

*A SOCIAL LEARNING APPROACH TO  
PSYCHIATRIC REHABILITATION  
IN FORENSIC FACILITIES*

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# WHAT THE SOCIAL LEARNING PROGRAM IS

- A comprehensive system of assessment, treatment, and rehabilitation for individuals with severe psychiatric disorders
- Integrated network of learning-based techniques and skills-training technologies delivered within an atmosphere of respect and hope
- A program without walls applied by **all** staff, across **all** waking hours, for **all** problem areas

# POPULATIONS APPROPRIATE FOR SOCIAL LEARNING PROGRAMS

- Individuals who reside in long-term forensic settings
- Individuals who exhibit high rates of problem behavior and/or aggression
- Individuals who never learned or have forgotten basic skills and competencies
- Individuals unable or unwilling to set goals for living in the community
- Individuals who reside in state psychiatric hospitals for prolonged periods

# SOME BASIC ASSUMPTIONS

- People who reside in long-term care facilities have lost, forgotten, or never learned skills necessary to live in the community
- No matter how severely impaired, mentally-ill persons *can* and *do* learn
- *All* interactions between staff and clients have the potential to be therapeutic
- People become hopeful by developing skills that help them succeed in realizing their goals

# PROGRAM GOALS

- SLP designed to comprehensively address all areas of functioning empirically determined to be relevant for discharge and successful community tenure.
- These areas include:
  - Decrease Bizarre/Unusual and Aggressive Behaviors
  - Improve Self-Care Skills
  - Improve Social Skills
  - Improve Instrumental Role Performance
  - Develop Abilities to Set and Realize Personal Goals

# THEORETICAL BASE

- Comprehensive application of social learning theory
- Includes techniques based on:
  - Instrumental Learning
  - Associative Learning
  - Observational Learning
  - Cognitive Rehabilitation

# SOME SPECIFIC PROCEDURES

- Verbal/Nonverbal Reinforcement
- Differential Reinforcement
- Shaping
- Prompting
- Modeling
- Skills Training
- Cognitive Rehabilitation
- Problem-Solving Training
- Generalization Training
- Response Cost

# TOKEN ECONOMY

- System whereby concrete reinforcers can be exchanged for goods and services
- Simulates monetary economy in the community
- Tokens as generalized reinforcers for adaptive behaviors
- Generalization/normalization training and fading tokens

# CLASSES, GROUPS, AND ACTIVITIES

- Self-Care Training
- Basic and Advanced Social Skills Groups
- Basic Job-Skills Training
- Vocational Training
- Problem-Solving Skills Groups
- Anger Management Training
- Basic and Advanced Life-Skills Training
- Medication Management
- Leisure and Recreational Activities and Education
- Special Education Classes
- Pre-Release Groups
- Community Re-integration Training

# SLP STEP LEVELS

- STEP 1 - Develop basic skills, decrease bizarre, unusual, and aggressive behaviors
- STEP 2 - Develop pre-vocational skills, use of leisure time, and socialization skills (begin to fade tokens)
- STEP 3 - Increase focus on vocational skills and socialization, and begin community involvement (continue to fade tokens)
- STEP 4 - Develop employable vocational skills, higher-order interpersonal skills, and community participation skills (tokens are eliminated)

# DIRECT OBSERVATIONAL ASSESSMENTS

- Time-Sample Behavioral Checklist (TSBC) and Staff-Resident Interaction Chronograph (SRIC)
  - Staff of full-time tech-level observers
  - Standardized ongoing systems recording both client and staff behavior
  - Stratified hourly time-sampling
  - Reliability in excess of .95 on both instruments
- Multiple applications for clinical decision-making, treatment planning, staff training, supervision, and program evaluation

