

Innovative treatment program addressing the needs of underserved, very diverse populations

(Personality Disorders and IDD/ASD)

Stacy Talbot, RSSW

Justice Services Case Manager, CMHA Nipissing

Amy Betzner-Massana, RP

Developmental Disabilities Service Clinician, CMHA Nipissing in partnership with the North Bay Regional Health Centre

“Developing effective emotion-regulation skills is an important step toward managing life’s complexities, verses becoming paralyzed by them. Regulating emotions does not mean erasing them; it means proactively and reactively making adjustments in behaviour that help the individual maintain balance.”

Dr. Julie F. Brown

Today's Agenda

- The issues
- Brief overview of Personality Disorders, Intellectual Disability, Autism Spectrum Disorder
- Best practice for treatment – DBT overview
- The Skills System
- Mock Group
- Questions and observations

The Issues

- Individuals who have a reputation of difficult to manage behaviour and diagnoses on the personality disorder spectrum are often denied access to local programs in the Nipissing district
- Often these unsupported individuals have had consistent contact with the police, mobile crisis/EMS or have received criminal charges
- Individuals with dual diagnoses of mental health and intellectual disability/autism spectrum disorder are denied access to Ontario Ministry of Health (MOH) funded community mental health programs in Nipissing district

The Issues cont.

- There is a waitlist for Ministry of Community and Social Services (MCSS) funded residential, vocational and clinical support programs
- MCSS programs in Nipissing district are inexperienced in assisting individuals with mental health diagnoses
- There is limited access to mental health and behavioural supports for youth in the region
- Justice Services and Dual Diagnosis Programs at CMHA Nipissing recognize a common need for an emotion –regulation skills development program

Paul Gilbert

- Written extensively about the idea that our emotions are governed by three systems known as the threat, drive and soothe systems
- Threat: Generally speaking all living creatures are good at anticipating and avoiding threat in order to survive.
- When active the threat system leads to emotional responses such as anxiety, anger, or depression.
- As such, the threat system also generates corresponding behavioural responses such as to
 - ‘fight’ (i.e., aggression)
 - ‘flight’ (i.e., avoidance)
 - ‘freeze’ (i.e., being submissive or passive)

- Personality is reflected in behaviour and experiences that occur consistently across a variety of situations and throughout the individual's lifetime
- A persistently disrupted personality can be classified under categories of Personality Disorder
- A deeply ingrained pattern of behaviour of a specified kind that deviates markedly from the norms of generally accepted behavior, typically apparent by the time of adolescence, and causing long-term difficulties in personal relationships or in functioning in society

Personality Disorders – DSM 5

The Diagnostic and Statistical Manual of Mental Disorders version 5 is used by health professionals to diagnose mental health disorders

Personality disorders are grouped into clusters

“A” Paranoid, Schizoid, Schizotypal

“B” Antisocial, Borderline, Histrionic, Narcissistic

“C” Avoidant, Dependent, Obsessive-Compulsive

“*Other*” Personality change due to another medical condition, Other specified, Unspecified

DSM-V Intellectual Disabilities Diagnostic Criteria

- Deficits in intellectual functions, such as reasoning, problem solving, planning, abstract thinking, judgment, academic learning, and learning from experience, confirmed by both clinical assessment and individualized, standardized intelligence testing – IQ less than 70
- Deficits in adaptive functioning that result in failure to meet developmental and socio-cultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, across multiple environments, such as home, school, work, and community
- Onset of intellectual and adaptive deficits during the developmental period

DSM-V Autism Spectrum Disorder

- Persistent deficits in social communication and social interaction across multiple contexts
- Restricted, repetitive patterns of behavior, interests, or activities
- Symptoms must be present in the early developmental period
- Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning
- These disturbances are not better explained by intellectual disability

DM-ID Diagnostic Manual-Intellectual Disabilities

- Offers adaptations of the DSM diagnostic criteria for individuals with ID
- Individuals with ID are likely to experience a delayed development that may result in an immature or a less developed personality which will have traits or features of Personality Disorder
- These diagnoses should be avoided in people with ID because it is difficult to differentiate their diagnostic category from underlying ID.
- Traits that resemble Dependent Personality Disorder may be legitimate

