

SKILLS SYSTEM IMPLEMENTATION GUIDE

Introduction

The goal of a Skills System implementation is to help organizations and/or practitioners support individuals who experience high levels of emotional dysregulation and complex behavioral health issues improve their abilities to self- and co-regulate. To accomplish this goal, the Skills System uses a “transdisciplinary” approach. Transdisciplinary means that *everyone* is involved with the implementation, rather than a select few within an organization. The Skills System Implementation Guide is designed to review multiple elements of the implementation process and lead an organization through the planning, instruction, and competency phases.

Terms: The Skills System model is used by a wide range of people and organizations from practitioners in private practice to state/country-wide initiatives. The terms below are used in the Skills System Implementation Guide (SSIG).

- “Program” will refer to any organization, private practitioner, or family system (e.g., parent, guardian) that will implement the Skills System.
- “Individual” will refer to the person being served who will be receiving skills instruction and skills coaching.
- “Staff” will refer to paid support providers who provide skills coaching (e.g., administrators, clinicians, direct support staff, operations, mentor, etc.).
- “Collateral supports” are people in the individuals lives who are (1) “natural supports” (e.g., family members) or (2) ancillary support providers that may function as skills coaches for individuals outside the program (e.g., outpatient therapists, teachers, friends, extended family members, guidance counselor, etc.).

Exploration- *Is the Skills System a fit?*

Challenges: It is important to evaluate the fit of a model before implementing it.

Goal: The Skills System provides free resources on the Skills System website (www.skillssystem.com) that explain the model and implementation process.

Plan: Programs review available Skills System resources and explore whether the Skills System will enhance the lives of the individuals they serve.

- Explore the Skills System website (www.skillssystem.com).
- Watch the First Step Training: It is important that key staff in programs watch the FREE 30-Minute First Step Skills System Training on the home page (www.skillssystem.com).
 - The First Step information will help all involved understand the model, resources, and the implementation process.
- Preview the Skills System e-learning: Watching the e-learning can help programs understand a key training resource.

- Complete the Hexagon (optional): An Exploration Tool (downloadable from the Implementation tab <https://skillssystem.com/wp-content/uploads/2019/04/NIRN-The-Hexagon-An-Exploration-Tool.pdf>) can help programs determine their readiness to implement comprehensive models and whether the Skills System has the necessary elements.

If programs decide, “*Yes, the Skills System is a fit!*”, the planning process below can help create sustainable, comprehensive Skills System implementations.

Planning Process

Developing/maintaining Skills System leadership teams

Challenge: Implementations require programs, individuals, staff, and collateral supports to do things differently. Stepping out of comfort zones is difficult. Without support for all involved throughout the implementation process, the implementation may not reach its full potential.

Goal: Create a core leadership team that will plan the implementation and support the Skills System implementation to sustainability.

Plan: The program creates and maintains Skills System leadership a team that is the backbone of the implementation; members create and maintain the integration of the model within the program.

- Programs determine the design of leadership teams.
 - Multi-program organizations may create a Skills System steering committee that oversees multiple program-based leadership teams.
 - Program-based leadership teams can address the specific needs of each program within the larger organization and report back to the steering committee.
 - Smaller programs may have one Skills System multi-disciplinary leadership team that creates and maintains the implementation.
 - Programs, regardless of size, may choose to have a steering committee, that supports the leadership team.
- Consultation with Dr. Brown (optional): If the program is working with Julie during the implementation, it designates one member of the leadership team to be a consultation coordinator.
 - The consultation coordinator is the conduit between Julie and the program.

Members of leadership teams/steering committee

- Involve multiple disciplines: It can be helpful to have representatives from many departments on the leadership team (e.g., residential, clinical, nursing/medical, behavioral supports, education, social work, vocational, non-violent crisis intervention trainers [i.e., MANDT, Safety Care, CPI] trainers, and/or program operations).
 - It is important to include people who have direct contact with individuals on the leadership team.

- If there are staff who are highly invested in keeping the program the same versus moving toward implementation, it may be helpful to include them on the leadership team to increase their investment in the process.

