

Use of the Forensic Facility for those with IDD

Hillary Ward, LICSW

Unmet Needs:

- 24/7 observation and intervention points
- Whole Person through all lenses
- Consistency in Approach
- Secure

Potential Risks:

- Difficulty with transitions
- Comfort and Routine within this setting- not wanting to leave
- Difficulty adjusting back to the community setting from a place of increased rules/routine/structure

Ways to Mitigate Potential Risks:

- Individual's community team and natural supports have to remain engaged. These groups are essential to smooth and successful discharges, and discussion related to discharge ideally should start at time of admission.
- The focus on this facility not being forever, what does the individual want their life to look like post-discharge, how do they get there, and are they working towards that with their current behaviors/consequences should be a regular discussion.
- Transition Plans- As someone nears discharge it will be important for them to re-engage with their community- see where they will be living, staying the night with appropriate staffing. Transitions are difficult and this can help during the process.

Treatment vs. Institutionalization

- Vermont has come a long ways from the days where individuals with IDD were sent to a “school”, a “training center”, a “hospital” and forgotten about. We are not looking at going backwards-
- Individual’s with IDD who exhibit Challenging Behaviors and did not receive evidence based, person-centered, strength based interventions in childhood are more likely to develop traits aligned with Personality Disorders in addition to their Challenging Behaviors.
- The goal of utilizing this facility for individuals with IDD is to provide a therapeutically secure setting in which they can learn, and develop skills necessary to safely engage with the community.

Entrance Criteria:

- Legal Charges
- Efforts made to provide lower levels of care:
 - Individual Therapy
 - Skills Training/Coaching in an outpatient setting
 - One-to-One Staffing up to 24/7
- Repeated Dangerousness to Others

DBT-SS

- The Skills System is an adaptation of the standard DBT skills for individuals with cognitive challenges, well suited for IQ 65-85. When adapted DBT individual therapy integrates the Skills System as the skill group curriculum the treatment is called DBT-Skills System (DBT-SS).
- DBT is an Evidence Based Treatment for Borderline Personality Disorder which focuses on Distress Tolerance, Emotion Regulation, Interpersonal Effectiveness, and Mindfulness.
- DBT identifies what goal an individual has for their life (a life worth living) and connects how the dangerous behavior subsequent consequence does not align to their overarching goal.
- The DBT-SS skills system provides alternative behaviors that lead to different results and support the individuals overarching goals.

Paired with Behavioral Techniques

- Starting at what triggers the challenging behavior, how it progresses, and what the consequences of the behavior are.
- Employs positive responses along with helping the individual to understand the underlying mental issue(s) that contribute to the behavior.
- The two therapies reinforce one another.
- Additionally, they provide a way to monitor and assess progress.
- Individual understands what led to the behavior.
- By looking at the consequences of the behavior, the motivation for negative reactions decreases.

Identifying What was the trigger

External
Internal
Trauma
Symptoms

Acknowledging Consequence of Behavior

Important to acknowledge the range here not all Challenging Behaviors result in BIG consequences

Becoming aware of Emotion Levels

5= Overwhelming
4= Strong Feeling
3= Medium Feeling
2= Small Feeling
1= Tiny Feeling
0=No Feeling

Learning Alternative Skills

Clear Picture
On-Track Thinking
On-Track Action
Safety Plan
New Me Activities
Problem Solving
Expressing Myself
Getting it Right
Relationship Care

Putting it all together in a Safety Plan

Risk Levels

- Low Risk
- Medium Risk
- High Risk

Types

- Thinking
- Talking
- Writing

Ways to Handle:

- Re-focus on New Me activity (low risk)
- Move Away (med risk)
- Leave the area (high risk)

Positive Reinforcement

Individual –

- Proud of themselves

Relational –

- increased interaction/ acknowledgement from someone else

Program Driven –

- Moving to a different “Level “ with increased autonomy

Discharge Criteria:

- Individuals demonstrated ability to utilize skills
- Individuals demonstrated ability to abstain from physical harm to others for one month.
- Medication regimen without needed changes for one month (medications stable)
- Individual is able to engage in discharge planning process

Admission

- Legal Charges
- Repeated Dangerousness to self/others
- Efforts to provide support in lower level of care were documented ineffective for decreasing Dangerous Challenging Behaviors

Programming

- Settling in; develop individualized goals, plan, engage outpatient team and natural supports
- Skills system, individual therapy, medication evaluation
- Regular meetings with outpatient service team and natural supports
- Discuss and plan discharge throughout

Discharge

- Successful day passes prior to discharge
- Individual is in agreement with discharge plan
- Highly recommend “step down”
- Individual’s engagement in process- what do you think would make this successful?

References:

- Journal of Mental Health Research in Intellectual Disorders: 2013 Oct; 6(4): 280–303. Published online 2013 Jul 3. doi: [10.1080/19315864.2012.700684](https://doi.org/10.1080/19315864.2012.700684) PMCID: PMC3725667 PMID: [23914278](https://pubmed.ncbi.nlm.nih.gov/23914278/) **Treating Individuals With Intellectual Disabilities and Challenging Behaviors With Adapted Dialectical Behavior Therapy** [Julie F. Brown](#), [Milton Z. Brown](#), and [Paige Dibiasio](#)
- International Journal of Developmental Disabilities: 2023; 69(4): 533–545. Published online 2021 Sep 1. doi:10.1080/20473869.2021.1965825 PMCID: PMC10281435 PMID: 37346252 **Dialectical behavior therapy-skills system for cognitively challenged individuals with self-harm: a Swedish pilot study**. Alexandra Rosendahl-Santillo,1,* Reid Lantto,1* Lena Nylander,1,2,* Christina Thylander,1,* Pernilla Schultz,1,* Julie Brown,3 Märta Wallinius,4,5,6 and Sofie Westling1,*
- <https://www.appliedbehavioranalysisprograms.com/faq/do-applied-behavior-analysts-use-dbt/>
- <https://skillssystem.com/dbt-skills-system-for-cognitively-challenged-individuals-with-self-harm-a-swedish-pilot-study/>
- National Alliance on Mental Illness: **Understanding Mental Illness Triggers** JAN. 10, 2022 By Katherine Ponte, JD, MBA, CPRP