



Association canadienne pour la santé mentale Filiale régionale de Nipissing La santé mentale pour tous

THENCNSC SKILLS SYSTEM GROUP

Stephen White, M.A., C.Psych.

Joanne Brown

Amy Betzner-Massana, B.A. Hons, DSW Stacy Talbot, Justice Case Manager





BACKGROUND

- Identification of need within DS system for unique clientele – problems with emotional and behavioural regulation
- Creation of working group to investigate modifications of DBT for people with developmental disabilities
- Cross sectoral representation and commitment to collaborate
- Identification of Skills System (Julie Brown, 2011) as ideal model

Problem	Root Cause	Countermeasure
No emotion regulation therapy available for individuals with a dual diagnosis in Northeastern Ontario	Barriers to access traditional therapies due to exclusionary criteria such as intellectual disability and or autism spectrum disorder	Develop a modified emotion regulation therapy for specialized population
Common issue amongst small specialized clinical teams in Northeastern Ontario	Geographic Distance Lack of Specialized Care Providers	Partnership developed with MCSS and MOH providers experiencing the same barriers utilizing Video Conferencing Systems across the region
Lack of Capacity in providing emotion regulation treatment amongst MCSS and MOH clinical teams	Lack of awareness of program amongst clinical providers across regions	DDS hosted 1.5 "Study Days" inviting MCSS and MOH Clinical teams

SKILLS SYSTEM GOALS

- To reduce challenging behaviour by increasing behavioural skills
- Increase emotion regulation skills
- Increase effective problem solving skills
- Improve social skills
- To help people achieve their goals

PARTICIPANTS

- Challenging behaviour and problems with emotion regulation
- A significant cognitive disability (usually Intellectual Disability Disorder, or IDD). High moderate to borderline intellectual functioning, meeting Developmental Services Ontario's cognitive and adaptive functioning criteria for classification of Developmental Disability (impairment in cognitive functioning and impairment in either social, conceptual or practical skills).

PARTICIPANTS

- This includes people with diagnoses of Borderline Personality Disorder (BPD), anxiety disorders, mood disorders, autism spectrum disorder (ASD), fetal alcohol spectrum disorder (FASD), and other conditions marked by impulsivity, behavioural difficulties and emotion dysregulation.
- Interest and motivation in learning skills to help them achieve their goals

CONTRACTING PROCESS

- Identify client goals
- Introduce Skills System to client and coach
- Review Skills System Group contract
- Give homework identify obstacle
- Review homework
- Troubleshoot obstacles
- Review roles and commitment of coaches (coaching guide and video)
- Agree on whether or not client will participate

NINE SKILLS TO LEARN

The Skills System

THE SKILLS LIST



All-the-Time Skills

1. Clear Picture: Clear Picture helps me notice what is happening inside and outside of me *right now*.



2. **On-Track Thinking**: On-Track Thinking helps me think things through to do what works to reach my goals.



On-Track Action: Once I get a Clear Picture and have On-Track Thinking, I take an On-Track Action to do something positive to move towards my goals.



4. **Safety Plan**: I use a Safety Plan to handle risky situations that come my way.



New-Me Activities: I do New-Me Activities to help me focus my attention, distract me, make me feel better, and to have fun.

THE SKILLS LIST



All-the-Time Skills

1. Clear Picture: Clear Picture helps me notice what is happening inside and outside of me *right now*.



2. **On-Track Thinking**: On-Track Thinking helps me think things through to do what works to reach my goals.



On-Track Action: Once I get a Clear Picture and have On-Track Thinking, I take an On-Track Action to do something positive to move towards my goals.



4. **Safety Plan**: I use a Safety Plan to handle risky situations that come my way.



5. **New-Me Activities**: I do New-Me Activities to help me focus my attention, distract me, make me feel better, and to have fun.

SKILLS SYSTEM TOOLS

The Skills System

THE FEELINGS RATING SCALE

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.

Overwhelming Feeling:

Harming myself, others, or property



5

FEELINGS
RATING
SCALE



Medium Feeling

Small Feeling





Once I know my Level of Emotion (0-1-2-3-4-5), I know what Category of Skills I can use:

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

6. Problem Solving



7. Expressing Myself



8. Getting It Right



9. Relationship Care



Calm Only Skills



Only 0-#3 Emotions!

Copyright © 2011 Julie F. Brown



Once I know my level of emotion (0-1-2-3-4-5), I use the Recipe for Skills to decide how many Skills to use to DO WHAT WORKS in the situation. Skill Masters use EVEN MORE!!!

Combine 1 skill for EVERY level of Emotion:

Level O Feeling= 1 Skill Level 1 Feeling= 2 Skills Level 2 Feeling= 3 Skills Level 3 Feeling= 4 Skills Level 4 Feeling = 5 Skills Level 5 Feeling = 6 Skills

STRUCTURE

- Weekly classes of 90-120 minute duration
- 12-week cycle most people go through 2-3 cycles
- Skills coaches Care providers of any type
- Skills coaches help with integration and practicing of skills
- Skills trainer teaches course material by VC to each group

STRUCTURE – GROUP FACILITATORS

- Videoconference Coordination
- Back-Up Skills Teaching when VC Dies
- Review of homework
- Facilitation of discussion questions

STRUCTURE – GROUP FACILITATORS

- Facilitating Role-Plays
- Planning for application of skills
- Finding ways coaching can be of assistance
- Attendance Tracking and Reporting
- Tips for keeping people on-track and managing off-track behaviour

SESSION STRUCTURE

- Mindfulness exercise
- Skills Review
- Homework review
- Explore existing knowledge base

