

# The Building Bridges Initiative (BBI): Advancing Partnerships. Improving Lives.

## North Carolina Building Bridges Initiative Webinar Series on the Six Core Strategies© Core Strategy: Primary Prevention Tools

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# The Building Bridges Initiative (BBI): Advancing Partnerships. Improving Lives.

## Part 1: Overview of the National Building Bridges Initiative (BBI)

Presented by: Beth Caldwell, MS, Director, BBI





## BBI Mission

Identify and promote practice and policy initiatives that will create strong and closely coordinated **partnerships and collaborations** between families, youth, community- and residentially-based treatment and service providers, advocates and policy makers to ensure that comprehensive services and supports are **family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, evidence and practice-informed, and consistent with the research on sustained positive outcomes.**

*Advancing partnerships among residential and community-based service providers, youth and families to improve lives.*



## Go to BBI Website:

[www.buildingbridges4youth.org](http://www.buildingbridges4youth.org)

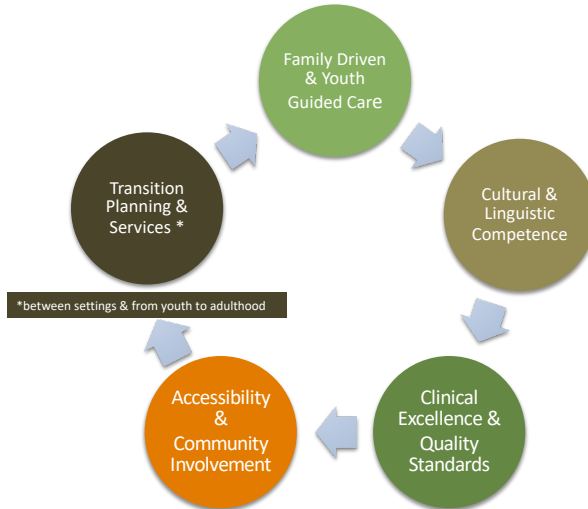
Many documents to support the field; example include.:

- *Implementing Effective Short-Term Residential Interventions*
- *Engage Us: A Guide Written by Families for Residential Providers*
- *Promoting Youth Engagement in Residential Settings*
- *Successfully Engaging Families Formed by Adoption: Strategies for Residential Leaders*
- *Supporting Siblings When a Brother/Sister is Receiving Residential Interventions*
- *Cultural and Linguistic Competence Guidelines for Residential Programs*
- *Handbook and Appendices for Hiring and Supporting Peer Youth Advocates*
- *Numerous documents translated into Spanish (e.g., SAT; Family and Youth Tip Sheets)*

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## BBI Core Principles



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## The Six Core Strategies©

1. Leadership toward organizational change
2. The use of data to inform practice
3. Workforce development
4. Full inclusion of individuals and families:  
Youth/Family Voice/Choice/Roles
5. **The use of seclusion and restraint prevention/reduction tools, which include the environment of care and use of sensory modulation**
6. Rigorous debriefing after events in which seclusion and restraint might have been used

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# Primary Prevention Tools/ Strategies for Promoting Self- Regulation

## Important Tools/Strategies:

- Hiring and Supervising Staff to Core Qualities
- Safety/Calming Plans for Children, Families and Staff
- Range of Sensory Modulation Approaches – including large motor activities/understanding biorhythms
- Adaptations to the physical environment – including animals/soft paint colors/pictures/comfortable seating arrangements/décor that is culturally relevant – the list goes on

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# STAFF CORE QUALITIES: 99 to 100% of the time

- Supportive/Caring
- Respectful
- Strength-based
- Collaborative (LOSE FOCUS ON CONTROL)
- Empowering
- Giving Choice
- Self-esteem Building

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## Sensory Input: The 5 well-known senses & 2 “hidden” senses

How we **feel** is directly impacted by information received through the different senses:

1. Sight
2. Sound
3. Smell
4. Touch
5. Taste
6. Proprioception
7. Vestibular input



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## Simple Sensory Ideas to Implement

- Add Sensory Tool/Basket at admission – i.e. welcome kits (replenish regularly)
- Designate a comfort room that is available 24 hours a day
- 24/7 juice/fruit/crackers
- Fire balls/butterscotch candies, gum available for all anytime
- Rocking chairs, weighted pillows in common areas, and even bedrooms



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## Names youth gave to different Sensory/Calming/Comfort Rooms

