



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

North Carolina Building Bridges Initiative
Webinar Series on the Six Core Strategies© 3/20/19 Webinar:
Core Strategies: Workforce Development and Debriefing

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

Part 1:

Overview of the National Building Bridges Initiative (BBI), Debriefing and Workforce Development

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.**



Go to BBI Website:

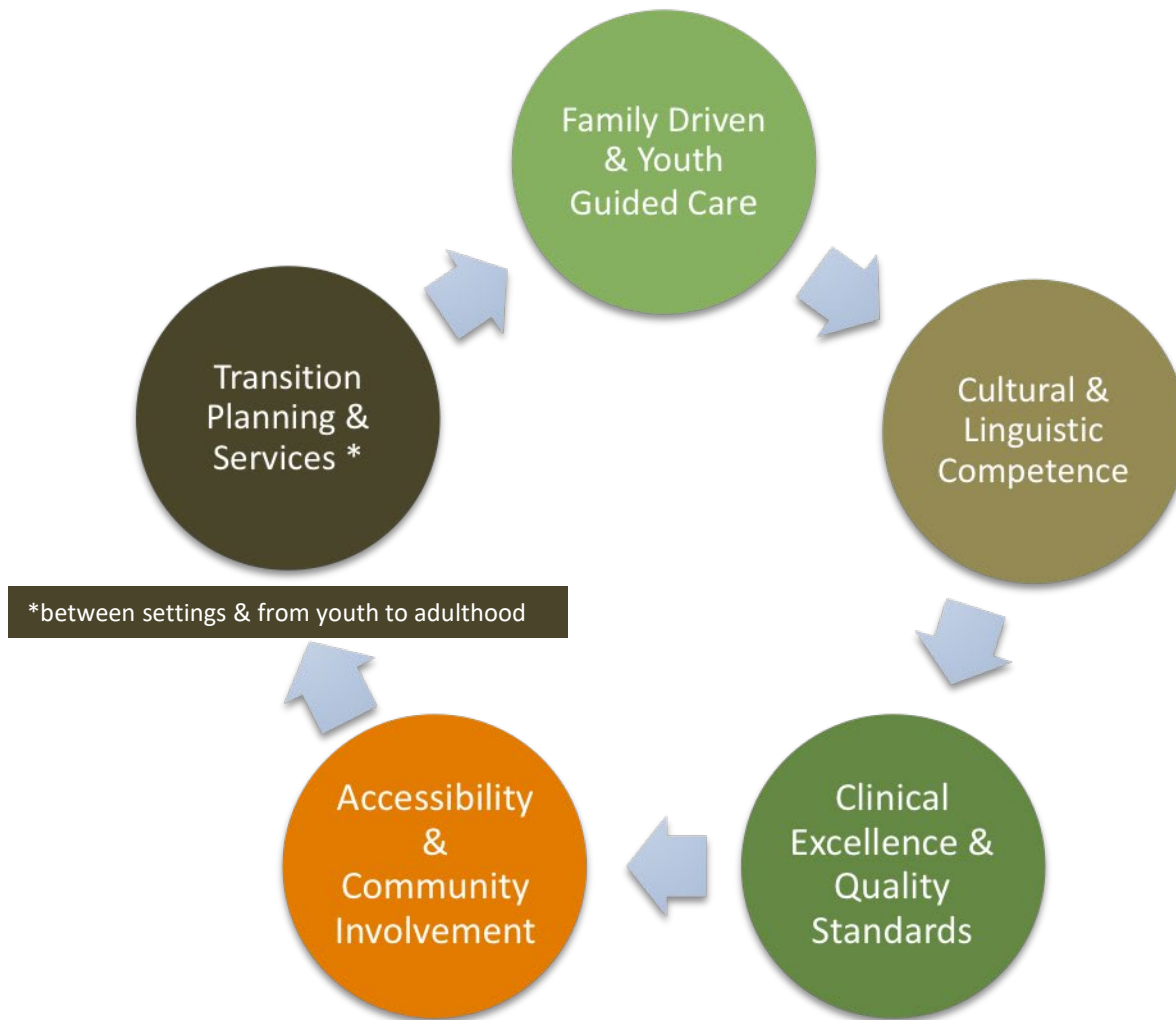
www.buildingbridges4youth.org

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)*



BBI Core Principles



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**



Definition of Debriefing

- A stepwise tool designed to:
 - rigorously analyze a critical event,
 - examine what exactly occurred in real time from both the youth and staff's perspective,
 - make sure that all staff involved feel safe to discuss what happened, in detail,
 - share and gather input from family,
 - collect “real time data” on what occurred, and
 - to facilitate an improved outcome next time (manage events better or avoid event next time).

