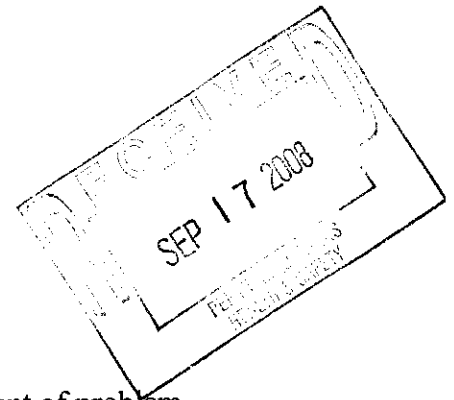


Safety and Health Initiatives Program
Bernard Fineson DDSO Application Supplement
September 9, 2008




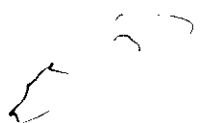
National Association for the Dually Diagnosed Teleconferences

This program will address the need for improved management of problem behaviors in consumers who have developmental disabilities and psychiatric illness. This will result in greater safety, decreased stress and better quality of work for all employees. The method of addressing this need is voluntary attendance at a series of teleconferences sponsored by the National Association for the Dually Diagnosed. Each conference is described in detail in the attached brochure. The teleconferences have been and will be publicized through e-mail and paper memorandums to supervisors and clinicians in all areas of the DDSO. Bernard Fineson will contribute to the program by providing the space, the telephone access with a quality conference phone and printing and distributing handouts. Employees who wish to attend will be released from their duties during the conferences when possible. There is no restriction on the number of attendees, so all employees with interest will be welcomed as long as coverage of duties can be provided.

The medical director and clinical coordinator and other supervisors (treatment team leaders) will attend conferences. After the conferences they will determine ways to provide reinforcement of applicable concepts. The outcomes cannot be precisely measured, but attendees will be asked to give written feedback.

We are applying for a small grant. The budget for the program at the Hillside Complex is \$1045 for all conferences offered from September through December. Since the conferences are one hour in duration and there is a large unit (Howard Park) that is about 30 minutes driving-distance from the Hillside Campus, an additional \$825, if obtained before 9/24/08, would be used to subscribe for a second location and make the conference more accessible to employees of that unit.





Safety & Health Initiatives Program



Grant Guidelines and Application

2007-2011

New York State



Gary Johnson
Director
Governor's Office
of Employee
Relations



David Paterson
Governor
New York State



Kenneth Brynien
President
NYS Public
Employees
Federation
AFL-CIO

clip and mail or fax

GRANT APPLICATION

Safety & Health Initiatives Program (SHIP)

Agency Name: Bernard Finson DDSO
 PEF Division(s): _____
 Agency Address: PO Box 280507 Queens Village, New York 11428
 Agency Contact Person: Dr. Ann Morgan
 Title: Medical Director
 Phone: (718) 217-6942 Fax: (718) 217-5049
 Email: Ann.Morgan@omr.state.ny.us
 PEF Contact Person: Elizabeth CARESE
 Phone: (718) 217-4519 Fax: _____
 Email: Elizabeth.Carese@omr.state.ny.us
 Proposed title for program/training: _____

Proposed time frame for program/training: _____
 Start Date: 8/26/08 End Date: 12/11/08
 Estimate the numbers affected/trained by bargaining unit:
 PEF: 25 Council 82: _____
 CSEA: 2 UUP: _____
 NYSCOPBA: 2 M/C: 3
 Other Recipients: Student Interns
 (Please explain): _____

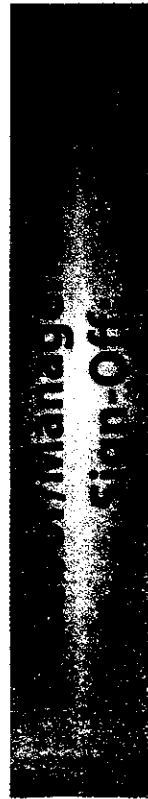
Please attach a typed narrative that answers the following questions:

- What is the training or program need you would like the Safety & Health Initiatives Program to address?
- What are the proposed methods to address those needs?
- How will this program/training benefit employees and your agency?
- What actions will your agency take to reinforce this program/training back in the workplace?
- How will you measure the intended outcomes of this program/training?
- How will you publicize and recruit for the program/training?
- How will you select participants to attend?
- What is the agency's contribution to this program, including space and release time? Please be specific.
- What additional information would you like us to consider with your application?
- Are you applying for a small grant (\$5,000 or less) or a large grant (\$15,000 or less)?
- What is the detailed budget for the proposed program/training?

