

THE BADDOUR CENTER



EDUCATION & RESEARCH NEWSLETTER

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* MERRY CHRISTMAS * HAPPY NEW YEAR * MERRY CHRISTMAS * HAPPY NEW YEAR * MERRY CHRISTMAS * HAPPY NEW YEAR * MERRY CHRISTMAS *

The Quarterly Update

Welcome to the holiday edition of The Education & Research Newsletter! We hope everyone had a safe and merry Christmas, full of the love and the spirit of the season. It is common at this time of year to think forward to what we hope to accomplish in the coming year. Yesterday a friend of mine said, "I am breaking up with you, 2009! You haven't treated me well, and I've spotted your replacement. 2010 will certainly treat me better!" I'm not sure if she stole the line from somewhere, but I laughed, thinking that there are certainly parts of 2009 I could have lived without. But, then again.... I would have missed a lot.

I do hope 2009 was good to you. In this edition, we review some of the better moments, including an outstanding presentation by Baddour Center residents at the Winter Board Meeting; updates from our conference trips and research projects; an unforgettable Resident Report on three new residents; and updates on three beloved figures in The Education and Research Division (and Baddour Center at large): Dr. George, Dr. Ross, and the newest doctor of all ~ Dr. Adams!

Please enjoy this edition, and may the good days outweigh the bad in 2010! 

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Residents Speak at Board Meeting

Shannon Hill, Division Director
Education and Research Division

The Baddour Center's Winter Board Meeting and Family Day Celebration commenced on December 12, 2009, with an opening prayer delivered by the Resident Government Association's elected mayor, Val L., who asked for blessings on the meeting and wisdom in decision-making. After a review of minutes and a few committee reports, the three program areas (Community Life, Programs & Residential Services, and Vocational), represented by P&RS Division Director Tricia Melvin, took the podium to share a Powerpoint presentation of the year in review. Or so we thought.

Instead, Tricia announced that the best people to tell about life at The Baddour Center are the residents, and she stepped aside to give the microphone to 22-year resident, Tom, who announced the purpose of the slide show. As an aside, he noted that speaking on behalf of The Baddour Center was one of his person-centered planning (PCP) goals, and his participation in this program was partially fulfilling one of those dreams.


Tom passed the podium to Marcia, an 11-year resident who took us through some of the fun times this year. She received a laugh from the audience as she showed pictures from the staff talent show and thanked the staff participants for being willing to make fools of themselves for the residents' entertainment. As Marcia took her seat, Mark, who would be celebrating his 20-year anniversary as a Baddour Center resident the next day, approached the podium with his deep, resounding voice and easy manner to take the audience on a tour of special activities such as Star Trips, Awards Days, and Northwest Community College courses.

Following Mark was five-year resident, Julia, who shared the fun and festivities of Homecoming, in which she was a Maid this year. Next came Liz, a 10-year resident who, with her smiling, energetic style, showed us around the goings-on of the Vocational complexes. Liz was followed by one of our newest residents, John, who you can read about in the Resident Report article on page 10. John is particularly articulate, and everyone enjoyed his run-down of the new marketing campaign

and the PCP activities. As he described PCP, he paused momentarily for Tom to endorse a new program he particularly enjoys, Vocare. This is a vocational program designed to help those who want to further enhance their worklives by assessing their career interests and learning such things as interviewing and workplace social skills.

In all, it seemed as if The Baddour Center had another banner year. Moreover, the presentation gave us all a chance to appreciate something we may occasionally take for granted; we are surrounded by remarkable, talented people!

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In other Board Meeting news, Dr. Phillip George was presented with the Triple T Award for outstanding contributions of time, treasure, and talent. Dr. George was instrumental in establishing the Division of Education and Research, and has played a very active role as a volunteer. He has previously served on The Board of Trustees, the Executive Committee, and has chaired the Education and Research (E&R) Committee. He still serves as a member of the E&R Committee, and currently chairs the Institutional Review Board, which oversees human subjects research at The Center. We have been truly blessed to have his service through the years, and we look forward to partering with him for years to come. 