Preliminary Tasks for the leadership team

1. Invite members to explore the Skills System website: There are many resources on the Skills System website (www.skillssystem.com) (e.g., short videos, samples of Skills System handouts from the text, journal articles, blog entries, information about the e-learning, a link to order the text, etc.)
2. Ask members to watch Free 30-Minute First Step Training: It is *highly recommended* that all leadership team members watch the First Step training (www.skillssystem.com).
3. Review Skills System Implementation Guide (SSIG): After watching the First Step training, the leadership team reviews the SSIG (this document) to understand the implementation process.
4. Complete the Skills System e-learning: It is *highly recommended* that all leadership team members complete Course 1 Skills Basics and Course 2. Skills Coaching Strategies *prior* to creating an implementation plan.
 - Knowing the skills, coaching strategies, and having firsthand experience completing the e-learning will help the leadership team know how individuals and staff can best use the e-learning.
 - Email Julie at jbrown@skillssystem.com to set up an e-learning group membership for the leadership team.
 - The cost is \$20 per person that is paid via invoice.
5. Complete the Skills System Implementation Worksheet: Doing the four tasks, prepares a leadership team to complete the Skills System Implementation Worksheet (SSIW).
 - The SSIW assists the leadership team to reflect on what implementation elements are in place at the program and which components need to be improved/developed.
 - Optional resource: Reviewing the SSIW with Julie during a remote consultation may be beneficial to support the implementation process (e.g., get new ideas, troubleshoot, make accommodations for diverse populations, check fidelity to the model, develop data collection methods, etc.).
 - Consultation: Dr. Brown is available for 1-hour video consultations that are scheduled as needed. The current rate is \$250 per hour. Julie invoices monthly. Contact her at jbrown@skillssystem.com to schedule a consult and/or to discuss the implementation project.
6. Secure resources for the implementation:
 - E-learning: The leadership team works with the program to purchase group and clinician e-learning memberships.
 - Training time: The e-learning and time built into the schedule (6 hours) for staff to complete the e-learning.

- Incentives: Rewarding staff and/or individuals with small items (e.g., gift cards, sensory items, t-shirts) for completing the e-learning can improve participation.
- Purchase/read Skills System text (2016): Anyone planning to do skills group/1:1 instruction with individuals needs to have a copy of the Emotion Regulation Skills System for the Cognitively Challenged Client: A DBT-Informed Approach (2016) text.
 - There is a link to Guilford Press on the Skills System home page (www.skillssystem.com) at the bottom or it is available at Amazon (approximately \$30).
 - Purchase the 2016 version with the blue design on the cover, not the sunset.

Strategies to help the leadership team stay on-track

- Determine a schedule for meetings and meet consistently.
 - During the initial planning phase of an implementation, leadership teams may need to meet weekly/bi-weekly.
 - Once main components of the implementation are in place, meeting monthly may suffice.
- Use documentation to track progress on tasks.
 - Set an agenda for leadership/steering team meetings and consultations with Julie.
 - Designate a team member to take/disseminate meeting minutes.
 - Gather information related to progress on tasks prior to meetings.
 - Create/update a strategic planning document (e.g., tracking goals, objectives, plans, time frames, and people responsible) at each meeting, helps off-set the many forces that work against the implementation process.

Create Workgroups: The leadership team may create sub-groups (e.g., Performance Improvement Team [PITs]) to complete specific tasks.

- Common workgroup assignments:
 - Develop program-specific curricula (e.g., short-term treatment programs, skills application groups in residential/IOP settings)
 - Create staff training materials
 - Integrate models within the agency and develop cheat-sheets to help staff use all models in consistent ways.
 - Infuse assessments, treatment plans, and safety plans with Skills System concepts
 - Make accommodations for vulnerable/diverse learners
 - Trouble-shoot barriers
 - Deploy visual aids
- Workgroups often meet between leadership team meetings and report progress to the leadership team.
- Workgroups often include additional individuals, staff, and/or collateral supports who are not on the leadership team.

- Including individuals (and collateral supports) creates bi-directional communication and can offer valuable information about what is currently working, not working, and what might work in the program.

- Workgroups may be time limited.

Provide support to individuals, staff, and collateral supports: Because engaging with a new model can initially increase stress and cognitive load, the leadership team provides technical and emotional support to everyone involved in the initiative.