Employees Federation, AFL-CIO program staff are available to discuss your proposal with you prior to submitting an application. Please call one of us to ensure that your proposal is appropriate and fundable under the program guidelines.

GOER (Charles Vejvoda) 518-473-8375
PEF (Kathy D'Arminio) 518-785-1900 x254
PEF (Jonathan Rosen) 518-785-1900 x254

For further information on GOER and PEF programs, visit the following websites:
www.goer.state.ny.us/Train
www.pef.org



Labor representatives should sign only if employees in their bargaining unit(s) are involved in the program.

<u>Elizabeth G. Miller</u>	<u>9/10/08</u>
PEF Elected Representative	Date
Phone: (718) 217-4519	
<u>Robert H. Miller</u>	<u>9/10/08</u>
CSEA Elected Representative	Date
Phone: (718) 776-2269	
<u>Robert H. Miller</u>	<u>9/11/08</u>
Management Representative	Date
Phone: (78) 217-2746	

Please return/fax completed application and narrative to:

**NYS Public Employees Federation
Occupational Safety & Health Department
1168-70 Troy-Schenectady Road
Latham, NY 12110**

FAX: (518) 785-1814

Each application that is submitted will be evaluated on how the proposed training will:

- Include labor/management involvement in the development and support of the program.
- Address specific areas of safety and health needs documented by:
 - ✓ injury and illness data
 - ✓ workers' compensation costs
 - ✓ mandatory requirements of Public Employees Safety and Health (PESH) or another regulatory entity
 - ✓ hazards brought on by changes in policy or technology
- Guarantee agency commitment to the implementation and evaluation of the program.

Preference will be given to projects that have a life beyond the initial proposal or teach skills that are transferable to other state agencies or departments.

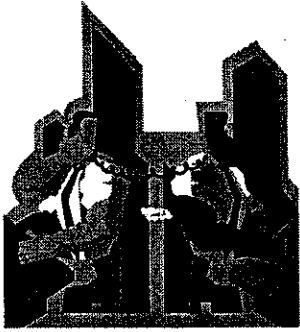
SHIP grants can be used to proportionally enhance, but not duplicate, other labor/management training programs. SHIP funding cannot be used to pay for equipment, travel, food, lodging, or lost work time. This program is also not intended to supplement an agency's budget for routine training.

GRANTS

Small grants are a maximum of \$5,000 dollars and **large grants** are a maximum of \$15,000. In deciding to apply for a small or large grant, applicants should consider the number of employees affected and the potential benefits to the agency.

Program administration is provided by The Governor's Office of Employee Relations/Division for Administration.

SHIP is jointly funded through the negotiated agreements between New York State and the Public Employees Federation, AFL-CIO.



NADD
*** August - December 2008 ***
Teleconference Series

The National Association for the Dually Diagnosed (NADD) is proud to offer its summer/fall teleconference series. Teleconferences allow you to participate in an educational program without having to make travel plans or even leave your office.

How It Works - The session takes place on the telephone. However, you may have as many people as you would like around the phone. Each registrant, who is the key contact person, will receive a confirmation letter listing the registered session(s) and an 800 number to access the teleconferences. This person's name will be given to the operator, and this person must be the one who calls in to participate on the teleconference. Handouts are available for participants to access online three (3) business days prior to each teleconference. Handout access information will be provided in the confirmation letter. Each session will last 60-minutes. The session will include the presentation and a facilitated Q&A session with the presenter(s). The sessions feature individuals from a variety of areas in the field of mental health and intellectual disabilities.

Presentation Levels

- **Beginner** – Individual with limited or no prior experience on the subject matter.
- **Intermediate** – Some experience in subject matter.
- **Advanced** – Experienced and versed in subject matter.

Teleconference Schedule

3:00 – 4:00 p.m. Eastern, 2:00 – 3:00 p.m. Central, 1:00 – 2:00 p.m. Mountain, 12:00 – 1:00 p.m. Pacific

Tuesday, August 26, 2008

Chief Complaint: Aggression

Level: Intermediate

Julie P. Gentile MD, Wright State University, Dayton, OH

Handout .ppt

Individuals with intellectual disabilities may present with aggression toward self or others in a clinical setting. Presenter will discuss clinical vignettes with the chief complaint of violence, and utilize the Bio-Psycho-Social Formulation to illustrate diagnostic and assessment considerations to determine etiology of the aggression.

