Risk Screening for Best Practice

People with intellectual disabilities (ID) may have physical and mental health (MH) diagnoses. In order to support wellness and recovery, the Office of Mental Health and Substance Abuse Services (OMHSAS) and the Office of Developmental Programs (ODP) have developed a check list with items comprising the most important components of effective supports for people with dual diagnosis (ID and MH). If effective supports are put in place, as reflected by the items on this checklist, risk can be minimized and people's lives can be enhanced.

This checklist is offered as a resource to help identify a person's needs/supports. It is not a monitoring tool and is not required or mandated for use by either ODP or OMHSAS. Rather, it is recommended as a support for Best Practice in Dual Diagnosis.

The items below are broken down into component categories, in order to identify and organize possible need for additional support. Not all items will apply to every person. The topics measured by these items represent a compilation from the "Dual Diagnosis Emerging Best Practice Manual," the document "Redefining Commitment in Pennsylvania, "and the Positive Approaches/Everyday Lives/Recovery/Positive Behavioral Supports philosophies. It is also used to support the Psychiatric Hospital Discharge Planning process.

For additional information, training and/or technical assistance with any of the items on this checklist, please contact your local Health Care Quality Unit (HCQU), Regional Risk Manager, or regional Dual Diagnosis Coordinator.

Directions: Please place a check in the appropriate column for each item: Yes, No, or N/A (not applicable). Any additional explanation can be listed in Comments column. **If an item is not applicable, please indicate the reason in the Comments column.**

If there are any items for which you require clarification or resources, please utilize the Glossary attached to this tool.

Again, if any of the items are not addressed, this should indicate a place to start to increase the supports for wellness and recovery for the person, and increase the knowledge and skills of the entire team.

Name of Person: _____ **Date**:_____

Name and Title of Person Completing:_____

Medical Components

Components	Yes	No	N/A	Comments
All current and past medical needs identified				
All current and past medical needs documented				
All current and past medical needs addressed				
Current neurological status has been evaluated and the record updated				
Environment assessed to				

Components	Yes	No	N/A	Comments
address needed physical adaptations				
Lifetime Medical History completed and current				
Health Promotion Activity Plans utilized				
Historical Medical Records have been obtained from previous placements/family				
The person knows the medication they have been prescribed				
The person knows the side effects of their prescribed medication				
The person understands the importance of taking their medication The person had a complete physical exam within the past 12 months.				
Genetic Syndromes have been identified to assist in medical and behavioral presentations				

***Everyday Lives* Components**

Components	Yes	No	N/A	Comments
Positive relationships identified with others in current environment, neighborhood, work, school and/or community				
Positive relationships maintained with others in current environment, neighborhood, work, school and/or community				
The person has daily access to their community to develop positive relationships				
Essential Lifestyle Plan is completed/updated with accurate information (including Recovery needs)				
Individual Service Plan is completed/updated with accurate information				

Communication Evaluation is completed/updated				
Augmentative communication devices recommended				
Augmentative communication devices utilized				
Augmentative communication devices in good repair/condition				
Biographical Timeline completed/updated				
Person's sexuality is identified and supported				
Transition plan for change of caregiver/change in provider completed				
Transition plan for change of living arrangement, work or school completed				
Sensory profile developed				
Sensory issues identified				
Sensory issues addressed				

Autism Spectrum Disorder (ASD) Components

Components	Yes	No	N/A	Comments
Autism Spectrum Disorder is diagnosis is in the record				
Supporters recognize indicators of ASD (ex: communication problems; social interaction problems; sensory sensitivities; repetitive/ritualistic behavior)				
Communication/Speech evaluation completed				
Alternative communication strategies have been identified				
Alternative communication strategies have been implemented				
Sensory evaluation (Occupational Therapy) has been completed				
Environmental adaptations for sensory issues have been identified				
Environmental adaptations have				

Components	Yes	No	N/A	Comments
been implemented				
The person's routines, rituals, schedules and preferences are recognized and respected				
Person's interests, passions, preferred activities are recognized and supported (if appropriate)				

