



IPMG Professional Development Workshop

Positive Behavior Support and Mental Wellness: A Unified Framework

November 18, 2016

Question and Answer

What was the name of the book by Dr. Joann Cannon?

"What is Right in Your Life" at www.inwardboundventures.org

What do you recommend for individuals that you suspect may have PTSD that has not previously been diagnosed or addressed?

The most brilliant thinker right now on PTSD among people with I/DD is Karen Harvey. She has written a book published by AAIDD. Teach people how to feel safe. Create a safe place where the person feels like they are not at risk. This reduces the stress response that happens when they feel like bad things are going to happen. Also doing a huge amount of relaxation work can help. The person may need to receive counseling from a qualified therapist who understands the nature of I/DD. Mindfulness-based strategies can work very well., The book is titled "Trauma Informed Behavioral Interventions: What works and what doesn't." by Karen Harvey.

What have you found to be the most challenging with addressing the wellness portion? Any one particularly more common than others?

Coping with stress is extra hard for people with I/DD. Optimism is another one. When people feel optimistic, their mental wellness is better. I try to simplify

teaching optimism as "even if you're bummed today, there will be good stuff happening." I often take a calendar -- written -- and put something on the calendar that the person is looking forward to, like seeing their mom. Then I tell them, "You may be stressed now, but on Saturday, you'll see your mom, and everything's going to be ok." Or you'll be playing your favorite video game later. I take small things and teach people how to look forward to that. The other one is rest and sleep. A lot of Americans have insomnia. In the state of Oregon, over 78% of people in group homes passed the primary insomnia criteria. We can do things to help ourselves sleep better. I use a white noise machine personally. I also try to teach myself how to fall back asleep, and I have tried to teach that to folks with disabilities. That one has been more of a struggle.

Could you talk more about Adapt Interventions?

This is a terrific article by Bob Morasky in which he talks about how to adapt different mental health interventions. If I'm trying to work with someone, I reduce the abstraction by using line drawings, puzzle pieces, etc. So I'm reducing the memory recall burden. I write things down, use pictures and videos, etc. I have used a small kids' puzzle with only 5-6 pieces, glue the picture of what I'm working on over the top, and have them practice putting it together. Another tool is a thermometer to help with feelings (red, yellow, green) to help with the stages of anger. Another adaptation is to increase repetition.

Have you found that direct support caregivers have issues with implementing positive supports...possibly because it may take more time to do the proactive work?

It does take more time. I'm generally looking for the big impact. Teaching coping with stress can take a while. Some of the other wellness interventions can be faster. I always tie it back to -- do people have the skills they need in life? Depending on the intervention, you can do proactive and reactive also.