

# THE BADDOUR CENTER

EDUCATION & RESEARCH NEWSLETTER

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## *The Quarterly Update*

Greetings from The Baddour Center!

Can you believe 2011 is coming to a close? Our Winter Board Meeting and Family Day Celebration were held December 10, and we had a marvelous time reviewing the year's accomplishments. For example, we've had ten interns campus-wide this year; we've provided 251 hours of staff training; and seven DSPs completed the College of Direct Support. In Education and Research, we've provided 246 hours of individual therapy, led 43 group therapy sessions, held 84 social skills classes, and hosted 42 parties to celebrate positive behaviors. With regard to research, we collected data on two projects and presented programs at national conferences on two others. So, 2011 was an eventful year. We are looking forward to whatever 2012 brings our way.

On a final note, I'd like to remind you that we are shifting to electronic publication of this newsletter and it will be published twice per year (June and December). This is the last print version you will receive unless you specifically request it, or unless we do not have an email address for you. If you prefer a print format, please don't hesitate to notify us. If you do not receive an electronic version, please take a moment to update us on your email address. And, as always, archived copies of the newsletters are available on our website at [www.baddour.org/educational-newsletters](http://www.baddour.org/educational-newsletters).



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## *Contact Us*

Questions or Comments? Here's how to reach us:

Shannon Hill, Ph.D.

Director of Education and Research

The Baddour Center

P.O. Box 97

Senatobia, MS 38668

Phone: 662-562-0100, ext. 1-295

Fax: 662-562-0638

Email: [shill@baddour.org](mailto:shill@baddour.org)

# Tourette Syndrome

Jay Perkins, Intern  
Education & Research Division

Gilles de la Tourette syndrome, named after Georges Gilles de la Tourette, is an inherited neurological disorder that causes an individual to develop involuntary motor and vocal tics. This is a chronic disorder, but can get progressively worse in severe cases. According to the *Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition, Text Revised)*, simple motor tics, such as rapid eye blinking or other facial movements, are usually the first to develop and generally do so around age seven.

More complex motor tics involving the rest of a person's body and vocal tics usually develop later, but can occur at any time. Vocal tics are the most intrusive and generally cause the person the most grief. These include a wide range of barks, clicks, coughs, grunts, and understandable words. Motor tics and vocal tics must be present for at least one year for someone to be diagnosed with TS, however these tics do not have to be present at the same time. Males and females from all ethnic groups can be affected by TS, but rates are two to three times higher for males.

## Developmental Course of Tourette Syndrome

Symptoms of Tourette syndrome differ from person to person and can range from mild to severe, with the majority of cases falling in the mild range. Individuals affected by TS generally show signs by age seven, but could develop symptoms as late as 18 years of age. These symptoms are usually very mild tics of the face, arms, limbs, or trunk and gradually become more pronounced as a person ages.

Associated conditions can also develop in individuals with TS. This means they can develop other problematic disorders such as attentional problems, obsessive-compulsive behavior, and learning disabilities as a result of having TS. Stress, fatigue, emotional trauma, and anxiety can cause symptoms to increase significantly.

## Medical and Behavioral Treatments

There is no cure for Tourette syndrome, but symptoms that develop at a young age may improve as a person ages. As a result, some may eventually show no symptoms at all or no longer need medication to suppress tics. Treatment is intended to help control tics that could cause problems in a person's everyday life or functioning. Treatment may not even be needed for individuals with less severe tics.

In many cases, TS can be managed by therapy and/or medication. Many different types of therapy and medication have been used in treating TS. Assertiveness training, self monitoring, and cognitive therapy are a few psychological techniques that have proven effective. Antidepressants, ADHD medications, and dopamine antagonists (decrease the amount of dopamine in the brain) are commonly prescribed medications for TS. Many medications, however, have side effects that may outweigh any benefits they provide. Treatments usually do not eliminate symptoms completely.

## Tourette Syndrome with Intellectual Disability

Current research shows that the prevalence of Tourette syndrome in people with intellectual disabilities is comparable to the general population, although it is less likely to be recognized by practitioners. According to the *Diagnostic Manual - Intellectual Disability*, the symptom pattern is the same, regardless of intellectual ability.

## How to Respond to a Person Who is Having Disruptive Tics

Most people with Tourette syndrome will lead productive lives and achieve a diverse array of personal and professional goals. It is important to remember that symptoms of this disorder are involuntary and are likely to increase when the person is under stress. Calling attention to tics, therefore, often stresses the person. Some people can suppress their tics for a period of time, but doing so often leads to more tics later.


