

Upside Down
and
Inside Out:
*Supporting A Person
In Crisis*

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Introduction

People who are in crisis need support. It's that simple. They don't need people who are full of judgement, or inclined to "get tough" or "teach a lesson." They need people who understand that importance of safety and predictability. They need people who know the difference between setting respectful limits and asserting dictatorial control. They need people who have a sense of humor, people who take the long view, people who care.

You might say that every crisis is an opportunity to learn something important about the person (and, perhaps, an opportunity to learn something important about yourself). It is an opportunity to show the person the value of relationships -- safe, predictable, nurturing relationships.

Yet it can be difficult to support someone who is upside down and inside out. A person may exhibit behaviors which are dangerous, or threatening, or simply embarrassing. When a person cycles from crisis to crisis and seems unresponsive to support, it is not uncommon for even the best intentioned care givers to burnout, give up, and/or resort to punishment.

Stop "Fixing" the Person

This workshop is based upon a simple idea: *difficult behaviors result from unmet needs*. In a sense, a person's difficult behaviors are messages which can tell us important things about a person and the quality of his or her life. People with difficult behaviors are often missing:

- ! Meaningful relationships
- ! A sense of safety and well-being

- ! Power
- ! Joy (things to look forward to)
- ! Relevant skills and knowledge.
- ! A sense of value and self-worth

These needs are usually minimized or ignored in educational or human services settings. As a result, people may become:

- ! Relationship resistant
- ! Chronic rule-breakers
- ! Helpless and insecure
- ! Depressed and isolated

Supporting a person with difficult behaviors requires us to get to know the person as a complicated human being influenced by a complex personal history. While it is tempting to look for a quick fix, which usually means attacking the person and his or her behavior, suppressing behavior without understanding something about the life he or she is living is disrespectful and counterproductive. Difficult behaviors are a reflection of unmet needs. They are “meaning-full.” Our challenge is to find out what the person needs so that *we* can be more supportive.

Stop “Fixing” the Person’s Supporters

Our best efforts to support someone who engages in difficult behaviors will fall to pieces if the people who are asked to provide the support are not clear about their own needs. Whether you are a friend, a parent, or a paid care giver, there is a relationship between your needs and the needs of the person you are supporting. In my experience, a person’s supporters often need:

- ! Support from friends, family members and colleagues
- ! A sense of safety and well-being
- ! Power
- ! Interesting, meaningful, and challenging routines
- ! A sense of value and self-worth
- ! Relevant skills and knowledge

These needs are usually ignored by educational and human services organizations. People inside and outside of these organizations often feel that their needs are being ignored by an insensitive and uncaring bureaucracy. As a result, they often resort to their own difficult behaviors. They become:

- ! Resistant to new ideas and support
- ! Cynical and rebellious
- ! Overly controlling and punishing
- ! Depressed and isolated

While it is tempting to blame care givers for failing to “deal” with a person’s problem behaviors, the vast majority of the people who are supporting a person are interested in helping not hurting. But helping another person is difficult when your own needs are ignored. Thus, it is critical that any effort to support an individual include support for the person’s supporters. To paraphrase early childhood educator Jean Clarke, “A person’s needs are best met by people whose needs are met.”

Pay attention to the way the organization is managed

People who exhibit difficult behaviors are usually subjected to a behavior plan at some point in their life. It is rare that they are asked if they want a plan, let alone invited to the meetings when one is developed. The people who design the intervention are often strangers (e.g., the Agency behaviorist who has spent less than an hour in the group home writes a behavior plan and conducts an in service training with staff who believe it will not work). Think about how difficult it is to change your own behavior when you want to (e.g. smoking, excessive eating). Imagine how difficult it would be to change a behavior that someone else, especially a stranger or strangers, tell you to change!

Sadly, many people exhibit problem behaviors *because* they receive services from organizations that are dysfunctional. Their behaviors may be "symptoms" of an entire service delivery system that is out of touch with people's needs. For example, Michael bangs his head at the workshop because the tasks he is expected to perform are meaningless and dull. His support staff, faced with their own meaningless and boring routines, felt ignored by the organization whenever they expressed their concerns. In one meeting, they described Michael's head banging as a clear "message" that he is bored, angry and in need of change, but their supervisors responded by insisting only that he continue his routine, referring him to the Agency Psychiatrist who prescribed a medication for an "explosive disorder").

In short, instead of seeing that Michael *had* a problem, they decided that Michael *was* the problem.

