

# Guidelines for Completion

## New Jersey Career Path - Level 3 Concentration in Mental Health Supports Spring 2012



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THE ELIZABETH M. BOGGS CENTER  
ON DEVELOPMENTAL DISABILITIES

Department of Pediatrics



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MEDICAL SCHOOL

University of Medicine & Dentistry of New Jersey

# Guidelines for Completion NJ Career Path – Level 3 Concentration in Mental Health Supports

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### **Introduction:**

The guidelines in this manual outline requirements that need to be met in order for a Direct Support Professional (DSP) in New Jersey to receive a certificate in the concentration of Mental Health Supports. It is designed to provide clear instructions for DSPs, mentors, and agency career path coordinators and should be reviewed prior to starting Level 3 coursework.

A Direct Support Professional is eligible to begin the process of obtaining a Career Path Level 3 Certificate in Mental Health Supports upon successful completion of Level 2 of the NJ DSP Career Path.

In order to earn the Level 3 certificate, the DSP must complete coursework, mentoring, and portfolio requirements as outlined in the following pages.

### **Coursework:**

DSPs must complete the MH Supports: Refresher Course using the College of Direct Support. This course includes the following lessons and DSPs may opt to “test-out” by completed each test with a score of at least 80%:

- Medication Supports: Follow-up, Communication, and Documentation of Medication
- Civil Rights & Advocacy: Your role in Effective Advocacy
- Community Inclusion: Natural Supports
- Positive Behavior Supports: Preventing Challenging Behavior
- Supporting Healthy Lives: Signs and Symptoms of Illness
- Supporting Healthy Lives: Working with Healthcare Professionals
- Working with Families & Support Networks: Problem Solving within Support Networks
- Review & Refresher Arcade: HIPPA

The completion date of these selected lessons must occur after the completion date of Level 2. Staff may opt to test out of these lessons. DSPs should complete Level 3 work outlined in this manual no more than 4 years from the date s/he completed the first refresher lesson.

DSPs must complete **40 additional hours** of continuing education that address one or more of the competencies outlined in *Appendix A*. While all DSPs are expected to meet agency and state requirements to maintain employment eligibility, compliance with pre-service and recertification trainings do not meet the continuing education requirement for this certificate.

Acceptable continuing education may include:

- College of Direct Support (course not already taken in Levels 1 & 2: Functional Assessment, Depression, others as available)
- Community College Courses (hours equal to credit hours)
- Boggs Center Trainings
- Trinitas Trainings
- Seminars: DDLS, those offered through provider networks (The Arc of NJ, NJACP, ABCD), or other training resources

- Self-Study of scholarly books and articles from peer-reviewed journals (1 hour per book/article; no more than 5 hours to count toward certificate). A list of recommended books and articles can be found in *Appendix B*.

### **Proof of Completed Coursework/Self-Study:**

Proof of completion is required in the form of a certificate/transcript and course description for seminar, classroom, or online courses.

A written summary for texts/articles used in self-study must be submitted. Include in the summary information on how it relates to your job and competency(ies) listed in *Appendix A*.

### **Mentoring:**

DSPs must be mentored as they work to complete Level 3 of the Career Path. It is the responsibility of the DSP with support of their employer to find an appropriate mentor. This person may be someone within the DSPs agency or from an external organization.

A mentor must be a person who :

- Is dedicated to the professionalism of DSPs,
- Believes in and adheres to the NADSP Code of Ethics (<https://nadsp.org/library/code-of-ethics/10-library/72-code-of-ethics-full-text.html>), and
- Is knowledgeable in the arena of developmental disabilities and mental health supports. A knowledgeable person is one who has MH qualifications (e.g. Behavior Support Specialist, MSW, Nurse, or similarly qualified individuals) and has five (5) years experience working with people needing supports related to both Developmental Disabilities and Mental Health, **or** a person who completed the Career Path Level 3 Concentration in MH Supports and has five (5) years experience working with people needing supports related to both Developmental Disabilities & Mental Health.

The role of the mentor is to:

- Facilitate conversation with the DSP based on what the DSP learned in the coursework
- Listen to the DSP share what s/he has learned and prompt the DSP to share ideas for how s/he can use the learning as s/he supports a person with a developmental disability
- Provide feedback on the DSPs ideas and in follow-up conversations prompt the DSP to share the outcomes of using his/her ideas
- Provide guidance/ideas to the DSP in the development of self-guided portfolio activities (if requested)

Mentoring may take place in person, over the phone, or via email or other electronic methods. DSPs should take care to maintain the anonymity of people they support during discussions they have with mentors. DSPs must keep a log of dates (*Appendix C*) for which they receive mentoring and upon completion of Level 3, both the mentor and the DSP must attest to the accuracy of the dates through signing the bottom of the log. DSPs should meet/have discussions with their mentors no fewer than 6 times in one year.

**Portfolio Development:**

DSPs must complete two portfolio assignments, one being a self-guided activity and the other focusing on answers to questions about two of several provided vignettes.

**Self-Guided Activity:**

DSPs must complete a self-guided portfolio activity that demonstrates how they've used information learned in coursework on the job. This portfolio may take the form of a written report\*, multimedia assignment\* (video, pictures, audiotape), and/or submission of documentation/products with written descriptions of how they are used.