Wednesday, September 10, 2008

Introduction to Treatment Planning and Intervention: Functional Evaluation of Developmental Brain Dysfunction and Challenging Behavior.

Level: All

Nathan Ory, MA, Island Mental Health Support Team, Victoria, BC, Canada

Overlapping diagnoses in persons with complex needs make it difficult to know where to start and how to set short and long-term goals. Comprehensive planning requires the evaluation of all factors: including biological, developmental, environmental reactions, functional behavior, cognitive and psychological, neuro-developmental and psychiatric function. Regardless of overlapping diagnoses, identifying persistent areas of "functional dependence" establishes the common denominator that must be at the basis of all short and long-term planning.

Friday, September 12, 2008

Positive Psychology and Dual Diagnosis (IDD/MI)

Level: Intermediate

Dan Baker, PhD, Boggs Center on Developmental Disabilities, Robert Wood Johnson Medical School – UMDNJ, Piscataway, NJ; **Rick Blumberg, PhD**, The College of New Jersey, Elwing, NJ

The practice of positive psychology is rapidly gaining acceptance and momentum as the literature base behind it expands. As a result, the popular media has given considerable press coverage to positive psychology and its comparatively simple intervention base. A review of positive psychology practices shows a strong overlap with both Positive Behavior Supports (PBS) and philosophical perspectives in IDD support. This presentation will review the basic philosophies and practices of positive psychology, including presenting sample positive psychology interventions. The presentation also will note which of these philosophies intersect with PBS and trends in disability supports. The presenter will suggest strategies for providing accommodations to allow the positive psychology interventions to be used for people with IDD.

Thursday, September 18, 2008

Integrating Mental Health and General Healthcare

Level: Intermediate

Michael R. Schroeder, MSW, Ohio Department of Mental Health, Columbus, OH

The presentation will examine the leading causes of death in public-sector psychiatric patients in Ohio and nationally, as determined through research, and the leading causes of death of Ohio MR/DD consumers, as determined through incident reports. Four models of integrated care will be presented, and a discussion of the policy options.

Wednesday, September 24, 2008

Curriculum for Right Way Leadership

Level: All

Dan Housepian, Northwest Ohio Developmental Center, Toledo, OH

Right Way Leadership is a further derivative of the general principles of Right Way Training. Right Way Training was based on teachings of John McGee, "Gentle Teaching," and adapted toward care and treatment for all individuals. However, as we continue to implement various stages of the curriculum the implications for management becomes clear. It is extremely difficult to expect caregivers to provide appropriate Right Way Training and services to the individuals, if managers do not apply the same philosophy to staff members who carry out our missions and goals. The program attempts to show supervisors and managers that a consistent model of "Right Way" behavior is needed, if we are to expect our caregivers to provide Right Way care. This program also explores the responsibilities of managers to apply coaching principles in their leadership role.

Wednesday, October 1, 2008

Pathways To and From Polypharmacy*

Level: Intermediate

Edwin J. Mikkelsen, MD, National Mentor Network, Wellesley Hills, MA

The era during which individuals with ID were over-medicated with antipsychotic agents has, to a certain extent, been replaced with a more contemporary problem that involves the use of multiple classes of psychotropic medications for a wide array of psychiatric diagnoses of questionable validity.

The purpose of this presentation is to identify the factors that contribute to unnecessary use of multiple psychotropic medications for individuals with ID. The discussion of the factors that contribute to unnecessary polypharmacy will also be accompanied by a description of clinical and procedural safeguards that will mitigate, if not prevent, unnecessary polypharmacy.

* Book offer- 25% Discount: *The Rational Use of Psychotropic Medication for Individuals with Intellectual Disabilities: Pathways To and From Polypharmacy*, please see registration order form.

✓ **Monday, October 6, 2008**

A Direct Support Training Model Using Group Processes to Address Perceived Competence and Job Stress

Level: Intermediate

Shannon Hill, PhD; Ashley Durkee, MA, The Baddour Center, Senatobia, MS

✓ The presenters describe a behavior analysis-training group for Direct Support Professionals (DSPs) working with individuals who have intellectual disabilities. The turnover rate for DSPs is notably high, in part due to job stresses such as dealing with challenging behaviors. This presentation is designed to increase appropriate causal attributions for behavior, reduce stress, and increase feelings of self-efficacy, with the ultimate goal of decreased staff turnover.

