

Implementing the Skills System Guide

1. Treat Medical Problems

Teams working to help clients improve emotion regulation capacities provide access to integrated medical care that accommodates functioning/communication vulnerabilities. Access to primary care and specialty services are essential.

- Assess/address medical issues:
 - Teams need to have policies and procedures that support assessing/addressing a client's medical problems early in, and throughout, the treatment process.
 - Medical problems can increase behavioral control problems.
 - Teams should be cautious not to misattribute the influences of medical problems when assessing the antecedents for and functions of behavior.
- Assess/address communication issues:
 - Clients may experience communication deficits that can be improved by using adaptive/augmentative communication strategies.
- Assess/address sensory issues:
 - It is helpful to seek occupational therapy evaluations/interventions to understand sensory issues.
- Clients need to be actively involved in their medical care.
 - Policies/procedure support the client to be engaged in their medical care.

2. Treat Mental Illness

It is essential that clients, who may have mental illness, have access to psychiatrists with experience treating the populations being served.

- Co-occurring disorders (e.g., Bipolar disorder, Depression, Anxiety, PTSD, ASD) are common.
- Cautions related to psychiatric care for people with intellectual disabilities (ID):
 - Recommended resource: The DSM-5 is a book that helps psychiatrists make accurate diagnoses when treating individuals with mental health issues and ID.
 - Diagnostic over-shadowing: Be aware not to attribute psychiatric symptoms and challenging behaviors to ID.
 - Polypharmacy: Over-prescribing medications can cause problematic drug-interactions, side-effects, and behavioral dysregulation.
 - Assess communication issues: Communication barriers can negatively impact diagnosis and treatment processes.
 - Medication adjustment: Systematic medication trials and assessment help target medication use and minimize extraneous side effects.
 - Side effects of medications may increase behavioral regulation problems.

3. Create Positive Transactions within the Support Environments

The research shows that environmental factors can either positively or negatively impact the behavioral regulation of clients being served. It is important that all models used in the agency fit the population, staff receive adequate training, and the model's concepts are applied consistently within the

environment. The following are a few models that commonly impact self- and co-regulation behaviors of clients and staff. All models used in the agency should be evaluated.

- Non-Violence Crisis Intervention (e.g., CPI, CIT, TCI, Safety Care, Right Response, Handle with Care, Therapeutic Options):
 - Evaluate the model/fit/training/consistency of effective execution (vs. intermittent reinforcement of maladaptive behaviors).
- De-escalation procedures (e.g., CPI, Safety Care, Steps of Safety etc.):
 - Evaluate the model/fit/training/consistency of effective execution (vs. intermittent reinforcement of maladaptive behaviors).
- Behavioral interventions (e.g., PBS, contracts, token economy):
 - Evaluate the model/fit/training/consistency of effective execution (vs. intermittent reinforcement of maladaptive behaviors).
- Acceptance-Based Strategies (e.g., validation strategies, active listening, reflective statements):
 - Evaluate the model/fit/training/consistency of effective execution.

It is necessary to assess factors that create barriers for client and staff optimal functioning, such as: co-dysregulation, power-differentials, trauma, and burnout.

- Negative vs. positive transactions between clients and staff:
 - Inadequately trained staff:
 - May not provide adequate supports that help clients learn adaptive skills when they are calm.
 - May not provide adequate supports when the client is escalated.
 - May become dysregulated themselves, contributing to cycles of dysregulation between them and the client, instead of engaging in co-regulation.
- Power differentials between clients and staff:
 - Limited opportunities for autonomy, self-determination, and self-advocacy for clients can increase power differentials and increase co-dysregulation.
- Reinforcing escalated behaviors:
 - Staff engaging in Calm-Only Skills (Problem Solving, Expressing Myself, Getting It Right, and/or Relationship Care) when a client is at level 4 feelings can reinforce escalated behaviors.
 - When a client is on-track and experiencing 0-3 feelings, it is important for the staff to actively engage with the client.
 - These are prime learning opportunities/teachable moments. Adaptive skill instruction and in-vivo practicing needs to happen to enhance generalization when the individual is at 0-3 emotions.
 - There must be opportunities for clients to get support doing Calm-Only Skills (Problem Solving, Expressing Myself, Getting It Right, and/or Relationship Care) when the client and staff are at 0-3 feelings.
 - Weekly meetings between clients and case managers/supervisors is an opportunity for the client to practice skill use.
 - Chaotic support environments:

- High demands on staff and/or limited team resources can create unresolvable conflicts between client-related responsibilities and job-related mandates. These tensions block opportunities for bi-directional communication, validation, skills coaching, and co-regulation between staff and clients.
- Clients who lack adaptive coping skills do not have the ability to communicate about how the environment is affecting them and how the system can fix itself; they tend to express these complex multi-dimensional factors through behavioral dysregulation (at times making the system the identified victim, rather than a co-dysregulator).
- Trauma of clients and staff:
 - Factors such as chronic co-dysregulation between people (clients, staff, and the organization) and/or acute events can create trauma responses of clients, staff, and an organization. Trauma can lead clients and staff to experience emergency-like responses (hypervigilance, avoidance, being problem-focused, and emotional/cognitive dysregulation) to non-emergency situations.
- Staff burnout:
 - When clients or staff are burnt out, reactions can be quick vs. mindful.
 - Burnout can lead to an over-reliance on change strategies and the under-use of acceptance/validation strategies; it is essential to blend acceptance/validation and change strategies to foster growth/development individually and in relationships.

4. Provide Emotion Regulation Skills to Clients and Staff

Implementing a comprehensive treatment is a complex, dynamic process. To organize this process the Skills System Implementation Guide/Worksheet uses a 3-Stage process for implementation: Planning, Instruction, and Competency.

- **Stage 1: Planning**
 - Creating a leadership team or teams to implement and sustain the Skills System program is often a positive first step.
 - Administration: Administrative support oversees resource management, vision for the program, and accountability/reinforcement for the Multi-disciplinary Leadership Team.
 - Consultation: Video-conferencing consultations are available with Dr. Brown to guide the implementation process.
 - Resource: Skills System Implementation Worksheet
 - Multi-Disciplinary Leadership Team: Representatives for all departments and/or populations served by the agency meet periodically to guide the Skills System implementation process.
 - Leadership Team members: It may be important to have all disciplines represented (e.g. medical/nursing, psychiatric, psychological, social work, OT, residential, education, vocational and administration) that interact with the clients who will be using the Skills System model.
 - Learn the Skills System: Leadership Team members should consider taking the e-learning Basics Course (and Skills Coaching Course available 12/2019) to

familiarize themselves with the Skills System model to create foundational knowledge that guides the implementation.

- The Hexagon: The Hexagon is an exploration tool developed by the National Implementation Research Network (NIRN). Completing the Hexagon relative to the Skills System may help the team prepare for the implementation. A PDF can be downloaded on the Consultation tab of the Skills System website.
- Clarify the vision: Clarify how the Skills System fits into the agency's mission, programming, and models.
- Funding: The team explores how the agency will fund the implementation.
- Create an implementation plan:
 - Skills System implementation plan involves creating opportunities for Instruction (Stage 2) and increasing Competency (Stage 3)
- **Stage 2: Instruction**
 - During the Instruction stage of the program creates a systematic process for both clients and staff to learn the Skills System concepts.
 - Resources available for clients to learn the Skills System:
 - E-Learning: Clients (within individual therapy or 1:1 instruction) and their collateral supports (family, social workers, employers, etc.) can complete the Skills Basics course.
 - E-learning Clinician membership offers blocks of 5 and 25 slots of transferable e-learning access for practitioners to add and remove clients, their families, and collateral support providers as they transition in and out of services.
 - The e-learning is broken down into 11 short lessons (4-8 minutes each) that can be watched during a session. There are practice exercises that the therapist and client can complete together or independently. Additionally, the therapist can complete the associate Skills System handouts to deepen and personalize the learning for the client on each lesson topic.
 - Skills System groups: The Skills System text, 12-week Skills Group Curriculum, and 150 pages of Skills System handouts, offer resources to clinicians who want to run open/closed Skills groups for clients.
 - Team Consultation: Remote consultation sessions with the model developer can assist teams to create and sustain instruction for clients.
 - Consultation often assists practitioners, and shares material designed to help practitioners, run Skills groups and to integrate Skills System concepts into individual therapy sessions.
 - Resources available for agencies/staff to learn the Skills System:
 - E-Learning: Agencies can offer e-learning Skills System training that is flexible, feasible, and adherent to the model. Staff have to complete the courses to 85% to receive a Letter of Completion. The supervisors/subscribers can monitor the progress of each user.