- Types of support:
 - Introduce the Skills System: A kick-off training, meeting, or event to orient staff to the Skills System model and the implementation is helpful.
 - Initial *and ongoing* messages to staff:
 - The Skills System is a necessary solution for the individuals being served.
 - There are many Skills System resources that can help us.
 - Show staff the Skills Posters- *Skills are easy and fun!*
 - Watch the First Step training video- *Skills make sense!*
 - Watch an e-learning video- *The e-learning is way better than the usual online training!*
 - Explain how skills and skills coaching can help staff personally and professionally.
 - Explain the steps, timelines, and expectations related to the implementation.
 - Validate the learning-curve: Offer validation about the challenges associated with change and learning/integrating new information.
 - Assure staff they will receive the support they need to learn and apply the model.
 - Invite people to learn more: Share the link to watch the Skills System First Step training at www.skillssystem.com.
 - Encourage participation, suggestions, and creativity.
 - It may be helpful to include individuals and collateral supports in kick-off events.
 - E-learning support: The leadership team strives to maximize staff participation in the e-learning.
 - Create e-learning procedures:
 - Accessing the e-learning: Have procedures that support staff to gain access and complete the e-learning.
 - Managing IT problems:
 - Staff are instructed to reach out to the e-learning Group Membership Administrator about IT problems.
 - Staff do not reach out to Julie directly related to IT problems, the Group Membership Administrator (versus the staff) contacts Julie at jbrown@skillssystem.com regarding staffs' IT issues.

- Provide visual instructions: Give staff clear visual instructions about how to access/use the e-learning.
 - The Skills System Group Membership Flier and Step-by-Step Instructions PDFs are helpful.
 - Email Julie at jbrown@skillssystem.com to get copies.
- Create ways to increase motivation: Monitoring progress and/or providing incentives for staff and individuals completing the e-learning can support the implementation process (e.g., sticker charts showing lessons or course completed, names of people who have completed courses, rewards for completing courses, etc.)
- Give staff an e-learning go-to person: The e-learning Group Membership Administrator supports staff to gain access and complete the e-learning.
 - The Group Membership Administrator has an e-learning group membership and adds the names and emails of the group members.
 - The Group Membership Administrator actively engages with their members.
 - The Group Membership Administrator asking staff to log in and complete Course 1- Lesson 1a immediately, reduces problems.
 - This lesson takes about 5 minutes to complete and gets the staff moving in the right direction.
 - The e-learning Group Membership Administrator monitors staffs' progress and reaches out to staff and staffs' supervisors, as needed.

Evaluate supports and the Skills System implementation

- Create/track implementation indicators: The leadership team will create performance improvement indicators to monitor progress of the implementation (e.g., "4/4 scheduled leadership team meetings happened is month; 6/8 Skills Groups happened this month").
- Evaluate the implementations' effectiveness: The Leadership Team will evaluate the effectiveness of the Skills System program.
 - Carer- and/or self-report measures: The program monitors progress via measures (e.g., adaptive behaviors, levels of support, mental health symptoms, QOL, engagement, etc.)
 - Behavioral outcome data: Programs track/analyze data that indicate improved self-regulation.
 - Reductions in hospitalizations, ER visits, assaults, self-injury, property destruction
 - Increases in employment, participation, etc.

Creating environments that support self- and co-regulation

Challenge: Many factors affect how individuals function. When dealing with complex, dynamic forces related to supporting individuals, it is difficult to have clarity about what factors improve adaptive functioning and/or increase dysregulation/block progress.

Skills System Implementation Guide (2/1/21)

Goal: The program needs ways to see, understand, and address intertwined challenges that (a) enhance the individuals' growth and development or (b) hinder it.

Plan: The Skills System hierarchy is a simple framework that helps programs support self- and co-regulation.

- The Skills System hierarchy highlights four priorities that are foundational to health, well-being, and adaptive functioning:
 1. Medical care
 2. Psychiatric care
 3. Environmental factors
 4. Building skills (individuals, staff, and collateral supports)

- Using the Skills System hierarchy:
 - The hierarchy is used during the implementation planning process to ensure the program has the necessary structures in place (i.e., medical, psychiatric, environmental, and skills) that support self- and co-regulation.
 - The hierarchy guides individuals' ongoing supports to address challenges that arise.
 - The program assesses and addresses medical, psychiatric, environmental, and skill issues that affect individuals' functioning.

