

Planning with People who have Co-occurring Conditions

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The logo for Support Development Associates (SDA) features the letters 'SDA' in a large, blue, serif font. Above the letters is a stylized graphic consisting of a blue arc on the left and a white arc on the right, resembling a partial circle or a stylized 'S'.

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The Challenge of Co-occurring Conditions

Difficulty pinpointing whether specific issue from substance abuse, mental illness or both

Domino effect of relapse

Adverse interactions with routinely prescribed medication and substances

People's experience with dual diagnoses varies.

In the I/DD world, Co-Occurring Conditions focuses on I/DD and Mental Illness

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Considerations From This Definition

Intellectual/ Developmental Disabilities

- Relates to how someone cognitively processes information
- May have limited life experiences to make choices and decisions
- Behavior alone is not a mental health condition

Mental Health/ Behavioral Health

- A diagnosed condition with organic or behavioral components
- Treated with medication and/or therapies
- A mental illness can and does occur for people with I/DD and needs to be treated as a mental illness

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A Description for Colleen

Important To Colleen	Important For Colleen
<ul style="list-style-type: none"> ▪ Feeling respected ▪ Having control ▪ Being helpful 	<ul style="list-style-type: none"> ▪ To never physically hurt others again ▪ Staying safe while living in the city by herself
Instructions for Supporters	
<p>Always ask – never order</p> <p>Keep a good relationship with neighbors so that they will call when there is something amiss</p> <p>Come by often enough to know when</p> <ul style="list-style-type: none"> • She has a new “roommate” • More cats than space <p>Help the extra people move on, help the cats find new homes</p>	

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Person Centered Planning: one way to describe it

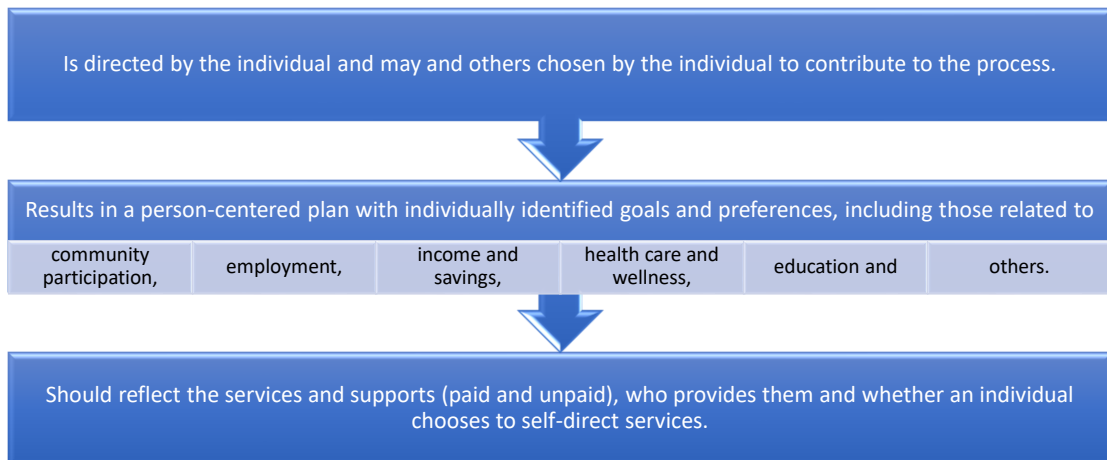
... is grounded in demonstrating respect for the dignity of all involved...seek to discover, understand and clearly describe the unique characteristics of the person, so that the person:

- Has positive control over the life he/she desires and finds satisfying;
- Is recognized and valued for their contributions to their communities (past, current and potential); and
- Is supported in a web of relationships, both natural and paid, within the desired community/neighborhood

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CMS says that Person Centered Planning



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Person Centered Planning: Process vs. Content

- Sequence matters – preferences first, options second
- Sequence matters – lifestyle first, health and safety risks addressed within that context
- We ask *how* each person wants to live and what they want out of life before we ask -
 - Who with?
 - Where?
 - Doing what?
- We have to learn what matters, what is *“important to”*



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CMS says the plan -

- | | | | |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|
| | <p>Will assist the individual in achieving personally defined outcomes in the most integrated community setting, ensure delivery of services in a manner that reflects personal preferences and choices, and contribute to the assurance of health and welfare.</p> | | <p>Reflects cultural considerations</p> |
| | <p>Uses plain language</p> | | <p>Includes strategies for solving disagreement</p> |
| | <p>Offers choices to the individual regarding services and supports the individual receives and from whom</p> | | <p>Provides method to request updates</p> |

