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Culture of Gentleness: A Behavioral Approach

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Abstract

The purpose of this paper is to explain the fundamentals of an ideological framework for caregivers providing services to people with disabilities called a Culture of Gentleness. The material is traditionally taught within the two-day Working with People training, and the efforts to spread this theory is headed by the Center for Positive Living Supports located in Clinton Township, Michigan. The material is then analyzed through a behavior analytic perspective. Each segment of the initial training will be discussed through both a Culture of Gentleness and behavioral perspective, rooted in Applied Behavior Analysis. Although established in the practice of Positive Behavior Support, a Culture of Gentleness will be described and analyzed without the rhetoric used to deviate Positive Behavior Support from Applied Behavior Analysis, such as the idea that behavior analysis is a one-time intervention that is largely ineffective, and it is a practice of the past, being replaced with comprehensive Positive Behavior Support. The Four Pillars, Four Tools, Six Elements, and the Culture of Gentleness' philosophy regarding punishment and contingencies will be represented through the lens of behavioral science. By utilizing research from applied settings, theory, and fundamentals of punishment and reinforcement, a Culture of Gentleness is translated into behavioral terms.

Keywords: Culture of Gentleness, Working with People, behavior

Culture of Gentleness: A Behavioral Approach

The Center for Positive Living Supports was created as an affiliate of Macomb-Oakland Regional Center (MORC) in Clinton Township, Michigan in 2007. The Center provides training to a variety of human service providers ranging from community oriented Adult Foster Care homes to large institutions. The basic training provided to caregivers for a Culture of Gentleness is facilitated over the course of two days in a training titled, “Working with People.” Within this program, participants learn how to provide care for the people they serve within a Culture of Gentleness, by focusing on demonstrating safety, value, engagement, and positive interactions with their clients without the use of punishment or contrived contingencies. It may appear as though the practice of a Culture of Gentleness couldn’t be tied to behavior analysis, but when misinformation is removed, it becomes apparent that both are compatible and together, can provide means to effectively treat people with a wide range of difficulties and improve their lives.

Behavior analysis can be defined as, “a comprehensive experimental approach to the study of the behavior of organisms (Pierce & Cheney, 2013).” The main goals of this approach are, “the discovery of principles and laws that govern behavior, the extension of these principles over species, and the development of an applied technology” of these principles (Pierce & Cheney, 2013). The discovery of these principles, such as the acceptance that consequences control behavior, and the understanding that behavior is lawful drive Behavior Analysis.

The teachings of a Culture of Gentleness are rooted in Positive Behavior Support (PBS), which “emerged from the controversy surrounding the use of aversive consequences with people with developmental disabilities (Johnston, Foxx, Jacobson, Green, & Mulick, 2006).” PBS seeks

to establish technology of behavioral support that limits or eliminates the use of aversive consequences by using “educational methods to expand an individual’s behavior repertoire and systems change methods to redesign an individual’s living environment” to improve quality of life and limit problem behavior (Johnston, Foxx, Jacobson, Green, & Mulick, 2006). A Culture of Gentleness, while founded in PBS, developed directly from the Gentle Teaching philosophy developed by Dr. John J. McGee, as detailed by the Trainer’s Manual provided by the Center for Positive Living Supports to Working with People facilitators (The Center for Positive Living Supports, 2011). PBS differs from Behavior Analysis in the values that it prioritizes over research including, “commitments to respect for the individual, social validation, normalization, inclusion, and stakeholder participation,” while these are important considerations, Behavior Analysis prioritizes efficacy of procedures and research literature as the rationale for treatment selection before, but not excluding, the same considerations made by PBS practitioners (Johnston, Foxx, Jacobson, Green, & Mulick, 2006).” On the surface, the principles of a Culture of Gentleness appear to be distinctly different from Behavior Analysis. The purpose of this paper is to analyze and evaluate Culture of Gentleness practices from a Behavior Analytic perspective. In doing so, I seek to close the divide between them, and propose that integrating a Culture of Gentleness and Behavior Analysis can produce a framework for caregivers to refer to that is supported by research while being palatable to a wider group of service providers who are well-versed in Positive Behavior Support.

The Center for Positive Living Supports

Macomb Oakland Regional Center (MORC) is a human services organization that has been serving physically and developmentally disabled people for over 40 years in Southeast Michigan (MORC Inc., 2016). Since 1986, MORC has created, refined and spread the practice of

a Culture of Gentleness, founded on their over twenty-year relationship with Dr. John J. McGee and his Gentle Teaching philosophy, particularly through the creation of the Center for Positive Living Supports, the organization responsible for training mentors and facilitators of Culture of Gentleness trainings. (MORC Inc., 2016) The Center offers consultations, organizational assessment/planning, seminars, mobile crisis support, and training. As of January 2014, 331 providers in Michigan and Canada were trained in the creation and implementation of a Culture of Gentleness (Center for Positive Living Supports, 2014). The bulk of training provided is the basic course, Working with People, which is facilitated by the Center's staff, as well as the over 70 people trained by the Center but working at other organizations throughout Michigan and Canada, whose purpose is to implement and support a Culture of Gentleness with the diverse populations they serve.

