

Therapeutic Behavioral Services: Building Bridges to a Healthy Community

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Raising Hope, Empowering Community.

Learning Objectives

This presentation will assist participants in:

- Gaining a clear understanding of TBS services and eligibility criteria for youth
- Obtaining information on how the Emily Q. lawsuit has impacted service provision and increased access to eligible youth in need of TBS services
- Learning how to differentiate between the various phases of TBS and what is involved in each stage of the process

Learning Objectives cont.

- Learning how to develop strength-based interventions consistent with a youth's cultural, ethnic and linguistic community
 - Building strong collaboration with county agencies, schools and community based organizations to promote a holistic approach to client treatment and healing
 - Expanding ideas on marketing and community outreach strategies to eliminate disparities in services delivery
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What is TBS?*

- TBS is a short-term, intensive I:I behavioral intervention for youth under the age of 21 with full-scope Medi-Cal
- TBS is available for youth with serious emotional challenges who have a qualifying mental health diagnosis and are receiving a specialty mental health service
- TBS is designed to help youth and their caregivers manage target behaviors utilizing short-term *measurable* goals based on individualized needs

* TBS Documentation Manual 2.0 - <http://www.dmh.cahwnet.gov/>

Emily Q. Lawsuit

- Emily Q. had spent more than half of her life in mental institutions with her behavior problems escalating rather than improving as she moved from placement to placement
- Disability rights advocates filed Emily Q. v. Bonta lawsuit in 1998 arguing that children in mental institutions and group homes could be better served by offering a 1:1 aides or “coaches” in their homes and communities
- In 2001, a federal court made a judgment in favor of the plaintiff children ordering the state and counties to offer TBS

Emily Q. Lawsuit cont.

- In 2007 the state ordered reforms as a result of non-compliance with the court ruling and assigned a Special Master to oversee compliance and increase efforts to keep children in “home like” settings where research shows they are more likely to improve
- TBS Nine Point Plan was developed to increase access and utilization of TBS for the Emily Q. class of California

Certified Class Criteria:

(Youth must meet at least one of these criteria)

- Youth is placed in a group home facility of RCL 12 or above and/or a locked treatment facility for the treatment of mental health needs
- Youth is being considered by the county for placement in a facility RCL 12 or above and/or a locked treatment facility
- Youth is transitioning from a group home facility RCL 12 or above to a lower level of care
- Youth has undergone at least one psychiatric hospitalization related to his/her current presenting disability within the preceding 24 months
- Youth has previously received TBS services while a member of the Certified Class

Benefits of TBS

For Youth

- Positive role model
- I:I attention and support
- Caring adult to recognize and foster his/her strengths
- Consistency
- Unconditional care
- If successful, will minimize losses

For Caregivers

- Learn new ways to approach problem behaviors
- Caring adult to listen and share fresh perspective
- Tangible solutions through teaching of replacement behaviors
- Support in learning and implementing effective interventions


Therapeutic Behavioral Aide (TBA)

- Observes client's behaviors in setting(s) where target behaviors are present and causing functional impairment
- Gathers data on frequency, intensity, and duration of target behaviors in addition to identifying triggers and/or antecedents to the behavior
- Serves as a positive role model for the youth while providing I:I coaching and intervention
- Transfers skills to caregivers so that they can implement them without the assistance from a TBS Coach

TBA cont.

- Maintains confidentiality while reporting incidents of suspected child abuse in compliance with mandated reporting laws
- Provides positive reinforcement when youth uses his/her replacement behaviors through praise, incentive plans, and token economy reinforcement system
- Works in collaboration with TBS Clinician to ensure that TBS Client Care Plan is addressing youth's problem behaviors and makes recommendations for changes based on client's progress or lack of progress
- Nurtures the youth-caregiver relationship through relationship enhancement activities (i.e. playing games together, arts and crafts, ongoing projects)