✓ **Thursday, October 9, 2008**

Beyond Risk Assessment – Incorporating Our Values and Ethics in Precautionary Assessment

Level: Beginner

Steven G. Gilbert, PhD, DABT, INND, Institute of Neurotoxicology & Neurological Disorders, Seattle, WA

Risk assessment is an expression of our values and ethical decision-making. Classical risk assessment includes four basic elements: hazard identification, dose-response assessment, exposure assessment, and finally risk characterization. The goal of precautionary assessment (PA) is to move beyond risk assessment and allow communities and individuals to incorporate their knowledge, values and ethics into a more comprehensive evaluation of a hazardous condition. The PA combines the philosophy and ethics of the precautionary principle with the standard scientific evaluation of the hazards. Precautionary assessment contains three basic elements: a) community and social issues, b) exposure, and c) hazard and toxicity. Note: This presentation is a NADD Environmental Health Project offering.

✓ **Tuesday, October 14, 2008**

Curriculum for Right on Time Crisis Prevention “R.O.T.C.P.”

Level: All

Dan Housepian, Northwest Ohio Developmental Center, Toledo, OH

✓ The Right on Time Crisis Prevention Training curriculum is a further development of the Right Way Philosophy; only it is applied to more specific terms of individual behaviors. Right Way Training is a philosophical teaching largely developed through the influence of John McGee, “Gentle Teaching.” Right on Time Training adds to that from a variety of different crisis prevention approaches such as CPI (Crisis Prevention Institute), COPE and PACES. Right on Time Training takes it one step further by showing the consistency with Right Way Training. The Right on Time Crisis Prevention Training will equip the learner with skills that are consistent with de-escalating crisis situations in all aspects of life.

✓ **Thursday, October 16, 2008**

Normal and Pathological Anxiety in Intellectual Disabilities

Level: All

Alya Reeve, MD, FANPA, University of New Mexico Health Sciences Center, Albuquerque, NM

Since anxiety responses are necessary for survival, we will review situations and manifestations of anxiety that are expected or “normal” and contrast them with examples from clinical material of pathological anxiety states and disorders. Dr. Reeve’s presentation will involve examples that highlight differences between anxiety disorders, allowing for comparison across diagnoses as well as treatment approaches. All clinical material will be kept confidential to protect patient’s confidentiality. Clinical dilemmas and general questions will be welcomed during the discussion period.

Wednesday, October 22, 2008

Update on Psychotropics and Elders with ID

Level: Intermediate

Robert J. Pary, MD, Southern Illinois University School of Medicine, Springfield, IL

When an elderly person with intellectual disability (ID) shows behavioral challenges, what are the best medications...to taper or stop. This presentation will review why some prescribing clinicians' first reactions may be to do something other than write a new prescription or increase psychotropic medication when faced with behavioral challenges.

Monday, October 27, 2008

Curriculum for Right Way Approach Profile

Level: All

Dan Housepian, Northwest Ohio Developmental Center, Toledo, OH

The Right Way Approach Profile is a unique way of developing behavioral programs for individuals. The Approach Profile is consistent with a Right Way philosophy of care, support, and treatment. Building on the Right Way philosophy, the caregiver is also taught consistent crisis prevention strategies. The Right Way Approach Profile then takes basic crisis prevention techniques and specific training on stages of behaviors and applies those principles to a model for a behavioral approach. A prerequisite to this training is an understanding of Right On Time Crisis Prevention strategies.

The implications of the Right Way Approach Profile are indicated in the title. Right Way is a philosophy of providing care. Approach implies the caregiver's responsibility in addressing the behavioral needs of the individual, and the Profile is merely the adapting of the unique individual characteristics that are consistent with the model.

Wednesday, October 29, 2008

Experiential Behavior Therapeutics – A New Way to Help People Who Have ID and BPD

Level: Intermediate-Advanced

Michael A. Mayer, Community Resource Alliance, Hillsborough, NC

EBT allows the person to re-experience the emotional tasks of childhood to establish a new foundation for their future, based on Dialectical Behavioral Therapy (DBT) by Marsha Linehan. However, while DBT is logic based, EBT is experience based and facilitates a comparison of "what has been" to "what could be" through an analysis of the feelings that result from the experiences. EBT makes the necessary adaptation for people with ID and recognizes the value of gentle confrontation through "The Doing" which provides the context for the talking and evaluation. The goal is to arrive at a functional life that is based on integrating new experiences, feelings, and thoughts into new behavior patterns, while developing more effective and socially accepted ways of getting their needs met.

