

## When Typical Interventions are Not Enough

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Some individuals who participate in the PRSC program can be quite difficult to support. In these cases, it seems that the typical supports and interventions just are not enough. Some of this may be related to the individual's specific developmental challenges or cognitive processes. On the other hand, there can also be issues far beyond the developmental disability itself.

It is well known that individuals with IDD may have a wide array of diagnosed mental health and medical conditions with frequencies much higher than the general population. We have familiarity with these disorders and the strategies that can be introduced.

That said, there is a small segment of this population that demonstrates behavior that is highly disruptive and delinquent where typical interventions are not enough.

Because of the difficult upbringings that many of the individuals with IDD who are in supported care, there is a higher frequency of disruptive and delinquent behavior patterns observed in their lives. Many individuals in this situation have internalized those difficulties and have taken them on as their identity. Their dysfunction is often unwittingly reinforced by support providers compromising expectations to avoid the individual's disruptive -and sometimes aggressive- reactions to expectations. While it will take some time, reconstructing a new identity will require gaining control of their own inner world rather than controlling others through aggressive behaviors.

Those individuals with IDD who have an ongoing pattern of disruption and delinquency often have a world view of dealing with their lives that is supported by distorted perceptions and inadequate life skills. (Of course, this happens among people who do not have IDD as well.) Some common patterns for such individuals may include:

- a. Seeing themselves as the center of the universe - a victim of the world.
- b. A tendency to ignore the feelings, needs, or rights of other people.
  - This is often demonstrated by an attitude of entitlement, expecting others to give them what they want or demand.
- c. They can be verbally and physically aggressive or intimidating.
- d. Rule breaking can be okay by them as long as they get their way.
- e. They can be manipulative of others.
- f. These are combined with an inability to postpone self-gratification.
  - They want things "now" and may become emotionally unstable, or even volatile, when they have to accept "no" or "not yet" for the answer.
- g. They may have an attitude of seeing themselves as unique and perhaps above the rules that apply to others.

- These thought distortions are held as underlying beliefs about how they see the world around them.

**What can make this confusing and frustrating - for direct care providers and other members of the IDT - is that many of these individuals can then have their moments of notable compliance and disarming charm. In some cases, the periods of 'calm' and 'compliance' can last for many months or even years before a 'big' event occurs or it is revealed that there were unknown plans being laid.**

Some of these individuals are resentful of authority figures. Or they may blame others or their environment for the behavioral challenges they have. They have difficulty accepting responsibility for their own actions. Individuals with these disruptive and delinquent traits often lack pro-social problem-solving and coping skills, making it hard for them to relate to others without some form of maladaptive behavior. Or they may have skills that they pick and choose when to use for pro-social purposes. They may also take advantage of the kindheartedness of well-meaning care providers.

An individual with the tendencies to be disruptive and delinquent can be rather stuck in their ways (the "old me") and come across as highly resistant to change. They may even see their lives as quite comfortable and see little need for change even if others around them believe their lives could be better, i.e., more fulfilling and meaningful.

Staff who support these individuals can play a significant role in helping them achieve a sense of who the "new me" can be.

### What Can Direct Care Providers Do About This?

Traditional approaches of behavior modification and development of healthy life skills are often not adequate for these individuals. They will not see the need for change on their own, and will not simply "catch on" if left to their own devices. To overcome this pattern of disruption and delinquency can be a long process. It requires significant changes in how they see themselves and the world around them. Specific tailored therapy is usually required but often is not available for our PRS program members. Getting these individuals motivated to invest some effort into achieving a better life is no simple task.

So, what can we do to provide input and help the individual have a better life? Here are some strategies we find useful when supporting many individuals with IDD who exhibit these disruptive and delinquent behavior patterns.

1. Motivate: Change is a process that takes a lot of effort and energy. When a person is interested in making lifestyle, relationship, or other behavior changes, it can be daunting to get started. Finding ways to encourage and support the person to see what he or she can get out of making changes can help motivate them to put out the needed effort. And we have to put out a lot of effort along side of them as well. We must mirror for them how their patterns of behavior have impacted them in meeting their life needs and aspirations. We can motivate by

encouraging them in exploring choices that may provide them opportunities for meaningful change, albeit self-directed change rather than superficial compliance. We want to emphasize the person's capacity and right to choose.

For example:

- a. We can brainstorm options with them when the person is problem solving their concerns or wants.
- b. We motivate by focusing attention on their strengths in taking on the challenge of change even when difficult.
  - i. This is a way to validate their "new me" identity by focusing on the persistence and courage required to make changes.

Providing support and always being there for them in their struggle, is motivating for them. It is easy to overlook when working with this type of difficult individual, that our therapeutic alliance with them is the critical partnership of trust they need to persist.

2. Promote pro-social self-direction: Our first impulse is to use traditional reinforcement strategies (verbal praise, rewards, etc.) to modify the behavior but these "typical" approaches that work with most individuals with IDD have limited efficacy with this disruptive and delinquent group. Instead, we can:
  - a. Reinforce their internal controls and remove ourselves as the external reinforcers.
  - b. Provide encouragement to their efforts of action but not their words.
  - c. Validate their efforts by recognizing what they are doing (staff making observations, but with a healthy detachment) without making value judgements of their accomplishments.
  - d. Reinforce internal control by stating exactly what they have just done (describing) without judgement or praise and then allow them to judge their own behavior (aka information feedback).
    - i. When they have judged their own behavior effectively, we can then validate their judgement by agreeing with them or asking them "how did you do that" or "that is interesting".

