

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

Building Bridges Initiative Webinar

Six Core Strategies Webinar Series

**Part 1: Successful Tools: Practices that Serve as both
Alternatives to and Prevent Restraints**

Presenters:

Beth Caldwell, MS, Director, BBI

Amanda Martin, PhD, LPC, LMFT-S, LCCA, Executive Director, Upbring

Jason Drake, LCSW, LCCA, Regional Director, Upbring

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INITIATIVE

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SAVE THE DATE!

BBI WEBINAR PART 2:

SUCCESSFUL TOOLS: PRACTICES THAT SERVE AS BOTH ALTERNATIVES TO AND PREVENT RESTRAINTS

September 19th, 2019

1:00pm – 2:30 p.m. ET



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

Background/Context for Primary Prevention Strategies

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.**

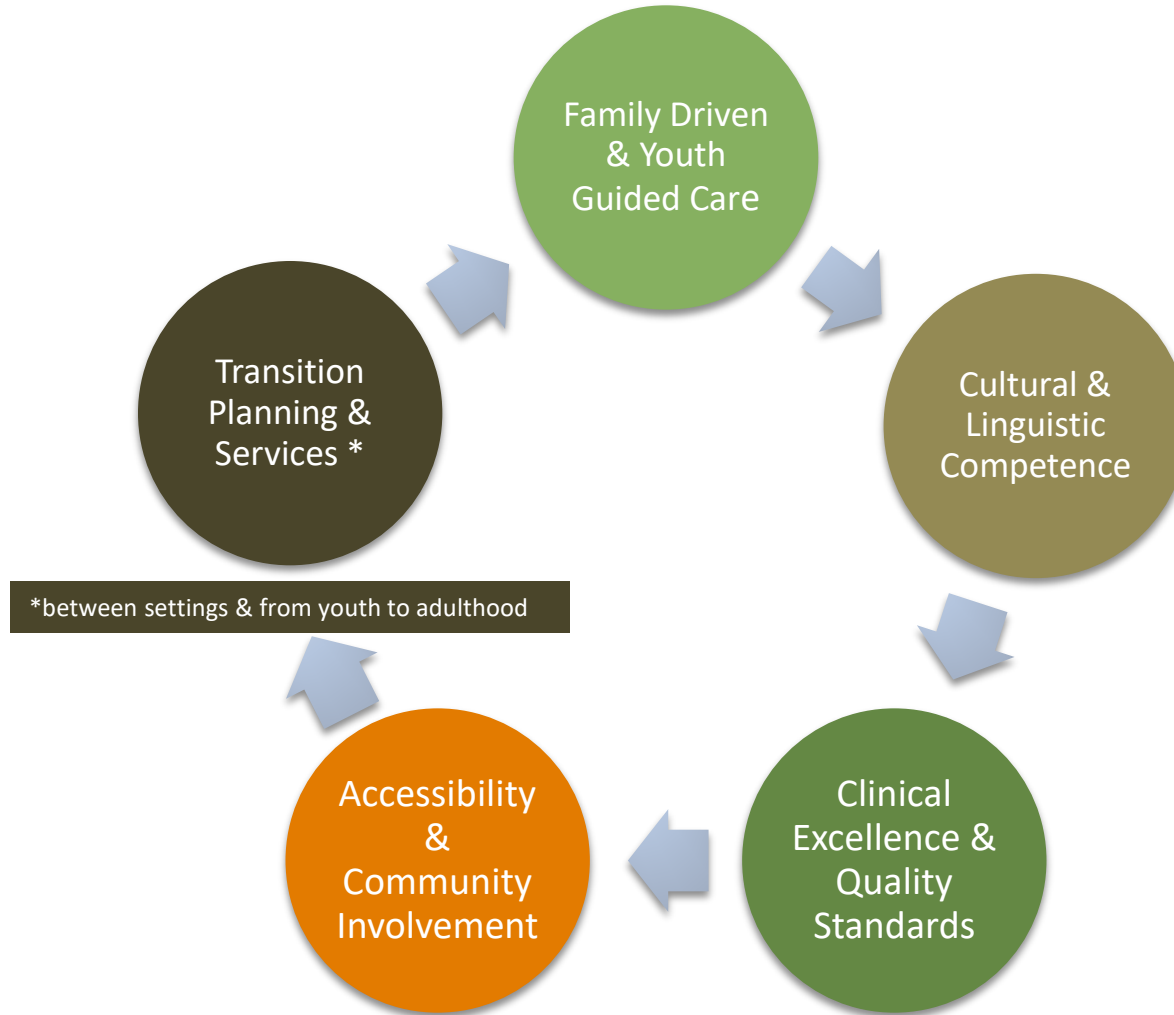
Go to BBI Website:

www.buildingbridges4youth.org

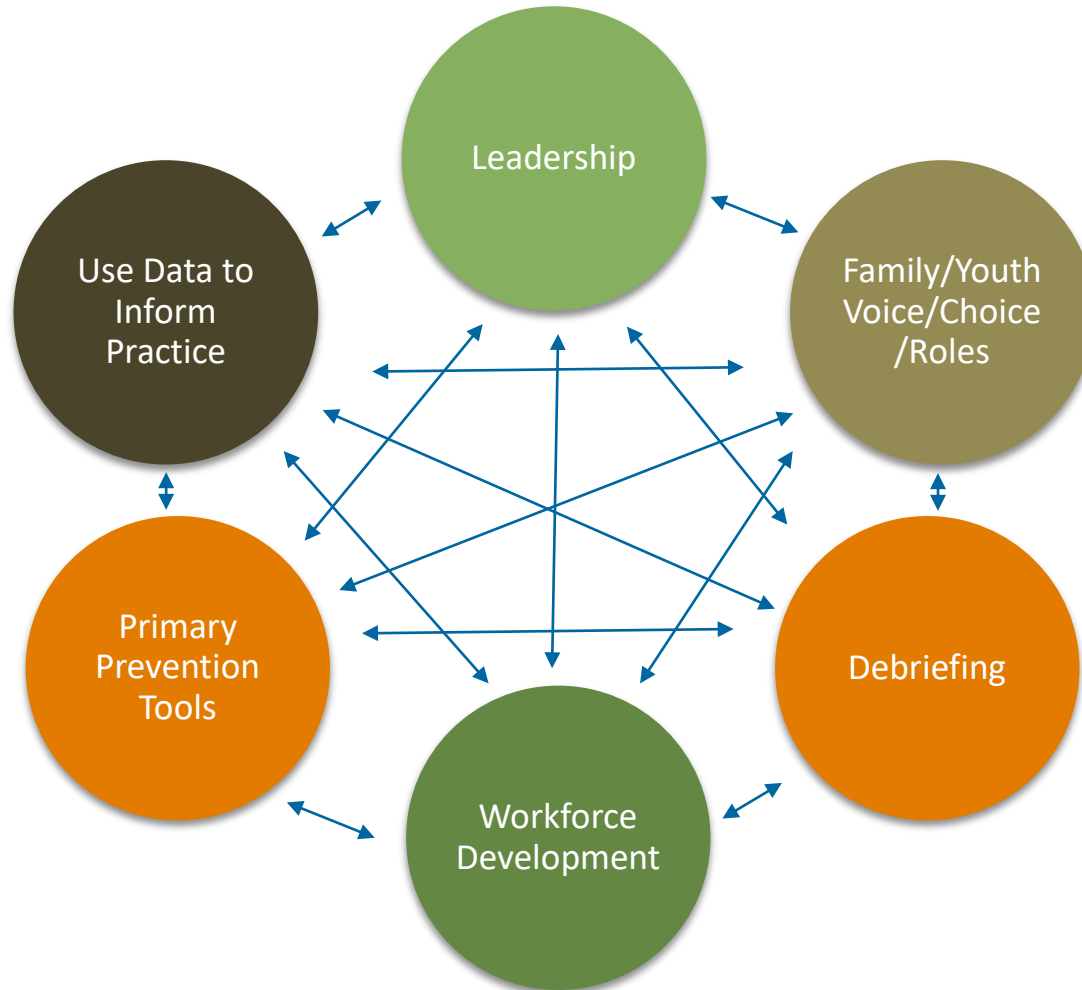
Many documents to support the field; example include.:

- *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



Interface of Six Core Strategies©



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



Primary Prevention Tools/ Strategies for Promoting Self- Regulation

Underlying/supporting/connecting to primary prevention tools/strategies:

- All of the other Core Strategies (e.g., Leadership; Family/Youth Voice, Choice, Roles; Workforce Development; Use of Data to Inform Practice; Debriefing)
- Commitment to Trauma-informed Care – deep understanding about and adopting neurodevelopmental approaches



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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**SUCCESSFUL TOOLS/PRACTICES
THAT SERVE AS BOTH ALTERNATIVES
TO AND PREVENT RESTRAINTS**

Amanda Martin, PhD, LPC, LMFT-S, LCCA,
Associate Executive Director
Jason Drake, LCSW, LCCA, Regional Director

OBJECTIVES

- Leadership Support of Six Core Strategies
- Review of Primary Prevention Tools
- Roles of Family and Youth in the Program
- Questions and Answers



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SIX CORE STRATEGIES

- Leadership toward Organizational Change
- Use Data to Inform Practice
- Workforce Development
- Use of S/R Prevention Tools
- Family & Youth Voice, Choice & Roles
- Debriefing Techniques



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LEADERSHIP TOWARD ORGANIZATIONAL CHANGE

- Administrative leaders (Executive Directors, Clinical Directors, Program Directors, Regional Directors) met as an agency in February 2016 to review past years restraint data, identify trends in restraints and projections of trends
- Set a goal of dropping restraints by 25% for the fiscal year and ultimate goal to eliminate restraints in 3-5 years
- Developed a training plan on all Six Core Strategies and implementation target dates
- Started the BBI Pilot June 2016 and completed in March 2017
- Budgeted for additional repairs for expected property damage



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RESTRAINT DATA 2015 (504)

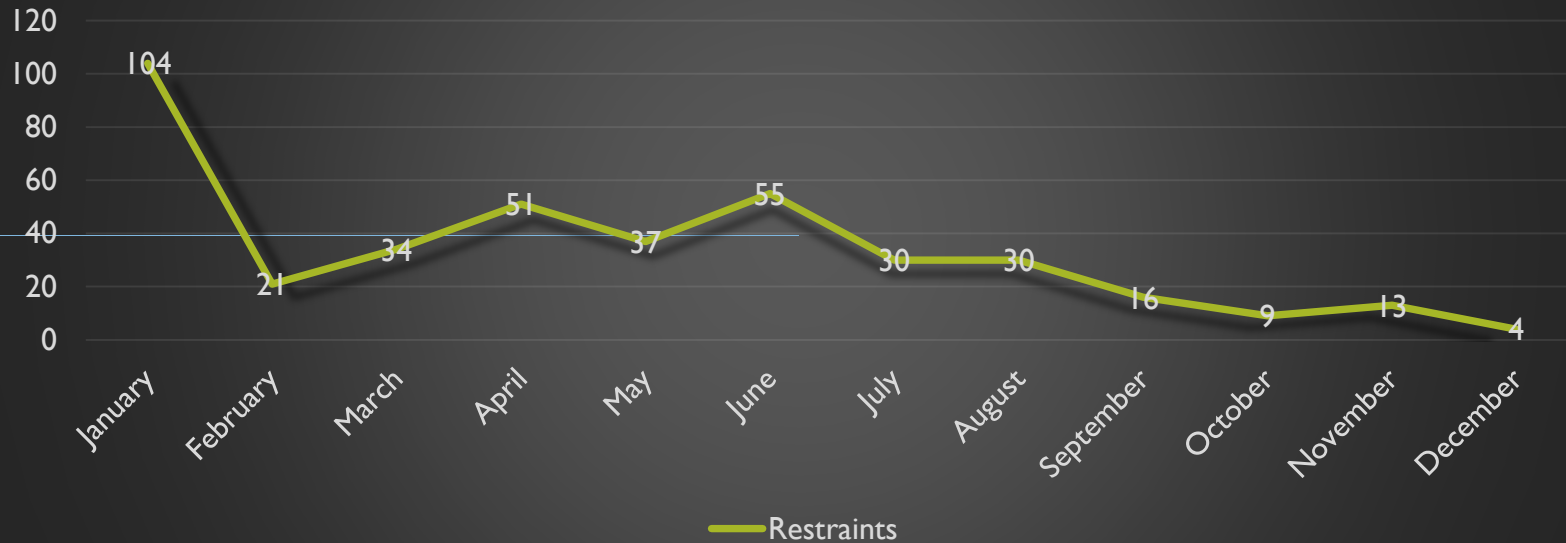
2015 Monthly Personal Restraint Totals



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RESTRAINT DATA 2016 (404)