Tom S. was able to enact one of his PCP goals by speaking on behalf of The Baddour Center at the 2009 Winter Board Meeting on Dec. 12.

Research Corner: Parental Advocacy

Shannon Hill, Division Director
Education & Research Division

As you may recall from previous editions of this newsletter, the E&R Division has been collecting data for several years for our study, *Factors Affecting Residential Service Selection*. The purpose of the study is deceptively simple; to understand what families and residents want from service providers. However simple the question may seem, the answer is extremely complex.

Data collection has amassed hours and hours of video interviews that describe many things; interactions with healthcare and service providers across the lifespan, experiences with schools; ideas about the purpose of life; beliefs about best practice; hopes for the future; fears about the future; triumphs and tragedies of other members of the family, etc. When I began this project, I envisioned a resulting journal article. Now I know it could fill a book. So, we are beginning to organize the information into subsets of data. I decided to start with something that would be fun; the making of an advocate.

From my first observations as a new Baddour Center employee five years ago, I have been struck by the degree of legwork our families do to find us. It is one thing to be a high-profile service provider located in a well-traveled section of a metropolitan area; quite another to be a small facility in a small town in a small state (which many townsmen don't even know exists). In the former agency type, much of the clientele comes to them because they are easily accessible and because they have marketed themselves to the clientele long before the clientele ever thought about looking. Many families utilizing local agencies don't even know they have choices. Our families,

though, do know they have choices. So, I set out to find out why they chose this place; and if they were happy with that choice. One of the most basic questions in my mind was, *did they actively choose, or did they acquiesce?*

I cannot say I interviewed anyone who simply acquiesced. Still, about half of the families chose Baddour without exploring other options. Many said things like, "we toured Baddour while my child was in school and I always knew that was where I wanted her to be." "My child's schoolmate moved to Baddour after high school and his family sold us on it." Or, "we weren't really thinking about it yet, but we knew one day we'd need a place. One day we saw the Miracles on the 700 Club and we filed the information away for when we needed it."

The other half of the respondents, though, really had to work to find Baddour. Although many positive stories of support were told, time and again, I heard stories of service providers who were more of an obstacle than a helping hand. Parents of newborns with Down Syndrome were told to institutionalize their infants; schools used annual assessments as a method of denying appropriate education; teenagers with disabilities were left out of all social functions until the parents arranged something meaningful; employers discriminated and fired young adults for flimsy reasons; residential service providers could not provide the needed levels of support. You get the point.

The progress these families made was at times amazing. Some parents spearheaded large-scale changes, such as the ones who organized a group to get legislation passed

Research Corner: Parental Advocacy

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that ensured early intervention services in their area. Others worked private miracles, such as the ones who found just the right tutor to teach their daughter to read in two weeks; a feat the schools couldn't manage after several years of shifting her from class to class. But all of these people had something in common; they wanted what was right for their children, and they were willing to make some noise to get it.

The word "advocate" is often associated with a negative vibe; we think of advocates as pushy, argumentative-type people. But, as our families demonstrate, this is not always so. People have different approaches to going to bat for their kids. Sometimes it was useful to force providers to do the right thing. Other times it meant issuing a resounding "NO!" to what someone else thought would be a good idea. But, the most common form of advocacy I heard about just happens to be one of the least written-about. It can be summed up in one sentence: *"I'll do it myself."* For example, when no one listened to a mother's admonition that her daughter, who battles the weight problems that often accompany Down Syndrome, shouldn't work in fast food, she talked to some contacts of her own about creating a job. When her son became ill from unsafe food preparation skills while living independently, a woman was dismayed to learn his case managers didn't have the time to check on him regularly; so she did it herself. Yet another family faced numerous dismissals from schools and jobs because people didn't want to be responsible for responding appropriately to their daughters' health needs. Rather than making

her sit home all the time, the mother sat on standby outside the door of many activities.