Each self-guided activity must demonstrate understanding in the majority of skills outlined in the 5 competencies (*Appendix A*). In order to accomplish, DSPs should use what they've learned through their 40 hours of continuing education. DSPs should be sure to address in any portfolio submissions how these competencies were addressed in the activity/work they did.. Sample ideas for self-guided activities can be found in *Appendix D*. DSPs are not limited to these sample activities and may design their own. The rubric that will be used by scorers in reviewing these activities can be found in *Appendix E* and may be a useful tool for DSPs to use to determine if their self-guided activity meets the requirements for successful completion.

**Vignettes:**

DSPs must select two (2) vignettes found in *Appendix F* to review and respond to a series of questions about the presented scenarios.

\* Written permission must be obtained when using any pictures, video, written, or audio content that shows the person's identity. When possible the DSP should take care to remove identifiers.

**Material Submission Instructions:**

The following information must be submitted to the Boggs Center for review by a team from the MH Supports Concentration Development Workgroup:

- Cover Page (*Appendix G*)
- Copy of Certificates/Self-Study Summaries
- Completed Mentoring Form (*Appendix C*)
- Self-Guided Portfolio Activity
- Response to Vignettes (*Appendix F*)

Materials may be emailed to: [CDSTA@umdnj.edu](mailto:CDSTA@umdnj.edu) or to Boggs Center/UMDNJ  
Attn: Colleen McLaughlin  
335 George St., P.O. Box 2688  
New Brunswick, NJ 08903-2688

**Review and Approval of Level 3 Materials:**

Submissions not containing all the required documentation will not be reviewed until all materials have been received.

Upon receipt of all required materials, the packet will be sent to a review team from the MH Supports Concentration Workgroup. This team will use the rubric (Attachment E) to score the Self-Guided Portfolio Activity and review and score answers to questions related to the vignette selected.

Self-Guided Portfolio Activities must receive a score of Proficient or Advanced **and** receive an 80% on the Vignette responses in order for a certificate to be issued.

## Appendix A: Competencies - Concentration in Mental Health Supports

**Overall Description:** The Concentration in Mental Health Supports is designed to help direct support professionals develop proficiency in advancing and addressing the mental wellness of individuals with disabilities.

Competency	Skill Statements
<p><b>Observation and Reporting</b> The direct support professional effectively collects observational data and communicates this information clearly, accurately, and in a timely manner.</p>	<ul style="list-style-type: none"> <li>• Accurately collects data and provides data to assist the team in making clinical decisions.</li> <li>• Communicates data and observation in a timely manner to the team.</li> <li>• Demonstrates knowledge of the diagnoses of the people being supported and identifies and reports related signs and symptoms in a timely manner.</li> <li>• Explains how mental health disorders may differ in a person with an intellectual disability</li> <li>• Recognizes and reports behavior changes as related to changes in medication, environment, situations, medical conditions, and/or physical health</li> <li>• Demonstrates knowledge of data collection and monitoring strategies</li> <li>• Sites several observations to support intervention choices</li> <li>• Demonstrates knowledge of data collection methods and monitoring strategies</li> </ul>
<p><b>Critical Thinking and Problem Solving</b> The direct support professional works collaboratively to identify potential crises and put appropriate prevention and responses in action.</p>	<ul style="list-style-type: none"> <li>• Demonstrates knowledge of the needs of the person supported as related to his or her diagnosis or individual plan(s).</li> <li>• Identifies factors that precipitate crisis event and adjust supports and the environment accordingly</li> <li>• Demonstrates knowledge of and ability to deescalate challenging situations quickly and coaches others to do the same.</li> <li>• Responds to crisis situation in accordance with agency policy and state guidelines.</li> <li>• Monitors crisis situations, discussing the incident with authorized staff promptly</li> <li>• Documents and reports events of incident, interventions, and outcomes accurately and in a timely manner</li> <li>• Works with treatment team to develop a support plan to avoid a similar crisis in the future, and improve the outcome of interventions.</li> <li>• Offers solutions and suggestions in a team process for the benefit of the client.</li> <li>• Demonstrates knowledge of community-based resources.</li> </ul>

<b>Competency</b>	<b>Skill Statements</b>
<p><b>Collaboration, Facilitation, and Advocacy</b>  The direct support professional presents a professional approach to working with others across systems for the benefit of people being supported and maintains professional and empathetic communication and partnership with family members and friends of the person supported.</p>	<ul style="list-style-type: none"> <li>• Recognizes family members as integral members of the team and gathers input from them.</li> <li>• Informs and educates families about supports being provided that can be useful in decision making.</li> <li>• Works collaboratively with other professionals in the service delivery system.</li> <li>• Consistently delivers treatment plans and facilitates opportunities that promote wellness and recovery.</li> <li>• Promotes communication and shares relevant information across support services (e.g. psychiatrists, general practitioners, specialists, other health professionals, and staff in the person’s employment and residential settings).</li> <li>• Describes and supports the person to access state and local services including education, health care, DD/IDD services, mental health services, inpatient referral process, the justice system, foster care, youth services, community disability services, transportation and employment.</li> <li>• Supports people with disabilities on the implementation of their Wellness and Recovery Action Plan (WRAP).</li> <li>• Communicates contents of a WRAP to facilitate effective service coordination</li> <li>• Demonstrates understanding of the importance of team/collaboration and communicating information to others involved in individual’s treatment</li> <li>• Initiates and participates in meetings to evaluate and modify treatment plans and understands his/her role in advocating for and completing next steps.</li> <li>• Educates and empowers individuals to participate in and direct their own supports.</li> <li>• Modifies interventions, with appropriate consultation with others, when they are ineffective or require changes</li> </ul>