(Huckshorn, 2013; Scholtes et al, 1998)



Debriefing Questions

- Debriefing should answer these questions:
 - What happened? This is the most important...
 - *Why did it happen?*
 - Can you document “the story” of what happened?
 - *What did we learn?*
 - *What do we change?*

(Huckshorn, 2013; Cook et al, 2002; Hardenstine, 2001)



Debriefing Goals

1) First goal is to repair any harm done by the use of S/R, on the youth and all the people that were watching, including other clients and staff.

- Use apology before you start to talk; “I am sorry this happened, very sorry...”
- Encourage all staff to discuss the event and what could have been done differently.
- As a manager, if you think that staff are not comfortable talking in a group, then meet with those staff, individually and follow-up



Debriefing Goals

- 2) To prevent the future use of seclusion and/or restraint by documenting “the story of what happened”.
- Assist the youth and staff in identifying what led to the incident and what could have been done differently
 - Determine if all alternatives to seclusion and restraint were considered including staff’s understanding the need to negotiate
 - Identify staff’s understanding of their ability to manage these situations to avoid hands on (staff empowerment to make decisions in the moment.)

(Massachusetts DMH, 2001; Huckshorn, 2013; Cook et al, 2002; Hardenstine, 2001; Goetz, 2000)



Debriefing Goals

- 3) To address program policy problems and make appropriate changes.
- Determine what organizational rules and regs are contributing to youth: staff or youth: youth conflicts on units, and how staff are responding to these conflicts.
 - Recommend changes to the organization's philosophy, policies and procedures, environments of care, rules, treatment approaches, staff education and training

(Massachusetts DMH, 2001; Huckshorn, 2013; Cook et al, 2002; Hardenstine, 2001; Goetz, 2000)



Examples of Debriefing questions for the child following a restrictive event

- “How did we fail to understand what you needed?”
- “What upset you most?”
- “What did we do that was helpful?”
- “What did we do that got in the way?”
- “What can we do better next time?”

(Massachusetts DMH, 2001)



The Importance of Workforce Development:

- ❖ We realized early on that organizations needed to “change” the way S/R was viewed for CHANGE to occur and this occurs thru workforce development
- ❖ Workforce Development includes the following activities
 1. Witnessing, AKA Executive/Staff Oversight of Events (overlaps with Debriefing Activities)
 2. Human Resource Activities
 3. Training Guidelines



A. Goal of Witnessing

- To prevent and reduce the use of S/R by:
- 1) watching and elevating the visibility of every event,
- 2) 24-hours a day,
- 3) 7-days per week





B. Human Resources Activities

- Integrate S/R prevention/reduction info in Human Resource Activities that include:
 - New hire interview procedures
 - Job descriptions
 - Competencies
 - Supervision
 - Performance evaluations
 - New employee orientation



Nearly every Hospital/Program Leader has had to share, with one or more staff, that it is time for him/her to:

“move their gifts and graces to work in other places....”

- Keith Bailey

C. Staff Education and Training

Staff Education and Training

- **Staff will require education on key concepts:**
 - Public Health Prevention Approach
 - Common Assumptions about S/R
 - Experiences of Staff and kids with S/R
 - The Neurobiological/Psych Effects of Trauma
 - Roles of Family & Youth Advocates/Mentors, and Families and Youth themselves
 - Negotiation and problem solving
 - Trauma-informed Care
 - Strength-based, individualized and recovery-oriented Services
 - Debriefing Processes and WHY!

