Clinical ART Responsiveness Training

Enhancing Staff Skills to Support a Person with a Dual Diagnosis

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positive supports for people
OUTLINE

• Population Statistics
• Overview of Curriculum
• Curriculum Development Team
• Phases of the Curriculum Development
• Training Modules
• Implementation
• Challenges and Successes
• Outcomes
• There are more than 300,000 individuals with an intellectual disability (ID) in Canada
• Ontario has the largest percentage of the population (34%)
• Services for individuals with intellectual disabilities are provincially based
• There is no national requirement on how best to meet the needs of individuals with developmental disabilities

Mental Health Services for Individuals with Intellectual Disabilities in Canada: findings from a national survey (Lunsky, Garcin, Morin, Cobigo and Bradley – 2007)
PREVALENCE

- Intellectual Disabilities affect 1 – 3% of the population
- Individuals with intellectual disabilities are at higher risk than non-ID (Tasse & Morin 2003) individuals for developing a psychiatric disorder (Brothwick Duffy 1994)
- 10 – 40% of individuals with a developmental disability will develop a psychiatric disorder (Reiss 1990)

*Mental Health Services for Individuals with Intellectual Disabilities in Canada: findings from a national survey (Lunsky, Garcin, Morin, Cobigo and Bradley – 2007)*
<table>
<thead>
<tr>
<th>Region</th>
<th>Total Prevalence / Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>650,000 / 32m (2 %)</td>
</tr>
<tr>
<td>Ontario</td>
<td>275,000 / 12.4m (2.2%)</td>
</tr>
<tr>
<td>Central East</td>
<td>47,000 / 1.9m (2.5 %)</td>
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</table>

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Total Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>247,000</td>
</tr>
<tr>
<td>Canada</td>
<td></td>
</tr>
<tr>
<td>Ontario</td>
<td>104,500</td>
</tr>
<tr>
<td>Central East</td>
<td>17,860</td>
</tr>
</tbody>
</table>
The Central East Region consists of:
-- Durham Region,
-- Haliburton/Kawartha Lakes/Peterborough Region (HKPR)
-- Simcoe County
-- York Region

Combined population of 1,884,000
Central East Region is comprised of both rural and urban settings
Significant Francophone and Aboriginal populations
Up to 141 languages or dialects have been identified in Central East Region
Clinical and Responsiveness Training (CART)

• CART is a knowledge transfer and capacity building training
• Developed by the Central East Network of Specialized Care in 2014, in Ontario, Canada
• Aimed to increase the knowledge, skills and confidence of Direct Support Professionals and their Managers/Supervisors (Coaches) in the developmental service sector
TRAINING GOALS

• Enhance the skills and knowledge of staff in the developmental service sector
• Increase quality of support for adults with a dual diagnosis, complex needs, and behavioural challenges
• To increase the use of proactive strategies, creation of habilitative environments to decrease and prevent challenging behaviours
DEVELOPMENT PHASES

Phase 1: Research, Project Scoping, and Stakeholder Consultation
Phase 2: Training Curriculum Development
Phase 3: Participant Criteria & Selection Process
Phase 4: Training Delivery Model Design
Phase 5: Training Materials Development
Phase 6: Pilot Program Delivery
Phase 7: Training Curriculum Refinement
PHASE ONE: RESEARCH AND STAKEHOLDER CONSULTATION

• Consultation with International training experts

• Research and review of existing curriculum
Focus on the following training elements for Managers/Supervisors’ training:

- Instruction, modelling, role plays and feedback
- Coaching skills for the Managers/Supervisors
- To provide structure, resources, and supports for DSPs to use skills in real life environment
- Knowledge and capacity to motivate staff to use PBS and values-based practice
- Facilitation of problem solving and debriefing sessions
RESEARCH AND STAKEHOLDER CONSULTATION

Brainstorm sessions with key stakeholders

• Session 1: The consultants presented the training model plan for review and feedback.