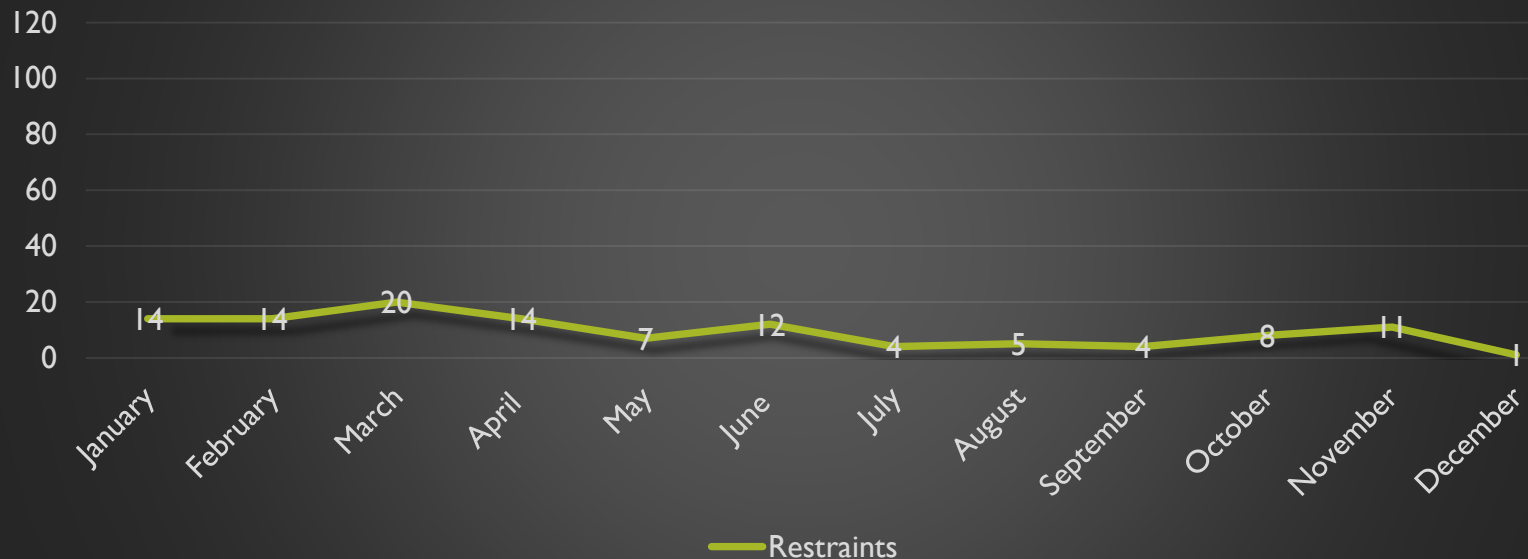
2016 Monthly Personal Restraint Totals



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RESTRAINT DATA 2017 (114)

2017 Monthly Restraint Totals



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RESTRAINT DATA 2018 (72)

