

DDMI Wing Process

<u>Pgs</u>	<u>Content</u>
1, 2	Narrative explanation of the reasoning and use of the SIB-R, PECS, Activity Board, 30- day Progress Reports
3	Regional Center Goals for Treatment at DDMI Wing
4	Regional Center Goal Progress for DDMI Wing
5,6	SIB-R – Adaptive Behavior (functioning level)
7,8	SIB-R – Problem Behavior (Type,Frqcy,Severity,Consq)
9	Staff Behavior Plan – Brief (from Behavior RADAR C)
10	Behaviorist Reference Sheet – Brief (from Behavior RADAR C)
11	M.D. Treatment Plan – Dr. Ott

SIB-R, PECS, Activity Board, 30-day Progress Reports

The significance between a regular hospital psychiatric program (and a medical rate) and the DDMI wing program are very specific and unique, aside from the fact that it is a DD population only program.

The use of the SIB-Rs at admission and discharge serve as progress success components of the specialized program and are supposed to be the internal baseline standards which staff use to determine initial and on-going behavioral and clinical treatment. The SIB-R is currently not used as a treatment planning or treatment progress tool and in many cases, isn't completed at all, isn't completed on time, and may be completed after a patient has left....defeating the many uses and purpose of the SIB-R.. The SIB-R is supposed to be completed the day the patient arrives and faxed to me to score in the SIB-R software. The SIB-R raw data is kept on the unit to help the clinical team (primarily the behaviorist and Psychiatrist) determine what behaviors need to be addressed and the levels (severity, frequency) of the behaviors. Within the SIB-R are components which the behaviorist uses to develop her plans which are then continually monitored using separately developed behavioral plans until the final measurement by the SIB-R at discharge.

The P.E.C.S. system and Activity Boards are not being used in the way they were designed to be used in DDMI. They are not being used at all as far as I can see. The Activity Boards are the constantly updated, visual progress of the daily activity schedule for each individual client. It provides structure for the patient and structure for the staff. The Activity Boards are also used as behavioral components to help modify and shape complex behaviors. The activity boards are located on the walls of each patient, but there is no authority or system set up to update them and maintain them throughout the day.

The P.E.C.S. system which has pictures that are also part of the activity board are not used in a clinical way to help make associations to visual pictures and improve communication with both verbal and non-verbal clients.

The underlying piece of all this is the behaviorist who designs the initial behavioral plan for the client, trains staff to follow the plan, monitors the plan and adjust the plan through the patient's stay until the patient is discharged from the unit. The behaviorist is the most important part of the DDMI Wing and is what makes the unit distinctive and eligible for the DDMI rate since she is a critical part of the oversight and implementation of the use of the S.I.B-R, P.E.C.S., Activity Board and behavioral planning and monitoring.

The therapeutic/ activity groups that occur during the day should all be based around the information obtained in the SIB-R and the Regional Center goal sheets (updated with regional center at admission and throughout the patient's stay.) The therapeutic/activity groups should all have a purpose with a goal in mind for each individual related to the SIB-R or the Regional Center goal sheets. The behaviorist and social worker should work together to identify the goals for each client that will be achieved by each of the activity/ therapeutic groups and a plan and progress should be charted with each patient for each group.

The 30-day (or more frequent) written progress report should be going out to the service coordinator, and now to the Chief Counsleors, with progress information about DDMI program compliance and improvements using the SIB-R data as a baseline, the behavioral plan as a baseline and treatment plan, on-going progress improvement, the compliance and use of the activity boards and PEC system for improving behavior, the directed use of the therapeutic /activity groups for improving symptoms, as well as the most current medication regimen and explanation for any changes in medication.

In a nutshell, this is how the DDMI Wing program is supposed to operate within the College Hospital environment's own set of necessary services and procedures. It is the DDMI wing clinical components that make it a DDMI program and not a medical reimbursed program. If the staff, procedures and compliance were all regularly maintained the unit would be an outstanding and highly recommended program with much, much fewer complaints from service coordinators, patients and families.