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# Tourette Syndrome

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The best approach is to ignore the tics and teach other people in the environment to do so, as well. During a large burst of tic activity, giving the person a change is a good idea ~ but it is still important that you not comment on the tics. At worst, it makes the person feel like they're being punished. At best, it embarrasses them. So, asking him or her to run an errand, inviting them to dance, or to go out for a walk with you, etc., are the best ways to handle the situation. In more structured situations where informal environmental changes are not possible, it is a good idea to have a pre-identified "safe place" where the person can go during large bursts of tics without feeling embarrassed or punished.


Living with the symptoms of Tourette Syndrome poses challenges for people who have it, as well as for those who care about them. However, having a mindset that the person is valuable and the tics are unimportant will help us all go far in alleviating that stress. 

## Conference Notes

### Shannon Hill, Director Education & Research Division

In June, Research Assistant Brooke Walters and I attended the annual convention of the American Association on Intellectual and Developmental Disabilities (AAIDD) in St. Paul, Minnesota, where we presented data from our study of family service needs. While there, we took advantage of the opportunity to attend sessions lead by a number of high-profile professionals in the field of intelletual disabilities.

One session that I particularly enjoyed was led by a group from the University of Minnesota's Research and Training Center on Community Living. The session focused on a program they've developed known as *Active Support*. *Active Support* is an approach to helping direct support staff members incorporate choice and utilize positive approaches to teaching and behavior management. Staff members are provided classroom training in the concepts being taught and then coaches provide on-the-job training and immediate feedback. Their data shows that staff members become more proficient in providing choices and more active and purposeful in their teaching. Residents show improvement in behavior and affect as well as skills. Anecdotally, the research team indicated that the staff members also appear to be happier in their jobs.

At TBC, we invited Susan O'Neil, one of the leaders of the Active Support project, to speak to our staff as part of the Phil George Workshop Series, held in July. She provided an overview of the philosophy of Active Support, as well as ways to teach new skills that rely less on verbal instruction. Her emphasis was on matching skills the resident wants to learn with creative teaching techniques that fit the learner, delivered at times when the learner is most likely to attend to the instruction. Overall, it was a great session with many interesting ideas we can use. 

# GoodWorks Complex I

**Kristi Webb, Director**  
**Vocational Division**

Editor's Note: *I have had the pleasure of touring many people through The Baddour Center over the years, and they are usually impressed by many different aspects. However, one place seems to truly surprise people: GoodWorks Complex I. The complexity of that operation, as well as its high-tech nature, are unexpected. I long ago stopped trying to narrate that part of the tour; I always ask Kristi Webb to do it. So, now I have invited her to share a bit of her spiel in writing.*


At The Baddour Center, GoodWorks Complex I is the hub of all FedEx fulfillment operations. Specifically, both New Customer Welcome Kit and pre-printed airbill contracts are completed in this area. Welcome Kits provide new FedEx customers with customized information about their accounts. Airbills provide customers with ready-to-use packaging labels, addressed to anyone, anywhere, in any language. These are time and quality sensitive processes, especially since FedEx has built their reputation on timeliness.

FedEx provides the hardware, software, and the maintenance for both contracts. The Baddour Center brings facility, logistics, training, and labor to the table. Below is a very brief and simplified description of the process.

The process begins when a customer places an order with FedEx Customer Service. Once an order moves through the FedEx customer service process, it is placed into an electronic file. Files are delivered to GoodWorks Complex I, via a T1 communication line, each hour until 6:16pm, Monday through Friday. Each hourly file contains a multitude of product codes. A product code represents the type of kit or airbill the customer has requested. Each order is printed and then processed according to its product code. Typically each product code in a file will have multiple orders attached to it. On an average day, 2,530 kits and 90,000 airbills will be printed, processed, and shipped—in another word, fulfilled, by the employees of GoodWorks Complex I.

Fulfillment includes the following processes:

- Selecting and loading the correct airbills into the printing equipment
- Printing the orders by product code
- Separating orders
- Collating customized information by order
- Scanning data
- Packaging and labeling orders

The resident workforce is trained in all of these processes. Operational performance, from both quality and efficiency perspectives, is evaluated by FedEx on a regular basis. It is a testament to the level of training and dedication of the workforce that ten consecutive platinum scorecards have been awarded to the fulfillment areas by FedEx. However, the greatest endorsement of the GoodWorks Complex I team is that FedEx entrusts their company's first impression to them every day—and has for more than twenty years. 