# HISTORICAL DEVELOPMENT

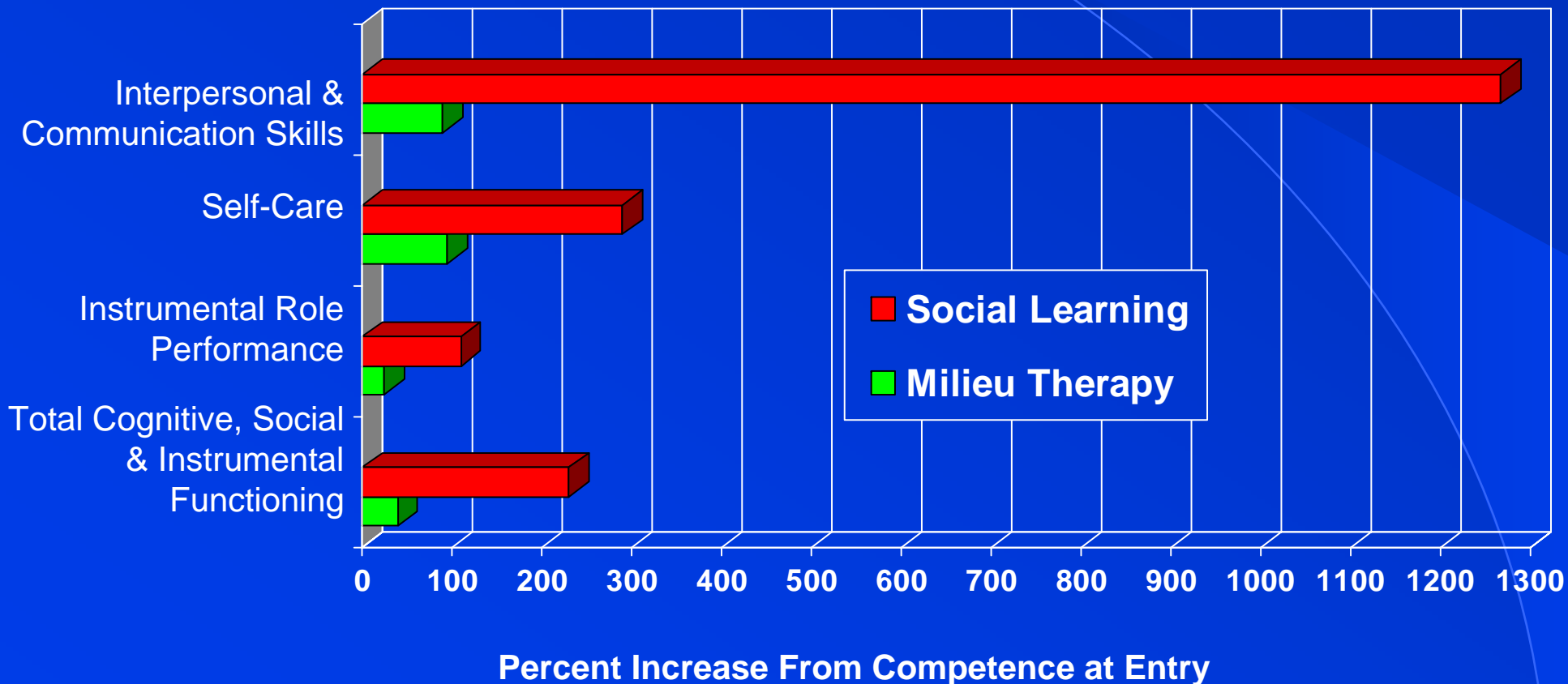
- SLP originally developed by Dr. Gordon Paul
- Six-year comparative investigation of inpatient treatment (Paul & Lentz, 1977)
- Highly controlled partial-factorial design
- Social Learning Program vs Milieu Therapy Program vs Traditional Hospital Treatment

# STAFF & PROGRAM CHARACTERISTICS

CHARACTERISTICS	TREATMENT PROGRAMS		
	TRADITIONAL HOSPITAL	MILIEU THERAPY	SOCIAL LEARNING
Size	28 beds	28 beds	28 beds
Av. staff/client ratio	0.557	0.566	0.566
Average % < BA/RN	80.9%	79.8%	79.8%
Average staff/client interaction	102.56/hr.	348.89/hr.	264.71/hr.
Average other job-related activity	47.22/hr.	48.70/hr.	48.74/hr.
Average job-irrelevant activity	14.69/hr.	0.08/hr.	0.06/hr.
Psychosocial treatment schedule	4.9%	85.2%	85.2%
Neuroleptic drug use – beginning	89.3%	96.4%	89.3%
Neuroleptic drug use - ending	100%	17.9%	10.7%