The Central Purpose

“The central purpose of our presence in the lives of others is to nurture, teach and sustain the experience of connectedness, companionship and community” (The Center for Positive Living Supports, 2011). This is the guiding principle of all the teachings related to a Culture of Gentleness. The core of the statement is bundled in six words: nurture, teach, sustain, connectedness, companionship, and community. Nurture relates to the building blocks of relationships; backed by the idea that to begin any relationship, people must start by nurturing each other. This can be in the form of giving favored items without a person needing to earn them, or simply listening when it is needed. Next, teaching, although often the focus of interventions or treatment modalities, is secondary to the relationship one forms with the person they serve through nurturing. Teaching is thoughtfully second in this cycle, as one can only learn effectively from someone who is trusted, worthy, and qualified. Lastly, sustain refers to the

maintenance involved in relationships developed over time. These are not goals or stages that end, but rather a cycle that repeats itself within relationships. Furthermore, connectedness, companionship, and community refer to varying levels of belonging that people experience, connectedness being the most basic. Simply, the idea that people are existing together, and find connection based on this fact. Companionship refers to a deeper level of belonging, in which people are not only existing together, they have developed a relationship or closeness in knowing each other that is stronger than simply being connected. Lastly, community, is the extension of both previous concepts, into the greater society. Here, people find meaning, comradery, and have enriching life experiences. The concepts surrounding these six words are discussed and expanded upon, throughout the two-day Working with People training in which the foundation of the material created by the Center for Positive Living Supports is taught. It is crucial to understand the Central Purpose, as it serves as a sort of mission statement for the rest of the material.

The Four Pillars

The supporting tenets of the Central Purpose come in the form of “The Four Pillars (The Center for Positive Living Supports, 2011).” Together, these principles are created to encourage caregivers to fulfill the Central Purpose by helping establish sustainable relationships with the people they serve. The pillars also serve as a determinant to see where services can improve by applying the behavior someone demonstrates to the pillars. For example, a person who is eloping frequently may not feel safe in the place they reside. This shows that their “pillar” of safety may not be firmly established. Each pillar has behaviors that demonstrate their stability, and in turn, allow caregivers to assess how a person is doing in their facility.

The first pillar is Safe (The Center for Positive Living Supports, 2011). This consists of physical safety, like having suitable shelter, living without threat of violence, or having food security, and also emotional safety; meaning being safe to be your authentic self with the people in your environment. Safety can be established in countless ways, as individual preference varies, but, what remains standard are the same things that are often required by state licensing standards, recipient rights organizations, and various accrediting bodies which can include cleanliness of the homes people reside in, staff who are trained to protect residents, as well as safety plans for emergencies. Safety is a necessary start to growth in a Culture of Gentleness, and is foundational to the rest of the teachings.

The second pillar is Loved or Valued. This pillar reflects the responsibility of caregivers to show the people they serve unconditional love, respect, or honor. It is focused on the belief that people should not need to earn kindness from the people around them, instead, it should be given to them despite their behavior. This can be difficult considering the myriad of challenging behaviors that people can display over the course of treatment, and the seemingly natural call to punish that many people hold. Intentional and thoughtful responses to the sometimes-difficult behavior caregivers face, allows for less reactionary, possibly hurtful interactions to occur between themselves and the people they serve. The goal is that once a person is safe and loved, trust will develop. Therefore, therapeutic relationships can build from the trust that has developed between the caregiver and the cared for.

Loving, the third pillar, relates to the progression that occurs after someone is first safe, then loved. It is the willingness of people to reach out to others to inspire connectedness, and the thoughtful display of love toward others. This can come in the form of sharing a favorite food

item, seeking to help someone complete a task, or offering a kind word. People who have the experience of being safe and loved will in turn seek to express love of their own toward others.

The fourth pillar is Engaged (The Center for Positive Living Supports, 2011). People who are safe and loved, per a Culture of Gentleness, will seek engagement in activities, treatment, and the people around them. This is where caregivers will see treatment plans fulfilled, goals achieved, relationships thriving, and the people they serve reaching for progress (The Center for Positive Living Supports, 2011). It is crucial for each pillar to be firmly in place to support the Central Purpose, because without the execution of each, one would find it impossible to “nurture, teach, and sustain the experience of connectedness, companionship and community.”

In 1943 Abraham Maslow proposed “The Theory of Human Motivation.” Many of the principles that are used today to explain the actions people take to get their needs met refer to Maslow’s work to justify their claims. This is also the case for Working with People. The four pillars mirror the stages proposed by Maslow decades ago, both in progression and content. Maslow’s theory consisted of a belief that, “human needs are organized into a hierarchy of relative prepotency” (Maslow, 1943, p. 375). The needs begin with physiological needs, progress to safety needs, and climb upward to needs focused on love and esteem, culminating at the highest level, self-actualization (Maslow, 1943). In transposing the Four Pillars onto Maslow’s theory, consistency is found in that the pillar of Safety relates to Maslow’s proposed physiological and safety needs, the pillars Loved and Loving relate to the needs of love and esteem, and engaged is self-actualization.