Anne Donnellan has said, "We ask people who by definition have the fewest adaptive abilities to make the most adaptations all the time." We are asking people who might have a difficult time speaking, who might not be able to move about easily, or who might take a longer time to learn something new, to live lives we would find intolerable. Similarly, we are asking the least powerful staff in our organizations to empower people with disabilities. We are asking them to listen when they rarely have the opportunity to be heard. We are asking them to be supportive in a vacuum of support.

Two fundamental questions should be asked, "*How can we help the person who engages in difficult behaviors live a life that makes sense?*" and "*How can we help the person's supporters to listen?*"

In a nutshell

It is simplistic to treat a person's behavior without understanding something about the life that he or she lives. It is equally simplistic to develop interventions that do not take

into consideration the needs of a person's care givers. The challenge is to build support for the person and the people who care.

If you are too tired to read one more word (and the people busiest providing support usually are), I encourage you to get some rest and take time for yourself and your family. But, before you leave, consider these four simple ideas:

- , *Difficult behaviors result from unmet needs.*
- , *Finding out what a person needs is the first step in helping the person, and the person's supporters, to change.*
- , *Attempts to "fix" the person may be misdirected. It is often the "system" that needs fixing.*
- , *Taking care of yourself is one of the most important things you can do. If you can't take care of yourself, it will be very difficult to care about someone else.*

Start With the Immediate: Support the Person's Supporters

Imagine, for the moment, that there is nothing you can do right now to help the person. Imagine that there isn't anything *anyone* can do to help the person feel better just now.

Just for the moment, give up the need to figure out what's wrong.

Ask, what do *you* need to feel safe when the person is upset? Ask, what do you need so that you can go home tonight and not have that sinking feeling in your stomach? What do you need so that you can go to your daughter's soccer game, for example, and not worry?

Do you need back-up that actually shows up?

Do you need to know that the people on call actually know the person (as opposed to strangers that come as a part of the agency's 'crisis team')? What do you *really* need?

Do you need to meet with the Team tomorrow instead of late this afternoon when everyone is tired and cranky?

Do you need a glass of wine?

Whatever you need, write it down. And ask others on the Team what they need. Write that down.

You're now on your way to helping the person. You're taking care of your needs, and it's always true that a person's needs are best met by people whose needs are met.

At The Beginning: *Get to Know The Person*¹

1. **Spend Time With The Person.** One of the most important (and pragmatic) things you can do to support a person who engages in difficult behaviors seems almost too obvious to state: *get to know the person!* It is too often the case that the people who develop interventions for the person don't know the person in any meaningful sense. They know the person as the sum total of his or her labels, but know little about the person as a "whole" human being.

Make a point of spending time with the person in places that he or she enjoys, during times of the day that he or she chooses. It should be a comfortable place where both of you feel safe and relaxed (e.g., a quiet room, a nice restaurant, a walking trail in a nearby park).

¹Portions of this outline were taken directly from my publication *What Do I Do Next...? Supporting a Person With Difficult Behaviors After The Workshop*, prepared for and funded by the City of Philadelphia, Department of Public Health. Some of the information in this handout is adapted from the work of Cyndi Pitonyak, Al Vecchione and Chris Heimerl.

At a time that feels right (you will have to trust your intuition on this one), tell the person about your concerns and *ask* for permission to help (it's rude not to). If the person has no formal means of communication, *ask anyway*. Sometimes people understand what is being said, but they have a difficult time letting others know what they understand. The important point, always, is to *ask* the person for permission to stick your nose into their business, even at the risk of sounding silly to the people who think the person cannot understand (they're usually wrong).

You may wish to ask the person these questions posed by Mayer Shevin in his workshop *Negotiating and Discovering Positive Supports for People with Challenging Behaviors*²:

- a. *What's going well?*
- b. *What's not going well?*
- c. *What do other people think is the problem?*
- d. *Do you agree/disagree?*
- e. *What has helped in the past?*
- f. *What hasn't helped?*
- g. *Whom do you want help from?*
- h. *What do you want to learn to do?*

2. **Remember that relationships make all the difference in the world.** Many people with disabilities, young and old, live lives of extraordinary isolation. Some depend entirely upon their families for support. A brother or sister or mom or dad are the only source of company. Friends are often absent altogether. All too often, the only relationships people have are with paid staff. Although staff can offer a

²If the person has no formal means of communication, tell the person that you would like to speak with other people. You might add, "If this isn't OK for you, let me know the best way you can." If you would like to learn more about Mayer Shevin's work, he can be reached at 210 Buckingham Ave., Syracuse, NY 13210; w: 315-443-5179 or by e: mshevin@mailbox.syr.edu.

great deal, they change jobs frequently or take on new responsibilities. The resulting instability can be devastating to someone who is fundamentally alone.