1. Medical Care

Challenges: Under/misdiagnosed medical problems can reduce individuals' joy/satisfaction/quality of life (QOL) and increase behavioral control problems.

Goal: Programs provide access to integrated medical care that accommodates individuals' functioning and communication vulnerabilities.

Plan:

- Assess/address individuals' medical issues:
 - Access to consistent/quality primary care and specialty services are essential.
 - Programs need policies and procedures that ensure individuals' medical issues are assessed/addressed.

- Communicate about medical care:
 - Communication breakdowns can harm/disempower individuals and lead to behavioral escalation.
 - The program needs to have a reliable system of communication between the individual, program, staff, and medical providers related to medical issues (e.g., sharing information about symptoms, changes in behavior, medication effects, side effects, changes in medication, etc.)

- Assess and address barriers to medical treatment:
 - Assess/address individuals' communication barriers:

- Communication deficits can be key underlying factors that contribute to individuals' behavioral dysregulation.
- Individuals may experience communication deficits and may benefit from using adaptive/augmentative communication strategies.
- Assess/address sensory issues:
 - Sensory issues can contribute to behavioral dysregulation.
 - It is helpful to seek occupational therapy evaluations/interventions for individuals who may have sensory challenges.
- Ensure individuals are actively involved in their medical care:
 - Self-determination contributes to quality of life.
 - The program has policies/procedure that keep individuals actively engaged in their own medical care.
- Assess/address issues related to guardianship/legal issues that hinder medical care.

2. Psychiatric Care

Challenges: Under/misdiagnosed mental health problems can reduce joy/satisfaction/QOL and increase behavioral control problems.

Goal: The program ensures that individuals, who have mental health issues, have consistent access to psychiatric supports.

Plan:

- Make accommodations for diversity: The program accesses psychiatric support providers who have experience treating the populations served.
- Use available data: When available, data is used to assess the effectiveness of medications.
- Address barriers:
 - Individuals may have communication issues that complicate the diagnosis and treatment process.
 - Guardianship/legal issues that hinder psychiatric care.
 - Breakdowns in intra- and inter-program communication related to individuals' psychiatric care can lead to more difficulties.
 - Inadequate medication evaluations/trials/holidays can negatively affect care.
 - Over-prescribing medications/polypharmacy can cause problematic drug-interactions, side-effects, and increase behavioral dysregulation.
 - Diagnostic over-shadowing can lead to misattributing psychiatric symptoms and challenging behaviors to an intellectual disability versus treating the mental health problem.

3. Environmental Factors

Challenges: Environmental factors affect how individuals regulate their behaviors. It can be difficult to assess and address intangible forces that interact within programs between individuals, staff, and collateral supports.

Goal: The Skills System uses a “transactional” lens to assess and address the environmental factors within a program. A transactional approach views individuals and staff as *bi-directionally* and *reciprocally* affecting each other.

Plan:

- Create positive transactions: Positive transactions between individuals, staff, and collateral supports create consistent opportunities for co-regulation.
- Reduce negative transactions: Detecting negative transactions as they emerge helps programs maintain positive transactions that lead to growth and development.

Table 3.1. Elements of Positive and Negative Transactions.

<i>Creates Positive Transactions</i>	<i>Creates Negative Transactions</i>
Programs provide ample training, supervision, and require staff to demonstrate competency.	Programs do not provide adequate training, supervision, and do not ensure staff are competent.
Programs ensure equality between individuals and staff.	Programs allow/promote power differentials between individuals and staff.
Programs reinforce skillful behaviors.	Team intermittently reinforces escalated behavior.
Programs proactively and routinely meet with individuals.	Programs only meet with individuals when there is a problem.
Programs make adjustments in the environments to reduce cognitive and sensory overload.	Programs are unaware of and/or do not address environmental factors that stress and overload individuals and staff.
Programs integrate acceptance (e.g., validation) and change strategies.	Programs rely predominantly on change strategies.
Programs create proactive supports that optimize teachable moments when individuals are in control to build individuals’ core capacities.	Programs rely predominantly on reactive strategies to contain behavioral escalation.
Programs foster growth and development of all involved.	Programs have chaotic environments that lead to burnout (of individuals and staff) and high staff turnover rates.