Risk Factors Intellectual Disabilities

- Recognizing common disorders in patients with ID such as anxiety, depression and psychosis can be difficult since the same behaviour symptoms are often inherent in the condition
- social and academic demands may be higher than cognitive ability, causing frustration
- recognizing the differences that exist between themselves and others, can increase level of anxiety and lower self esteem, thus more vulnerable to anxiety and mood disorders
- Intellectual disabilities are further complicated by mental illness (conservative estimate of 30%)

- Full inclusion in the community can be hampered by the individual's limitations in cognitive level, interpersonal skills, and adjustment problems both socially and in the world of work.
- Persons with an intellectual disability, combined with significant behavioral or psychiatric problems, will require a holistic treatment plan, possibly including:

psychotropic medication, behavioural supports, social supports

other individualized services to assist in their inclusion in society

various forms of modified psychotherapy – The Skills System

Changing Brains Mean that Adolescents Act Differently From Adults

Pictures of the brain in action show that adolescents' brains work differently than adults when they make decisions or solve problems. Based on the stage of their brain development, adolescents are more likely to:

- act on impulse
- misread or misinterpret social cues and emotions
- get into accidents of all kinds
- get involved in fights
- engage in dangerous or risky behavior

Adolescents are less likely to:

- think before they act
- pause to consider the consequences of their actions
- change their dangerous or inappropriate behaviors

Dr. Robert Morasky, 2007, NADD Bulletin (Vol 10, No. 3)

- Suggests changes to therapy when working with clients with ID to account for differences in memory, ability to reason and generalize, problem solve, plan and make decisions
- Can increase effectiveness by adjusting the pace of therapy and the number of ideas or themes addressed, use basic rather than abstract concepts and reduce complexity
- Collaboration with family members and other support people enables practicing of skills learned in therapy and familiar settings
- With appropriate modifications, psychotherapy for people with ID is helpful and empowering for clients.

Developmental Disabilities Service

- North Bay Regional Health Centre Regional Outreach and Inpatient Program covering Northeastern Ontario (LHIN Funded)
- Provide psychiatric assessments and treatment plans for individuals with dual diagnoses of an intellectual disability and/or autism spectrum disorder, and a mental health disorder
- Partnerships with Ontario Ministry of Health funded mental health agencies who provide regional based clinicians
- Working relationships with Developmental Services Ontario-Ontario Ministry of Community and Social Services funded programs
- Regional Inpatient program – 2 lodges (Birch and Maple), 7 inpatients on each lodge

2010

- Dialectical Behaviour Therapy (DBT) is the most researched psychotherapy for Borderline Personality Disorder. This form of Cognitive Behaviour Therapy (CBT) traces the person's emotional upheaval to a combination of temperament and an invalidating environment. DBT emphasizes validating and accepting the person's experience while focusing on change.
- DDS Psychiatrist (Dr. Ken Boss) recommends that a client receive Dialectical Behavior Therapy (DBT) to address emotion regulation symptoms
- Discovered no such therapy was available in Northern Ontario and submitted a request to the North Community Network of Specialized Care (NCNSC), which is a Network of specialized clinicians who work with Individuals with Intellectual Disabilities

2010 –continued

- Stephen White, Clinical Psychologist with the NCNSC, connected via Video Conferencing with community partners across Northern Ontario to form an Adapted DBT research committee
- Committee members consist of clinicians who specialize in the treatment of individuals with IDD/ASD.
- Membership from Thunder Bay, Sault St Marie, Timmins, North Bay, Sundridge and Bracebridge
- Bi-weekly 2 hour sessions reviewing each chapter of Marsha Linehan's "Cognitive Behavioral Treatment of Borderline Personality Disorder" Textbook
- Committee concluded that the typical DBT would most likely not be successful as a treatment strategy for the specialized population due to the cognitive complexities and homework demands of this type of therapy