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Choice has Boundaries for Everyone



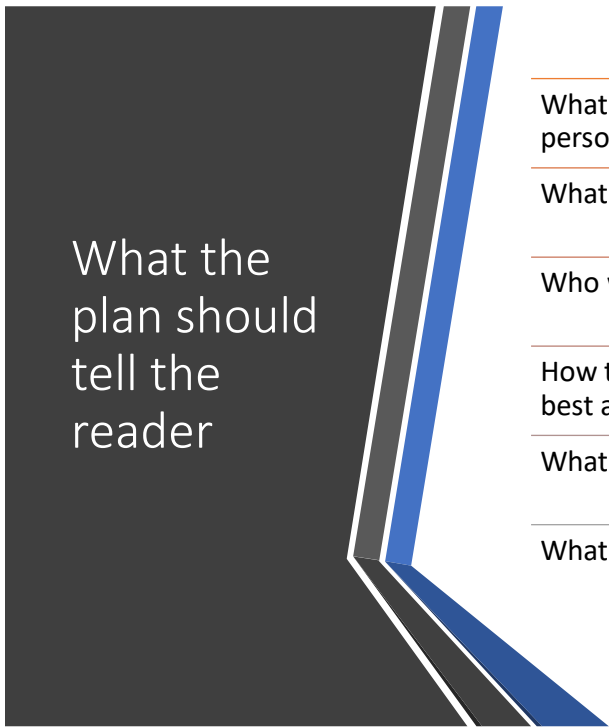
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- Imposed by society**
 - Laws
 - Expectations/values
- My values**
 - What is and is not OK for me and those I trust
- Ripple effect - One choice creates boundaries on other choices**
 - My relationships
 - The work I do
 - Where I live
- Resource Driven**
 - Financial – how much time or money I have available
- Risk involved**
 - It is an individualized approach
 - We are obligated to keep the person and the community safe

The difference is when boundaries are set for the convenience of the system and therefore limit choices that meet the person's desires: ex. operating hours, staff available, policies or procedures.

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What the plan should tell the reader

What others like, admire, or appreciate about the person

What matters to the person, what is important to

Who works best with the person

How to best support the person, including how to best address issues of health or safety

What are the goals that the person wants to achieve

What are the steps needed to meet those goals

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Develop plans in partnership
The person, the clinician,
the planner



What role does the person want?

- *In what ways can they have positive control over the process and content?*

What can the clinician share about safety, control and connections?

- *Help define a "healing environment"?*

How can the planner support partnership and have a plan that is used and useful?

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It begins with learning how people want to live their life: What's Important **TO**

What is important **to** a person includes what results in feeling satisfied, content, comforted, fulfilled, and happy.

- Relationships (People to be with)
- Purpose and meaning
- Status and control (valued role)
- Culture and identity
- Rituals & routines
- Rhythm or pace of life
- Things to do and places to go (something to look forward to)
- Things to have



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Within that context, Important **FOR** is addressed

What others see as necessary to help the person

- Be valued (social rules, laws)
- Be a contributing member of their community (citizenship)

Issues of health

- Prevention of illness
- Treatment of illness/medical conditions
- Promotion of wellness (diet, exercise, sobriety)

Issues of safety

- Environment
- Well being (physical and emotional)
- Free from fear (threats, abuse)



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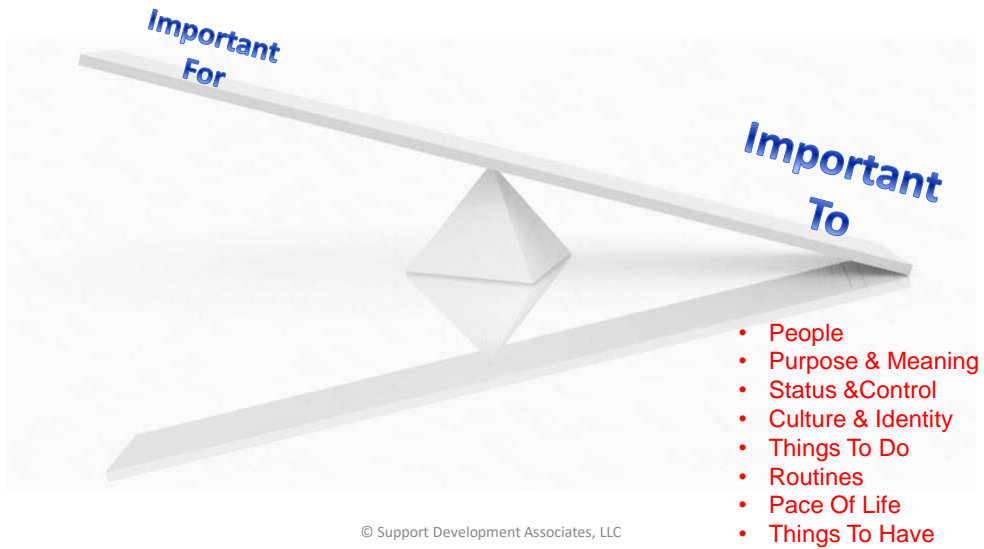
Health & Safety Dictate Lifestyle