## *REMINDER*

### *WE'RE GOING GREEN!*

*If you would like to continue to receive print copies of this newsletter in the coming year, please notify Shannon Hill at [shill@baddour.org](mailto:shill@baddour.org) or 662-366-6902.*

*If you prefer electronic newsletters but haven't received one, please send your email address to the address above.*

*Archived copies are always available on our website at [www.baddour.org/educational-newsletters](http://www.baddour.org/educational-newsletters)*

*Thank you!*

# Research Corner: Social Behavior

Shannon Hill, Director  
Education & Research Division

In the E&R Division, we love it when our interns decide to focus their graduate research on people with intellectual disabilities. We do all we can to nurture this, and many times that means allowing them to conduct their research on our campus. Last year, former intern Carly Gardner did just that. Her project allowed her to complete her requirements for a Ph.D. in Clinical Psychology. She visited TBC this summer to share her findings with the residents who participated in her project, *Contextual Influences on Peer Acceptance and the Social Behavior of People with Intellectual Disabilities*.

Carly's project builds upon previous research, which indicated that people with ID may process social information differently. To investigate this and related variables, she compared the social responses of residents and staff members, and she made observations of how residents interacted in different areas of life. She also conducted multiple assessments to identify the social hierarchy of TBC. Comparing all of this information enabled her to answer questions about how staff and residents are alike and different in our social perceptions, and what variables lead to popularity and social rejection.

## Social Preferences at Home and Work

Residents identified the following traits as preferred, across settings. That is, they indicated that they liked or admired people who had these traits: other people see them as popular, leadership, cooperative, nice, attractive, helpful, well-dressed, independent, well-behaved, happy, smart, helpful, athletic, and hard-working.

Things that residents identified as not preferred included: unpopular with others, having few friends, fighting, disruptive, trouble-making, mean, unattractive, not hard-working, snobby, and angry.

Some traits that did not seem to make a difference in forming a social hierarchy included shyness, being teased, sadness, messiness, or quiet.

Some things were important at work, but not so at home. This included losing, having bad hygiene, and


keeping secrets. Likewise, at home certain variables seemed to matter that did not matter at work. Examples included self-isolating, needing help, and teasing.

## Staff/Resident Agreement

Staff and residents agreed on these factors about 70% of the time. Interestingly, though, when staff and residents were asked to rank various groups in importance to resident's lives, their responses were very different. Both agreed that family comes first. However, staff tended to underestimate the importance of friends and overestimate the importance of.....staff.

## Behavioral Observations

Interestingly, although residents and staff generally agreed on characteristics that attract and repel, behavioral observations did not reveal any real behavioral differences in the social interaction of people considered "popular" and those who are "unpopular" among their peers. How do we interpret that? Since the behavioral observations were being made by people without intellectual disabilities, is it possible that we are missing something? Do we define some of these variables differently? Or, could it be that people get labelled with a certain trait based on past behavior and that label never goes away, even when the behavior goes away? It is also possible that we just didn't observe people at the right times to see the behaviors occur.

In sum, this was a very interesting study that can be useful for the future development of social skills programs. At TBC, one of the self advocacy groups is currently working on a program to reach out to residents who struggle socially. It will certainly be helpful in advising them to keep in mind that there are likely differences in at least some ways that staff and residents perceive and interpret social information. 

# Research Corner: Vocational Soft Skills

Shannon Hill, Director  
Education & Research Division


Several months ago, Vocational Director Kristi Webb and Alternative Vocational Services (AVS) Manager Beth Crowell began searching for a curriculum to teach “soft skills” in the work place. This search began because several residents expressed in their person-centered planning (PCP) meetings a desire for growth in the vocational realm. For some, this growth was stymied not because of a lack of technical skills, but because they were lacking some social or behavioral skills that are particular to the workplace.

Unfortunately, the search for such a curriculum was not as simple as it may seem. Many are available, but they tend to be published for a much younger crowd, and they presume a classroom environment. The examples used and the situations role-played did not usually fit our group. Packages that do target an adult population tend to be too complex, presuming a high-school reading level and targeting skills that are not as much an issue for our workforce (e.g., substance use, misuse of office property, etc.).

