An Innovative Approach to Delivery of the Skills System to People with Developmental Disabilities in Northern Ontario

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Purpose

The purpose of this project was to understand the experiences of potential facilitators as they learned the Skills System (Brown, Brown, & Dibiasio, 2013) program as delivered by videoconference. The Skills System is a pyschoeducational program designed to assist people with challenging behavior and emotion dysregulation. Of particular interest are the group facilitators' (the people who lead in-group discussions and exercises) experiences with learning and facilitating the program simultaneously while the skills coach taught the curriculum by videoconference to multiple sites at the same time. Each participant functioned as a group facilitator whose role was leading discussions using standardized questions posed in the weekly Skills System group.

Rationale

At present, the Skills System program as described by Brown, Brown, and Dibiasio (2013) is implemented using a face-to-face delivery model. In Northern Ontario communities, there is often neither the clinical expertise nor the resources to deliver the program in this fashion. The investigators of this study adapted the materials of the Skills System program for delivery by video conference and facilitated locally by personnel with

varying levels of education and training. If this model of service delivery is demonstrated to be effective and accessible, based on the experiences of the local facilitators and coaches, then people with intellectual disabilities that also have problems with emotion regulation will have the opportunity to receive an evidence-based service that would otherwise not be available.

Scholarly Context

Many individuals with intellectual disabilities (ID) face significant challenges in their daily lives. For example, individuals with ID are at higher risk for being victimized, as well as for experiencing mental health problems (Beadle-Brown, Mansell, Cambridge, Milne, & Whelton, 2010; Mevissen, Lievegoed, Seubert, & Jongh, 2011; Sullivan & Knutson, 2000). Although prevalence rates vary, approximately on third of individuals with ID experience emotion dysregulation and challenging behaviors (CB's) (Brown et al., 2013). CB's are explained as culturally abnormal behavior(s) of such intensity, frequency, or duration that the physical safety of the person or others is likely to be placed in serious jeopardy or behavior which is likely to seriously limit the use of, or result in the person being denied access to, ordinary community facilities (Emerson et al., 2001, p. 3). Despite the increased vulnerabilities, health and mental healthcare disparities related to the availability and access to evidence-based treatment that are specifically designed for this population still exist (Emerson & Hatton, 2014).

Treatment Options

Behaviorally-based and psychopharmacological interventions, while prevalent, do not necessarily include mechanisms to treat psychologically-based challenges (e.g. impact of trauma), nor are they designed to directly develop intrinsic emotion regulation functioning capacities. Psychosocial resources are lacking and outcome studies have a myriad of methodological limitations (Benson, Rice, & Miranti, 1986; Carr & Carlson, 1993; Harvey, Boer, Meyer, & Evans, 2009; Heyvaert, Maes, & Onghena, 2010; Luyben, 2009; Willner, 2005), (Brown, Brown, & Dibiasio, 2013). Brown et al. (2013) explored the adaptation of dialectical behavior therapy (DBT) which has a strong evidence-base to reduce CB's in other populations that also suffer from emotion dysregulation.

Dialectical Behavior Therapy (DBT) and Individuals with ID

Dialectical Behavior Therapy (DBT) (Linehan, 1993a) is a comprehensive psychotherapeutic intervention that balances individual validation and acceptance with strategies for cognitive and behaviur change. DBT was originally described by Linehan as an outpatient treatment for individuals diagnosed with borderline personality disorder (BPD). An overarching goal of DBT as originally developed by Dr. Linehan is to help clients internalize a dialectical way of thinking so as to reduce extreme behaviors, often involving parasuicide. Participants also learn skills to improve emotional, cognitive, behavioral, self-, and relationship regulation. Standard DBT is multi-model, including individual therapy, skills training groups, consultation groups, and phone skills coaching. The skills training component presents skills in four modules (a) mindfulness, (b) emotion regulation, (c) interpersonal effectiveness, and (d) distress tolerance (Linehan, 1993b, 2015).