• Session 2: Stakeholders reviewed a revised training model and draft training plan, and provided additional input.
PHASE TWO: TRAINING
CURRICULUM DEVELOPMENT

• Consultation took place with staff from the developmental service sector and partnering health-funded agencies

• The group became known as the CART Training Content Development Team

• Systematic module development; over a four month period
CURRICULUM DEVELOPMENT TEAM

• Behaviour Analysts
• Behaviour Consultants
• Social Workers
• Psychologist
• Psychiatric Nurse
• Program Directors
• Clinical and Residential Managers/Supervisors
PHASE THREE: SELECTION PROCESS

• Funding was received to pay for back fill of staff attending the training

• Each Manager/Supervisor had to be directly coaching a DSP
CURRICULUM CONTENT

DSP Content:
• Specific knowledge and skill training
• Video modelling and analysis
• Role play in groups
• Focus of Dual diagnosis support

Coach Content:
• Skill and knowledge related to supporting DSPs
• Shift from supervising to coaching
• The focus on Modeling, Supporting and Facilitating DSPs
<table>
<thead>
<tr>
<th>Modules</th>
<th>Knowledge/Skill Areas</th>
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</thead>
<tbody>
<tr>
<td>Positive Behaviour Supports</td>
<td>1. Understanding Your Role</td>
</tr>
<tr>
<td></td>
<td>2. The Discovery Process</td>
</tr>
<tr>
<td></td>
<td>3. Self Assessment and Reflection</td>
</tr>
<tr>
<td>Understanding Behaviour</td>
<td>1. Defining Behaviour</td>
</tr>
<tr>
<td></td>
<td>2. Beliefs about Behaviour</td>
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<tr>
<td></td>
<td>3. Behaviour in Context</td>
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## Modules

<table>
<thead>
<tr>
<th>Modules</th>
<th>Knowledge/Skill Areas</th>
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<tbody>
<tr>
<td><strong>Proactive Interventions</strong></td>
<td>1. Understanding Setting Event and Antecedent Interventions</td>
</tr>
<tr>
<td></td>
<td>2. Communication</td>
</tr>
<tr>
<td></td>
<td>3. Choice Making</td>
</tr>
<tr>
<td><strong>Changing Consequences</strong></td>
<td>1. Identifying and Understanding Consequences</td>
</tr>
<tr>
<td></td>
<td>2. Changing Consequences, Changing Behaviour</td>
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# MODULES

<table>
<thead>
<tr>
<th>Modules</th>
<th>Knowledge/Skill Areas</th>
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<tbody>
<tr>
<td>Functions of Behaviour</td>
<td>1. Identifying Functions of Behaviour</td>
</tr>
<tr>
<td></td>
<td>2. Contributing to a Functional Behavioural Assessment</td>
</tr>
<tr>
<td>Teaching Skills</td>
<td>1. Choosing Skills to Teach</td>
</tr>
<tr>
<td></td>
<td>2. Building a Skill Teaching Plan</td>
</tr>
<tr>
<td></td>
<td>3. Using Skill Teaching Strategies</td>
</tr>
<tr>
<td>Modules</td>
<td>Knowledge/Skill Areas</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------------------------------------------------------</td>
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<tr>
<td>Collaborating to Address Challenging Behaviours</td>
<td>1. Making the Link</td>
</tr>
<tr>
<td></td>
<td>2. Collaborating and Contributing to Behaviour Support Plan</td>
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<td></td>
<td>3. Implementing and Problem Solving Behaviour Support Plans</td>
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<td>4. Debriefing</td>
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CART COACHING APPROACH

The CART Coach Approach

Model
Support
Facilitate

Coach

Values
Experience
Characteristics

Gain more enjoyment from work
Reach personal aspirations

Use strategies to manage stressful situations
Engage in continuous learning
Be more resilient and adaptable
Achieve potential

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Intro
Slide 21
Coach will....

• Ask questions and use active listening.
• Demonstrate empathy.
• Provide feedback that is specific about what was observed
• Support staff skill building
SUPPORTING DSPs

The Coach gives feedback and maintains positive relationships:

• Observe and ask for information to learn what motivates each staff as an individual
• Communicate clear performance expectations
• Ask open-ended questions to encourage staff to share their thoughts, feelings, and work challenges
• Provide positive feedback
• Celebrate successes with staff individually and as a team
• Coach all staff team members
The Coach facilitates change, learning, and growth:

- Provide staff with relevant learning resources, regular constructive feedback and training opportunities
- Actively support and encourage
- Use questioning to help staff identify their own solutions to problems
- Use an effective debriefing process to identify ways environments can be altered, and practices can be improved
- Provide ‘skill’ teaching in the environment in which staff work
MANAGERS/SUPERVISORS CURRICULUM AND APPROACH

Development of the coaching approach vs the traditional Manager/Supervisor approach

• Three coaching strategies: Model, Support, and Facilitate.
• Collaborative vs directive
• Team oriented vs individual focus
• Supportive vs demanding
The Training Delivery Model was built around knowledge, increasing skill proficiency and confidence.