The Skills System

- Sept 2011 Adapted DBT Committee members met over a 2 day period in Sudbury to research other emotion-regulation therapies designed for people with Intellectual Disabilities
- Discovered “The Skills System” an emotion-regulation skills curriculum for all learning abilities
- Connected with Dr. Julie F. Brown who developed the course after 2 decades of working with people with I.D. in Boston
- Fall 2012 Committee continued to meet bi-weekly for 8 months; familiarizing themselves with “The Skills System” curriculum and running practice sessions

Justice Services CMHA Nipissing Court Diversion Program

- Many of the candidates for Mental Health Court Diversion don't meet the criteria for traditional community based mental health treatment and supports
- WHY?
- Mental health issues are not part of the “3 d's”
- **Diagnosis:** No diagnosis or a personality disorder diagnosis
- **Disability:** Symptoms are mild or situational
- **Duration:** has not had symptoms for more than 10 years or expected to last more than 10 years

The Skills System – Court Diversion

- The majority of charges have been in relation to their inability to regulate emotions – assault, mischief, threatening to cause death or bodily harm, criminal harassment, domestic assaults.
- These individuals have limited, unhealthy or no coping skills to manage life stressors
- These individuals are “falling between the cracks” because they don’t meet criteria for Ministry Of Health or Ministry of Community and Social Services funded services i.e. on the Autism spectrum without an intellectual disability, have not yet been formally diagnosed, no chronic or persistent mental illness such as schizophrenia or bipolar disorder or waitlist issues

The Skills System Local Demographics

- Psycho-social deprivation
- PTSD Symptoms in First Responders and Military members
- Survivors of Sexual Assault
- Addictions – no concurrent disorders programs offered in the community
- Children's Aid Society Survivors – Transition from youth to adult services, limited emotional supports for both the children and the parents who have lost custody
- Limited opportunity to address childhood trauma

Youth Referral Demographics

- Contact with criminal justice system
- Psychosocial Deprivation
- Intellectual Disabilities
- History of Trauma
- FASD
- School expulsions due to emotion dysregulation
- Acquired Brain Injury
- Addictions

The Skill System – Court Diversion/DDS Partnership

- Winter 2013 CMHA Nipissing recognizes the need for modified emotion regulation treatment for individuals coming through the court diversion program to meet the conditions of court diversion
- Spring 2013 DDS Clinician and Justice Services Case Manager participate in pilot project 12 week Skills System Northern Ontario Video Conference sessions with 2 clients via video conferencing at NBRHC
- Fall 2013 CMHA Nipissing and Justice Services Case Manager run initial “unplugged” groups at CMHA Main office with 5 participants

“The Skills System” An Emotion-Regulation Skills Curriculum for all learning abilities

- Dr. Julie F. Brown, MSW, PHD, is the director of program development at Justice Resource Institute’s Integrated Clinical Services in Rhode Island
- She developed the program over the course of 2 decades of work with individuals who experience learning challenges and emotional difficulties
- This fills a critical need providing DBT based techniques and related treatment procedures to individuals with emotional and intellectual challenges
- Complex emotion regulation challenges are broken down into manageable problems using a series of steps that people of many different skill levels can apply for themselves

The Skills System-weekly session outline

12 weekly - 1.5 hour sessions

- Opening Mindfulness breathing exercise –ring bell 6 times
- Skills Review
- Homework review

- Explore existing knowledge base (E-Spiral 1)
- Encoding phase – teaching the new topic (E-Spiral 2)
- Elaboration – Linking previous and new learning (E-Spiral 3) – repeat, repeat, repeat!!

- Ending – Orienting to skills application and homework
- Weekly Satisfaction Survey
- Mindfulness Breathing Exercise

Week 1: Program Introduction

- Ice breaker

Name, favourite food, what you hope to achieve by coming to this class

- Group participation agreement

- Pre-Group Questionnaire

- Main Topic of Discussion –
Introducing Mindfulness
Introducing the 9 Skills

- Homework and feedback

Mindfulness

- Moment-by-moment awareness of our thoughts, feelings, body sensations, and surrounding environment, through a gentle, nurturing lens.
- When we practice **mindfulness**, our thoughts tune into what we're sensing in the present moment rather than judging the past or imagining the future.