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All Choice No Responsibility

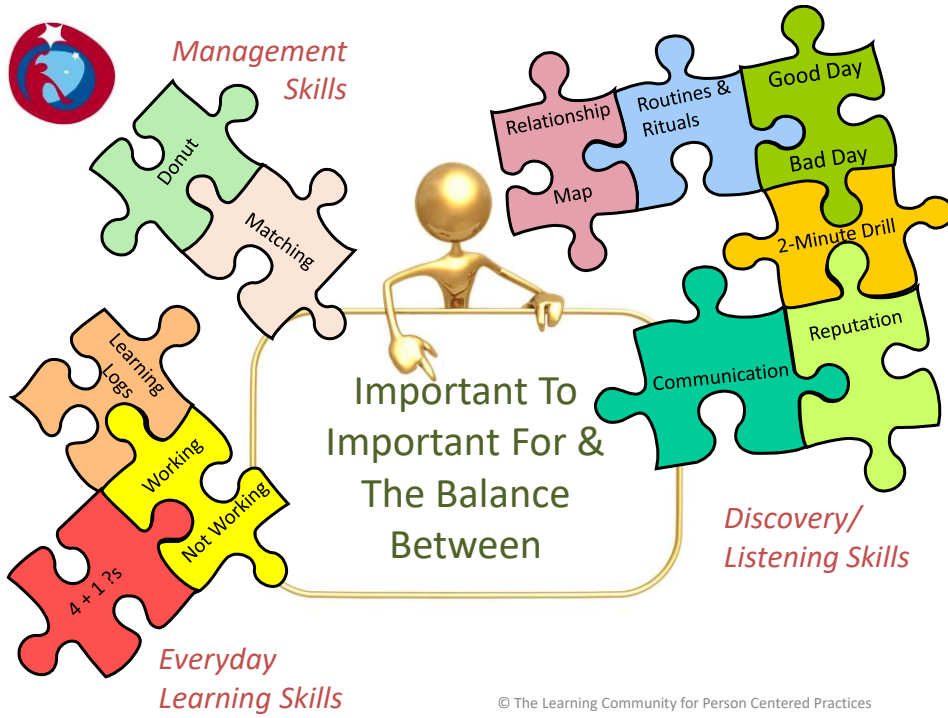


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Balance



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Finding the connections

- If something is *important for* us and is also *important to* us, we will do it
- If something *important for* us is *not important to* us, we have no interest in doing it
- If we want people to attend to what is important for there has to be an aspect of it that is *important to*

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Developing the plan

- Start with the purpose.
 - The desired outcomes tell you what you need to learn

Then

- Who knows what you need to learn?
- How can they best contribute what they know?
- Who should help in putting the plan together?

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The roles of clinical staff in plan development and implementation

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Person Centered Practices: We look at life as a context

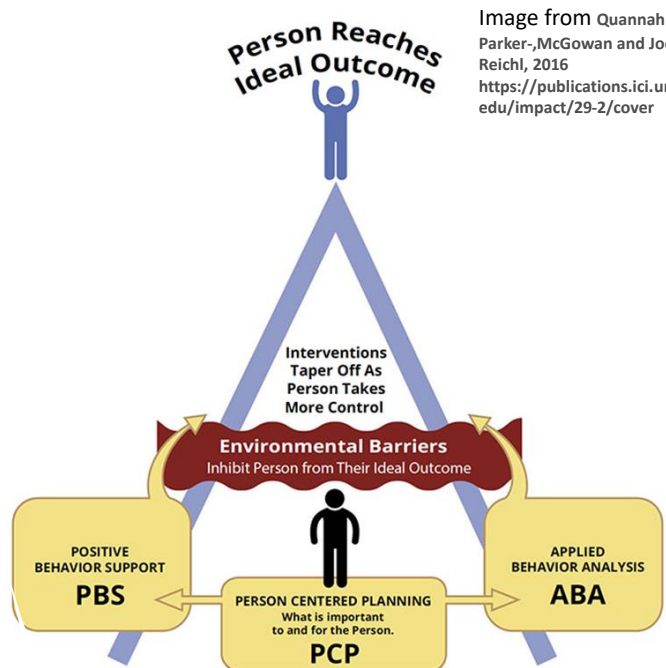
- Information from person centered learning and discovery methods can be used to create a context inside which everything else happens