Importance of Cultural Competence in TBS staff

- Helps youth and their caregivers communicate their wants, needs, and concerns more effectively
 - Meets the clients where they are at
 - Youth and families can be themselves in their home environment and are not expected to adapt
 - Allows TBA to see problem behaviors as they naturally occur in order to provide more insight and direction to make positive changes
 - Respects family values, customs, and religious beliefs without judgment
 - Helps with perspective taking in regards to difference in levels of acculturation
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Role of the TBS Clinician

- Conducts Initial Intake Assessment and prepares TBS Assessment and TBS Client Care Plan based on findings from functional analysis
- Communicates regularly with other helping professionals involved with client (i.e. therapists, social workers, probation officers, et al.)
- Ensures that TBA is implementing interventions outlined in TBS Client Care Plan
- Facilitates monthly review meetings with client's TBS Treatment Team
- Meets regularly with county liaison to provide updates on client progress and consult as needed

TBS is not...


- For the convenience of the caregiver
- To provide supervision
- To assure compliance with probation
- A form of respite or babysitting
- Designed to address conditions that are not a part of the youth's mental health diagnosis
- For a youth who is placed in a psychiatric hospital or locked treatment facility
- To provide transportation
- To be used as a primary therapeutic intervention; it should always be used in conjunction with a primary specialty mental health service

Who can make a TBS referral?


- Therapists*
- School Psychologists
- Social Workers
- Probation Counselors/Officers

* Therapists are the most common referral source given that youth must have a qualifying diagnosis and be receiving primary specialty mental health services while receiving TBS

Settings where TBS is utilized

- Family homes
 - School
 - Community
 - Foster homes/Near kin foster homes
 - Group homes
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TBS Treatment Team

- Meets every 30-days to review client's progress and discuss revision of client's target behavior goals and transition plan to reduce services
 - Can include client, caregiver(s), TBS staff, therapists, social workers, school staff, CASA workers, any other significant people in the youth's life
 - Exchanges information regarding effective interventions for skill transfer
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Phases of TBS

Phase One: Assessment and Engagement

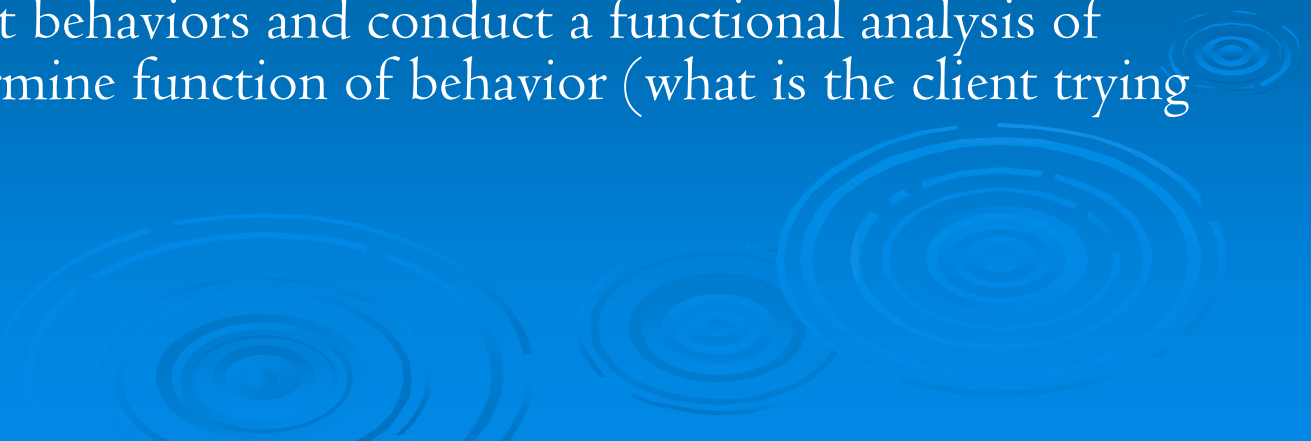
- Provide orientation of TBS to client, caregiver(s), and other professionals if necessary
- Assign culturally competent staff and gender specific when needed
- Build rapport with client and caregiver(s)
- Gather information for TBS Assessment including client strengths, likes and dislikes to identify effective and appropriate reinforcers for replacement behaviors

Assessment and Engagement cont.