Traditional DBT Program

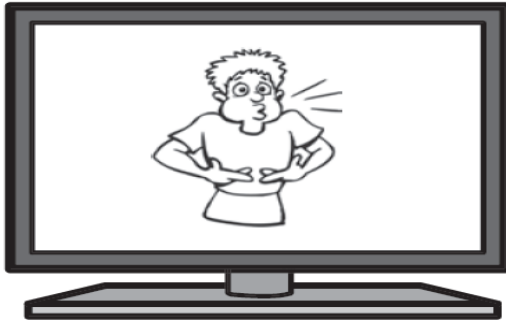
- Marsha Linehan – “Cognitive-Behavioral Treatment of Borderline Personality Disorder”
- DBT Creator focusing on the treatment of suicidality
- Mindfulness is the core skill in DBT
- First Skills taught

3 “what” skills-observe, describe and participate

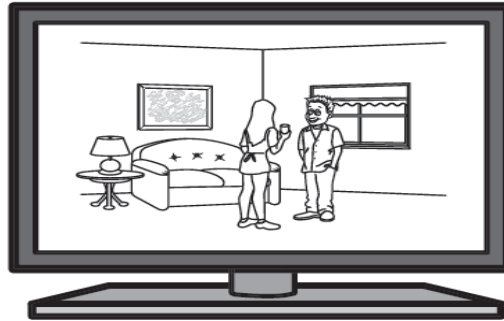
3 “how”-taking a nonjudgemental stance, focusing on one thing in the moment, being effective

Focus 100% on the Clear Picture Do's

1. Notice my breath



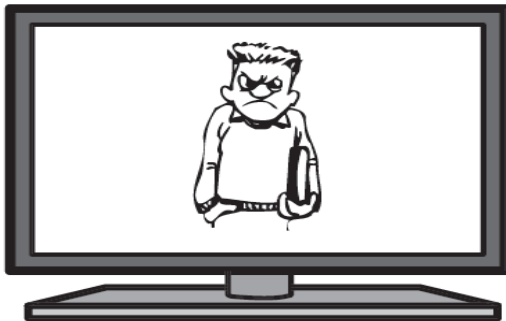
2. Check my surroundings



3. Body check



4. Label and rate my feelings



5. Notice my thoughts



6. Notice my urges



0 1 2 3 4 5

Breathe

Notice Surroundings

Body check

Label and Rate my emotion

Notice my thoughts

Notice my urges



The Skills System

Nine Skills to Learn - First 5 are “All the time Skills”

1. Clear Picture 

2. On-Track Thinking 

3. On-Track Action 

4. Safety Plan 

5. New-Me Activities 

The Skills System

Last 4 are “Calm only Skills”

6. Problem Solving



7. Expressing Myself



8. Getting It Right



9. Relationship Care



The Skills System – Week 2 System Tools

The Skills System- Handout 3

How I Use the Skills System

a.

FEELINGS RATING SCALE

0-1-2-3-4-5



The Feelings Rating Scale is a 0-1-2-3-4-5 scale I use to rate how strong my feelings are. The Feelings Rating Scale helps me know what skills and how many skills I need to use in a situation.



Feelings Rating Scale

At a 5, I harm myself,
others, or property.



5

**OVERWHELMING
FEELING**

At a 4, I have a hard time
talking and listening and
staying on-track.



4

**STRONG
FEELING**



3

**Medium
feeling**



2

**Small
feeling**



1

**Tiny
feeling**

At 0–3 feelings, I can
talk and listen and
stay on-track.



0

No feeling

Categories of Skills



1. Clear Picture



2. On-Track Thinking



3. On-Track Action



4. Safety Plan



5. New-Me Activities

**All-the-Time
skills**



0–5 emotions

Categories of Skills



6. Problem Solving



7. Expressing Myself



8. Getting It Right



9. Relationship Care

Calm-Only skills



**Only 0–3
emotions!**

Recipe for Skills

Once I know my level of feeling (0-1-2-3-4-5), I use the Recipe for Skills to decide how many skills I link together in a skills chain. Skills masters use more!