Eventually, however, they stumbled upon a curriculum that appeared to be closer to “just right.” *Smart Work Ethics* was developed in Fairhope, Alabama, by The Smart Solutions Group. This curriculum was written for disadvantaged workers of all types, including people with disabilities. The seven-week course covers such things as work values, attitude, responsibility, teamwork, appearance and hygiene, phone etiquette, reasoning, time management, and many more.

Excited, Beth contacted the Smart Solutions Group and arranged for one of the developers of the curriculum, Joanie Stephen, to visit The Baddour Center and talk about our needs. Joanie came and spent the better part of a day with us and shared some of her training materials. After looking them over, we felt that the content was exactly what we hoped it would be, but the teaching materials would need to be adapted. Also, although the curriculum looks good on the surface, the Smart Solutions Group has not conducted any

outcome studies to document that participants develop skills and maintain successful employment over time.

With this in mind, we approached Joanie about a joint venture in which we would test her curriculum’s usefulness with our population, provide feedback on any necessary modification, and then test it again following the modifications. Joanie eagerly agreed to such a joint venture. We are currently laying out the plans and hope to be presenting this new opportunity to our residents early next year. We’ll keep you posted. 

## *CATCH THE MIRACLES IN ACTION!*

### Upcoming Choir Schedule:

01.23.2012 6:30 PM 662-842-1892 Regional Rehab Center at Bancorp South Arena Tupelo MS

01.29.2012 10:15 AM 901-465-8043 FBC Hickory Withe TN Eads TN

02.05.2012 11:00 AM 601-267-8838 Carthage United Methodist Church Carthage MS

02.12.2012 11:00 AM 662-526-0122 Harmontown Baptist Como MS

02.15.2012 11:00 AM 662-627-3375 PEP Group FUMC Clarksdale Clarksdale MS

02.19.2012 10:30 AM 601-859-4621 First United Methodist Church Canton Canton MS

02.29.2012 7:00 PM 601-477-8776 Ellisville First United Methodist Church Ellisville MS

03.01.2012 7:00 PM 301-318-6175 William Carey University Hattiesburg MS

03.04.2012 6:00 PM 205-822-0910 Bluff Park United Methodist Church Hoover AL

03.18.2012 7:00 PM 731-689-5358 Pickwick United Methodist Church Counce TN

# Self-Determination

Lindsay Magee, Intern

Education & Research Division

*Editors' Note: The Journal Scan column is designed to summarize articles published in professional journals that we think may be of interest to our readers. The citation for the current article is:* Nonnemacher, S. L., & Bambara, L. M. (2011). "I'm Supposed to Be In Charge": Self-Advocates' Perspectives on Their Self-Determination Support Needs. *Intellectual and Developmental Disabilities*, 49(5), 327-340.

What is self-determination? Simply put, it's about people self-directing their lives in positive ways. Research shows that self-determination is essential for achieving a quality life. It has also shown that a person's environment, not his personal intelligence, has the most significant impact on self-determination. Some studies have found that adults with intellectual disabilities living in group settings have lower levels of self-determination than those living in independent environments. However, other studies have shown that it's the conditions within the setting that create self-determination, not just the setting itself. Many individuals with intellectual disabilities rely on others for assistance with their daily decision-making, so the quality and type of the interpersonal supports they receive are quite important.

In this study, ten adults were interviewed, all of whom had an intellectual disability and were also members of a self-advocacy group. The interviews were conducted to discover how the self-advocates defined self-determination, and what staff actions they perceive as supporting or inhibiting their self-determination.

Participants described self-determination as speaking out for themselves, being in charge, making decisions, and having control over the things that they want. However, "they seemed keenly aware of their personal limitations and restrictions imposed on them by their living and work situations, and, as such, turned to support staff or others for assistance" (pg 336). The participants identified the quality of their relationships with support staff as having the most influence on their self-determination. Participants liked and trusted staff who consistently acted on their behalf and interests.

With these staff, they were willing to initiate requests for assistance, share sensitive information, and were open to guidance and help.

The second most influential factor was the support strategies that the staff implemented to encourage their self-determination. These supportive staff actions came in several forms, "such as encouraging them to try new things or to pursue their goals and interests, listening to their wants and ideas without imposing judgment, providing support for decision-making by sharing information and problem solving with them, and providing whatever assistance was needed in order for the self-advocates to carry out their intentions and engage in activities that were important to them" (pg 337).