Competency	Skill Statements
<p><b>Behavior Support &amp; Prevention</b>  The Direct Support Professional is knowledgeable of the causes of challenging behavior and demonstrates the skills necessary to recognize and respond to triggers and symptoms , while supporting appropriate behavior.</p>	<ul style="list-style-type: none"> <li>• Plans and prepares an environment that encourages and supports positive and behavior.</li> <li>• Supports and acknowledges appropriate behavior by providing clear expectations and responding consistently.</li> <li>• Demonstrates understanding that behavior is functional</li> <li>• Demonstrates knowledge of how external and internal conditions contribute to behavior.</li> <li>• Identifies and contributes to key elements of a functional behavior analysis</li> <li>• Able to identify patterns in behavior.</li> <li>• Considers trauma history when supporting a person with challenging behavior.</li> <li>• Recognizes cues and precursors of challenging behavior</li> <li>• Uses knowledge of setting events and antecedents to predict and prevent problem behavior</li> <li>• Demonstrates knowledge of how behavior may be related to a mental health disorder.</li> <li>• Demonstrates knowledge of how behavior may be related to an underlying medical condition.</li> <li>• Teaches skills to replace challenging behaviors and explores natural supports and opportunities that support positive behavior.</li> </ul>
<p><b>Wellness and Recovery</b>  The Direct Support Professional is knowledgeable of the importance of promoting overall well-being, consistently follows treatment plans and coaches people using supports to build and maintain skills in the area of health and wellness.</p>	<ul style="list-style-type: none"> <li>• Encourages individuals to take an active role in their own health care decisions by introducing skills needed to enhance health outcomes.</li> <li>• Coaches people using supports to self-identify and self-monitor critical information in order to be proactive in their own coping/treatment program.</li> <li>• Demonstrates knowledge of how developmental stages and transitional life events can contribute to/trigger stress</li> <li>• Assists with coping skills and implements treatment modifications in response to life transitions /change/loss</li> <li>• Describes the biggest risks and strengths in the area of one’s own mental health recovery and health maintenance</li> <li>• Assists in educating individuals about their own medication management, including effects, side effects, and possible interaction effects of psychotropic medications</li> <li>• Supports individuals in scheduling, keeping, and following through on all health appointments, as needed</li> </ul>

	<ul style="list-style-type: none"><li>• Assists individuals in sexuality education and expression;</li><li>• Assists individuals in assessing risk in health related situations (STDs, alcohol/drug use, food choices, etc)</li><li>• Supports people to live healthy lifestyles (i.e. nutrition, exercise, stress management, etc...)</li><li>• Recognizes the importance of demonstrating a healthy lifestyle in the support of others (i.e. modeling healthy practices, recognition of "compassion fatigue," etc...)</li></ul>
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## Appendix B: Recommended Reading List:

Options for reading include, but are not limited to the following:

### PUBLICATIONS:

- Baker, D.J., Blumberg, R., & Freeman, R. (2002). *Considerations for Functional Assessment of Problem Behavior Among Persons with Developmental Disabilities and Mental Illness*. In J. Jacobson, J. Mulick, and S. Holburn (Eds.), *Programs and Services for people with Dual Developmental and Psychiatric Disabilities* (pp. 51-66). Kingston, NY: NADD.
- Barkley, R.A., & Mash, E.J. (Eds.). (1998). *Treatment of Childhood Disorders*, 2nd Ed. New York: Guilford Press.
- Barkley, R.A., & Murphy, K.R. (1998). *Attention-deficit hyperactivity disorder: A Clinical Workbook*, 2nd Ed. New York: Guilford Press.
- Blakeslee, M.A., Sugai, G., & Gruba, J. (1994). *A review of functional assessment use in data-based intervention studies*. *Journal of Behavioral Education*, 4, 397-413.
- Carr, E. G., & Newsom, C. (1985). *Demand-Related Tantrums*. *Behavior Modification*, 9, 403-426.
- Carr, E. G., & Smith, C. E. (1995). *Biological Setting Events for Self-injury*. *Mental Retardation and Developmental Disabilities Research Reviews*, 1, 94-98.
- Carr, E.G., & Durand, V.M. (1985). *Reducing behavior problems through functional Communication Training*. *Journal of Applied Behavior Analysis*, 18, 111-126.
- Durand, V.M. (1990). *Severe behavior problems: A Functional Communication Training Approach*. New York: Guilford Press.
- Durand, V.M., & Crimmins, D.B. (1992). *The Motivation Assessment Scale Administration Guide*. Topeka, KS: Monaco & Associates.
- Gardner, W.I., & Sovner, R. (1994). *Self-injurious behavior: Diagnosis and Treatment*. Willow Stress, PA: VIDA Publishing.
- Horner, R. H. (1994). *Functional assessment: Contributions and Future Directions*. *Journal of Applied Behavior Analysis*, 27, 401-404.
- Horner, R. H., Vaughn, B. J., Day, H. M., & Ard, W. R. (1996). *The Relationship Between Setting events and Problem Behavior: Expanding our understanding of behavioral support*. In L. K. Koegel, R. L. Koegel, & G. Dunlap (Eds.), *Positive behavioral support: Including people with difficult behavior in the community* (pp. 381-402). Baltimore: Paul H. Brookes.
- Iwata, B. A., Pace, F. M., Dorsey, M. F., Zarcone, J. R., Vollmer, T. R., Smith, R. G., Rodgers, T. A., Lerman, D. C., Shore, B. A., Mazeleski, H. G., Cowdery, G. E., Kalsher, M. J., McCosh, K. C., & Willis, D. K. (1994). *The Functions of Self-Injurious*

