



Labeling is Easy: Dig Deeper to Change Behavior

Folks, dig deeper. The labels are artificial. The labels are an illusion. There's always a reason for the behavior that we get. We can all overcome our Labels!

It's quite easy to give ourselves a label, isn't it? We look at our behavior, and we look at how it affects others, and we give ourselves a label. I live up in the mountains of North Carolina and drive back roads all the time. Last summer I was driving in a city, was looking around at the unfamiliar surroundings, and drove right under the traffic light into an intersection. Just in case I wasn't aware of my error, a guy in a big Bronco SUV blasted his horn and pulled beside me staring angrily. I looked at him and pointed to my head and mouthed "Stupid". He seemed to agree and the confrontation was over. I had interpreted my own behavior with a label, "Stupid", and that simple adjective seemed appropriate.

In fact, labeling is quite popular in modern business where management training often involves some personality test like the MBTI where we learn everyone's label in hopes of better collaboration. "I'm an Introvert which explains my discomfort working in big teams." "I'm a Judger which explains why I'm so critical." Somehow these labels seem to be the magic elixir that make business work better. But they don't. Everyone goes back to the same environment and acts the same way, nothing changes.

Don't we overuse labels when dealing with the safety of our work crews and managers? The implication is: if workers can't follow rules and procedures that are clearly in the manuals and training, and then they get hurt, they're "Stupid", "Noncompliant", or "Lazy" or "_____" (you can fill in the blank – please keep it rated "PG").

The problem is that you can't fix a label. All the exhortations in the world emphasizing "Don't BE this" won't work. But we do that in our training, in our incident investigation summaries shared with workers, and in our personal conversations. But nothing changes. And you get frustrated. You can't fix it. You're left with nothing, except getting more and more upset.

Instead, consider what behavioral science tells us. Instead of asking a person to BE something, focus on how you can help them DO what is required to be safe. Don't pretend your God and try to change someone. Leave that arrogance behind. Instead, be a servant. Recognize that EVERYONE wants to be safe and act safe. It is your job to remove the barriers that put them in the position to, knowingly or unknowingly, take that risk. When you get away from the label, you'll be much more likely to see what those barriers are.

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My Job as a Labeler

Earlier in my career I worked with a severely mentally disabled individual named Violet. I was working my way through school learning behavioral science. Our reach in behavioral science goes

far beyond its impact on the safety world making a difference in schools, health care, public policy, sustainability, and with human services such as our work with autistic and mentally disabled individuals. (Get on Behavior.org and learn all these areas that may touch your life and see what we're trying to do sharing behavioral science.)

I was working with a group of about 15 folks with severe mental disabilities and other challenges, so much so they couldn't live life on their own. As such, they were wards of the state. They lived together in their residence where the professional staff fed them, cleaned them, groomed them and provided what training and social life they could.

They had me come in and create programs to try to shape basic life and social behaviors. They had a psychiatrist who administered medications for the mental disorders experienced by this population. They had a social worker as a director, a new guy named Bob. He was kind of a funny, goofy guy. But Bob was one of the wisest people I've ever met.

Back then we used the label "Mentally Retarded" and Violet fell squarely into that category. I conducted a special intelligence test on her and her IQ was below 15 (the average IQ is 100). Her verbal abilities were strikingly limited, typically reduced to sounds resembling simple words.

Violet was also a scary woman. We called her "Violent" because of her volatile behavior. It came to a point where she slammed her fist through a sheet rock wall. We knew this incident was coming because she would slap her right arm against her left shoulder when she'd start getting more and more agitated. We knew something had to be done.

So we had a team meeting. We had the psychiatrist there, me as a psychologist, the staff and Bob. The psychiatrist was treating her for hallucinations. The staff said she often hallucinated that there was an evil pony on her left shoulder. She was hitting herself on the shoulder in an attempt to get rid of the pony. Her left shoulder had deep bruises from the abuse.

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For these hallucinations, Violet was on Haldol, a drug given to schizophrenics. It's a strong tranquilizer. If you take it, believe me, you'll reduce everything, not just your daydreams. Violet

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Was on a pretty good dose of it. In the wake of the incident the psychiatrist was recommending to triple the dose during our team meeting. That's a lot of chemicals impacting the brain. The psychiatrist had labeled her "Schizophrenic".

For my part of the meeting, I had all these behavioral programs worked out trying to shape behaviors to counter her violent behavior. I had labeled her "Self Injurious". We had a long discussion about the precursors to her behavior and the behavioral steps the staff should take to reduce the likelihood of violent behaviors. The staff had even more suggestions in what I thought was a fruitful team discussion.

Bob was quiet and after listening to all our input he said: "Hold on... Before we do chemical or behavioral interventions, let's consider physical solutions first". He wanted to find out what's going with Violet as a person... not some label.