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Strategy 3: Workforce Development

John “JT” Tormey, Merrimack Center Program Director
Zulayka Ovalles, Merrimack Center Family Support Specialist

JRI Merrimack Center IRTP

- ▶ 15 Bed Joint Commission Accredited, MA Department of Mental Health Licensed Intensive Residential Treatment Program (IRTP)
- ▶ Co-Ed program serving youth with major mental illness and intellectual disabilities. Most have complex trauma histories. Some youth are in the custody of the state.
- ▶ JRI is one of the largest social justice agencies in the northeast.

Restraint Elimination Statement

- ▶ Merrimack Center is committed to the elimination of restraint. Using SAMSHA's Six Core Strategies and the Building Bridges Initiative as our guide, all staff work collaboratively with families and youth to provide a safe nurturing environment free from violence.

Improvements in Strategy

- ▶ Leadership Commitment
- ▶ Human Resources
- ▶ Staff Training
- ▶ Performance Improvement Teams

Leadership Commitment

- ▶ JRI Supports the program's initiative
- ▶ All Administrative Team members have an open door policy
- ▶ Leaders visible on the units (not just during the day)
- ▶ Initial De-Briefing with Administrative Team Member happens ASAP



Human Resources

- ▶ Job Descriptions and Annual Evaluations changed to reflect commitment to eliminate restraint.
- ▶ All supervision forms have the mission statement and it is reviewed at each session
- ▶ Generous benefit package
- ▶ Staff trained in Psychological First Aid on site
- ▶ PTSM Team available throughout JRI to support staff



Staff Training

- ▶ Safety, Hope and Healing training during Orientation and annually
- ▶ Monthly staff training focusses on restraint prevention techniques
- ▶ Skills Training developed by our clinical team. Families, youth and staff are all trained. Common language.
- ▶ Clinical and direct-care staff trained and supported to work in the homes of the families.
- ▶ Families invited to staff meetings - Very Powerful!
- ▶ JRI Futures Program

Performance Improvement Teams

- ▶ Restraint Elimination Committee
- ▶ Examine data and track behavioral trends for each youth
- ▶ Reviews programmatic data
- ▶ Makes recommendations about program rules and practices

Challenges

- ▶ High turnover in the residential department.
- ▶ Staff in management positions have been in those positions for years. Limited opportunities to advance within the program.
- ▶ Due to log jams in the system, youth may be sent to us who are not ready for this level of care.
- ▶ Physical Plant



The Results

- ▶ Eliminated the use of mechanical restraint in 2010
- ▶ Eliminated the use of seclusion
- ▶ 98% decrease in medication restraint
- ▶ 81% decrease in physical restraint
- ▶ We need to do better!!

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Cohannet Academy Youth Debriefing

Trainers:

Bryan Lary, LICSW Program Director

Robin Trotman, Peer Mentor



IRTP Level of Care

- One step down from a hospital, one step up from a residential
- Program can act like a hospital when a youth is acute, but push is to function more like a residential program
- Referrals all come from DMH. Closed referral process
- Most youth come directly from in-patient adolescent psychiatric unit, some come from DYS lock-up
- Cohannet is the only ALL biologically female locked-residential program in New England
- Census is 18
- Age range is 13-18
- Licensed by The Joint Commission and DMH



Staffing

- Run on a residential model
- 6 staff on first shift, 8 on second shift, 3 on overnights
- 2 nurses on first, 2 on second and 1 nurse on overnights
- 4 master level clinicians and 1 occupational therapist
- Support services include secretary, cook and housekeeper
- Have a 12-hour a week psychiatrist on staff and 24-hour emergency coverage through host hospital
- Have own contracted NP for medical issues
- Contracts with nutritionist, lab, x-ray, pharmacy, dentist and optometrist all in-house



Clinical Philosophy

- Focus is trauma based work blending ARC (Attachment, Regulation and Competency) and DBT (Dialectical Behavioral Therapy) curriculums
- System-wide education about trauma, triggers, and their links with youth's behaviors
- Heavy family involvement and family therapy bi-weekly
- Lots of sensory based interventions/training
- Individualized treatment planning/plans
- Eliminated points and levels over 10 years ago
- Build and support staff tolerance for difficult youth behaviors; not taking it personally



Aftercare

- Shifting towards shorter lengths of stay:
 - 2011 = 15.8 months
 - 2015 = 12.3 months
 - 2018 = 9.1 months
- Most youth used to step-down to group care, however system push is home first, then group care if no other option
- More home time and push to re-integrate into community faster than before



COHANNET DEBRIEFING

- Cohannet has a multi-layered debriefing process. Includes:
 - Administrative Debriefing
 - Shift debriefing
 - Providing staff PFA
 - Clinical debriefing with youth and families
 - Structured youth debriefing with staff
- Today's presentation will be on the Cohannet debriefing process with youth.