- Develop safety/crisis plan with family that includes both proactive and reactive steps to take (i.e. coping skills the youth can utilize when escalated, emergency numbers to call)*

*since TBS is not a crisis intervention, it is important to provide the family with resources and establish a protocol for when incidents occur.

TBS Assessment

- Interview caregivers, therapist, et al. regarding youth's behaviors of concern
 - Assess youth's level of functioning and how his/her behavior is impacted by family issues, home dynamics, placement history, and culture
 - Assign Therapeutic Behavioral Aide (TBA) to work I:I with referred youth and caregivers
 - Observe youth in various settings as they interact with others to identify triggers and antecedents to behaviors
 - Identify 1-2 target behaviors and conduct a functional analysis of behaviors to determine function of behavior (what is the client trying to get or avoid)
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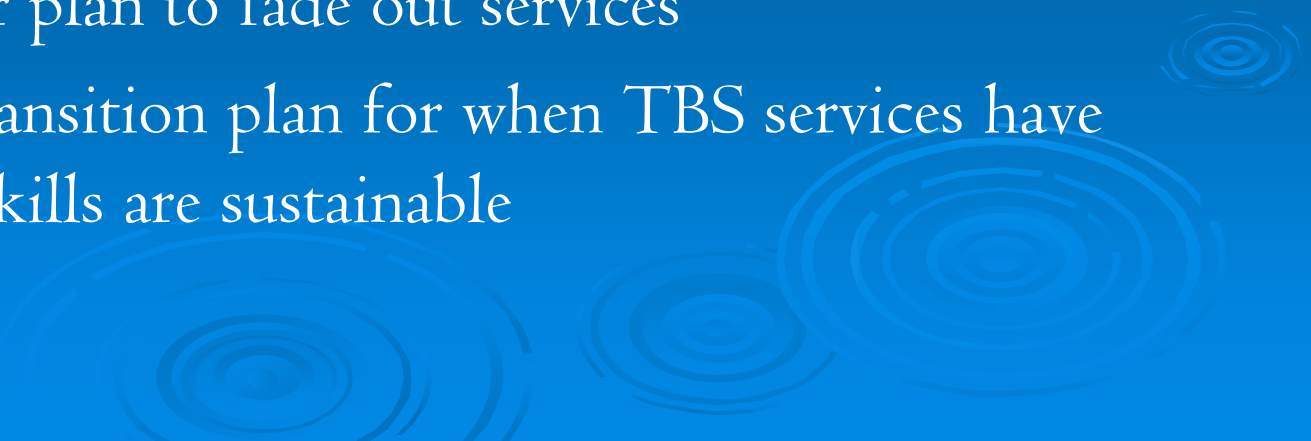
Building Rapport and Family Engagement

- TBA will spend 3-4 sessions doing fun activities with youth and their caregivers to get to know them, build trust, and learn about client's likes and dislikes
 - Caregiver involvement and participation is essential in order for TBS to be a successful intervention
 - Identify strengths for youth, caregivers, and family
 - Develop reinforcement schedule using rewards that are transferable to caregivers and culturally appropriate
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Phase Two: Implementing TBS Client Care Plan

- TBA implements interventions to develop and reinforce replacement behaviors
- Goals are specific, measurable and reachable
- TBA role-models interventions for youth and their caregivers and provides reinforcement when client displays desired behaviors

TBS Client Care Plan

- Highlights youth's strengths
 - Identifies target behaviors and describes how they are displayed
 - Sets target behavior goals that are measurable *and* reachable
 - Includes replacement behaviors to youth's behaviors of concern
 - Outlines a clear plan to fade out services
 - Establishes a transition plan for when TBS services have ended so that skills are sustainable
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Examples of Target Behaviors

- Physical aggression (hitting, kicking, biting, punching walls, spitting, throwing things, destruction of property, posturing)
- Verbal aggression (profanity, threats to harm self or others)
- Self-harm/Self-injury (cutting, head banging, punching concrete with injured hands)
- Non-compliance (refusal to do chores, follow adult directives, go to school, follow hygiene routine or take medication as prescribed)
- Suicidal Ideation

