



# President's Message

Kim Littlejohn, President

I remember the first time that I attended a Texas Association on Mental Retardation Board meeting as an observer. I was in awe at the group of individuals around the table that seemed truly committed to the development of professional staff that provides services to people with mental retardation. I knew at that moment, I had to be around that table one day. Well, here I am!

Since that first meeting, the Association has undergone a name change to the American Association on Intellectual and Developmental Disabilities Texas Chap-

ter. The logo has a new look that is fresh and colorful, and a new focus that is inclusive of other intellectual and develop-

ment disabilities. With these changes the Association hopes to attract a new generation of professionals. Perhaps one of them will feel just like I did!

*"I knew I had to be around that table one day."*

As President, I would like to welcome our new

and Pat Craig (Members At Large). In addition, I encourage you all to visit our new website at [www.aaidtx.org](http://www.aaidtx.org) and invite you to our 33<sup>rd</sup> Annual Convention at the Crowne Plaza Riverwalk in San Antonio.

## AAIDD National Update

Karrie A. Shogren, Ph.D.

AAIDD Board of Directors & AAIDD Texas Chapter Board of Directors

As 2008 begins, AAIDD is continuing to work on multiple fronts to promote its mission of progressive policies, sound research, effective practices, and universal

human rights for people with intellectual and developmental disabilities. For example, the 2<sup>nd</sup> Edition of the Positive Behavior Support Training Curriculum was com-

pleted in 2007 and is now available. This curriculum is an excellent tool that can be used to provide effective training on key skills associated

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### Of Note:

- Check out our new website at [www.aaidtx.org](http://www.aaidtx.org).
- Plan Early for the 33rd Annual AAIDD Texas Chapter Convention, July 16-18, 2008, Crowne Plaza Riverwalk, San Antonio, Texas.

# "The Impact of Stigma on My Life"

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Paula Ong

When I was asked to speak today, I had asked my inviter, "Why was I chosen?" I was told several people within the MR management team thought I'd be excellent for this particular event. I thought to myself - hope I fulfill these people's expectations. When it hits me. What is expectation? Expectation- the act or condition of looking forward to a particular occurrence or appearance. When it comes to stigma, expectation is more the **presuming or supposing** of who we are by those who don't understand or are ill-informed about mental disabilities. People presume from what they are told & taught by others, from what they see within the media and what the

world shows them about mental disabilities. This in turn creates stigma for all of us including myself.

Stigma - as defined by Mr. Ramirez is the act of labeling, rejecting or the unexplained fears of someone. I'm sure we all have experienced stigma more than once in our lifetime. I know I have.

I was first told I had Asperger's when my doctor suggested I go to DARS to seek assistance. We talk about how we dislike how others react to us when we tell them we have a mental disability. Well, truthfully...I reacted the same way- stigmatized to my own MR disability. The good thing about this is now I know how it feels to be on

both sides of the fence: On one side how other people feel & react when dealing with MR people, the stigma they feel & the thoughts that might go through their minds. And, on the other side- being a person with MR, the things we go through. I therefore realized the only way to dispel stigma, stomp it out, is through correct information. I sifted and surfed throughout the Internet for anything I could find about Asperger's to get rid of my own stigma towards Asperger's and being an Aspie.

Then I did something I'd never do in a million years, I told someone I had Aspergers. You have to understand, I don't take risks. In

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## AAIDD National Update - continued

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with positive behavior support for direct support staff and supervisors. Another useful resource is the new User's Guide for the influential 10<sup>th</sup> Edition of the Mental Retardation Definition, Classification, and Systems of Supports Manual. This is an excellent tool for educators, policy makers, and program managers that focuses on implementing the components of the AAIDD definition. Both resources are available at <https://bookstore.aaidd.org> and you can even download a free copy of the User's Guide. Planning is also in full swing for the 2008 AAIDD Annual Meeting, which will be held May 28<sup>th</sup> - 29<sup>th</sup>, 2008 in Washington, D.C. The theme of the meeting is The New Professional: Leadership in Science, Practice, Policy, and Advocacy. The meeting is going to take a slightly different format than in years past, with four

special Plenary Sessions each followed by several breakout sessions that address the plenary topic in greater detail. Each of the breakout sessions will have a panel of presenters representing the diverse perspectives that comprise our organization. There will also be a special focus on the Poster Session and on welcoming, supporting, and including early career professionals and first time attendees. Please consider attending and taking advantage of this opportunity to network with established and emerging leaders in the field as well as to have a voice in establishing the vision for the new professional and the future of the field.

