

# The START Model: Mental Health and Crisis Intervention for People with IDD

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Beneath every behavior is a feeling. And beneath every feeling is a need. And when we meet that need rather than focus on the behavior, we begin to deal with the cause not the symptom.

— Ashleigh Warner  
Psychologist

edutopia

# Crisis prevention and intervention through a system of care approach

AKA: "A Crisis is a problem without the tools  
to address it"

# The Need for Effective Services:

## The Three As

- Access
- Appropriateness
- Accountability

# The "START" model: Systems Linkage Approach

- KEY: Enrich the system (avoid strain)
- Resources allocated to promote linkages (i.e. the use of a linkage "team")
- Resources allocated to fill in service gaps
- Services provided across systems
- Expertise improves capacity
- Outreach is key
- Develop a common language

**Clinical Services**

- Neurology
- OT
- Forensic Psychology
- Nursing
- Dentistry
- Family Supports

**Linkages**

- State/local stakeholders
- Residential
- Schools
- Inpatient
- Outpatient
- Respite
- Day
- Natural Supports

**START Regional Team Services**

- Director (master's or above)
- Clinical Director (Psychologist or equivalent)
- Medical Director (Psychiatrist or APRN)
- Certified START Coordinators
- Team Leader

**Training and Consultation**

- Didactic Training
- Eco-mapping and systems support
- Crisis prevention and intervention planning
- Emotional Intelligence training

**Therapeutic Resources & Services**

- Emergency Beds
- Planned Beds
- Therapeutic Activities
- Autism Services
- Positive Psychology
- Sensory Activities
- In-Home Therapeutic Services
- 24-Hour Crisis Response

**The Center for START Services**

- Customized Coaching
- Technical Support
- Certification of START Coordinators
- National Online Training Series
- Online Certification Course for START Teams
- National Database
- Fidelity Guides
- START Curricula

**Advisory Committee**

**24-Hour Crisis Response**

- Mobile Mental Health Crisis Teams
- Hospital Emergency Rooms
- Police
- Other First Responders

# START Lifespan Clinical Team Services

- Director (Masters level)
- Clinical Director (Psychologist Ph.D. preferred)
- Medical Director (Psychiatrist or Nurse Practitioner)
- Associate Director (based on size of team) (Masters)
- Team leader(s) (Masters)
- START Coordinators ( Masters level)

\*\*Active caseload size per coordinator 20-30



# START Core Concepts

- Tertiary Care
- BioPsychoSocial Approach
- Positive Psychology
- Evidence Informed



# Tertiary Care Approach

## World Health Organization

- Primary: Capacity building; communication and collaboration, improved quality services and quality of life; accountability
- Secondary: Expertise, access to appropriate care, cross systems communication; crisis prevention; accountability
- Tertiary: Expertise, appropriate response, stabilization, intervention; accountability

## Public Health Model & START: Numbers Benefitting from Intervention

*System gap analysis, workforce development and identification of risk factors*

### Primary Intervention:

*Effective Strategies: 'Changing the Odds'*

### Secondary Intervention:

*Improved Supports: 'Beating the Odds'*

### Tertiary Intervention:

*Accurate Response:  
'Facing the  
Odds'*

Potential  
impact of  
intervention

Required  
intensity of  
intervention

# Primary Intervention/ Capacity

- Professional Learning Community/Training
- Access to experts in the field
- Linkages
- Opportunities for learning
- Shared values and norms
- Development of common practices
- Improved knowledge, access to care and services

# START Secondary Intervention the tools of START

- Certified Coordinators
- Access to experts
- Multimodal consult teams
- CETs, START Plans, CSCPs, CSEs
- Study Groups across the country
- In home coaching supports

# Tertiary Intervention:24 hour Community-Based Crisis Response

- Integrated into the overall system, use a multidisciplinary team approach, and be able to communicate effectively
- Working with inpatient units, mobile crisis teams, emergency rooms
- 24 hour access to care providers for assistance
- Discharge planning meetings within 24 hours with START Coordinators linked with inpatient crisis facilities

# BioPsychoSocial Approach

- Takes into account biological, psychological and social factors that may contribute to an individual experiencing a crisis
- Provides a person-centered understanding of the individual's history and life experiences
- Provides context to explain why a trigger is a trigger for that individual