Examples of Target Behavior Goals:

- Increase impulse control and anger management skill to decrease aggression so that hitting, kicking, spitting, and throwing chairs occurs no more than 4 times daily in the next 30 days of TBS service
- Increase problem-solving skills to increase compliance so that refusal to follow hygiene routine, refusal to complete household chores, and refusal to complete homework occurs no more than 8 times daily in the next 30 days of TBS service

Interventions used for Aggressive Behaviors:

- Anger management skills (punching pillows, deep breathing)
- Positive self-talk
- Planned ignoring/Selective attention
- Impulse control skill building activities (counting down, taking time away)
- Trigger identification (thoughts, body awareness, signals, and non-verbal cues)
- Relaxation/Self-soothing strategies (lemon squeeze)
- Coaching on respectful communication (pro-social word choice)
- Feeling identification (scaling from I-10, "I Feel")
- Self-esteem building exercises to reduce power struggles
- Conflict-resolution skills (negotiation, first this then that)
- Coping skill identification and development

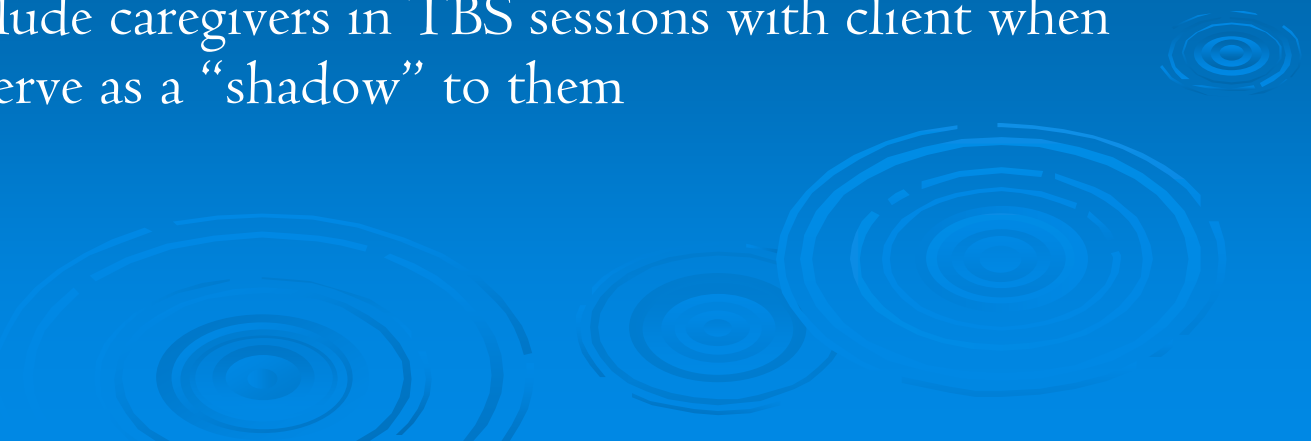
Interventions used for Non-compliant Behaviors:

- Compliance training and modeling (appropriate response to directives)
- Reinforcement schedule for following directives and hygiene routine
- Parent training and coaching on effective prompting strategies, setting and maintaining boundaries, limit setting, and clear role definition
- Problem solving skills (stop- think-choose)
- Setting clear expectations (explain rationale clearly)
- Redirection and avoiding the word “no”
- Establish a system of rewards and logical consequences for behavior (token economy and/or positive reinforcement system)
- Self-esteem building exercises to reduce power struggles
- Exercises in increasing flexibility and patience (sandwiching preferred and non-preferred activities)

Importance of Youth and Caregiver Relationship Enhancement Activities with TBS

- Improves communication
- Encourages play and having fun together
- Helps to bring out client and caregiver strengths
- TBA can role-model appropriate and respectful interaction during activities
- Provides opportunity for praise and positive reinforcement
- Can help preserve placement
- Include siblings and/or foster siblings when appropriate

