

Lucyshyn, J.M., Olson, D., & Horner, R.H. (1995). Building an ecology of support: A case study of one young woman with severe problem behaviors living in the community. *Journal of the Association for Persons with Severe Handicaps*, 20(1), 16-30.

Challenging behavior problems are the most common reason for new admissions and re-entry into an institution, as well as a significant reason many individuals with disabilities remain in institutions. Professionals have mixed opinions on where these behaviors should be modified – some say that challenging behaviors should be reduced before a person leaves an institution, while others believe that a regular lifestyle in a typical community is the way to reduce problem behaviors.

In this 30-month study, a 26-year-old woman with autism who had self-injurious behaviors after she left a residential institution to live in her own community was followed. In the institution, medication, aversive stimulation, and environmental enrichment was ineffective in reducing her self-injurious behavior. After moving into the community, her problem behaviors declined as she became more involved in her community.

After seven months of planning and assessment, Emma left the institution with a solid, yet flexible behavior support plan, which based upon the following assessments activities: functional assessment, medical support needs, critical features interviews, and a futures planning meeting. Utilizing the information gathered from those assessment activities, Emma was placed with a 37-year-old woman housemate in a small house that was near a downtown district, where she was given 1:1 staff support during the day. She was placed in a job at an organic foods warehouse as a produce sorter for 4 hours per week and was provided a job coach during that time.

Staff supported Emma by employing the following methods: (a) increasing predictability about her daily schedule, (b) providing opportunities for clear choices and honoring her choices, (c) teaching new skills that made activities easier, (d) providing a significant amount of verbal praise and reassurance, (e) prompting self-direction, (f) communicating limits clearly and consistently, (g) blocking attempts at self-injurious behavior, and (h) using physical restraint when necessary.

Records were kept on Emma's aggression, physical community involvement, activity preferences, social integration, staff changes, and medication. Interviews, participant observations, and quantitative measures were used. During her first two months, Emma had an average of 19.4 community activities a week; that rose to more than 40 at the peak within the first year, and after that averaged 30.6 activities per week. Her favored activities were "hanging out" with a staff person or friend, walks, shopping, and dancing at a local nightclub. Data showed that Emma's problem behaviors increased when she had the least community involvement. Changes in staff personnel also set off self-injurious behaviors as well as, staff inattention, staff attempts to control Emma, or staff failure to reassure her about worries. Findings also gave evidence to support that a function of her behavior was to ask for help. As a result of Emma's participation in

community activities, social relationships, and a variety of positive behavioral support strategies, qualitative analysis revealed that Emma had an improved physical well-being, was more actively engaged, had a higher level of security, increased her communication and social skills, and became more independent and able to contribute to her support.