Remember that there are many people in the community who will benefit from knowing the person. Chances are the person has already made someone's life fuller. Be confident that she will make someone's life fuller again and again and again.
Loneliness is the only real disability.

3. **Remember that a crisis is a perfect opportunity to develop a meaningful relationship with the person.** The presence of people who remain calm and assure safety and predictability during a crisis is powerful medicine. Meaningful relationships are often forged during moments of great stress.
4. **Help the person to find a champion.** Everyone, *especially* people who are struggling to find their way, need a champion (someone who thinks you hung the moon). Help the person to find someone who “welcomes” and affirms the person each and every day.
5. **Keep your promises.** Many people who engage in difficult behaviors have too much experience with *broken* promises. Life has been full of tricksters -- people who say one thing and mean another.

Teach the person that your word is good by following through on your promises. Give the person a chance to learn that you are trustworthy, but don't be surprised if the person is reluctant to trust you at first. It can take time for a heart that has been betrayed to open up one more time.

And remember, in the real world there will be times when you can't keep your promise (for reasons beyond your control); life happens. But it will almost certainly be easier

for the person to accept the change in plans if, on balance, you keep your promises.

Be Sure The Person Has An Adequate Support Plan

1. **Remember that crisis situations should be infrequent.**

If the person is in crisis frequently, something is wrong with the support plan. What's more, if crises are occurring frequently throughout the organization, there are problems with the organization

2. **Build a support plan.** Remember that frequent crises are an indication that the person's support plan is inadequate. John and Connie Lyle O'Brien suggest the following questions for building a support plan³. Note how different these questions are from those we typically ask, such as "How can we reduce this person's problem behaviors?" or "How can we manage this behavior?"

- a. *How can we help the person to achieve wellness?*
- b. *How can we expand and deepen the person's friendships and connections with family?*
- c. *How can we increase the person's presence in local community life? How can we help the person to have more fun?*
- d. *How can we help the person to have more control and choice in life?*
- e. *How can we enhance the person's reputation and increase the number of valued ways that he or she can contribute to community life?*
- f. *How can we assist the person to develop competencies?*
- g. *How can you build the support you need? How can you support the person's other supporters?*

³These questions are adapted from John O'Brien and Connie Lyle-O'Brien's (1987) *Frameworks for Accomplishment*. Lithonia, GA: Responsive Associates. For additional information, call (770) 987-9785 or write: Responsive Associates, 58 Willowick Drive, Lithonia, GA 33038.

Figure Out What The Behavior *Means*

1. **Insert the word “need” into all questions about “why?”**
People frequently ask me questions like, “Why does she slap herself?” or “Why does he run away?” As mentioned above, difficult behaviors result from unmet needs. It can be helpful to insert the word *need* into questions of *why*. For example, instead of “Why does she slap herself?” ask, “Why does she *need* to slap herself?” or, instead of, “Why does he run away?” ask, “Why does he *need* to run away?”
2. **Remember that difficult behaviors are “messages.”**
Difficult behaviors are “messages” which can tell us important things about a person and the quality of his life. In the most basic terms: *difficult behaviors result from unmet needs*. The very presence of a difficult behavior can be a signal that something important that the person needs is missing.

For example, Walter hits his ears with his fists. His job coach wants Walter to stop this behavior and has threatened to have Walter fired unless he stops. Weeks later, at a scheduled Doctor’s appointment, it is learned that Walter has a low-grade ear infection. She treats Walter’s infection and he stops hitting his ears.

Obviously, there are many needs that a person might be conveying with his or her behavior. A single behavior can “mean” many things. The important point is that difficult behaviors do not occur without reason; all of our behavior is -- intentionally or unintentionally -- communicating something important. All behavior, even if it is self-destructive, is “meaning-full.”