- Snoezelen Room
- Sensory Room
- Sensory Garden
- Comfort Room
- The Soothing Room
- Peace Room
- Chill Rooms
- "Chillville"
- "Zen Falls"
- The Sanctuary

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## Common Attributes of Safety/Soothing/Calming Plans

- Linked to the youth's history of trauma
- Tied to specific environmental resources
- Encourage staff, youth and family creativity
- Incorporate sensory interventions
- ***Needs of the individual youth supersede the rules of the program***

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# The Universal Trigger: Program-Based Rules

*"Every restraint/seclusion I've reviewed started with a staff member enforcing a rule"*  
(Ross Greene, Ph.D., 2004)

We need to evaluate whether our rules *make sense* or if it is just how we have always done things.

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BEING TOUCHED

YELLING

A CERTAIN TIME OF DAY

LOUD NOISE

NO INPUT

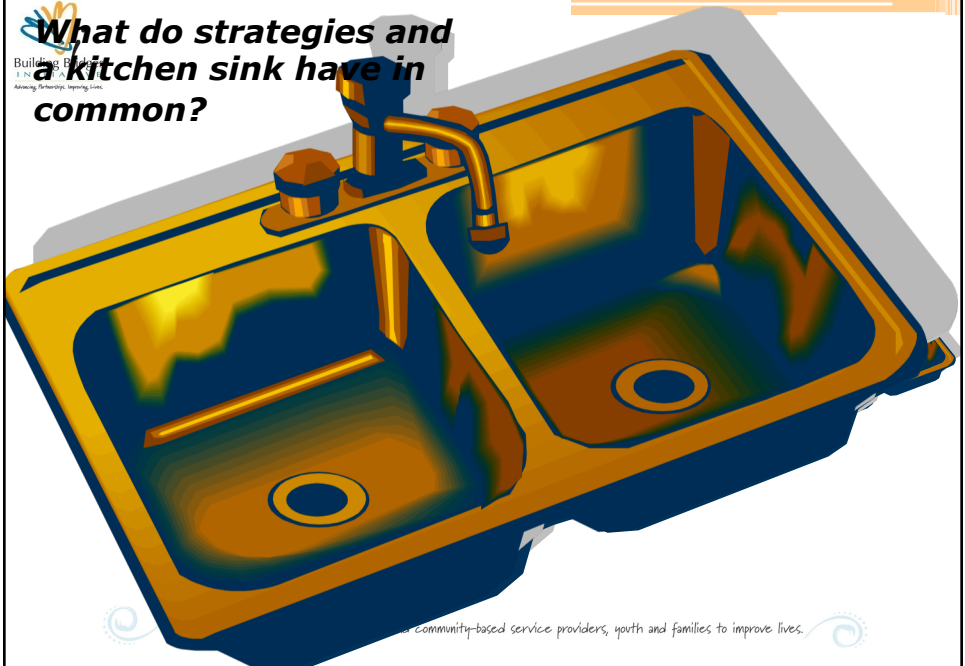
UNIFORMS

BEDROOM DOOR OPEN

BEING ISOLATED

You may not know unless you ask me.

**What do strategies and a kitchen sink have in common?**



**Have you tried everything but the kitchen sink to help your anxious patient?** (Noble Hospital, Westfield, MA)







If a youth is getting agitated, don't forget to use **HALT**.

**ARE THEY...**

**H**ungry?

**A**ngry?

**L**onely?

**T**ired or thirsty?

If it prevents just one restraint, it was worth it!

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**Noble Hospital, Westfield, Ma  
Screensaver - staff reminder**



## Primary Prevention Tools/ Strategies for Promoting Self-Regulation

### Tools/Strategies that Interface:

- Leadership commitment to best practice values (e.g., strength-based; family-driven; culturally & linguistically competent; trauma-informed; youth-guided);
- Replacing standardized behavioral approaches (i.e. points/levels) with approaches that operationalize the values above;
- Family/family/family & ensuring permanency & robust community support network

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# THREE RIVERS PROGRAM

North Carolina Building Bridges Initiative Webinar  
Series on the Six Core Strategies©

**The Core Strategy of Primary Prevention Tools**

Children 6-12; only directly from hospitals; 12 beds

**Robert Terreden**, Program Director, Three Rivers Program

**Amy Breton**, Family Advocate, Three Rivers Program

*“Hey everybody, let’s try not to restrain kids! Central Office doesn’t want us to.”*

So the Program Director and I went in during a crisis and tried our darndest to de-escalate an enraged child to role model restraint avoidance. He punched us for ten minutes and finally had to be held.