Combine one skill for EVERY level of emotion:



Level 0 feeling = At least one skill

Level 1 feeling = At least two skills

Level 2 feeling = At least three skills

Level 3 feeling = At least four skills

Level 4 feeling = At least five skills

Level 5 feeling = At least six skills

Briefly describe a situation when you felt stressed this week.

Feelings Rating Scale:

I felt _____ at a level _____

Categories of Skills:

I use my All-the-Time skills when I am at a 0 to 5 level of emotion.

Could I use my All-the-Time skills in the stressful situation?

YES or NO

I use my Calm-Only skills when I am at a 0 to 3 level of emotion.


Could I use my Calm-Only skills? YES or NO

Recipe for Skills:

I was at a level ___ of emotion, so I needed to use ___ skills.

One Word Mood Check

Angry	Sad	Anxious	Hurt	Embarrassed	Happy
Grumpy	Disappointed	Afraid	Jealous	Isolated	Thankful
Frustrated	Mournful	Stressed	Betrayed	Self-conscious	Trusting
Annoyed	Regretful	Vulnerable	Isolated	Lonely	Comfortable
Defensive	Depressed	Confused	Shocked	Inferior	Content
Spiteful	Paralyzed	Bewildered	Deprived	Guilty	Excited
Impatient	Pessimistic	Skeptical	Victimized	Ashamed	Relaxed
Disgusted	Tearful	Worried	Aggrieved	Repugnant	Relieved
Offended	Dismayed	Cautious	Tormented	Pathetic	Elated
Irritated	Disillusioned	Nervous	Abandoned	Confused	Confident

What is Skill #1?	
What is Skill #2?	
What is Skill #3?	
What is Skill #4?	
What is Skill #5?	

What is Skill #6?	
What is Skill #7?	
What is Skill #8?	
What is Skill #9?	

Weekly Review Questions

10. Who can tell us about the Feelings Rating Scale?
11. What are the categories of skills?
12. Which skills are All-the-Time Skills
13. At what level of emotion can we use the All-the-Time skills?
14. Which skills are the Calm Only skills?
15. At what level of emotion can we use the Calm Only skills?
16. What is the Recipe for Skills?
17. What are the six Clear Picture Do' s?




2. ON-TRACK THINKING

HANDOUT 1



Check It

Does the urge help me reach my goal?

Helpful 

or



Not Helpful?



Turn It Up 

to On-Track Thinking



Cheerleading

Cheerleading thoughts coach me to Do What Works to get me to my goal.

"I don't want to go off-track."

"I want to reach my goal."

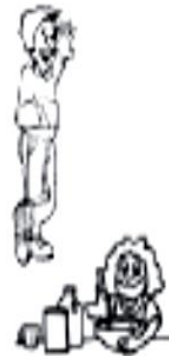
"I will make the best of it."

"I can handle this."



Make a Skills Plan

- Can I use Calm-Only Skills?
- How many skills do I need?
- What skills will I link together to help me reach my goal?



Take an On-Track Action



2. ON-TRACK THINKING

GROUP PRACTICE ACTIVITY

Instructions: Please work together to fill in the blanks in this story.

Situation: Jill has a meeting with her boss this morning and she is running 10 minutes late for work. She gets in her car and . . .

She noticed her breathing was _____.

She did a body check and noticed _____

She noticed her surroundings _____

She was feeling _____ at a level _____.

She was thinking _____.

She had the urge to _____.

Jill checked her urge and it was ON-TRACK or OFF-TRACK to her goal?

(If off-track) What was Jill's Turn It Up thought? _____

Cheerleading thoughts: _____

Jill made a Skills Plan. Because Jill was at a level _____ of feeling, she could use her

All-the-Time Skills

Calm-Only Skills

How many skills did she have to use? _____

What skills could Jill link together in this situation?





Accepting the Situation

When do I practice acceptance?



When I have done all I can and have to wait for the situation to change.



When I have to move away from something because it is making my feelings level go up too high.



When I have to give my feelings time to go down below a Level 3 until I can use my Calm-Only skills.



