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THE RIGHT TO RESPONSIBILITY

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In providing services to people with mental retardation, we are often torn between three postures or approaches: Protection, Control and Support. Our feeling of responsibility for the immediate welfare of the individual leads us to the first two postures (protection and control). When we begin to recognize the need to transfer some of that responsibility to the individual, we are led to the third posture (support).

When we assume people cannot make their own choices and/or cannot fend for themselves, we seek to protect them from harm. We don't let them near the hot stove for fear they will burn their finger. They never get to experience the hot stove.

If they try to go near the stove, we try to control them by redirecting them (positive approach) or, if necessary, inventing some other consequence (punishment) to discourage them from going near the stove again. We put the "heat on", but never let them feel the hot stove.

When we protect and control people too much, we smother them. A vicious cycle is created. There is an increasing need to protect and control to the point our contrived/artificial interventions become worse than the natural consequences from which we are protecting them.

The resolution is to recognize the need for people to begin assuming more responsibility for their own behavior. As such we assume a more supportive posture in which assistance is provided while allowing more natural consequences to apply. Our role becomes to provide guidance and not specific direction. We let people know the stove is hot and what can happen, but we do not stop them from touching it and finding out for themselves.

Should we let everyone touch the stove? Definitely not! The decision for each individual needs to be a function of that person's capacity to understand about stoves and getting burned.

The same 3 criteria that are relevant to anyone in giving informed consent apply: 1) the person needs to have information, 2) the person needs to be able to process that information (weigh risks and benefits), 3) the person's decision must be voluntary (not coerced).

If no one ever told the person before, we should educate. If the person is unable to understand, we have a responsibility to protect and maybe even control. If the person stumbles and accidentally falls, by all means, we should react to protect.

Our current Positive Approaches advocates giving people more choices. When we do this, however, we must also be willing to give them the “Right to Responsibility”. If we are not willing to allow people the responsibility for the consequences of their choice, then we probably should not have provided the choice in the first place!

Herbert Lovett (1985) said: “It makes more sense if consequences are a natural result of the person’s choice (as opposed to arbitrarily inflicted punishments). This gives the individual the dignity of risk and the opportunity to live with the consequences of their own behavior.”

When we start thinking this way, the naturalness of consequences becomes more significant than the restrictiveness. The “Least Restrictive Model” is replaced by the “Most Natural Model.”

How do we switch to this more supportive approach? We need to take care to transition people gradually. Years of protection and control leave people with few skills for dealing with new responsibilities.

In a systematic fashion we need to set up situations for people to have increasing opportunities to experience the consequences of their own behavior. We need to have people be more responsible for fixing or getting their own snacks before we make them responsible for their entire dinner.

The Supportive Approach means assisting people to do things for themselves and not doing everything for them. As their skills improve, the supports are reduced. Increasingly, people are then provided the “Right to Responsibility” and “The Dignity of Risk”. The stove is used to cook dinner and not to burn fingers!

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