The third most influential factor related to how staff used their power. Staff can either use their power to support self-determination, by doing things such as sharing information or helping participants gain access to people in positions of authority, or they can abuse their power by coercing the participants to do what they want them to do. The study said that "in order for staff to fully adopt a noncontrolling posture of support, they may need to become aware of their own motivations for their actions" (pg 337-338).

Finally, the fourth most influential factor was the setting in which they lived and worked. The participants expressed the strongest concern about staff control in congregate living and work settings. This might be due to the fact that staff in these settings have to follow policies that balance individual support needs with group care. It should be noted that participants also provided examples of positive staff support in these settings. In addition, unsupportive staff actions occurred in settings other than congregate living. Participants provided examples of staff, family members, and employers engaging in unsupportive actions such as not allowing them to make decisions, failing to follow **through, and**

## Journal Scan

# Fragile X in Adulthood

Rachel Davis, Intern

Education & Research Division

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*Editors' Note: The Journal Scan column is designed to summarize articles published in professional journals that we think may be of interest to our readers. The citation for the current article is: Hartley, Seltzer, Raspa, Olmstead, Bishop, and Bailey (2011). Exploring the Adult Life of Men and Women With Fragile X Syndrome: Results from a National Survey. American Journal on Intellectual and Developmental Disorders, 116 (1), 16-35.*


### *What is Fragile X Syndrome?*

Fragile X syndrome is a neurodevelopmental disorder caused by a genetic mutation on the X chromosome. This mutation is the leading inherited cause of intellectual disability. Individuals with Fragile X syndrome commonly have cognitive and communication impairments, as well as attention problems, hyperactivity, anxiety, and autistic symptoms. The impairment is often more severe for men than women due to the fact that women have two X chromosomes.

### *Studying Its Impact*

Researchers at the University of Wisconsin studied the effects Fragile X syndrome has on the daily lives of adult men and women. Using surveys, they gathered information about residency, employment, level of assistance needed with everyday life, friendships, and leisure activities on 328 adults with Fragile X syndrome. Researchers then looked at the mental health conditions, functional skills, interpersonal skills, and education level to see how these four variables were related to the information gathered in the survey. They found that the level of functional skills had the biggest influence on independence for men. For women, they found that the level of interpersonal skills had the biggest influence on independence.


### *Applying the Findings*

Using the results from this study, we can see that helping individuals with Fragile X syndrome learn functional and interpersonal skills can help them become more independent. For men it may be more important to focus on functional skills, whereas for women it may be more important to focus on interpersonal skills, but it is essential to remember that each individual is different and may require skills tailored to their specific needs. Many of the residents at The Baddour Center have PCP goals of becoming more independent. This research can help point us in the right direction for how to help the residents best achieve these goals. 

## Self-Determination

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pressuring them to change their minds. tion cannot be boiled down to a single influence, such as the setting in which participants live.

This study helped to illuminate the fact that self-determination cannot be separated from the context of social support that individuals with intellectual disabilities receive. Regardless of the setting in which they live, the quality of their social supports greatly influences their ability to direct their own lives in positive ways. In summary, “speaking out or making choices is not enough. For individuals with intellectual disabilities who need assistance, self-determination cannot be fully realized without the on-going support of others” (pg 337). 

# Training Report

## New Hire Orientation

### Camilla Blanks, Direct Support Professional Residential Services Division

*Editor's Note: Camilla Blanks was hired as a DSP for the Greenwood Home in July. We asked her to write about her impressions of the training she received upon beginning her job, and what parts of it were most helpful in settling in to her work. She most appreciated the "orientation rotations" in which new staff members are placed in different areas to learn about various aspects of TBC. She writes about it below.*

The Baddour Center made me feel welcome the moment that I drove onto campus. Everyone waved excitedly to meet the new person in town. When Ashley Price, Manager of Residential Services, said that I would be going to work with Food Distribution and staying for an Activity Night in Community Life, I thought it was a great idea. I am a hands-on person, so anytime I can physically experience how one does their job, or participate in activities with the residents, "I'm ready."

It was most important for me to know what it was like for Food Distribution Ladies Cindy, Venois, and Michele, as they get all the food ready to send to us in the homes. They are the ones behind the scenes fulfilling menus and making sure residents and DSPs have what we need in the house. While I was there, those ladies confirmed that I had made the right choice with choosing Baddour. They welcomed me with open arms and put me to work like I had always been here.

