

New Outlook Program

for

Behavior and Mood Self- Management

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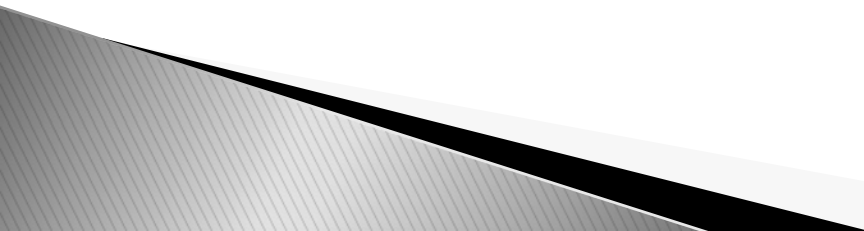
Setting

- Intermediate Security and Maximum Security Forensic Mental Hospital
- Admission Status
 - Voluntary By Guardian
 - Incompetent to Stand Trial
 - Not Guilty by Reason of a Mental Disease/Defect

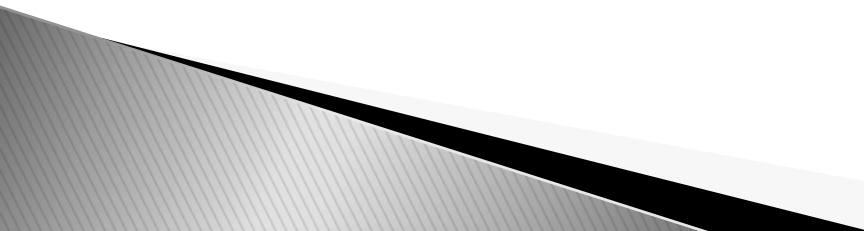
Population Concerns

- Increase in the Number of People with Intellectual and Developmental Disabilities
 - Behavioral Presentation versus Psychiatric
 - Emotional Dysregulation
 - Numerous Diagnoses
 - Impulse Control Disorder; Mood Disorder NOS; Intermittent Explosive Disorder; Personality Disorder NOS; Antisocial Personality Disorder; ADHD; Psychotic Disorder NOS
 - History of Numerous Placements

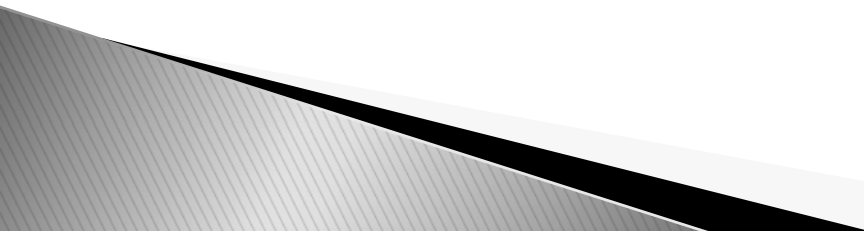
Previous Treatments Assigned

- Social Learning Program
 - Psychiatric Rehabilitation Program
 - Cognitive–Behavior Rehabilitation Program
 - Dialectical Behavior Therapy Program
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Reasons for Lack of Success

- Dysregulation over Token System
 - Difficulties Understanding Information
 - Dysregulation over Confrontation
 - Staff had little Experience with these patients
 - Forensic Criteria difficult to Implement
 - More Behavioral Dysregulation
 - Too Little Structure/Too Much Structure
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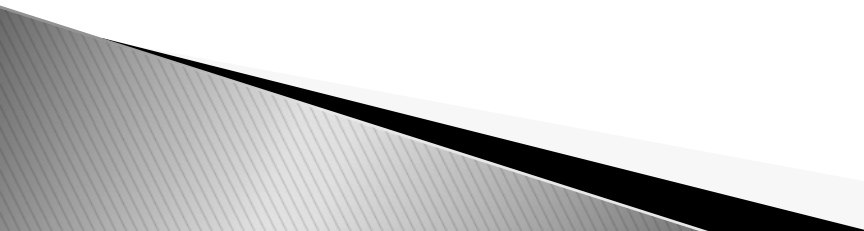
Developing the New Program