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Positive Behavior Support and Person Centered Practices

- Combined these are
 - Powerful systematic, well-developed processes
 - Ways to getting to know someone and be curious
 - Ways to understand behavior
 - Ways to understand context
- But they are more than that when we think about someone's life



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Table 1
Brief history of terms:

Name/Year	Term	Definition
Skinner (1931)	third variables	drive and motivation, also physiological states
Keller & Schoenfeld (1950)	establishing operations	a motivational variable that could effect behavioral emissions
Skinner (1957)	motivational operations	conditions effecting stimuli and the whole interaction
Kantor (1959)	setting factors	circumstances that operate as inhibiting or facilitating conditions in a behavior unit
Bijou & Baer (1961, 1978)	setting events	the selective mechanism for as response in development
Brady (1968)	potentiating operations	conditions that determine the potency of the consequences that functionally define the behavioral process
Goldiamond & Dyrund (1968)	potentiating variables	procedures which potentate the consequence or make the reinforcing event effective
Michael (1982)	establishing operations	any change in the environment which alters the effectiveness of some object or event as reinforcement
Michael (1993)	establishing operations	elaborated previous definition by including unconditional and conditional establishing operations
Sidman (1986)	conditioned stimulus control	a general influencing condition in stimulus equivalence
Schlinger & Blakely (1987)	functional altering contingent-specifying stimuli	a prevailing influencing condition for rule-governed behavior
Gewirtz (1972)	contextual conditions	differing potencies of stimuli
Morris (1988)	contextual conditions	phylogenic and ontogenic context - refers to current and historical context
Peláez-Nogueras & Gewirtz (1997)	contextual interactants	contextual determinants refers to all developmentally relevant factors

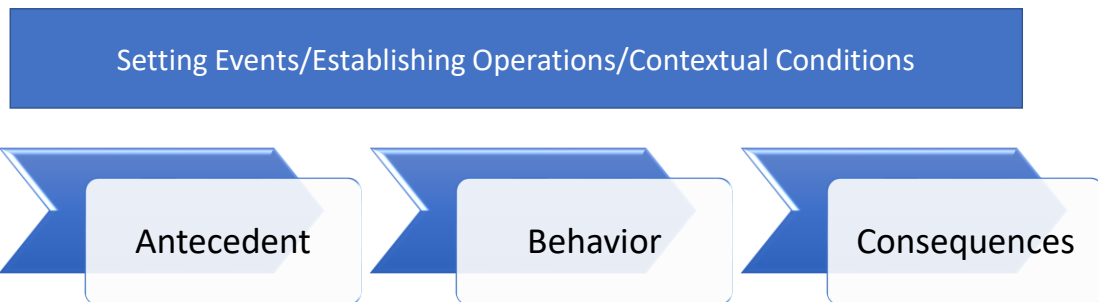
Nicolson, A. (1998). A discussion of contextual variables and related terminology in behavior analysis. *Behavioral Development Bulletin*, 7(1), 25-29. <https://doi.org/10.1037/h0100522>

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PsycARTICLES

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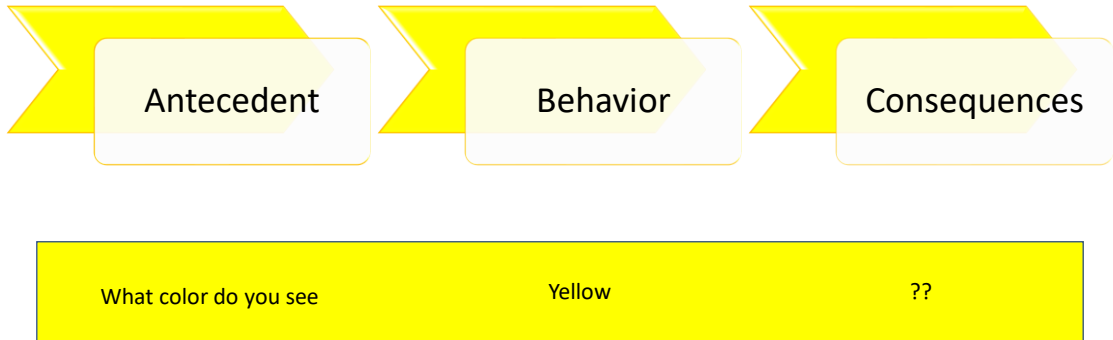
Why context is so important



