

Mindful staff increase learning and reduce aggression in adults with developmental disabilities

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Abstract

Aggression by individuals with developmental disabilities may threaten their community placement. In a multiple baseline design across group homes, we provided group home staff with behavioral training and later with mindfulness training to assess the impact on aggressive behaviors and the number of learning objectives mastered by individuals in their care. We also assessed other outcomes including activities engaged in by the individuals, use of restraint by staff, and measures of satisfaction. The effect of varying staff-resident ratios was evaluated on all measures. When compared to baseline, the number of staff interventions for aggression showed some reduction following behavioral training, but decreased substantially only following mindfulness training. There was also some increase in the number of learning objectives mastered by the individuals following behavioral training, but greater and more consistent increases were obtained only after mindfulness training. Improvements also occurred on the other measures assessed after behavioral training, but these were always greater and more consistent following mindfulness training. In addition, consistent gains followed behavioral training only with a high staff-resident ratio whereas the larger gains after mindfulness training occurred with both medium and low staff-resident ratios. Our results suggest that the addition of mindfulness training considerably enhanced the ability of the group home staff to effectively manage the aggressive behavior and learning of the individuals.

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1. Introduction

Aggression by individuals with developmental disabilities challenges the skills and patience of group home staff. This high intensity behavior is especially difficult to treat because it often occurs at a low frequency, thus affording staff members few opportunities to use the behavioral contingency management techniques that they have been taught. Furthermore, group home staff members are often less qualified and experienced in treating these behaviors than are their counterparts in state developmental centers.

Aggression can be controlled, managed or treated in a number of ways. Pharmacotherapy is often the intervention of choice for aggression that has an affective component or that occurs at a rate and intensity that poses imminent danger to self or others (Ellis, Singh, & Singh, 1997). Psychosocial interventions, including behavioral and cognitive-behavioral interventions, are typically used when individuals with developmental disabilities use aggressive behaviors as instrumental responses to communicate or attain desired ends (Matson & Duncan, 1997). Most research literature on behavioral interventions focuses on contingency management of aggression, despite growing evidence that it is the overall quality of one's environment that provides the context for his or her constructive versus disruptive behavior (Sameroff, 1995). Indeed, staff training in developmental centers and community group homes heavily emphasizes contingency management techniques to treat the challenging behaviors of individuals rather than implement contextual strategies to maintain their wellness.

Developmental centers and community group homes that focus on developing and enhancing wellness provide an environment conducive to personal and functional growth of the individuals they serve. The therapeutic milieu includes every aspect of the physical, social, treatment and emotional ecology of the setting in which service delivery takes place. Such an environment fosters and develops the strengths of not only the individuals being served but also the staff, as both are part of the therapeutic milieu.

One of the indicators of a facilitative therapeutic milieu is that the staff adheres to a person-centered service delivery system (Rogers, 1977). Staff members are able to anticipate and respond to each individual's needs as if they are able to see the world through the eyes of that individual. This shift in staff culture from controlling or managing the behavior of individuals to providing a therapeutic milieu as a setting event for positive personal and functional growth, necessitates staff members acquiring broad-based skills that will enable them to respond appropriately to the changes in each individual's needs and behaviors. These skills include developing a therapeutic alliance and empathy with each individual so that they can respond to his or her behaviors firmly, but with nonjudgmental acceptance and loving kindness. Such skills are often associated with mindfulness-based approaches to human interaction (Hanh, 1987; Kabat-Zinn, 1990, 1994; Kornfield, 1993; McLeod, 2001).

Mindfulness and mindfulness-based interventions are being used increasingly to change one's own behavior as well as to help others achieve wellness (for reviews, see Hayes, Follette, & Linehan, 2004; Segal, Williams, & Teasdale, 2002). Mindfulness leads to a clear, calm mind that is focused in the present and is aware of both external and internal conditions. Thus, a mindful staff member will attend not only to what is unfolding in the external environment (e.g., an individual is getting upset and aggressive), but also to what is occurring in his or her internal environment (e.g., changes in his or her own emotional state as a consequence of the individual's aggressive behavior).

Recently, we used mindfulness-based interventions to enable one individual to control his aggressive behaviors (Singh, Wahler, Adkins, Myers, & The Mindfulness Research Group, 2003),

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