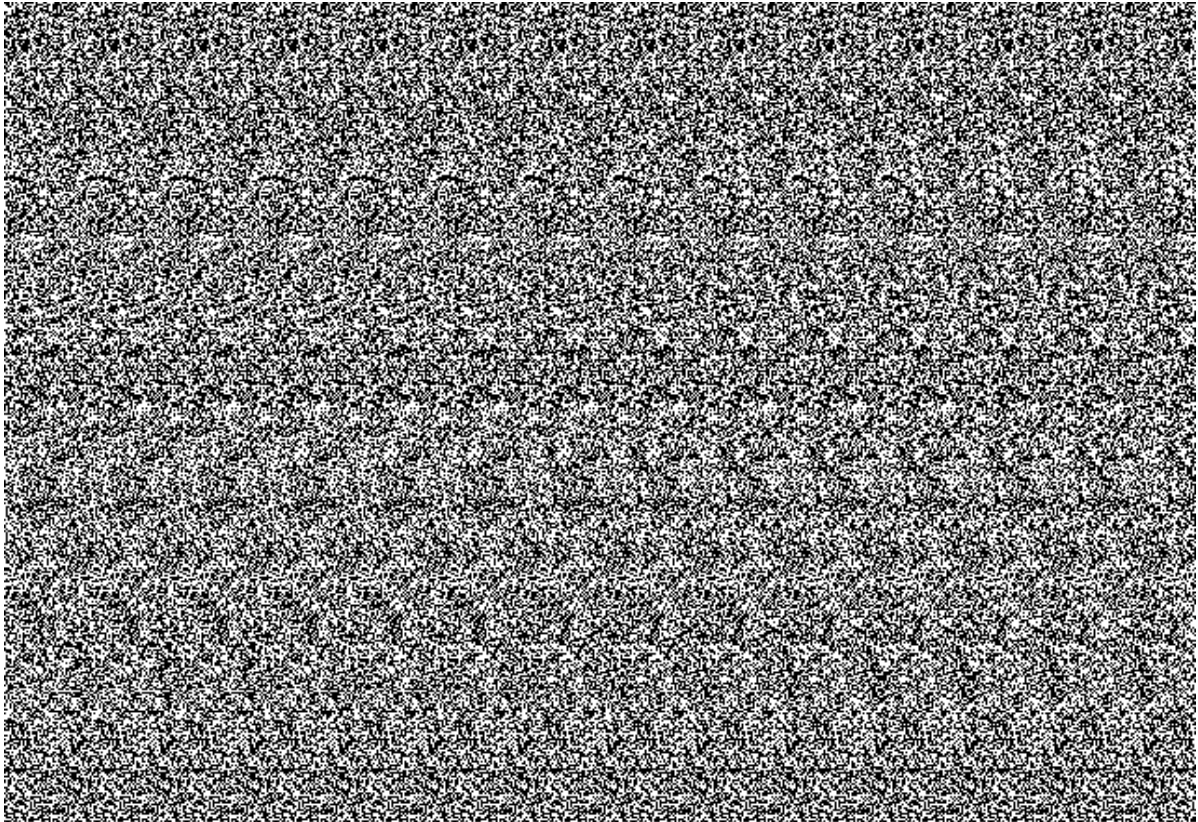
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Are their actions:

1) annoying; 2) challenging; 3) troublesome; 4) troubled; 5) maladaptive; 6) functional?



Stereogram: Look through the picture to see the picture.

Solution to stereogram is on the last page.





Graphics: 1) FARCUS, Waisglass/Coulthart; 2) Marvin, Armstrong; 3,5,6) Source unknown; 3) FARCUS, Waisglass/Coulthart; 4) Calvin and Hobbes, Watterson; 7) Source unknown; 8) Peanuts, Schultz; 9) Beetle Bailey, Walker; 10,11) Stereogram, Fabry; 12) Inuit drawing.



This series is not finished. A complete description of *positive approaches* requires a description of at least some of the procedures that have evolved. Future essays will cover this area.

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