- Radical Change versus Gradual Change
 - Professional Team Experience
 - Forensic Influence
 - Current Population
 - Deciding the Goals of Treatment
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First Steps

- One Ward
- Staff Training
 - Training in Treating People with Intellectual and Developmental Disabilities
 - Training in Positive Behavior Support
 - Shaping Teamwork
 - Person-Centered Approach
 - Functional Behavior Assessment
 - Inclusion of Ward Staff

Teamwork

- Moving from Consultant–Type Treatment to Team Treatment
 - Staff Survey to Identify Problem Areas
 - Team Training Session
 - Change from Control to Supports
 - Adding a DBT philosophy
 - Building Confidence with Difficult Cases
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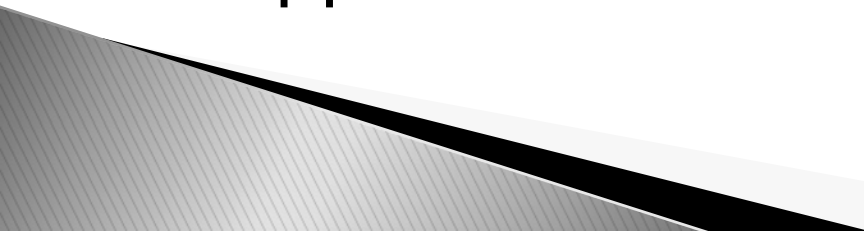
Facility Re-design

- Adding Two Wards
- New Name: New Outlook Program *for* Behavior and Mood Self-Management
- Facility Commitment
 - More Professional Staff: Including Special Education Teacher, Occupational Therapist, Music Therapist
 - Sensory Rooms on each Ward
 - Lower census

