### Road to Success

Creating A Successful Environment Supporting People with IDD Mental Health

### Individual Advocacy Group

Dr. Charlene Bennett, CEO Melissa Rowe, Associate Executive Director

#### ? ? 2 ORT? 2

-

In Their Own Words

### "THE MONSTERS INSIDE OF ME WON'T GO AWAY!"

- person with schizophrenia

### "MY MOTHER SOLD ME FOR SEX WHEN I WAS A CHILD."

- person with trauma

### "WHEN I DON'T GET WHAT I WANT, I PUNCH HOLES IN THE WALLS!"

- person with challenging behaviors

"THE BAD MAN IN MY HEAD MAKES ME DO THE THINGS I DO. AND I DON'T WANT THOSE WHO ARE SUPPOSED TO LOVE ME TO BEAT ME ANYMORE."

- person with schizophrenia and trauma

### "I FEEL SO LONELY THAT I JUST WANT TO DISAPPEAR."

- person with depression

I AM TAKING A LOT OF MEDICATIONS AND I THINK THEY ARE CONTROLLING MY LIFE!"

- person with bipolar disorder

### "IN A WORLD FULL OF CHAOS AND OVER-STIMULATION, I NEED STRUCTURE."

- person with autism

### "WHY IS IT BAD FOR ME TO TOUCH OTHERS WHEN I WAS TOUCHED THAT WAY WHEN I WAS LITTLE?"

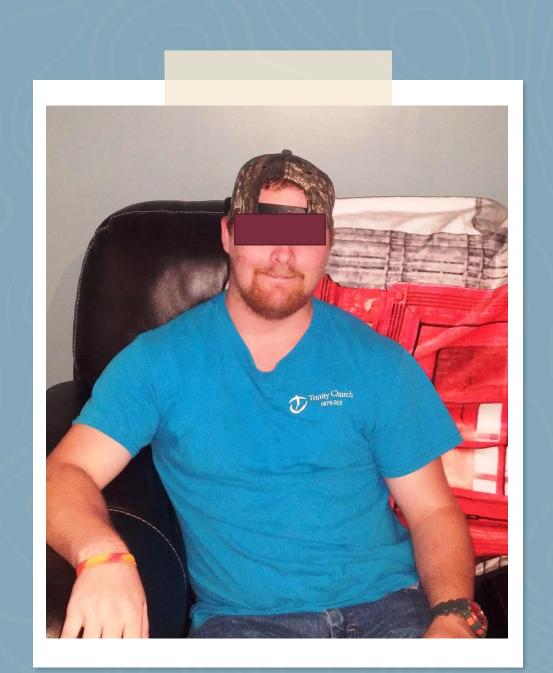
- person who experienced sexual abuse

"AFTER I WITNESSED THE MURDER OF MY BROTHER WHO WAS MY ONLY FAMILY, I BECAME MANY DIFFERENT PEOPLE TO COPE."

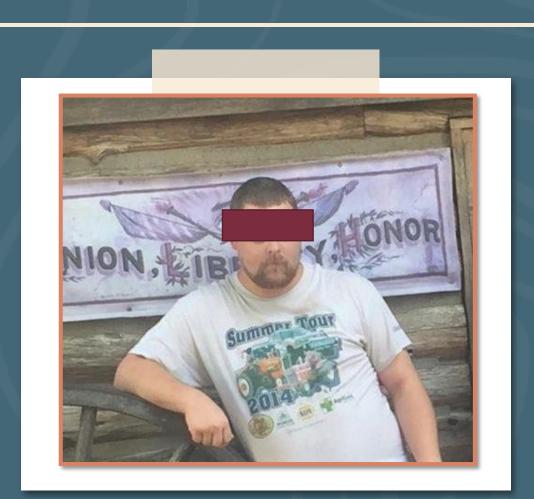
- person with extreme trauma and schizoaffective disorder

### To understand what IAC does, let's follow

## Zach's JOURNEY



ZG came to IAG at a time when he was struggling to maintain he mental health and was at risk of losing his ability to live a successful life in the community. He was in and out of psychiatric hospitalizations, engaging in physical aggression, elopement, property destruction, inappropriate sexual behavior, and self-injury. He needed help!