In terms of membership, it was exciting to see a very slight increase in our membership last year. This is an exciting step in promoting the growth of AAIDD and

welcoming early career professionals into our organization and leadership. Many of you probably saw the recent email from the National Office asking all of us, as members of AAIDD, to take the time to share information about AAIDD with others, especially our junior colleagues, and invite them to join. In fact, the most successful "recruiters" will receive, as a token of appreciation, a free year of membership, a complimentary conference registration, or their choice of books from the bookstore. You can either direct prospective members directly to the AAIDD website to join, or send their name to Ana at the National Office ([anam@aaidd.org](mailto:anam@aaidd.org)) and she will forward them information about membership. Let's work to have Texas well represented in these efforts!

# 2008 Convention – Join us on the Riverwalk!

Terry Crocker, President Elect, Convention Committee Chair

Mark your calendars now as the AAIDD Texas Chapter (formerly TAMR) 33<sup>rd</sup> Annual Convention

returns to San Antonio on July 16-18, 2008.

The event will be held in the beautiful Crowne Plaza, right in the middle of all the great activities the Riverwalk area holds.

The convention planning committee is bringing the most cutting edge information to the

event – based on recommendations from the membership. We had almost 200 responses in feedback and ideas at last summer’s convention that we are working hard to integrate into

the 2008 event. If you have ideas or topics you would like to see in July, send them through the new website at: [www.aaiddtx.org](http://www.aaiddtx.org).

We would love to hear your ideas. Let us know, it is YOUR convention! See you on the Riverwalk.



*San Antonio's Riverwalk is the site for the 33rd Annual Convention*

## 33rd Annual Convention Committee

Terry Crocker  
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Tropical Texas Behavioral Health

Kirk Coats  
Chair, Exhibitors/Sponsors  
Daybreak Community Services

Beverly Black  
Consumer Stipends  
MHMR of Tarrant County

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Cynthia King  
Awards/Nominations/Silent Auction  
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The University of Texas at Austin  
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Bob Welsh  
Chair, Awards/Nominations/  
Consumer Stipends  
MHMR of Tarrant County

Dion White  
Program  
Central Plains Center

## *"The Impact of Stigma on My Life" - continued*

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return for that boldness, my friend Dana told me she is bi-polar. I've learned so much about stigma and how to conquer it from her. For example: She tells others with a positive attitude about her bi-polar, in return she gets them interested in wanting to find out more. She helps open the floodgates to better understanding. I realized I can do the same about Aspergers, if not, also, take it a step further when I was invited to join the PAC com-

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*"I've approached and handled this label of mine with a positiveness"*

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mittee. She is one reason why I'm on the PAC committee.

I've only known I have Asperger's for about a year now. And, I don't get too much stigma from others about it. It could be that perhaps I've approached and handled this label of mine with a positiveness unlike I have with my other labels that make me who I am. I've told all my friends and family I have Aspergers, to find out they already knew or suspected I had a mental disability. To think, I was hiding, attempting miserably to behave like others & blend in as a "normal person" all these years due to stigma and wanting to be accepted when all that time my friends and family already knew.

Again, Dana told me how she bravely goes out and tells people about her own mental disability despite the reaction she may get.

This made me realize - its time to stop hiding, letting stigma affect my life. For example: I didn't finish college partially due to stigma to my other mental disability labels. It was time to stop giving into stigma and to not fear the stigma from others & how it might affect me, but to instead stomp it out by any means necessary in a very positive way with a positive attitude. I mean what good are my papers that I write about Aspergers,

Dyslexia and ADHD and how to improve things when they sit at home collecting dust. I've even been encouraged to publish some of those papers but refused to out of stigma and fear. Not anymore, I've been busy writing another paper about

Aspergers that I plan to get published as soon as the writing bug bites me again. Good writing is easy but extremely superb writing is much harder and takes time.