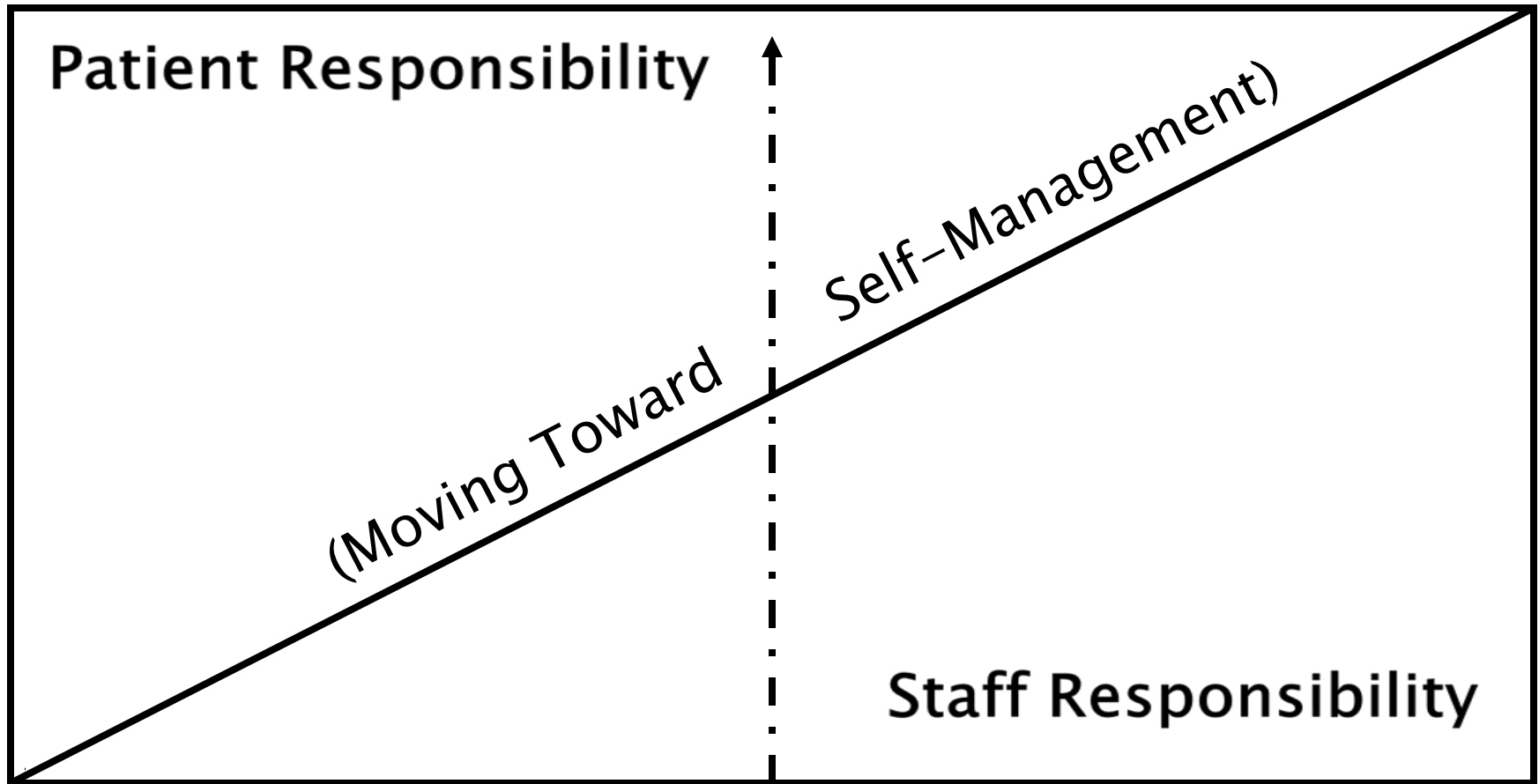
Who We Treat

- People with Intellectual and Developmental Disabilities
- People with Emotional and/or Behavioral Dysregulation

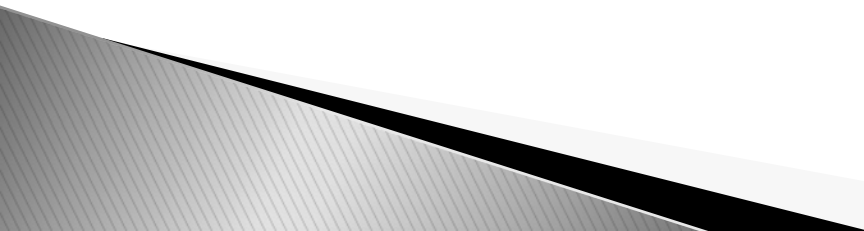
“Moving individuals with mood and behavioral dysregulation toward self-management through effective team work and positive supports!”