## Bio- Medical Factors

- People with IDD have higher rates of medical problems
- Medical problems are often the source of the chief complaint for individuals with ID
- Generally the association of medical conditions with mental disorder is not understood by the individual, caregivers or the clinician assessing
- Pain or physical discomfort may act as a “setting event” lowering the threshold for challenging behavior
- People with IDD have few ways to express distress and are poor at reporting their internal states

# Medical Factors

- Medical problems may cause significant changes in mood, behavior and mental states that mimic acute psychiatric illness
- Common Medical issues include:
  - **Genetic disorders and syndromes**
  - **Diabetes**
  - **Sleep Irregularities**
  - **Constipation**
  - **Gastrointestinal problems**
  - **Infections**
  - **Seizure disorders**
  - **Physical pain**
  - **Vision/hearing changes**
  - **Medication side effects and drug toxicities**



# Common “Psychological” Risk Factors

- Lack of coping skills
- Lack of adequate communication abilities
- Depression
- Anxiety
- Trauma
- Executive Functioning delays/deficits

# Social/Environmental Factors

- Are often over-looked, not considered
- These are often the things that act as “triggers”
- Common social/environmental factors include:
  - Noise
  - Temperature
  - Lighting
  - Space – too large, too small
  - Changes in daily routine
  - Changes or loss of important people
  - Loneliness, social isolation
  - Boredom
  - Lack of Control/Choice

## Why a Positive Psychology approach?

- “We believe that persons who carry even the weightiest psychological burdens care about much more in their lives than just the relief of their suffering. Troubled persons want more satisfaction, contentment, and joy, not just less sadness and worry.”

Duckworth, Steen, & Seligman, 2005

# Positive psychology

- Shift in perception reframe and refocus
- Focus on strengths in individuals, families, and systems
- There is more than one way to view a situation
- Optimism can be taught
- If you practice these skills you will be more effective in all elements in your life
- If you use these practices with teams, it will have an impact on everyone connected to you