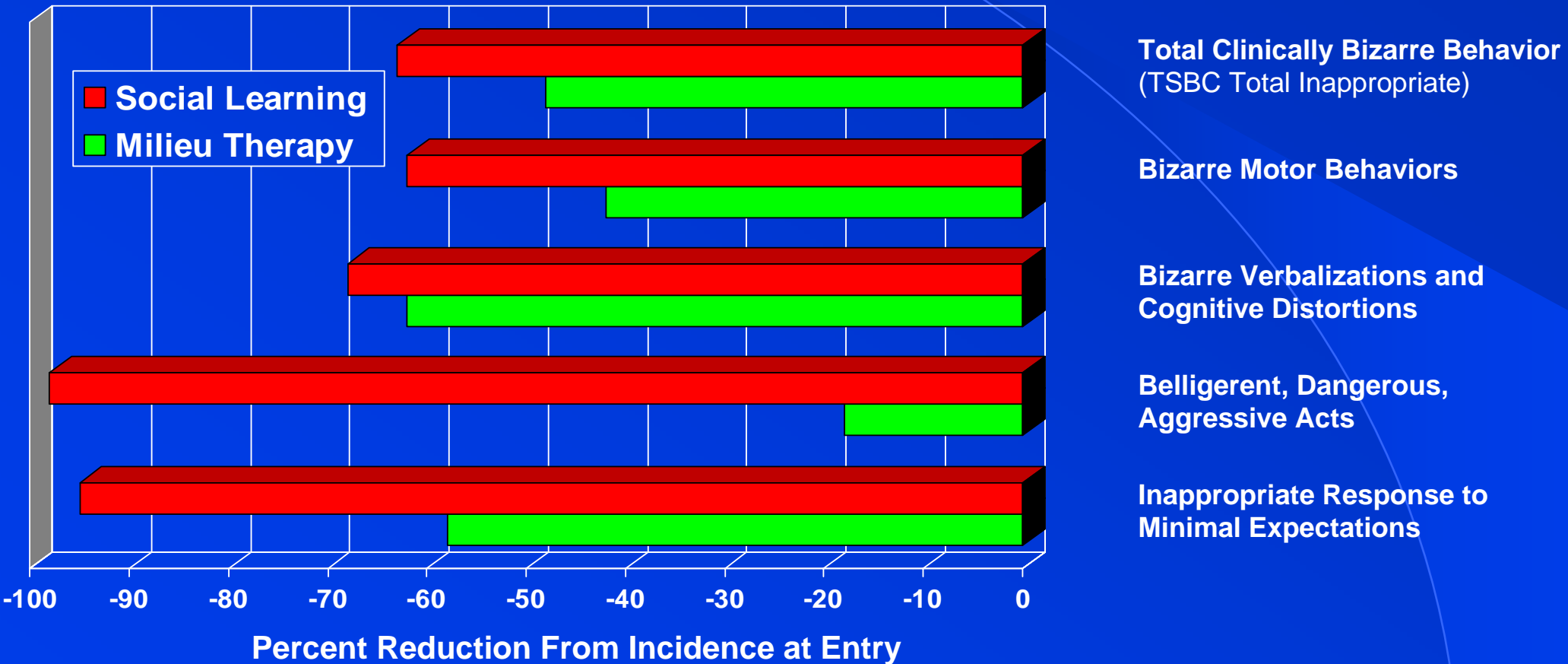
Note: From Paul & Lentz (1977)

