Specialized Accommodation

In the North Community Network of Specialized Care

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About this Presentation

- Before Specialized Accommodation starts
- With entire team (clinical and residential/family supports)
- Take notes
- Utilize other training resources referenced in each chapter
- Ask questions of clinicians, managers and supervisors, as questions arise
- Consider what you know about the person you will be supporting while you are watching the DVD and occasionally stop to talk about how this applies to what you will be doing with that person
- Share your expertise with each other about what you already know regarding Specialized Accommodation and the person you will be supporting

How to use this training most effectively
Learning Objectives

- Specialized accommodation model of supports
- Background of the model
- Goals of specialized accommodation and for whom it is available
- Type of support (virtual vs. physical bed)
- Types of issues for which this model of support is appropriate

Learning Objectives

- Fundamentals of the Biopsychosocial Model with regard to challenging behaviour & Dual Diagnosis
- Illustrative Case Studies
- Resources for further education and training concerning issues related to specialized accommodation

Background and Definitions
What is Specialized Accommodation?

- A method for building capacity at the local level so that people with complex needs may continue to be supported in their home communities.
- Involves customizing services to the person being supported and provision of specific training to caregivers.
- Short term, temporary supports for people who have intellectual disability with challenging behaviours and/or mental health concerns.
- Can involve temporarily increasing supports in existing residential setting (virtual supports) or provision of supports in a controlled setting (physical bed).
- Intended to be used for addressing issues pertaining to clinical supports: diagnosis-assessment and/or treatment-stabilization.
- Provided in the context of a treatment plan for clinical issue(s) - not intended as crisis intervention or temporary housing.

Background and Overview

- Originated from Ministry of Community and Social Services' transformation of developmental services initiative.
- Based on the following key concepts:
  - Building of local capacity and development of 'expert capacity' across the North to provide assistance in various communities, including both clinical and non-clinical expertise.
  - People are best supported in their own home and/or community.
  - Beds are not for crisis, but for stabilization, short term treatment and/or transition.
- The North Community Network of Specialized Care facilitated the development and collaboration with its community partners across the North Region including:
  - MCSS Specialized Service Providers
  - Community Living organizations
  - Christian Horizons
  - Hospitals
  - Canadian Mental Health Associations
  - Ministry of Health and Long Term Care partners.
Who Might Benefit?

- People exhibiting challenging behaviours where existing supports are insufficient to gain an understanding of causes or effective support strategies
- People with suspected mental health difficulties who require more individualized supports to temporarily assist in diagnosis and treatment planning
- People temporarily requiring more supports to initiate treatment or intervention plans
- People requiring extra resources to assist in stabilization and averting crises
- People transitioning from one setting or model of support to another

Why? What sorts of issues?

- Understanding and support of challenging behaviours
  - Definition: “culturally abnormal behaviour(s) of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities”
- Assist in diagnosis and/or treatment of individuals with dual diagnosis
  - Definition: mental health difficulties experienced by people with intellectual disability which may be exhibited in a variety of unique ways, including challenging behaviours, emotional difficulties, physical concerns, problems with thinking and information processing

Dual Diagnosis

- Specific mental health concerns that can result in challenging behaviours
- People with intellectual disability are at more risk for mental health concerns due to a variety of reasons (genetic, social, environmental)
- Understanding the variety of factors influencing the causes and maintenance of the mental health difficulties and the resultant behaviours improves the effectiveness of supports
Models of Specialized Accommodation Supports

“The Virtual Bed”:
SA Within Existing Home

- Enhanced supports go to the person in his/her own setting
- Person remains in current residential setting
- Enhanced supports unique to the presenting problem
- Supports can be longer term but still based on maximum funding for 30 day, 24-hour support
- Supports faded out at end of period to regular staffing

“The Physical Bed”:
SA Outside of Existing Home

- The person goes to the supports unique to their presenting difficulty
- Dedicated bed in different location than where person is usually supported
- Might involve different staff than usual
- Available in all regions
- Funded for a maximum of 30-day, 24-hour supports
- At end of time period, transitioned back to original setting or new setting
Advantages of In-Home Supports

- Less intrusive and/or disruptive, more naturalistic
- Direct building of capacity: working with existing staff
- Generalization of gains: fewer issues related to generalizing from one setting to another for person supported and staff

Advantages of SA Dedicated Bed

- Permits greater structuring of environment to the person’s needs
- Less disruptive to other individuals in person’s environment
- Can involve specially trained staff for complex issues who then assist in training of residential staff

Challenging Behaviours, Dual Diagnosis, and the Biopsychosocial Model
Challenging Behaviours & Dual Diagnosis

- Variety of causes
- Challenging behaviours and Dual Diagnosis are assessed and treated from a biopsychosocial perspective