The advocacy presentation we have compiled, and the article that will soon accompany it, have two main purposes. First, we want to encourage service providers to take a cooperative view of strong advocates. As stated earlier, advocates are often seen as irritants and it is easy for agencies and advocating families to become combative rather than cooperative. So, our presentation provides tips to agencies on how to better work together. We feel that we are in good position to do that, since so many super-advocates have chosen us and report high degrees of satisfaction.

The second goal is more academic. Like many other areas of life in the developmental disabilities research world, there is very little published about the advocacy behavior of parents and siblings after the person has completed school. Advocating within the structure of a highly legislated educational process is very different from advocating in the wide world of adulthood, in which very little is guaranteed. It is important to record the thoughts of those who feel as if they have been successful in accomplishing their goals thus far, so that others may learn from them.

Research Assistant Corinn Johnson and I presented the advocacy findings to the Mississippi Joint Conference on Mental Health and Intellectual Disabilities in October, and I will be presenting it again to the YAI International Conference on Intellectual and Developmental Disabilities in New York City in April 2010. We'll keep you posted! 

Discrete Trial Training

Lauren Flegle, Intern
Education & Research Division

Do you remember learning how to look at someone when he or she was talking to you? Or how to wait your turn in a conversation? You probably answered no to both questions because those are skills people usually acquire through observation and/or practical experience. However, learning these kinds of skills can be very different for people with developmental disabilities. Whereas typically developing individuals continuously learn from their environments and the behavior of the people around them, individuals with developmental disabilities often do not have the necessary skills or desire to learn this way (Smith, 2001).

The way in which people with developmental disabilities learn has been the subject of a lot of research over the last few decades. Discrete trial training (DTT), a form of applied behavior analysis (ABA), is one of the most examined methods to date, especially relating to its use for children with autism spectrum disorders (Smith, 2001).

A discrete trial is a small unit of instruction given by a teacher to a student in a one-on-one setting. The name discrete trial stems from the fact that the entire interaction has definite beginning and end points, which surround a specific response that the student must give. For example: the teacher asks a question, the student answers, the teacher acknowledges answer, trial done. However, it's not quite that simple.

Each discrete trial consists of five parts. The first is called the **cue**. The cue is a command or question the teacher presents to the student. The next part is called a **prompt**. The prompt occurs at the same time or immediately after the cue in order to encourage a correct response from the student. Prompting may be a gesture that reminds the student of the correct response, a verbal instruction, or a physical cue such as touching the elbow to remind the student to raise his or her hand.

The third element of the discrete trial is the **response**, in which the student either gives the correct or incorrect response to the teacher's cue. A **consequence** follows, which varies depending on how the student responds. If the student answered correctly, their response is immediately followed by praise or some type of reward. If the student does not answer correctly, the teacher signals to the child that his or her response is incorrect by either saying "no" or by some other method. Finally, there is the **inter-trial interval**, which is the brief pause between trials before the teacher presents the next cue (Downs et al., 2007; Smith, 2001). Here are some examples of discrete trials using these five elements:

Example 1	
Cue	Teacher: "Sit down."
Prompt	Teacher applies gentle downward pressure on the student's forearm until the student sits.
Response	The student is sitting down.
Consequence	Teacher: "Good job! That was great!"
Intertrial Interval	Teacher waits 2 seconds before next cue.
Example 2	
Cue	Teacher hands the student a napkin.
Prompt	Teacher pantomimes face wiping.
Response	The student wipes face.
Consequence	Teacher: "Good job! Here's a sticker!"
Intertrial Interval	Teacher waits 5 seconds before next cue.

There are some other important concepts to grasp in order to fully understand discrete trial training. **Prompt-fading** is the process by which a teacher slowly lessens his or her prompts (the second step) with the goal of eventually eliminating them. For example, in Example 1, the teacher used a physical prompt to obtain the correct answer from the student. Although this was

Discrete Trial Training


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effective, the teacher may eventually find it unnecessary to physically help the student and may instead show him or her how to sit by completing the action in demonstration. This would be prompt-fading because the teacher is now using less intrusive prompts. The concept of **shaping** also helps facilitate learning in discrete trial training. To shape a correct response, the teacher first delivers a cue and then accepts a wide variety of “generally correct” answers as the desired response. As the student gets better at delivering the correct response, the teacher starts to narrow the field of what is considered correct, effectively “shaping” the student’s response until it is exactly correct (Smith, 2001).