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Context changes EVERYTHING



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Life is a context

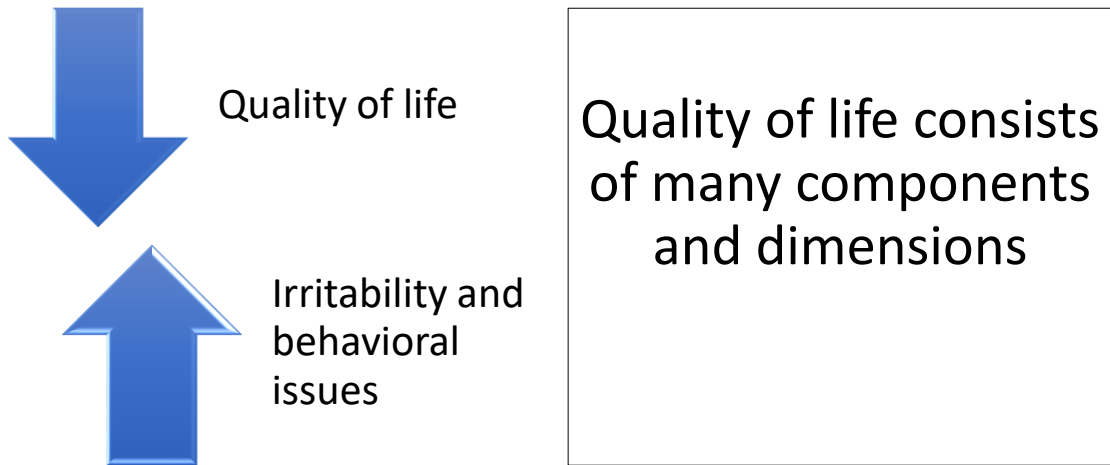


Life is a context Credit: Richard Amado PhD LP

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Quality of Life



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Challenging behavior: Focus of supports/context matter

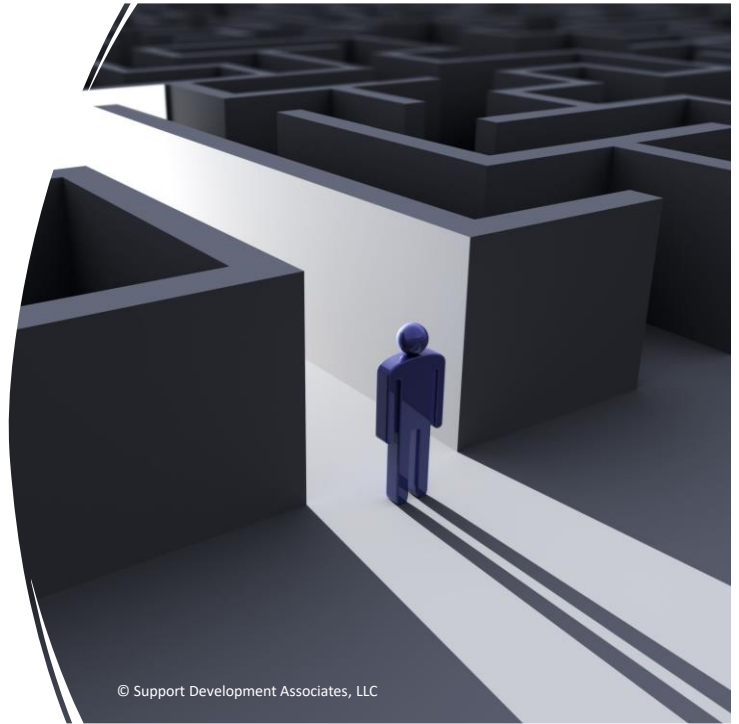
Focus	Result
Stopping challenging behavior	Environment encouraging restrictive interventions, others have control, person adapts to toxic environment
Decreasing use of restrictive interventions	No guaranteed decrease in challenging behavior, person tolerating the environment
Increasing quality of life or the context of life	Create environment which encourages fewer challenging behaviors, person has control, person is in a supportive or healing environment

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Evaluating the Context/setting/environment

- Avoiding the trap of responding to the request to have the person adapt to a toxic setting
- Describing a “healing environment” where it is needed



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Emily

IDD and Mental Health Diagnoses, long history of displaying Self Injurious Behavior

