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Soles of the Feet: a mindfulness-based self-control intervention for aggression by an individual with mild mental retardation and mental illness

Nirbhay N. Singh^{a,*}, Robert G. Wahler^b,
Angela D. Adkins^c, Rachel E. Myers^d

The Mindfulness Research Group¹

^aONE Research Institute, P.O. Box 4657, Midlothian, VA 23112, USA

^bUniversity of Tennessee, Knoxville, TN, USA

^cWestern State Hospital, Staunton, VA, USA

^dNorthern Virginia Mental Health Institute, Falls Church, VA, USA

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Abstract

Uncontrolled low frequency, high intensity aggressive behavior is often a barrier to community living for individuals with developmental disabilities. Aggressive behaviors are typically treated with psychotropic medication, behavioral interventions or their combination; but often the behaviors persist at a level that is problematic for the individual as well as care providers. We developed a mindfulness-based, self-control strategy for an adult with mental retardation and mental illness whose aggression had precluded successful community placement. He was taught a simple meditation technique that required him to shift his attention and awareness from the anger-producing situation to a neutral point on his body, the soles of his feet. After practice he applied this technique fairly consistently in situations that would normally have elicited an aggressive response from him. The data show that he increased self-control over his aggressive behaviors, met the community

* Corresponding author. Tel.: +1-804-743-3121; fax: +1-804-743-3448.

E-mail address: nirbsingh52@aol.com (N.N. Singh).

¹Primary members of the Mindfulness Research Group are Nirbhay N. Singh of ONE Research Institute, Robert G. Wahler of University of Tennessee at Knoxville, Alan S.W. Winton of Massey University in New Zealand, Paul S. Strand of Washington State University, Oliver W. Hill and Judy Singh of ONE Research Institute, Jack W. Barber of Western State Hospital, Mohamed Sabaawi of Northern Virginia Mental Health Institute, and Jean Dumas of Purdue University.

provider's requirement for 6 months of aggression-free behavior in the inpatient facility before being transitioned to the community, and then successfully lived in the community without readmission to a facility. No aggressive behavior was seen during the 1-year follow-up after his community placement. Mindfulness-based intervention may offer a viable alternative to traditional interventions currently being used to treat behavioral challenges in children and adults with mild mental retardation.

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1. Introduction

Uncontrolled aggression jeopardizes the community placement of individuals with developmental disabilities, especially if they also have a concomitant psychiatric illness. Community care providers find it difficult to manage such individuals because often they exhibit low frequency but high intensity aggressive behaviors targeted at staff and peers. Unlike facilities for people with developmental disabilities where trained and experienced staff are typically available to manage aggressive outbursts of such individuals, care providers in the community are often less qualified and experienced in dealing with these behaviors.

Aggression can be managed in a number of ways (Matson & Duncan, 1997). In institutions for individuals with developmental disabilities or inpatient psychiatric hospitals, it is managed through functionally-derived behavioral contingencies, psychotropic medication, or their combination. Typically, these methods work well and many individuals are successfully transitioned to community settings. However, a small number of individuals are repeatedly readmitted to facilities because their aggression cannot be managed in community residences. Typically, community settings either lack staff experienced in developing function-based behavioral interventions, or they are so few in number, highly labor-intensive behavioral programs cannot be maintained with any degree of fidelity. Each readmission to an institution reduces the chances of an individual returning to the community and eventually community providers become highly resistant to accepting that individual into their homes.

Given that the majority of interventions for aggression used with individuals with mental retardation are externally controlled by either a physician or behavioral therapist, and these interventions are purportedly not successful with those individuals who are repeatedly readmitted to institutions, we reasoned that perhaps more cognitively oriented self-control strategies may provide possible alternative treatment options. In addition, we suspected that individuals with mild mental retardation have difficulty controlling their aggression because the traditional techniques did not teach them how to deal with anger under different contextual conditions. Further, the small literature on the use of cognitive behavioral therapies to control anger in individuals with mild mental retardation appeared quite promising (e.g., Benson, Johnson-Rice, & Miranti, 1986; Black &

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