Biopsychosocial Model

Behavior is the result of multiple factors

- Thoughts
- Emotions
- Physical
- Environmental

Biopsychosocial Model

Challenging behaviours and psychiatric difficulties are influenced by those factors, particularly as they involve:

- Medical illness, medication side-effects
- Behavioural phenotypes of syndromes of intellectual disability
- Learning history
- Social history and relationships
- Sensory issues
- Hereditary factors
- Level of intellectual ability
- Communication skills
- Psychiatric history
- Degree of engagement in meaningful daily activities
### Application of the Biopsychosocial Model

Involvement of multiple professions and clinicians with specific areas of understanding working on the interdisciplinary team

- Psychiatry
- Psychology
- Behaviour Therapy
- Speech-language Pathology
- Occupational Therapy
- Social Work
- Medicine

### Challenging Behaviours, Dual Diagnosis and Biopsychosocial Model: Training Resources

- Interdisciplinary Teams (Dec 10/09): DVD/Webcast - North
- Maintaining Resilient Teams (Dec 5/08): DVD/Webcast – North
- Dual Diagnosis – A Primer (Feb 4/10): DVD – Central
- Self-injurious Behaviours & Intellectual Disability (Dec 11/08): DVD/Webcast – North
- Obsessive Compulsive Disorder (Jul 10/08): DVD – North
- Depression and Persons with Intellectual Disability (Nov 27/08): DVD – North
- BPD and Intellectual Disability, Parts 1-III (Sep/07 – Apr/08): DVD - North

- Bipolar Affective Disorder, Parts I-II (Dec 11/07, Mar 20/08): DVD – North
- Schizophrenia and Intellectual Disability (Jul 16/09): DVD/Webcast – North
- Change in Behaviour – Medical Illness? (Nov 12/09): DVD/Webcast – North
- Aggression/Violence – Support Strategies (Jun 8/09): DVD/Webcast – South
- Understanding Genetic Disorders (Mar 27/09): DVD/Webcast – South
- Medical Issues in Autism (May 21/09): DVD – Central
Clinical Applications of Specialized Accommodation: An Overview

Specific Scenarios for Specialized Accommodation

- Biopsychosocial assessment of challenging behaviour or dual diagnosis
- Biopsychosocial treatment/support for challenging behaviour or dual diagnosis
- Assessment and intervention related to mental health concerns, behaviour, social, environmental issues

The Specialized Supports Plan

- Every application for Specialized Accommodation must involve a plan
- Plans are made in collaboration with clinical supports from the local clinical team. A referral may have also been made for clinical consultation from North Community Network clinical staff (tertiary level of support).
- Plans include objectives, desired outcomes, rationale for Specialized Accommodation supports, type of SA supports (virtual supports vs. use of SA bed), duration of supports, transition plan
- Each person must have housing arranged prior to use of Specialized Accommodation bed
- Specialized Accommodation supports could involve a number of different scenarios
Biopsychosocial Assessment

- For understanding behaviour
- For making psychiatric diagnosis
- Gather and review background information pertaining to biopsychosocial factors
- Review past assessments and consultations
- Interview person and knowledgeable third parties for background and current information
- Form preliminary hypotheses
- Create plan for testing out hypotheses

Biopsychosocial Assessment of Behaviour

Diagnostic Clarification

- Psychiatric diagnosis as it relates to people with intellectual disability is complicated
- Diagnostic criteria are often based on descriptions of inner experience – a challenge for people with intellectual disability
- Diagnostic criteria often have to be inferred based on behavioural observation
- To facilitate this, the psychiatric diagnostic manual has been adapted for persons with intellectual disability
  - Diagnostic Manual – Intellectual Disability (DM-ID)
- Information obtained through direct observation and information from others can be reviewed by psychiatrists, psychologists or psychological associates in order to formulate diagnoses
- Specialized Accommodation may be a means for obtaining more in-depth and accurate data to establish a psychiatric diagnosis
Psychiatric/Psychological Assessment

Special Issues

- Staff often require training in observational techniques and data collection to ensure accurate information.
- Staff who attend psychiatric consultations must be knowledgeable about the identified person and be able to describe, in detail, the presenting concerns and information about the person’s usual and current patterns of functioning.
- Once a diagnosis is made, data collection based upon relevant symptoms may be necessary as a prelude to treatment.