When there are things I don't want to do and have to anyway.



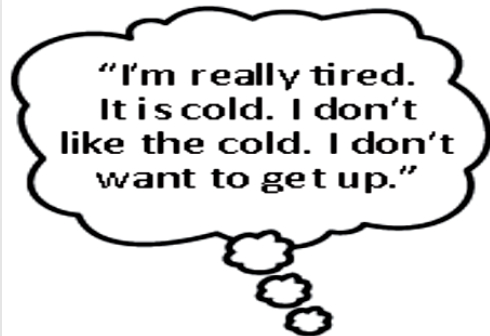
When there is nothing I can do to change the situation right now.



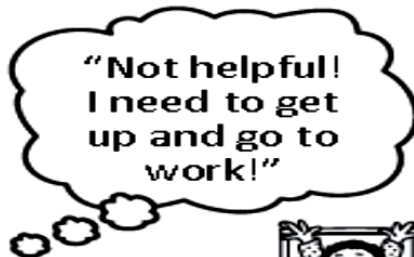
When life gives me lemons, I accept and make lemonade.



Switch Tracks to On-Track Action



1. Clear Picture



2. On-Track Thinking



3. On-Track Action!

Helpful Hints:

Jump On-Track with Both Feet!

I give 100% effort and focus to my On-Track Action.

One foot off-track and one on-track is still off-track!

Do the Opposite Action of Off-Track Urges!

Doing an Opposite Action can help me get used to things I want to avoid. If I would like to dance but avoid it because I am afraid, I do the opposite. I take lessons and ask people to dance. Opposite Action can make me feel good things I tend to avoid!



4. SAFETY PLAN

WORKED
EXAMPLE 3



Written Safety Plan

Name: _____ Date: _____

Getting a Clear Picture of the risk:

What is the risk? I feel like yelling at my coworker.

Who is involved? Me and Joe

Where is the risk? In the break room

When is the risk happening? 10:00 a.m. tomorrow morning

Is the risk LOW MEDIUM HIGH

Making a Safety Plan:

Low risk = focus in New-Me Activities.

What activity will I focus on? _____

Who can I talk to? _____

Medium risk = I move away and focus on an activity.

Where will I go? I will go outside instead.

Who can I talk to? I will ask my friend to help me.

What activity will I do? I will take a walk and get some fresh air.

High risk = I leave the area, talk to someone, and do an activity.

Where will I go? _____

Whom will I talk to? _____

What activity will I do? _____



Doing Focus New-Me Activities helps me have clear thinking.

They can help me go from feeling:



Confused to **Focused**



These activities help me to focus my mind:



Organizing



Cleaning



Counting



Sorting



Folding



Following
a recipe



Reading



Video games



Computer



Playing cards

Helpful Hints:

Have a few Focus New-Me Activities to do when feelings are high.

Playing solitaire, doing a word search, making a puzzle, and cleaning help me focus and stay on track.



Doing Feel Good New-Me Activities helps me to relax and be more comfortable.

They help me go from



Feeling stressed to **Feeling better**



I look



I listen



I smell



I taste



I touch



Pleasant Things



I enjoy nature



I listen to music



I smell nice things



I enjoy healthy food



I do self-care

Helpful Hints:

Have a few Feel Good New-Me Activities to do when feelings are high.

Changing into cozy clothes, sitting in the sun, eating chocolate, and belly breathing help me feel better when I am uncomfortable.



Doing Fun New-Me Activities to add joy and happiness to my life!

They can help turn my mood from



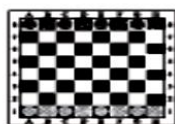
Grumpy to **Happy**



I do sports



I make crafts



I play games



I watch TV
and movies



I cook



I sing



I dance



I chat



I hang out



I go out

Helpful Hints:

Do Fun New-Me Activities each day.

I go to the park, call friends, watch TV, and drink tea.

Have Fun activities that are free and easy to do.

I take a walk, listen to the radio, and pet my neighbor's dog.

Try new Fun New-Me Activities.