The first night I stayed at the Activity Night the power was out at the Tobie movie theater, so all the residents were at the rec center on campus. I would have to say God really worked it out, because that night I got to meet, play and just hang out with all the residents at one time; something that just doesn't happen very often. It was really perfect. I couldn't have planned a better meet and greet. Over all I feel that I am blessed to be here at The Baddour Center, and I hope the feeling is the same. ♡



Camilla receives a flower during TBC's celebration of National DSP Appreciation Week at the September Award's Day program.

### 2011 Training Needs Survey Results:

Each October, Baddour Center Staff members are surveyed on desired training topics for the coming year. This year's preferred topics are:

Responding to Anger (61%)  
Quality of Life (39%)  
Interaction Skills (33%)  
Psychiatric Disorders (33%)

Love and Relationships (45%)  
Medical Issues (36%)  
Positive Behavior Support (33%)

# 3G Network Activities

Syletricka (Le Le) Martin, Behavior Technician  
Education & Research Division

*Editors' Note: The 3G Network (Good People, Doing Good Things, for Good Causes) is a program designed to encourage staff to acknowledge positive behaviors among the residents, while encouraging residents to reach out to help others in the community. Baddour staffers write "ABRs" (appropriate behavior reports) when they see someone doing something nice or helpful. Each Saturday, the Education and Research Division hosts an ABR party to celebrate that week's achievements with games, dances, prizes, and other random fun. One ABR is drawn from the lot, and the winning person is invited to go on the monthly community volunteer trip.*




On Saturday, May 14th, April ABR Winners Anne, Jane, Keith (pictured, left), and Lynn helped make one of the local parks a little more beautiful by picking up trash and debris from the park. It wasn't too hard to spot discarded trash in some areas as the four combed their way over the entire park. This energetic group wasted little time to make Senatobia beautiful once again. The message this group wants others to know is simply: don't be a litterbug, put your trash in the can.

As seen below, April and May ABR winners, Brian, Charlotte, and Nicole, along with Lecy, had fun petting animals and walking dogs at the Oxford-Lafayette Humane Society in Oxford on August 6, 2011. They walked some of the dogs and relaxed in the shade at other times as it was a very hot day. Though the temperatures were in the high '90s, this didn't prevent this excited group from enjoying spending time with man's best friend. Special thanks to the staff of the OLHS for welcoming us and showing such appreciation for our contribution.



This year's June ABR winners volunteered at The Tate County Fair at the Northwest Arena on Thursday, August 11th. This group's designated assignment was to greet visitors to the fair and also help staff organizers set up tables and signs

for opening night. As the crowds came in, the busier we became, greeting many people throughout the fairgrounds. After greeting and setting up, we were invited to stay for a pep rally given by local area high schools cheerleaders and football teams. Much appreciation goes to Lori, Jamie, Viola, and Rachel (seen at right) for their hard work, welcoming greetings, and energy during a fun time event. 



# Meet and Greet: Jeannette Austin

Corinn Johnson, Research Assistant  
Education and Research Division

For this edition of the newsletter, we are pleased to introduce you to Jeannette Austin, of the Residential Services Division. Jeannette's position is DSP Floater. This means she is not assigned to a specific house; instead she works at houses in which there is no DSP available due to illness, emergencies, or vacancies. In addition to providing a helpful hand, working in different houses enables a DSP to form relationships with residents they otherwise wouldn't really get a chance to know. Jeannette stated that spending time with all of the residents and having a chance to work with most, if not all, of the DSPs were bonuses regarding the uniqueness of her job.

Jeannette was born in Memphis but resided in Como, Mississippi until she was about 13 years old. Around that time her family moved to Fort Wayne, Indiana where she lived for many years. She got married, became a Certified Nursing Assistant (CNA), and had three children. Though Indiana was great, Jeannette missed Mississippi and decided to move back. While searching for jobs as a CNA, a neighbor suggested that, though not quite in her field, she look into positions at The Baddour Center. At first, Jeannette applied to travel with the Miracles. However, after being told about the DSP position and finding it to have overlap with some of her roles as a CNA, she decided to pursue that position instead.

In October 2009, Jeannette began working as a DSP for the Burt house. She remembers that first drive onto campus, thinking how beautiful it was. Although she loved her job, after a year Jeannette decided to move back to Fort Wayne. Regretfully, she submitted her resignation. After her position at the Burt house was filled and Jeannette should have been long on her way to Indiana, she decided to stay in Mississippi after all. She wanted to return to The Baddour Center, of course, and the position open at that time was DSP Floater.

