

# Role of Behavior Support in Addressing Mental Illness in People with Intellectual Disabilities

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# Why Do We Need a Team Approach?

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- Lack of communication between MH providers in the community and MRDD providers
  - No effective working relationship
  - Misunderstanding about expectations and roles of team members
- Lack of education regarding how to differentiate between mental illness and behaviors
  - Who's job is it?
- Lack of knowledge on how to provide MH services
  - "we don't know how to serve these individuals"
  - Typically medications were the only treatment provided
- Lack of knowledge about how BS could enhance treatment

# Impact on Individuals

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- Individuals in limbo/falling through the cracks
- MH issues not effectively being addressed
- BS working alone to address MH without necessary training/expertise

# Impact on Individuals

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- Inability to gather necessary collateral information that therapist can bring to the table
- Increased time to stabilize behaviors
- Increased need for formal behavior plans

# Differences in Roles

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## ○ Behavior Supports Role

- Complete functional assessment
- Observation
- Gather collateral information
- Make recommendations about environmental changes, IP goals, strategies
- Develop behavior plan
- Coordinate team meetings
- In-services/training on behavior plans
- Documentation of behaviors/implementation of strategies

# Differences in Roles

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- MH Therapists Role
  - Diagnostic assessment
  - MH ISP
  - Provide MH services
    - Individual/group counseling
    - Case management
    - Pharmacological management
    - Consultation/education
    - Recommendations regarding creation of a therapeutic environment

# Benefits of a Partnership Between MH and Behavior Support

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- Working towards a more comprehensive approach
- MH Tx is based on the relationship between the individual and the therapist
  - Individual and therapist work together on mutually agreed upon goals
  - Involved providers are included, but majority of work takes place between the individual and therapist

# Benefits of a Partnership Between MH and Behavior Support

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- MH ISP's focus on how the individual can make positive changes toward goals
  - Most work done in weekly sessions
  - Homework
  - Recommendations are made regarding helpful strategies, however they are not a part of the MH ISP – and may or may not be followed
- MH recommendations and strategies can be defined in the context of the Behavior Plan

# Benefits of a Partnership Between MH and Behavior Support

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- BSS takes the strategies learned in therapy and ensures all providers are reinforcing skills learned on a regular basis
- Daily documentation on goals and behavior
- Part of the ISP and legally binding

# Benefits of a Partnership Between MH and Behavior Support

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- Provide one another technical assistance
  - Sounding board for creation of interventions and strategies
  - Monitoring of individual/plan/progress
- Integrated assessments
- Long range goal planning
- Maintenance of skills after MH fades out

# Benefits of a Partnership Between MH and Behavior Support

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- Leads to increased communication, ensures that everyone is on the same page
- Information/issues identified can then be addressed in therapy
- Information/issues identified in therapy sessions can also be addressed with the team
- Behavior reviews provide regular assessment of progress toward MH goals and opportunities to provide needed feedback to involved providers

# Benefits of a Partnership Between MH and Behavior Support

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- Ensures for collaboration between Psychiatrist and BSS
- Pharmacological management
  - May or may not have therapy services
  - Poor historians
  - Involved providers not always able to provided needed information
  - Information regarding the individuals history, current status and any recent changes
  - Written documentation of strategies, behaviors, and skills learned
  - Collateral information helps with assessment of medical intervention

# Benefits of a Partnership Between MH and Behavior Support

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- Behavior plans provide information regarding crisis management
  - Differentiates between behaviors and psychiatric symptoms
  - Provide specific strategies regarding how to address psychiatric symptoms
  - PRN Psychotropic Medications
  - Work with MH to come up with a workable crisis intervention plan in the case of a psychiatric emergency

# Benefits of a Partnership Between MH and Behavior Support

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- Allows for greater ability to identify need for MH or BS services and ensures that appropriate referrals are made (behaviors vs. mental illness)

# How Do the Pieces Fit Together?

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- MH ISP
- Behavior Support Plan
- MH individualized contracts based on progress toward goals
- House meetings
- Self-determination and advocacy