SESSION STRUCTURE

- Encoding phase teaching the new topic
- Elaboration Linking previous and new learning
- Ending Orienting to skills application and homework
- Mindfulness Exercise

TYPES OF GROUPS DEVELOPED

- Plugged in: run by VC with in-group facilitation and discussion
 - 9 sites across Northern Ontario
 - 1 trainer
 - Research project evaluating experiences of facilitators, participants and assessing effectiveness
- Unplugged
 - Trainers have learned from plugged in groups
 - Trainers teach and facilitate
 - 3 groups

CURRENT SKILLS GROUPS

- NCNSC Plugged-In Skills System Group running weekly plugged in sessions via OTN connecting with 9 different sites with 54 registered participants
- DDS/CMHA Nipissing continues to run 2
 "unplugged groups" weekly out of North Bay
 office and attends weekly "plugged in" session in
 Sturgeon Falls with 4 clients and 1 staff member
 from Community Living West Nipissing

CURRENT SKILLS GROUPS

- North Bay Regional Health Centre Forensic Ward clients attend weekly "plugged in" sessions
- Discharged patients are flowed to community based Skills System groups at CMHA Nipissing or other regional groups in Northeastern Ontario
- North Bay Regional Health Centre Mental Health Outpatient Clinic running "un-Plugged" sessions for individuals without cognitive impairments due to universal application of materials

IMPORTANCE OF JUSTICE SERVICES COURT DIVERSION PROGRAMS

 CMHA Nipissing recognizes the need for modified emotion regulation treatment for individuals coming through the court diversion program who are denied access to typical treatment due to exclusionary criteria based on diagnoses of Autism Spectrum Disorder or Intellectual Disability and a natural partnership forms with Developmental Disabilities Service due to client demographics

JUSTICE SERVICES COURT DIVERSION PROGRAMS

- DDS CMHA Nipissing Clinician and CMHA Justice Services
 Case Manager complete initial 12 week Skills System pilot
 project VC sessions with 2 clients via video conferencing at
 NBRHC in spring of 2013
- CMHA Nipissing and Justice Services Case Manager run initial "unplugged" groups at CMHA Main office with 5 participants in the fall of 2013
- CMHA continues to run 6, 12 week sessions a year on Tuesday morning and afternoon sessions in North Bay and on Wednesday afternoons manage 4 registered clients in Sturgeon Falls "plugged in" groups

JUSTICE SERVICES COURT DIVERSION PROGRAMS

- Majority of candidates for Mental Health Diversion don't have official diagnoses which excludes them from any community based programs
- These individuals are "falling between the cracks" because they don't meet criteria for MOH or MCSS funded services i.e. on the Autism spectrum, have not yet been formally diagnosed, no chronic or persistent mental illness such as schizophrenia or bipolar disorder
- The majority of charges have been in relation to their inability to regulate their emotions – assault, mischief, threatening to cause death or bodily harm, domestic assaults
- These individuals have limited or no coping skills to manage life stressors

DIVERSION PROCESS

- Client is identified in court as having a potential mental health or intellectual disability
- Referral to Case Manager comes from Mental Health Court Worker and external community
- Initial interview determines appropriateness for The Skills System Group based on:
- History of emotion regulation difficulties
- Clinical Records
- (continued)

DIVERSION PROCESS

- Education Records
- Self Disclosure
- Family Reports
- Cognitive barriers
- Exclusionary criteria for other programs
- Desire to change and improve their quality of life

DIVERSION

- Justice Case Manager meets with Mental Health Court Worker to develop a Diversion Agreement
- The conditions of the agreement are specific to the needs and challenges of the client and are developed by the Mental Health Court Worker, the Case Manager and the accused.

DIVERSION

- The agreement is then presented to the Crown Attorney for approval. Should the agreement be declined an alternative resolution is negotiated and is presented to the accused.
- Once the agreement is approved it is monitored by the Case Manager and regular meetings are scheduled and referrals are sent to community services.

NORTH BAY CMHA SKILLS GROUPS

- 38 Individuals have participated in CMHA Nipissing Skills Group Sessions since the Spring of 2013, 13
 Separate 12 Week sessions thus far
- 59 total participants completed, 16 participants chose to return for at least one additional 12 week rotation
- 35 individuals successfully completed (attended all sessions, were able to complete the skills review)

NORTH BAY CMHA SKILLS GROUPS

- 23 of the 38 individuals had no other community supports (Such as Supported independent living, mental health case management etc.)
- 12 Females, 26 Males
- 19 (4 female, 15 male) of the 38 individuals were addressing current charges and attendance was part of a diversion agreement
- 1 of those 19 have had charges post group completion

EVALUATION TOOLS/OUTCOME MEASURES

- Scales of Independent Behaviour Problem Behaviour Scales
- Burns Depression Inventory
- Beck Anxiety Inventory
- Life Satisfaction Scale
- Behavioural outcomes # serious occurrences, hospitalizations, arrests, etc...

RESEARCH PROJECTS – PLUGGED IN GROUPS

- Three projects:
 - 1. Experiences of facilitators learning and facilitating the NCNSC Skills System
 - 2. Client outcomes from initial 3 cycles of Skills System group
 - Outcome study using trained facilitators and clients naive to Skills System as compared to control group
 - Future: comparison of outcomes from Plugged-In to Unplugged groups

Contact Information

Stephen White: SWhite@handstfhn.ca

Joanne Brown: JBrown@handstfhn.ca

Amy Betzner-Massana: amy.betzner-massana@nbrhc.on.ca

Stacy Talbot: stalbot@cmhanipissing.on.ca

www.theskillssytem.com

QUESTIONS AND ANSWERS