Youth Debriefing

- Is based on a combination of skills and concepts from DBT and the ARC (Attachment, Self-Regulation and Competency) framework
- Is a chain-analysis packet for a youth and staff to complete together to break down and analyze sequence of events after an incident
- Much of the process is a dyad between the youth and staff and meant for staff to model how to communicate, label and understand experiences.



COHANNET DEBRIEFING

“Back on Track” packet





- The purpose of the processing packet is to “set the stage” for the processing to take place.
- We want to know what will make the youth feel most comfortable while processing.
- We want to offer them some control of the situation. No formal answers need to be written here.
- It’s not just a packet of questions that we make youth fill out after they’ve behaved in an unsafe way. There is a method to the madness.



Exploring Feelings, Thoughts and Body Cues



Start with a check-in

1. Name the emotion that you are feeling right now. 
2. Where do you feel it? (hands, chest etc.)
3. What color would your emotion be?
4. What type of weather would it be? (tornado, sunny day etc.)  
5. What type of animal? 
6. What would the opposite of your emotion be?

How were they feeling before?

- We want to help them explore what they were feeling just BEFORE their incident.
- This process allows them to practice attuning to their feeling states.
- When the youth is able to attune to their feelings they are more able to regulate them.



Right before I made an unhealthy choice, I was feeling....



Angry



Happy



Scared



Depressed



Excited



Silly



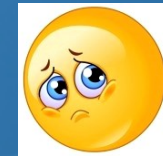
Confident



Sad



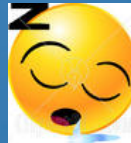
Disappointed



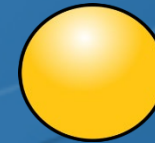
Hopeless



Anxious



Tired



Other

How strong were my feelings?



Tiny



Small



Medium



Strong



Overwhelming

Next we ask about thoughts

- It is difficult for our youth to connect their thoughts and their feelings.
- For some, it may be far easier to identify thoughts vs. feelings. This is okay.
- It is our job to help them explore what was going on inside their head right BEFORE their incident.
- This can be done in pictures, or words, or however the youth chooses to complete it.

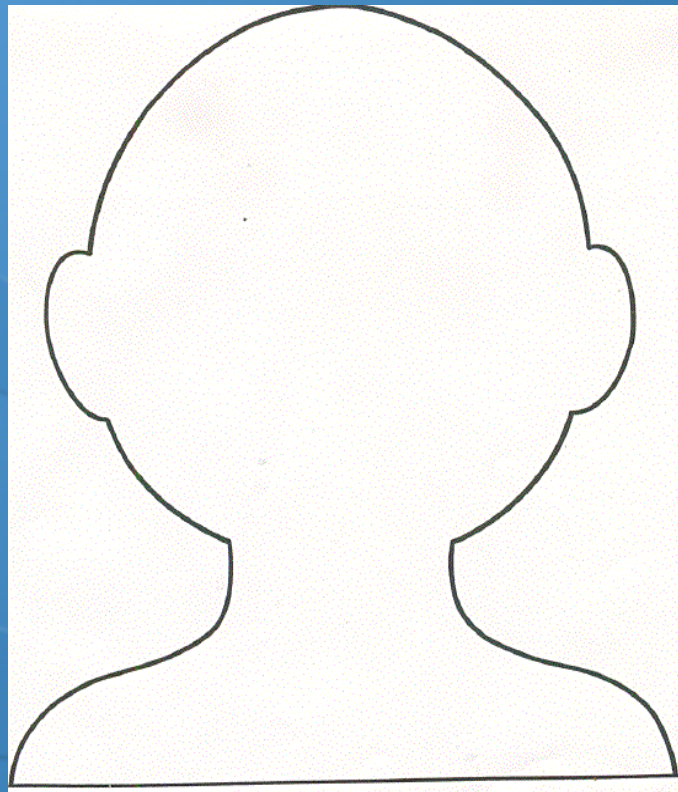


Next we ask about thoughts

- Our role is to get them to think about what was on their mind and get them to talk about it.
- Ask questions, offer observations “I noticed you had a rough phone call with your mom, were you thinking about something that happened at home?” Or maybe they were thinking about something bad that happened in their past.
- By using the open format, we are trying to elicit honest answers.
- We want the youth to attune to their thought process, so we can help them identify unhealthy thought patterns in the future.