DBT™-Informed Skills for Individuals with ID

There is general consensus that the standard DBT skills manual (Linehan, 1993a; 2015) is not accessible for individuals with ID. For example, multiple small studies have explored the application of DBT with populations of individuals diagnosed with ID, yet all of these studies utilized modified versions of the standard DBT skills curriculum (Brown et al., 2013; Dunn & Bolton, 2004; Lew, Matta, Tripp-Tebo, & Watts, 2006; Verhoeven, 2010). In 2016, the Skills System was published (Brown, 2015) by a Linehan Institute trainer; to date this is the only published, manualized adaptation of DBT skills for individuals with siguificant learning challenges.

The Skills System is a DBT™-informed skills curriculum that reconceptualizes and reorganizes standard DBT skills to improve access to DBT technology for individuals with ID. Adaptation was necessary to facilitate learning and generalization of the skills in context. Brown et al., (2013) examined the effect of standard DBT individual therapy used conjointly with The Skills System (DBT-SS). Results of their four-year study demonstrated sizable reductions (76% reduction) in CBs. Specifically, the authors reported statistically and clinically significant reductions in the first year for all behavior categories with improvement continuing over the four

years. Brown et al. postulated that the combination of DBT-SS and the significant decrease in CB's led to improved coping abilities and, in turn, improved their quality of life. This was not a controlled study; therefore, there is no way to determine whether the DBT-SS led to these changes in self-regulation.

Good Start, but a Long Way to Go

The Skills System construction is based on evidence in that its design reflects current research related to DBT and emotion regulation. Additionally, this pilot research highlights the potential of the Skills System as an effective intervention for individuals with ID. Although these are positive features of this emerging treatment tool, it is vital that larger studies with experimental designs be conducted to evaluate the effectiveness of this model. Key steps in developing a stronger empirical bases for this intervention are implementation, mechanisms to ensure the fidelity to the model, and research.

In the meantime, there are few treatment options for this population. The Skills System is one of the only comprehensive, published treatment resources specifically designed for individuals with dual diagnosis and CB's. Given the paucity of empirically-validated options, implementation of this model to treat this vulnerable and underserved population is warranted. While fidelity to the model is essential, exploring diverse delivery systems that address the needs of individuals with dual diagnosis and their support systems is a foundational step towards developing an empirically-validated treatment option.

Reaching Dually-Diagnosed Individuals in Remote Areas of Ontario

This article will describe an innovative Skills System delivery strategy that includes skills teaching by video conference combined with in-group facilitation and discussion. This mixed method, video conferencing format is called a "plugged-in group." Preliminary qualitative data will be presented that reflect the perspectives of the treatment providers within this "plugged in" version of Skills System treatment delivery. Although quantitative data is not yet available, the goal is to create a treatment option that will result in cost savings through a reduction in multiple treatment options, psychiatric hospitalizations, incarcerations, and staff-to-client ratios while also providing an evidence-based service in remote areas of Northern Ontario.

Program Description and Data Collection

Plugged-in Skills System groups constitute a network of groups at various sites across Northern Ontario, each having a group facilitator and attended by participants and their supports/coaches. They are "plugged in" in as much as they are connected by the Ontario Telemedicine Network with other groups running at the same time across the North which are being taught by a Skills Coach at one of the sites. The curriculum is identical to that described in The Emotion Regulation Skills System for Cognitively Challenged Clients: A DBT Informed Approach (Brown, 2015) but modified in its presentation in order to be interesting and engaging when taught by videoconference. Each group is typically 120 minutes in duration and features a combination of teaching (the only interactions are between the skills coach and each site and its participants) and break-out group discussions which are led by the on-site group facilitator for that particular group. There are 12 classes held weekly and three cycles of 12 classes provided each year.

The plugged-in Skills System groups have been used to provide an evidence based service to which clientele in remote locations would not otherwise have access, while at the same time assisting in the training of group facilitators and potentially skills coaches in remote communities. The groups are composed of a mixture of clinicians/support providers from a variety of sectors – health, social services, justice, education, etc. It is through these collaborations that the goal of building capacity for Skills System groups available to participants wherever they live in Northern Ontario may be realized.

The participants of plugged-in groups are people attending for the purpose of learning skills to help them achieve their goals by learning skills to more effectively manage strong emotions. Potential participants are identified by Community Living organizations or clinical service providers as having difficulties with emotion regulation leading to CB's in addition to a significant cognitive disability. Participants typically fall in the high moderate to borderline intellectual functioning ranges, meeting Developmental Services Ontario's (DSO) cognitive and adaptive functioning criteria for classification of developmental disability (DD) (impairment in cognitive functioning and impairment in either social, conceptual or practical skills).