Trauma-Informed Care Components

Components	Yes	No	N/A	Comments
Trauma history, either ongoing or resolved, is documented				
Person has been referred for clinical treatment of trauma				
Person currently receives clinical treatment for trauma				
A trauma-informed safe environment plan has been considered and implemented				
A trauma-informed safety plan has been considered and implemented				
People supporting the person demonstrate understanding regarding a person's history of trauma and how it impacts the person's thoughts and feelings				
Grief and losses have been identified and person has been given appropriate support				
Person has been offered assistance to help locate resources and supports regarding trauma				
Person has been given education on what abuse and neglect is and how to report it, **by an appropriate and trained clinician**				

Psychiatric Components

Components	Yes	No	N/A	Comments
The person acknowledges that				

Components	Yes	No	N/A	Comments
they have a need for behavioral health treatment.				
The person receives education regarding their mental illness				
The person knows the psychotropic medication they have been prescribed				
The person knows the side effects of the psychotropic medication they have been prescribed				
The person understands the importance of their prescribed psychotropic medications				
Clinical Assessment/Comprehensive Review/Intake for MH services completed or updated				
Psychiatric evaluation completed or updated				
Target symptoms that support the identified diagnosis **have been provided by the psychiatrist** at the time of psychiatric evaluation				
Target symptoms related to the diagnosed mental illness are included in all documentation including the Behavior Support Plan, ISP, Lifetime Medical History, Psychiatric Evaluation and Team Review of Psychotropic Medications				
Target symptoms related to the individual's risk of relapse, including agitation, mood cycles, are being tracked (This does not include data tracked for a behavior support plan).				
Social/emotional/Behavior Plan as required by regs for individuals taking psychotropic medications has been completed and/or updated				
Substance abuse/dependence				

Components	Yes	No	N/A	Comments
history is documented and supports are provided				
Person has been referred for out- patient community based treatment services including Psy Rehab, Certified Peer Support, individual/group therapy, Assertive Community Treatment (ACT) or other services.				
Person receives community based treatment services.				
Person has available access to mental health professionals				
Clinical supervision for direct support professionals (or staff?) is in place				
Alternative therapeutic treatment modalities considered in addition to more traditional talk therapy.				
Other or List the therapeutic treatment modalities currently being utilized				

Behavioral Support Components

Components	Yes	No	N/A	Comments
Functional Behavior Assessment (FBA) or other standardize tools appropriate for the behaviors presented is completed				
Behavior Support Plan completed based upon the results of a formal assessment as well as through the identification of strengths and skills that can be utilized by the person to reduce or replace challenging behavior(s)				
Replacement behaviors are identified and described in the Behavior Support Plan				
Behavior Support Plan incorporates the tools and philosophy of *Everyday Lives*, Mental Health Recovery and				

Components	Yes	No	N/A	Comments
Positive Behavioral Supports				
Staff and/or family have been trained on the implementation of the Behavior Support Plan				
Behavior Support Plan is implemented **correctly and consistently** by all team members and supporters				
Alternatives to restrictive procedures have been considered and implemented prior to the use of restrictive procedures				
Restrictive procedures are voluntary, appropriate and approved				
No more than 3 Target Behaviors listed on the Behavior Support Plan are being tracked at the same time				
Data on target behaviors is being tracked correctly				
The team understands that challenging behaviors might not be associated to the person's mental illness				
The person's Behavior Support Plan includes a Crisis Plan				

Crisis Support Components

Components	Yes	No	N/A	Comments
Crisis plan completed by the person with support from team members				
Crisis prevention techniques completed by the person with support from team members				
De-escalation techniques completed by the person with support from team members				
Debriefing processes identified and completed for person and support persons				
Conflict management and resolution process is in place for				

Components	Yes	No	N/A	Comments
person and support persons				
The person and their staff recognize crisis triggers (ex: anniversary dates, holidays, staff changes etc.) Situational issues that provoke anxiety or stress are identified and options are provided.				
The person and their staff recognizes crisis warning signs (ex: pacing, cursing, becoming quiet)				
The person recognizes and asks for the things they need to calm down/de-escalate (ex: to call a friend or family member; to be spoken to in soft tones; to take a break from work/activity) Staff or family members ensure that the person has access to the items or process in order to de-escalate.				
Partner with local crisis teams and law enforcement in regard to safety and crisis management				