# Multidisciplinary Team Approach

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- Development of comprehensive plan
  - Individual
  - SSA
  - Residential provider
  - Guardian/parent
  - Habilitation specialist
  - Advocate
  - Parole officer
  - Other community provider

# Theresa

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- 40 yo Caucasian female
- Resides in group home with 3 housemates
- Initial referral to MH for anger management/grief and loss issues
- Secondary referral for BS due to increase in stealing

# MH Issues

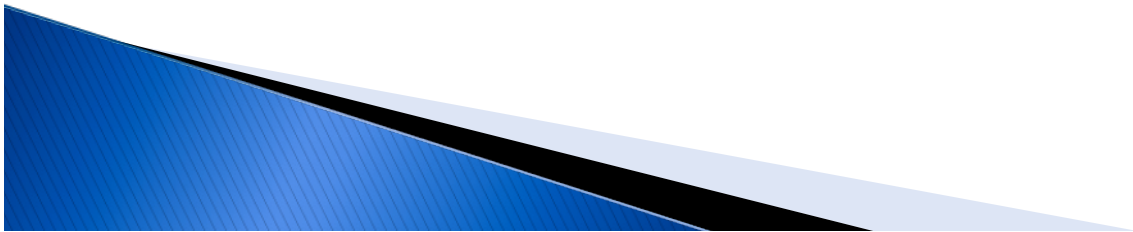
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- Increased anger outbursts
- Lying
- Stealing
- Frequent discord with peers/staff

# MH Issues

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- Work through grief/loss issues
- Learn/implement anger management skills
- Improve communication skills
- Extinguish episodes of stealing



# BS Issues

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- Initial referral for theft...
  - Lack of boundaries
  - Need for more structure in the home
  - Staff accountability
  - Increase ability to have needs met
  - Increased access to money

# Less Restrictive Interventions

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- Counseling
  - Grief and Loss
  - Anger Management
- Snack items separated and labeled
- Increased supervision
- Picture chore list
- Clothing inventory
- Spending money
- Clothing is tried on before purchased

# ISP Supports

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- Increased visits with her boyfriend
- Rights and Responsibilities Training
- Supports with meds, money, and visits
- Choice making
- Increased independence
- Interpersonal Relationship skills
- Laundry assistance
- Increased communication skills
- Community safety
- Escape Clause

# Behavior Plan

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- The Behavior plan utilized cards as training goal to increase and generalize use
  - Restitution for thefts
  - Understanding that if she doesn't have enough money to go somewhere she stays home

# How We Worked Together

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- Therapist shared strategies in place
  - Recommendations regarding utilization of coping skills
  - Cards
- Therapist shared concerns
  - Recommendations not always followed
  - Need for bridge between sessions
- MH recommendations became the goal/strategies of the behavior plan
  - Anger management
  - Stealing
  - Increasing communication
  - Assurances from staff that it was okay to tell the truth and honestly express wants/needs

# How We Worked Together

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- Instituted house meetings a safe means to communicate
- MH attended all behavior meetings
- Frequent communication/  
collaboration

# Outcome

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- Elimination of anger outbursts and fabrication of stories
- Significant decrease in stealing
- Increased ability to honestly communicate wants/needs
- Increased ability to spend time with significant other
- Dramatic improvement in mood
- MH fading services out

# Myriah

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- 36 yo single Caucasian female
- Currently residing in emergency residential placement
- Initial MH referral for grief/loss issues
- MH requested BS due to unsafe and oppositional/manipulative behaviors that were interfering with her ability to maintain residential placement

# MH Issues

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- Grief/loss issues
- SIB
- Anger outbursts
- Lying/manipulating
- Inappropriate behavior with peers

# MH Issues

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- Eliminate SIB
- Decrease anxiety
- Improve self-esteem
- Improve ability to make safe choices
- Improve ability to understand and utilize appropriate interpersonal boundaries