A Behavior-Analytic Approach to the Four Pillars

Harrigan and Commons (2015) provided a behavior-analytic interpretation of Maslow's theory by analyzing needs in terms of as primary and secondary reinforcers that gain and lose value based on stage. In this interpretation, "the satisfaction of needs is integral to the maintenance of a consistent rate of reinforcement," which, as a person progresses through the hierarchy, the value of the reinforcers available at each stage would be altered, pushing the person to progress further to maintain a consistent rate of reinforcement (Harrigan & Commons, 2015). By applying the Order of Hierarchical Complexity (OHC) to Maslow's theory, Harrigan and Commons arrived at a needs hierarchy that integrated order number, name, examples of reinforcers or punishers, and the highest applicable need as detailed by Maslow, ranging from zero to sixteen in complexity and calculatory to metacrossparadigmatic in name (Harrigan & Commons, 2015). For example, the reinforcers associated with physiological needs at any stage would be homeostasis, or continued life, as supported by Maslow's theory (Harrigan & Commons, 2015) (Maslow, 1943). With that considered, how a person meets that need varies by OHC. Someone in the nominal order may verbally communicate a single word to satisfy his or her need by simply saying "food" to a receptive listener, while a person in the concrete stage may trade for food (Harrigan & Commons, 2015). Both actions satisfy the same physiological need, but in the way the behavior deems most likely to achieve their goal with respect to their stage and behavioral history. Therefore, "lower stage appetites must be met before higher stage reinforcers become salient," which would explain why a man nearly dying of hunger may not be concerned with feeling accepted by his peers, because food has become the most effective reinforcer.

Behaviors related to self-actualization also relate to OHC and reflect altered reinforcers. For example, behavior at the systematic order may take the form of drafting a new law which is

reinforced by a determination of a person's social order (Harrigan & Commons, 2015). The goal for caregivers is to encourage the progression necessary to make reinforcers related to more complex behavior salient, as the behaviors associated with achieving those reinforcers relate to activities that allow the person to contribute to society, achieve independence and take care of themselves.

Skinner analyzed "needs" in terms of different extremes of "deprivation or aversive stimulation" (Skinner, 1971). A person who is experiencing deprivation will act to meet their need in a way determined by their behavioral history, based on their history of reinforcement with that reinforcer. For someone experiencing water deprivation who has limited verbal skills, they may say "water" or "drink," while another may grasp at his or her throat and smack his lips. Therefore, the need is met by emitting behaviors that have led to reinforcement of water in the past. In this way, behavior occurs in reference to the behavior's "state" of deprivation or satiation for the reinforcers. Today, these "states" are considered motivating operations, which are, "any event that alters the reinforcement effectiveness of behavioral consequences and changes the frequency of behavior maintained by those consequences (Pierce & Cheney, 2013)." These are antecedent events that drive behavior as it relates to an individual's history of reinforcement. As one gains more insight into the variables that alter the reinforcing value of stimuli in the environment, caregivers can anticipate these "needs" by altering the environment, by providing water to someone who is water deprived before they exhibit challenging behavior to gain it, or attention to a deprived child.

Functional analysis is used frequently in the field of behavior analysis to determine the contingencies surrounding a person's behavior, and gain more insight into effective treatment modalities. It involves, "classifying behavior according to its response functions and analyzing

the environment in terms of stimulus functions (Pierce & Cheney, 2013).” Once these variables are identified, experiments can be conducted that demonstrate causal relationships between the environmental stimuli and responses. Functional analysis is a beneficial way to analyze behavior because it is objective. The emotional responses sometimes generated from the behavior of people in residential settings can construe the response and opinion of the people observing, therefore interventions chosen without a functional analysis can be misinformed by subjective opinion. In using functional analysis to experimentally determine the variables controlling behavior, behavior analysts utilize a trustworthy, scientific way to identify and select an appropriate treatment for problem behavior without the use of subjective measures. In this respect behavior analysts make “informed guesses about is wrong with the contingencies, and we must go directly to the contingencies if we want to be sure, and it is the contingencies which must be changed if his behavior is to be changed (Skinner, 1971).”

In understanding the motivating variables that are controlling a client’s behavior, caregivers can try to analyze the function of the behavior and the maintaining variables, all the while understanding that not all people have acquired a behavioral repertoire for meeting their needs that society would deem to be appropriate. In that case, caregivers must teach appropriate behaviors to the people they serve to assist them in meeting their needs. In behavior analysis, this is called functional communication training. It consists of a differential reinforcement procedure that teaches appropriate responses to substitute any problematic behavior that a person exhibits with the result being the same reinforcer (Carr, 1985). Carr & Durand, in 1985 conducted two experiments, the first developed an assessment method for distinguishing when behavior problems were most likely to occur, and the second, was conducted to apply the assessment data to select, teach, and reinforce replacements for problem behavior. What they found, is that the

problematic or disruptive behavior of the children studied was maintained by escape of tasks and adult attention. With reinforcers for disruptive behavior identified, socially relevant responses were trained to each child. In the final experiment, it was found that “disruptive behaviors reduced to low levels after a child was trained to emit a relevant communicative response (Carr, 1985).” Therefore, caregivers can mirror these findings in teaching alternative, appropriate responses to clients to assist them in achieving the same reinforcers they seek with disruptive behavior. This, in turn, fosters independence and allows the cared-for to acquire the skills necessary to advocate for themselves.