Mental Health Wellness and Recovery Components

Components	Yes	No	N/A	Comments
Person has been given information on Wellness Recovery Action Plans®				
Person has a Wellness Recovery Action Plan® that they and their staff have developed				
Personal Medicine Tools™ identified by the person				
Recovery Wheel used to measure progress and identify where progress is needed by the person and support people/agency				
Referral to recovery oriented services such as certified peer specialist, psy rehab services, ACT etc. as well as natural				

Components	Yes	No	N/A	Comments
supports such as spiritual groups, family etc. has been made				
Recovery oriented supports and services currently being utilized by the person				

Sexual Offending or Problematic Sexual Behavior Components

Components	Yes	No	N/A	Comments
History of sexual offending and/or problematic sexual behavior is documented				
Person receives clinical treatment for sexual offending and/or problematic sexual behavior				
Support persons have received Safer Options training				
Team communicates pertinent information to the person's probation/parole officer and the courts as requested				
Risk Assessment for Sexual Offending completed and recommendations have been followed				
Safety/Supervision Plans and protocols established for person with Sexual Offending and/or Problematic Sexual Behavior				
Medical reasons as the cause of Problematic Sexual Behavior have been considered (ex: hypersexuality due to side effect of medication(s)				
If sexual offending or problematic sexual behavior is related to a history of sexual trauma, the environment and supports are trauma-informed (see above)				

Fetal Alcohol Spectrum Disorder Components

Components	Yes	No	N/A	Comments
FAS or other condition on the				

Components	Yes	No	N/A	Comments
FASD spectrum diagnosed and/or documented; or if the person's presentation is such that and FASD is suspected so that further diagnostic activities can be completed by a qualified clinician. (i.e. physical features present, memory problems, lack of understanding of cause and effect or consequences, emotional dysregulation, impulsivity, does not learn from mistakes, person is not responding to consistently implemented behavioral supports)				
Has prenatal alcohol exposure been fully investigated and documented				
Person receives clinical treatment that is FASD informed such as music/art therapy, (therapies that use language only have proven to be ineffective due to deficits in receptive language skills)				
Support persons have received Fetal Alcohol Spectrum Disorder training by an FASD clinically informed person that includes a review of general support strategies that are helpful to people with FAS/D. (i.e. the use of visuals in the environment)				
Baseline MRI is completed to rule out any undiagnosed traumatic brain injury, tissue damage or structural physical issues. MRI w/ and without contrast To assess for Fetal Alcohol Changes in the Basal ganglion, cerebellum and corpus callosum				
Neuropsychological testing to understand the functions of the brain and the domain which				

Components	Yes	No	N/A	Comments
have been affected. (this can be helpful in specifically identifying methods and modalities of strategies and treatment that will be effective for the person)				
Occupational Therapy/Sensory Integration Evaluation has been completed to include a specialized plan for physical activity and/or sensory needs				
Occupational Therapy/Sensory Integration Evaluation recommendations completed.				
Safety/Supervision Plans to work toward independence if safety skills are at a level to do so.				
Environmental adaptations for sensory issues have been identified.				
All environmental adaptations needed have been implemented. (i.e. visuals, auditory cues, labels, other organizational tools)				
Behavior support plans are strength based, FASD informed, and trauma informed and modified according to identified memory loss, etc.				
Person's strengths/motivations have been specifically identified in order to move forward with skill building.				
Expressive vs. receptive communication needs have been specifically assessed.				
Specialized/Clinical trainings have been identified and completed				
Vocational evaluation for job skills and productive meaningful work has been completed				
Nutritional assessment is completed as all consumption of				

Components	Yes	No	N/A	Comments
food has effects on the brain and body both positive and negative.				
Opportunities for healthy role modeling and peer support are available.				