3. **Ask, “What is the history of this behavior?”** Knowing when the person began to engage in the difficult behavior is a critical question. There is much to learn from identifying times when the behavior was not a problem and if life

events are associated with the emergence of the problem. Life events can include the loss of a relative or favorite staff, the onset of a health problem, a change in the person's place of residence or routine, etc. Consider these questions⁴:

- a. *When did the difficult behavior begin?*
 - b. *What was going on in the person's life when the behavior began?*
 - c. *What was going on before the behavior began?*
 - d. *Have there been periods of time when the behavior was more of a problem?*
 - e. *What was going on during these times?*
4. **Ask, "Are there times during the day/week when a crisis is *most* likely to occur?"** What is happening just before and during these times? Who are the people present?
 5. **Ask, "Are there times during the day/week when a crisis is *least* likely to occur?"** What is happening just before and during these times? Who are the people present?
 6. **Ask, "Is the person feeling well?"** Mark Durand has said, "People tend to get immature when they don't feel well." How often have you experienced a general decline in your mood or your ability to empathize with the needs of others when you don't feel well? When we are sick, we are not ourselves.

Many people who exhibit difficult behaviors do so because they don't feel well. The sudden appearance of behavior problems may be a signal that the person's health is deteriorating. Illnesses as common as a cold or seasonal allergy can result in behaviors as inconsequential as grumpiness or as serious as head banging. Consider these questions:

⁴Adapted from Al Vechionne's (1997) *Trauma and Recovery Handbook: An Aide In Developing Programs for Individuals with Mental Retardation Who Suffer From Severe Emotional and Behavioral Disturbances*. Moretown, VT: Resources for Community Living.

- a. *Is the person currently experiencing an illness? Are the person's caregivers responsive to this illness or is the person expected to carry on as if nothing is wrong?*
- b. *Is the person comfortable? For example, is she or he hot or cold? Is she constipated? Does she have a tooth ache? How is her appetite? Is she sleeping well?*⁵
- c. *Does the person experience seasonal allergies?*
- d. *Does the person have a history of seizures or other underlying physical conditions that require ongoing medical attention?*
- e. *Are the person's medications carefully monitored? Is the person experiencing any negative side effects from these medications?*
- f. *Is the person hurting herself? If so, what part of her body is she hurting and is it possible that this part of the body hurts?*
- g. *Are there other questions that can be asked? If so, what are they?*

Perhaps one of the most important things you can do for a person who is experiencing medical issues is to help the person to establish working relationship with a primary health care physician. Although this is sometimes easier said than done, the person will need a good doctor to help sort through what can easily be a maze of symptoms.

If you are escorting the person to the doctor's office, be sure that his or her medical information is well organized. Don't be afraid to tell the doctor that you don't understand a recommendation or finding. It is important to get a clear and straightforward answer to *all* of your questions.

7. Ask, "Is the person experiencing a mental illness?"

Many people who exhibit difficult behaviors may do so because they are experiencing a mental illness. Illnesses such as depression, obsessive/compulsive disorders, and post traumatic stress disorder can play a significant role in the

⁵An excellent resource for people with sleep problems is Mark Durand's (1998) *Sleep better! A guide to improving sleep for children with special needs*. Baltimore: Paul Brookes. You can order the book directly from the publisher by calling 1-800-638-3775.

person's mood and affect. Consider these questions adapted work from Stephan Schwarz, M.D. and Stephen Ruedrich, M.D.⁶:

- a. *Is there a significant change in the person's behavior or mood which occurs in all settings rather than some settings?*
- b. *Is there little or no improvement in the person's behavior despite the availability of consistent, high quality supports?*
- c. *Has the person experienced a decreased ability to adapt to the demands of daily living (e.g., a deterioration in his or her ability to take care of himself or herself)?*
- d. *Has the person experienced decreased involvement with other people?*
- e. *Has the person lost interest in formerly preferred activities?*
- f. *Has the person shown some impairment in his or her perception of reality (e.g., responds to internal voices, displays beliefs which are obviously false)?*

8. If the person has been given a mental health diagnosis, be sure you know what the diagnosis means to the person and the person's supporters. People with difficult behaviors may have a legitimate psychiatric diagnosis. I say "may" because it is often assumed that a person has a psychiatric problem when, in fact, their behavior is a learned response to dysfunction in the environment. For example, Pamela learned, over the years, that biting the skin on her arms and hands was a powerful way to communicate her needs. Because she could not speak, people assumed she had nothing to say. They ignored or misinterpreted her non-verbal attempts to communicate, *except* when she bit her arms and hands. In short, Pamela learned that the only way to get someone to listen is to engage in self-biting. The point of this story is that Pamela had several psychiatric diagnoses to explain her behavior. People saw the problem

⁶Schwartz, S.A. & Ruedrich, S. (1996). Psychopathology update: On the distinction between mental illness and behavior problems in people with mental retardation. *Psychiatric Aspects of Mental Retardation Review* (15) 60-63.

as an entity that resided inside of Pamela, but they never asked questions about the functions of her behaviors.