Bob took her to get a physical, the first in many years, and found that she had a metal screw in her ankle. Violet was probably 40 at the time. Her body was deformed with a humpback and other contortions. So the big bulge around her ankle must have been considered just another deformity. In reality, Violet had broken her ankle pretty badly in her youth and surgeons put in this metal screw for healing. Her caregivers forgot to have it taken out. Violet wasn't verbal, she couldn't tell anybody. In fact, she probably had no idea of it being there. All she experienced was pain in her left side due to the calcification and swelling around the screw remaining in the ankle.

Violet was in pain. She couldn't understand what was happening, she couldn't tell anyone about how she felt, and her self-injurious behavior was in reaction to it. Not because she was "Schizophrenic" or "Angry" or "Violent" all labels. It was because she was in pain and she couldn't tell us.

Bob sent Violet to surgery where the screw was removed and the calcium deposits shaved away. She then spent a couple months in physical therapy.

When Violet came back she was a different woman. She no longer was hitting the left side of her body. She no longer fit the label "Self- Injurious". She wasn't in pain anymore. Soon thereafter, Violet went off the Haldol completely. She no longer fit the label "Schizophrenic".

Much to my amazement Violet started using words! My previous intelligence test assigned her a clinical label of "Severely Mentally Retarded." Now, with the pain gone, she started using the words she had always been capable of. Moreover, she started grooming herself and interacting with other residents and staff persons. I did a new intelligence test and her IQ (a measure that is supposed to stay stable over your lifetime) jumped more than 15 points with this seemingly new verbal and self-management behavior. *All those skills were always there, we had failed to remove the barriers to her performance.*

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Bob (the-Wise) wasn't done yet. He found out that Violet had cataracts. She couldn't see. After cataract surgery she came back smiling, an interactive, shall I say "affectionate" person. I left the job soon thereafter but I still remember my last day vividly. Violet, yes "Violent," came up and hugged me. She used a full sentence with my name at the end, something that I thought she was

too "Retarded" to do. It was evident that even my new IQ Label was inaccurate and too low. I was in tears.

I was there to help her. I was being paid to help here. I'd been trained to help her. I had a PhD. The doctor had an MD. The social worker, Bob, didn't. Who among the "Smart" people was the one that really viewed Violet as a person, not a label? It was the person who was with her every day. The person who said, we're not going to label. Instead, we're going to look at her world and understand why she exhibits this behavior.

Labeling is Counterproductive

The lesson learned here for us is that labeling is counterproductive for our safe work environments. Instead, we need to be wise like Bob and understand what is going on in our workers' world and do something about that... instead of trying to do something about them. We then change the environment, and by changing the environment, we change behavior.

Do workers need different, more available tools to work safe? Better, more behavioral training? Procedures that lessen fatigue? Supervision that doesn't encourage short cuts? Etcetera... Etcetera.... It's your job, "Bob," to do the analysis to find the environmental causes of the behaviors so your workers don't have to find themselves in a position to take those risks any longer. We don't need to label.

Folks, dig deeper. Labels are artificial. Labels are an illusion. There's always a reason for the behavior that we get. We can all overcome our labels!

A Celebration is in Order!

When I was teaching the junior youth Sunday School class at my church I had in my class a young lady who was born with Downs Syndrome. An IQ test would have labeled her as mentally disabled because of this. Miranda was also one of the sweetest kids I got to interact with but I knew she had a limited future, probably performing at a 6th grade level the rest of her life.

About 5 years ago I got word that my University was extending its disability services to include mental disabilities including mental retardation. Most Universities require professors to make accommodations for students with disabilities in much the same way as they provide ramps and the like for students and staff with physical disabilities. Typically, I have students with learning disabilities like dyslexia or attention deficits (ADD) who get extra time on exams and other accommodations so they can perform up to their intellectual abilities less encumbered by their disability.

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But I was skeptical about allowing mentally retarded individuals into the University system because their intellectual capabilities would not allow for the learning to take place to begin with. We would be setting them up to fail to live up to the academic standards of our courses regardless of any accommodations we provide.

In two weeks Miranda will graduate from Appalachian State University.

I'll be at Miranda's graduation, in my learned doctoral robes, once again humbled by the potential of human performance.



Timothy Ludwig's website is Safety-Doc.com where you can read more safety culture stories and contribute your own. Dr. Ludwig serves as a commissioner for Behavioral Safety Accreditation at the non-profit Cambridge Center for Behavioral Studies (CCBS: behavior.org) and teaches behavioral psychology at Appalachian State University, in Boone, NC. If you want Tim to share his stories at your next safety event you can contact him at TimLudwig@Safety-Doc.com