4. Building Skills

Challenges: Individuals and staff start the implementation process having different strategies for regulating emotions, thoughts, and behaviors; staff may not know how to provide skills coaching for individuals in a consistent way that is based on evidence.

Goal: The program will create/maintain supports that help individuals and staff to learn, apply, and generalize Skills System skills (and skills coaching strategies).

Plan:

4.1. Provide standard skills instruction for individuals

- Formats of Skills System group/1:1 skills instruction:
 - Conduct standard skills groups/1:1 instruction:
 - Standard groups/1:1 instruction happens once per week for an hour.
 - Standard instruction conducts one or more cycles through the 12-Week Cycle Curriculum (in the text).
 - Conduct program-specific adapted/a-la-carte group/1:1 instruction: Short-term programs (e.g., less than 3 months) often develop adapted/a-la-carte skills instruction that fits for shorter timeframes (e.g., create instruction that fits opportunities)
- Logistics questions related to Skills System instruction:
 - Will instruction be in a group and/or 1:1 instruction?
 - Will instruction be in-person and/or remote?
 - What will the titles/focuses of the groups/1:1 instruction be?
 - Groups can be titled “Skills Group” or have a targeted topic title like “Relationship Group” or “Reaching My Goals” group (which can be more engaging).
 - Frequency: How many times per week will groups/1:1 instruction sessions happen?
 - Duration: How long will groups/1:1 instruction be?
 - What are possible meeting times/places?
 - Who are possible group leaders/1:1 instructors?
 - Who are possible participants?
 - What instruction resources will be used?
 - 12-Week Cycle Curriculum: The Skills System text contains an easy-to-follow 12-week skills group curriculum and 150 pages of downloadable handouts.
 - Integrate the e-learning: The e-learning videos, exercises, and visual aids can be integrated into groups/1:1 instruction sessions.
 - Handouts: The Skills System handouts can be used with the e-learning Course 1 Skills Basics to deepen and personalize learning (e.g., watch a lesson video, complete the exercises, review the associated handouts, and complete associated worksheets from the text).

- There are different versions of the handouts for different populations (e.g., elementary school children, adolescents). Contact Julie Brown at jbrown@skillssystem.com for more information.
 - The handouts are translated into multiple languages. Contact Julie Brown at jbrown@skillssystem.com for more information.
- E-learning-based instruction: The e-learning can be used to instruct individuals who have verbal abilities.
 - Individuals' access to the e-learning:
 - Individuals can have an individual memberships or be added to either group or clinician memberships.
 - 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.
 - Please note: Clinician Memberships are not used to train a programs' own staff.
 - Programs systematically add eligible individuals to the e-learning at admission.
 - E-learning-based instruction formats: Individuals can complete the e-learning Course 1 Skills Basics in many ways (depending on the individuals' needs/abilities and the programs' resources):
 - It is optimal if programs can offer these different options for individuals to accommodate their learning needs:
 - Individuals have access and complete the e-learning independently.
 - Individuals collaborate 1:1 with staff to complete the e-learning.
 - Individuals collaborate with collateral supports (e.g., therapist, family members).
 - Individuals collaborate with staff and collateral supports together (e.g., individuals, staff, and family members [in-person or remotely]).
 - Individuals do the e-learning collaboratively in groups with other individuals.
 - E-learning instruction logistics:
 - Choose staff
 - Choose participants
 - In-person and/or remote
 - Choose meeting times/place:
 - Secure technology that will be used
 - Frequency of the sessions
 - Duration of the sessions
 - Ways to chart/reinforce progress through the lessons
 - Ways to integrate visual aids