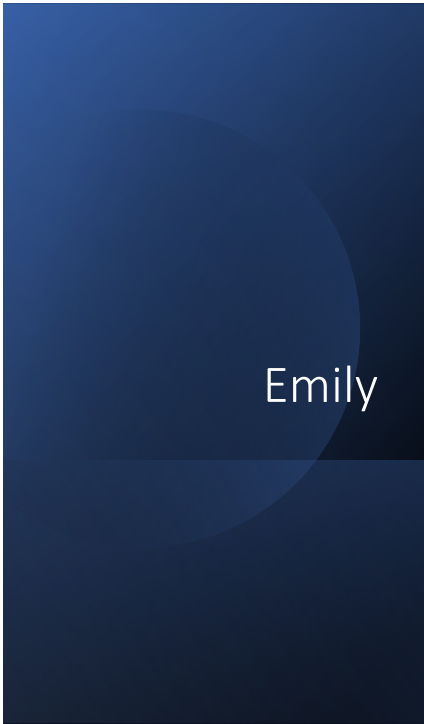
History: many hospitalizations, treatment facilities, restraints or protective isolation used

Reputation: manipulative and difficult

Life prior to PC PBS included System and Program Restrictions

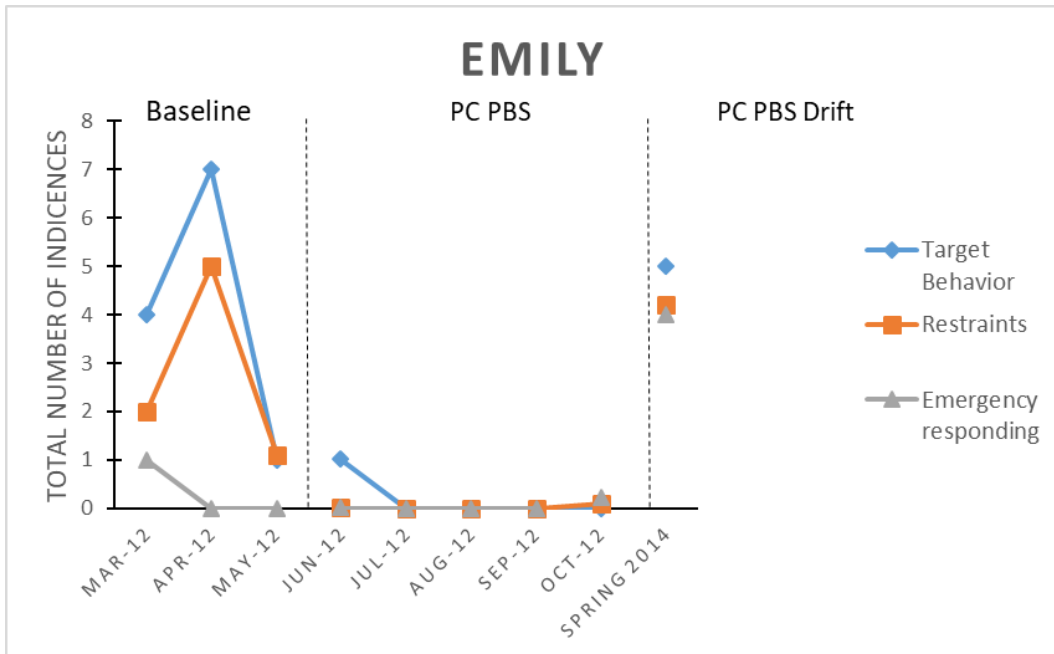


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- Restraint chair- out of sight/out of mind
- Decorate home- paint room purple
- Open kitchen and no set menu
- Coffee!! For everyone
- Take off shoes
- No more “exercise program” – shopping is more fun
- Staff matching
- Friends/family and fiancé could come over anytime
- No more “Earning” visits to go home to aunt’s house
- Bedtime routine changed to match aunts house including hugs before bed
- Staff office door always open- feels like a home

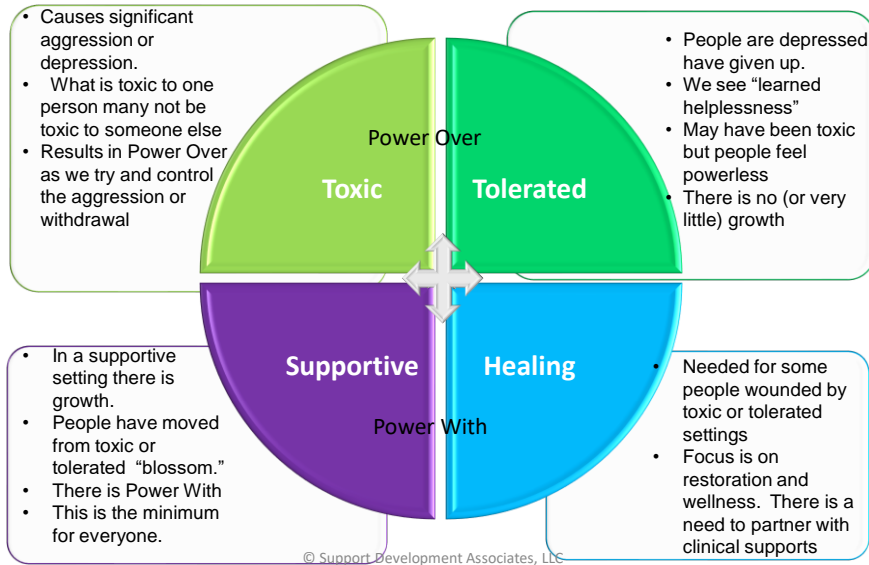
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Putting It Into Context