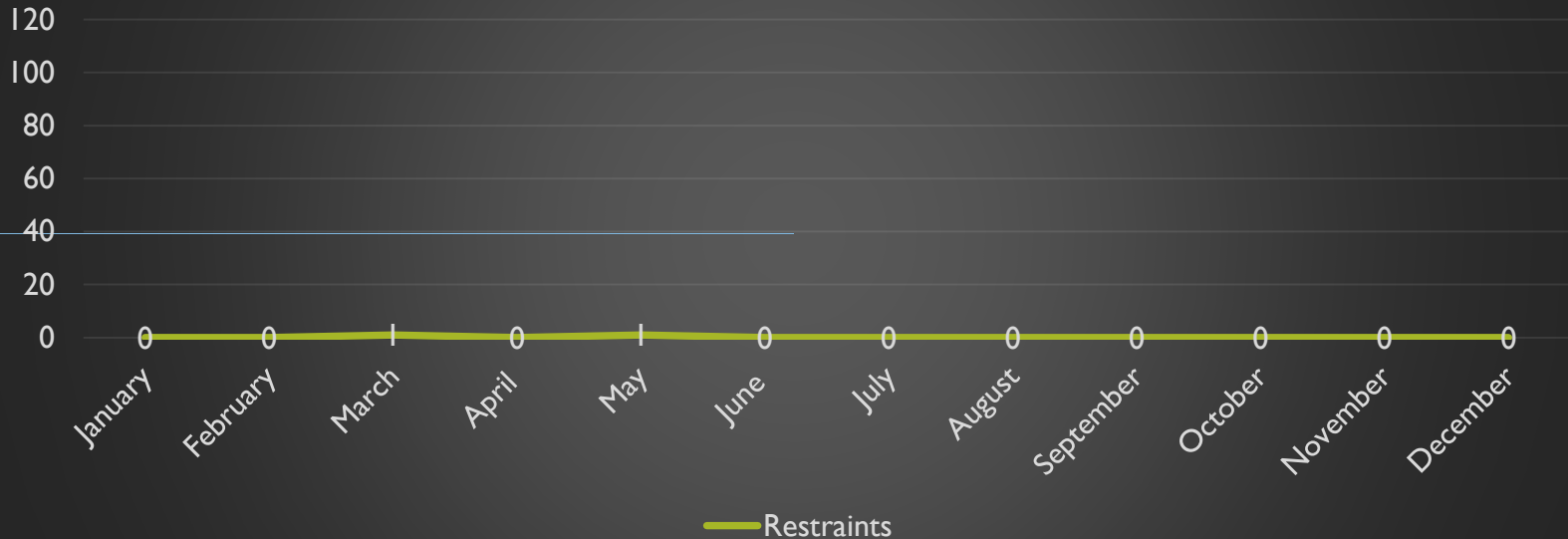
2018 Monthly Restraint Totals



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RESTRAINT DATA 2019 (2)

2019 Monthly Restraint Totals TO DATE



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WORKFORCE DEVELOPMENT

- Krause Leadership meet with all managers, nursing, and clinical team on creating an implementation plan for restraint reduction
- Started having weekly meetings with therapists and dorm staff on individualized interventions and case review of youth's current needs
- Refresher trainings with all staff on the verbal de-escalation with TCI and program manual
- Supervisors are required to respond to a code to assist and minimize the use of restraints



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WORKFORCE DEVELOPMENT

- Program Director, Program Manager, Clinical Director, Clinical Manager, Executive Director and Trainer meet weekly and review video footage and all documentation around an incident involving a restraint
- Tier I training in Collaborative Problem Solving March 2017 for all employees
- TIC training for all staff in BBI and Clinical staff in TF-CBT and EMDR
- Consult with other programs that have the outcomes your agency is seeking
- Specifically targeted training for crisis-response team staff members



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USE DATA TO INFORM PRACTICE

- Review of video footage of all incidents with restraints to collect data to inform our training
- Monthly reports on restraint data analysis
 - LOS
 - LOC
 - History of restraints and dysregulation
 - Environmental factors
 - Staff involved
 - Interventions used successful and unsuccessful



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USE OF S/R PREVENTION TOOLS

- Intensive training with staff on Trauma-Informed Care models- We use TCI, BBI and Collaborative-Problem Solving
- Extensive training on preventing power struggles and teaching flexibility with the schedule and parenting approach
- Coping skill boxes
- Co-regulation groups between staff and youth weekly on the dorms
- Self-care training for all employees
- Rigorous debriefings- round table meetings



FAMILY & YOUTH VOICE, CHOICE & ROLES

- Updating policies and procedures to become more youth guided and family driven.
- Preplacement interviews with youth and families
- Youth Council participate in administrative meetings regarding policy and procedure.
- Youth participate in interviewing new employees
- Youth participate in preplacement interview for new youth
- Youth attending community functions in (volunteers come into the facility) and outside of facility
- Youth participate in giving tours of the facility
- Job readiness program for youth of employment age



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FAMILY & YOUTH VOICE, CHOICE & ROLES

- Strong family systems philosophy and approach
- Unlimited phone calls at anytime
- Open hours for families to spend time and less restrictive on youth going off campus with family- only assess that they can be safe to be able to go
- Youth participation in training with staff
- Family Days at the center and Skype/Gotomeeting.com options for computer face time for families with distance barriers
- Fundraising for Family travel funds to assist families that need financial assistance for children to go home and families to spend time at the program to occur more frequently.
- Increased community outings to occur several times a week.