Psychiatric Assessment/Consultation

Training Resources

- Psychiatric Challenges in Persons with Intellectual Disability (Jan 31/08): DVD – North
- Preparation for Psychiatric Consultation, Parts I & II (Oct 23/08 - Part I; Jun 2/09 – Part II): DVDs – North

Behavioural Assessment

Functional Analysis of Behaviour

- Understanding the cause of the challenging behaviour by testing various hypotheses generated in collaboration between supports and clinicians.
- Behaviours are specifically defined so that anyone observing would agree on whether or not a particular behaviour occurred.
- Environmental or social conditions might be varied to determine their influence on the behaviour so as to determine the function or cause of the behaviour.
- Information collected concerning the consequences of the behaviour both for the person and how others react to the person when he/she exhibits the behaviour.
- Multiple sources of data reflecting biopsychosocial perspective.
### Baseline Data Collection

- While the function(s) of a behaviour are understood, data is collected re: frequency and/or intensity of that behaviour
- Baseline collection of data provides an initial measure permitting evaluation of effectiveness of future interventions
- The information collected in the baseline data collection phase informs the type of interventions to be used

### Accuracy

- Collaboration with clinicians to accurately define the behaviours of interest so that everyone agrees on what is being tracked
- Documentation of the behavioural definitions and frequent referral back to those definitions
- Documenting behaviour at the intervals indicated – not waiting until end of shift
- Use of factual and descriptive language

### Consistency

- Between staff, shifts

### Intensiveness

- More intensive data collection – more representative data

### Special Issues

- The Behaviour-Communication Connection (Sep 14/09): DVD/Webcast – North
- Data Collection: Fun with Numbers (Sep 1/09): DVD/Webcast – South
- Assessment of Behavioural Problems in Autism Spectrum Disorder (Nov 11/08): DVD – Central
**Biopsychosocial Interventions**

- Natural consequence of biopsychosocial understanding of the problem
- Might involve behavioural, medical, psychological, communication, sensory and/or environmental interventions
- Interventions collaboratively designed between caregivers and clinical team
- Ongoing monitoring and comparison to baseline to assess effectiveness
- Interventions likely to be more complex and resource-intensive than single-modality forms of intervention.

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**Psychiatric Treatment: Assessing response to medication**

- Medication does not treat behaviour
- Must be a psychiatric diagnosis with identified target symptoms which are expected to improve with treatment
- Decide how medication response will be evaluated:
  - Client specific data system with identified target symptoms collected prospectively before and during treatment?
  - Standard rating scales (e.g. Glasgow Depression Scale) completed at regular intervals before and during treatment?
  - Ongoing subjective reports on target symptoms by caregivers who know person well?
- Primary supports must be aware of potential side effects to any given medication and have procedure for reporting these
Psychiatric Treatment:
Assessing response to medication

- Has the medication trial been of adequate duration with adequate dosing?
- If satisfactory response is not achieved:
  - Is there a plan for alternate treatment trials?
  - Should the diagnosis be re-evaluated?
- When should medication be stopped?
  - Untenable side effects
  - Lack of response after adequate trial
  - No longer a clinical need for that medication
  - An alternate medication has been started

Psychiatric Treatment:
“PRN” medication

- PRN medication is not treatment – it is for short term suppression of behaviour generally by sedation
- It is not a substitute for more definitive behavioural or pharmacological interventions
- A PRN protocol must include non-pharmacological intervention strategies either as alternative to or supplement to use of PRN
- When developing protocols, consider usual duration of person’s challenging behaviours without PRN use, keeping in mind that response time to PRN meds given by mouth is 30-60 minutes
- Regular review of antecedent factors of challenging behaviour to identify potential future proactive interventions to minimize need for PRN use

Psychiatric Treatment
Training Resources

- Psychopharmacology and Dual Diagnosis: Principles & Practice (Aug 12/08); DVD/ Webcast – North
- Mental Health Medications; National Institute of Mental Health: http://www.nimh.nih.gov/ health/publications/mental-health-medications
Behavioural Treatment

- Non-medical interventions designed to reduce the frequency of challenging behaviours
- May involve helping people learn new skills (behavioural, language, etc.)
- May involve modifying environment to better accommodate person’s needs and thereby reduce challenging behaviours
- May involve adjusting reinforcing factors of the challenging behaviour

Behavioural Treatment

Special Issues

- Data collected pertaining to frequency or manner of interventions, frequency or intensity of behaviours to be learned or reflecting skills acquired or used
- Effectiveness of intervention depends on consistency of adherence to intervention or treatment plan
- Treatment plan taught to staff in a manner which will insure consistent use
- Collaborative process between clinicians and caregivers
- Special staff training may be required depending on nature of challenging behaviour
- With aggressive behaviours, importance of following CPI or Safe Management principles

A Validating Environment

- Validating environment – an environment in which people feel that they are being treated with genuine respect, heard, and taken seriously. Feelings and opinions expressed are accepted, even if disagreed with, rather than marginalized or dismissed.
- The effectiveness of any intervention will depend on the quality of the relationship between the person supported and his/her care providers.
- Validation is communicated by a care provider when he/she listens without judging and lets the person know that what is being communicated is understood and is important to the person supported.
- When care providers behave as though they are parents or treat people supported as though they are children, effectiveness of clinical interventions will suffer.
- A validating environment will enhance the effectiveness of clinical supports
Behavioral Treatment
Training Resources

