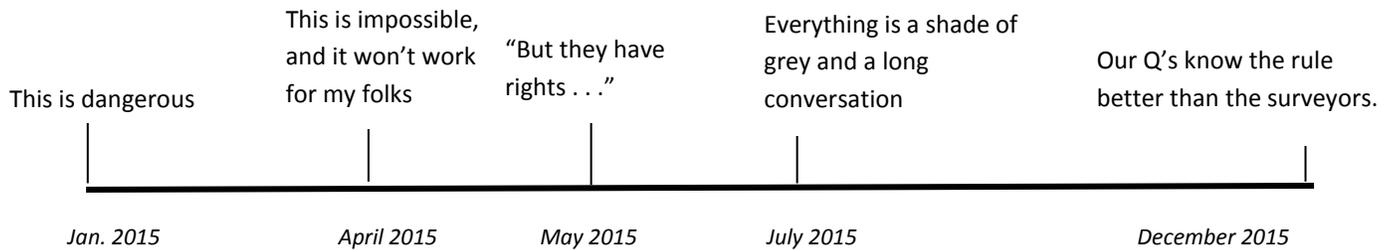


## Stages of Acceptance of the New Behavior Rule

1. This is just some shenanigans.
2. They wrote this rule for other people; they don't realize the kind of individuals that I work with!
3. So, this means we can't have any restrictions.
4. Why are they trying to kill our people? Don't they realize that everyone's going to die?
5. Fine, then, unlock all the cupboards. You have rights. Eat whatever you want. Here, have a whole chocolate cake. Here, have a whole case of beer. I guess I have to take you to buy drugs now!
6. OK, how do we keep doing everything the same, but justify it as risk of harm?
7. This might work for some people, but this won't work for \_\_\_\_\_! (insert name of most extreme individual you work with)
8. I will just change the title of my Behavior Plans to "Behavior Support Strategies" and staple it to the back of the individual plan.
9. What do I need to prove in order to keep these doors locked?
10. But she can't make choices! She has a disability, so she doesn't understand the risk.
11. Gaining weight is harmful, so that's risk of harm.
12. I get it, I will put my Behavior Plans in the MIDDLE of the IP, and call it "Risk Section."
13. We can't have all of these MUI's, so how can we keep restraints in plan?
14. We have to drop everything if it's older than 12 months.
15. Everything is up to each individual's team. That means I have to figure this out for each individual?
16. Everyone has rights, so why even try? It's their right to hurt themselves, isn't it?
17. If she can't talk, she can't tell me what she wants. Well, yeah, I can tell what makes her happy. She smiles when she likes something and hits her head when she doesn't. OK, so I can start with that . . .
18. What if we just take out the restraints that we haven't used for 2 years, and leave in the ones we used in the past year?
19. So, there's no right answer to anything. I am lost.
20. But now he just gets whatever he wants. He's not learning anything . . .
21. OK, that's what DODD thinks, but Medicaid is going to cite us on all of this stuff.
22. We have it figured out, but the guardian wants all these restrictions. We would be fine if it wasn't for the guardians . . .
23. Everything is really complicated.
24. It's all shades of grey. How can I help my DSP's understand shades of grey? I wish it was just right vs. wrong.
25. This is a lot of work.
26. Well, yeah, most of the individuals are happier.
27. You know, I think our reactions to the rule are a bigger challenge than the rule itself.
28. Whoah, that trauma informed care training blew my mind. All of those restrictions add up to a traumatic effect on the brain? That's nuts. But it explains so much all of a sudden . . .
29. This is a lot of shades of grey.

30. That was hard, but it's gotten easier.
31. The people who live in the group homes are starting to get as overweight as the people that work in the office . . .
32. I need to keep asking "What does the individual want, and how do we help them do it?"
33. OK, it's still really hard.
34. It's not really THAT hard . . .
35. Wait, the DODD surveyors don't all understand the rule yet?
36. . . . ? (not yet discovered)

Summary:



For your agency's staff . . .

What the new behavior rule means:

- Restricting an adult's rights is a big deal and should not be done lightly.
- Yes, even for people with profound disabilities.

We can still meet everyone's needs and comply with the new behavior rule – it can be a process, we're not suggesting to unlock everything tomorrow.

Most answers will live within a shade of grey.

Every answer is totally dependent on the details of individual circumstances.

When you're not sure what do to (or people disagree), keep asking :

"What does the individual want?"

"What does the individual need?" (not what is best, but what they **need**)

That will guide you to a balanced answer that works under the new rule. Document the conversation – "show your work."

(And don't start the conversation with "the rule says we have to do this.")