Participants were not eligible for the group if they exhibited one or more of the following char-

acteristics: cognitive impairment at a level where their ability to comprehend concepts presented during the contracting sessions is impaired; active psychotic illness that significantly impairs their ability to participate in group and/or learn the skills; non-abstinent alcohol or drug dependency; and CB's of severity that would preclude them being able to participate in a classroom setting for 120 minute classes and complete homework.

The skills coach in the plugged-in groups leads the activities at the start of each group and teaches the skills to the participants in between breakout groups led by the group facilitators. For this study, the skills coach is a licensed clinical psychologist who has attained the Certificate of Specialized Proficiency: Skills Coach as certified by Dr. Julie Brown.

Group facilitators lead and foster discussions amongst group members and assist in behavioral exercises such as role-plays. Group facilitators may have a range of qualifications but have some experience in facilitating psychoeducational groups. Work is ongoing to standardize the training of group facilitators in the Skills System so as to ensure fidelity to the model.

Skills coaches are typically people who provide regular support to the participants during the week (e.g. professional support staff) who attend with the person they support for the first 12-week cycle, so that they can learn the Skills System and assist in coaching the participant in their home and community. As in the case of Group Facilitators, standardized training, and certification of Skills Coaching are being developed.

This research followed a quasi-experimental design and Ethics approval was granted from a partnering university. Prospective group facilitators and clients were self-identified. At the end of the three 12-week group cycles (within 3-5 days of conclusion), the principal investigator contacted each of the group facilitators (n=8) by phone and asked them to complete a Likert-type questionnaire (available on Survey Monkey). Following the phone call, the principal investigator emailed each of the group facilitators with the link to complete the survey. A 15 minute phone interview with each of the group facilitators was also conducted by the principal investigator. Interviews will be analyzed for emerging themes.

Results, Limitations and Program Implications

Survey and anecdotal research data on the effectiveness of the innovative program delivery demonstrated that all participants (i.e., group facilitators) gained valuable skills in one or more of the following areas:

Post-survey Results

- 75% of the respondents reported that after facilitating a group for three 12-week cycles they were well prepared to teach the curriculum for the Skills System to a group of participants in a face-to-face group.
- 87% found Skills teaching by videoconferencing interesting and engaging.
- 100% agreed that the availability of videoconferencing was an asset in being able to provide this service to their clients.
- 100% of the respondents (n =8) found the separation of the roles of the skills coach and group facilitators assisted them in focusing on group facilitation and providing individual attention to their clients.
- 100% reported a good understanding of the Skills System after completing three 12-week cycles.

Themes Emerging from Interviews

- Knowledge transfer of skills learned to other personal and/or professional roles.
- Plugged-in model and delivery of content was beneficial. This innovative delivery model allowed for both large and small group discussion.
- Real and practical information was provided for individuals who struggle. These learning tools led to an improvement in their quality of life and emotion regulation (anecdotal) for this population.
- Skills System training assisted in normalizing the behavior of this population and in minimizing possible stigmatization.

Limitations and Next Steps

Research on the effectiveness of *'An Innovative Approach to Delivery of the Skills System to People with Developmental Disabilities in Northern Ontario'* is continuing in several sites in Northern Ontario. Research findings and anecdotal information to date suggest that it is an effective and practical approach to teaching the Skills System program. Limitations of this study include a small sample size (n=8) of group facilitators and varying levels of background knowledge with the Skills System program. Given the population of interest, it may be challenging to increase the number of group facilitators but consideration will be given to their skills and experience moving forward.

The plugged-in model of delivering the Skills System to remote areas in Northern Ontario has yet to be evaluated because it has represented a learn-as-you-go method of building capacity and this article represents the experiences of those people who simultaneously learned the Skills (from an experienced skills coach) and taught the skills to their own clients. In order to maintain the fidelity of the Skills System model, future research will ensure that all group facilitators in the study meet the same criteria for their knowledge and experience with the Skills System. This will likely be established through a certification process provided by Dr. Brown.

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