Thus, our first step was a step backwards.

**2005 RESTRAINTS FOR THE YEAR : 274**  
*(ABOUT 2 PER MONTH PER CHILD.)*

*2x12x12=288*

## Framing the Project

Is there an approach or technique that is more effective at influencing youth behavior than the approach of relying primarily on rewards and consequences? –because

1. Motivation may not be the main factor
2. That may not be the most effective way to generate motivation
3. That kind of relationship fosters power struggles and resentment.

### Coercive Techniques

Restraint, escort,  
restrictive rules, guilt  
trips, threats of  
consequences



*Seriously, is it possible  
to make staff safer,  
reduce violence, and  
reduce restraints?*

I really liked this idea of  
*“Massive Doses of Signals of Caring,”*  
and it doesn’t threaten current practices  
– very much.

- ❖ Children’s Art Gallery
- ❖ Mural on wall
- ❖ Names on doors
- ❖ Emphasize kind tone of voice
- ❖ Emphasize listening
- ❖ Wanting kids to have fun
- ❖ Subtle changes in what staff were willing to do for kids— less worry about jealousy (this may threaten some practices).
- ❖ Try to accommodate individual preferences and requests (this may threaten some practices).
- ❖ Create special whole-program activities (We did a winter festival, went to the cape, Holiday show etc.)
- ❖ Make sure we provide the resources for kids to have fun.

### ***First Real Structural Change– Shortening Duration of Consequences***

***2003-2004***

- ❖ “Kids don’t even remember why they are on these restrictions!”
- ❖ Kids need to have fun to stay motivated. They need vitality.
- ❖ The purpose of these restrictions is to motivate kids! Is that happening? Is there a more potent way to get kids to want to do better?
- ❖ Quick recovery is MORE motivating than days of restriction.

.....  
These were incremental shifts in both practice and thinking.  
.....

*For kids to be motivated to avoid missing activities, those activities have to be fun.*

(2004-2005)

- ❖ Adjusted budget to get more money into the activities budget
- ❖ Brought topic of activities planning routinely to shift meetings
- ❖ Assigned someone to be Activities Coordinator and plan activities for the staff to do. This ended up being a bad plan. Staff became more passive about activities, and there were many conflicts. For us the only road to success was getting the staff who were going to do the activities excited about trying new things, having fun, and planning ahead.
- ❖ We encourage staff to play with the kids and not stand apart like guards or shepherds, though that's okay sometimes.

*For kids to be motivated to avoid missing activities, those activities have to be fun.*

(2004-2005)

**Activities serve many purposes: (not just to pass the time).**

1. Increase resilience to stress by creating a reservoir of pleasure
2. Show we care
3. Foster bonding with staff through having fun together.
4. Offer joint pressure, and heavy work to calm nervous system
5. Foster feeling that life is worth living– counter feelings of hopelessness & apathy
6. Provide leverage so kids will do repair work, or avoid consequences altogether

## ***Created New Simplified Level System***

**2005**

- Simple
- Non judgmental
- Quick Recovery
- Emphasize Learning over Suffering as a response to problems
- Two Levels: Stop & Think and Getting Along.
- Stop & Think had two types
  - Yellow for immediate recovery and
  - Red for longer repair, but can be done in 24 hours.
- Getting Along was called Green.
  - So it became a Red-Yellow-Green Level system.
  - We Liked it. (restraints still high in 2005)

***RESTRAINTS FOR THE YEAR: 251***

***As I see it, no one thing can replace restraints. You pile on many influential practices until the scale tips.***

Fun activities

Sensory supports

Every possible signal of caring

Re-think the reality of providing motivation.

Begin emphasizing Repair over suffering for mistakes.

### **Coercive Techniques**

Restraint, escort, restrictive rules, guilt trips, threats of consequences

***A very good beginning, but not enough.***

## Something Beautiful

No shame. No ridicule.

I think it is worthwhile to honestly validate the thinking behind traditional practices. Not to frame them as abusive and stupid. While acknowledging that the field has made some very profound advances

I personally do not find the facts that some other programs were abusive inspiring.

I find moving toward the creation of something beautiful inspiring. That is how I have approached my staff.

