


**EMERGING
BUILDING BLOCKS OF
EFFECTIVE PRACTICE**

D. GRIFFITHS PH.D.
BROCK UNIVERSITY
DGRIFITHS@BROCKU.CA

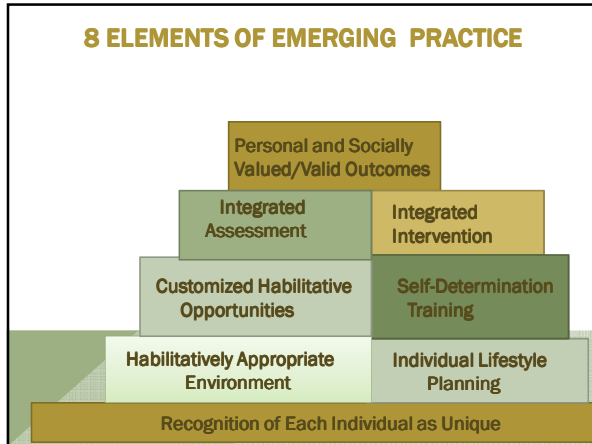
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**EMERGING PRACTICE IS BASED ON BOTH
SOLID SCIENCE AND RESPECT FOR
PHILOSOPHICAL/HUMANITARIAN
PERSPECTIVES.**

THEY DON'T HAVE TO BE AT ODDS.

THE QUESTION IS NOT 

Medical model or behavioral model
Applied behavior analysis or positive behavior support
Genetic predetermination or self determination
Values based planning or person centred planning



1. RECOGNITION OF EACH INDIVIDUAL AS UNIQUE


Cliché, motherhood or foundation of practice

- Recognition of the individual experience
 - positive and negative factors influencing resiliency
- Human Genome Project
 - Medical and Psychiatric Vulnerabilities
 - Environmental Sensitivities
 - Strengths and Protective Factors
 - Learning Styles


John was referred as a sexual problem-insertion of objects up his rectum, frotteurism, and what they called "aggressive hugging", although this is less as he gets older. He also has engaged in some stripping of clothes.

I ASKED

How is his vision? his hearing? his skin? his sleep?
Any seizures? Prolonged outbursts?
Is he engaging, endearing, humorous and always wanting to please?
Does he crave for attention and is he competitive with others over that attention?
When he gets excited does he do a little upper body squeezing thing and facial grimacing?
Does he have an unusual walk and a deep hoarse voice?



SMITH MAGENIS SYNDROME



BENEFITS OF SYNDROME IDENTIFICATION (GRIFFITHS & WATSON, 2004)


Understand the reality of the individual

- The persons strengths and skills
- Possible medical vulnerabilities
- Associated mental health risks or resiliency

Leads to increased support for families, care-providers and the individual

Assists in communication between professionals

Allows us to learn more about the syndrome and it's biopsychosocial influences



2. HABILITATIVELY APPROPRIATE AND SENSITIVE ENVIRONMENT

Designed to support and maximize the individual's needs/strengths and to minimize known challenges and sensitivities

It is a place you would want to live.

Is it a setting that provides opportunities for the person to engage in activities of daily life that are meaningful, enjoyable and appropriate for the person.

It is a setting where the person is safe, respected and cared for and about.

It is home.

3. INDIVIDUAL LIFESTYLE PLANNING

Traditionally planning was orchestrated around government initiatives and agency planning

The individual often gets lost when planning does not take into account individual differences and preferences

Traditional planning can lead to a decreased quality of life and can often represent a vulnerability for emotional and behavioral challenges

4. CUSTOMIZED HABILITATIVE LEARNING OPPORTUNITIES

In the 1970s and the hay day of behavior management, the focus of much intervention was teaching.

The art of teaching unfortunately has largely been lost in the field.

Although teaching has shifted from just functional skill development (f.e., toileting etc) to skills that allow the person to access growth opportunities and personal choice, current front lines staff have not been trained as teachers.

