FALL I/DD SUMMIT:
A DAY WITH DERRICK DUFRESNE

Schedule of Events:
9:30-10:00  Registration
10:00-12:00  Session One
12:00-1:00  Lunch
1:00-3:00  Session Two

About the Presenter
Derrick Dufresne is the founder and a Senior Partner of Community Resource Associates, Inc. (CRA), a training and management consulting firm that is dedicated to promoting full community inclusion for individuals with disabilities. He is dedicated to implementing best practices in transforming service delivery systems, and committed to teaching the concepts and principles of person centered planning in a Medicaid environment. He possesses a wealth of knowledge and experience in financing and subsidies, and has utilized creative approaches to establishing affordable integrated housing for individuals with disabilities throughout the United States.

Johnson County Arts and Heritage Center
8788 Metcalf Ave
Overland Park, KS
66212
IN BETWEEN THERE IS A LIFE: Building a Gentle Support System for People with Disabilities

• COMMUNITY RESOURCE ALLIANCE
  • Michael A. Mayer, PhD
  • Senior Partner
  • michaelmayer@earthlink.net

  • Derrick Dufresne, MBPA
  • Senior Partner
  • cra@aol.com
• It feels like . . . The person always is in crisis or has negative behavior.
  – In reality . . . There is more calm than crisis.

• During the calm . . .
  – Many people are bored, involved in nonfunctional activities, in the absence of personal relationships.

• As a result . . .
  – The calm may turn to crisis and the cycle repeats.
Crisis

Teaching moment
Desired Outcome
Control
Leads to imposed calm

Not a teaching moment
Desired Outcome
Calm
Leads to self-control
WE MUST BREAK THE CYCLE

<table>
<thead>
<tr>
<th>For the Person</th>
<th>For the Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Questions</strong></td>
<td></td>
</tr>
<tr>
<td>1. Where does the person live? (Did the person choose this place?)</td>
<td>1. Is our caregiver’s style gentle? (Millon Inventory)</td>
</tr>
<tr>
<td>2. With whom does the person live? (Did the person choose this roommate)</td>
<td>2. Do our caregivers feel cared for?</td>
</tr>
<tr>
<td>3. How rich is the person’s life?</td>
<td>3. Do our caregivers feel supported by their supervisors?</td>
</tr>
<tr>
<td>4. What does the person do when he/she is at home?</td>
<td>4. Do our caregivers have mentors and receive on-going training?</td>
</tr>
<tr>
<td>5. Does the person have personal relationships?</td>
<td>5. Do caregivers feel empowered to act and not just react?</td>
</tr>
</tbody>
</table>

The key to preventing crisis is the building of warm, caring interactions between caregivers and those cared for.

In addition, caregivers need to be a bridge to the person developing a full rich life.
The key is not to keep data on how many times the person got out of bed in the morning, but to ask “Why would the person get up at all?”

Adapted from Tom Nerney
CRA’s 6 Core Concepts Related to Crises

1. A crisis must be seen from the perspective of the person.
2. The goal is calm – not control.
3. A crisis is not a teaching moment.
4. Prevention works
5. You must respect the whole person.
6. It’s a life not a program
The 7 Corollaries

1. Good Person Centered Planning is prevention
2. Gentle is best
3. Informal is best
4. People communicate with their behavior
5. Boredom precipitates poor interactions
6. Listen or suffer - People vote with their feet and fists when we don’t listen to their voices.
7. And…..Kill Stupid
Types of Crises

• Pattern
• Predicted
• Atypical
• Environmental
Experiential Behavior Therapeutics

- EBT is based on DBT
- Makes necessary adaptations for people who have Intellectual Disability and have less than typical experience base.
- Very frequent contact – shorter segments
- All on the same page:
  - Individual therapist
  - Group skills trainer
  - Support personnel
  - Natural supports if engaged
How I...

• Think affects how I feel and thus, behave
• Feel affects how I think and thus, behave
• Behave affects how I think and feel and thus, how I behave.
Efficacy Skills: Key Areas

- Feeling Identification
- Behavior Pattern Recognition
- Situation Management
- Self Regulation
- Relaxation
- Social Skills
Critical Questions

• What do we know?
• What don’t we know?
• What do we need to know more about?
• What assessments are needed?
• Have we assessed for medical/dental issues?
• What needs to change?
Breaking the cycle

• The key to preventing crisis is the building of supportive and emotionally responsible interactions between care providers and those receiving supports.
What We Know...