*Before I made an unhealthy choice, these
were my thoughts...WORRY HEAD*



Body Attunement

- By paying attention to what is going on with their body, youth can more effectively regulate uncomfortable energy states.
- In the same way we hope to teach about feeling states, and thought processes, we want youth to learn what their body feels like BEFORE they engage in unsafe behavior.
- With repeated exposure, they will learn specific body cues that precipitate unhealthy choices.



Right before I made an unhealthy choice...

Was my energy High, Medium, or Low?

How did my face feel?

What did my neck and Shoulders feel like?

How was my heart rate?

How was my breathing?

Clenched fists?

How did my Belly feel?

Fidgety
Fingers?

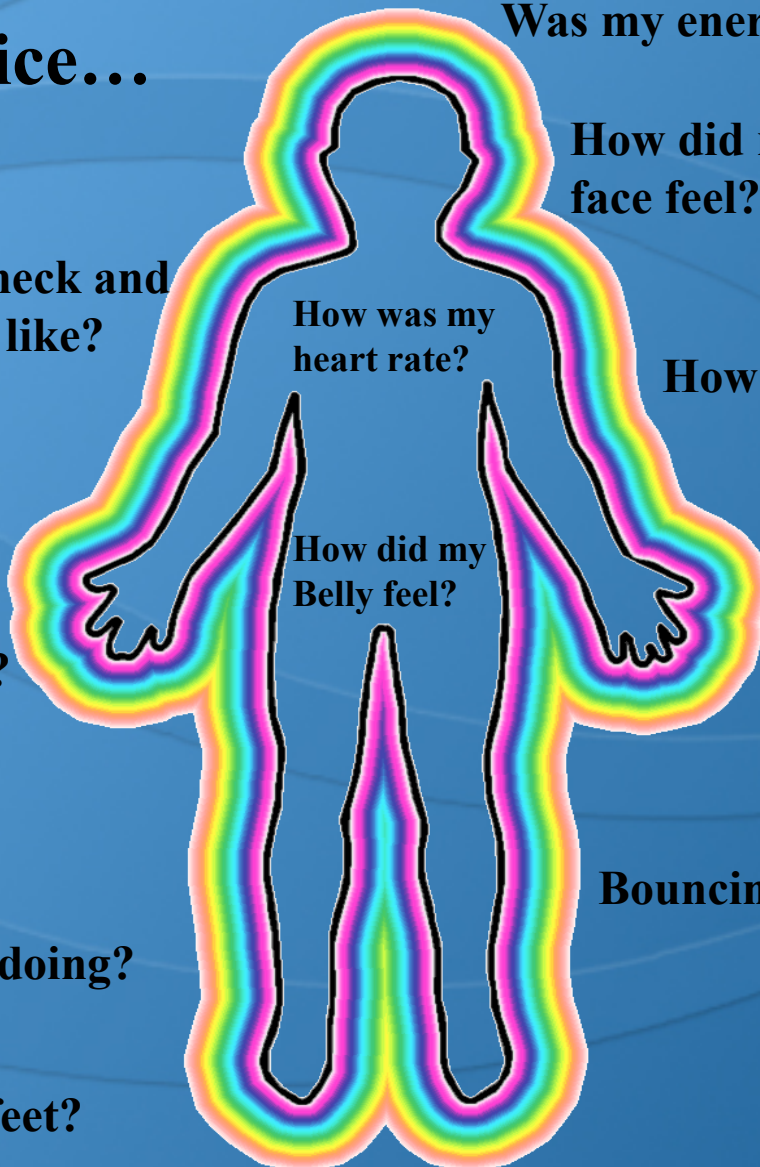
Biting Nails?