If a person has a *legitimate* mental health disorder, the following information should be available in his or her records⁷:

- a. the diagnosis (Axis I);
- b. the diagnostic criteria for this disorder;
- c. a description of how the person behaves when he or she exhibits the corresponding diagnostic criteria;
- d. a description of how the person might *feel* when experiencing the illness (whenever possible, ask the person to describe how he or she feels and/or read first-person accounts by people who experience the disorder);
- e. if the person is taking medications, a listing dosages, along with anticipated effects, and negative side effects;
- f. a plan for evaluating the effectiveness of the treatment and regular meetings to review progress.

If the above information is not available in the person's records, and/or, if the person and his/her supporters are unaware of the above information, take responsibility for organizing what needs to be organized.

Develop a *Realistic* Crisis Support Plan

1. **Be realistic.** The person is obviously suffering in some way. The hurt might be life-long. Your job is to help the person to “turn things around” in the long run. But to get there you have to relieve suffering in the short run. A mantra: *My job is to relieve suffering, not add to it.*
2. **Develop a vision of a “good day.”** Sit down with the person and the person's supporters and develop a list of things that are pleasurable, fun, and relaxing. Make sure the

⁷Adapted from *The Six-Step Process* by Kathy Grasmeyer, Dina McFalls, David Molotsky, and David Pitonyak (1997). Philadelphia: Philadelphia Coordinated Health Care Services.

person understands the list and keep it handy (especially during a crisis).

3. **Adopt three simple rules:**
 - a. *Everyone can have a “good day,” no matter what has happened.*
 - b. *Care givers are there to help.*
 - c. *Everyone deserves to be safe.*
4. **Ask, “What type of staff would you seek to support this person?”** Not everyone is suited to helping a person in crisis. Spend time listing the attributes of a person who *can* help and be sure to consider these attributes when interviewing new support staff.
5. **Remember that the needs of the person’s supporters are critical.** Imagine the person is having a difficult day. What do *you* need to go home and not feel a knot in your stomach? What needs to be in place for you to get a good night’s sleep? What can the organization do to support *you*?
6. **List specific support strategies for staff.** How will you support each other? When will you get together? Are there people who work for the organization that could be helpful? Are there people outside of the organization who could be helpful? What can they do? Who will take responsibility for asking them to help?
7. **Remember that a person’s biology changes in a crisis.** The brain “downshifts” in a crisis and a person’s ability to process information is significantly impaired. Knowing this, you should let go of the notion of “teaching a lesson” during a crisis. Your job is to assure safety and help the person to get back on track.
8. **Aerobic exercise is great for a person who is regularly in crisis.** Some people store up hard feelings and distress. Like someone who is building a fire with kindling, a person

can build up fuel for a major “burn” without even being aware that he/she is doing so. Help the person to dampen this physiological arousal by *moving* and moving *often* (but don’t turn it into a “compliance issue”).

9. **Remember that when people are having a hard time, they generally need *more* support, not *less*.** It is generally true that human beings need *more* support, not *less* support when they are having a difficult time. And it is also true that how one person defines support can be different than how another person defines support.

Sadly, many people with disabilities are not supported when they are having a difficult time. Indeed, things that help them to feel better (we call them “reinforcers”) are often denied the person needs them most. For example, Christopher is denied a chance to listen to his radio (his prized possession) when he has been “non-compliant.” On the other hand, Carole -- Christopher’s group home manager -- smokes cigarettes, lots of them, when she learns that the Agency is requiring her to do extra paper work. Not only does Carole drag her feet about the paper work (non-compliance), she “reinforces” herself over and over again (with cigarettes) while complaining to a co-worker.

Make a list of the things that help the person to feel better when he is upset. Help the person to do these things more often. Next, make a list of things that make the person feel worse when he is upset. Do these things less often. Finally, compare the lists of thing that help with the things that don’t help with the current “behavior plan.” Which list does the plan most look like -- the things that help or the things that don’t help?

People may be concerned that supporting the person after he or she has engaged in the behavior may “reinforce” the behavior. They may be afraid, for example, that going for a walk with the person when he

or she engages in head banging will teach the person that head banging leads to walks. Look them straight in the eye and say, “Well, yes, if the *only* way he can go for a walk is to bang his or her head, he will bang his head more often. The question is, ‘Why does he have to go to so much trouble to do what we do every day?’” (Tell the Carole in your life that these “reinforcers” help us to cope with life’s ups and downs).