## Some Thoughts on Leadership

A Key Point:

There are quite a lot of initiatives you can introduce before you have to start giving up current practices. The program's clinical thinking can gradually shift while undertaking these relatively less threatening changes.

Later, I found it helpful to try to replace the question, "Will this new approach work" with the question "Is there anything we haven't tried yet?" Until we've actually done everything we can think of, we can't say it doesn't work.

**You may have to decide whether to act more confident than you actually feel about the belief this change will work. Probably you do.**

## Helping Everyone Buy In

- Validate the reasoning and good intentions of past practice
- Intellectual Honesty. Besides validation, use current understanding of how trauma effects the brain, research on impermanence of changes based on fear of consequences, example of success in working in a different way. Ask the questions if children are learning to feel safe, connected, supported, forgiven, hopeful, and competent. That life holds pleasure and that people believe in them.
- Frame the goal as reducing incidents of violence, making staff safer. The main concern of staff is whether they will be put in greater danger due to these changes. The answer must be No. Restraint reduction does not mean that children should be allowed to perpetrate violence on others. It is about becoming more effective in reducing and responding to dangerous behavior.

## Helping Everyone Buy In

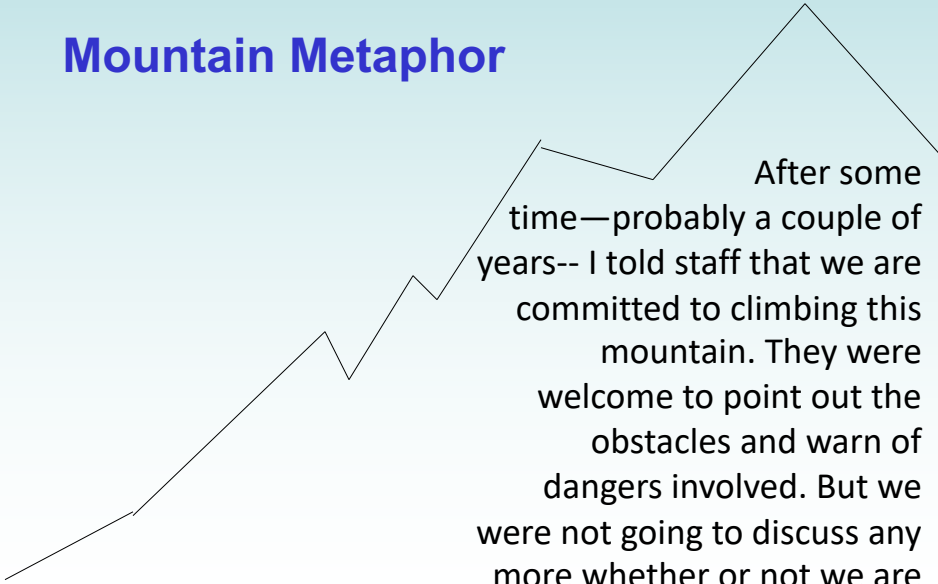
- No one has all the answers. We are all pioneers. That can be a fun feeling-- certainly a better feeling than the frame that we're being forced to change. (which may be true in part, but unhelpful) The fact is that non-coercive care is worth learning.
- **Again, there are many innovations to introduce before you need to take anything away.** Ultimately the paradigm shift does require abandoning many practices; but you can build a lot of momentum introducing supportive interventions before you start taking anything away.
- Pay noticeable, public attention to staff who offer helpful observations and attitudes. What staff learn about how to help children is precious. Show that.
- Talk directly about the issue of change in itself.



## Talk directly about the issue of change in itself.

- *Not all change is good, but nothing gets better without it.*
- *Let's not be so arrogant or rigid so as to believe that we can't grow and learn.*
- "Are you saying we're no good?" "I'm saying we're great and can do better." Even "best practices" are only best until we imagine something better.
- In the face of dangerous behaviors, let's not speculate about whether this new approach can work. Let's ask, "Is there anything we haven't tried yet to support getting the best from this youth?"
- Don't start with questions like how in the world can we avoid a restraint if a child is swinging an axe? Ask about the restraints that started with a child who wouldn't get up to go to school or wanted seconds at dinner. Study possible responses to those. Later, the answers to the harder ones will be clearer –usually richer preventive measures.

## Mountain Metaphor



After some time—probably a couple of years-- I told staff that we are committed to climbing this mountain. They were welcome to point out the obstacles and warn of dangers involved. But we were not going to discuss any more whether or not we are going up.