Discrete trial training is useful in a wide variety of settings, but there are a few situations where it is considered particularly effective. DTT can be used when trying to teach an individual new behaviors, such as speech sounds, sign language, or small motor functions (e.g. closing a zipper or writing). It can also be used to help a student differentiate between cues and give accurate responses to different stimuli. For example, an individual is able to learn when it is appropriate to hug vs. shaking hands. Discrete trial training has also been effective in teaching people how to imitate others, how to use receptive and expressive communication, and how to engage in conversation (Smith, 2001).

Though discrete trial training can be a complicated process, research demonstrates that it is well-worth the time. DTT is adaptable and can be individualized to target specific goals or needs an individual may have. It is also easy to monitor a student’s progress when using DTT because the data is simple to gather and interpret (Downs et al., 2007). Critics of DTT find the most fault in the program’s lack of generalization. Students are responding to specific cues from the teacher. However, those exact cues may not be present in every day life, and as a result, the students may not know how to respond to the more ambiguous cues found in their environments. The teacher also maintains a controlled learning environment for the student that may not exist in places like an integrated classroom or at home. For that reason, it is important to fade the prompts, diversify the cues, and once the skill has been learned in one environment, to provide instruction in multiple real-life environments. Researchers are still working out ways to make these steps work as well as the DTT model that currently exists.

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Conference Notes

Corinn Johnson, Research Assistant
Education and Research Division

National Association on Dual Diagnosis Meets in New Orleans

The National Association on Dual Diagnosis (NADD) conference was held October 21-23 in New Orleans.

Dual diagnosis refers to people who have a developmental/intellectual disability as well as a mental illness or mental health needs. NADD provides an opportunity for professionals, parents, organizations, and others who are concerned with and/or work with this population to get together and share their knowledge.

In addition to the conference, NADD publishes the NADD Bulletin six times a year. In the September/October 2009 volume, an article describing The Badour Center's (TBC) grief groups was published. We attended the conference in order to present this data, as well.

While at the NADD conference we also attended presentations of other individuals. One of my favorites was *Addressing Excess Cognitive Disability* by Lucille Esralew. This presentation was mainly about how to determine when dementia needs to be assessed and how to assess it in the population of individuals that we serve here at TBC. One of the ideas that the presenter reiterated repeatedly is that functional decline occurs as most people age; this should not be confused with dementia. People will slow down and be more susceptible to a variety of other health conditions as they age. However, certain populations of individuals may be more susceptible to specific ailments. For instance, as people with Down syndrome get older they are often monitored and assessed for dementia, but individuals with Down syndrome are also at risk for stroke and diabetes, which should also be monitored and can affect their functioning.

Another important thing to remember when monitoring our aging population is that while normal aging does produce changes in physical and mental skills, it does not lead to changes in intellectual ability (i.e., IQ scores). So, if a person's IQ score drops over time,

something else is going on. For people who are dually diagnosed, cognitive decline does occur with mental illness/psychiatric disorders; therefore changes cannot always be attributed to dementia. The presenter also reminded the audience that dementia does not suddenly occur and produce a radical change in people, it occurs gradually over time. Therefore, if a rapid change occurs it may be the result of a psychiatric disorder, environmental influences, or a medical concern.

Some developmental disorders can also influence a person's functioning over time. For example, Cerebral Palsy is not a 'static disorder' (it will not affect a person the same way over time) and individuals with CP often experience more disability as they get older. So, if a decline is noticed in people with CP, it is not necessarily a result of dementia. The last major thing I obtained from this presentation is that what we are doing at TBC to assess for dementia is right on target with what was suggested. Lucille Esralew recommended a variety of ways to assess and our approach to monitoring individuals who are aging or have Down Syndrome was on par with what she suggested.