### Zach G.

### ZG struggles with the following:

### Mental Health

- Schizophrenia
- Bipolar Mood Disorder
- Oppositional Defiant Disorder

Intellectual Disability

### Behavior

- Physical Aggression
- Self-Injury
- Inappropriate Sexual Behavior
- Elopement
- Property Destruction
- MULTIPLE HOSPITALIZATIONS

... IAG was ZG's LAST chance!

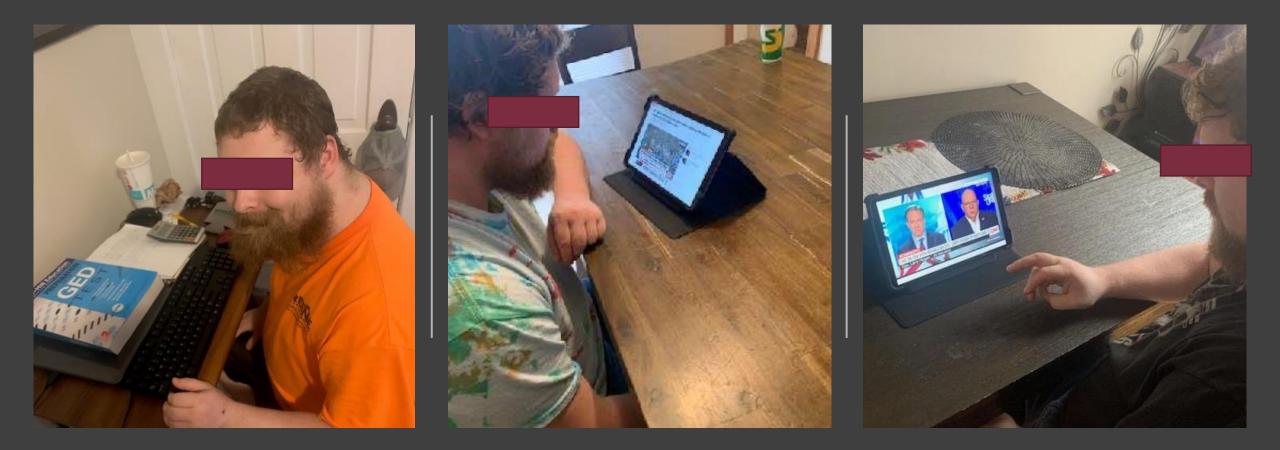


# Where is he now?



### Lives in Springfield, IL

Rents his own home with 2 friends



### Working toward his GED and Driver's License





### Spends time with FRIENDS

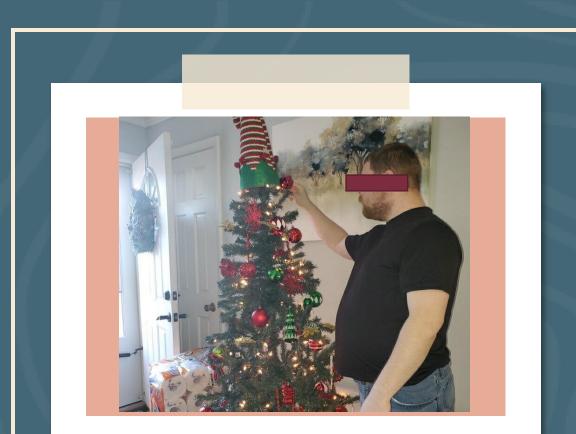






Participates as an active member of the COMMUNITY





Learned to use the SKILL system to manage his anger and other emotions.





### <u>NO</u> PSYCHIATRIC HOSPITALIZATIONS!

### LEARNING ENIPLOYABLE SKILLS



## **Enjoying Life**



### How Does IAG Achieve This Success?

## HOW DID WE DO IT?

### **PERSON-CENTERED APPROACH**

### TECHNIQUES FOR SUCCESS....

Getting to know and understand ZG



No Risk or N/A	At SAFETY (HOME)	Description of concern	Recommendations				
If entire "	"Safety (Home)" domain is not applicable, explain w	hy:					
Overview	v of individual's skills that help reduce risks in this d	lomain:					
	Dangerous or threatening neighbors or peers.						
	Conflicts with others in home.						
	History of abuse or neglect.						
	Poor compliance with needed supports by staff.						
	Unsanitary living conditions.						
	Home and/or necessary equipment in significant disrepair.						
	Unmet equipment needs.						
	Presence of harmful chemicals and/or cleaning products; lacks safe handling practices.						
	Lacks knowledge and/or skills to access emergency services (e.g. fire department, police, poison control).						
	Lacks capacity to self-evacuate in an emergency (e.g. fire, explosion).						