# PERMA

Seligman





# SIRS Database

## START Information Reporting System

SIRS is a web-based data collection system for managing START services

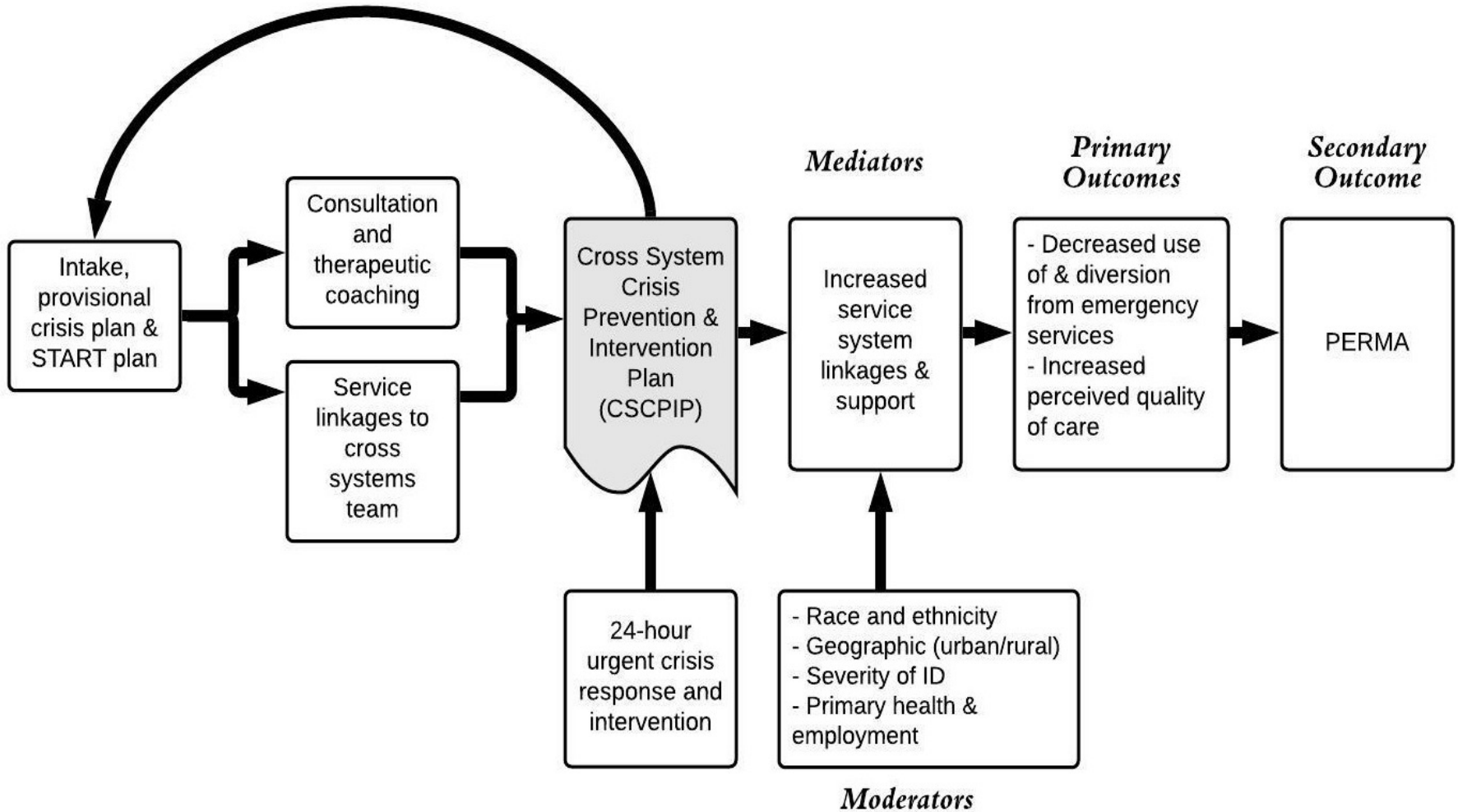
### **Purpose**

Collect and report on various data to provide evidence-informed information to stakeholders, community members

# SIRS Database

## START Information Reporting System

- Provides service outcome feedback to project managers and administrators to assess the effectiveness and efficiency of START services
- Captures de-identified information about START clients and has the ability to provide reporting by case load, by region and by state
- Supports a continuous quality improvement approach





<p>Months 1-3</p>	<ul style="list-style-type: none"> <li>- Center for START Services meet with stakeholders</li> <li>- Provider Agency identified</li> <li>- Advisory Council formed and quarterly meetings scheduled - Program Director and other leadership members hired</li> <li>- SIRS business agreement (BAA) signed</li> </ul>
<p>Months 3-6</p>	<ul style="list-style-type: none"> <li>•- Initial action plan developed outlining necessary steps for program implementation</li> <li>•- Additional leadership team members, START coordinators and coaches (when applicable) hired &amp; enrolled in START Coordinator Certification Training Groups and/or START Therapeutic Coaching Training Groups</li> <li>•- Policies and procedures developed, including referral and enrollment protocols and benchmarks</li> <li>•- Community linkage relationships and agreements established</li> <li>•- Therapeutic supports action plan developed (if the program is providing STC and/or Resource Center services)</li> <li>•- SIRS training provided; Program begins entering data</li> <li>•- Enrollment for services begins</li> </ul>

<p>Months 6-9</p>	<ul style="list-style-type: none"> <li>•- Continue to build linkage agreements with community providers/stakeholders; Community outreach and education about START services</li> <li>•- Coordinator Certification Training continues</li> <li>•- CET schedule is established, and CETs conducted</li> <li>•- Begin providing the full array of START Services (including 24 hour on-call supports)</li> </ul>
<p>Months 9-12</p>	<ul style="list-style-type: none"> <li>- Demonstration of core START coordinator competencies</li> <li>- Team members prepare for coordinator certification presentation(s) - Implementation of therapeutic coaching services</li> <li>- Enrollment rates continue to increase</li> <li>- At least 50% of staff are certified</li> </ul>
<p>Months 12-24</p>	<ul style="list-style-type: none"> <li>- Full implementation of START Services and mastery of START practices and tools - Lead Project Facilitator assists the program with preparing for START Program Certification.</li> </ul>