- Behavior: An experimental-epidemiological analysis.* Journal of Applied Behavior Analysis, 27, 215-240.
- Kennedy, C.H., & Meyer, K.A. (1999). *Establishing Operations and the Motivation of Challenging Behavior.* In J.K. Luiselli & MJ Cameron (Eds.), *Antecedent control: Innovative approaches to behavioral support* (pp. 329-346). Baltimore, MD: Paul H. Brookes.
- Koegel, L.K., Koegel, R.L., & Dunlap, G. (Eds.). (1996). *Positive Behavioral Support: Including People with Difficult Behavior in the Community.* Baltimore: Paul H. Brookes.
- Lohrmann-ORourke, S., Knoster, T., & Llewellyn, G. (1999). *Screening for Understanding.* Journal of Positive Behavior Interventions, 1, 35-42.
- Lucyshyn, J.M, Dunlap, G., & Albin, R.W., Eds. (2002). *Families and Positive Behavior Support: Addressing Problem Behaviors in Family Contexts.* Baltimore: Paul H. Brookes.
- Meyer, L.H., & Evans, I.M. (1989). *Nonaversive Intervention for Behavior Problems.* Baltimore: Paul H. Brookes.
- Newman, B., & Reinecke, D.R., (2007) *Behavioral Detectives: A staff training exercise book in applied behavior analysis.* Dove and Orca.
- Skinner, B.F. (1981). *Selection by Consequences.* Science, 213, 501-504.
- Turnbull, H.R., Turnbull, A.P., Bronicki, G.J., Summers, J.A., & Roeder-Gordon, C. (1989). *Disability and the family: A Guide to Decisions for Adulthood.* Baltimore: Paul H. Brookes.
- Wehmeyer, M.L., Baker, D.J., Blumberg, R., & Harrison, R. (2004). *Self-Determination and Student Involvement in Functional Assessment: Innovative practices.* Journal of Positive Behavior Interventions, 6, 29-35.

**Appendix C: Mentoring Form**

<b>Date</b>	<b>Topic</b>	<b>Method of Communication</b>	<b>Time Spent</b>

**DSP Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mentor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Appendix D: Suggested Self-Guided Portfolio Activities**

- Developing an “Emergency Plan” for a person supported by the DSP as referenced in the “Creating an Emergency Plan” and “Portable Emergency Plan” sections in the Family Crisis Handbook shared by Donna.
- Developing and implementing a WRAP or Behavior Support Plan
- Describing the process used in data collection, documentation, communication, and ongoing planning
- Describing the process of medication observation – including information around documentation, observation, communication...
- “Design Your Own” by documenting how you have used your training in the area of Mental Health Supports to provide supports for people with Developmental Disabilities.

## Appendix E: Self-Guided Activity Scoring Rubric

Rating Level	Competency Description
<p><b>Practice</b></p>	<p>The work sample demonstrates a <b>basic level of knowledge and skill</b> in the competency area necessary to be <b>somewhat effective</b> in building participant trust, competence, and achievement of goals in an ethical manner.</p> <p><i>The self-guided portfolio activity demonstrates:</i></p> <ul style="list-style-type: none"> <li>• basic mastery of the knowledge and skill standards in the competency area leading to the achievement of some desired outcomes of the person s/he supports in an ethical manner; and</li> <li>• modest abilities in observation, organization of information, assessment, analysis, problem solving, flexibility, creativity, communication, interpersonal competence, and teamwork.</li> </ul>
<p><b>Proficient</b></p>	<p>The work sample indicates mastery of a <b>sufficient level of the knowledge and skill</b> standards in this competency area necessary to be <b>moderately effective</b> in building participant trust, competence, and achievement of goals in an ethical manner.</p> <p><i>The self-guided portfolio activity demonstrates:</i></p> <ul style="list-style-type: none"> <li>• intermediate mastery of the knowledge and skill standards in the competency area leading to the moderate achievement of desired outcomes of the person s/he supports in an ethical manner, and</li> <li>• Intermediate abilities in observation, organization of information, assessment, analysis, problem solving, flexibility, creativity, communication, interpersonal competence, and teamwork.</li> </ul>
<p><b>Advanced</b></p>	<p>The work sample demonstrates <b>full mastery of the knowledge and skill</b> standards in this competency area necessary to be <b>highly effective</b> in building participant trust, competency, and achievement of goals and outcomes in an ethical manner.</p> <p><i>The self-guided portfolio activity demonstrates:</i></p> <ul style="list-style-type: none"> <li>• full mastery of knowledge and skill standards in the competency area resulting in a significant achievement of the desired outcomes of the person s/he supports in an ethical manner; and</li> <li>• superior abilities in observation, organization of information, assessment, analysis, problem solving, flexibility, creativity, communication, interpersonal competence, and teamwork.</li> </ul>