No Risk or N/A	At Risk	SAFETY (HOME)	Description of concern	Recommendations
If entire	e "Safety	(Home)" domain is not applicable, explain why:		
Overvi	ew of in	dividual's skills that help reduce risks in this doma	in:	
		Dangerous or threatening neighbors or peers.		
		Conflicts with others in home.		
		History of abuse or neglect.		
		Poor compliance with needed supports by staff.		
		Unsanitary living conditions.		
		Home and/or necessary equipment in significant disrepair.		
		Unmet equipment needs.		
		Presence of harmful chemicals and/or cleaning products; lacks safe handling practices.		
		Lacks knowledge and/or skills to access emergency services (e.g. fire department, police, poison control).		
		Lacks capacity to self-evacuate in an emergency (e.g. fire, explosion).		

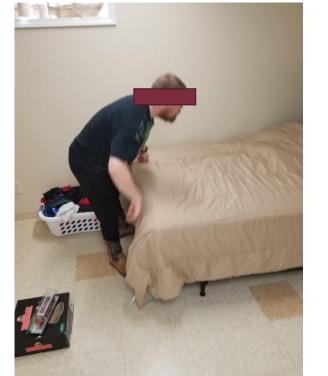
Risk	At	BEHAVIORAL	Description of concern	Recommendations		
or N/A	Risk	BEHAVIORAL	Description of concern	Recommendations		
		Lying or false accusations.				
		History of sexually aggressive behavior or sex offender behaviors.				
		Excessive fascination with or sexual abuse of children.				
		Risky sexual behaviors.				
		Risk of engaging in prostitution.				
		Self-injury.				
		Excessive self-stimulatory behaviors.				
		Suicidal ideation, gestures or attempts.				
		Exhibits symptoms of psychosis/psychotic behaviors (e.g. attending to absent stimuli, talking to nonexistent people, hallucinations, etc.)				
		Exhibits symptoms of anxiety/anxious behaviors (e.g. frequent pacing, rapid speech, perseveration, excessive worrying, etc.)				
		Exhibits symptoms of depression/depressive behaviors (e.g., negative self-tak, insomnia, hypersomnia, appetite changes, sleep changes, weight changes, trouble getting out of bed in the morning, excessive sadness, etc.)				

### DIGNITY OF RISK ASSESSMENT

- Continually Assessed for Appropriateness
- Changes made as needed (peer matching, staff changes, etc)
- Used as basis for functional goals and training programs

### ASSESSMENTS

- Pharmacology Review
  - I.e. Do meds match Diagnoses?
- Rule out Medical Causes
- Review Diagnoses
- Ongoing Behavioral Observations
- Environmental Analysis (i.e. location of bedroom)
- Sexual Assessment
- Mental Health Assessment
- Staff Matching
- Trauma History Assessment







### ACCESS TO MENTAL HEALTH SUPPORT AND PSYCHIATRIC CARE



## Training Staff on Mental Illness and Intellectual Disabilities





#### Safety Plan

When person-in-support exhibits precursor behaviors (e.g. pacing, increased vocalizations, glaring looks, making threats, stating he does not like a person, unable to change topic, etc.):