## What!? No Level system?!

2008

We let go of the Red Yellow Green system, for a few reasons

1. Staff found that telling a child they had “dropped” to Red or Yellow was causing a large percentage of behavioral escalations. Some staff were avoiding dropping kids just to avoid triggering them.
2. Staff wanted to be able to respond uniquely and authentically to problems without any: “This behavior equals this consequence” judicial system. They wanted to say, “Here’s what just happened. You need to take care of this.” within the guideline of Talk, Fix-it, Smile, or Review, Repair, Practice and get back to hopeful feeling about the future.

*Neither staff nor clinicians nor children have been complaining about the Behavioral System we use now*

**RESTRAINTS FOR YEAR: 91 (ABOUT 1/3 OF PREVIOUS YEAR)**

*BASICALLY THE SAME FOR 2009 AS WELL*

## What!? No Level system?!

2008

3. We can exercise our judgment about whether a given activity will be helpful or safe for a child **based on real reasons and not generic rules.**
4. There was a somewhat unanticipated, but huge benefit of changing the culture between adults and kids. **Less us against them. Kids believe we are on their side.**

*Neither staff nor clinicians nor children have been complaining about the Behavioral System we use now*

**RESTRAINTS FOR YEAR: 91 (ABOUT 1/3 OF PREVIOUS YEAR)**

*BASICALLY THE SAME FOR 2009 AS WELL*

## *What!? No Level system?!*

- Well, we do have something called “Safety Protocol.” Which means that you don’t watch TV or go off grounds until you finish your repair work.
- There is no “This equals that” for consequences, though we do have general guidelines that kids will clean up what they spit on, etc.
- We made a significant mistake that in our effort to avoid power struggles we were ignoring a lot of disruptive and even escalated behaviors. Mayhem began to flourish. We adjusted by emphasizing that staff be assertive and persistent in both their tone and expectations, but not resorting to immediate threats in addressing problems.

## *What!? No Level system?!*

- The fear that making individualized responses to children will cause complaints of unfairness by peers has just not materialized. Not sure why. Maybe because treating each person uniquely is so permeated into the culture.
- The concern that staff will become punitive or vengeful surfaces occasionally with children who are particularly violent or offensive. It is not overwhelming. We keep focused on the common ground of asking how to get the best behavior from each child. For some few, strong consequences for misbehavior seem to help. For most, other supports for success are most effective.

## Attitude of maximizing influence

### Coercive Techniques

Restraint, escort, restrictive rules, guilt trips, threats of consequences

The single biggest shift is the change in attitude from belief that consequences are the most potent agent of change, to belief that education and emotional supports are effective and efficient agents of change.

*Early Intervention:* means staff intervene before they need to. This includes taking opportunities to build positive experiences with kids, teaching outside the context of a failure, and it means offering support when a child is only slightly agitated—which also means becoming skilled at assessing children's level of dyscontrol or agitation.

Get over "winning!" focus on calming. Staff switch off (and offer to switch) when one has become the target of rage, etc.

### Coercive Techniques

Restraint, escort, restrictive rules, guilt trips, threats of consequences

- Use *Repair and Practice* in response to problem behaviors
- Requires *strong avenues of communication* within the program
- Prioritize kids feeling emotionally and physically safe.
- Foster Partnering Relationships
- Staff stay self-regulated
- Teach Self soothing strategies (not only sensory approaches—self talk, being alone, etc.)
- Motivation enhanced through feeling hopeful, cared for, supported, (not just threats)
- Support social skills –teach, pre-teach, practice, coach in the moment.
- Adjust environment to minimize conflicts, maximize supports.
- Provide fun activities--Make sure there are fun things to look forward to—staff make them fun with attitude.
- Eliminate unnecessary rules

**Coercive Techniques**

Restraint, escort, restrictive rules, guilt trips, threats of consequences

Maximize Staff Influence: The most valuable asset a staff can have when engaging with a child is influence. Consider what are the qualities that make a person the most influential.

Maximize Learning: before during and after incidents. Consider most educational response and environment—prioritize this over justice.

Foster experiences of Success: adjust environment, pre-teach, coach in the moment, offer every conceivable support so children develop a pool experiences that support confidence and hope, and familiarity with a new skill or behavior.

Build up Resilience: Connection, Fun, Competence, Hope, Safety, Contribution, Empowerment.

