

## **ARTICLE STUDY GUIDE**

**Reference:** Reid, D.H., Rosswurm, M., & Rotholz, D.A. (2017). No less worthy: Recommendations for Behavior Analysts Treating Adults with Intellectual and Developmental Disabilities with Dignity. *Behavior Analysis in Practice*, 35, 118-127.

**Abstract:** In the present article, the authors delineate specific recommendations and guidelines for behavior analysts on how to ethically and appropriately treat individuals with intellectual and developmental disabilities (IDD) with respect and dignity. Dignity is defined in both behavioral and layman terms, with focus specifically on suggestions for how behavior analysts can *spea*k and *beha*ve when interacting with these populations, their families, other indirect consumers, and how this collectively influences the perceptions of our field in general. The authors describe various recommendations from their personal and professional experiences to be used as a tool to guide more dignified and respectful interactions of behavior analysts and the individuals with IDD that they serve.

### **Introduction**

1. Provide the behavioral and Dictionary definition(s) of “dignity” as defined by the authors. What are the limitations of each in defining this complex behavior?
2. What method did the authors use to develop the present recommendations?
3. Who are the present recommendations for? Why did the authors focus on this population?

### **Speaking in Ways to Reflect Dignity**

4. How do political correctness and social acceptability contribute to how we refer to the disabilities of an adult? What are the authors recommendations for behavior analysts?
5. Describe the difference between people-first vs. diagnosis-first language. What are the authors recommendations for behavior analysts? What are your thoughts on this conceptually (i.e., reference to diagnosis as noun/thing) vs. practically (i.e., neurodiversity movement)?

6. What situations may preclude refraining from speaking about the client in front of them?  
How can we temper this for clinical vs. ethical purposes?
7. Provide an example of a real-life scenario where a professional referred to a client based on their behavioral characteristics? How would you approach and attempt to correct this in the moment?
8. The term "*low functioning*" is considered derogatory due to its pejorative nature. What recommendations do the authors make here, and do you have any other thoughts?
9. How does the role of *reciprocity* influence how to speak about people with IDD based on their age?

### **Behaving in Ways to Reflect Dignity**

10. Do the authors' recommendations on escorting individuals with IDD contraindicate best practice in managing severe problem behavior? If so, how can we strike a balance between these accordingly?
11. How can therapeutic systems for the clients and/or the therapists/staff be put in place to prevent some of the issues the authors presented re: being with a group of adults with IDD in public?
12. Provide one positive and negative example of professionals or other indirect consumers supporting the dignified appearance of an adult with IDD.
13. What recommendations do the authors make in how to obtain and maintain awareness of how to speak and behave to promote our client's dignity?
14. Discuss the implications of the "Golden Rule" as a guideline for upholding the recommendations provided by the authors.

15. Reflect on your own practices as a behavior analyst. Provide an example of how you have potentially treated your clients without dignity given these recommendations, and how you can rectify this in the future.