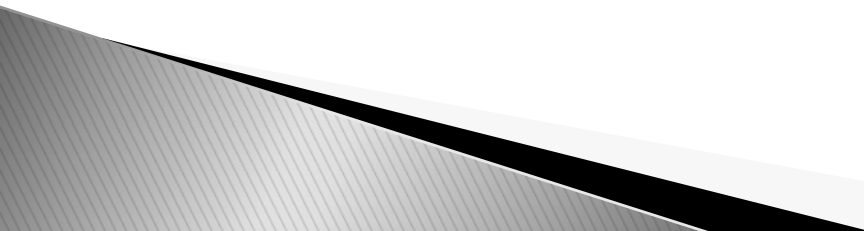
Shared Responsibility



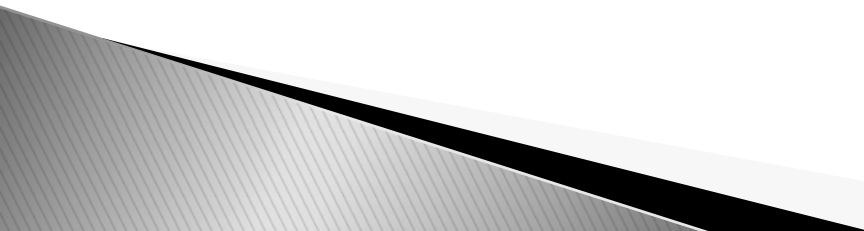
Stages of Treatment Model

- Orientation and Commitment
 - Staying Safe
 - Working on Behaviors that Interfere with Treatment
 - Working on Behaviors that Interfere with my Quality of Life
 - Increasing my Self-Management Skills
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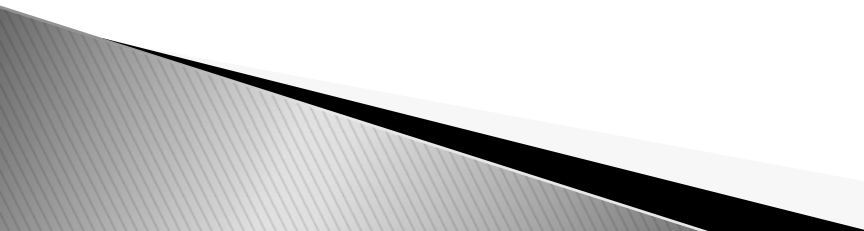
Orientation and Commitment

- Discuss pros and cons of changing behavior
 - Explain the program
 - Obtain commitment to change
 - Sample groups
 - May choose not to change
 - Primary therapy modality: Motivational Interviewing
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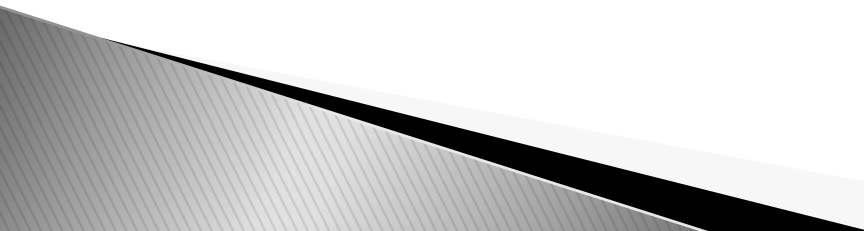
Staying Safe

- Actively work to stop hurting self or others
 - Team has responsibility to monitor safety
 - Willingly complete behavioral analysis following incidents
 - Team will coach for replacement skills
 - Emphasis on functional assessment of behavior
 - Will complete Diary cards
 - May require individual incentive plans
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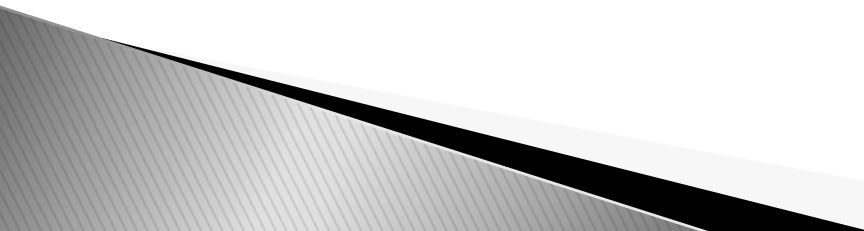
Behaviors That Interfere with Treatment

- Identify the Behaviors to Work on
 - Accept prompts and coaching
 - Attend all groups and activities
 - More of a partnership with the Team
 - Emphasis on DBT Skills groups, offender groups, behavior analysis
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Quality of Life Behaviors

- Has the ability to self-manage unsafe behaviors and therapy-interfering behaviors
 - Consult with the Team when needing coaching
 - Working on behaviors such as money management, substance abuse, academic issues, relationship issues
 - Coaching others, leader on the ward
 - Actively contributing to groups
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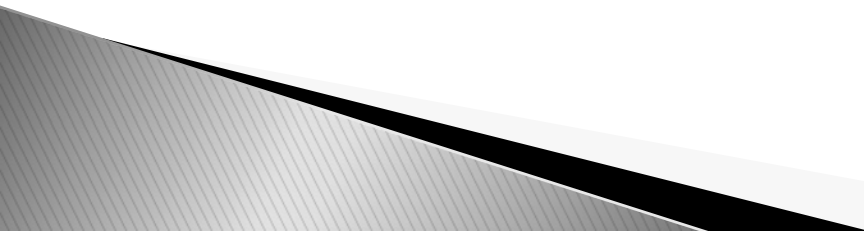
Increasing Self-Management Skills