My favorite presentation at NADD was the *Top 10 Things to Remember about Aggression in Patients with Intellectual Disabilities* by Laurie Charlot, M.D. Dr. Charlot is a psychiatric neurologist who specializes in complex medical/psychiatric cases among people with intellectual and developmental disabilities. This presentation began with reminding the audience that aggressive behavior is a form of communication that medicine may or may not successfully address. The presenter informed us that while psychiatrists are often put in the position of making decisions for an individual with aggressive behaviors, they often have a limited view, so the person with aggression is better served if a team of individuals are working together to determine why the aggression is occurring. The following example illustrates why a team approach is important. Dr. Charlot showed us two graphs where aggressive behaviors drastically rose and then dropped in a person with a dual diagnosis. In one graph the aggression dropped when medication

Friendship and Intimacy

Carly Gardner, Research Assistant
Education & Research Division

Editors' Note: The Journal Scan column is designed to share information from professional journals that might be useful to The Baddour Center's staff and families.

The citation for this quarter's article is as follows:

Knox, M. & Hickson, F. (2001). The meanings of close friendship: the views of four people with intellectual disabilities. Journal of Applied Research in Intellectual Disabilities, 14, 276-291.

Research has shown that having close relationships enhances a person's quality of life. There is no exception for persons with intellectual disabilities. Despite the relatively limited social networks of many individuals with intellectual disabilities, close relationships are linked to individuals' well-being. The authors cited research indicating that mere contact with the community at large does not lead to individuals with intellectual disabilities becoming integrated into social networks. Caregivers should consider the difficulty individuals with disabilities have in "fitting in" with non-disabled members of the community. Remedial skills may be taught to facilitate social integration. Or, another option, which has been studied less frequently, is to foster relationships between individuals with intellectual disabilities.

The relationships that do exist between individuals with intellectual disabilities are not well understood. Consequently, even fewer researchers have studied dating or intimate relationships between individuals with intellectual disabilities. The authors of the current article conducted in-depth interviews with four individuals with intellectual disabilities about their close relationships. The individuals were seen as experts in their own relationships and the interviewers asked open-ended questions as not to bias the individuals' responses.

Two primary types of relationships were described by those interviewed. One was characterized as close (platonic) friends and the other as intimate, boyfriend/girlfriend type relationships. Close friends, as described by the participants, were exclusively with other individuals with intellectual disabilities. While some participants described some individuals without intellectual dis-

abilities as friends, they did not consider them to be close friends. Participants described their close friends as people who play an important role in their lives, with whom they interact in many different places, share a history, have common interests, and whose feelings and behaviors are reciprocal. Specifically, individuals emphasized the amount of time that they spent with their friends in a wide range of settings. They describe their friends as important. Participants emphasized the length of time that they had been friends. They were also able to tell stories about how they met and how their relationships were established. Participants reported similar interests and described give-and-take in the relationship. Many believed that the lack of true reciprocity or equal feelings, benefit, contribution, and understanding in the relationship accounts for fewer close relationships between individuals with intellectual disabilities and individuals without intellectual disabilities.


More intimate boyfriend/girlfriend relationships were described by two of the four participants. These relationships were seemingly more unpredictable than the more stable close friendships that the participants described. However, girlfriends/boyfriends were also seen as playing an important role in the individual's life. There was a level of intimacy expressed by the participants when describing their significant other that was absent when describing their close friends. They described their emotional connection using phrases such as, "... she makes me happy" and "I do love him very much." Physical attractiveness was also stressed as a feature of the participants' boyfriend/girlfriend. Finally, while there was emphasis placed on the stability of the close friendships, there was an expectation for change with respect to intimate relationships. Both participants saw their relationship with their significant other as potentially leading to marriage and children. However, there was some variability in how prepared for marriage and children participants saw themselves. The female participant made no mention of what would be necessary for her relationship to progress to marriage or to

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was implemented, so it appeared that the medication worked to target the behavior. However, an alternate graph illustrated that a new resident began working at this individual's workshop (when the aggressive behaviors initially started to occur). When the new resident's challenging behaviors at the workshop declined, the charted individual's aggressive behaviors also started to decrease (co-occurring with the start of the medication). Dr. Charlot pointed out that in this instance it is not clear if the medications or the new resident's behaviors actually affected the aggression. Still, the person was still left on the medication. The above example was used to illustrate the idea that when aggressive behaviors occur we really need to attempt behavioral and environmental interventions before resorting to medication.