The Four Tools

A Culture of Gentleness argues that caregivers only have four tools when caring for another person. They are eyes, words, hands, and presence (The Center for Positive Living Supports, 2011). This is based on the idea that although there may be Behavior Support Plans, therapy, medications, physical and chemical restraints, and a wide range of other systems in place to assist in treatment, when relating to another person, all caregivers have is what they can control; themselves. Meaningful interactions occur when people recognize that all they can control is how they respond to their environment, and therefore, the intentional use of these tools can lead to positive interactions, trust, and respect (The Center for Positive Living Supports, 2011). It is crucial for caregivers to use their tools with intention, as when they are thoughtful of how they present themselves and respond to the behavior of the cared for, these benefits can occur. Eyes are the first tool and are said to be the “windows to the soul” in that, they serve as a subtle means of communication between people (The Center for Positive Living Supports, 2011). A simple squint of the eyes can convey a multitude of things when delivered in context with an ever-changing environment.

Words are a more explicit tool that can be used to harm or heal (The Center for Positive Living Supports, 2011). As many have heard that one should “choose their words wisely” in precarious situations, a Culture of Gentleness advocates that this should occur every time a caregiver chooses to speak-up or say nothing at all. The goal is that with intention and thought behind the words that are used with the cared-for, caregivers will use their words to build a relationship with the people they serve, and become considerate to the culture, stability, and personality of their clients (The Center for Positive Living Supports, 2011).

Hands, in the field of mental health, can be a difficult tool to master, and should be done with the utmost consideration to the person served (The Center for Positive Living Supports, 2011). For caregivers, the use of touch must not only coincide with any policies implemented within their organizations, but also must be in context with their client’s personal history, their own experiences, as well as the environment at that moment (The Center for Positive Living Supports, 2011). A hug between a male caregiver and a female client on the day she leaves done privately in the client’s bedroom, communicates something far different than the same hug in the milieu of the facility surrounded by others. In every instance, context is crucial and can make the difference in the meaning inferred by the action. Caregivers must use touch as a tool to connect with another person, instead of making them feel as though their body is public property, or that they are not worthy of touch (The Center for Positive Living Supports, 2011). A common example would be the simple difference between a handshake and a fist bump. Often, clients who have spent time in residential facilities or state hospitals, when greeted, will hold out a fist. This has been determined to be an acceptable greeting, because many caregivers, case workers, and staff will not shake hands with the people they serve, generally due to the underlying assumption that they are dirty. This communicates an attitude that the people in these facilities

are not worthy of what is considered a proper greeting in situations outside of that environment. A Culture of Gentleness would deem this standard unacceptable, as it would be seen as dehumanizing.

Touch must also be done in context of the facility and situation in which a caregiver works. For example, a female staff member in a specialized residential facility that serves an all-male population that has expressed problematic sexual behavior, would use touch differently than someone who works with children with Autism Spectrum Disorder. In the same way, a female who has endured sexual abuse at the hands of their father may be less comfortable with an encouraging pat on the back from a male caregiver, while the same pat is welcomed and appreciated by a female. Hands can be used as a powerful tool in a Culture of Gentleness to establish connections with people, but must be done with consideration to the environment, context, personal histories, as well as policy (The Center for Positive Living Supports, 2011).

Last, presence refers to the entire package. It is the body language a person uses, the words they say, the experience that precedes them, as well as the affect they present (The Center for Positive Living Supports, 2011). Presence can be impacted by a person's appearance, grooming, habits, and energy level both positively and negatively. Most have experience being around someone whose presence has impacted them for better or worse, whether it be the looming professor with exceptional credentials striking fear in the hearts of her students, or the cheerful, bubbly nurse at the hospital, putting his patients at ease. When caregiving, it is important to be intentional with the way one presents him/herself to the cared-for, as seemingly unimportant changes can have an impact of the person served, and the way the caregiver is perceived (The Center for Positive Living Supports, 2011).

Behavior-analytic interpretation of the Four Tools

Verbal behavior is defined as, “the vocal, written and gestural performances of a speaker writer or communicator that operates on the observer or listener (Pierce & Cheney, 2013).”

Verbal behavior has indirect consequences on the environment, while nonverbal behavior results in direct and automatic consequences (Pierce & Cheney, 2013). Behavior analysts have shown that social approval serves as a powerful reinforcer no matter the topography (Pierce & Cheney, 2013). The four tools can be separated into two categories, vocal and nonvocal behavior. Eyes, hands, and presence are nonvocal tools that can be utilized to teach and control a client’s behavior through punishment and reinforcement, although presence also can be interpreted as verbal behavior. A study conducted by Alan E. Kazdin and Joan Klock sought to explore the effect of nonvocal teacher approval on attentive behavior in students (Kazdin & Klock, 1973). The nonvocal approval consisted of smiling and physical contact indicating approval such as hugging or a pat on the head. When teachers were instructed to “increase the use of nonverbal behaviors,” student attentiveness increased an average of 27.25% between the two experimental conditions (Kazdin & Klock, 1973). A similar study reviewed these nonvocal approval effects to a group of students and found that nonvocal approval altered the attentive behavior of the target participant, while nonvocal approval accompanied by vocal approval also increased the attentive behavior of the students around the participant directly receiving the approval (Kazdin, Silverman, & Sittler, The use of prompts to enhance vicarious effects of nonverbal approval, 1975). This demonstrates that the use of nonvocal communication, contingent on a desired behavior may be helpful in increasing the target behavior, although the effects could be amplified in scope by including verbal behavior. Therefore, nonvocal responses to behavior is a powerful determinant of the probability of that behavior reoccurring. Caregivers, in

understanding this can focus on their means of communication, and have an impact on the people they serve through nonvocal communication.