## Appendix F: Vignettes & Response Items

### Vignette - Option One

*David is 25 years old and has lived at his current home for three years. He has a diagnosis of Generalized Anxiety Disorder. He communicates in two- to three-word sentences, but he can be difficult to understand. David tends to throw things and bite himself when his family and staff do not understand him, and when he is feeling nervous/anxious.*

*David takes anti-anxiety medications. He doesn't like to do chores (especially laundry) and will use his behavior to get out of them. He loves to watch sports on TV and would choose to do this all of the time if he could. David attends a day program four days a week and does janitorial work at local restaurant, one day a week.*

*Karla is a new employee at the home and is concerned about David's behaviors. Karla is afraid that David will hurt himself or her with his biting. She stopped asking David to follow through on his chores, and she is not sure how to respond when David has an outburst.*

1. David has been on the highest level of an anti-anxiety medication that is permitted. The Doctor is reluctant to make any psychiatric medication changes without trying other options. Which of the following would be the best option?
  - a. Seek another opinion from a neurologist
  - b. Consult a behavior specialist to work with David and the team to identify the triggers for David's anxiety and relaxation approaches
  - c. Staff will remind David that when he is becoming anxious and irritated, he is harder to work with
  - d. Offer David an un-prescribed PRN medication when his anxiety reaches a certain level
  
2. Karla panics when she sees David begin to get anxious when he has a task she and often withdraws prompts in order to prevent his challenging behaviors. What information/support can David's team provide to Karla?
  - a. Avoid scheduling Karla to work on days when David is likely to be agitated.
  - b. Talk to the psychiatrist about changing David to a more effective medication
  - c. Brainstorm and explore alternative ways to prompt/remind David of his chores
  - d. Talk with David's supervisor at the restaurant about cutting his hours back if he cannot complete his chores at home.



3. David's dream is to go on a vacation to California to visit his brother. He is afraid to fly and barely has enough money to pay his current bills. After learning about this dream Karla should
  - a. Call David's brother and ask him to visit David's home.
  - b. Focus on helping David recognize that he cannot possibly save enough for the trip.
  - c. Help David plan a more affordable vacation at a nearby resort
  - d. Encourage David to develop a plan to reach his dream to get to California by assisting him with budgeting money and addressing his anxiety.
  
4. Karla thinks that David's self injurious behavior occurs at night because he receives his medication in the morning hours. What is an appropriate next step for Karla to take?
  - a. Tell the morning shift to wait to give David his medication until she arrives.
  - b. Look at documentation of David's behavior frequency to confirm when SIB is mostly likely to occur
  - c. Talk to David's family about making a possible medication change
  - d. Call David's doctor and ask for a new prescription.
  
5. What is not an effective strategy for Karla to use to assist David with his chores?
  - a. Offer to support him in his travel to California if he does his chores
  - b. Work with David on a picture schedule to provide a visual of his responsibilities
  - c. Switch off between preferred activities and non-preferred chores when prompting David through activities
  - d. Incorporate David's interest in sports by making some difficult tasks into games

## Vignette - Option Two

*Sam is an extremely active 35 year old who loves sports and outdoor activities. Some of his favorite things to do include hiking, going to baseball games at the local community college, and working out at the local YMCA. He has a diagnosis of Down Syndrome. Although he uses words to communicate, if he is excited or upset it is difficult to understand him. He got an iPad for Christmas and recently learned to use an "app" to support him when he has trouble sharing his feelings. He really enjoys having this new technology and is excited to show people all the things he can do with it. He lives with a roommate in a supported apartment owned by your agency. He works 2 days a week at a local hospital in their mail department where he has developed good relationships with his co-workers and is supported by a job coach*

*Sam has difficulty finding clothes that fit him well and prefers not to wear things that are too tight. He wears a uniform to work that consists of khaki pants and a hospital polo shirt. You work the 3-11 shift, and typically when you see him he is wearing his favorite loose t-shirt and a pair of shorts.*

*It's been an extremely cold and long winter. At a recent Dr. appointment you find that Sam has gained 15 pounds. He seems embarrassed that his clothes don't fit as well as they used to. You learn that the staff that work in the afternoon have stopped taking him to the local YMCA to exercise because, unless it's for work, he refuses to wear warm clothes. They tell you instead he's been spending most days watching game shows and daytime talk shows. You notice that he is not his perky self and are concerned that he may become depressed.*

1. Sam has a history of making unhealthy food choices and often struggles with his weight. He was maintaining a healthy weight until this winter. The doctor expressed concern about his recent weight gain and encouraged him to start a regimen of diet and exercise. Which of the following would be the best option to address this?
  - a. Create a food calendar outlining Sam's dietary menu for the month. Circle the dates that he will go to the YMCA after work.
  - b. Support Sam to find, download, and use an app that can help him manage his diet. Work with him to learn which weather appropriate clothes he would be comfortable wearing outside.
  - c. Speak to your supervisor to address the issue of day time staff not encouraging Sam to exercise.
  - d. Communicate to your co-workers that Sam should not eat any junk food. Purchase exercise DVDs and move the DVD player to his room so he can exercise.