4.2. Train staff to be skills coaches

- The program purchases e-learning group memberships for staff.
- Complete e-Learning Courses 1 and 2:
 - Staff (e.g., administrators, professional staff, and direct support providers, etc.) are added to group e-learning memberships to complete Course 1: Skills Basics and Course 2 Skills Coaching Strategies.
 - Course 1. Skills Basics: This course explains the nine core skills, sub-skills, and System Tools that comprise the Skills System model.
 - Course 1 takes approximately 3 hours to complete.
 - Course 2. Skills Coaching Strategies: This course presents three basic Skills coaching strategies: Quick-Step Assessment, validation strategies, and the A+B=C Skills Coaching framework.
 - Course 2 takes approximately 3 hours to complete.
- Develop program-specific training resources for staff: Leadership teams/workgroups create staff training tools that show staff how to use skills coaching strategies with individuals.
 - Create scenarios: Creating scenarios that describe examples of how skills and coaching strategies can be used with individuals improves application.
 - Create mock incident reports: Creating mock-incident reports that show how to integrate the Skills System and the programs' de-escalation models to manage escalated behaviors helps improve consistency.
- Review skills and skills coaching strategies in staff meetings: A portion of staff meetings is used to review and practice/roleplay applying skills coaching strategies.
 - The Skills Coaching Checklist is a useful cheat-sheet to remind staff as they are learning.
 - The Skills Coaching Checklist is a free download PDF from the Course 2 course page on the e-learning.
- Observe and supervise staff: Managers/supervisors observe staff interacting with individuals within the program. Using the Skills Coaching Checklist as a guide, managers/supervisors provide staff with feedback, supervision, and request staff to re-watch e-learning lessons for refreshers, as needed.
- Develop individualized visual aids: Staff create simple visual aids to help individuals apply skills within their environment.
 - A full set of Skills Posters are a free download PDF from the Course 1 and 2 course pages on the e-learning.
- Ensure adherence to the Skills System: The program has one or more staff earn the Skills System Certificate of Specialized Knowledge: Skills Coach.

- Visit the “Certificate” tab on the Skills System website for more information.
(<https://skillssystem.com/certificate/>)

4.3. Train collateral supports to be skills coaches

- Share Skills System materials with collateral supports:
 - Share the Skills Posters with collateral supports to introduce the Skills System concepts.
 - Share the link to the free 30-minute First Step Training with collateral supports.
- Add collateral supports to the e-learning:
 - A clinician membership holder can add/remove the collateral supports to and from the e-learning.
 - Restrictions: Programs may not use clinician memberships to train their staff.
 - Clinician memberships are used for outreach only.
 - Agencies have group memberships to train their in-house staff.
- Offer technical support to collaterals:
 - The e-learning administrators of clinician e-learning accounts add collateral supports to the e-learning.
 - Sharing the Clinician Membership Flier and Step-by-Step E-Learning Instructions PDFs (sent to administrators when the memberships are initially set up).
- Make outreach automatic: Programs create policies/procedures that ensure collateral supports receive information about skills and skills coaching strategies during the programs’ admission/treatment/discharge processes.
- Keep the individuals informed: When possible, staff inform individuals about communications between the program and collateral supports related to sharing Skills System resources. Being in-the-loop helps the individuals practice self-determination.

4.4. Create skills application groups/1:1 skills application sessions

- Skills application groups/1:1 sessions: Programs create opportunities for individuals to apply skills.
 - “Getting Started” group or 1:1 “Morning Check-In”
 - Individuals do Skill 1. Clear Picture
 - Staff can use the Clear Picture poster and/or Clear Picture cards
 - Individuals do Skill 2. On-Track Thinking
 - Share a goal for the day
 - Share an On-Track Action individuals will take
 - Share how Safety Plans may be used
 - Share New-Me Activities individuals will do
 - Voice Cheerleading that will help individuals reach their goals