# AVERAGE INCREASE IN COMPETENCE



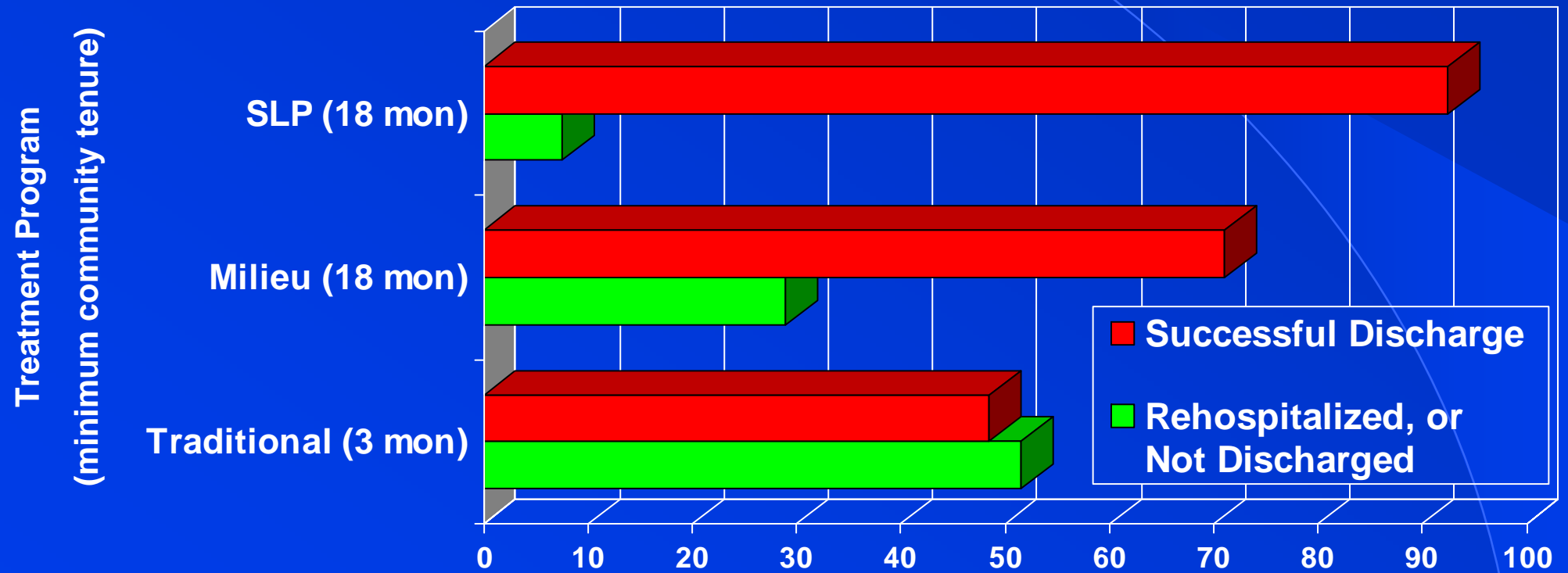
Note: From Paul & Lentz (1977)

# AVERAGE DECREASE IN MALADAPTIVE FUNCTIONING



Note: From Paul & Lentz (1977)

# PERCENT OF SUCCESSFUL DISCHARGES



Note: From Paul & Lentz (1977)

# SLP IMPLEMENTATION AT FULTON STATE HOSPITAL

- First application of SLP with forensic clients
- Full continuum of care, including:
  - Maximum security
  - Intermediate security
  - Minimum security (general long-term adult care)
  - Transitional group homes
  - Community-based aftercare consultation
- Has been expanded to other state hospitals in Missouri as well as other states

# SPECIAL ISSUES RELEVANT TO FORENSIC APPLICATIONS

- Philosophy and culture
- Complex staff roles
- Physical plant and security constraints
- Balancing public safety with treatment and rehabilitation
- Managing risk while fostering recovery
- Stigma associated with both mental illness and criminal background

# TEACHING SLP PROCEDURES TO PARAPROFESSIONAL STAFF (Jones et al., 2001)

- Systematically trained security aides in SLP concepts and techniques as part of a comprehensive implementation on a 20-bed ward
- Full SRIC baseline assessment conducted prior to training
- Training model employed an integrated-technical approach
- Ongoing SRIC data collection occurred as training was completed and the program was implemented

# TRAINING RESULTS

SRIC Measure	Baseline	Month 1	Month 2	Month 3
Total Activity Index *	118.34	235.63	253.35	241.12
Total Interaction Index *	63.45	183.86	201.34	194.42
Job Irrelevant Activity *	11.64	1.61	1.31	1.58
Similarity to Ideal SLP Profile **	.37	.72	.75	.67