2. You expressed concern that Sam may become depressed. Which of the following is the best option for you to address this concern?
  - a. Request that the doctor prescribe an anti-depression medication.
  - b. Make his support team aware of your concerns and document any changes in behavior as you work to engage him in the activities he enjoys.
  - c. Suggest to the team that he be given more intensive supervision.
  - d. Take special care to shield Sam from anything that may make him sad including TV shows and news programs.
  
3. At a recent team meeting, Sam's job coach mentioned that Sam loves his mail room tasks so much that he hasn't been going to the cafeteria to take a regular lunch. Instead he has been eating snacks from the vending machine throughout the day. What is the best way to address this?
  - a. Work with Sam and his job coach to encourage his supervisor to build a regular lunch break into his schedule.
  - b. Make sure morning staff don't let Sam take money to work with him.
  - c. Ask his job coach to find him a new job where he doesn't have access to snack food.
  - d. Tell Sam that he will never look good again if he keeps eating snack food.
  
4. You notice that many of Sam and his roommates favorite foods are missing from the cupboards. When asked, they told you that the day time staff that take them shopping won't let them buy it anymore because of Sam's weight gain. This has resulted in bickering between the two friends, especially at dinner time. How could you best respond to this situation?
  - a. Offer to do the food shopping instead.
  - b. Teach Sam to use the diet app you down loaded and advocate that other staff support him to use it when developing a grocery list.
  - c. Use your money to bring Sam and his roommate the food they want.
  - d. Try to convince Sam and his roommate that it's the right thing to do.
  
5. You notice that when Sam works on Mondays he arrives home especially sad and lethargic. What is the best response for what you should do?
  - a. Leave a note for the weekend staff to make sure Sam gets to bed early on Sunday.
  - b. Wait it out until Spring, its probably just the winter blues.
  - c. Ask his job coach to request that Sam be given less work to do on Monday.
  - d. Work with Sam's support team to assess what happens during the times before, during, and after work on Monday.

### Vignette – Option Three

*Lawrence is a 21-year-old male diagnosed with moderate intellectual disability and impulse control disorder. His mother is his legal guardian. He is on a low dose of anti-psychotic medication, prescribed by his primary care physician. Lawrence enjoys playing board games, watching football, and listening to hip hop music. He has limited verbal skills but does use a few words to express some of his basic needs such as toileting, eating, drinking, etc. He has recently graduated from high school and is now attending a workshop where his vocational abilities are to be assessed. Lawrence is a likeable young man and many of the staff members at the workshop have become very fond of him. However, Lawrence began touching a few of the female staff members in what some would consider an inappropriate manner. The touching included placing his arm around the shoulders or waists of female staff members, as well as placing his hand on the neck of some female staff. A behaviorist, consulting with the workshop, has been working with Lawrence on these issues. The behaviorist is teaching Lawrence, during role-play in a private office, to ask first before engaging in any touching with female staff.*

*At his group home, Lawrence likes to flirt with the female staff. This consists of calling them nicknames like “babe” and “honey”. Staff find him to be cute and harmless and will smile or joke around, but on occasion, will set boundaries when they feel he is going too far or going on for too long. With some staff, he does get carried away grabbing their waists or rubbing their shoulders and then gets angry with them when they tell him that he “needs to stop”. Recently, Lawrence came home from his workshop, very agitated. He approached a female staff member with open arms. She attempted to redirect him with a handshake, while telling him he needed to stop. Lawrence became very angry and began to grab at this staff member in a way that was physically assaultive. 911 was contacted and he was brought to the local emergency room for psychiatric screening. While in the emergency room, Lawrence began to calm down. He was given a prescription for a PRN anti-anxiety medication and a recommendation for an outpatient psychiatric evaluation.*

*Vignette Adapted from: Newman, B., & Reinecke, D.R., (2007) Behavioral Detectives: A staff training exercise book in applied behavior analysis: Dove and Orca.*

1. The recommendation from the emergency room was to have Lawrence evaluated by an outpatient psychiatrist. However, staff have a good relationship with his primary care plan and feel that they can talk to him about Lawrence’s recent incident. How should the staff proceed?
  - a. Continue to work with the primary care physician, as they trust his judgment.
  - b. Ignore the recommendation and continue to manage Lawrence as they always have, as this was an isolated incident.
  - c. Consult with Lawrence’s mother, who is his guardian, and speak with the primary care physician about a referral to an outpatient psychiatrist.
  - d. Stop all physical interactions with Lawrence and attempt to teach him about appropriate touch and boundaries.