Trainings Needed

Training	Completed	Not Completed	N/A	Comments
Intellectual/Developmental Disability and Psychiatric Disorders				
Overview of Syndromes				
Psychotropic Medications				
Understanding Trauma-Informed Care and Stressful Life Events				
Functional Behavior Assessment and Behavior Support Planning				
Autism Spectrum Disorders				
Person Centered Planning/Positive Approaches				
Safer Options for Problematic and Sexual Offending Behavior				
Communicating with the Psychiatrist				
Person specific training(s) *Please list trainings needed*				
How to communicate effectively across systems				
Crisis Supports and Debriefing				
Mental Health Wellness				
Recovery and *Everyday Lives*				
Fetal Alcohol Spectrum Disorder				

Training	Completed	Not Completed	N/A	Comments
Overview of Sensory Integration				

Outcome Actions

Desired Outcome:	
Discussion/ Justification:	

What needs to be done	Who's responsible	By when

Review of Desired Outcome:	
Date:	Comments

Glossary

Augmentative Communication Devices: Devices that aid the user in communicating may include portable speech output devices as well as those that connect directly to a computer or telephone.

Behavior Support Plan – A plan that is developed from the functional behavior assessment and from various other sources that addresses methods and interventions that are proactive and positive in nature. These interventions are identified to address the social, emotional and environmental issues that may be triggering behavioral challenges. More information on Behavior Support Plans can be located at

Biographical Timeline - The biographical timeline process is sometimes called "biography," "timeline," or "life line." It is a facilitated process through which a team of people, having researched the events, passages, and interventions in a person's life, lay out those facts in a linear fashion, to enable a group to correlate information in a meaningful manner. Events and personal experiences (often thought of as "insignificant" in other contexts) that were previously stored in compartmentalized reports and files are grouped according to their occurrence along a linear life-timeline. To find out more about biographical timelines go to www.odpconsulting.net for contact information.

Certified Peer Specialist - A certified peer specialist is an individual who is a self-identified current or former consumer of behavioral health services and who is trained to offer support to others. Certified Peer Specialists have completed training and passed a certifying test to demonstrate competency to assist others with their recovery and with the community integration process.

Conflict management – involves implementing strategies to limit the negative aspects of conflict and to increase the positive aspects of conflict at a level equal to or higher than where the conflict is taking place. Furthermore, the aim of conflict management is to enhance learning and group outcomes (effectiveness or performance in organizational setting) It is not concerned with eliminating all conflict or avoiding conflict. Conflict can be valuable to groups and organizations. It has been shown to increase group outcomes when managed properly.

Crisis Plan – A crisis plan is a plan that includes an action plan for caregivers and supporters to follow in the case the person becomes harmful to themselves or others. Crisis plans can also include suicide protocols or any other specific behavioral presentation that would be harmful to the person or others around them.

Cross Systems Communication – Communication needs to be effective and accurate between different systems (i.e. mental health, education, county, state) to assure that the needs of the person are met.

Debriefing – a process that occurs after an escalated situation has been resolved. Debriefing sessions should have a specific agenda and should be done with both caregivers/supporters and the person. This can happen together or separately, but should be done so that relationships can be repaired and protocols and interventions are reviewed for safety and efficacy.

De-escalation Techniques – these techniques are very specific to the person and can be written clearly in a behavior support plan, a WRAP, or Individual Service Plan. These techniques are developed by the person and the person's team to assist in calming a person when the person is having difficulty regulating their emotions. De-escalation techniques are proactive and vital to avoid crisis situations.

Essential Lifestyle Plan - Essential lifestyle planning is a guided process for learning how someone wants to live and for developing a plan to help make it happen. It's also: a snapshot of how someone wants to live today, serving as a blueprint for how to support someone tomorrow; a way of organizing and communicating what is important to an individual in "user friendly", plain language; a flexible process that can be used in combination with other person centered planning techniques; and, a way of making sure that the person is heard, regardless of the severity of his or her disability. Essential lifestyle plans are developed through a process of asking and listening. The best essential lifestyle plans reflect the balances between competing desires, needs, choice and safety.