Verbal behavior relates to the tools “words” and “presence.” “The verbal behavior of one person acts as a stimulus and/or consequence in the behavior chain of the other person (Pierce & Cheney, 2013).” With that comes the difference in behavioral history for both the caregiver and the client, to what mands, tacts, autoclitics, etc. have been effective for them in the past. This is where the importance lies in understanding the history of the listener, to allow caregivers to alter their speech to be most effective in altering the listener’s response. “A person may emit gestures and body movements that indirectly operate on the environment through their effects on others,” in that, “a frown sets the occasion for others to remove some aversive event, while a smile may signal the observer to behave in ways that produce positive reinforcement (Pierce & Cheney, 2013).” Verbal responses can serve both reinforcing and punishing purposes by becoming generalized conditioned reinforcers/punishers. Generalized conditioned reinforcers are conditioned (learned) reinforcers that are backed up by multiple other sources of reinforcement. Praise, for example is considered generalized social reinforcement because it is both a generalized conditioned reinforcer (as people require praise to be backed up with other reinforcers for it to become salient) and a social reinforcer (Pierce & Cheney, 2013). Criticism, for most people serves as a generalized conditioned punisher, as it can decrease operant behavior. What is relevant is the use of these powerful reinforcers and punishers in the lives of others. Eyes, hands, words and presence are the “tools” utilized in any study involving humans in applied settings, and how people exert control and manage contingencies for the people they serve. It is the intentional use of them that has an impact on the people around them, mainly, the people they serve, for better or worse.

Six Elements

The six elements consist of three pairs of principles that, when presented visually to staff during training, are stacked precariously on top of one another (The Center for Positive Living Supports, 2011). Each element plays a role in creating a Culture of Gentleness and must be present for the people served. The six elements also act as benchmarks in assessing the environment when a person is exhibiting challenging behavior to see what could be improved to reduce these behaviors.

The elements *Safe* and *Loved* balance atop of the structure created by the six elements to represent how easily they can “fall” when any of the four elements beneath them are disrupted (The Center for Positive Living Supports, 2011). The same rationale for safety and love being involved in the six elements is true for the four pillars, therefore, it will not be discussed again.

The elements *Positive Interactions* and *Demands* are the next pair below *Safe* and *Loved*. Positive interactions are the way a caregiver uses his/her tools to uplift the cared-for (The Center for Positive Living Supports, 2011). The perspective of the person served is the most important thing to consider with positive interactions and demands, as each person has individual preferences that effect how they perceive others (The Center for Positive Living Supports, 2011). Positive interactions can come in the form of a warm greeting, words of encouragement, or a pat on the back, as well as a myriad of other ways. They help caregivers establish a relationship with the people they serve by encouraging trust and providing a foundation of good memories. Demands are considered anything a person sees as taxing on them (The Center for Positive Living Supports, 2011). For someone with sensory issues, this can be lighting, intensity of sounds or physical touch. For others, a demand can be a request to complete a task, increased

supervision, or a deadline, but everyone sees demands differently. For example, if a person's supervisor comes to them at the beginning of the workday and immediately begins requesting him or her to work more quickly while adding a range of additional pressing tasks, it would be understandable for the employee to be relatively overwhelmed or frustrated. This situation could be improved by the incorporation of positive interactions. If the supervisor were to greet the employee, ask how he/she is doing, praise him or her for the work they have done, then follow with requests to complete more tasks, the interaction would be better balanced, and it is likely the employee would feel more positively despite having the same amount of work to do. The purpose of considering what is demanding and what someone would consider a positive interaction is to find a balance between them, as demands are unavoidable. Caregivers in a Culture of Gentleness look at this balance and strive to have a ratio of 5 positive interactions to each demand to continue to get necessary tasks completed, but ease the strain that is placed on the person being cared-for.

Structure and transition are the last of the pairs of elements and are located at the bottom of a visual representation (The Center for Positive Living Supports, 2011). Considering that many people who receive services have little control over their own lives, and their schedules may be dictated by others, structure and transition are ways in which caregivers can allow their clients to have control over their daily lives while easing the burden of the tasks some would find draining. Often, this occurs by providing schedules visually to clients that are suitable to a person's communication capabilities and personal preferences (The Center for Positive Living Supports, 2011). This allows caregivers and clients to integrate preferred activities into a schedule that may be filled with necessary tasks. Transition directly ties to structure, in that transitions can be demanding to cared-for people and must be considered when creating

schedules. Many of the difficult transitions that happen in the lives of people receiving care are entirely out of their control; shift change, medication passing, appointments, etc. To establish the structure and transition elements in a person's life, caregivers must integrate clients into the process of thoughtful planning and consideration of each day (The Center for Positive Living Supports, 2011).