Tuesday, November 4, 2008

Emergency Rooms: What We Are Learning from Research on Clients Who Have Behavioral Crises, and What We Can do Clinically to Help Prevent Future Crises.

Level: Beginning - Intermediate

Yona Lunsky, Centre for Addiction and Mental Health, University of Toronto, Canada

When clients with a dual diagnosis go into crisis, they may visit their local hospital emergency department, which can be a very stressful experience. This presentation will review some research on the crisis and ER experience from the perspective of clients, caregivers, and hospital staff. Four case vignettes that highlight the issues identified in the study will be reviewed. In the second half of the presentation, tools will be presented that clinicians can use to help clients and caregivers prepare for future ER experiences.

Thursday, November 20, 2008

Beginners' Guide to Psychopharmacology

Level: Beginning - Intermediate

Ann R. Poindexter, MD, Independent Consultant, Conway, AR

The goal of this presentation is that participants will realize both the benefits and risks of psychotropic medications. After a brief outline of the way these drugs act on the human body, the various categories of drugs will be outlined, with discussion of both the benefits and possible side-effects.

Monday, November 24, 2008

Problematic Sexual Behaviors: Ethical and Effective Assessments and Treatments

Level: All

J. Paul Fedoroff, MD, University of Ottawa Institute of Mental Health Research, Ontario, Canada

People with intellectual disabilities and/or developmental delays are over-represented in the criminal justice system. However, many treatable problems are missed or mishandled. This presentation will review the most recent classification of the paraphilias. Recent research on the limitations of current risk assessment methods will be presented. Methods of assessment will be described. Effective treatment methods will be introduced. Discussion of ethical issues will be encouraged.

Tuesday, December 2, 2008

Adapted Trauma Focused CBT for Children Who Have Developmental Disabilities

Level: Intermediate

Brian D. Tallant, LPC, NCC, Aurora Mental Health Center, Intercept Center, Aurora, CO

Research will be presented that demonstrates the high rates of abuse that affect children who have developmental disabilities then discuss vulnerabilities and barriers to spontaneous recovery. We will present an adapted model of phase oriented trauma treatment based on Trauma Focused Cognitive Behavior Therapy (Cohen, Mannarino & Deblinger, 2004). Adaptations for therapy will be applied to each of the phases. Examples will be given as to how this model has been successfully implemented.

Tuesday, December 9, 2008

Specialized inpatient mental health units in Ontario: Their role within the continuum of care

Level: Intermediate

Susan Morris, MSW, RSW; Yona Lunsky, PhD, CPsych, Centre for Addiction and Mental Health, University of Toronto, Canada

In Ontario, the psychiatric hospitals have a lengthy history of providing specialized inpatient treatment for individuals with developmental disabilities and mental health needs. In the last decade these programs have continued to operate and thrive by expanding to outpatient services. This presentation will discuss their role within the continuum of service by providing the policy context, and reviewing the key elements and approaches adopted to effectively support patient needs.

Thursday, Dec. 11, 2008

Crisis Management for Individuals with a Dual Diagnosis: Prevention and Intervention

Level: Intermediate

Elliot Greene, MSEd, Independent Consultant, Downstate Consortium on Dual Diagnosis, New York, NY

This presentation offers an over view of dealing with both the build-up and aftermath of crisis. Identification of risk factors that lead up to a crisis and how to resolve crises efficiently are discussed as well as strategies to prevent reoccurrences, access community resources and advocate for consumers in crisis situations. Admissions as well as discharges to acute-care mental health facilities will also be discussed.