Bouncing knees?

What were my legs doing?

Fast feet?

Coping skills I could practice next time I feel this way: _____



Future Planning

- After exploring the feelings, thoughts, and body cues that contributed to the unhealthy choice, we want to explore how the youth is doing now, and help them plan for the rest of the day.
- The next step assess their current feelings, practice a coping skill with them, help them identify personal strengths, and develop an immediate future plan.
- This is where the youth is Resetting.
- They had a difficult situation to manage, they got through it, and now it's time to get Back on Track.



Current feelings



Angry



Happy



Scared



Depressed



Excited



Silly



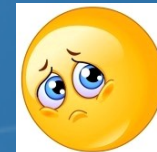
Confident



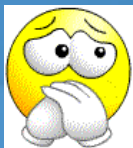
Sad



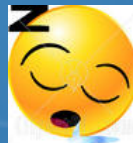
Disappointed



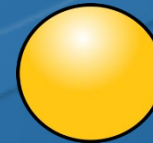
Hopeless



Anxious



Tired



Other

Practice skills

draw/paint	listen to music	play a video game
make a collage	write in journal	cold face cloth
call someone	arts & crafts	play cards
modeling clay	watch TV/movie	do a special job
rip up paper	blanket wrap	deep breathing
scream into pillow	chew/hold ice	humor/jokes
tighten/relax body	Getaway	read a book
color a picture	other _____	

(Revise Plan for Safety as necessary)



Develop a plan

- I would like to give myself credit for: _____
- I am proud of this because: _____
- My goal for the next hour is: _____
- My goal for the next shift is: _____
- My goal for the rest of the day is: _____



Exploring different parts of yourself

- The next step in the Back on Track Packet is to help the youth deepen their understanding of themselves.
- The purpose of this is to help the youth explore different parts of themselves.
- These assignments were developed to help the youth explore their situation from different perspectives.
- Staff help them through it by offering support and insight.



Exploring different parts of yourself

- If the assignment says “lets talk” and the youth prefers to write it out, that’s fine.
- If the assignment says “write a letter”, but they prefer to talk, be creative with them.
- When offering support, please keep in mind that all of our youth are on different cognitive and developmental levels.
- Some are more capable of producing more insightful responses than others.
- This is not the indicator of good work. The indicator is the effort they put forth.



**So I can better understand
myself and open my window of
thinking, I will choose ONE of
the following activities to
complete...**



Write an apology letter to myself.

- How is this behavior affecting my progress?
- What made you believe that your behavior was your only option to communicate your needs?
- How can I make a healthier choice in the future?



*Write a letter to my younger self,
giving advice “if I knew then what
I know now”*

- What advice would you give to your younger self?
- What is important for your younger self to remember?
- What strengths do you want your younger self to build upon?



Write a letter to your friend who is having similar difficulties.

- What advice would you give your friend?
- How would you suggest your friend manage her difficulties?
- How can you help her follow through with her plans to get back on track?



What did they learn about themselves?

- We want to know what the youth learned about themselves
- How staff can better help them in the future.
- Some youth will hold firmly that they learned nothing, that's fine.
- Reflect back what you learned: *“I noticed that when you completed the body scan, you identified having a lot of body cues in your legs and feet, I know I’ll pay attention to that next time”*.



What did they learn about themselves?

- Be transparent.
- If there is something you could have done better, tell the youth.
- There are huge benefits in admitting our mistakes.
- Encourage the youth to tell you how we could better help, and how they can better help themselves.
- The core goal of the Back on Track packet, is to lessen the likelihood of unhealthy choices in the future.
- If we don't explore what worked *and* what didn't work, how will we improve in the future?



Let's work together to make a plan for next time.

- Let's talk about what you learned about yourself throughout this process.
- Based on what we learned, how can we help you make healthier choices in the future?
- Based on what we learned, what could you do to make healthier choices, in the future?