#### 1. REMOVE THE AUDIENCE.

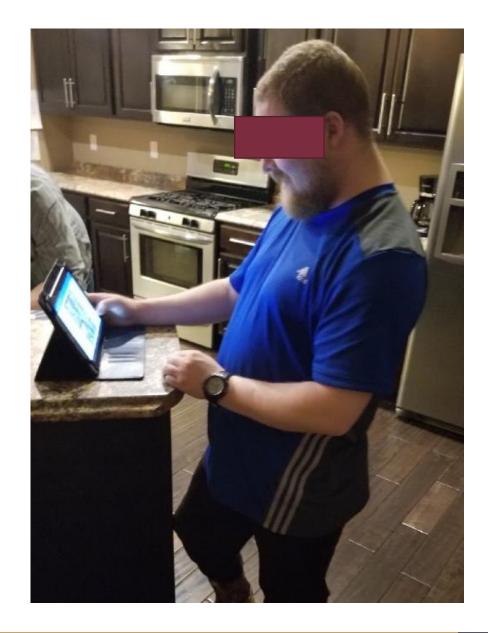
- At the first sign of agitation, remove persons-in-support into the man cave, the sunroom, outside, the closest safe area, or to go for a van ride for the duration of the incident with the doors closed and locked.
- Everyone (staff and peers) except staff member assisting person-in-support should be out of the area in a safe location and remain there for duration of incident.
- Additional staff should be within earshot to assist if needed or in case of emergency.
- 2. Only ONE staff should be providing support from a safe distance while prompting person-in-support to engage in a calming strategy/alternative behavior or asking how you can help.
- If person-in-support does not de-escalate, further your distance while using the WAIT strategy. Do NOT engage in reciprocal conversation, power struggles, or eye contact. You are ignoring the behavior while keeping yourself safe.
- If behavior escalates to physical aggression or property destruction, staff member monitoring
  person-in-support should remove themselves from the area to a safe location, while contacting the
  on-call to determine how to proceed.
- 5. Once person-in-support is calm for 15-minutes and is ready to talk staff will utilize SKILLS techniques to assess feelings, review what he can do next time he is feeling agitated, and offer coping strategies (e.g. breathing, listen to music, speaking with staff, ask to take a break in a quiet area, etc.)
- 6. If person-in-support begins to escalate again with staff interaction, staff should remove themselves to a safe area and continue to monitor until he is calm for at least 15 more minutes.
- Once coping strategies are utilized and person-in-support exhibits in a calm manner, staff should engage him in distraction activities.
- 8. Once calm have person-in-support clean up the mess, only if it is safe to do so.

### CREATE AND IMPLEMENT A SAFETY PLAN



## The SKILLS System

And Other Evidence-Based Practices



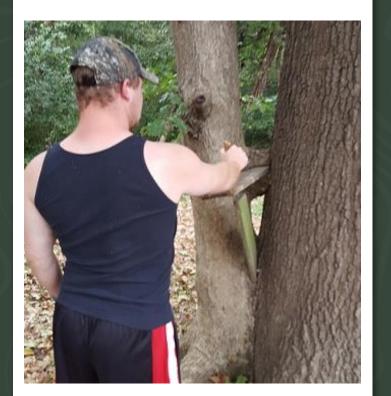


### **BUILDING STRENGTHS**

CELEBRATING SUCCESSES

MAKING ADJUSTMENTS





#### TIPS FOR SUCCESS

#### Zach

- ✓ Start Zach on a consistent schedule of rising, meals, <u>hygiene</u> and activities.
- ✓ If he becomes aggressive or agitated, give Zach a verbal prompt to refocus his attention to the task at hand. Do not keep saying "stop (insert behavior)" over and over again. If he does not respond to verbal prompts, go into the WAIT strategy.
- ✓ Offer him verbal praise for any tasks he completes, any cooperation with requests, etc.
- When making requests of him focus on what he completes and not what he doesn't. Praise completed tasks and then say something such as "you did such a great job at....now let's do this and show me how great you can do"
- ✓ Keep directions brief and allow Zach adequate time to process and respond.
- It is ok for Zach to not like something and get upset. Do not give into him to prevent behaviors. Set firm rules, limits and expectations and follow through.
- Zach should receive pre-teaching before any activities to ensure his understanding of the expectations and his role in the activity.
- ✓ You may have to repeat things to Zach more than once in order for his focus to change to the new topic at hand.
- Zach does better when a preferred activity is scheduled to occur after a non-preferred activity.
- Zach loves to work with his hands. This should be directed into appropriate and productive activities. Do not let him work on tasks or items that are inappropriate such as the garage doors, electrical plugs, etc.
- ✓ Do not respond to verbal aggression towards staff members. Ignore those behaviors.
- ✓ Zach responds best to firm, patient, calm, and consistent staff members. Do not be demanding, argumentative or enter into power struggles with him.
- ✓ When Zach is fantasizing about a long term goal, provide him with validation of the goal and redirect him to focus on the here and now. Use phrases such as "that's a really good goal to have, what do you need to work on now to get there?"
- Once a behavioral incident has been debriefed with Zach according to safety care techniques, do not continue to talk about the incident. Redirect him but letting him know you are not going to discuss the incident with him any further. It is a new day and he needs to get back on track and make better choices.





