

## SKILLS SYSTEM IMPLEMENTATION GUIDE

### Introduction

The goal of a Skills System implementation is to help organizations and/or practitioners support individuals who experience 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. A transdisciplinary approach involves everyone in an implementation, rather than a select few within an organization.

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 this Skills System Implementation Guide (SSIG).

- “Program” refers to any organization, private practitioner, or family system (e.g., parent, guardian) that will implement the Skills System.
- “Individual” refers to the person being served who will be receiving skills instruction and skills coaching.
- “Instructor” refers to a support provider who:
  - Completes the E-Learning Course 1 Skills Basics.
  - Completes the E-Learning Course 2 Skills Coaching Strategies.
  - Attends the 2-Day Skills System Instructor’s Training (<https://skillssystem.com/training/>)
- “Skills Coach” refers to any person who has completed Courses 1 and 2 in the E-Learning who helps individuals manage emotions using skills concepts.
- “Staff” refers to paid support providers who provide skills coaching (e.g., administrators, clinicians, direct support staff, operations, mentor, etc.).
- “Collateral supports” refers to 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.).
- “Julie” refers to Julie F. Brown PhD who is the author of the Emotion Regulation Skills System for the Cognitively Challenged Client: A DBT Approach and president of the Skills System, LLC.

### Exploration- *Is the Skills System a fit?*

- Review Free Resources: The Skills System website ([www.skillssystem.com](http://www.skillssystem.com)) provides resources that explain the model and implementation process. Programs review available Skills System resources and explore whether the Skills System will enhance the lives of the individuals they serve.

- The 30-Minute First Step Training on the home page offers a basic overview of the Skills System model.



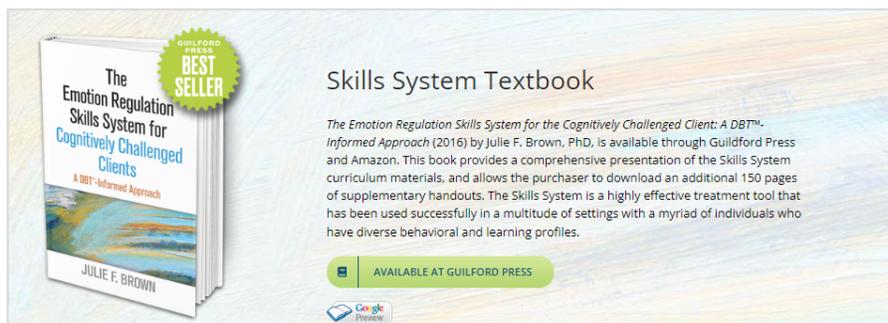
- Try the E-Learning: Purchase an Individual E-Learning Membership from <https://skillssystem.com/e-learning/> to examine the E-Learning (\$20). It is fun and user-friendly. Course 1 presents the Skills System skills and Course 2 teaches the Skills Coaching Strategies. When all people within the support system learn skills, it creates a common language and toolbox that supports self- and co-regulation.