Habilitative learning opportunities are not occurring because we as field have lost the skills.

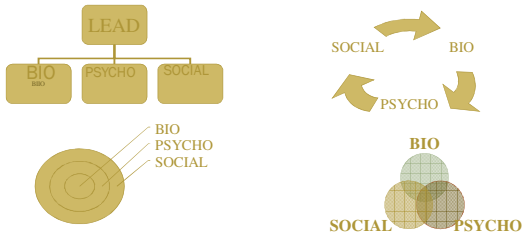
5. SELF-DETERMINATION TRAINING

Individuals are recognizing their rights.

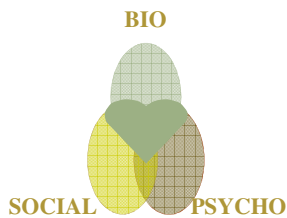
The requirements of self-advocacy call for increased focus on assisting each individual to set personal goals, make life choices, and assert themselves in time of disempowerment.

The exercise of rights takes place in a culture of respect for the rights of all and an ownership of the responsibility that is assumed in the exercise of those rights.

6. INTEGRATED BIOPSYCHOSOCIAL ASSESSMENT



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Equivalent role for all perspectives
Requires true inter-disciplinarity
Keeps the individual at the heart of the assessment

INTERDISCIPLINARY TEAM WORK

Who we are dictates what we see.

▪ John Maxwell

The only thing a title can buy is a little time-
either to increase your level of influence with
others or to erase it.

▪ John Maxwell

To be conscious that you are ignorant of the fact
is a great step to knowledge.

▪ Benjamin Disraeli

7. INTEGRATED BIOPSYCHOSOCIAL INTERVENTION

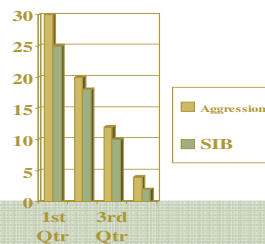
Step 1: Reduce/eliminate Biomedical influences where possible;
teach coping strategies where not possible

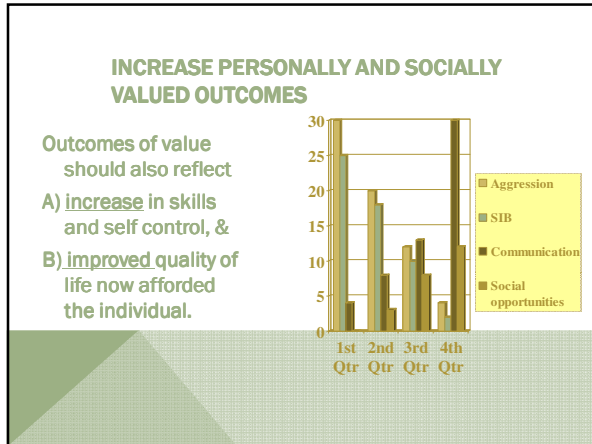
Step 2: Ensure life-space has eliminated problematic factors where
possible and has been enriched with elements that are
associated with positive interactions

Step 3: Build on positive life-space by teaching skills to allow the
individual to access increased positive interactions and
experiences and to avoid/escape appropriately those that are
undesired.

8. PERSONALLY AND SOCIALLY VALUED OUTCOMES

The goals of
therapy should
be more than
the reduction of
problem
behavior.





HABILITATION AND LIFE-LONG CHANGE

If

- rehabilitation is designed to return a person to a state of dignity;

Then

- habilitation should be designed to establish a state of dignity that the person may have never previously been afforded.

Motherhood statements or elements of accountability and/or foundations of long-term resilience (generalization, maintenance).

Problem solving not problem stopping.

THE CHALLENGE

It's difficult balancing optimism and realism, intuition and planning, faith and fact.

But that's what it takes to be effective.

(Maxwell,1998).