Everyday Lives- Everyday Lives is the core philosophy and framework of the State of Pennsylvania's Office of Developmental Programs (ODP). Originally introduced in 1991, Everyday Lives is deeply rooted in the concept of Self-Determination and Positive Approaches.

Development included the active participation of individuals and family members. Their focus was to identify what people with disabilities and families said was important to them and what kind of supports they needed.

The concept of Everyday Lives is not about disability – it applies to everyone – with or without a disability

The fundamental concept of Everyday Lives is that, with the support of family and friends, individuals with disabilities decide how to live their lives and what supports they need. It also means that they are responsible for their decisions and actions.

ODP considers and ensures that the impact of every decision, rule or regulation of its staff or those working on its behalf, continues to support and promote the ideals of Everyday Lives.

Each of the principles are assumed for most people as they go about their everyday life, but may not be recognized or assumed for the individuals who we support. Our role is to help assure the presence of these life experiences and support the individual as needed so that they can benefit and learn from these experiences.

"Our goal should be clear. We are seeking nothing less than a life surrounded by the richness and diversity of community. A collective life. An Everyday Life. A powerful life that gains joy from the

creativity and connectedness that comes when we join in association as citizens and create an inclusive world." - John McKnight

Functional Behavior Assessment - A *Functional Behavioral Assessment (FBA)* is an attempt to look beyond the obvious interpretation of behavior as "bad" and determine what function it may be serving for a person. Truly understanding why a person behaves the way he or she does is the first and best step to developing strategies to reduce or replace the behavior. The process usually involves documenting the antecedent (what comes before the behavior), behavior, and consequence (what happens after the behavior) over a number of weeks; interviewing teachers, parents, caregivers and others who work with the person; evaluating how the person's disability may affect behavior; and manipulating the environment to see if a way can be found to avoid the behavior. This is usually done by a behavioral specialist, and then becomes the basis for a behavior support plan.

Genetic Syndrome - A syndrome is a disease or disorder that has more than one identifying feature or symptom. Each particular genetic syndrome will have many typical features, depending on which aspects of development are affected by the abnormal gene chromosomes. A genotype and phenotype accompany syndromes which can shed light on medical and behavioral issues that are commonly present in the specified genetic syndrome.

Health Promotion Activity Plans - This plan serves many purposes including: easy reference for the individual diagnosed with ID/DD and any individuals providing support; provides information that can be incorporated into any annual planning documents; can be used as a training resource; and fosters optimum care for health conditions. The plan includes a definition of the diagnosis, signs and symptoms of the condition, specific signs and symptoms that the individual experiences, interventions needed, identification of health care professional responsible for monitoring condition, and frequency of follow-up. The plan can be constructed by anyone but should be reviewed by a health care professional for completeness and accuracy. http://www.pchc.org/HPAPs/HPAPs.aspx

Neurological Status- the extent to which the peripheral and central nervous systems receive, process, and respond to internal and external stimuli. This can be determined with a neurological assessment. Information regarding neurological assessment can be located at http://lane.stanford.edu/portals/cvicu/HCP_Neuro_Tab_4/Neuro_Assessment.pdf

Neuropsychology -The branch of psychology that deals with the relationship between the nervous system, especially the brain, and cerebral or mental functions such as language, memory, and perception.

Neuropsychological Status- The status of the person is needed to understand further how the person learns and retains knowledge. This includes working, short-term, long-term and procedural memory functions. If there are deficits in brain function, expectations for the person may be set too high. This, in turn, may frustrate the person, leading to challenging behaviors. How someone learns can help us understand how they problem solve and make decisions. This status can be determined by a neuropsychologist and appropriate interventions can then be determined to assist the person with skill building activities.

Peer Support Services- are based on the fundamental principles of recovery and are therapeutic interactions conducted by individuals who are trained and certified to offer support and assistance in helping others in their path to wellness. Peer support services are designed to engage the consumer in choice and support the active involvement of the person in their *own* recovery process.