Phase Three: Transfer of Client Care Plan

- As client begins to demonstrate progress and reaches benchmark goals, TBA will begin to reduce session time and frequency and meet I:I with caregivers to transfer effective interventions
 - TBA will listen, share ideas, praise caregivers for their efforts and success, and provide them with the tools that they need to sustain the skill acquired throughout the TBS process
 - TBA will assist caregivers in identifying natural supports that can help them once TBS services have ended
 - TBA will also include caregivers in TBS sessions with client when appropriate and serve as a “shadow” to them
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Phase Four: Fade Out and Transition

Indicators of when it is time to begin fading out TBS:

- Client is utilizing replacement behaviors on his/her own
- Caregivers are implementing interventions without the assistance of TBA
- Client's placement is stabilized and is no longer in jeopardy
- Client and/or caregiver has disengaged from the process and are frequently canceling sessions
- Client is no longer benefiting from TBS
- Client's TBS Treatment Team has made the collective decision that ending TBS is appropriate

Fade out and Transition cont.

- Facilitate ongoing conversations about ending TBS services with youth and caregivers to prepare them for the transition
- Talk with youth about how they would like to celebrate his/her success
- Increase communication with members of client's TBS Treatment Team to ensure that client has adequate support throughout the transition

Fade out and Transition cont.


- Develop relapse prevention plan for clients and caregivers in the event that behaviors regress
- Be mindful that clients may have difficulty with saying goodbye and target behaviors may increase as a result of the anxiety they feel about impending closure




Celebrating Success

- Award youth with Certificate of Excellence to include examples of his/her growth and improvement throughout TBS process
- Award caregiver(s) with Certificate of Appreciation for their participation and for welcoming service providers into their home or classroom
- Present youth with a graduation gift that he/she can enjoy with his/her parent that is appropriate
- Celebrate by enjoying food (cake, culturally preferred dish, pizza) together!


Barriers to Success

- Lack of engagement
 - Timing of referral
 - Lack of trust in helping professionals
 - Inconsistency of caregiver participation and follow through with interventions
 - Youth is not accessible/Session frequency too low
 - Frequent cancellations
 - Entrenched dynamics
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Strategies to Overcome Barriers to Success

- Take time to build rapport, trust, and learn about the family- don't rush it!
 - Reestablish rapport when clients and/or caregivers disengage
 - Be respectful of youth and caregiver while validating their perspective and experience
 - Be consistent and follow-through
 - Unconditional care
 - Provide direct feedback when appropriate
 - Be flexible
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Community Outreach and Marketing Strategies

- Identify cultural, ethnic and linguistic needs of target population
 - Provide program literature in language consistent with county demographics
 - Market program in high need areas to eliminate disparities in service delivery
 - Provide support to assist caregivers in accessing mental health services if necessary
 - Provide presentations on TBS to county and community agencies
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Community Outreach and Marketing Strategies cont.

- Send periodic email blasts to therapists, social workers, school psychologists, probation officers, et al. to remind them that TBS services are available
- Meet with Human Resource representatives of agencies employing staff who have children that are from target population
- Send out holiday/seasons greetings cards with photo of program staff to “put a face with a name”
- Send thank you cards to professionals you have partnered with at the conclusion of services


Strategies for Effective Collaboration

- Communicate, communicate, communicate!
- Be persistent without being pushy
- Avoid splitting of professionals
- Have respect for the opinions, judgment, and decisions made by other professionals involved with client
- Be direct about expectations and needs regarding documentation timelines
- Provide regular updates on client progress

Strategies for Effective Collaboration cont.

- Meet in person with therapists, social workers, probation officers, school staff, group home managers, et al. when possible and appropriate
- Follow through with commitments
- Maintain professional boundaries at all times
- Ensure that interventions and target behavior goals are in alignment with therapist's treatment plan and diagnosis

Strategies for Effective Collaboration cont.

- Remain within scope of practice
 - Redirect negative conversations about other professionals
 - Avoid making assumptions or jumping to conclusions
 - Keep all team members informed of crisis issues that arise during TBS sessions and when information about a crisis is received
 - Promote inclusiveness of all professionals for a more holistic approach to client treatment and healing
 - Be authentic and congruent!
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Thank you!
Questions?

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