Interdisciplinary work is not limited to people with drastic behaviors such as aggression. Some types of thinking and behaviors (such as magical thinking, rambling, etc.) are not necessarily common for a typically developing person but may be typical for a person with a certain skill set; they don't necessarily indicate a mental illness. Also, with certain individuals (especially those with Autism Spectrum Disorders) stress may trigger anxiety that is often misdiagnosed as psychosis.


Likewise, medical conditions may produce symptoms that mimic psychiatric disorders; especially among people with poor communication skills. Dr. Charlot shared a long list of common medical conditions that have caused unusual behavior symptoms in her patients; everything from constipation to tumors. For these reasons a comprehensive treatment should be derived from a comprehensive assessment utilizing many informants and team members from a variety of disciplines. Once again, I was pleased and proud that when our residents are recommended for behavior plans and/or when they go to a psychiatrist we gather information for that resident as a team, as Dr. Charlot suggested. 

Journal Scan

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start a family, while the male participant expressed the need for maturity prior to committing to marriage or a family.

The participants had a somewhat idealized view of romantic relationships. For example, the participants did not acknowledge the possibility of their relationships remaining as is or leading in other directions than marriage. The authors speculated that this may be due to the influence of media images and sexual education curricula focusing solely on the physical/biological components of relationships while neglecting emotional components. In general, boyfriend/girlfriend relationships end when the level of intimacy becomes stagnant or declines. The end of a relationship may be either gradual or abrupt.

When asked about the process of establishing and maintaining an intimate relationship, the individuals described dating and engaging in mutually preferred activities, being alone together, and planning for the future. It should be noted, however, that in most group living settings, alone time among residents is likely restricted and privacy, nonexistent. Participants emphasized the differences in the processes of establishing intimate relationships versus close friendships. The participants' perspectives are meant to provide the reader with a limited understanding of dating and friendship for individuals with intellectual disabilities. The opinions expressed by the participants may not represent the opinions of all individuals with intellectual disabilities. Overall, however, the participants stressed the importance of friendships and intimate relationships, in particular with other individuals with intellectual disabilities. 

Meet and Greet: Dr. Richard Ross

Brooke Walters, Intern
Education and Research Division

Who is Dr. Ross?

Besides being a well-loved Baddour Center volunteer (and extremely pleasant man), Dr. Ross is a biochemist who worked at Buckman Labs in Memphis, TN until his retirement 18 years ago. He now serves as The Baddour Center's Vice Chair of the Board of Trustees, of which he has been a member since 1994. He is also a member of the Education and Research Committee and serves as Chairman of both the Quality Improvement Committee and Joel Committee, which does long-term planning for Baddour. As these high-profile roles suggest, Dr. Ross is committed to showcasing all of the gifts and talents of The Baddour Center's staff, and helping us continue to grow and improve. He described with excitement the most recent Executive Committee meeting, in which the group began preliminary discussion of ways to better meet the needs of our aging population.

How did Dr. Ross come to be a part of the Baddour Center?


Dr. Ross heard about Baddour through a long-time supporter of The Center, Dr. Shed Caffey. Dr. Caffey arranged for Dr. Ross to make his first visit to TBC. After visiting the campus, he was immediately interested in becoming involved. The main thing that drew him to TBC was the outstanding quality of everything the center had to offer. He said that everything - the grounds, the houses, the Buckman Center, and the staff - was extraordinary. He admitted that another draw for him was the work that TBC was doing; "I have a special kind of feeling for people with intellectual disabilities," he stated. Dr. Ross reported that his favorite thing about TBC is the staff. He said that he is always impressed by the abilities of the staff and is appreciative of the love that they have for the residents. "The staff do such a great job," he stated, "I get a real high every time I visit Baddour."