• Cultural Conflicts/Competency
• Best Practices/Evidence
  – ACT
  – Mobile Crisis
  – Integrated Care
    • Primary Health Care
    • Behavioral Health
    • CIT
  – Supported Housing
What We Know…

• Best Practices (cont)
  – Supported Employment
  – Recovery Mindset
  – WRAP

• Cyclic

• Multiple Diagnoses on the Rise

• Training

• Support for the Supporters

• Congregate is NOT less dangerous
Creating the Appropriate Support and Learning Environment

Minimize:
- Random Stressors
- Adverse Stimuli
- Opportunities to Aggress
- Destabilizing Factors
- Extensive Negative Role Model Exposure
### The Assessment of Essential Motivation, Tension, and Resistance

**MARK working sample**

**2/20/2008**

**Version 2 / Revised**

<table>
<thead>
<tr>
<th>Person Scores</th>
<th>System of Support Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Importance (P) X Barriers (P) = MTRF (P)</td>
<td>Importance (S) X Barriers (S) = MTRF (S)</td>
</tr>
<tr>
<td><strong>Help Others</strong></td>
<td><strong>5 Help Others</strong></td>
</tr>
<tr>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td><strong>Rejection Avoidance/Acceptance</strong></td>
<td><strong>2 Rejection Avoidance/Acceptance</strong></td>
</tr>
<tr>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td><strong>Vengeance</strong></td>
<td><strong>3 Vengeance</strong></td>
</tr>
<tr>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td><strong>Order</strong></td>
<td><strong>4 Order</strong></td>
</tr>
<tr>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td><strong>Independence/Self-Determination</strong></td>
<td><strong>5 Independence/Self-Determination</strong></td>
</tr>
<tr>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td><strong>Curiosity</strong></td>
<td><strong>6 Curiosity</strong></td>
</tr>
<tr>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td><strong>Attention</strong></td>
<td><strong>7 Attention</strong></td>
</tr>
<tr>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td><strong>Morality</strong></td>
<td><strong>8 Morality</strong></td>
</tr>
<tr>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td><strong>Social Contact</strong></td>
<td><strong>9 Social Contact</strong></td>
</tr>
<tr>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
<td><strong>10 Physical Activity</strong></td>
</tr>
<tr>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td><strong>Sexual Gratification</strong></td>
<td><strong>11 Sexual Gratification</strong></td>
</tr>
<tr>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td><strong>Food</strong></td>
<td><strong>12 Food</strong></td>
</tr>
<tr>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td><strong>Physical Pain Avoidance/Comfort</strong></td>
<td><strong>13 Physical Pain Avoidance/Comfort</strong></td>
</tr>
<tr>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td><strong>Frustration Avoidance/Self-Regulation</strong></td>
<td><strong>14 Frustration Avoidance/Self-Regulation</strong></td>
</tr>
<tr>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td><strong>Anxiety Avoidance/Calmness</strong></td>
<td><strong>15 Anxiety Avoidance/Calmness</strong></td>
</tr>
<tr>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total All Scores</strong></td>
<td><strong>Total All Scores</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MTRF = Motivation, Tension, Resistance Factor**

**HTRR = Harmony, Tension, Resistance Ratio**

**Scoring scale for "Importance"**

<table>
<thead>
<tr>
<th>1</th>
<th>3</th>
<th>5</th>
<th>7</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Disinterest/Not at all Important</td>
<td>Relatively Unimportant</td>
<td>Ambivalent/Uncertain</td>
<td>Strong Value/Desire</td>
<td>Essential Desire/Value</td>
<td>Strongest Possible Desire/Value</td>
</tr>
</tbody>
</table>

**Scoring for "Barriers"**

<table>
<thead>
<tr>
<th>1</th>
<th>3</th>
<th>5</th>
<th>7</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virtually No Barrier</td>
<td>Minor Blockage</td>
<td>Moderate Blockage</td>
<td>Major Blockage</td>
<td>Very Severe Blockage</td>
<td>Complete Blockage</td>
</tr>
</tbody>
</table>
An Assessment of the Psychosocial and Environmental Problems for Persons with MR/DD