I sometimes need to do an On-Track Action to try new activities. I get nervous at first but then jump in with both feet! Maybe I go to the library, take a bus somewhere new, or go on a picnic!



Doing Distraction New-Me Activities help me to take a break and turn my mind away from off-track things.

They can help me go from feeling



Frustrated to **Calmer**



These activities help me distract my mind:



Listening to the radio, CDs, and MP3s



Watching TV, sports and movies



Play video games or going online



Reading magazines or books



Cold—hold ice cubes/ice packs



Strong flavors: spicy food, sour candy, fire balls, gum, and mints



Exercise large muscles: running, yoga, workout DVDs, exercise balls, weights, and walking—Do what you can!

Helpful Hints:

Watching TV, cold water on my face, listening to head phones, and walking outside help distract me while feelings go down.



Problem Solving is a Calm-Only skill. I have to be at a 0–3 emotion to do Problem Solving. I have to be focused, so that I can think things through to reach my goals. Problem Solving:



Problem Solving

Clear Picture of the Problem

What's my goal and what's in my way?

Size of the problem: small, medium, and large



Check All Options



Fast forward each option.

Check the pros and cons.



Make Plans A, B, and C

Plan A is the best option.

Plan B is a back-up or second favorite option.

Plan C is the option if A and B don't work.

Helpful Hints:

Fix Problems in Wise Mind.

I want to see small problems as small problems, so I don't overreact and drive my feelings to higher levels. I also want to see big problems as big problems, so I do enough to fix them.



Ignoring problems can make problems bigger and feelings stronger.





Name: _____ Date: _____

Expressing Myself Plan

What is something that is On My Mind or In My Heart?

It is a: Thought Concern Need Feeling Like/dislike Hope/dream

Other: _____

Who do I need to Express Myself to?

Why is it important to express this?

How can I best Express Myself?