\*Average hourly rates of behavior

\*\*Pearson correlation coefficients

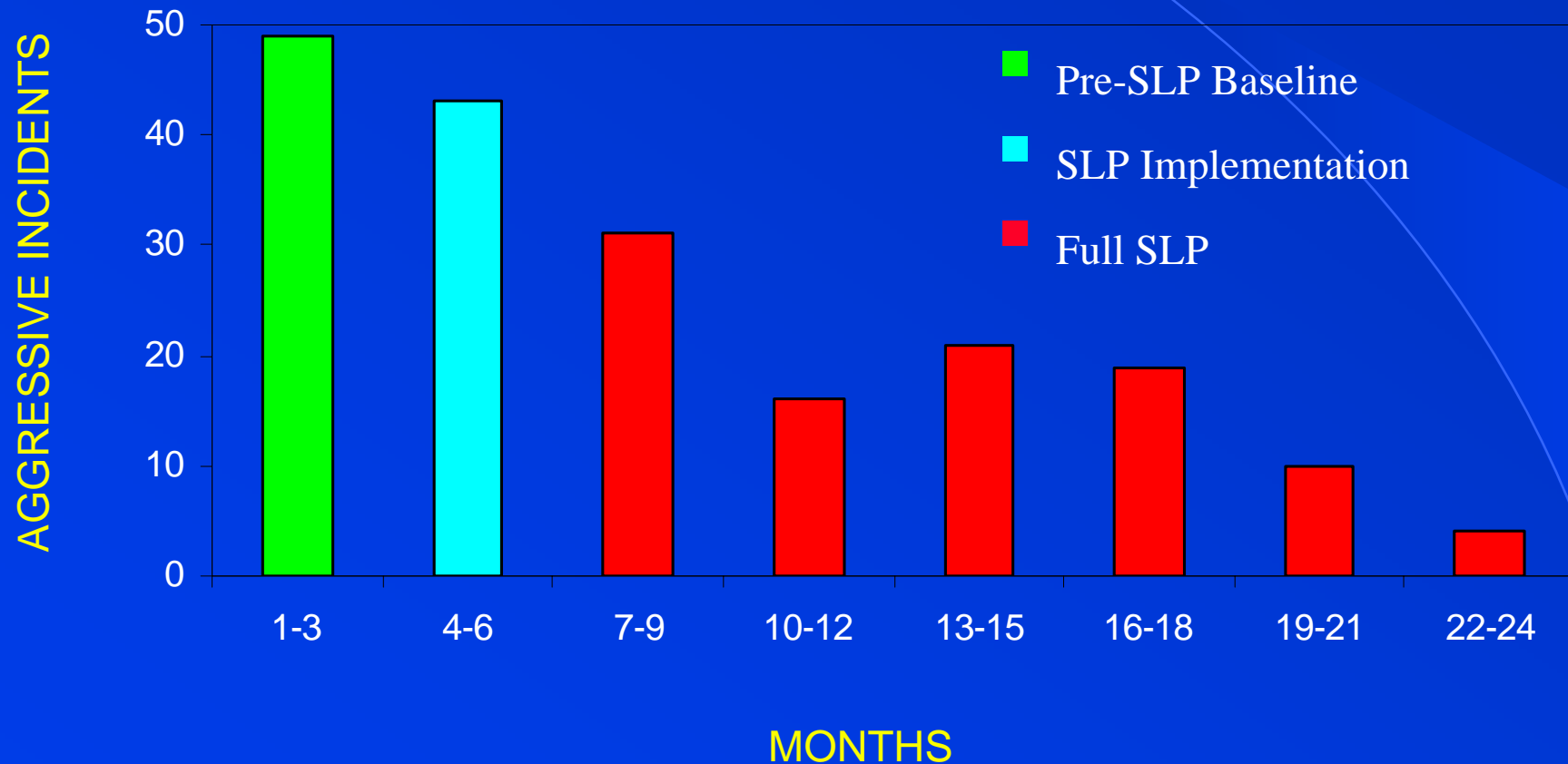
## RESULTS FROM MAXIMUM SECURITY

(Menditto, Valdez, & Beck 1994; Menditto, Beck, & Stuve, 2002)

- Implementation on two wards began in late '80's
- Employed an implementation model that integrated didactic staff training with technical in vivo applications
- Tracked changes in client functioning and rates of aggression