- Administrators and direct support providers have individual e-learning memberships for Course 1: Skills Basics, and Course 2: Skills Coaching (available late 2019 for no additional charge).
- Consultation: Remote consultation sessions with the model developer can assist teams to create and sustain instruction for staff.
 - Skills System Skills Coaching strategies: There are three basic Skills Coaching strategies in the Skills System: Quick-Step Assessment (adjusting for cognitive load), Validation strategies, and the A+B=C Skills Coaching framework.
 - Course 2. Skills Coaching will cover all of these concepts and it will be available by 12/2019. All e-learning memberships will include Course 2, for no additional cost.
 - *Before 12/1/19 teams will have to train staff on these topics if they are going to use Skills System Coaching strategies.*
 - The Quick-Step Assessment is presented in chapter 5 of the Skills System text (2016) on pages 80-82.
 - Validation Strategies (based on DBT) and the A+B=C Skills Coaching framework are presented in Chapter 8 of the Skills System text on pages 183-195.
 - Dr. Brown provides training material on Skills Coaching concepts for teams during the consultation session.
- Training (1-2 day on-site trainings): On-site training is available for teams that implement the Skills System e-learning within their program.
- **Stage 3. Competency**
 - During the Competency stage, teams work to improve, integrate, and sustain the Skills System within the agency.
 - Maximizing in-vivo learning opportunities for clients:
 - When agencies encourage the clients' collateral supports to learn Skills concepts, it enhances generalization and increases natural supports.
 - Training collateral support teams (where clients are discharging to) may improve aftercare. The e-learning Clinician membership is a resource.
 - Case Management: The clients often benefit from having opportunities to meet with a Skills Coach who is designated to offer in-vivo coaching supports related to Calm-Only Skills (Problem Solving, Expressing Myself, Getting It Right, and Relationship Care) for 30-60 minutes weekly. These meetings integrate Skills System concepts and focus on addressing key quality of life issues such as living arrangements, relationship challenges, medical issues, and logistics. Addressing these issues reduces factors that lead to dysregulated behaviors.
 - Skills System infra-structure:
 - Visual Aids: Visual aids within the physical environment may increase generalization.
 - Skills System visual aids, such as cards and posters, can offer scaffolding that enhances learning. There are downloadable visual aids on the e-

learning Course page and additional resources are available to teams who do consultation with Dr. Brown.

- Treatment planning: Treatment procedures that integrate Skills System concepts enhance consistency and targeted skill development.
 - Assessing skills deficits at admission/intake, and targeting skills acquisition in individual service plan goals/objectives, can offer the client and staff helpful scaffolding that increases emotion regulation capacities.
- Model Integration: Clearly defining how various treatment models (e.g., DBT, Motivational Interviewing, PBS/ABA, Trauma-Informed therapies, ACT) being used in the agency can help clients and team members increase competency in all models.
- Individualization: Creating customized visual aids and procedures to address a client's specific treatment objectives/plans can create vital scaffolding to promote generalization.
- Supervision: Supervisors support team members to increase their competency.
 - The agency needs to provide client/population/setting specific training to help their team apply Skills strategies with the program.
 - Managers/supervisors need the ability, time, and resources to help support their staff to interact effectively with clients, if the staff are going to assist clients to develop and generalize adaptive emotion regulation skills.
 - Meetings: Supervisors need to have regular, well attended, team meetings and individual supervision with all staff.
 - Supervision often includes building and monitoring staffs' competencies:
 - Skills System concepts: Supervisors need to ensure all staff participate and pass the Skills Basics course.
 - Self- and co-regulation: Supervisors need to ensure that staff are self-regulating at work and co-regulating with clients.
 - Model integration: The team needs to ensure that staff are trained in all models being used by the agency.
 - Tools for supervision: The team develops and use systems to monitor team members' abilities to use Skills System concepts, as well as, strategies from the other models being used at the agency.
- Fidelity: People who are interested in increasing the likelihood that they are using the Skills System with fidelity should earn the Skills Coach Certificate of Specialized Proficiency.
 - At a minimum, this process is recommended for people who are running Skills groups or doing staff training.
- Program evaluation: It is advantageous to develop mechanisms to evaluate the progress of clients and functioning capacities of the team.
 - There are various ways to monitor the progress of clients. The information can be used to adjust interventions.
 - Collecting behavioral outcome data charting changes in positive engagement and reductions in maladaptive behaviors can be useful.

- Administering pre- and post-treatment self- and carer-reports addressing elements of functioning can be beneficial.
 - There are various ways to monitor the function levels of the agency. This process can help minimize environmental factors that increase co-dysregulation and hinder clients' progress.
 - The leadership team can address performance improvement, creating indicators that reflect optimal team functioning and generate corrective action plans.
- Increasing Accessibility of the Skills System:
 - Expand Services: There is a shortage of treatment services in many areas that offer people with complex mental health and learning challenges accessible options. Creating Skills instruction and Skills-informed individual therapy opportunities for more clients and in more community-based settings can help individuals move more effectively towards independent living.