- Least Restraints – A Journey (Feb 6/08): DVD – Central
- The Behaviour-Communication Connection (Sep 14/09): DVD/Webcast – North

Transitioning from Specialized Accommodation

- Importance of transitioning depending on model of accommodation (dedicated bed vs. virtual) and purpose of Specialized Accommodation supports
- Learning in one setting needs to transfer to other settings – if different staff, training of regular residential staff in maintaining new learning
- Collaboration with clinicians in planning the transition so as to maintain gains made
- Ongoing documentation and data collection to evaluate effects of transition on behaviour/symptoms
Integration of Findings Into Personal Care Plan and Clinical Supports

- Person-centered planning (PCP) is encouraged for every person with an intellectual disability who is supported.
- Results from behavioural, psychological, psychiatric assessments should be included as they are relevant to mental health difficulties and behavioural challenges.
- Strategies for assisting the person with a dual diagnosis or challenging behaviour should be incorporated – for both prevention and treatment.
- When new information arises, such as out of specialized accommodation, the PCP should reflect those changes.
- Ongoing clinical supports should incorporate the findings arising from the Specialized Accommodation.

Case Studies

Case Example #1 (“Lucy”)

Background Information:
- 40 year old woman with Smith-Magenis Syndrome, a Developmental Disability and suspected Post Traumatic Stress Disorder.
- Involved with Clinical Services for behavioural intervention since her repatriation to her home community.
- Resided in a group home with four other female roommates.
Challenging Behaviour

- Neurobehavioral problems associated with Smith-Magenis Syndrome include: self-injurious and aggressive behaviour, explosive outbursts, and repetitive attention seeking behaviours.

- Specific targeted behaviours ranged from the mild to severe in nature and involved physical and verbal aggression towards others, self-injurious behaviour, inappropriate sexual behaviour, elopement and destruction of property.

Referral Reason

- Diagnostic clarification – to determine whether eliminating the common trigger of behavioural difficulty (peers competing for staff’s attention) would result in a significant decrease of incidents of challenging behaviour.

- Testing out the hypothesis that the clinical support strategies would be more effective in a more individualized environment.

Response

- No physical bed in North Bay thus creativity was used and a cottage was rented to serve this purpose.

- Staff provided 24-hour care in the cottage setting, completing clinical data to determine the effectiveness.
Outcome

- Following the completion of Specialized Accommodations, it was found that living in a home without roommates did result in significant decreases in challenging behaviour.

- This resulted in staff working diligently to secure an apartment for "Lucy". Currently, she continues to have 24 hour support from staff and challenging behaviour became so insignificant, her file with clinical services has since been closed.

Case Example #2 - Joe

- 41 year-old man with anxiety-related difficulties (hoarding) and problems with mood
- Supported in mental health – had not been identified as having ID
- Spouse died 3 years prior to involvement – living in squalor – hoarding
- Receiving counselling but intervention required for clean out of home – residential placement in jeopardy
- SA virtual supports for clean out of apartment

Before
After

After

After
After

Two weeks after ending SA, apartment back in state of squalor
New placement required — system issues
Mood worsening and SIB urges increasing
Hospitalized for safety concerns
Use of SA bed to transition back to community and evaluate effectiveness of developmental supports

Case Example #2 - Joe

Mood improved
Socialization opportunities
Relationships built
Service systems collaborated
Discharge to home with enhanced developmental supports
Opportunities for alternative residential placement
In Conclusion…

Summary

- Specialized Accommodation provides a unique and flexible method for augmenting supports to people with intellectual disability who have mental health difficulties and/or challenging behaviours
- Clinically-based – different goals than daily residential supports
- Involves working with clinical teams and external consultants
- Requires careful planning of goals and strategies

Educational and Training Resources
## Additional Learning Resources

- **Training DVDs**: (mentioned within/after each chapter – available from your local clinical supports provider)
- **Webcasts**: (mentioned within/after each chapter – see Provincial Networks of Specialized Care website for details: [www.community-networks.ca](http://www.community-networks.ca))
- **Online Training Course**: Dual Diagnosis - [http://www.learninglibrary.com/ncnsc/](http://www.learninglibrary.com/ncnsc/)
- **Books**: Dual Diagnosis – An Introduction to the mental health needs of persons with developmental disabilities (NADD Ontario publication) – available online [http://www.naddontario.org/](http://www.naddontario.org/)
- ** Provincial Networks of Specialized Care website**: see updated training calendar and materials: [www.community-networks.ca](http://www.community-networks.ca)