I hope I'm doing what I can to

make sure stigma no longer hurts those with mental disability whether it's the MH or MR side-stigma doesn't care whether you are MH or MR. I've been told by others that they have witnessed this by seeing me join the PAC committee, attending the monthly meetings and being there for the brainstorming of the Stigma Hurts meeting. I think that's a very good start in the right direction.

Stigma affects everyone in some way sooner or later. Destigmatizing someone takes time. Especially when it comes to mental disabilities such as MR. But, with the help of people like those on the MR Needs Council, PAC committee and others like them, as well as, people, like my friend Dana, who are bold enough to let others know about their mental disability, we are and will be able to nip stigma in the bud. Because with clear understanding and positive acceptance-stigma cannot survive, it simply dies.

*Speech delivered by Paul Ong  
Destination Dignity Celebration  
Houston, Texas, September 19, 2007*

Make plans now for the  
**AAIDD Texas Chapter  
33rd Annual Convention**

Join the fun in  
**San Antonio  
at the Crowne Plaza  
in the heart of the Riverwalk**

**July 16 - 18, 2008**

# Social Restriction as a Behavior Intervention: Point/Counterpoint

Ellis M. (Pat) Craig, Ph.D. & Maria Quintero, Ph.D., AAIDD Texas Chapter Board Members

The use of social restrictions as a behavior intervention has a long history in parental and school disciplinary approaches (e.g., loss of a desired social activity or “grounding”). Such interventions have naturally found their way into training programs for individuals with intellectual and developmental disabilities either as a standard set of rules or as an individualized behavior support plan. While such approaches appear to be logical and effective interventions, the supporting research is not clear, and ethical concerns arise.

These interventions work most effectively when individualized. When applied without careful analysis, they may have unintended effects; for example, restricting social activities for an

individual who is withdrawn socially is not likely to be effective and may even be positively reinforcing. They also work most effectively for low frequency, but high severity, behaviors such as aggression, property destruction, or elopement. Used as a consequence for a high frequency behavior would keep the individual in perpetual restriction status. Another extremely important factor is the desirability of the social activity. If the individual has other opportunities to engage in a similar social activity, the effectiveness of the restriction will be reduced.

A wide range of social restrictions have been used in training programs. Some would be considered relatively benign, such as not allowing an individual to go out to

eat on a given evening because of current challenging behaviors. Sometimes, restrictions are expanded to cover a variety of special activities over a period of several days. Restrictions may even move into personal rights areas, such as restricting phone use when an individual begins making harassing phone calls. An especially controversial restriction involves not allowing an individual to visit family (with their consent) as a consequence of a target behavior.

It is apparent that careful control of such interventions is necessary. Some would argue that they should not be used at all. Following are some points/counterpoints regarding these interventions.

## Point

1. Social restriction is a very widespread, and thus normalized, practice.
2. There is ample anecdotal and programmatic data on the effectiveness of these interventions.
3. Controlling access to highly desired positive reinforcement is a highly effective training tool.
4. Social restriction is often effective, and necessary, when dealing with severely challenging behaviors. It is better to restrict someone's access to desired activities in the process of teaching them alternatives than to have the person be hospitalized, medicated or jailed.
5. Social restriction involves a necessary restriction of rights for safety and as an effective training approach.

## Counterpoint

1. Frequency of use is not the issue; for example, spanking is widely used, but not acceptable in service delivery to persons with intellectual and developmental disabilities.
2. There is little controlled research data on the effectiveness of these interventions.
3. Alternative, positive reinforcement procedures can produce similar results and are more effective long-term.
4. Only brief periods of restriction may be necessary for severe challenging behaviors; however, once the door is open to restrictions they become easier to use and abuse.
5. Use of restriction is an unnecessary violation of basic client rights.



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*2008 AAIDD Texas Chapter Board of Directors*

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