Behavior-analytic Interpretation of the Six Elements

Positive interactions can be interpreted as reinforcement in the form of positive attention or escape. Reinforcement is defined as, "an increase in the rate of operant behavior as a function of its consequences," as well as "the procedure of presenting a reinforcing event when a response occurs (Pierce & Cheney, 2013)." What is important to note is the fact that positive interactions need to be considered in context with how it affects the person served, not in the way it makes them feel, nor the effect it has on the caregiver. As described above, a positive interaction can come in many forms, but the idea that it "builds relationships" indicates that there is an increase in the frequency of interactions between the two individuals. This implies that these interactions serve as reinforcement (Pierce & Cheney, 2013). Considering that positive interactions can include escape, the abandonment or break from a task (demand), positive interactions must be considered in conjunction with the aversive stimuli a client encounters, and used to the advantage of both parties to complete necessary tasks and limit the effect of demands.

Demands can be interpreted as aversive stimuli. As stated before, these can come in many forms and are personal to someone's behavioral history, including bright lighting, requirement of task completion or harsh verbal reprimands. The purpose of a Culture of Gentleness is to teach caregivers to anticipate aversive stimuli (demands) for the people they serve, and lessen the

impact on the course of their normal routine (The Center for Positive Living Supports, 2011). In doing so, caregivers provide escape from these aversive demands which creates positive interactions. The thoughtful anticipation of demands (aversive stimuli) for the people they serve can facilitate opportunities for caregivers to alter their behavior (and thus, the environment) to ensure necessary tasks are still completed, challenging behavior is limited, and reinforcement is readily available. Based on the Premack Principle, that higher-frequency behavior serves as reinforcement for low-frequency behavior, it can be said that if a staff member were to interject opportunities for a person to engage in behavior they exhibit frequently that doesn't involve task completion, this may aid the worker in obtaining completion of a task (Pierce & Cheney, 2013). For example, if a person were to frequently smoke (high-frequency behavior) and clean his room very little (low-frequency behavior) a staff member could make smoking contingent on cleaning portions of his bedroom at a time. That way, his bedroom would be cleaned over the course of the day and he will have opportunities to engage in a behavior that is now used as a reinforcer for cleaning, smoking. This accounts for the need to balance positive interactions and demands as a caregiver for the cared-for, in that many unwanted, violent or inappropriate behaviors can come from the push for task completion or necessity of completing non-preferred activities (Ward & Parker, 2017). While being conscious of the Premack principle, caregivers can incorporate opportunities for reinforcement in the daily lives of the people they serve, while accomplishing activities of daily living or treatment goals. A study conducted by Stoffelmayr and Mitchell (1973) utilized the Premack Principle to shape consistent work behavior in patients with schizophrenia who refused all explicit and tangible forms of reinforcement. Researchers observed the most frequent behavior exhibited by both patients to be sitting, therefore it was determined that sitting would serve as the reinforcer for working. By utilizing the higher

frequency behavior as a reinforcer for the low frequency behavior, researchers improved work performance 67% for one patient, and 89.3% for the other. This demonstrates that when the Premack Principle is applied to task completion activities, caregivers can provide opportunities for reinforcement throughout the task (demand) by encouraging residents to briefly engage in a high frequency behavior. Therefore, clients are provided with reinforcement throughout the demand, tasks get completed, and challenging escape behaviors can be at a minimum.

Structure and transition relate to the visual representation of anticipation of demands (aversive stimuli) and the process staff go through in easing the “burden” of those demands. As stated previously, visual schedules are often used to implement structure in residential settings, and serve as visual representations of discriminative stimuli to residents. Adhering to the Positive Behavior Support roots within a Culture of Gentleness, it is stressed that the person served play a role in developing the schedule that is created (Johnston, Foxx, Jacobson, Green, & Mulick, 2006). Schedules can serve as both visual prompts and commitment responses if they increase the probability of an appropriate response and reduce the possibility for impulsive behavior (Pierce & Cheney, 2013). The focus here, will be more on the effect it has on caregivers. Schedules provide the structure needed to anticipate what could be difficult transition periods for the cared-for and allow caregivers to adjust their practices in anticipation of them. First, they provide an opportunity for reinforcement when the schedule is created with the client involved. Caregivers can coach, encourage, provide attention and praise as the client crafts their schedule. Furthermore, staff members can interject preferred activities between non-preferred activities to ensure that the people they serve are getting reinforcement throughout the day. All of this falls back on the planning of instances of positive reinforcement around aversive stimuli, or positive

interactions versus demands. Therefore, structure and transition are rooted in the same principles as positive interactions and demands, but relate to their scheduling.