Personal Medicine® – was created by Pat Deegan and is something that a person does and has nothing to do with what the person "takes". Pat defines Personal Medicine as "the things that give life meaning and make life worth living." Personal medicine must include an active ingredient. For example: the active ingredient of "taking a walk" is that it reduces stress and helps the person to feel better. Personal medicine forms are available on the internet and also on managed care websites. Resources are available at www.patdeegan.com

Problematic Sexual Behavior – sexual behavior that may or may not be illegal. It refers to sexual behavior that interferes with activities of daily living to the extent a person cannot interact with others in accordance with expected social norms or occurs with another person who has not consented to the sexual behavior. Sexual behavior is problematic if it interferes with the rights of others.

Recovery Principles - Recovery is a process by which a person overcomes the challenges presented by a mental illness to live a life that is meaningful to them and has purpose. Recovery is a deeply personal, individualized process of changing one's attitudes, values, feelings, goals, skills and/or roles in order to live a satisfying, hopeful and contributing life even with limitations caused by mental illness. Ultimately, because recovery is a personal and unique process, everyone with a psychiatric illness develops his or her own definition of recovery. However, certain concepts or factors are common to recovery. Some of these are listed below.

Recovery Wheel – A Recovery Model for People with Mental Illness and Co-Occurring Disorders

Description of the Revised CSP Wheel

For over 20 years, the national Community Support Program (CSP) Principles have had a dramatic impact on the way systems planners conceptualize organizing services, supports and opportunities to help mental health consumers reach their full potential in our society.

The Wheel is designed to meet the needs of people with mental illness as well as those who suffer from co-occurring disorders (e.g., mental illness and substance use disorders). The central focus of community support programs is to facilitate the recovery process and personal growth of each mental health consumer.

CSP Principles remain unchanged and are portrayed in the Wheel's middle circle to support the recovery process and provide the bedrock for the way service system components are delivered. Essential community support system components include meaningful work, community mobility, psychiatric rehabilitation, leisure, recreation and education.

While the revised CSP Wheel still prioritizes mental health consumers who have the most serious psychiatric illnesses, it is acknowledged that the model is beneficial to: a) many other consumers whose psychiatric disorders continue to disrupt their lives, b) consumers who have sufficiently progressed in their recovery to the point where their psychiatric conditions can no longer be deemed serious. Non-public systems are encouraged to adopt the Model.

Description of the Revised CSP Wheel

People can and do recover from mental illness. The center circle of the Pennsylvania revised CSP Wheel portrays recovery as a multi-dimensional concept. Hope is the anchor point upon which recovery is based. Demonstrating respect for the consumer supports his or her hopefulness and nurtures the person's self-esteem. When people convey trust in the consumer, it strengthens the consumer's confidence and motivation to assume increased responsibility for taking control of one's own life. The eight factors listed on the Wheel are important antecedents for Recovery:

- Hope
- Competence
- Respect
- Trust
- Understanding
- Wellness
- Choice
- Spirituality

Components of a Community Support System

The Recovery model incorporates the following components of a Community Support Program. These components are essential resources in recovery:

- Treatment and support
- Family and friends
- Peer support
- Meaningful work
- Income support
- Community mobility

- Community groups and organizations
- Protection and advocacy
- Psychiatric rehabilitation
- Leisure and recreation
- Education
- Housing
- Health care

Replacement Behaviors- Behavioral interventions outlined in a Behavior Support Plan designed to teach the person presenting with challenging behavior a more appropriate, pro-social, and convenient way to have whatever needs or desires met without engaging in the identified challenging behavior.

Restrictive Procedures - A restrictive procedure is a practice that limits an individual's movement, activity of function; interferes with an individual's ability to acquire positive reinforcement; results in the loss of objects or activities that an individual values; or requires an individual to engage in a behavior that the individual would not engage in given freedom of choice.

Safe Environment Plan (trauma informed) – A safe environment plan is a plan that identifies triggers and establishes the person's emotional needs within their environment. For example: If a person has been abandoned or has experienced loss and perceives shift changes as abandonment, a "safe" protocol should be written to consistently assist a person in feeling secure when separating from care givers.