- Full participant and leader in the program
 - Present in groups and coach others
 - Lead mindfulness groups
 - Active on all committees
 - Assist in program development
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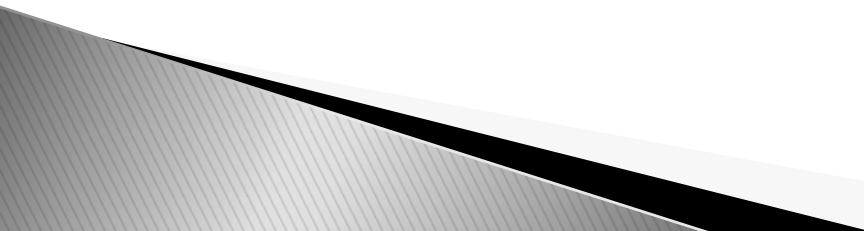
Privileges

- Differentiate between people who are engaged in treatment and those who are not
 - Build in safety mechanisms for those who display dangerous behaviors
 - Have numerous privileges available for those who are safe
 - Think outside the box! Be creative!
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Consequences

- Ward Confinement
 - Loss of Privileges
 - Repairs Council
 - Safety Meetings
 - Repair and Re-focus
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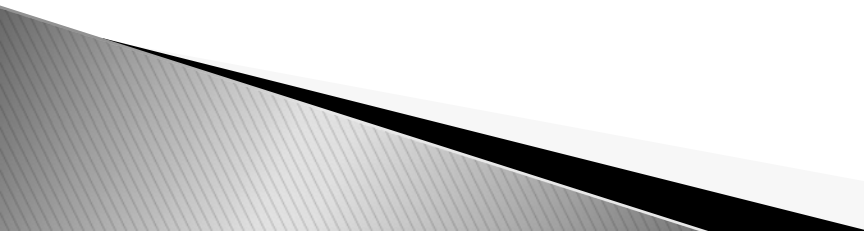
Intervention Protocol

- Notice dysregulation
 - Validate
 - What skills have you tried?
 - Suggest skills and continue validation
 - Repeat, repeat, repeat
 - If escalation continues, familiar staff takes the lead for de-escalation.
 - Grieve for the participant, if consequences occur
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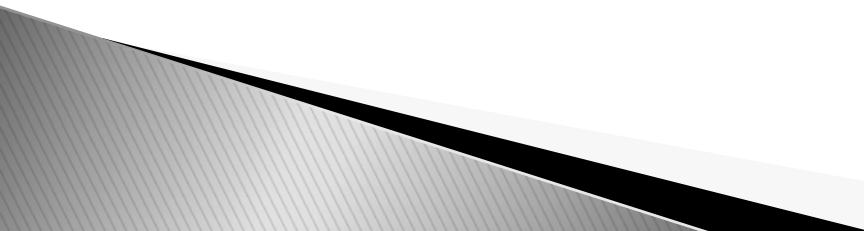
Treatment Components

- Dialectical Behavior Therapy
 - DBT Skills Groups
 - Behavior Analysis Groups
 - Mindfulness Groups
 - Diary Card Groups
 - Coaching
 - Individual Therapy
 - DBT Consultation Team
 - Acceptance Versus Change
 - Adopting the Philosophy
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Treatment Components

- Positive Behavior Support
 - Functional Behavioral Assessment
 - Incentive Plans/Program Modification
 - Behavioral Analysis Groups
 - Measurable Goals with Replacement Skills
 - Sensory Rooms/Weighted Blankets/Music Therapy
 - Motivational Interviewing
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Treatment Components

- Substance Abuse Groups
 - Violent Offenders Groups
 - Sex Offender Treatment
 - RESPECT Institute
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Outcomes

- 2-year participant data in intermediate security
 - 21 transfer to less restrictive setting
 - 3 transfers to maximum – 0 in last year
 - Downward trend in S/R
 - Decrease in staff/participant injuries

Discussion

- Input from consumers
- Future Directions
 - Adherence Measures
 - Database
- Questions from audience

References

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- www.apbs.org (teaching modules)
- Facilitator's Guide – Positive Behavioral Support; Florida Department of Education; Division of Public Schools and Community Education; Bureau of Instructional Support and Community Services
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