The new Adolescent DDMI wing, needs to have the above components as a minimum, as does the Adult wing, and the Adolescent wing has the additional components of the on-site school, video conferencing and the clinical components of

1) eating disorders 2) PTSD 3) Chemical Dependency 4) Sexuality 5) Transition 6) and family.

I know that you are implementing an intensive case management side to the units. Will the DDMI programming compliance as outlined above be a part of the emphasis?

The DDMI program as originally designed and vendored at the DDMI rate is an excellent clinical treatment program that has had a lot of difficulty getting compliance from DDMI Staff because of a lack of differentiation from the regular psychiatric hospital program and the lack of clear authority by the behaviorist to implement all of the procedures, which require all of the staff to follow a change in their usual hospital routine to be able to implement the DDMI programming components. There is also a lack of daily operating procedures for making sure each of the components occurs. There is no audit function for ensuring the consistency and quality of the daily operating procedures among staff.

REGIONAL CENTER GOALS FOR TREATMENT AT DDMI WING

(800) 352-3301 Emergency Access (562) 924-9581 X301 DDMI wing

Fax (562) 293-1017 Attn: Patricia Haddy, Behavioral Analyst

The DDMI wing provides intensive treatment driven by the goals provided by the referring regional center. It is important to be specific about your expectations in order to have a successful intervention. Residents may stay in the DDMI wing until they meet the goals set forth by regional center. The shortest stay has been 72 hours. The average stay is 45 days. The longest is 180 days. Exceptions can be made for longer stays when it is required. Regional Center should send the client's Face Sheet, I.P.P., I.E.P., Flow Chart, Medication History, psychosocial / psychological evaluation, CDER, and any relevant documents to assist with treatment.

Patient Name:	UCI#:	Diagnosis:
Regional Center:	DOB: ___ / ___ / ___	Age:
Initial Authorization: Other: ___ 30 60 90 120 150 180 days	Renew authorization on ___ / ___ / ___	
Service Coordinator:	Phone # () _____ - _____	
Email: _____ @ _____	Fax # () _____ - _____	
Supervisor:	Phone # () _____ - _____	

"What are your goals for your client while at the DDMI wing?"

MEDICINE:	Change of medications? Change in Dosage? Preferred Medications?
BEHAVIOR:	Reduce Behavior? Increase Behavior?
THERAPY:	Psychological Issues to Process? Family Issues?
PLACEMENT:	Temporary Placement? Transition Plan to new Placement? Other concerns?

COMMENTS / ADDITIONAL NEEDS:	Conservatorship Requested?
	Yes / No



COLLEGE HOSPITAL

(ADDRESSOGRAPH)

REGIONAL CENTER GOALS FOR TREATMENT AT DDMI WING

SIGNATURE:	DATE :	
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REGIONAL CENTER GOAL PROGRESS FOR DDMI WING

Other ____ 30 60 90 120 150 180 DAYS

Is the client stable and ready for discharge ? NO YES

DATE FAXED ____/____/____ TO SERVICE COORDINATOR

NO Please reauthorize for an additional 30 days.

Purchase of service expires on ____/____/____

YES planned for ____/____/____

A discharge is recommended after at least 14 days of stabilization in behaviors, medications and therapy needs. A planned transitional plan with the new placement staff, medications and discussion of the behavior plan should be coordinated prior to discharge. DDMI residents may be readmitted if placements are unsuccessful.

Medicine: Medication Changes? Dosage Changes? Why medication choices?

Behavior: Behaviors Decreased ? Behaviors Increased? New Behaviors? Absent Behaviors?

Therapy: Psychological Processed? Family Issues Processed?

Placement: Placement known? Transition Plan to new Placement? Other concerns?