Skills System E-Learning Memberships		
<p><b>Individual Membership</b> <i>(for anyone)</i></p> <p><b>\$20</b> <i>per user/access for 1 year</i></p> <p><b>Single User</b> Example: One person has access to the E-Learning = \$20/year</p> <p>No Administrator</p> <p>Courses Included: <b>Course 1.</b> Skills Basics <b>Course 2.</b> Skills Coaching Strategies Each course takes 2.5-3 hours to complete. E-Learning can be done on any device.</p> <p><b>TERMS OF USE</b> Not transferable to another person.</p> <p><b>PURCHASE INDIVIDUAL MEMBERSHIP</b></p>	<p><b>Group Memberships</b> <i>(for program staff)</i></p> <p><b>\$20</b> <i>per user/access for 1 year</i></p> <p><b>Any Size Group</b> <i>(The administrator's access uses one slot)</i></p> <p>Examples: Group of 10 staff = \$200/year Group of 25 staff = \$500/year Group of 100 staff = \$2000/year</p> <p>Group Administrator adds names and emails of the group members.</p> <p>Courses Included: <b>Course 1.</b> Skills Basics <b>Course 2.</b> Skills Coaching Strategies Each course takes 2.5-3 hours to complete. E-Learning can be done on any device.</p> <p><b>TERMS OF USE</b> Not transferable to another person, even if the person has not logged in yet.</p> <p><b>PURCHASE GROUP MEMBERSHIPS</b></p>	<p><b>Clinician Membership</b> <i>(for outreach to clients &amp; their families)</i></p> <p><b>\$18</b> <i>per slot/per year</i></p> <p><b>Any number of re-usable slots</b> <i>(The administrator's access uses one slot)</i></p> <p>Examples: Clinician has 5 reusable slots = \$90/year Clinician has 10 reusable slots = \$180/year Clinician has 20 reusable slots = \$360/year</p> <p>The Clinician administrator adds &amp; removes clients and their family members in re-fillable slots.</p> <p>Courses Included: <b>Course 1.</b> Skills Basics <b>Course 2.</b> Skills Coaching Strategies Each course takes 2.5-3 hours to complete. E-Learning can be done on any device.</p> <p><b>TERMS OF USE</b> Agencies may NOT train their program staff on Clinician memberships. Clinician memberships are for clients, their family members, and their outside providers (not program staff). Violations will result in the termination of access.</p> <p><b>PURCHASE CLINICIAN MEMBERSHIP</b></p>

*How the E-Learning is used by individuals, staff, and instructors:*

- Individuals complete the E-Learning independently or collaboratively with staff.
- Staff and Collateral supports complete Courses 1 and 2 to become skills coaches.
- Skills Instructors use the E-Learning to teach individuals who have complex behavioral health/learning challenges skills in group and/or 1:1 sessions.

- Order the Skills System text: The Emotion Regulation Skills System text (by Julie Brown, 2016) provides a 12-Week skills curriculum and 150-pages of downloadable handouts. (Note: There are handouts for elementary and high school children available by emailing [jbrown@skillssystem.com](mailto:jbrown@skillssystem.com).)
  - Link to purchase the text on Amazon: [https://www.amazon.com/Emotion-Regulation-Cognitively-Challenged-Clients/dp/1462519288/ref=sr\\_1\\_1?keywords=emotion+regulation+skills+system&qid=1650110252&sr=8-1](https://www.amazon.com/Emotion-Regulation-Cognitively-Challenged-Clients/dp/1462519288/ref=sr_1_1?keywords=emotion+regulation+skills+system&qid=1650110252&sr=8-1)



- Questions: If you have questions, please email Julie at [jbrown@skillssystem.com](mailto:jbrown@skillssystem.com).

## Planning Process

### Create a Skills System leadership team.

A Skills System leadership team can guide the implementation of the Skills System within an individual's service system.

*Helpful hints for how the leadership team can get on the same page:*

- Everyone watches the 30-Minute free First Step training. Sending people the link ([www.skillssystem.com](http://www.skillssystem.com)) to watch this video (or part of it) can be an easy way of getting people aware of the model. The first 10 minutes is particularly important/useful for staff to watch, because it offers a concise overview of what the Skills System is and why it is important, which prepares them to fully engage in completing the E-Learning.
- The program purchases an E-Learning Group Membership for the leaderships team members, so they can experience the E-Learning, learn skills, and skills coaching strategies.

- The program sends one or more people to the Skills System 2-Day Instructor’s Training.
  - Once trained, instructors are equipped to:
    - Teach skills to individuals who experience behavioral health/learning challenges.
    - Support coaches to apply skills and skills coaching strategies.
    - Integrate skills concepts into the support environment.



- 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).
- Review the Skills System Implementation Guide and complete the Implementation worksheet as a group.
- Purchase a Team Consultation Community membership: Julie conducts a one-hour live online group consultation on the first Friday of each month at noon EST. A Consultation Community Team membership allows 12 team members to attend for one year. The sessions are recorded and archived for future viewing.
  - Link to learn more about and/or join the Consultation Community:  
<https://skillssystem.com/consultation/>

*Tasks of the leadership team:*

- Guide all aspects of the implementation process.
- Orient all staff members to the Skills System.
  - Ways to orient staff members:
    - Ask staff and collateral supports to watch all (or even the first 10 minutes) of the free First Step Training. The video explains what the Skills System is and

why is it important.

