# Draft Proposal
# SGS Staff Development Program - Spring 1998
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## Goal

The goal of this staff development program is to prepare staff to become more effective at planning interventions aimed at clients and families, in a multidisciplinary team context.

## Behavioural Paradigm

The program is based on the paradigm that specific behaviours of clients and families should give rise to specific interventions in a predictable and repeatable way. This paradigm has been successfully applied in inpatient mental health settings, but, to our knowledge, has not been systematically applied in a CLSC or similar setting.

## Learning Approach

Rather than using a didactic approach, this staff development program will utilise the pooled expertise of individual team members in a group discussion format, to codify and describe behavioural manifestations, associated modifiers such as intensity, severity or frequency of these behaviours, and linkages to specific interventions.

## Research and Development Component

The outcome of the process described above will be a document which can serve as a client assessment instrument as well as a treatment planning guide, suitable for use by SGS as well as similar teams in other CLSCs and potentially in a wide range of outpatient treatment settings.

The process of development can itself be the subject of a research study, and this option is to be discussed. However, the instrument which will result from the development process can itself serve as the focus of a number of research studies: for example, reliability and validity determinations; usefulness with specific populations of clients; its value in measuring change due to treatment, and so on.

## Specifics of the Development Program

Eight sessions, each lasting one and one-half hours, to be held every other Tuesday

*First session - Introduction:*

- Presentation of program goal and objectives
- Explanation of methodology and process
- Presentation of a preliminary list of behaviours (see Appendix A)
- Discussion of factors to be considered when choosing cases for presentation
- Listing of six themes for cases (see Appendix B)
- Participants who wish to present a case, choose a topic
- Assignment of dates for presenting each case

*Sessions two through seven:*

- Presentation of case (can be an actual client, a videotape, a "textbook" case)
- Group identifies which behaviours are manifested by the client and/or family
- For behaviours which have been discussed in detail in previous sessions, the group will rate the case using the modifiers and descriptions previously generated for those behaviours. This will serve to validate the modifiers and descriptions and provide feedback on the development process.
- For behaviours which have not yet been discussed in detail, the group will define useful modifiers (for example, ratings of intensity, severity, risk, frequency, time course, context, and so on) and descriptions. The criterion for deciding whether a modifier is useful or not is: will it influence choice of treatment plan?
- Finally, the group will generate a list of treatment approaches applicable to that behaviour.
- A secretary will record the group's process and output. This will serve as the basis for a document describing the behavioural assessment and treatment planning instrument.

*Final session - Wrapup:*

- Present the overall results of the group's work
- Obtain feedback from the group about the process and the result
- Plan for follow-on staff development projects

## Participants

To ensure an effective group process, the number of participants will be limited to fifteen. If the number of interested individuals exceeds this number, consideration will be given to a separate group who will observe and be asked to provide feedback, but who will not participate actively.

## Equipment

- Overhead projector
- Projection screen
- Acetates
- Marker pens for overhead projection
- Tape recorder

# Appendix A

## List of Client/Family Behaviours which are a Focus of Intervention

1. Inadequate personal hygiene
2. Living in filth
3. Failure to provide self with life necessities:
   - food and water (including facilities for cooking and refrigeration)
   - adequate clothing (including provisions for laundering)
   - heat and light
4. Neglect of a serious medical condition
5. Suicidal threats
6. Suicidal behaviour
7. Self-mutilation
8. Excessive spending
9. Excessive charity
10. Inappropriate risk-taking, where own welfare is at risk
11. Taking inappropriate risks with others' welfare
12. Forgetfulness resulting in danger to self
13. Forgetfulness resulting in danger to others
14. Refusal of life necessities (see: failure to provide life necessities, above, for categories)
15. Refusal of essential services
16. Refusal of medical/psychiatric/nursing/occupational therapy/physiotherapy/social work evaluations
17. Refusal of medical/psychiatric/nursing/occupational therapy/physiotherapy/social work treatment interventions
18. Covert non-compliance or poor compliance with treatment interventions
19. Sabotage of evaluation or intervention
20. Threats of physical violence to worker
21. Physical aggression against worker
22. Verbal aggression against worker
23. Unjustified complaints against worker

24. Threats of physical violence to family member/caregiver
25. Physical aggression against family member/caregiver
26. Verbal aggression against family member/caregiver
27. Inappropriate neediness/demandingness
28. Passive acceptance of victimization
29. Excessive complaining

The following group of behaviours are caregiver/family member behaviours towards a vulnerable client

30. Verbal abuse
31. Physical abuse
32. Financial abuse
33. Psychological abuse
34. Social neglect
35. Financial neglect
36. Failure to provide life necessities
37. Failure to provide appropriate medical care

# Appendix B

## Themes for Case Presentations

We have identified several axes or continua, along which a given behaviour will be situated:

- Physical vs. existential
- Risk to client vs. risk to others from client
- Excessive demandingness vs. help-rejection

If we consider cases which fall at the extremes for each of these axes, we will have 8 possible combinations:

1. physical & client risk & demanding
2. physical & client risk & rejecting
3. existential & client risk & demanding
4. existential & client risk & rejecting
5. physical & other risk & demanding
6. physical & other risk & rejecting
7. existential & other risk & demanding
8. existential & other risk & rejecting

During the first session, we will brainstorm hypothetical cases which fit into these categories, to stimulate participants to suggest specific cases which they can present.