Comments / Additional Needs:

ADAPTIVE BEHAVIOR SHORT FORM

Does (or could do) task completely without help or supervision:

0 — NEVER OR RARELY—even if asked

1 — DOES, BUT NOT WELL—or about 1/4 of the time—may need to be asked

2 — DOES FAIRLY WELL—or about 3/4 of the time—may need to be asked

3 — DOES VERY WELL—always or almost always—without being asked

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------|
| 0 | 1 | 2 | 3 | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. Makes sounds or gestures to get attention. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. Reaches for a person whom he or she wants. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. Picks up small objects with hand. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. Swallows soft foods. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. Transfers small objects from one hand to the other hand. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. Stands for at least 5 seconds by holding on to furniture or other objects. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. Pulls self into a standing position. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. Imitates actions when asked, such as waving or clapping hands. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9. Puts small objects into containers and takes them out again. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10. Stands alone and walks for at least 6 feet. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 11. Removes socks. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 12. Shakes head or otherwise indicates "yes" or "no" in response to a simple question such as, "Do you want some milk?" |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 13. Points to familiar pictures in a book on request. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 14. Says at least 10 words that can be understood by someone who knows him or her. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 15. Eats solid foods with a spoon with little spilling. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 16. Asks simple questions (for example, "What's that?"). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 17. Walks up and down stairs by alternating feet from step to step (may hold handrail). |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 18. Uses the toilet at regular times when placed on the toilet or a toilet chair or when taken to the bathroom. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 19. Says last name when asked. |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 20. Uses the toilet, including removing and replacing clothing, with no more than one accident per month. |

Sum A
 Sum B
 Sum C

+ + =
 Sum A Sum Bx2 Sum Cx3 Raw Score
 Page 2

Does (or could do) task completely without help or supervision:

0 -- NEVER OR RARELY—even if asked

1 -- DOES, BUT NOT WELL—or about 1/4 of the time—may need to be asked

2 -- DOES FAIRLY WELL—or about 3/4 of the time—may need to be asked

3 -- DOES VERY WELL—always or almost always—without being asked

- 0 1 2 3 21. Uses complex sentences containing "because" (for example, "I'm not going outside today because it's raining").
- 0 1 2 3 22. Takes appropriate-size portions from serving dishes.
- 0 1 2 3 23. Prints first name, copying from an example.
- 0 1 2 3 24. Changes clothing that is dirty from normal wear.
- 0 1 2 3 25. Ties shoelaces and keeps them tied.
- 0 1 2 3 26. Adjusts the water faucets for proper temperature in the bathtub or shower.
- 0 1 2 3 27. Goes at least 4 blocks (or 1/2 mile) from home, school, or work alone or with friends of the same age.
- 0 1 2 3 28. Reads and understands materials such as books, comics, or magazines.
- 0 1 2 3 29. Washes and dries dishes and puts them away.
- 0 1 2 3 30. Finds a telephone number in the white pages.
- 0 1 2 3 31. Gives directions to help someone else find his or her way to a place at least 1/2 mile away.
- 0 1 2 3 32. Accepts criticism of a job without showing anger.
- 0 1 2 3 33. Reads one or more articles in a regular newspaper at least weekly.
- 0 1 2 3 34. Loads and operates a washing machine using an appropriate setting and amount of detergent.
- 0 1 2 3 35. Reaches unfamiliar locations in a city or town with the use of a map.
- 0 1 2 3 36. Makes purchases with a check.
- 0 1 2 3 37. Makes appointments for periodic medical or dental examinations.
- 0 1 2 3 38. Purchases with a credit card, or has loans, and makes payments in a timely manner.
- 0 1 2 3 39. Explains the terms of a written contract, such as an installment purchase agreement.
- 0 1 2 3 40. Performs interior and exterior maintenance jobs (for example, painting or replacing broken windows).

Sum A Sum B Sum C

Sum A + Sum Bx2 + Sum Cx3 = Row Score Page 3 + Row Score Page 2 = Row Score Total

Are there any skills that should be improved at this time? _____

PROBLEM BEHAVIOR

Instructions

Some of the following behaviors are common at certain ages and are not of concern. Sometimes they cause a problem. If an individual does not exhibit problem behaviors in a category, check "No" and score the item "Never" (0) for frequency and "Not serious" (0) for severity. If you check "Yes," describe the major problem and check its frequency and severity.