- Including time for participants to
  - OBSERVE, UNDERSTAND, REFLECT, AND PRACTICE SKILLS
- Fun and interactive
- Individual and group activities
- Application of the information learned
TRAINING MODEL

Skills & Knowledge

understand
reflect
observe
practice
HANDS ON PRACTICE

• Video inspiring discussion on beliefs and biases.
• Practiced data collection and observation skills
• Discussed in small and/or large groups
• Video demonstrating staff behaviour as a trigger to a supported person’s behaviour
WHY?

• Develop a better understanding of a biopsychosocial assessment process
• Teach Positive Support Strategies
• Techniques to prevent challenging behaviours
• Team building strategies
• Coaching and Mentoring strategies
• Build capacity of direct support staff to better support persons with ID/DD
• In year one and two
• 2 training groups
• 120 Direct Support Professionals and 80 Managers/Supervisors (Coaches)
• Group 1: face to face, video conference boosters, face to face booster
• Group 2: Face to face, face to face booster
CURRICULUM DELIVERY

• Delivered to Manager/Supervisors (Coaches) and Direct Support Professionals in separate sessions, over 2 days.
• Each participant completed a self assessment of knowledge and skills, pre-work and homework, and participated in a two day training.
• Monthly Videoconference ‘Infusion’ sessions also supported continued learning, skill development and knowledge integration.
• Face-to-face booster sessions were also conducted for sustainability.
EVALUATION & OUTCOMES

• An evaluation was completed for the CART training, based on Self Assessment of knowledge and skills, using a pre and post evaluation.

• Results showed that DSPs have increased knowledge and enhanced skill confidence.
OUTCOMES

• Managers/Supervisors have increased knowledge and enhanced skill confidence with respect to coaching DSPs.

• A common clinical assessment and intervention language were shared.
MANAGER/ SUPERVISOR RESULTS

Knowledge

Pre-Training (N=30)  Post-Training (N=26)

Skill Model, Support, Facilitate

Pre-Training (N=30)  Post-Training (N=26)

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DSP KNOWLEDGE RESULTS

1: Positive Supports for People
2: Understanding Behaviour
3: Positive Support Environments
4: Changing Consequences
5: Teaching Skills
6: Behaviour Support Plans
AVERAGE

Self Assessment Pre-Training (N=76)
Self Assessment Post-Training (N=67)
DSP SKILL ASSESSMENT RESULTS

Self Assessment Pre-Training (N=76) vs Self Assessment Post-Training (N=67)


<table>
<thead>
<tr>
<th></th>
<th>Pre-Training</th>
<th>Post-Training</th>
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</thead>
<tbody>
<tr>
<td>Self Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive Supports for</td>
<td>3.75</td>
<td>4.21</td>
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<tr>
<td>People</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding Behaviour</td>
<td>3.51</td>
<td>4.12</td>
</tr>
<tr>
<td>Positive Support Environments</td>
<td>3.40</td>
<td>4.07</td>
</tr>
<tr>
<td>Changing Consequences</td>
<td>3.52</td>
<td>4.06</td>
</tr>
<tr>
<td>Teaching Skills</td>
<td>3.28</td>
<td>4.05</td>
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<tr>
<td>Behaviour Support Plans</td>
<td>3.54</td>
<td>4.02</td>
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<tr>
<td>Average</td>
<td>3.50</td>
<td>4.09</td>
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CART FEEDBACK/EVALUATION SURVEY

• An online survey developed specifically for the CART Training.

• Administered after each day of training on the content taught, materials, delivery approach, and facility arrangements.

• The feedback gathered was used between training days to refine the training materials and delivery.
SOCIAL VALIDITY

What participants liked most:
• Small and large group discussions
• Video clips
• Case examples
• Knowledgeable and insightful instructors
• Meeting others; networking
• Presentation of material
SOCIAL VALIDITY

What participants felt could be improved:

• More time needed overall – training should be three days not two
• More clinical examples
• More discussion and exercises in small and large groups
• More facilitated networking
GOING FORWARD

• Delivery: 3 day training, one week apart
• Addition of generalization to workplace
• Staff skill implementation tracking by Coaches
• Modify order of modules
• Training manual reprints
• Province wide (Ontario, Canada) delivery
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Direct Support Profession Manual
• http://issuu.com/cart_workbooks/docs/cnsc.cart.dsp.workbook

Manager/Supervisor Manual
• http://issuu.com/cart_workbooks/docs/cnsc.cart.coaches.workbook