10. Talk *more* when the person is on track. Talk *less* when the person is engaging in difficult behaviors.

If I were abducted by aliens tomorrow, the one thing I would want a person’s supporters to know: talk more when the person is on track and less when the person is engaging in difficult behaviors. Tell the person that you want to help and then stop talking. Wait until the person begins to calm, or relax, and then provide the person with support (e.g., “That’s great. I’m glad you’re feeling better. How can I help you?”). And then, by all means, follow through on your promise to be helpful!

11. Stop trying to *fix* the person. Help the person to *add on*. It is critically important to show respect for a person’s struggles⁸. Instead of “working on” the person, try “working with” the person to find a solution to the person’s struggles.

Sometimes, the trick is to let go altogether of the need to “fix” the person. Help the person to “add on”; that is, rather than trying to stop the person’s difficult behaviors, focus on teaching alternative skills. If *you* can’t think of an alternative, chances are good the person will have trouble learning one!

⁸One of the best resources I know is Larry Brendtro, Martin Brokenleg, and Steve Van Bokern’s *Reclaiming Youth At Risk*. You can order this fine book by sending \$18.95 to National Education Service, 1610 W. Third Street, P.O. Box 8, Bloomington, ID 47402. Be sure to include your name, organization, address and phone number.

Consider this simple, but elegant way of putting together the information you have learned, adapted from the work of Michael Smull and Susie Harrison⁹:

- a. *When this is happening* _____ [describe what is going on when the person begins to exhibit difficult behaviors];
 - b. *And the person does this* _____ [describe the behavior so that your grandmother could understand it];
 - c. *We think it means this* _____ [describe the “message” the person may be conveying with his or her behavior];
 - d. *And we should* _____ [describe what you will do to be supportive].
12. **List prevention strategies.** What can you do to avoid a full-blown crisis from occurring? Refer to the times when a crisis is likely and not likely to occur. Is there anything happening during these times that might be included in your list of prevention strategies? Are there any important people who might help? What will you do to help the person have a good day? what helps the person to stay calm?
13. **List direct intervention strategies.** What will you do if the person is in a full-blown crisis? How will you keep the person safe? How will you help others to be safe? How will you help the person to get back on track?
14. **If it is necessary for the person to participate in activities that are unpleasant, “sandwich” them in between highly pleasurable activities.** We all find ways to balance things that are unpleasant with things that are pleasant. Help the person to learn that a day can

⁹Michael Smull and Susan Burke Harrison's work on essential lifestyle planning and supporting people with difficult behaviors can be obtained by writing to the National Association of State Mental Retardation Directors, Inc., 113 Oronoco Street, Alexandria, Va. 22314.

be made up of pleasant and unpleasant activity.

15. **Remember that the use of physical restraints is an intervention of “last resort.”** Physical restraint should only be used when the person, or people near the person, are in danger of physical harm, and only as a last resort. A very specific criteria should be established for the use of restraints: (a) under what conditions should they be applied, (b) who will apply them, (c) who will monitor their use, (d) under what circumstances will they be removed, (e) how will you evaluate effectiveness, (f) how will staff be trained and supervised. *The use of restraints should always be procedurally difficult.*
16. **Develop a clear strategy for evaluating the plan.** Have you developed a way to measure how often crisis situations are occurring? Have you scheduled time to get together to see if the plan is working (e.g., to determine what adjustments you will make if necessary)?

Additional Resources

Flannery, R.B. (1998). *Post-traumatic stress disorder: The victim's guide to healing and recovery*. New York: Crossroads Publishing Company

James, B. (1994). *Handbook for the treatment of attachment-trauma problems in children*. New York: The Free Press.

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(K03) *The Importance of Belonging* --- \$7.00

(004) *Supporting A Person With Difficult Behaviors/Supporting the People Who Care* -- \$7.00

To order: Indicate the number and title of the presentation; include this reference: “**DSC 1998 Dallas, Texas**”; enclose a check or indicate a credit card number with expiration date; indicate your return address and phone number; add \$2.00 to the first tape and .50 to each additional tape (maximum \$8.00) for shipping and handling.

A 2 hour video with study guide of David's presentation *Supporting A Person with Difficult Behaviors/Supporting the People Who Care* is available for \$10 from the Arizona Positive Behavior Support Project, Institute for Human Development, Northern Arizona University, Box 5630, Flagstaff, AZ 86011. Please make your check out to “Institute for Human Development.” For more information, contact: Peggy at 520-523-8714 or Margaret.Rittmann@NAU.EDU

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