

Guideline 4: Holistic Perspective

When developing individualized services and program plans, it is important to take a holistic approach. In other words, consider the "whole person." Care, support and treatment plans should take into account the person's perspective and encompass everything that is important to them, including culture and values.

This image illustrates some important components of a holistic (whole person) approach to one's fulfillment that should inform ISPs. The different colours serve to remind people are different from one another and constantly evolve and develop.



"We really thought George was going to be happy in his new apartment, a bachelor studio attached to one of the group homes. One day after moving in, he completely destroyed his place, including ripping out the toilet and most electric cabling and plumbing.

The apartment was repaired and his furniture was replaced. He destroyed everything again within two days. It was decided that he would have to help with the repairs and renovation.

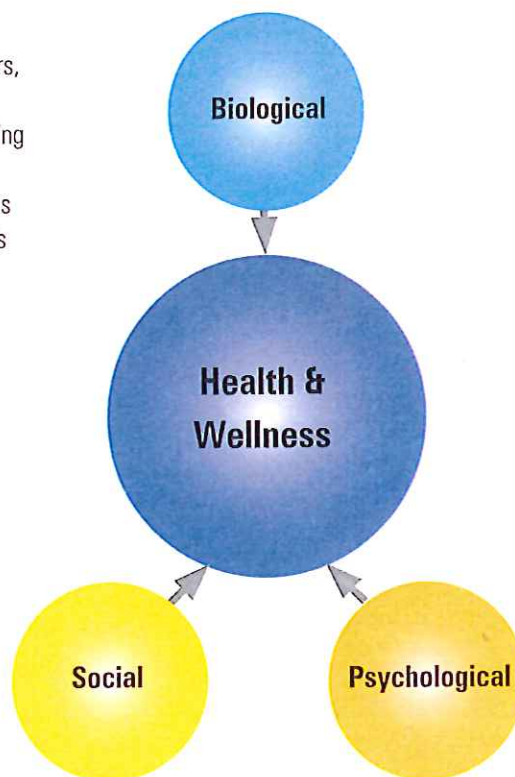
After a week, no progress was made. When George was on his own one evening, his brother came in to help. For the next

four weeks on evenings and weekends, George and his brother worked on his apartment until it was completed. Though it may not suit everyone, George has a home that is his own. His home is part of an ever-evolving support plan that also involves his possessions, privacy, choices, tranquility, stability, his brother, and carpentry classes".

Guideline 5: Using the Bio-psychosocial Model

The bio-psychosocial model and its multidisciplinary strategies will help caregivers, supporters and developmental services agencies understand the causes for challenging behaviours and find the right approaches to address them effectively. The model proposes that the following factors influence a person's life:

- physical health
- mental/emotional health
- individual history
- life changes
- individual and family perspective
- day-to-day circumstances
- social factors
- environment



The multimodal diagnostic assessment model as well as diagnostically-based treatments are basic approaches agencies should integrate in support plans for people with developmental disabilities and challenging behaviours. The multimodal diagnostic assessment identifies bio-psycho-social interwoven influences that have contributed to or continue to represent risk factors. The diagnostically-based treatment approach considers a bio-psycho-social intervention that is integrated into a comprehensive treatment plan.

Griffiths, D., Gardner, W., & Nugent, J. (1999). *Behavioral supports: Individual centered interventions – A multimodal functional approach*. Kingston, NY: NADD Press.

Biological Factors

Many biological factors can affect the health and wellness of individuals. They can account for a significant proportion of challenging behaviours in people with a developmental disability. Taking biological factors into account can help with the prevention, assessment and treatment of challenging behaviours. For example, dental problems, ear infections, digestive malfunctions or in-grown toenails, are often reported as causes of pain and discomfort that can lead to challenging behaviours especially when the person cannot clearly communicate their needs and wants. Physical abnormalities present from birth such as sensory impairments, epilepsy and cerebral palsy are also conditions that can affect behaviour.⁹ Neurological deficits can also cause challenging behaviours.

⁹ McCreary, B., Jones, J. (2013). *Intellectual disabilities and dual diagnosis: An interprofessional clinical guide for healthcare providers*. Kingston, Canada: Queens University.



Nicole is 22 years old with a developmental disability and spina bifida that requires a shunt. When the shunt malfunctions, she engages in self-injurious behaviour (head banging). Her shunt then requires surgical adjustment. The combination of the pain and hospitalization upsets Nicole. By the time she is discharged, her self-injurious behaviours, as well as her emotional outbursts, have usually disappeared.



Jeff is 64 years old with a severe developmental delay, autism, and bipolar mood disorder (with agitated depression and mania). When he turned 60, his self-injurious behaviours increased significantly. In order to self-restrain, he began to constantly hide under his bed sheets. Eventually, the facility where he was living could no longer match his needs, and he had to be moved to another residence.