# BS Issues

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- Lack of personal boundaries
- Division of the team
- Increased supervision and monitoring
- Decreased access to the phone
- Ownership of the problems

# Less Restrictive Interventions

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- Moved from Co-ed to female home
- Women's Interpersonal Relationship and Sexuality Awareness Group
- Planned Parenthood curriculum
- Scheduled House Meetings
- Psychiatric Case Management

# ISP Supports

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- Problem Solving
- Work Choice and options
- Awake staff for hourly bed checks
- Positive affirmations
- Relaxation options

# Behavior Plan

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- The behavior plan focuses on problem solving with staff.
  - Written problem solving sheets completed with staff
  - Cards are used as an intervention strategy
  - Monitoring device used in room

# How We Worked Together

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- Therapist shared strategies in place
- Therapist shared concerns
  - Recommendations not always followed
  - Need for bridge between sessions
- BS developed plan that incorporated and formalized MH recommendations
  - Prompts for use of coping cards
  - Ensured that staff became part of her problem solving process on a daily basis
  - Strategies to assist with development of appropriate boundaries
  - Formal crisis plan due to threats of harm

# How We Worked Together

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- MH attended all behavior meetings
  - “GOOD COP/BAD COP”
- Frequent communication/collaboration – essential!!
- Worked together to eliminate ability for Myriah to manipulate individual team members

# Outcome

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- Improvement in honest communication
- Decrease in inappropriate behaviors
- Decrease in unsafe behaviors
- Remains challenging/continued collaboration will occur to address ongoing needs

# Challenges

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- Combining MH rules with BS rules to have successful outcomes for the individual
- Differences in roles of MH therapist and BSS (good cop – bad cop)
- Differences in philosophies
  - Consequences and boundaries vs. positive supports
  - PRN medications

# Challenges

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- Differences in wait time for services
- May be a lag time between BS services and MH services

# Lessons Learned

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- Involved providers don't always like approach taken
  - Time consuming
  - Staff intensive (at least initially)
  - Clinicians have increased involvement
  - Focus may be on positive or therapeutic interventions vs. consequences
  - Or may feel that consequences are necessary and struggle to get staff on board

# Lessons Learned

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- Sometimes will struggle – even with both programs involved
- Work well to manage crisis situations and maintain individuals in the community vs. hospitalization
- Case conferencing is essential
  - Promotes coordinated response
  - Ensures team approach
- Better clinicians/learning from each other
  - Increased knowledge about both therapeutic and behavioral interventions

## In Order for a Partnership Between MH and BS to Work:

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- Therapists must acknowledge the fact that individuals with ID do have mental illness
- Therapists must have knowledge of how to provide treatment to individuals with a dual diagnosis
  - Ability to be community based
  - Willingness to be an active part of the multidisciplinary team and share collateral information
  - Adaptations of techniques utilized
- Therapists must recognize need for collaboration and increased communication

# What is the Benefit for the Individual?

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- Improved quality of life
- MH interventions can be the least restrictive intervention eliminating the need for a formal behavior plan
- Increased likelihood that MH goals will be met
- Improvement in behaviors

# What is the Benefit for the Individual?

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- Ensures needs are identified and addressed
- Advocacy
- Increased staff buy in (understanding of MI/need for therapeutic environment)
- Team is working together to ensure for the success of the individual

# Benefits for Providers

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- Increased support for addressing problems
  - Better communication between team members
  - Staff are trained to intervene earlier in a more positive manner
  - Faster response time if changes are needed
  - Increased willingness to allow team involvement

# Benefits for Providers

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- More comprehensive staff training
  - Behavior support techniques, interventions and state rules
  - Education regarding mental illness and effective treatment strategies
  - Education regarding how to best advocate for the consumer in the community or when accessing community resources

# Conclusion

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- Building a collaborative relationship between MH and BS increases ability to effectively serve individuals with a dual diagnosis
- BS services can be a key component to successful mental health interventions

# Questions?

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