Jeannette has now been DSP Floater for over a year and she LOVES it! She has now worked at every house, with all four case managers, alongside a majority of the DSPs, and with all of the residents. She says, "What can be better than that?" Overall, she lists her favorite things about The Baddour Center as building relationships with the residents; really getting to know their likes and dislikes, how to make them happy, and how to help them reach their goals in a dignified way. That, of course, exemplifies The Baddour Center spirit, and we are certainly glad to have Jeannette on board! ♡



Jeannette at DSP Recognition Day

Merry Christmas  
and  
Happy New Year!

# Meet and Greet: Sharon Borden

Josh Fulwiler, Intern  
Education and Research Division



Sharon with Michele

Q: How long have you worked at The Baddour Center?

A: This is my second stint at Baddour Center. I worked here from December of 1985 until March of 1991, as the Personnel Coordinator. I went to work for Methodist Healthcare and in 2001 I received a Bachelor's Degree in Business Administration from the University of Memphis. I rejoined Baddour Center in July of 2002 as the Director of Human Resources.

Q: What can you tell me about your position at The Baddour Center?

A: My responsibilities mostly center on compensation, benefits, employee relations, and compliance. Probably the most intense portion of my job is the compliance piece. As an employer, our organization must comply with any and all laws, rules and regulations that deal with pay, healthcare, benefits, retirement, and employment law. Compliance also deals with ensuring that the organization as a whole is consistently following the Human Resources policy and procedures. These policies and procedures are in place to assist in keeping the organization viable and gives us a certain amount of protection when they are followed.

Q: What is your favorite part of your job?

A: The best part of my job is working with Supervisors and Managers. I find it rewarding to coach them through issues and concerns or through supervisory training. It's always nice to see an issue or problem resolved to the benefit of the persons involved as well as the organization. I also enjoy some of the projects that Human Resources deals with, as there is a feeling of satisfaction when completed, things like the Employee Survey, annual salary budgets, and redesigning/revising job descriptions.

Q: What's a typical day at work like for you?

A: A typical day in Human Resources could involve pay issues, possibly the revision of a job description, an employee problem with performance or attendance, researching benefits, calculating the average increases given to employees for the fiscal year, or reviewing the pay of like positions in an area. It may also be spent on seeing what is available for supervisory training, or, it could be spent in investigating a complaint. We also get to decide what type of program and/ or tone we want to set when we have Employee Recognition, like what we want the awards to be. It really depends on the time of year and what concern is at hand.

Q: How did you find out about The Baddour Center?

A: I knew about Baddour Center from the inception as I attended the Senatobia United Methodist Church during the visualization and planning stages.

Q: Where are you from originally?

A: We have lived in Senatobia since 1975. However, I was raised as a preacher's kid and did my teenage stomping years in Missouri. My husband and I moved here from Phoenix, Arizona, because of his job transfer. We have two sons and a daughter, three grandchildren and a grand dog. All live within 45 minutes, which makes our home a little crowded at times. Although from Missouri, I have lived in several interesting places - New York - Key West - San Diego - all have enriched my life experience.

Q: What do you like to do in your free time?

A: I love to sail, swim, sing and fly- fish. I have been in a trio, MsSippi, since the 80's. We sing mostly at church these days, although we have been known to sing in other venues. ♡

# Resident Report

## Pat

**Rachel Davis, Intern**  
**Education & Research Division**

Pat is most famously known for being the Crusader mascot at The Baddour Center's homecoming. Pat has been at The Baddour Center for almost 5 years, and has been the mascot ever since he came here. Homecoming is his favorite time of year here, and he is proud to be the mascot of the center. Pat also has opportunities to dress up in fun costumes through his involvement with the Wonder Players. He likes putting on productions and getting to be different characters. He is looking forward to the Christmas pageant.



Pat lives in the Greenwood house and shares a room with Michael. He likes having Michael as a roommate, and used to share a room with Lee, who was also a good roommate. Pat works at Goodworks II Complex, where he currently helps prepare Hamilton Beach coffeepots. When Pat isn't working, he likes going to P.E. and walking on the treadmill. His favorite music to listen to while walking is Michael Jackson. He also likes listening to Michael Jackson in his free time and wishes he could listen to Michael Jackson all of the time.