- “Evening Relaxation” group/1:1 sessions
 - Practice Solo and Partnership Feel Good and/or Focus New-Me Activities that help individuals wind-down and prepare to sleep.
- Skills-infused house/community/family meeting as a group/1:1 meetings
 - Staff/individuals use the Skills System to create group rules/guidelines
 - The group uses Relationship Care and treat each other with respect.
 - The group uses the Feelings Rating Scale to help manage emotions in the meeting.
 - At 0-3 feelings, participants use All-the-Time and Calm Only skills.
 - At 4-5 feelings, participants use All-the-Time skills.
 - Start meetings by getting a Clear Picture.
 - Discuss daily/weekly activities, schedules, and logistics.
 - Brainstorm skills applications to address issues that arise and provide additional supports, as needed.
- New-Me Activities group/1:1 New-Me Activities session
 - Individuals practice solo and/or partnership Focus, Feel Good, Distraction, and Fun New-Me Activities.
- Topic skills group/1:1 application session
 - Create instruction that targets specific relevant topics for individuals (e.g., improving relationships, staying safe, maintaining employment, managing addictions, community integration, etc.)
- Infuse existing groups with Skills System concepts
 - Add Skills System language/concepts to existing groups/programs (e.g., peer supports, health and fitness curriculums, relaxation activities, vocational training, men’s/women’s groups, anger management, social skills, sex education, etc.)

4.5. Provide access to skill-infused individual therapy

- Provide access to weekly individual therapy: Individuals who need individual therapy receive 45-60-minute individual sessions per week with a therapist who has Skills System training.
 - Therapists can use the 2021 Skills System Targeted Instruction Strategies materials (e.g., Pre-Treatment, Back-Track, and Re-Track worksheets).
 - The Skills System Targeted Instruction Strategies are available via 2-day program trainings or remote consultation sessions with Dr. Brown prior to the 2nd Edition of the Emotion Regulation Skills System text being published in 2022.
- Share Skills System materials with outside providers: Programs reach out to individual therapists outside of the program to share information about the Skills System, visual aid materials, and access to the e-learning.

4.6. Evaluate and integrate models that are used at the program

- Evaluate models: Organizations often use multiple models to support individuals with complex support needs.
 - It is important that all models used in the agency:
 - Fit the population
 - Staff are adequately trained in the model
 - Models are applied consistently
 - Models are effective.

- Integrate models: Skills System concepts can be integrated with other models used at the program to help staff transition from one model to another as needed.
 - Evaluate how Skills System concepts can be used with other models.
 - De-escalation/Non-Violence Crisis Intervention models (e.g., MANDT, CPI, CIT, TCI, Safety Care, Right Response, Handle with Care, Therapeutic Options):
 - Skills System concepts, such as the Feelings Rating Scale, Safety Plans, and New-Me Activities can be integrated with de-escalation/non-violence crisis intervention models.
 - Behavioral interventions (e.g., ABA, PBS, incentive plans):
 - Skills System concepts, such as Feelings Rating Scale can be added to assessment, treatment plans, and safety plans to offer increased elaboration of individuals' escalation patterns.
 - Skills System concepts can be built into treatment plans as replacement behaviors.
 - Acceptance-based strategies (e.g., validation strategies, active listening, reflective statements):
 - Many programs do not have explicit training related to acceptance-based strategies. The Skills System Skills Coaching Strategies include DBT validation strategies.

4.7. Integrate Skills System concepts into program documents

- Add skills concepts to assessments, treatment plans, and safety plans: Adding Skills System concepts/terms to program documents can improve consistency.

- Ways to integrate Skills System concepts:
 - Elaborate observations by levels of feeling: Assessments elaborate descriptions of the individuals' functioning by levels of emotion: 0-3, 4, and 5.
 - Example: If an assessment is describing how the individuals communicate, the document describes observations of how the individual communicates at:
 - Levels 0-3 feelings (able to talk and listen)
 - Level 4 (not able to talk and listen)
 - Level 5 (hurting self, other, or property)
 - Examine feelings rating transitions: When describing individuals' behaviors (in an assessment, treatment plan, or incident report), it can be helpful to highlight factors

that are observed during transitions from one level to another. This information can clarify setting events, precursors, and antecedents associated with escalation.

- Describe factors that were observed during the transition from levels 0-3 to level 4 feelings.
- Describe factors that were observed during the transition from levels 4 to level 5 feelings.
- Address skills deficits: Assessments and treatment plans highlight goals, skills deficits blocking individuals from reaching their goals, and plans for how the program will assist individuals to build replacement behaviors.
- Address environmental factors: The program evaluates and addresses environmental factors (e.g., surroundings, schedules, staff interactions, etc.) that contribute to patterns of dysregulation.
- Reinforce adaptive behaviors: It is *very important* that staff (1) recognize, (2) label, and (3) positively reinforce individuals when they are using skills to strengthen their adaptive behavior.