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FAMILY & YOUTH VOICE, CHOICE & ROLES

- Increase extracurricular activities like: basketball team, volleyball team, cheer squad and track team- compete with other youth in the community
- Increased vocational training services offered for youth- weekly groups and curriculum based programs (Nerdy Girl leadership)
- Reduced restrictions and increased privileges for youth based on their recommendations- edited the Youth Handbook
- Improving environment aesthetics with youth input- flooring, wall murals, individual wall décor in bedrooms
- Youth Move Chapter established in 2018 – ACCEPT Krause



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DEBRIEFING TECHNIQUES

- Accountability and reflection are key
- Families are called and involved in problem-solving
- Leadership reviews restraint within 24 hours including video and talking with staff involved. Helps identify the triggering event, when the youth became dysregulated and alternate times and interventions that may have been used.
- Staff involved in the restraint are required to meeting with the Associate Executive Director within 24 hours to debrief on the incident.
- Staff are required to call the Associate Executive Director or Program Director, or Clinical Director prior to going into a restraint. If it happens too quickly, they must call directly after or during to review intervention and recovery plan.
- Weekly meetings with all managers to review safety plans and current responses to crises
- Weekly dorm meetings to review each dorm's youth's goals/areas to focus on with interventions between therapist and staff



QUESTIONS AND ANSWERS

- Do you also train staff in one of these or a similar model as well as Six Core/BBI? If so how to do make sure that that the primary prevention strategies between the Alternatives to Restrictive Intervention training align with BBI/Six Core?
- We emphasize in our trainings over and over our goal of being restraint free. Though TCI remains an option it is truly an option of absolute last resort. There was a time where restraints were a bit higher and AED would have them call, in the beginning, after the restraint to debrief then moved to before the restraints to advise on how to not restrain in that situation which helped. We focus heavily on the verbal de-escalation techniques of TCI and tie that into our primary philosophies such as a strong belief in a family systems approach, Collaborative Problem Solving approaches and BBI principles. This was a shift over time as I think in the past when we were new to BBI and CPS, we would lead with TCI and how the other approaches tie into TCI instead of leading with BBI and CPS and how TCI fits into those. We have worked both CPS and BBI into staff documents that help remind and guide the staff in implementing the principles, Administration and all supervisors being aligned with the vision and consistently providing that direction and training to their teams helps. The rigorous debriefs after every personal restraint AND/OR serious incident reinforces the importance of being restraint free plus provides training opportunities. We have the RTC Trainers meeting with the Direct Care Staff providing coaching and trainings. Having youth interview employees and be a part of our Leadership meetings plus debriefs (not forced but encouraged and the choice of the youth) I think has helped set the stage that it is a collaborative culture and not a top down, compliance-based culture.



QUESTIONS AND ANSWERS

- What training or models related to Trauma Informed Care have been most help to your programs?
 - We use a number of different clinical approaches
 - We focus on family reunification- and supporting families in learning the skills necessary so reunification will be successful; children have ‘hope’ about their futures
 - Collaborative Problem-Solving has been one of the TIC models that has been very helpful. Six Core Strategies is guiding philosophy and Servant Leadership is the model we follow in training all managers.
 - We continue to follow BBI framework and use this as the guiding philosophy



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QUESTIONS AND ANSWERS

- What populations does your site work most with? Have you identified any populations that BBI/Six Core is more effective with and are there other populations that require more/different planning or interventions?
- At the Krause Children’s Center, we work with girls ages 12-17 who have experience complex trauma. Most girls are in Department of Family and Protective Services (DFPS) with some out of Juvenile Probation however, they all present with very similar needs. Our girls are the more behaviorally intense girls (e.g., self harm, aggression, elopement, etc.) due to the nature of their trauma histories. We don’t have a “comparison” group. Many have limited support systems and histories of multiple placement failures and hospitalizations.