Pat is originally from Memphis, Tennessee, where his father and sister still reside. Whenever Pat goes home-home, he stays at his sister's house with her family. He goes home-home several times a year, but Thanksgiving and Christmas are his favorite times to go back. He likes to go to the movies with his family and his sister takes him to the movies whenever he visits. Pat also enjoys going to the Tobie movie theater here in Senatobia. His favorite activity nights are the Mondays when they go to the movies and the Fridays when they go to Wendy's. ♡

# Innovative Concepts: College!

**Corinn Johnson, Research Assistant**  
**Education & Research Division**

When you have a disability, is college just a dream? What kind of options are there when the high school years come to an end? Colleges across the country are forming individualized programs for students who need extra assistance. Eligible students include those with Intellectual Disability, Autism, Asperger's Syndrome, and Traumatic Brain Injury. The Next Steps Program at Vanderbilt and ACCESS (Academics, Campus life, Community involvement, Employment opportunities, Socialization, and Self-awareness) at Mississippi State are examples of such programs that are right in our backyard. Programs such as these have components such as peer pairing with other students without disabilities, enrollment in credit-bearing courses, participation in classes for no credit, enrollment in non-credit/non-degree obtaining courses, internships/work training, instruction in social and independent living skills, and parent/family meetings. Some programs such as ACCESS have a residential element where students can live on campus. Others, like Next Steps at Vanderbilt, do not have a residential component and students obtain their own transportation to and from campus. These programs are designed to provide additional training and support so that individuals are better prepared to live on their own, have more preparation and skills to help them find jobs in the community, and/or can have an easier transition to college life. ♡

## Resident Report

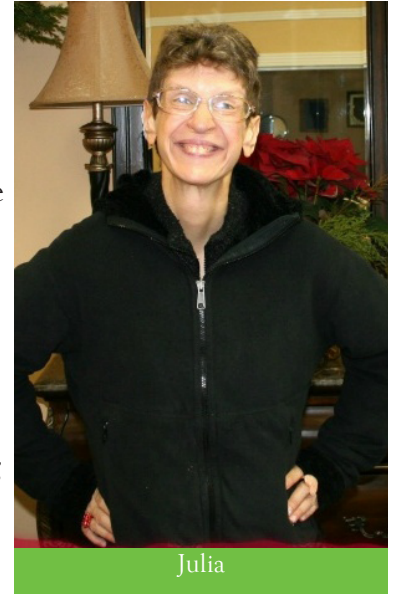
### Julia

Lindsay Magee, Intern  
Education & Research Division

Last month, I had the privilege of sitting down with long time resident, Julia. Julia came into my office sporting a pink cat watch, which is fitting because she loves cats! Her favorite types of cats are black and calico, and she even has three cats of her own back home. At The Baddour Center, Julia loves to pet Bessie, the Enrichment House cat. Bessie purrs a lot and Julia says that “it makes her happy when she listens.”

Julia, who has been at The Baddour Center since 1998, is originally from Barrington, Illinois. She “loves Barrington” and is looking forward to flying there at the end of this month. Recently, her father and sister came all the way from Illinois to see her in the Wonder Players, where Julia got to play her favorite animal in CATS!, a segment of their presentation, A Night on Broadway. Julia enjoyed being in CATS, and she also loved seeing the play Wicked and hearing the song “Be Our Guest” in Beauty and the Beast.

Besides her love for cats, Julia also likes to play the violin. When asked how long she has played, Julia replied, “Since I was eight!” She continues to take regular lessons and recent performances include the Baddour Fashion Show, where she played Ave Maria, and the Christmas Pageant, where she accompanied The Miracles. Performing is a pleasure for Julia, regardless of the size of the crowd. “I’m not nervous,” she stated prior to the fashion show performance. Thank you for sharing your charm and your talents, Julia! ♡



## Innovative Concepts: Hands Off My Plan

Josh Fulwiler, Intern  
Education & Research Division

*Hands Off My Plan* is a London-based organization created by and for individuals with intellectual disabilities. Its purpose is to provide information, resources, and a support system based around Person-Centered Planning with the goal of allowing individuals to take control of their own life plan. The *Hands Off My Plan* website has a collection of materials available for free, such as videos of individuals’ personal stories, as well as tools like checklists and worksheets to help implement personal goals. In addition to being an excellent example of the power of self-advocacy, *Hands Off My Plan* is a valuable resource for those interested in discovering more about Person-Centered Planning and ways it can be put into practice. Furthermore, a helpful series of videos is available to explain the different ways self-advocates can make choices about how to come up with a plan. For access to these materials, please visit [www.handsoffmyplan.co.uk](http://www.handsoffmyplan.co.uk) and check out their website. ♡