Build Alliance with Family

**Coercive Techniques**

Restraint, escort, restrictive rules, guilt trips, threats of consequences

Analyze restraints and patterns of problem behaviors looking for what challenge is that youth overwhelmed by, and what can we do for them.

Resist habit of attributing everything to motivation—and also be serious about increasing motivation (the way you would like to be motivated).

**Dote on good staff—in public**

## My Two Cents

### Parallel Process matters.

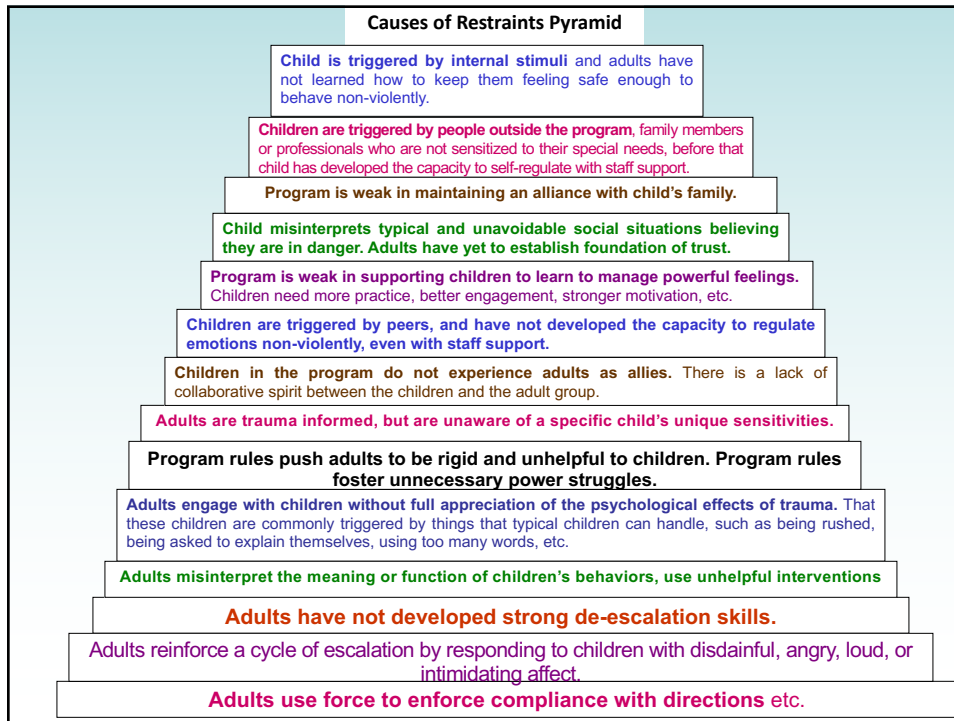
If we are talking about a culture where relationship, compassion, and diligence are paramount then we need to foster these qualities in the program as a whole. We have to treat employees with the same educational, playful, idealistic, tone we want them to embody in their relationships with the youth in their care. As leaders, even when we feel pressure and judgment from outside, we have to be conscious not to reflexively transfer those attitudes to the staff.

Staff development means more than training and accountability. It means engagement, partnership, empowerment, emotional support, and inspiration. Let's do something beautiful. We don't need to ask the question if this ultimate goal is possible until we have tried everything. And in fact the trying itself creates an immeasurably more positive clinical culture.

## The Numbers

### Restraints –12 beds, not always full.

2005: 274	<i>One observation about 2015 &amp; 2016. I eased up on the focus of restraint avoidance, partly because I believed it had self sustaining momentum and also because we were excitedly pioneering more in-home work. At all levels that became our focus. We are now feeling very pleased with our Family Partnering activities and are using that kind of success to in fact enhance our trauma-sensitive work in the milieu. At least we've had a couple of good years in a row now.</i>
2009: 43	
2010: 18	
2011: 15	
2012: 27	
2013: 22	
2014: 40	
2015: 95	
2016: 95	
2017: 12	
2018: 5	



## Primary Prevention Practices – but first

### Some of the Why's of the Practices

#### Maximizing adult influence and Minimizing adult forcefulness.

These practices meet specific purposes that I will suggest here. The reasons are very important because they don't work if you don't get the feeling of it!

When we teach however, we teach them in categories associated more with when you do them – globally, at low levels of agitation, higher levels of agitation etc.