Check Out:

1. Name the emotion that you are feeling right now.
2. Where do you feel it? (hands, chest etc.)
3. What color would your emotion be?
4. What type of weather would it be? (tornado, sunny day etc.)
5. What type of animal?
6. What would the opposite of your emotion be



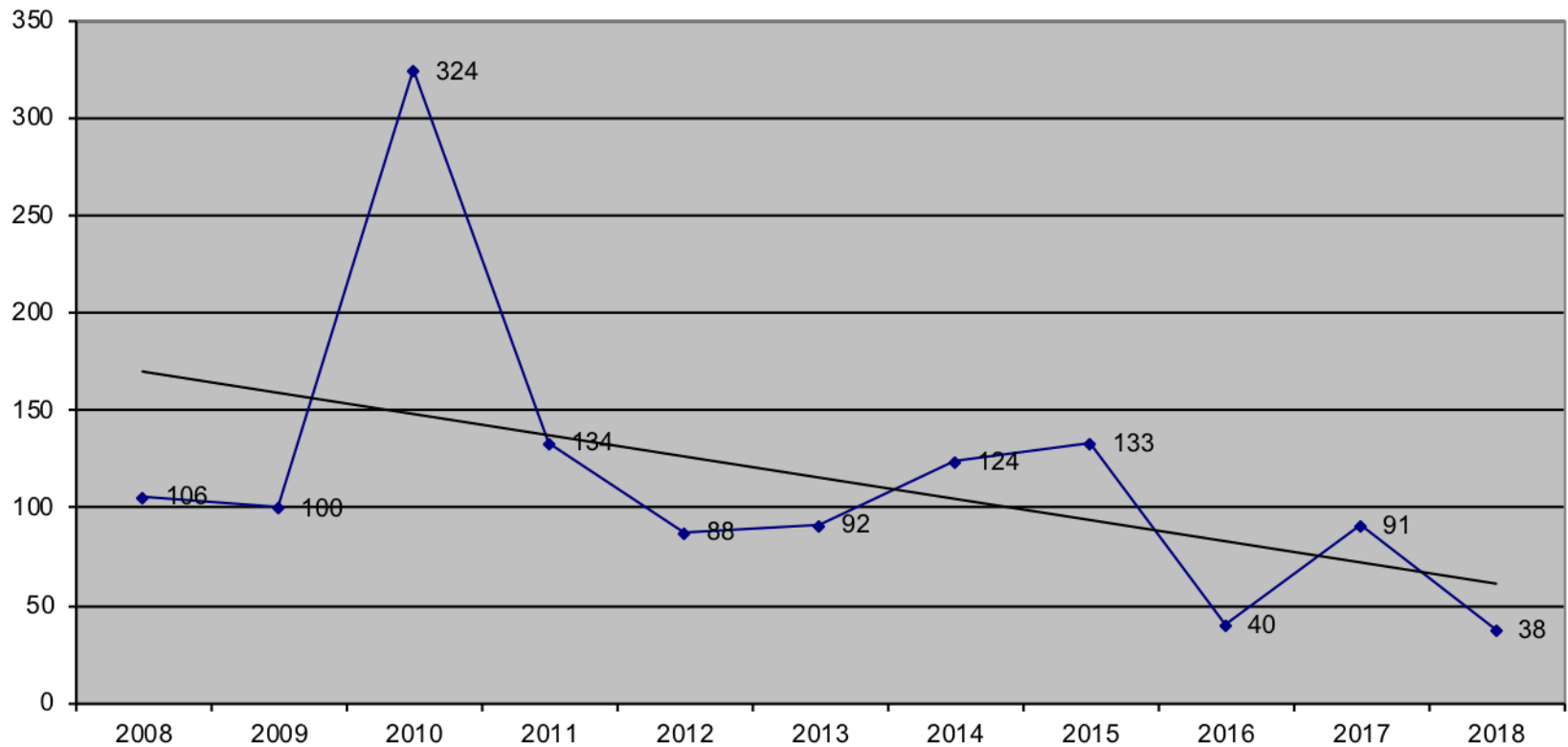
Debriefing Challenges

- Repeated behaviors make the Back on Track packet rote and mundane
- Staff need to be engaging in the process and not just hand the youth the packet
- Individualized planning as a result of packet makes it difficult for staff to keep track of constant changes in plans



Restraint Reduction Data

Cohannet Academy Restraint Totals 2008-2018



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Question and Answer