Dr. Ross with Executive Director Parke Pepper at a United Way event at Buckman Labs in 2007.

What is he up to now?

In addition to being involved with The Baddour Center, Dr. Ross is actively involved in his community. He serves on the University of Tennessee Board of Visitors and attends Christ United Methodist Church where he has taught Sunday school for the past 35 years. He also mentioned that he enjoys reading in his free time and spending time with his family. "My family is my life," he stated.

With Dr. Ross' positive attitude and sunny disposition, it is easy to see why he's been such an asset to The Baddour Center. Thank you, Dr. Ross, for all you have done for TBC through the years. You are truly loved and appreciated. 

Resident Report

Three New Faces: John, Scott, & Kyle

Patricia Ofili, Intern
Education & Research Division

The Fall of 2009 brought three new faces to The Baddour Center, and we'd like to introduce you to these wonderful new members of The Baddour Center family.

John

Alabama-native John moved to The Baddour Center on August 31st; the day after his 18th birthday. John is a fun-loving individual who thoroughly enjoys the company of others. He likes to go to church, play video games, and "just plain joke around" to bring cheer to others around him. John also loves to watch television and read book series. His favorite series is currently Harry Potter. He also possesses many talents which include singing and acting. Those passions prompted him to tryout for the Miracles in addition to the Wonder Players. John enthusiastically expressed receiving excellent guidance from Ryan and Lori as he pursued those endeavors. You may have seen him in the Christmas Pageant and you might just see him in the summer play in June! And, as for the Miracles - HE MADE IT!!

Sports are a major component of John's life. He has been a 'Bama and Lakers fan for a while, but he is slowly converting into a Rebel supporter. He recently went to his first Ole Miss football game and thoroughly enjoyed watching the offense and defense execute a great running/passing game. John has also worked on the administrative side of sports. While in high school, he served as the assistant coach for the men's sports teams. John says he entered the position while in middle school and "worked his way up". Before leaving for The Baddour Center, he assisted the offensive coach for the school's football team. He helped with creating plays, executing the plays during practices, and assisting the athletes as they trained. Reportedly, the job was time consuming, but a great commitment and well worth the effort.

Currently, John loves living at the center! He feels that it has "everything to offer" for all his needs. There are several activities that he anticipates, such as bowling, Ole Miss games, trips to the movies, and so on. He is never stuck without anything to do! John went on to mention how wonderful his DSPs are and so are the meals that they provide for him, noting that "they really keep you fed here!" The atmosphere truly appeals to him as well. He expressed that it feels like a college campus because of the space and the opportunities to learn and have fun.

John has also grown socially. He reports making several friends so far and though he is currently single, he has already stepped into the dating world. In addition to socializing, John has learned quite a bit. He says that he's gained more of an understanding when it comes to helping others, understanding the way people act, and how to choose his influences. He maintains that he plans to continue to "stay on God's path" and associate with people who help him to do that. As for future plans, John hopes to obtain his GED and start a continuing education class soon.

John offers a special message to the other residents of The Center. He personally hopes to see everyone here strive to fulfill their full potential. He referred to The Baddour Center mission statement, which mentions that here you are able to grow mentally, physically, and vocationally. John strongly wants everyone here to realize those possibilities.



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John resides in the Burt house with his current roommate and fellow new Baddour resident, Scott. Let's meet Scott!

Scott

Scott recently moved to The Baddour Center from Collierville, Tennessee, where he lived with his family. This is his first move away from home. Despite feelings of homesickness, he is putting forth his best effort to enjoy various activities and make new friends!

Many of Scott's housemates describe him as funny and full of energy because he often dances around the house listening to his i-pod. In his spare time, Scott enjoys music and writing his own songs. In addition, he plays the guitar and the drums. Scott not only creates music, he also sings his own songs! Many of his musical lyrics are inspired by friends, family, and personal experiences. He is also known to sing songs by some of his favorite artists such as Billy Ray Cyrus, Jonas Brothers, and the *High School Musical* series. Aside from music, Scott also enjoys watching the Disney channel, playing baseball, and sleeping. Scott is an avid X-Box player, playing mainly sports-oriented games.