<table>
<thead>
<tr>
<th>Person Evaluated:</th>
<th>Date:</th>
<th>Other:</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute Events</strong></td>
<td><strong>Enduring Situations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems with primary support group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death of a family member</td>
<td>Illness of a family member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorce/separation</td>
<td>Illness of housemate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual/physical abuse (recent/current)</td>
<td>Sexual/physical abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removal from the home</td>
<td>No family or no family involvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major change in expectations by others (especially parents or surrogates)</td>
<td>Poor home staff quality/stability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Family” arguments</td>
<td>“Family” surrogate arguments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental overprotection</td>
<td>Parental overprotection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>Long-term neglect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inadequate discipline/structure</td>
<td>Inadequate discipline/structure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive discipline/structure</td>
<td>Excessive discipline/structure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discord with siblings</td>
<td>Discord with siblings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth of sibling</td>
<td>Behavior problems of/with close family member or friend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in number of family get-togethers</td>
<td>High Family involvement (only if problematic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage</td>
<td>Ongoing marital discord</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child removed from parent</td>
<td>Child removed from parent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital or intimate relationship reconciliation</td>
<td>No identifiable friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>Other:</td>
<td></td>
<td>18</td>
</tr>
</tbody>
</table>

Score: 18
More About EBT
# Behavioral Antecedents to Crisis Events

Name of Person Being Evaluated  

Name of Evaluator  

Date of Evaluation  

Directions: Put a check in the column that accurately corresponds to the behavioral description. You may have more than one check in a row. Please describe any additional information regarding the intensity or frequency in the comments section.

<table>
<thead>
<tr>
<th>Behavior Description</th>
<th>Known Antecedent</th>
<th>Typical Behavior</th>
<th>Atypical Behavior</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>acts aggressively toward others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>aggressive toward others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>agitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>antisocial, illegal, immoral behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>anxious</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>apparent lack of normal feelings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>apparently intentional, repeated acts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>appears annoyed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>appears excited</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>appears pressured</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>attempts to exploit others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>attempts to exploit situations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>attempts to injure self</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>avoids eye contact</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>avoids other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>believes others can control him/her</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

20
An Initial Assessment of Destabilizing Factors

Mental Illness:
1. Has mental illness been associated with past problems?
2. Is there a co-occurrence of problems and acute episodes of mental illness?
3. Is it believed by significant others that the individual is accurately diagnosed?
4. Is it believed by significant others that the individual is currently receiving treatments and supports that are effective in addressing the symptoms of mental illness?
5. Is there a correlation between medication changes and problems?
6. Is the individual compliant with taking psychotropic medications?
7. Does the individual self-medicate as prescribed? Verified how?

Substance Abuse:
1. Does the individual use other substances that could complicate the issues?
2. How was this assessed?
3. Has substance abuse been associated with past problems?
4. Is there a co-occurrence of problems while under the influence?
5. Is the individual actively participating in a substance abuse treatment and support program?
What’s Different About EBT

• Gentle Confrontation of what is
• Comparison of “what is” to what is desired
• It is about DOING and the therapeutic value of the doing not just the talking
• The doing provides the context for the talking
What’s Different About EBT

• Not office based
• Uses Essential Motivation, Tension and Resistance Tool as a Basis for Developing a Person Centered Plan
• Uses Stress Analyses to determine the focus of areas that must be confronted and resolved
• See next slide
TREATMENT

• Treat co-morbid conditions (i.e. depression)
• Substance abuse treatment
• Intensively Coordinated Team Based Therapy (ala DBT)
  - Individual
  - Group
  - Skills Reinforcement
  - Support for the Supporters (Support/education for staff)
  - Logic based
• Medications
The 6 M’s of EBT
Experiential Behavior Therapeutics
...helping people get what they need

To have the right
• Mind
• Motivation &
• Motion

You need the right
• Model
• Memory &
• Mentor
The Invalidating Environment

Communication that says to the individual, that his or her emotional displays and communication of their private experience, are incorrect, inaccurate, faulty, inappropriate or otherwise invalid.

This experience alone is painful and dismisses the person’s individual interpretations.
Core Premises

• Those with BPD learned *invalidating experiences* from *invalidating environments*

• Effectiveness is the issue

• Arousal levels go up quicker, higher, and harder to return to baseline

• Threat/fear and failure cycles cause severe problems

• Due to emotional roller-coasters, persons with BPD live crisis-filled lives with extreme liability

• Due to past invalidations, she doesn’t have the coping strategies to effectively deal with emotions or other people.
Balance Skills

Situation Management

Awareness: Here and Now

Managing Myself (Self-Regulation)

Getting Along

Stress Management

I want to be    I am now

Facilitate  Validate
THERAPEUTIC TARGETS

Treatment is “today” and “forward” focused, no re-hashing the past

• Decreasing suicidal/self-injury behaviors
• Decreasing interfering behaviors for therapy and quality of life
• Deal with PTSD responses
• Improve self-respect/worth
• Increase focus on effectiveness of efforts/Skill building
• Personal goals of the individual (Essential Motivations)