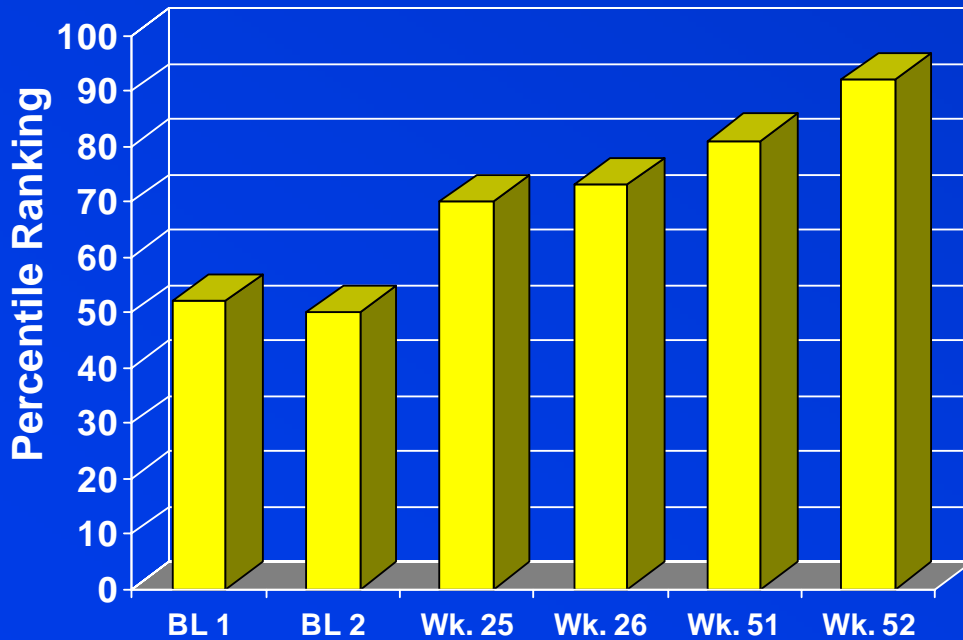
# CHANGES IN AGGRESSION OVER TIME

Clients (N=19) on original maximum-security SLP ward at FSH

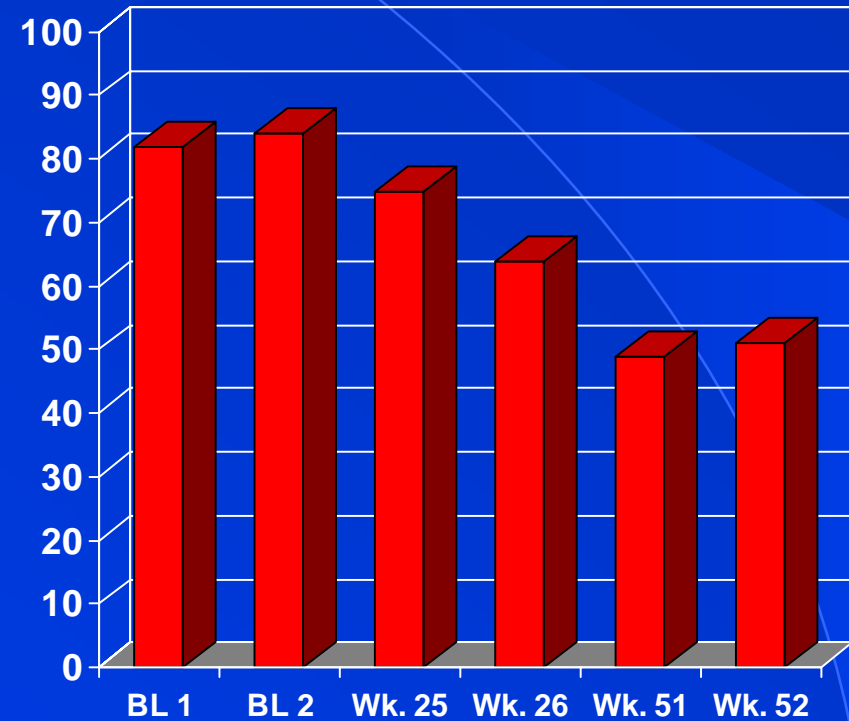


# IMPROVEMENTS IN LEVELS OF FUNCTIONING

## Total Appropriate Behavior



## Total Inappropriate Behavior



Note: TSBC Data from First Year of SLP Implementation on a Maximum-Security Forensic Ward (n=19)