4.8. Build opportunities for communication into the schedule

- Individuals need adequate opportunities to use their Calm Only skills with staff to address underlying issues that fuel dysregulation and create barriers to change.
 - 1:1 meetings between individuals and staff: Individuals need regularly scheduled opportunities to meet with a staff (e.g., case coordinator) to discuss safety and quality of life issues (e.g., living arrangements, relationship challenges, medical issues, and logistics).
 - These meetings give staff important information that informs the programs' supports.
- Staff need adequate opportunities for intra-program communication about supports.
 - Case consultations: Programs need to discuss individuals' supports on a regular basis to create/adjust individualized treatment plans.
 - Team meetings: Staff need to have regular, well attended, team meetings to create/maintain positive support environments.
 - 1:1 supervision: Managers/supervisors need to meet regularly with staff to provide 1:1 supervision to build and monitor staffs' competencies:
 - Ensure staff completing e-learning Courses 1 and 2.
 - Ensure staff are self-regulating at work.
 - Ensure that staff are using skills coaching strategies and are co-regulating (versus co-dysregulating) with individuals.
 - Ensure staff are following individuals' treatment plans and program procedures.

4.9. Integrate visual aids to enhance learning and generalization

- Having visual aids within the program helps individuals and staff learn/generalize skills concepts.
 - Skills Map, Skills Posters, and Skills Coaching Checklist.

- Print visual aids in multiple sizes: Materials can be downloaded from the e-learning course pages and printed in any sizes (e.g., 2'x3' posters, 8.5" x 11" page size for notebooks, or smaller for cards to carry).
- Laminate materials: Laminating materials can make them more durable.
- Create handy cheat-sheets:
 - Example: Create a 2-sided, laminated sheet that has the Skills Map on one side and the Skills Coaching Checklist on the other.
 - This gives staff skills and coaching concepts on one sheet.
- Skills tool kits/bins: Create access to New-Me Activity materials that help individuals self-regulate within the program and after discharge.
 - Common items: Scented lotions, cold/warm packs, fidget toys, sensory tools, puzzles, sour candies, headphones, soft fabric, gum, coloring, etc.
- Skills binders: Assemble notebooks for individuals that have Skills Posters, Skills Cards, handouts/worksheets, individualized coaching supports (e.g., Safety Plans), and New-Me Activities (e.g., mandalas to color, word searches, hidden pictures, mazes, dot-to-dot, color-by-number, sudoku, etc.)
- New-Me Activities resource areas: Programs create an area, room, or closet that has all types of New-Me Activities the individual can use.
- Designated Safety Planning areas: Have areas in the environment where individuals (and/or staff) can go to self-regulate and reduce risk.
- Bulletin board: Create a place to display individuals' (and/or staff) New-Me Activities (e.g., coloring, drawing, pictures, etc.)

Contact Julie Brown at jbrown@skillssystem.com with questions.

References

Aarons, G.A., Hurlburt, M., and Horwitz, S.M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health*, 38, 4–23.

Astrachan-Fletcher, E. C., Rossman, A.S., McClanahan, S.F., Dimitropoulos, G., and Le Grange, D., (2018). An exploratory study of challenges and successes in implementing adapted family-based treatment in a community setting. *Journal of Eating Disorders* 6:44. <https://doi.org/10.1186/s40337-018-0228-9>

Bruns, E.J., Parker, E.M., Hensley, S., Pullmann, M.D., Benjamin, P.H., Lyon, A.R. and Hoagwood, K. E. (2019). The role of the outer setting in implementation: associations between state demographic, fiscal, and policy factors and use of evidence-based treatments in mental healthcare. *Implementation Science* 14:96, 1-13. <https://doi.org/10.1186/s13012-019-0944-9> 1-13

Moullin, J.C., Dickson, K.S., Stadnick, N.A., and Rabin, B. (2019). Systematic review of the exploration, preparation, implementation, sustainment (EPIS) framework. *Implement Science*, 14:1.