1. Hurtful to Self

Does (name) injure his/her own body—for example, by hitting self, banging head, scratching, cutting or puncturing, biting, rubbing skin, pulling out hair, picking on skin, biting nails, or pinching self?

NO

YES If yes, describe the MAJOR PROBLEM: _____

a. FREQUENCY: How often does this behavior usually occur? (check one)

0. Never
 1. Less than once a month
 2. One to 3 times a month
 3. One to 6 times a week
 4. One to 10 times a day
 5. One or more times an hour

b. SEVERITY: How serious is the problem usually caused by this behavior? (check one)

0. Not serious; not a problem
 1. Slightly serious; a mild problem
 2. Moderately serious; a moderate problem
 3. Very serious; a severe problem
 4. Extremely serious; a critical problem

What do you or others typically do when this behavior occurs? _____

2. Hurtful to Others

Does (name) cause physical pain to other people or to animals—for example, by hitting, kicking, biting, pinching, scratching, pulling hair, or striking with an object?

NO

YES If yes, describe the MAJOR PROBLEM: _____

a. FREQUENCY: How often does this behavior usually occur? (check one)

0. Never
 1. Less than once a month
 2. One to 3 times a month
 3. One to 6 times a week
 4. One to 10 times a day
 5. One or more times an hour

b. SEVERITY: How serious is the problem usually caused by this behavior? (check one)

0. Not serious; not a problem
 1. Slightly serious; a mild problem
 2. Moderately serious; a moderate problem
 3. Very serious; a severe problem
 4. Extremely serious; a critical problem

What do you or others typically do when this behavior occurs? _____

3. Destructive to Property

Does (name) deliberately break, deface, or destroy things—for example, by hitting, tearing or cutting, throwing, burning, or marking or scratching things?

NO

YES If yes, describe the MAJOR PROBLEM: _____

a. FREQUENCY: How often does this behavior usually occur? (check one)

0. Never
 1. Less than once a month
 2. One to 3 times a month
 3. One to 6 times a week
 4. One to 10 times a day
 5. One or more times an hour

b. SEVERITY: How serious is the problem usually caused by this behavior? (check one)

0. Not serious; not a problem
 1. Slightly serious; a mild problem
 2. Moderately serious; a moderate problem
 3. Very serious; a severe problem
 4. Extremely serious; a critical problem

What do you or others typically do when this behavior occurs? _____

4. Disruptive Behavior

Does (name) interfere with the activities of others—for example, by clinging, pestering or teasing, arguing or complaining, picking fights, laughing or crying without reason, interrupting, or yelling or screaming?

NO

YES If yes, describe the MAJOR PROBLEM: _____

a. FREQUENCY: How often does this behavior usually occur? (check one)

0. Never
 1. Less than once a month
 2. One to 3 times a month
 3. One to 6 times a week
 4. One to 10 times a day
 5. One or more times an hour

b. SEVERITY: How serious is the problem usually caused by this behavior? (check one)

0. Not serious; not a problem
 1. Slightly serious; a mild problem
 2. Moderately serious; a moderate problem
 3. Very serious; a severe problem
 4. Extremely serious; a critical problem

What do you or others typically do when this behavior occurs? _____

5. Unusual or Repetitive Habits

Does (name) have any unusual behaviors that he/she may do over and over—for example, pacing, rocking, twirling fingers, sucking hands or objects, twitching (nervous tics), talking to self, grinding teeth, eating dirt or other objects, eating too much or too little, staring at an object or into space, or making odd faces or noises?