Punishment & Contingencies

In a Culture of Gentleness, punishment and contingencies are avoided as much as possible, and advocated against (The Center for Positive Living Supports, 2011). The rationale is that the historical means of utilizing force, aversion, and contingent reward do not allow for healthy relationships to occur between caregivers and the people they serve. Instead, it fosters a power discrepancy between both parties, as one holds the power to give and take away, which deviates from the Central Purpose (The Center for Positive Living Supports, 2011). A Culture of Gentleness advocates that people are deserving of affection and support without regard to their behavior, which will allow relationships to build and trust to flourish (The Center for Positive Living Supports, 2011). Challenging behavior, which is traditionally punished or subject to an array of contingencies, in a Culture of Gentleness, is viewed strictly as communication, and caregivers are taught to remove judgement and emotions from a challenging situation to delve deeper into what a challenging behavior may be communicating to them, as well as how to help the person meet their unmet need to remove the necessity of behaving in that way (The Center for Positive Living Supports, 2011). This is viewed as a stepping stone to healing for people who may have experienced a significant history of punishment or contingent affection.

Behavior-analytic views of Punishment and Reinforcement

The word punishment often evokes thoughts of abuse or torture for people who have a limited understanding of the science behind its use, but most frequently it is associated with the use of aversive stimuli, events or stimuli that an organism escapes or avoids (Pierce & Cheney,

2013). “The fact that aversiveness is a matter of function, not structure of often overlooked (Perone, 2003).” Punishment is defined as following an operant with a punisher, resulting in a decrease of the frequency of that operant. It can be positive or negative, in that positive punishment refers to the presentation of an aversive stimulus, and negative punishment is the removal of a reinforcer, and is often an effective means of reducing problem behavior. The truth is, that contingencies are unavoidable in everyday life and punishment is defined not by the means used, but by the effect it has on behavior; a reduction of frequency (Pierce & Cheney, 2013). This definition broadens the scope of what punishment is in a way that is largely unavoidable in treatment facilities, and in the larger society. Through each person’s life they obtain a repertoire of skills, abilities, and rules that are created and sustained by contingencies. This experience creates aversive stimuli that can take the form of a deprivation, removal of access to reinforcement, or leaner schedules of reinforcement. Removing each person’s conditioned aversive stimuli from an environment made up of a diverse population would be impossible, especially considering that aversive stimuli are present in everyday life, no matter the situation. Furthermore, it is impossible to remove aversive stimuli from an organism’s environment entirely, as even positive reinforcement can be interpreted as aversive. Since, “behavior is more susceptible to control by short-term gains than long-term losses,” people can be enjoying a rich schedule of reinforcement, while long-term aversive stimuli generated from their behavior is ignored. An example would be someone consistently playing the lottery. He or she may spend ten dollars to get a lottery ticket, and earn five dollars back. Although the person has lost five dollars, he or she is still reinforced by the “win” and therefore, will play the lottery again. Now, if another 100 tickets are purchased over the next year, at the cost of one-thousand dollars, with no winning tickets obtained, he or she is now at a significant loss and is faced with

the aversive stimuli of being without one-thousand dollars previously earned, for nothing. Also, “whenever a reinforcer is contingent on behavior, it must be denied in the absence of that behavior (Perone, 2003).” This creates a state of deprivation from that reinforcer, and therefore, an aversive condition. The purpose of this analysis is to solidify the point that aversive control cannot be avoided in real life, as every contingency that rewards behavior must also require a person to go without.

The bigger issue would be of behavioral control, meaning, that a Culture of Gentleness in this respect is primarily concerned with the means by which caregivers achieve control over the people they serve. Control is unavoidable in daily life, as all behavior is subject to its effect. A Culture of Gentleness teachings within a two-day working with people training cannot effectively delve into every facet of behavioral control using contrived contingencies, and therefore, is justified in expressing that punishment and contingencies should not be utilized within its realm. That way, caregivers without an expertise in Applied Behavior Analysis won’t attempt to utilize contrived contingencies for the people they serve. Contingencies should be designed and facilitated by trained professionals who not only follow ethical and legal standards, but review the results of interventions to adapt treatment plans to suit the needs of the client (Johnston, Foxx, Jacobson, Green, & Mulick, 2006). It would be difficult for an organization that serves people in a residential setting to create a sustainable model in which all employees providing direct support to people with behavioral difficulties are certified to do just that. Obtaining control over another person’s behavior through punishment has effects on the controller, and can lead to abuses of power. Skinner, in *Beyond Freedom and Dignity* explains that controllers receive negative reinforcement when issuing successful punishment to the controllee. A good example of this is described in the case of a slave and slave master in which

the slave will work to avoid the lashings of a whip, while the slave master, after administering a lashing will be negatively reinforced as work continued. It is also important to analyze the contingencies used by a controller to achieve control, and question whom the contingencies benefit, as easily, with vulnerable populations, control can be exerted over clients for the benefit of the caregiver. Therefore, it is feasible for a Culture of Gentleness to advise staff to continue to follow treatment plans, but seek to establish relationships with the people they serve instead of imposing restrictions, withholding favored items, and using restraints of every form to avoid the dangers that come with unrestricted power.