Talk in person Phone call Video Signing Letter E-mail Text Body language

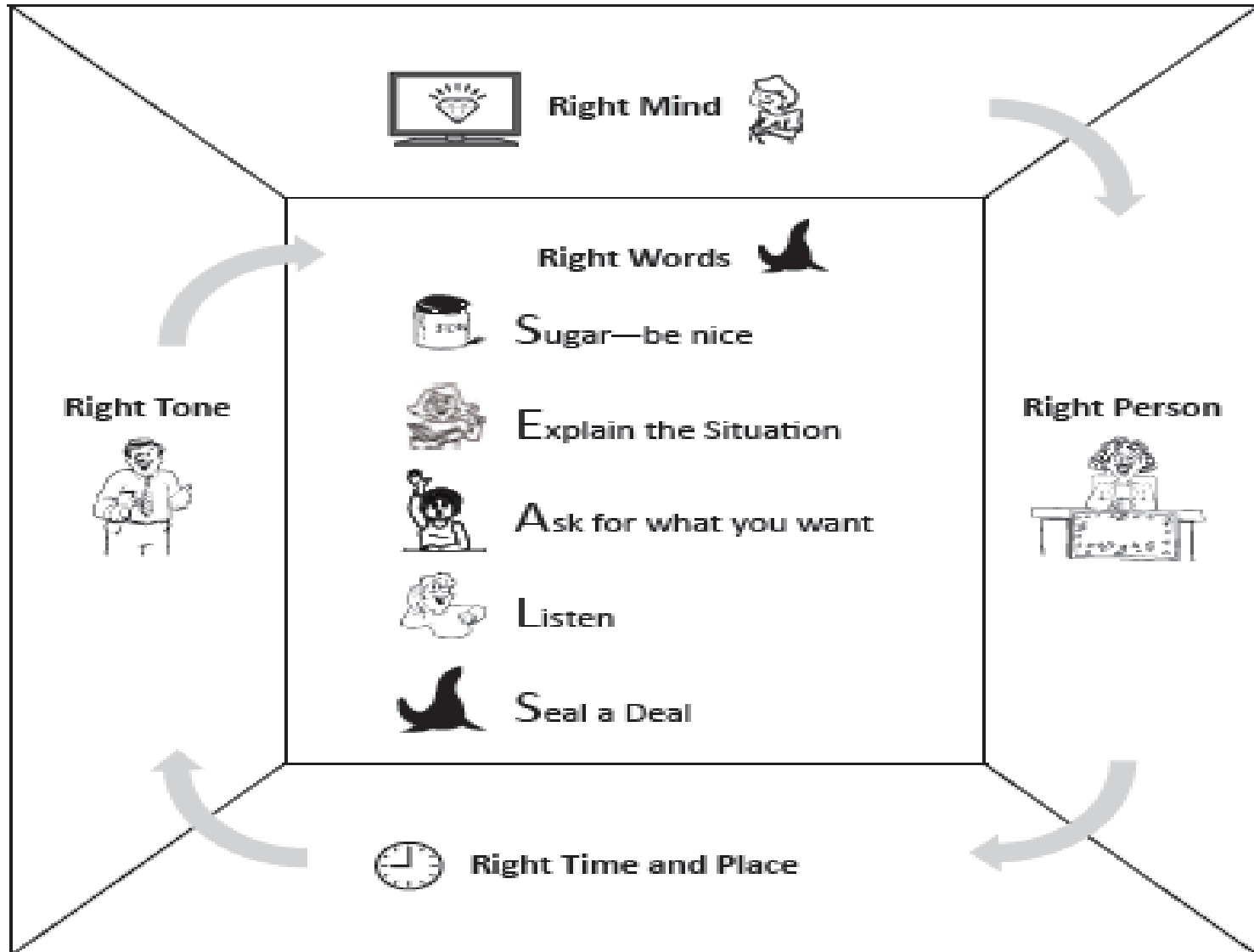
Other: _____

When is it best to Express Myself?

Points I need to express:



Getting What I Want!





Finding Middle Ground Plan

Name: _____

Date: _____



What is the relationship problem?



Planning

How will I communicate: In person? Phone? Writing?

Am I in the Right Mind? YES or NO

When is the Right Time? _____

What is the Right Tone? _____

Should I use Sugar? YES or NO



How will I Explain my side? _____

To get to know the other side I will ask: _____



How will I ask for what I want? _____

Will I talk and Listen? YES or NO

Will I use a Safety Plan if necessary? YES or NO

Will I try to find a win-win solution? YES or NO

Will I use skills 123 to help guide my actions? YES or NO



Finding Middle Ground



with Myself

C. Changing Off-Track Relationships



and with Others

Steps of Responsibility

**I made a mistake.**

I said or did something that hurt a relationship that is important to me.

**Admit the problem.**

I use Expressing Myself to explain what I did and why it was a problem.

**Apologize.**

I apologize for what I feel sorry for doing.

**Commit to change.**

If I want to get the other person's trust back, I explain how I will be different in the future.

**Take an On-Track Action.**

I take On-Track Actions in the relationship.

Helpful Hints:

Taking responsibility can increase feelings.

Relationships can be confusing. I sometimes don't even know when I have hurt another person. Finding out about my mistakes can make me feel guilty, ashamed, and even angry. I use Clear Picture and lots of On-Track Thinking to be sure that Relationship Care is an On-Track Action at that time. I want to help the relationship rather than make things worse! I do a Safety Plan and stop doing the steps, if I go over a level 3.

Benefits of Program

- Reduced Recidivism
- Fills Gaps
- Positive benefits of increased ability to manage strong emotions not only for client but also family members and support staff
- Improvement in self-esteem
- Improvement in relationships
- Commitment to group – positive group experience has resulted in several repeat customers
- Community referrals – reputation
- High School
- Community Living West Nipissing
- NBRHC

Contact

Stacy Talbot

stalbot@cmhanipissing.on.ca

705-474-1299 ext. 216

Amy Betzner-Massana

Abetzner-massana@cmhanipissing.on.ca

705-474-1299 ext. 224

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Resources

<https://www.cci.health.wa.gov.au/Resources/For-Clinicians>

https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/The-Teen-Brain-Behavior-Problem-Solving-and-Decision-Making-095.aspx

<https://skillssystem.com/>