- Share the Skills Posters that are available on the E-Learning Courses 1 and 2 as downloads. Instructors can explain relevant concepts using the colorful visual aids and explain how the posters can be used in shoulder-to-shoulder skills coaching interactions with individuals.
- Provide E-learning support: The leadership team strives to maximize staff participation in the E-Learning.
  - Set expectations: The leadership team sets timeframes for staff to complete the E-Learning.
    - It is best to do the courses in multiple sessions, a few lessons at a time. Course 1 and 2 each take a total of 2.5-3 hours to complete.
  - Provide verbal and visual instructions to login to the E-Learning: The administrator of Group and/or Clinician E-Learning memberships add people to the E-Learning. It is important that E-Learning administrators provide verbal and 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](mailto:jbrown@skillssystem.com) to get copies.
  - Offer IT help: E-Learning administrators help their people address IT issues and reach out to Julie at [jbrown@skillssystem.com](mailto:jbrown@skillssystem.com) when issues persist.
- Evaluate the Skills System implementation.
  - Quality improvement: The leadership team monitors and evaluates the program's execution of the implementation plan.
  - Monitor progress: The program monitors the individuals' progress towards their goals.
    - Possible measures: Emotion Regulation Knowledge Scale [ERKS], adaptive behavior scales, mental health symptoms, levels of support, quality of life (QOL), satisfaction. (email Julie about getting the ERKS- [jbrown@skillssystem.com](mailto:jbrown@skillssystem.com))
  - Monitor 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, employment stability, participation, etc.

### **Create environments that support self- and co-regulation.**

Many factors affect how individuals function. It can be difficult to clarify complex, dynamic forces that affect the individuals progress towards their goals. It is important to see, understand, and address intertwined challenges that (a) enhance the individuals' growth and development or (b) hinder it. Staff and collateral supports also experience complex issues; the hierarchy can help evaluate/address these as well.

*Skills System hierarchy:*

The Skills System hierarchy is a simple framework that is designed to 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)

*Two uses for 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 can be used to conceptualize an individual's case. The program assesses and addresses medical, psychiatric, environmental, and skills issues that affect individual's functioning.

**1. Medical Care**

Under/misdiagnosed medical problems can reduce individuals' joy/satisfaction/QOL and increase behavioral control problems. Programs provide access to integrated medical care that accommodates individuals' functioning and communication vulnerabilities.

- 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**

Under/misdiagnosed mental health problems can reduce joy/satisfaction/QOL and increase behavioral control problems. The program ensures that individuals, who have mental health issues, have consistent access to psychiatric supports.

- 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

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. 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.

- 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.

<b><i>Creates Positive Transactions</i></b>	<b><i>Creates Negative Transactions</i></b>
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.	Programs intermittently reinforce 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**

The program creates/maintains supports that help individuals, staff, and collateral supports to learn, apply, and generalize Skills System skills and skills coaching strategies. The following nine elements (4.1-4.9) combine to create an environment that is equipped to teach self-regulation through co-regulation strategies.

Elements:

- 4.1 Provide standard skills instruction for individuals.
- 4.2 Train staff to be skills coaches.
- 4.3 Train collateral supports to be skills coaches.
- 4.4 Create skills application groups/1:1 skills application sessions.
- 4.5 Provide access to skill-infused individual therapy.
- 4.6 Evaluate and integrate models that are used at the program.
- 4.7 Integrate Skills System concepts into program documents.
- 4.8 Build opportunities for communication into the schedule.
- 4.9 Integrate visual aids to enhance learning and generalization.

#### **Explanation of Elements.**

##### **4.1 Provide standard skills instruction for individuals.**

- Skills System *standard* instruction:
  - Standard instruction can be done in a skills group and/or 1:1 instruction sessions.
    - Standard groups/1:1 instruction happens once per week for approximately an hour (or 30 minutes 2x week)
    - Standard instruction revolves multiple times through the 12-week lesson concepts.
    - Create instruction that fits for individuals and settings: Instructors learn to do the five types of instruction (i.e., standard, a-la-carte, instruction during coaching, targeted instruction, and environmental instruction) at the Skills System 2-Day Instructor's training.
  - Adaptations for short-term programs:
    - Short-term programs will need to do "a-la-carte" instruction.
    - An a-la-carte approach is when the instruction focuses on a set of skills that will improve the individual's functioning relative to the program-specific issues.