### "TIPS FOR SUCCESS"

Provides extra support for Zach and Staff



Name: Zach	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00	Wake up/chores	Wake up/chores	Wake up/ chores	Wake up/chores	Wake up/chores	Wake up/chores	Wake up/chores
8:00-8:30	Breakfast/	Breakfast/	Breakfast/	Breakfast/	Breakfast/	Breakfast/	Breakfast/
	cooking	cooking	cooking	cooking	cooking	cooking	Cooking
8:30-9:30	Exercise/hygiene	Exercise/hygiene	Exercise/hygiene	Exercise/hygiene	Exercise/hygiene 9:30-10 Athens house meeting	Exercise/hygiene	Exercise/hygiene
10:00-	Check in SSH	Check in SSH	Check in SSH	Check in SSH	10-11 Peer relationship mtg	Snack	Snack
10- 11:00	Look for jobs/ Fill out apps	YMCA 10-11:30	YMCA 10-10:45	Look for house	SSH Room		
11:00- 11:30	Ш	YMCA	11-12 Skills w/Diane H	II	Free Day		
11:30-12	Lunch	Lunch	Skills	Lunch	Lunch	Lunch	Lunch
12:00- 2:00	WOW experience	Volunteer at Habitat 12-2	12-lunch Volunteer at Habitat 12:45-2	Apprentice w/ Kenny 12-2	Outing reward	Free day	Free day
2:00-3:00	Break	Break	Break	Break	Break		
3:45-4:45	Drive to Athens	Prep food for dinner		Psych clinic w/Dr. Bennett	Prep food for dinner		
5:00-5:30	Dinner at Athens	Dinner	Dinner	Dinner at Dawson	Dinner	Dinner	Dinner
5:30-6:30 6:30-7	Skills /Angie Summer Games			Summer Games			9/19/18

### Structured Day Schedules Including Preferred Activities and Creating Day Experiences





## PROFESSIONAL SUPPORT

- Peer/Relationship
   Group
- Sexuality Education
- Individual Counseling
- Group Therapy





## Person-Centered Stabilization Plan

- Define what stabilization looks like for each person and how the person is able to achieve long term stabilization goals to live a successful life in the community!
- Developed throughout SSH program; modified as needed based on assessments and programming
- Staff trained on Stabilization Plan

# HOW DID WE DO IT?

**PERSON-CENTERED APPROACH** 

**STAFF SUPPORT** 

**STAFF SUPPORT** 



Open Communication CEO Listens to Concerns and supports staff through thick and thin!

#### Appreciation! Gift Cards Pizza Parties Time off

#### Skill Development Ongoing Training Trainer Opportunities

## TRUST

**STAFF SUPPORT** 



#### Career Growth

Advancement Opportunities Recognizing and Internal Promotion Respect And Teamwork

Learn Safety Care techniques Learn SKILLS System

#### Knowledgeable about each person in support

# Exhibit expertise in de-escalation



## **CREATING THE CAN-DO ATTITUDE**

#### The Role of the Leader/CEO



ALWAYS KEEP A POSITIVE OUTLOOK! Taking an Active Role in the Day to Day!

The Individual is 1<sup>st</sup>! Assure appropriate peer/staff matching. Utilizing DSP staff as Trainers and Peer Mentors

Person-Centered Philosophy carried through all programs!

## **CREATING THE CAN-DO ATTITUDE**

The Role of the Leader/CEO



Systems for Feedback Corporate risk meetings Auditing system

#### Strength-Based Assignments

#### Leadership Intervention Knowing/Understanding when to step in and help!

### Performance Feedback

## THE ROLE OF THE QIDP

The professional that coordinates all aspects of the supports



Assures that all the recommendations of techniques/strategies are implemented

Provides ongoing feedback to the team Visits the people in their homes to assure techniques are followed

Identifies risks and implements new strategies as needed

## THE ROLE OF THE QIDP

The professional that coordinates all aspects of the supports



Provides supports to staff

Communicates with leadership all issues/concerns as they arise

## **HOW DID WE DO HT?** PERSON-CENTERED APPROACH

**STAFF SUPPORT** 

CAN DO CULTURE