Scott describes his move to the center as a good thing. Even though he misses his old friends and family, he looks forward to what The Center has to offer. Scott noted that his favorite thing about Baddour is the P.E. time in the workout room. He thoroughly enjoys exercising, particularly lifting weights to strengthen his biceps. Trips to the movies are also highly favored, along



Scott

with meal times. Scott indicated that he loves food! Here at the center, meals at lunch and dinner time are very enjoyable.

As a Baddour resident, Scott has several opportunities to take on responsibilities. Some of his tasks consist of taking out the garbage, doing his own laundry, and learning new skills at his job. Scott expressed he is learning a lot and adjusting to living with a roommate.

To conclude his interview, Scott noted that he hopes to continue to improve and grow in order to achieve his dreams. He strives to remain "true to himself" and hopes that others see him as sweet, funny, and smart. He concluded the interview by singing a song he wrote about himself which was fittingly titled, *Believe Inside Me*.

Kyle

Also new to The Baddour Center is Kyle. He is a 20 year-old Mississippi native from Vicksburg, MS who moved to The Center in September. His most noticeable attributes are his polite manners and contagious smile. Interestingly, Kyle has adopted the nick name "Tom Cruise" by the other residents. Many claim that he looks and even sounds like the movie star!

The move to Baddour has been enjoyable for Kyle. He loves to make new friends and have fun. Living here has provided an excellent opportunity for such preferences. Kyle particularly enjoys going bowling, attending the movies, and cheering at the hockey games. In his spare time, Kyle also enjoys playing basketball, watching television, and listening to the radio. Some of his favorite



Kyle


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television shows are *Hannah Montana* and professional wrestling (*WWE Raw*). His all-time favorite wrestlers are John Messina and 'The Undertaker'. His favorite movies are *Big Momma's House* and *Dick & Jane*. When listening to the radio, Kyle particularly enjoys country music. Kyle's favorite song, *Live Like You Were Dying*, is sung by Tim McGraw and it holds a special meaning because it reminds him of his grandfather.

Before moving to the center, Kyle was anxious about what to expect. This is his first time away from home, and though he feels homesick at times, Kyle believes this move is worth 'sticking it out.' He has already made a number of good friends and learned so many new things. Kyle proudly noted that he has learned to do his own laundry, make his own bed, and sweep. Moreover, his time spent here at Baddour has already helped him to believe in himself.

Kyle has started to set his sights on future tasks like trying out a new class through the continuing education program. As for now, he is excited about participating in the Christmas Pageant. In addition to taking a class, Kyle has an assortment of new things that he hopes to learn while living at The Center, such as improving his social skills, obtaining golf cart driving lessons; and taking singing lessons—and perhaps trying out for the Miracles some day.

Overall, Kyle loves it here and feels like he has settled into a home away from home. When asked if he would like to add anything to the interview, Kyle expressed happiness as he stated, "Being here makes me believe in myself and feel free." He went on to summarize that he has learned many new things, made amazing friends and looks forward to meeting "the right person." 

Alumni Update: Catherine Adams

**Shannon Hill, Division Director
Education & Research Division**

You can call her Dr. Adams, now! Former intern Catherine Adams completed the requirements for her Ph.D. this semester at Ole Miss. Catherine interned here in 2004 and then worked as a part-time Research Assistant for two years. Last year, she interned with the Veteran's Hospital in Little Rock and collected her dissertation data on specific cognitive skills of people with developmental disabilities at The Baddour Center. She and husband Darren live in Jonesboro, Arkansas, and have two sons, Jackson and John Riley.

Catherine plans to enter private practice in Jonesboro. She specializes in Acceptance and Commitment Therapy (ACT), which she employed while doing work with our residents individually and in the Horticulture Therapy groups she designed and implemented with the AVS residents. She enjoys training others to use ACT and hopes to continue that line of work, as well. Catherine says she truly enjoyed her years at Baddour and learned much from her time here. We are very proud of her, and we wish her well! 