Teleconference Registration Form

Mail or fax {(845) 331-4569} the registration form to the NADD office. All faxed forms must have credit card information in order to be processed. Registration is also available online at www.thenadd.org. **The cut-off for receipt of all registration forms is five (5) business days prior to the teleconference. Registrations received after this point will not be processed.**

First Name: _____ Last Name: _____ Credentials: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Professional Discipline: _____

Teleconference Options: (You MUST check a teleconference choice(s) for your registration form to be processed.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Chief Complaint: Aggression 8/26 | <input type="checkbox"/> Planning and Intervention 9/10 | <input type="checkbox"/> Positive Psychology 9/12 |
| <input type="checkbox"/> Integrated Care 9/18 | <input type="checkbox"/> Right Way Leadership 9/24 | <input type="checkbox"/> Polpharmacy 10/1 *Book Offer |
| <input type="checkbox"/> Direct Support Training Model 10/6 | <input type="checkbox"/> Beyond Risk Assessment 10/9 | <input type="checkbox"/> R.O.T.C.P. 10/14 |
| <input type="checkbox"/> State of Anxiety 10/16 | <input type="checkbox"/> Psychotropics 10/22 | <input type="checkbox"/> Right Way Profile 10/27 |
| <input type="checkbox"/> Behavior Therapeutics 10/29 | <input type="checkbox"/> Emergency Room: Behavioural Crises 11/04 | <input type="checkbox"/> Psychopharmacology 11/20 |
| <input type="checkbox"/> Assessment & Treatment 11/24 | <input type="checkbox"/> Trauma Focused CBT 12/2 | <input type="checkbox"/> Inpatient Mental Health Units 12/9 |
| <input type="checkbox"/> Crisis Management 12/11 | | |

JOIN NADD NOW & REGISTER AT MEMBER RATE - Check to Join: _____ Total _____

- \$125 for individual membership - through December 31, 2008.
- *Book offer- 25% Discount: *The Rational Use of Psychotropic Medication for Individuals with Intellectual Disabilities: Pathways To and From Polypharmacy*, by Edwin J. Mikkelsen, MD
 Listed price: Members: \$29.95 Non-members: \$34.95 DT07-038B-
 Discounted price: Members: \$22.47 Non-members: \$26.22 Qty: _____ Total _____

Please check one (1) of the following registration options:

	Registering for <u>1- 5 Sessions</u>	Registering for <u>6 or more Sessions</u>	
<input type="checkbox"/> NADD Member Member # _____	\$75 per session	\$55 per session	Total _____
<input type="checkbox"/> Non-Member	\$95 per session	\$70 per session	Total _____
<input type="checkbox"/> Family/Student/Consumer (Students must provide a copy of ID)	\$65 per session	\$45 per session	Total _____

GRAND TOTAL \$ _____

Payment Method: _____ My check is enclosed.

_____ Charge to: _____ Discover _____ Visa _____ MasterCard

Card No. - _____ Expiration - _____

Signature - _____

Cancellations: All cancellations must be made in writing to the NADD office no later than one (1) week prior to the scheduled teleconference, in order to refund your registration minus a \$15 administrative fee, for each teleconference cancellation. Registration fees will not be refunded for cancellations received after this point. Registrants who do not cancel by the cancellation cut-off date and are not on the teleconference are liable for the total registration fee.

About NADD

NADD, a not-for-profit member association, is the leading expert in providing professionals, educators, policy makers, and families with education, training, and information on mental health issues relating to persons with and intellectual disabilities.

NADD provides its members with the quickest access to the world's leading experts and the most complete library of research, educational, and reference material, as well as training.

NADD Membership Benefits

- *NADD Bulletin* – published bi-monthly
- *Journal of Mental Health Research in Intellectual Disabilities* – published quarterly (available 2008)
- Discounts on all trainings and products
- NADD Membership Directory
- Website – members only section
- Be part of cutting edge work

Mission Statement:

TO ADVANCE MENTAL WELLNESS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES THROUGH THE PROMOTION OF EXCELLENCE IN MENTAL HEALTH CARE.

For further information on NADD, upcoming conferences/trainings, consultation services, and products, visit our website at www.thenadd.org.

NADD – 132 Fair Street – Kingston, NY 12401 – Phone: (845) 331-4336 / (800) 331-5362
Fax: (845) 331-4569 – E-mail: info@thenadd.org – Website: www.thenadd.org

1 1 4 2 8 3 9 9 9 9

NADD * AUGUST-DECEMBER 2008 * TELECONFERENCE SERIES

1 1 4 2 8 3 9 9 9 9
T2 P1
*****MIXED AADC 105*****
Ann Morgan
Bernard Fineson DC
PO BOX 208507
QUEENS VILLAGE NY 11428

RETURN SERVICE REQUESTED

NADD
132 Fair Street
Kingston, NY 12401-4802