- NO
- YES If yes, describe the MAJOR PROBLEM:

a. FREQUENCY: How often does this behavior usually occur? (check one)

- 0. Never
- 1. Less than once a month
- 2. One to 3 times a month
- 3. One to 6 times a week
- 4. One to 10 times a day
- 5. One or more times an hour

b. SEVERITY: How serious is the problem usually caused by this behavior? (check one)

- 0. Not serious; not a problem
- 1. Slightly serious; a mild problem
- 2. Moderately serious; a moderate problem
- 3. Very serious; a severe problem
- 4. Extremely serious; a critical problem

What do you or others typically do when this behavior occurs? _____

6. Socially Offensive Behavior

Does (name) behave in ways that are offensive to others—for example, talking too loudly, swearing or using vulgar language, lying, standing too close or touching others too much, threatening, talking nonsense, spitting at others, picking nose, belching, expelling gas, touching genitals, or urinating in inappropriate places?

- NO
- YES If yes, describe the MAJOR PROBLEM:

a. FREQUENCY: How often does this behavior usually occur? (check one)

- 0. Never
- 1. Less than once a month
- 2. One to 3 times a month
- 3. One to 6 times a week
- 4. One to 10 times a day
- 5. One or more times an hour

b. SEVERITY: How serious is the problem usually caused by this behavior? (check one)

- 0. Not serious; not a problem
- 1. Slightly serious; a mild problem
- 2. Moderately serious; a moderate problem
- 3. Very serious; a severe problem
- 4. Extremely serious; a critical problem

What do you or others typically do when this behavior occurs? _____

7. Withdrawal or Inattentive Behavior

Does (name) have difficulty being around others or paying attention—for example, keeping away from other people, expressing unusual fears, showing little interest in activities, appearing sad or worried, showing little concentration on a task, sleeping too much, or talking negatively about self?

- NO
- YES If yes, describe the MAJOR PROBLEM:

a. FREQUENCY: How often does this behavior usually occur? (check one)

- 0. Never
- 1. Less than once a month
- 2. One to 3 times a month
- 3. One to 6 times a week
- 4. One to 10 times a day
- 5. One or more times an hour

b. SEVERITY: How serious is the problem usually caused by this behavior? (check one)

- 0. Not serious; not a problem
- 1. Slightly serious; a mild problem
- 2. Moderately serious; a moderate problem
- 3. Very serious; a severe problem
- 4. Extremely serious; a critical problem

What do you or others typically do when this behavior occurs? _____

8. Uncooperative Behavior

Does (name) have any behavior that is uncooperative—for example, refusing to obey, do chores, or follow rules; acting defiantly or pouting; refusing to attend school or go to work; arriving late at school or work; refusing to take turns or share; cheating; stealing; or breaking laws?

- NO
- YES If yes, describe the MAJOR PROBLEM:

a. FREQUENCY: How often does this behavior usually occur? (check one)

- 0. Never
- 1. Less than once a month
- 2. One to 3 times a month
- 3. One to 6 times a week
- 4. One to 10 times a day
- 5. One or more times an hour

b. SEVERITY: How serious is the problem usually caused by this behavior? (check one)

- 0. Not serious; not a problem
- 1. Slightly serious; a mild problem
- 2. Moderately serious; a moderate problem
- 3. Very serious; a severe problem
- 4. Extremely serious; a critical problem

What do you or others typically do when this behavior occurs? _____

8

DDMI Behavior Plan for Staff

Patient: _____

Increase which behaviors? (Staff)

How? (Staff)

R+ Menu (Rewards)

R- Menu (Punishers)

Decrease which behaviors? (Staff)

How? (Staff)

Cues/ Prompts

Behavior Plan 2 – Behaviorist

Patient:

Target Behavior:

Sd – (stimulus evokes behavior)

S Delta (stimulus suppresses behavior)

Setting Events (circumstances)

Increase which behaviors? (Staff)

How? (Staff)

R+ Menu (Rewards)

R- Menu (Punishers)

Decrease which behaviors? (Staff)

How? (Staff)

Cues/ Prompts

Fading? (decrease artificials)

Natural Reinforcers

Triggers