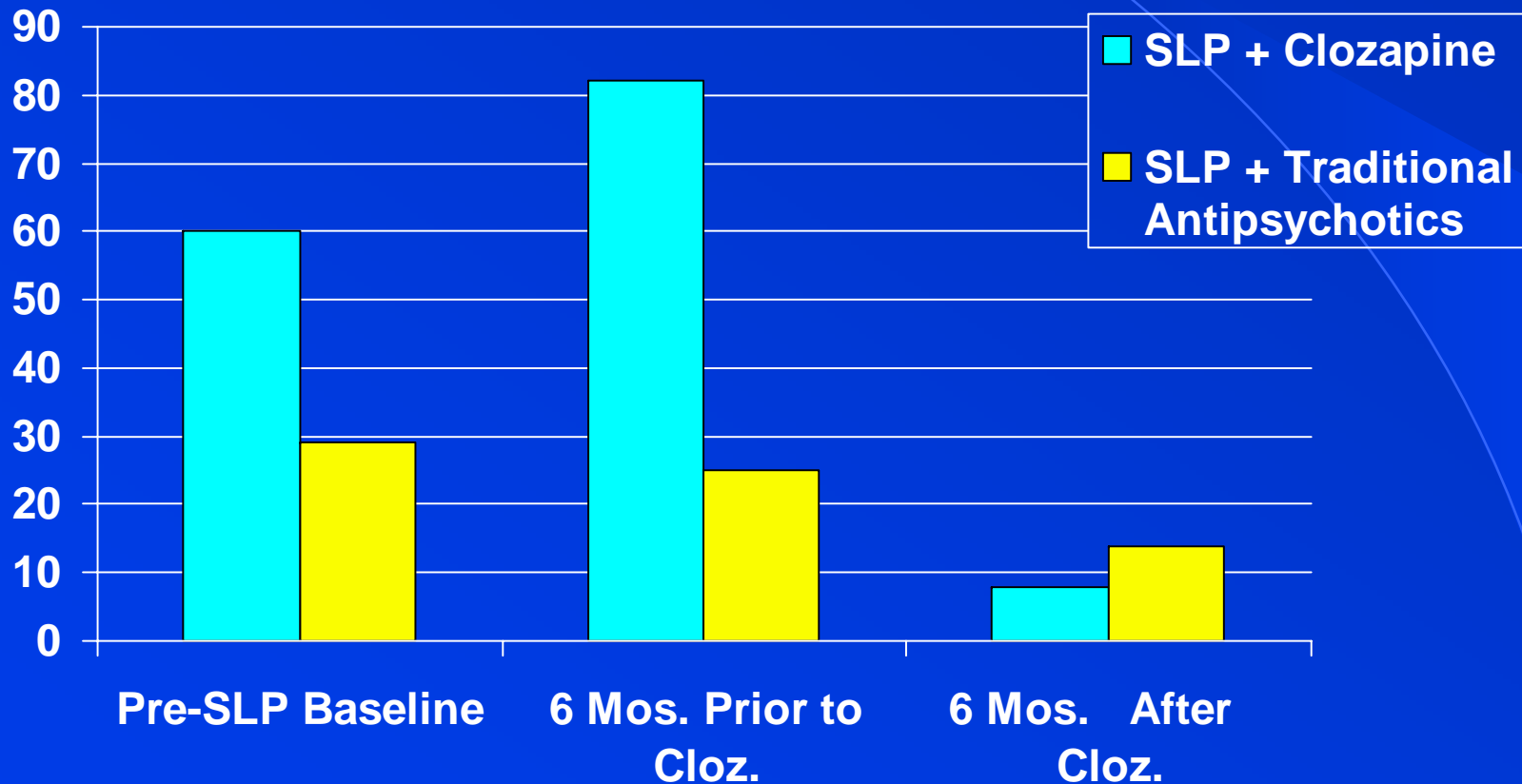
# SLP + CLOZAPINE

(Menditto et al., 1996)

- We studied 22 clients from a Social-Learning Program in our General Adult Unit
- 11 were switched from traditional antipsychotic medications to clozapine
- 11 remained on traditional antipsychotic agents
- All clients improved with the introduction of SLP, with continued improvements in deficit behaviors observed among those treated with clozapine

# SLP + CLOZAPINE

Frequency of Aggressive Acts  
(i.e., assaults and threatened assaults)