## Purposes

### **Create feeling of emotional safety**

- Provide signals of caring, belonging, alliance, educational, non-judgmental tone.
- Remind them they don't have to figure it all out alone. They have help!

### **Provide Mood enhancing Fun!**

- Make sure kids have fun and something to look forward to.
- Foster belief that Life has good things in it.
- Everyone is more agreeable when they are getting things that make them happy.

## Purposes

### **Individualize**

- Decisions which communicate: You are seen. Respected as an individual.
- Also, that actually meet their individual needs
- And we are partnered with your family and network of support.

### **Hope!**

- Communicate, in tone and content, positive change is real for you.
- Point out past growth & learning (whatever –riding a bike, arithmetic, toileting! And especially social skills and emotion regulation growth.)
- Keep recovery times from problem behaviors short. Avoid fostering discouragement, which level systems and long consequences can do. Repair and get back on track.



### **Trust in the non-verbal**

- Utilize the gigantic realm of body-based supports
- Know that tone of voice, and tone of presence are more powerful than what you say
- And know that children are communicating all the time non-verbally to us. (Client voice includes needs and feelings communicated non-verbally) Often people who work in our field are very verbal people, but the people we serve are often not adept at articulating their experience.

### **Avoid Triggers:**

- The less often children are running the neural pathways of fear the more often they are growing new ones.
- Feeling safe heals.
- Don't worry about over-protecting them from challenges. Their natural lives have plenty of unavoidable challenges and triggers. The fundamentals of living will not go away.

### **Believe that Learning, Relationship, and our Educational Influence are real and effective.**

- Otherwise care-givers will return to more controlling interventions that are familiar.
- It's easy to wait until kids demand attention. Prevention requires the initiative to take every opportunity to put relationship & influence into the bank for future circumstances.
- None of this really works unless you believe in it. Relationship is just not a mechanical thing you can do.
- Sincerely study what qualities and practices increase adult influence. Controlling acts may generate compliance in the short run, but do not tend to generate durable learning or a generalized tone of partnership with others.
- The "rewards" that really matter to humans are not fundamentally tangible. People want to know self-worth, belonging, fun, having something to offer, being interesting, being lovable and fun to know.
- We identify concerns in terms of levels of being overwhelmed or over-stressed, not in terms of how wrong a behavior is.

## Specific Practices

### Real Time Prevention

There are many many preventive strategies we can use in the flow of the day (besides direct teaching/coaching of skills)

For example:

**Pre-Teaching** –this is a fundamental. Prepare kids right before challenges. maybe role play. Either individually or as a group (Discuss)

**Planning activities** thoughtfully (fun, flexible, organized, w/ a plan B)  
Assess constantly – note quality of youth's responses to assess current state of connectedness or agitation.

**Be Fun and Be an Ally** – What percentage of your interactions are directions or corrections. How many are zero pressure, friendly engagements. Are people watching youth and engaged with them. Do children experience themselves as fun to be with, interesting, belonging, or just supervised.

## Partner with Family!!

### **Whatever it takes.**

- Youth must feel you are on the side of their family and the family is behind you.
- We go to great lengths to foster contact with family.
- Family time is never an earned privilege.
- This is perhaps the most powerful treatment approach – for children to feel their family believes in us, and that we respect their family,
- And that our purpose is only to help the family achieve the goals they have.

## **Body-based Interventions**

This is of course an entire and complex field of treatment associated with Occupational Therapy and also with our current understanding of how trauma symptoms are persistently held in the nervous system.

I have sent an Attachment of an outline of some particulars we use at our program.

It's important to know that everyone's different. Some children need to discharge energy actively; other's need calmer soothing. Some like swings, some like pressure. Some children who are hyper-vigilant feel afraid to relax. They need a lot of help feeling safe enough to let their guard down. It can take time.

## **Some key points from our experience**

- These body-based interventions also require relationship. They are not purely mechanical. A calming and caring presence is a key factor. O.T's are taught that "the therapeutic use of self" is their most powerful tool.
- Simply offering a support instead of a threat of consequences makes a huge change in our relationships with children, even apart from whether the sensory support on its own is effective.
- But they are effective! I've had staff tell me that a certain child simply has to be wrapped in a blanket before 10:30am each morning for a few minutes in order to be able to stay in class.
- We have a swing next to our dining room and many children take a break from the stimulation of meals to use it.
- You do need training from an OT who understands emotion regulation, but you don't need an OT to do the interventions. Staff do most of it.