Safer Options Manual – the manual that governs best practices in Pennsylvania in regards to people who have an intellectual disability who also have problematic or sex offending behavior. http://www.paproviders.org/Pages/MR_Archive/Safer_Options_2010.pdf

Safety Plan for Problematic Sexual Behavior – this safety plan is a therapeutic tool that requires a person with problematic sexual behavior or sex offending behavior that has deviant sexual thinking (thinking and behavior that is against the law and non-consensual) to examine where they are going, what they will be doing and who they will be with among other safety issues. This assists a person to identify and understand the risk in the environment that they will be entering. This in turn assists a safe plan to be formulated both for the person as well as the community. This tool can be found in the Safer Options Manual.

Sensory Profile – a sensory profile evaluates and assesses how a person processes sensory information. This profile is compiled by an Occupational Therapist that has been certified in sensory integration. The profile addresses over-sensitivities and under-sensitivities in the six sensory systems; proprioceptive (the awareness of posture, movement, and changes in equilibrium and the knowledge of position, weight, and resistance of objects as they relate to the body), tactile, olfactory, auditory, visual, and taste. This profile is important as processing and systems that are affected can cause people to act out and experience challenging behavior that is misunderstood.

Sexuality - the characteristic of the male and female reproductive elements as well as the constitution of a person in relation to sexual attitudes and behavior.

Supervision Plan – this plan is in accordance with Safer Options Best Practice. A written plan for supervision is formulated for people with problematic sexual or sex offending behavior to identify what levels of supervision are needed across all environments. Each environment should be examined for assessing and managing risk to the person and the community and supervision should be established accordingly. A sample of a supervision plan can be found in the Safer Options Manual.

Target Symptoms of Mental Illness – Target symptoms of Mental Illness are provided by the psychiatrist. They consist of the person's specific presentation of psychiatric symptoms which are in consistent with the person's psychiatric diagnosis. These symptoms are found in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR). These symptoms, along with special considerations for people with an Intellectual/Developmental Disability, can be found in the Diagnostic Manual-Intellectual Disability (DM-ID). More information can be located at www.apa.org and www.thenadd.org

Team Review Form of Psychotropic Medications- this tool assists with tracking of mental health symptoms on a day to day basis. This can assist caregivers and the person to visually see if mental health symptoms are increasing, decreasing or staying the same. It also assists people with mental health presentations that are cyclical in nature such as various mood disorders.

Therapeutic Treatment Modalities – any therapeutic method that is empirically studied or has been established as best practice in treatment of emotional needs of people with mental illness and an intellectual disability. Some examples are: Art therapy, Music Therapy, Behavioral Therapy and Cognitive-Behavioral Therapy.

Transition Plan – transition plans are formulated any time a person is admitted or discharged from their current placement. The plan is created to assist the person in tolerating the change as positively as possible and should include all aspects of the person's life and how the changes will occur to. Transition plans can also be incorporated into behavior support plans for people who have difficulty with day to day changes (i.e. changes in schedules or staffing).

Trauma –an event or situation which causes great distress and disruption. Other definitions include: a serious injury or shock to the body, as from violence or an accident; an emotional wound or shock that creates substantial, lasting damage to the psychological development of a person, often leading to neurosis. Examples of trauma are: physical, sexual, psychological and emotional abuse, neglect, witnessing a traumatic incident such as a death, an accident or a murder.

WRAP® stands for Wellness Recovery Action Plan®- WRAP® is a self-management and recovery plan developed by a group of people who experienced mental health challenges. These people learned that they can identify what makes them well and then use their own Wellness Tools to relieve difficult feelings and maintain wellness. WRAP is designed to:

- Decrease and prevent intrusive or troubling feelings and behaviors
- Increase personal empowerment
- Improve quality of life
- Assist in achieving your own life goals and dreams

WRAP consists of tools to monitor uncomfortable/distressing feelings and behaviors and through planned responses, reduces, modifies or eliminates them. It also includes plans for responses from others when the individual cannot make decisions, take care of themselves or keep themselves safe. WRAP is trademarked by Mary Ellen Copeland, PhD, an internationally acclaimed author, educator and mental health advocate. More information can be found at www.mentalhealthrecovery.com/wrap