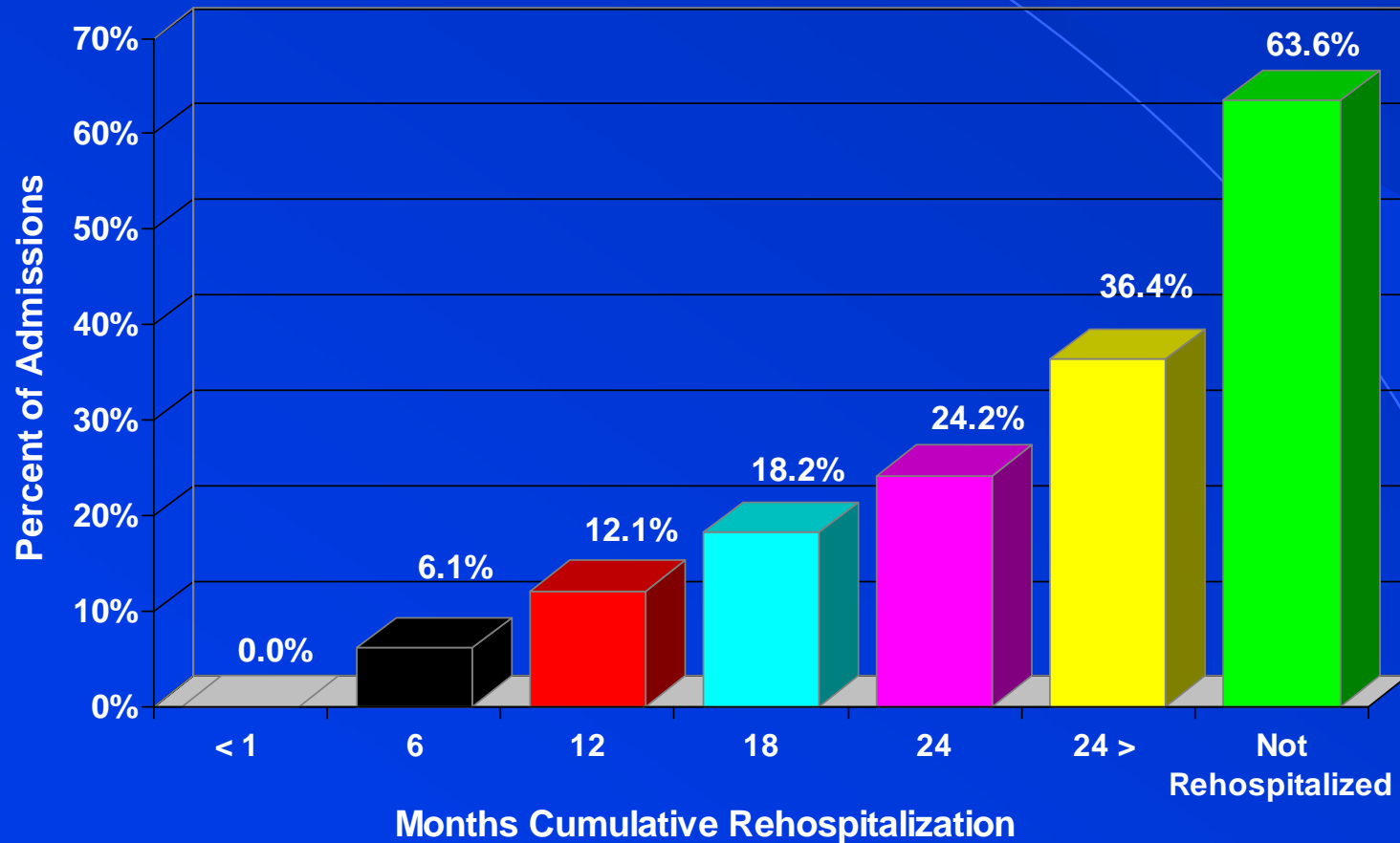
# CLIENTS TRANSFERRED OUT OF MAXIMUM SECURITY

- 85 individuals transferred from maximum-security SLP to minimum/intermediate-security facilities
- 2 have required return to maximum security in the first year following transfer (both were irregularly discharged by courts)
- 9 have ever required return to maximum security

# COMMUNITY OUTCOMES FOR FORENSIC CLIENTS

- 10 years of data on 22 NGRI clients with Conditional Release status in SLP group homes
- Discharged from SLP inpatient units
- Only 3 Security Emergencies (Aggression Episodes)
- 2 Elopements & Release Revocations
- 0 Re-Arrests

# COMMUNITY OUTCOMES: REHOSPITALIZATION RATES



# MORE SOCIAL-LEARNING SUCCESS STORIES & RECENT ACCOLADES

- BRITE Program, Buffalo Psychiatric Center
  - Bellus et al. 1999, 2003
- BMT Program, North Texas State Hospital—Vernon
  - Goodness & Renfro, 2002
- American Psychological Assoc. Task Force on SMI
  - Training grid available at:  
[www.apa.org/practice/grid.html](http://www.apa.org/practice/grid.html)

# FSH STRATEGIC PLAN: “FOCUS ON SAFETY”

- One of eight CMHS / SAMHSA State Incentive Grants to identify alternatives & reduce use of seclusion and restraint (WA, HI, LA, MA, MD, KY, IL, MO)
- NTAC acts as Coordinating Center for SIG grantees
- Three year project includes multi-site evaluation
- Core strategies include:
  - Recovery culture
  - “Hands off” interventions
  - Administrative involvement
  - Consumer involvement
  - Staff-consumer partnership
  - Trauma-informed care
  - Use of data