- E-Learning Course 1 is standard instruction: Completing Course 1 on the E-Learning covers the material in the 12-week curriculum that is in the text.
  - E-learning-based instruction formats: Individuals can complete the E-learning Course 1 Skills Basics in many ways (depending on individuals' needs/abilities and 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.
  - The 2-Day Instructor's Training covers how to integrate the E-Learning into group/1:1 instruction.

#### 4.2 Train staff to be skills coaches.

- The program purchases E-Learning Group memberships for staff (<https://skillssystem.com/e-learning/>)
  - The cost is \$20 per person per year.
  - The spaces are not transferable between staff.
  - Administrators can monitor the progress of each member to ensure participation.

Skills System E-Learning Memberships

Individual Membership <i>(for anyone)</i>	Group Memberships <i>(for program staff)</i>	Clinician Membership <i>(for outreach to clients &amp; their families)</i>
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No Administrator	Group Administrator <b>adds</b> names and emails of the group members.	The Clinician administrator <b>adds &amp; removes</b> clients and their family members in re-fillable slots.
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- 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 2.5- 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 2.5- 3 hours to complete.

*Instructors create experiences/structures that support staff to provide skills coaching.*

- Instructors develop program-specific training resources for staff: Instructors create training tools that show staff how to use skills coaching strategies with individuals.
  - Examples:
    - 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 programs' de-escalation models to manage escalated behaviors helps improve consistency.
- Instructors 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 of the strategies.
    - The Skills Coaching Checklist is a free download PDF from the Course 2 course page on the E-learning.
- Instructors observe and coach staff: Instructors who are 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.
- Instructors develop individualized visual aids: Instructors create simple visual aids to help individuals apply skills within their environment.
- Rewards/incentives: It can increase participation to offer staff/collateral tangible or intangible reinforcement for completing the E-Learning and using coaching strategies.
- Ensure adherence to the Skills System: The program has one or more instructors and/or 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** (e.g., family members, friends, and outside providers).

The program creates policies/procedures that help collateral supports become skills coaches.

*Helpful hints to help collateral supports be skills coaches.*

- Introduce Skills System materials to collateral supports.
  - Share the Skills System 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 Memberships 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.
  - The program creates policies/procedures that ensure collateral supports receive information about skills and skills coaching strategies during programs’ admission 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 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 during their daily experiences.
- Examples:
  - “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 meeting 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 sessions.
  - Individuals practice solo and/or partnership Focus, Feel Good, Distraction, and Fun New-Me Activities during their daily schedules.
- Topic skills group/1:1 application sessions.
  - 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 benefit from attending the 2-Day Instructor’s Training.
- 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, access to the E-learning, and the Skills System text (2016).

#### **4.6 Integrate models that are used at the program.**

- It is important that models used at the program are (1) adequately/consistently trained and are (2) integrated with each other when possible.
- The Skills System integrates well with other models.
  - Skills System concepts can be integrated with other models (e.g., DBT, trauma informed supports, person centered planning) used at the program to help staff transition from one model to another as needed.
- Examples:
  - 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.**

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

*Helpful hints about integrating Skills System concepts.*

- Skills System hierarchy: The hierarchy can help during the case conceptualization process to evaluate areas of vulnerability and address needs.
- Elaborate observations by levels of feelings within assessments: Assessments elaborate descriptions of 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 level 4 to level 5 feelings.
- Use Pre-Instruction and Targeted Instruction Worksheets.
  - Instructors receive worksheets at the 2-Day training that can be used to target skills gaps and build skills competency in areas of need.
- 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.
  - It is important to reinforce staff and collateral supports when they are on-track, as well.

#### **4.8 Build opportunities for communication into the schedule.**

- The program ensures that individuals have built-in 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 programs' supports.
- Instructors ensure that the structure of the environment has built-in opportunities for staff to communicate about program-support issues.
  - Case consultations: Programs need to discuss individuals' supports on a regular basis to create/adjust individualized treatment plans.
  - Staff 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 that 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 individuals 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](mailto: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.