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Context Matters!

- Its more than just environment!
- Changing context: shifting staff's behavior
- Blend of community supports: led to looking at partnerships differently
- Trauma Informed: awareness from others; healing environment
- Great number of changes are informal, not all a written plan!



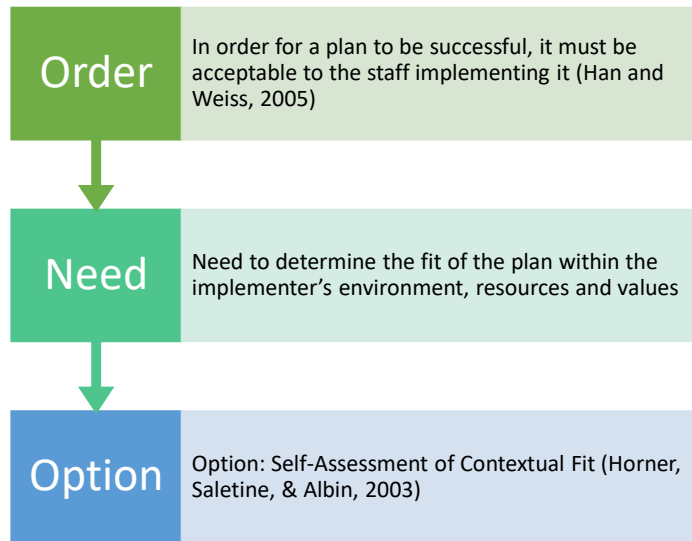
Context Matters

Image from:
<https://languageseed.com/2012/02/24/the-key-to-learning-a-language-is-context>

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Contextual Fit Matters too!



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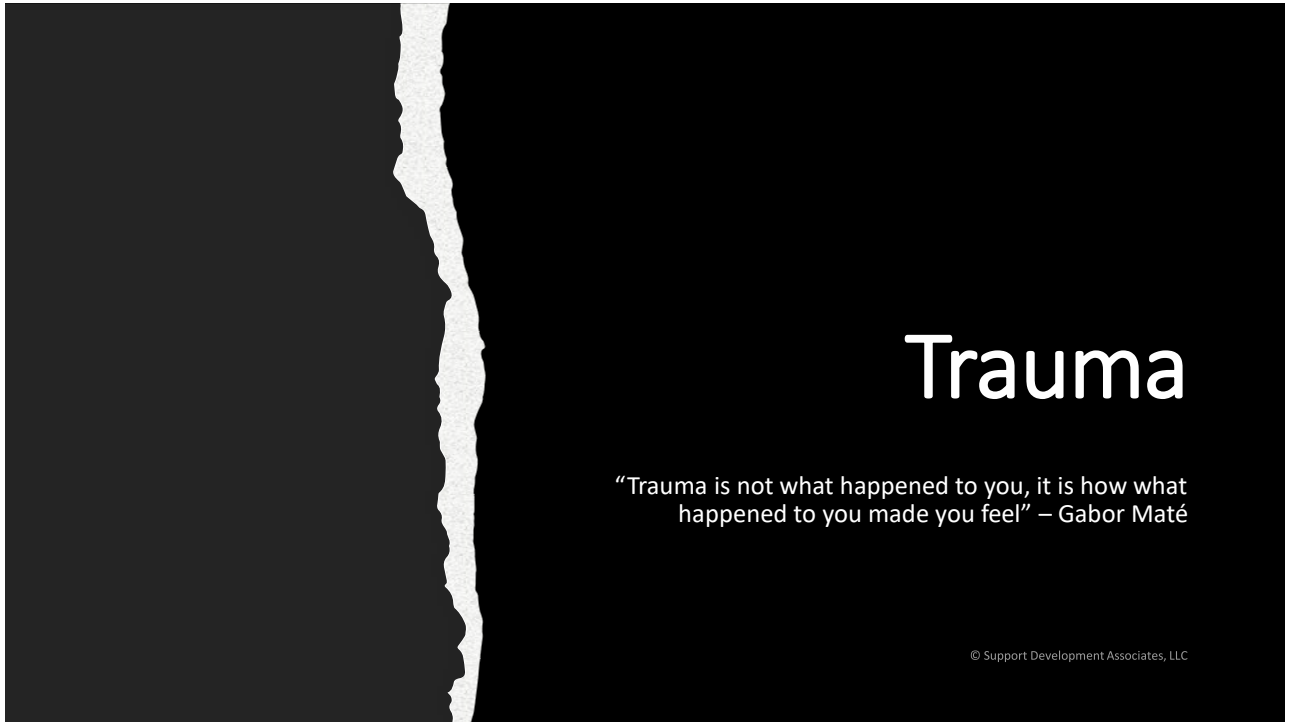