At the new residence, the staff, management, and primary care provider decided that Jeff should be assessed for physical ailments and sensory difficulties. Assessments showed he did not have any physical problems, but was sensitive to light and ambient sounds. The soles of his feet were extremely sensitive. Staff also found that Jeff's glaucoma was getting worse and was likely causing vision problems. Jeff had his cataracts removed, received special socks, and had his room modified to accommodate his sensory issues. He also had access to a quiet room when he felt he needed it. Although Jeff still exhibits self-injurious behaviours at times, they have diminished in frequency and severity since the accommodations were made.

Psychological Factors

How a person feels, learns, communicates, and adapts can impact behaviour. Therefore, an individual's mental health should be considered. People with a developmental disability can understand what is happening around them and cope with their feelings. Consider the possibility that challenging behaviours may be a way of coping with sadness, grief, frustration, boredom or loneliness. It is imperative to help individuals feel emotionally and intellectually healthy. This can be done in many ways: through treatment and counselling or simply by helping a person develop and maintain friendships.



"Ross's mother passed away three years ago. Ross has a severe developmental disability and is non-verbal. The family and the group home staff did not tell Ross that his Mom had died since they did not think he would be able to understand the concept of death. Instead, they told him she had gone to Heaven.

A year after his mother's death, Ross began self-mutilating. Using various methods, the staff tried to protect him and put an end to his behaviours but nothing worked. One day his brother visited Ross and brought with him pictures of their mother at different times of her life. Ross became agitated and tried to break the picture frames and eventually needed to be restrained. One staff member decided to use this crisis as an opportunity to look for a different solution.

The agency found a grief counsellor who had experience working with people with developmental disabilities. The counsellor explained to the family and staff that Ross likely missed his mother and could not understand why she would not visit him.

They decided that it was time to tell Ross that his mom had passed away in order to help him deal with his loss. Helping Ross deal with his loss took several forms including counselling, visits to the cemetery, crying, and sitting with him in his grief.

It is difficult to know for sure if Ross understands that his mother has died, but in the past six months his self-injurious behaviours have diminished significantly".

Social and Environmental Factors

Regardless of age, many people with a developmental disability are socially isolated. Some depend entirely on their families for social support and company. In many cases, friendships or romantic relationships have not been allowed to develop. Often, the only relationships they have are with paid staff. Although direct support staff can offer a great deal, they change jobs frequently and/or take on new responsibilities. Staff turnover can be devastating to someone who is often alone or grouped with other adults with developmental disabilities who they may have little in common with. Just like anyone else, adults with a developmental disability seek comfort from family, friends and intimate relationships. Although human relationships are important, significant relationships with animals and nature can also develop.

Living arrangements can also significantly impact a person's behaviour. The number of people living in the same house and their compatibility are crucial factors.

Traditional group home routines can be "institutional" in nature and cause challenging behaviours. Lack of privacy and autonomy can provoke challenging behaviour.



Hélène is a 37 year-old woman with a developmental disability and a language disorder.

Her parents died two years ago.

A year ago when her regular group home staff was on vacation, she began to show severe self-injurious behaviour. Her sister was asked to care for her for a few months.

The family and Hélène subsequently decided with the agency to try a placement with a host family. The agency also helped her access additional primary care services from a nurse practitioner clinic. Her associate family is made up of seven grown children and sixteen grandchildren. Hélène has become very fond of their Labrador retriever and two cats, and she cares for these animals every day. She is also interested gardening and enjoys family activities such as Sunday dinner. Hélène's self-injurious behaviour has significantly diminished after six months of living in her new home.



Four men living together tended to exhibit aggressive behaviours after watching hockey games

on television. The home had a rule that during the week the television had to be turned off at 9:30 pm. If a game went into overtime, the men often missed the most exciting part. They were not able to express in words their frustration with the rule, and acted out instead.

The television rule no longer exists as the men are now responsible for deciding when to go to bed and when to wake up. They usually go to bed between 9 and 10:30 pm. Their autonomy with regards to their daily routine has given them the opportunity to learn that at times people need to get up for work, even if they would prefer to stay in bed. As they all love their jobs, this new responsibility has motivated them to go to bed earlier during the week, except when hockey games go on a bit longer.

Ontario is a multicultural society. The culture of the individual with a developmental disability and their family must be considered.

The bio-psychosocial model helps agencies and staff develop a *holistic* or global vision of the people being supported. This includes the nature of specific challenging behaviour(s), their causes (biological, sensory, psychological, social, environment), and what can be done to successfully address them.



Alcide is a 24 year-old man with a developmental disability. He is a nice man who likes to laugh and tease those around him. He can at

times be aggressive and destructive so a behaviour support plan has been developed with him.

He spends Sundays with his family away from his usual residence. During this time, his parents always say he is well behaved and never causes problems. He actively

participates in a two-hour church service where he loves to sing, dance and speak Creole.

After church he joins his family for a traditional meal. He enjoys the food and the company of family and friends. His Sundays with his family, church members and a Creole-speaking volunteer, Haitian meals, songs and dances, are some of the most important elements of his support plan.