**Managing the environment** – consider current sensory input and how that may be altered. *Sensory input includes a wide range of experience such as: tones of voice in the environment, amount of visual stimulation, messiness, location of peers, lighting, weather, smells, pacing of events, etc.*

Groupings

Lighting

Noise

**Level of stimulation**

Do Rules & Policies force staff to be unhelpful or triggering?

**Tone of voice**

Have strong routines: A predictable and organized structure doesn't have to mean an elaborate justice system. A routine is just a routine.

These are generally good areas to try out before changing major historical practices.

**A few other techniques to try that don't threaten anything**

**Behavioral Momentum** – Ask child to do some things that are very easy for them before asking something challenging.

**Offer the child choices, but only 2 (or 3).** Offer two choices but be willing to accept other options. This is not a threat. These are two positive choices. Try to use the word "choice" a lot so they feel empowered.

**Help the child find words to negotiate a situation** (such as how to join a game, ask someone to share, say no, tell someone they are bothering them.)

**Use "Professional Persistence"** (repeating request with no increase in intensity);

**Creating the Expectation of Cooperation** ("As soon as you \_\_\_\_, you can \_\_")(see attachment)

## Responding to agitated, low level concerning behaviors

*These are behaviors you could probably just ignore --BUT Our whole treatment is based on not ignoring them and intervening before you have to.*

Interventions are almost always more effective with someone (a child) who still has access to reasoning, and openness to being helped.

There are many ways to help someone at a low level of distress. As they lose control your options become much fewer as their ability to make choices diminishes.

Remember, you still want to have built an alliance relationship with this child even before intervening early.

## Some specific Interventions for Agitated children

First of all, **notice** early signs of distress

Notice your own feelings and attitude: "Here we go again." "This kid just ..." "They don't like me ..."

Ask, "Are you okay?" (and all variations of "what's the matter?")  
Even if the child doesn't tell you what the matter is, you can show concern and offer a support. Listen, validate.

Directly help them solve their problem, reduce distress

Show Caring in any way you can (above is one way) (smile, joke, etc)

Ask child to step aside and talk to you.

Ask child to take a break –take space (in other words a break without having to talk.)

Suggest something self-soothing:

- Sensory breaks include a million possibilities, active or soothing, ---play catch with a nerf ball, get a minute of fresh air, get wrapped in blanket, jump rope, swing.

Suggest something from their Behavioral Support Plan

Ask them to try again. (come back up the stairs and *walk* down)

Offer a couple of choices of something to do

Awaken curiosity! Curiosity calms the nervous system. This can be wedded to a distraction, or at a higher level you can be curious about what is upsetting them.

Remind them of things to look forward to

Suggest they talk with their parent (or someone they care for)

Sometimes offering the frame “Did *part* of you feel ...?” makes it easier to acknowledge their distress.

Validation: Kind of a big topic but truly fundamental. DBT has a good model. Being heard non-judgmentally does not mean we condone behaviors. Validate what is valid (typically feelings) and do not validate what is not valid (often behaviors or interpretations of events). But it is valid to sometimes misunderstand. It is never valid to hurt others.

Do anything Distracting: a joke, a story, look at bird out the window, ask if you have a bug on your shirt! Refocus attention.

### **Thought experiment:**

You are watching an extremely scary and upsetting horror movie. You're even feeling a little sick and you can tell you're going to have trouble sleeping. There is someone with you who wants to help. What can they do?

- Tell you that you will be restricted from outdoors if you don't calm down?
- Tell you it's foolish to be afraid of a movie that isn't real?
- Give you a blanket to soothe you?
- Offer to turn the lights on?
- Change the channel?
- Give you a Time Out for talking during the movie?

Maybe the best answer is Change the Channel! The less often a youth is focused on fearful thoughts the thicker those neural pathways get. Just building a reservoir of positive experiences and conduct thicken new patterns. *Refocusing attention* is both a good behavior management technique and a fundamental pathway to trauma recovery.

## **Relationship Building**

Of course a rather infinite topic. Here's one thought.

A concept of the relationship you want:

### **A shared commitment to their success**

1. The child feels you are their ally in getting the things they want for themselves.
2. The child feels believed in, liked, and not alone in growing into their potential
3. The child experiences their own power in the form of values and choices.

# THREE RIVERS PROGRAM

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