With this group of individuals, our being non-judgmental observers who provide seemingly disinterested descriptions of what we see, presses the individuals establish their own identity and reinforce their own "new me" values.

3. Dignity and respect: We all want to be treated with dignity, respect, kindness, and compassion. Giving unconditional respect and acceptance for the individual while also giving the message that they are responsible for their changes is an important balance to keep. This can be done by:
  - a. Showing an attitude of neutrality and healthy detachment from whether the individual makes those changes or not.
    - i. This can help us not take the person's behaviors personally.

It is easy for this individual to unwittingly or intentionally push our 'buttons', we then become reactive, and our judgement and engagement becomes compromised. We can respect their ability to make sufficient choices without our interests being attached to the outcomes.

4. Do our homework: Staff should learn the tactics -albeit faulty survival tactics- used by an individual to maintain his or her dysfunctional pattern. We can be students of the individuals in our care, looking for the habits and messages they use to support their "old me" behavioral patterns. It helps to share these observations with other team members, such as in daily notes and with the BSC. Once we know how the person perpetuates the old me, we can start identifying ways to replace those tactics and create a "new me," i.e., a new identity and value system for self-guidance.  
It is important that staff see the tactics used by the person are not personal attacks on them but strategies of survival as they see the world. These observations can also better inform the behavior support plans and risk management plans.
5. Be consistent: All people supporting the individual need to:
  - a. Set clear limits,
  - b. Be consistent with those limits, and
  - c. Hold the individual accountable for cooperation and compliance with reasonable adult expectations no matter how small the expectations may be.

These limits and adult expectations are helpful for the individual to see how their "new me" identity can be formed by appropriating values of courage, resilience, and persistence even when the going gets tough. This takes a lot of effort, time, and intentionality on our part, but it is critical for helping the individual with disruptive and delinquent behavior patterns to see that there are alternative and reasonable, pro-social ways to get their needs met without harming or misusing others.

6. Focus on the right issues: It is common for behavior support plans to address traditional issues associated with habilitation (such as self-care and hygiene, increased general compliance, improved social engagement with others, having a better mood, money management, good work habits, etc.). While these are of value in relation to general habilitation, there is likely little relevance to the disruptive and delinquent behavior patterns or the risk for harm to others.

The most risk-relevant areas for the team to focus on that would reflect increased pro-social functioning (and reduce antisociality and risk of re-offending) would be for the individual to demonstrate some of the following:

- a. Being honest and making accurate self-disclosure of problems, incidents, current behaviors, and thoughts without blaming others or minimizing
  - b. Taking proactive, uncoached measures to avoid risk situations (avoiding problematic peers, disinhibitors, placing self in vulnerable or risky situations with others, etc.)
  - c. Taking honest responsibility for one's actions even when it may put him or her in a bad light
  - d. Taking responsibilities for past and present actions – not blaming others or making excuses
  - e. Following all the rules to the letter even if they think they won't be caught
  - f. Standing up for 'what is right' even when it does not benefit him directly
  - g. Increased prosocial relations with peers without a direct benefit to himself
  - h. Expressing recognition of the harm done to others by one's past aggressions and offensive behaviors
  - i. Demonstrating patience with the process in attempting to access things he wants immediately
  - j. Have pride in the courage that it takes to change – to be a "somebody", a "new me."
7. Remain vigilant: As said above, there may be long periods of time when a person is 'quiet' and there seems to be nothing going on. In these situations, it can be easy to become complacent and forget that there can be a storm brewing underneath. Indeed, many of these individuals have spent time in treatment programs or other facilities and have learned how to play the game, say the 'right' thing, and wait for an opportunity or 'hole' in their program. It is therefore imperative that we:
- a. Pay attention to the 'small things' such as increased irritability to secretiveness.
  - b. Communicate as a team – directly and rapidly about any concerns, even minor.
  - c. Pay attention to peer relationships.
    - i. Often, housemates may be the most at risk of being manipulated, intimidated, or enlisted in plans to evade the rules.
  - d. Have regular check-ins with the full staff to compare notes.
  - e. Avoid 'whitewashing' or downplaying a person's history of violent or significantly disruptive or dangerous acts.
    - i. Just because an event happened many years ago does not make it irrelevant.
    - ii. New staff must directly be made aware of this history for their own and others' safety.
8. Prepare for the long haul: These types of changes are difficult for most people, including ourselves. Direct care providers need to mentally prepare for a long

marathon not a short sprint. Our personal commitment to supporting these individuals over the long term requires we have balanced expectations about what we are able to do and to move at a pace that is not overwhelming for the individuals in our care. Hard work is ahead for all of us.

### **For Additional Reading**

Bush, J., Harris, D.M., and Parker, R. (2016). *How Offenders Experience the World and What We Can Do About It*. Wiley- Blackwell: Hoboken, New Jersey. (The first chapter constructs that we have adapted to the IDD world; the book itself focuses on psychopathy.)

Yocelson, and Samenow, S. (1976). *A Study of Thinking Patterns in Criminals*. New York: J. Aronson. (This book was the first introduction to the corrections world several ideas that we have adapted for the IDD world. The book introduced the idea that change from the inside would be productive with criminal justice clientele.)