2. Staff at Lawrence's group home appears to be more lenient with boundary issues as they relate to verbal and physical affection. How may this present a problem/challenge?
  - a. Lawrence has been getting a consistent response for behaviors and is therefore unclear about what is appropriate and acceptable.
  - b. Staff at the group home may be less uptight than the staff at his work program. Stretching boundary issues at home can be acceptable, at times.
  - c. The workers at the day program won't be able to develop a good relationship with Lawrence since they don't show as much affection.
  - d. Lawrence will begin to think that you can only hug women and not men.
  
3. Lawrence clearly wants to establish relationships with others. How can staff that work with him help him to do this in a safe and appropriate manner?
  - a. Whoever works with Lawrence should talk to him about what appropriate touch means to them.
  - b. Set up a sticker chart at home to reinforce when Lawrence does not touch staff.
  - c. Set up a behavior plan at the workshop that withholds preferred items from Lawrence when he touches staff in any way.
  - d. Call a team meeting to brainstorm a consistent approach to reinforce and teach appropriate boundaries while developing potential methods of communication. Follow up by clarifying expectations with Lawrence.
  
4. What suggestions would you have for Lawrence's current behaviorist?
  - a. Create a sticker chart for Lawrence at his workshop.
  - b. Create strategies that can support Lawrence's ability to communicate his needs while enhancing his interpersonal skills
  - c. Just continue with the role-plays as they mirror real life scenarios.
  - d. Let staff work out how they feel that they should reinforce Lawrence, as they know him best.
  
5. A new staff member has just started working at the group home. She has now worked with Lawrence a few times and is confused by staff suggestions around how best to respond. She tries to redirect Lawrence when he wants a hug, but she is unsure how to proceed when met with resistance. she should:
  - a. Promise to take him out if he will listen to her and give a handshake instead of a hug.
  - b. Completely ignore Lawrence when he is approaching her, turning her back on him.
  - c. Give him a PRN, in case he has another aggressive incident.
  - d. Remind Lawrence of the expectation of acceptable boundaries and distract him with a preferred activity that includes physical distance. (i.e playing a game, watching football, etc...)

### **Vignette – Option Four**

*Kyle is a 13-year-old boy with a diagnosis of autism, who was recently diagnosed with bipolar disorder. Kyle lives at home with his mother, Sandra, a single parent, and his 8-year-old sister, Megan. Kyle is able to verbalize his wants and needs. He has a tendency to become extremely frustrated and physically aggressive and this is particularly challenging due to his above average size. Kyle frequently loses control of himself when he sees Sandra helping Megan with her homework or talking on the phone.*

*His mother and sister are the main targets of his aggressive behaviors, which include punching, scratching, choking, pulling hair, tackling them to the ground, and property destruction. Sandra has had to call 9-1-1 for assistance on three separate occasions, when the situation turned extremely dangerous. She has expressed worry that she may not be able to safely care for Kyle at home much longer. Yet she cannot imagine allowing him to live away from their family. Sandra is working with Kyle's Psychiatrist to address his bipolar disorder with medication hoping that it will make things better.*

*Although Kyle seems to do better at school, his teacher has reported to Sandra that they are beginning to see an increase in Kyle's non-compliant and aggressive behavior. Robert, the direct support professional who has worked with Kyle at home for the past year, is eager to help, but not certain where to begin. He reports that Kyle rarely exhibits challenging behaviors when he takes Kyle to do activities. He shares that he has learned a lot about Kyle and they have a great time flying model planes and jogging in the park. Kyle has often asked to borrow Robert's iPod so they can compare their playlists, as they share a love of music.*

*Sandra has contacted Kyle's case manager and an Interdisciplinary Team (IDT) Meeting has been scheduled.*

1. Sandra has noticed a decrease in Kyle's behaviors following a recent medication change. How can Robert help Sandra prepare this information to share at the IDT?
  - a. Stop giving Kyle his medication and observe if his behaviors increase
  - b. Keep data on Kyle's behaviors to track frequency and duration
  - c. Robert should only be concerned with Kyle's medications if he is the one administering his medications
  - d. Obtain reports on 911 calls and check if they took place before the medication change
  
2. Kyle has been noncompliant with school staff but demonstrates less problem behavior with Robert. What is the most likely reason?
  - a. There are more demands placed on Kyle at school whereas with Robert, Kyle is engaging in preferred activities.
  - b. Robert is a new staff and has not had time to reinforce Kyle's behaviors
  - c. Kyle has a diagnosis of bipolar disorder so he cannot follow directions at school.
  - d. Kyle's teachers and other school staff are mean to him.

3. Although Kyle is verbal, he often cannot find the words to express himself when is angry or upset. How should the team address this?
  - a. Ignore Kyle until he “uses his words”
  - b. Increase Kyle’s medication in the settings where his behaviors are problematic.
  - c. Support Kyle in the use of picture cues or visual aids to express his needs
  - d. Call 911 when precursors of Kyle’s behaviors are evident, to prevent escalation.
  
4. It has been determined that an antecedent (trigger) for some of Kyle’s behaviors is when his mother or teacher’s attention is diverted or divided. While Kyle’s team works with him on his skills related to waiting or occupying his time when his mother is unavailable, how can his behavior be prevented?
  - a. Make sure that his sister Megan only speaks with their mother when Kyle is not home
  - b. Have an alternate activity or distraction prepared for Kyle to redirect him when the telephone rings or his mother or teacher needs to attend to something/someone else. This can include his iPod or model planes.
  - c. Remove Kyle from his classroom at school and have him work alone so no other students can gain attention from the teacher.
  - d. Do not allow Kyle to go out to the community with Robert on the days he interrupts any adults with his behaviors.
  