Language matters too!

- Remove Jargon
- Strength based thinking instead of deficit based
- Use descriptive language and not opinion language
- Supporting words vs controlling words
- Simply use a person's name

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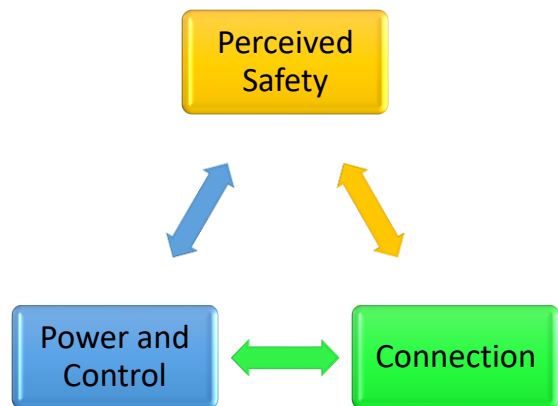
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Adding Trauma Informed Discovery

What does safety mean to the person?

What connections contribute to healing?

Where and how does the person need power and control?



From Dr. Karyn Harvey

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Using the person centered plan and person centered practices



Can you embed what people need to know and do in the plan (and not need a separate behavior support plan)?



Can you use the concepts and tools to help increase insight/deepen understanding?

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Leonard is caring and helpful but his reputation was an obstacle



Living in a restrictive facility



Perceived need for restrictions in the community



A skilled facilitator created new opportunities

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Remember we need to find the connection



What important to him needs to be present before things important for him



Listen to understand, listen with our eyes



Acting on what we heard



Trust- it takes time!



Start where a person is at

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Leonard has a trauma informed plan – with embedded instructions for behavioral support

Pay attention to what your interactions are doing to him

- There are times when you may need to stop talking but still be around, he can still see you. He may re-engage you himself
- He may tell you to leave, tell him you will still be around, and stay within his sight
- Take a break from the conversation. Either he can ask for a break, “I don’t want to talk right now.” Or he will become fidgety and not look at you anymore. At that point, staff can say “ok, we can talk in 10 minutes.”
- While talking with you, and he begins to interrupt and it becomes a one way conversation, it is important to let him vent and you should just listen.
- Don’t try to rationalize with him. Listen to him and show him you understand.
- Provide explanations when having conversations. Don’t be short. Make sure he fully understands the conversation.

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Leonard and safety

- What helps Leonard to feel safe?
 - Knowing he is in a safe place: where he is sleeping, who is present
 - Feeling comfortable in his home. The doors to rooms are always open and the locks are removed.
 - Staff doing safety checks, logging those checks, Leonard review log
 - Interactions- when to interact and when to just be present
 - His time with family needs to be done with specific people only
 - Clear expectations for everyone

Leonard and control



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What control does Leonard need?

- To be in charge of his meal and meal/snack planning
 - gentle guidance is ok from trusted staff
- Sleep and getting ready
- Predictable schedule with flexibility
- Who is providing support

Leonard and connections



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What connections are helpful to Leonard?

- Leonard calls his family when he wants. He may need a reminder to leave them a voicemail if he would like them to call him back.
- He needs support connecting with his sisters on Facebook. He is still learning how to use facebook.
- He has friends and wants to have more
- He had a girlfriend which was challenging with his restrictions

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What we have learned



The more the clinical staff know about PC planning and thinking the better the partnership

The plan facilitator has to have a basic understanding of trauma, behavioral health, and access to knowledgeable professionals who answers questions and give advice

Agency managers have to provide trauma informed settings

DSPs need to be trained and supported

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