The issue of countercontrol becomes relevant, and is defined as “behavioral episodes comprised of socially mediated aversive controlling conditions and escape or avoidance responses and do not reinforce and perhaps even punish controllers’ responses (Delprato, 2002).” People receiving care in residential settings typically fall under the five categories specified by Skinner that cannot offset control with countercontrol, the very young, aged, prisoners, people with mental illness, as those with cognitive or developmental disability (Skinner B. , 1974). For example, a patient who is confined to a unit in a psychiatric hospital would not be able to escape the range of the controllers due to his inability to move freely. Therefore, “little or nothing is done about mistreatment unless countercontrol, usually negative, is introduced from outside. (Skinner B. , 1974).” It is not ethical to exert control over the behavior of another without the client’s ability to exert countercontrol and without the ability to act against the ways in which control is dictated over their lives, whether to escape or rebel against it. It would be reasonable for an organization to adopt a training such as Working with People, to evoke emotional responses toward the people they serve to lessen the extent that control is sought.

One of the most profound examples advocating against the use of punishment within a Culture of Gentleness comes in the form of a story about a woman named Sarah. Despite a healthy childhood, Sarah had significantly delayed development, and failed to reach milestones as she grew (The Center for Positive Living Supports, 2011). Otherwise pleasant and “happy,” at eighteen Sarah began acting out aggressively with her family by biting, pulling hair, scratching, and hitting. She was admitted to Mt. Pleasant Center in 2002, and there she stayed for seven years until the time came to close Michigan’s last public institution for those with intellectual disabilities. During the last six months of her stay, staff used a progression of least restrictive measures to try to control Sarah’s aggressive behavior, beginning with verbal de-escalation, then redirection, with the last resort being physical, chemical and/or mechanical restraints, which were used to control Sarah 52 times during the six-month period (The Center for Positive Living Supports, 2011). At this point, Sarah was transitioned into a home in the community which provided staffing support around the clock, but sought to integrate her into the community. In the year following her discharge, Sarah continued to struggle at times and display challenging behavior, but not once were physical, chemical, or mechanical restraints used to control her (The Center for Positive Living Supports, 2011). Staff continued to help her stay safe toward herself and others by only utilizing, “the Culture of Gentleness teachings (The Center for Positive Living Supports, 2011).” This, illuminated by the fact that staff chose not to utilize restraints that are typical in treatment of people with challenging behavior demonstrates that control was sought by other means. By providing staff with the choice, and encouraging them to utilize options that don’t require restraints, Sarah has less contact with aversive stimuli. Therefore, her environment has been altered by the staff, simply by them being encouraged to make different responses to Sarah’s challenging behavior, and utilizing alternatives to punishment.

There are many alternatives to punishment that can help client obtain a repertoire of new skills and limit the frequency of engagement in problematic or disruptive behavior. One possibility would be differential reinforcement of alternative behavior. This schedule consists of placing an undesirable behavior on extinction, while alternative, incompatible behavior is reinforced (Pierce & Cheney, 2013). Often this procedure will result in an increase of alternative appropriate responses and a decrease in inappropriate behavior (Pierce & Cheney, 2013). But, instances arise where the inappropriate behavior cannot ethically be ignored, such as in cases where it can cause harm to self or others. Elizabeth S. Athens and Timothy R. Vollmer proposed a differential reinforcement of alternative behavior procedure without extinction to a group of seven children with developmental disabilities (Athens & Vollmer, 2010). In altering the duration and quality of reinforcement provided to appropriate behavior, Athens and Vollmer defined a way to reduce problematic or harmful behavior such as head-banging or aggression which would be dangerous to place under extinction, by providing a richer schedule of reinforcement to appropriate behavior (Athens & Vollmer, 2010).

Rule governed behavior is another alternative to punishment. It is defined as operant behavior that is regulated by contingency specifying stimuli (Pierce & Cheney, 2013). Rules, instructions, advice, laws, and maxims are all examples of contingency-specifying stimuli. Rule governed behavior is demonstrated when a person follows outlined procedures, directions, or advice. First, discriminative stimuli must be constructed which serve as the contingency-specifying stimuli. This can be created through a visual prompt, such as a sign stating, “No Littering - \$50 Fine,” which indicates that by throwing trash away in the designated receptacle, a person escapes the punishment of losing \$50. Furthermore, the behavior of following the rule may also be reinforced by praise from a peer standing nearby, as “rule following behavior is

maintained by social and collateral contingencies (Pierce & Cheney, 2013).” By giving advice and setting rules, “we make the world less punishing or teach people how to avoid natural punishments... we are simply making the world safer (Skinner, 1971).”

Conclusion

A Culture of Gentleness, although rooted in Positive Behavior Support, can be justified through applied behavior analysis once rhetoric is removed. The two-day Working with People training is allowing caregivers the opportunity to think about the care they provide to the people they serve, and commit to serving them with kindness, patience, understanding, and dignity, even if the behavioral principles backing the material are not presented to a lay audience. Behavior analysis and a Culture of Gentleness share a common philosophy in the desire to alter the way people behave to achieve more appropriate repertoires and engage with their environment more successfully. The purpose being, to create a common language to facilitate discourse about issues that have impact over the lives of vulnerable people. In understanding the science behind a Culture of Gentleness, my hope is that a behavioral version of the two-day training could be developed for people with a greater interest in understanding how a Culture of Gentleness can change lives.

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