5. This semester, Kyle’s 7<sup>th</sup> grade math class is focused on word problems. Teachers and other school staff have noticed that Kyle becomes easily frustrated with these problems and as a result he will walk out of the classroom and bang on the lockers as he walks down the hall. How should his team address this?
  - a. The teachers should be instructed to give him detention any time he leaves the classroom.
  - b. Ignore him and wait until the unit on word problems is finished.
  - c. Ask that his sister tutor for him every night.
  - d. Advocate for Kyle to have the support and/or adaptations he needs to achieve academically.

## **Vignette – Option Five**

*Jenny is a 40 year old woman that recently moved to a 3 person group home from an institution. She has diagnoses of an intellectual disability, PTSD, and schizoaffective disorder. Jenny is happy to be living in the community and being able to do things she's interested in like riding her bike, shopping for clothes, and going out to restaurants. She can be especially chatty especially after doing something she enjoys.*

*Prior to being placed in institution when she was 21, she bounced around various foster homes and spent some time in a juvenile detention center. Records show that she had been sexually abused multiple times by one of her foster fathers and was sent to the detention center for attacking a man on the street. Jenny has been known to have auditory hallucinations and experience paranoia. She has been hospitalized for depression and suicidal ideations on multiple occasions.*

*You and the other staff at her new home are working hard to keep Jenny active keeping her out of the house and busy most of the time. You notice that she feels more comfortable in some places than she does in others, but can't figure out why. You know this because in some places she will start screaming and cursing loudly, but in others she will have a great time. You also read in the home's communication log that although she says she likes her new home, night shift reports that she often wakes up at night crying.*

1. Some staff are getting frustrated with taking Jenny out in the community because they never know how she will react to a certain place. You know that there are places she enjoys and don't want to prevent her from going out. What is the best way to address this situation?
  - a. Discuss your concerns with Jenny's team. Suggest that staff conduct an assessment to determine triggers for Jenny's outbursts. Develop strategies to avoid/respond to these triggers on outings.
  - b. Go along with the other staff. Jenny has activities she likes to do at home, and it will save on the time needed to coordinate use of the agency vehicle.
  - c. You know Jenny is comfortable at the coffee shop down the street so you advocate for that to be the only place she goes.
  - d. Tell Jenny that staff will stop taking her places if she doesn't stop screaming and swearing.



2. You learn that the evening shift's response to Jenny waking up and crying is to have her come downstairs and watch TV until she falls asleep on the couch. What would you recommend to be a better response to this?
  - a. Let Jenny cry it out, she'll eventually fall asleep. Communicate this to other staff.
  - b. Schedule an appointment with her doctor and request that she be given a sleep medication.
  - c. Once Jenny has a chance to calm down, gently ask her what is wrong. And use her response to figure out ways to help her. Communicate what you learn to other staff.
  - d. Nothing. The staff did the right thing.
  
3. You learn that while living at the institution, Jenny did not receive any mental health screenings or treatment. What is an appropriate next step?
  - a. Assume Jenny had treatment for her PTSD from her sexual abuse because it is documented in her case file.
  - b. Restrict Jenny from spending time with men until she has a proper screening and sexual education.
  - c. Sit with Jenny at night when she is sleeping at nights so she doesn't cry.
  - d. Invite Jenny to a group counseling sessions and offer to accompany her.
  
4. Since you've noticed Jenny she feels more comfortable in some places than she does in others, you want to find out why. How can you go about this while supporting her when she is uncomfortable?
  - a. Coach Jenny about what to expect before an outing and afterwards, follow up with her about her experience
  - b. do not take Jenny back to anyplace where she had a behavioral outburst
  - c. You conclude Jenny only screams and curses at public places because she is attention seeking from strangers so you take her to parks, beaches or other secluded areas.
  - d. You only take Jenny on outings her other 3 roommates are also attending.
  
5. Jenny's doctor recently changed some of the medications she takes. You've notice that she is more lethargic than she had been. How can you best address this?
  - a. Talk to Jenny about how she feels and if she wants to schedule an appointment with the doctor to discuss the effects of the medication and to see if there are other alternatives.
  - b. Let it go. The other staff like that she is easier to support now that she's tired.
  - c. Tell her to go to be earlier.
  - d. Stop giving her the medication you think makes her tired.

## Appendix G: Cover Page

DSP Name:

CDS User ID:

Employing Organization:

Address:

Email Address:

Phone #:

Mentor Name:

Mentor Email and/or Phone #:

Mentor Qualifications (briefly describe):

### Checklist of Materials:

- Cover Page
- Copy of Certificates/Self-Study Summaries
- Completed Mentoring Form
- Self-Guided Portfolio Activity
- Response to Vignettes

Materials may be emailed to: [CDSTA@umdnj.edu](mailto:CDSTA@umdnj.edu) or to  
Boggs Center/UMDNJ  
Attn: Colleen McLaughlin  
335 George St., P.O. Box 2688  
New Brunswick, NJ 08903-2688