Wyomissing
Behavior Analysts, Ltd.

2032 Lincoln Court • Wyomissing, PA 19610 • 610-777-5459

THE "MOST NATURAL" MODEL OF TREATMENT

Gary Champlin, Ph.D.

For many years, the "Least Restrictive" Model of Treatment has provided the primary basis of evaluating of behavioral interventions for people with mental retardation. In keeping with our current thinking on Inclusion and the right and need of people to be part of their community, I believe it is time to start thinking in terms of a new Model which by analogy I would name "The Most Natural Model of Treatment".

The Least Restrictive Model calls for the least restrictive or intrusive treatment to always be chosen, all other things equal. The current Positive Approaches Movement has emphasized the use of nonrestrictive interventions and the absolute prohibition of many of the more restrictive interventions (i.e., use of aversive stimuli). In Pennsylvania, Regulations for MR Community Homes and Day Service Facilities include an extremely broad definition of what is considered restrictive and set rather stringent guidelines on their use (thereby discouraging their use except as a very last resort). The result has been a mind set that nonrestrictive is always better and that restrictiveness (regardless of source) is the sole basis for evaluating all intervention.

In the last decade, there has been an increased emphasis on the concept of Behavioral Diagnostics (or Functional Analysis). It is the basis for my corporation's name "Wyomissing Behavior Analysts". Behavioral Diagnostics provides an alternative to the Least Restrictive Model in selecting treatments. It calls for the use of interventions that fit the determined cause of behavior (as opposed to just the least restrictive). For example, if a person is determined to be hitting himself in the ear because he has an earache, medication rather than rewarding M&M's would be the appropriate intervention.

An extension of Behavior Diagnostics is the belief that many of the aberrant behaviors we observe in people with mental retardation are not characteristics of mental retardation, but are the result of the rather protective and artificial environments we have tended to create for them. The natural contingencies that operated for other people were not allowed to operate for them.

Arguably, the restrictive behavioral technologies that have been developed by Behavioral Psychologists over the years have only been attempts to compensate for this lack of natural contingencies. The error was thinking that two artificials make a natural!!!

What is needed now is a new way of thinking in which we emphasize this use of natural opportunities and contingencies to help people develop to their fullest potential. This is very much a basis of our current trend toward Inclusion: allowing people to be part of their communities; providing opportunities for people to belong, to do and be like everyone else -- for better or for worse!!!.

Inclusion means opportunity for choice of lifestyle and not restriction to a particular prescription. It means living with the same opportunities and restrictions that other people experience. Choice means also experiencing the consequences of one's choice. In 1985 Herbert Lovett 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, or at least supplemented, by the "Most Natural Model." The reality of the situation is that natural consequences can be quite restrictive (e.g., if no money - then can buy no ice cream, if rip up all shirts - then need to buy new clothes and less money for ice cream, etc.). These are not interventions imparted by someone, they are natural consequences.

Using this thinking, "Restrictive Interventions" might better be re-defined as "the extent to which an intervention interferes with the operation of more natural contingencies". Contingencies are natural to the extent Staff/Supporters do not need to intervene to provide consequences.

How do we switch to this Most Natural Model? 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 <u>increasing</u> opportunities to experience the consequences of their own behavior. This will require varying levels of support and intervention to contrive situations (less natural and more restrictive), but is necessitated by the unnatural and/or protective environments people have and/or still live in (e.g., Institutions, Community Homes, and even many Family situations).

Support means assisting people to do things for themselves and not doing everything for them. As skills improve, the supports can be reduced and more natural contingencies allowed to operate. Increasingly, people are then provided the opportunity to exercise their Human Rights, are provided the "Right to Responsibility" and are free to experience "The Dignity of Risk".

One key area in which we have typically failed to allow people to experience natural consequences is in the area of money management and budgeting. Money is a natural source of opportunity <u>and</u> restriction on people's choices. It opens up many doors and opportunities for choice. But it does not grow on trees (or in MAC Machines). Even the most Positive Approacher sometimes has to say "No" because there is no money.

Because of their presumed limited capacity, we have often not involved people in the management of their own money (e.g., monthly SSI check, leisure budget, etc.) and/or the money budgeted for their Program (Community Home, Day Services). When we do not involve them, we fail to allow the person to experience opportunities for choice as well as natural consequences; we are forced to artificially protect and/or restrict.

Consider the following examples of application of this "Most Natural" Model:

1. A Resident of a Community Home makes excessive use of the telephone, but who has never seen a telephone bill. Staff look for ways to control his telephone use. In a positive vein, they might appeal to him with counseling about the responsibility that goes with the right. But what is the responsibility? For most of us it is to pay the bill which then creates some natural choices for us -- pay a big telephone bill every month or get a new car or whatever.

2. A Resident has a temper tantrum and breaks the Community Home's television. Who should pay for it? If they were involved in the budgeting of Program funds then it really would not matter who pays for it -- there still would be a cost to the Resident: money allocated for some planned trip might need to be re-allocated to buy a new television. The loss of the trip would be a punishment for breaking the television -- in this case a consequence which is the natural result of the behavior and not an intervention inflicted by Staff. There lies the critical difference between a restrictive intervention and a most natural consequence!!

The "Most Natural" Model does not apply just to money. Consider the following additional examples:

3. The Residents of a Community Home were having difficulty evacuating for Fire Drills. (Did you ever hide when the alarm went off in your Office?). Thinking along the lines that it would be quite natural in a real disaster for the neighbors (or Red Cross) to be outside with coffee and donuts, it was arranged that donuts be served at the assigned evacuation site. If a Resident evacuates, he gets some of the donuts. If he fails to evacuate, he misses out. This is what I would call a "contrived natural consequence". The situation was contrived, but the consequence was natural in that it followed without any additional intervention by Staff. Now if Staff served the donuts back in the house after the drill, that would be different $\rightarrow$ denying a donut to the Resident who did not evacuate would then be unnatural, and I would agree, more restrictive.

4. Behavioral Contracting is a traditional behavior intervention which I have always found useful. It involves negotiation and choice making while helping establish incentives for both parties to complete necessary but less preferred activities. According to the current Community Home Regulations, however, Contracting is considered a Restrictive Intervention and requires review and approval by a Restrictive Procedure Committee. One Committee that reviewed a Plan I wrote insisted that <u>each</u> new Contract was a new Restrictive Procedure and needed to be individually reviewed by the Committee. The necessity of such review was going to be more restrictive than the Contract in the first place.

Thinking in terms of the "Most Natural" Model, I am now switching to a more natural arrangement using what I call a "Things to Do About ____" List. The person decides what they want. Instead of telling them what they need to do to earn it (Contracting), we list what they need to do in order to get it for themselves (with help and support as necessary). Instead of needing to earn 20 tokens to go to the movies on Saturday, the person needs to save some money, call the theater to find out the show times, find someone who wants to go with them, make arrangements to meet them, etc.

It turns out there are far more opportunities for growth and experience of consequences using this "Things to Do About ___" List than with any Contract. Is it restrictive?? I guess it depends on your definition. I'm satisfied that it is a lot more natural!!!

Reprinted from The Arc of Berks County Newsletter (October 1993). For subscription information call 610-603-0227 or e-mail berksarc@ptd.net.