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QUESTIONS AND ANSWERS

- How does your site measure the use of and success of different primary prevention tools to track success? Are there some that are better indicators of success of implementation of BBI and Six Core?
 - We have provided handouts on the restraint analysis we do monthly and the debriefing forms if a restraint occurs.
 - We hold a leadership meeting with the youth council monthly and track feedback on each department
 - We hold an All Staff Meeting, Town Hall, monthly to track feedback from staff
 - Each manager has a supervision plan for each of their employee and skills assessment
 - We have a number of metrics we track that interface with these areas (i.e. youth involved in advisory council)



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QUESTIONS AND ANSWERS

- Several of our sites are looking to implement sensory rooms and welcome kits. Can you please discuss how these are incorporated into your programs? What have you included? What do clients enjoy the most? What do staff see as most beneficial and supportive?
- We are currently undergoing a full remodel of our dorms. In this remodel we will be creating rooms specifically as comfort rooms (sensory rooms). We do not have one currently. We do utilize animals in our program and have two cats and two dogs. The girls will frequently request to spend time with the animals which has helped them with their emotional regulation. We also provide the girls access to essential oils and other sensory objects that they can take back to the dorms. Each dorm and school is equipped with Coping Skill boxes that include: thera-putty, slime, texture fidgets, candy (peppermints, jolly ranchers, etc.), scented lotion and essential oils. All youth create a coping skill card when they admit.



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COPING SKILL BOX



QUESTIONS AND ANSWERS

- Please share specific strategies you use to support staff and help them with self-regulation? What is most effective support that helps your staff so they can then assist youth with co-regulation?
 - Training on self-care, burnout, and compassion fatigue every quarter
 - Co-regulation groups with youth and staff on the dorms led by the therapist weekly
 - Heartmath and EMDR regulation techniques with staff after an event or as demonstrations for others
 - Morale Committee- creates an engagement and appreciation plan for staff monthly



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QUESTIONS AND ANSWERS

- Describe how your site provides ongoing, timely, and effective coaching of staff with regard to primary prevention strategies? How do you monitor the implementation of effective primary prevention strategies throughout your program, across your staff to be sure there isn't drift?
- Our Program Director, Program Manager, RTC Trainer and Shift Leads provide observation and coaching in the moment or formal meetings to provide coaching on primary prevention strategies. The rigorous debriefs after each personal restraint and/or serious incident provides an opportunity to coach our staff in a non-judgmental environment utilizing video of the personal restraint and/or serious incident plus inviting the youth to participate in the debrief (not observing the video) has been very helpful.



QUESTIONS AND ANSWERS

- Please provide detailed primary prevention strategies you find most effective for different diagnosis/populations.
- Phone calls anytime to family members and anyone else on their approved contact list, Collaborative Problem Solving, debriefing after each incident and rigorous debriefs after every personal restraint and/or serious incident to provide support and coaching,
- Identifying who has a connection with the youth at the facility and on their support system to help uncover the cause of the dysregulation so we can develop individualized interventions to help them reshape the meaning that is causing them the emotional hurt driving the behaviors.



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QUESTIONS AND ANSWERS

- Please provide specific examples of how your site provides ongoing and meaningful opportunities for youth voice and choice?
- We provide pre-placement interviews for girls who are being referred to our program and have a volunteer youth who is at our facility participate in those interviews, the youth interview each candidate who applies to work at the RTC and if the youth provide solid reasoning for not hiring the candidate we do not hire, we have a Youth Council that participates in each of our Executive Leadership meetings with youth representing each of the four dorms, we have a “jobs program” within the RTC where the youth can fill out an application, a resume, submit to a Krause employee, schedule an interview, interview and provide support work for a Krause employee where they get paid in “Krause Cash” that they can spend at the point store. The pay period aligns with the Krause pay period. We are also part of the ACCEPT chapter in Texas which provide the youth an opportunity to have their voice heard at the community and government level.



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QUESTIONS AND ANSWERS

- Please describe your initial training and ongoing workforce development for staff related to primary prevention strategies—what topics, frequency, EBPs, models of care, individual coaching, observations, feedback, evaluation.
 - Leadership met to establish a vision and plan for training
 - Focus groups with youth and staff on input on the vision and plan – edits were made with their feedback; sought feedback from family members
 - Training for all staff and specific focus on Shift Leads (often respond to crises) based on data of staff most frequently involved in restraints
 - Accountability through debriefings that start with the AED
 - Creating a strong alliance and teamwork between Clinical department and Program Department



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