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

Building Bridges Initiative:

Six Core Strategies Webinar Series

Successful Tools/Practices that Serve as both Alternatives to and Prevent Restraints, Part 2

Presenters:

Beth Caldwell, MS, Director, BBI

Trish Cocoros, BS, Co-Founder and Co-Executive Director, YDI

Charlie Molina, MS, Director of Milieu Development/Staff Sponsor of YDI Student Advisory Board

Two Youth served by YDI

Building Bridges
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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

This webinar is to support your needs

- Ask questions or receive clarifications throughout the webinar by writing your ?'s/issues in chat box
- Think about core strategy areas you &/or your program are struggling with or could improve in; bring these up during the Q & A
- All questions/inquiries are important- none are too small or silly

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.**
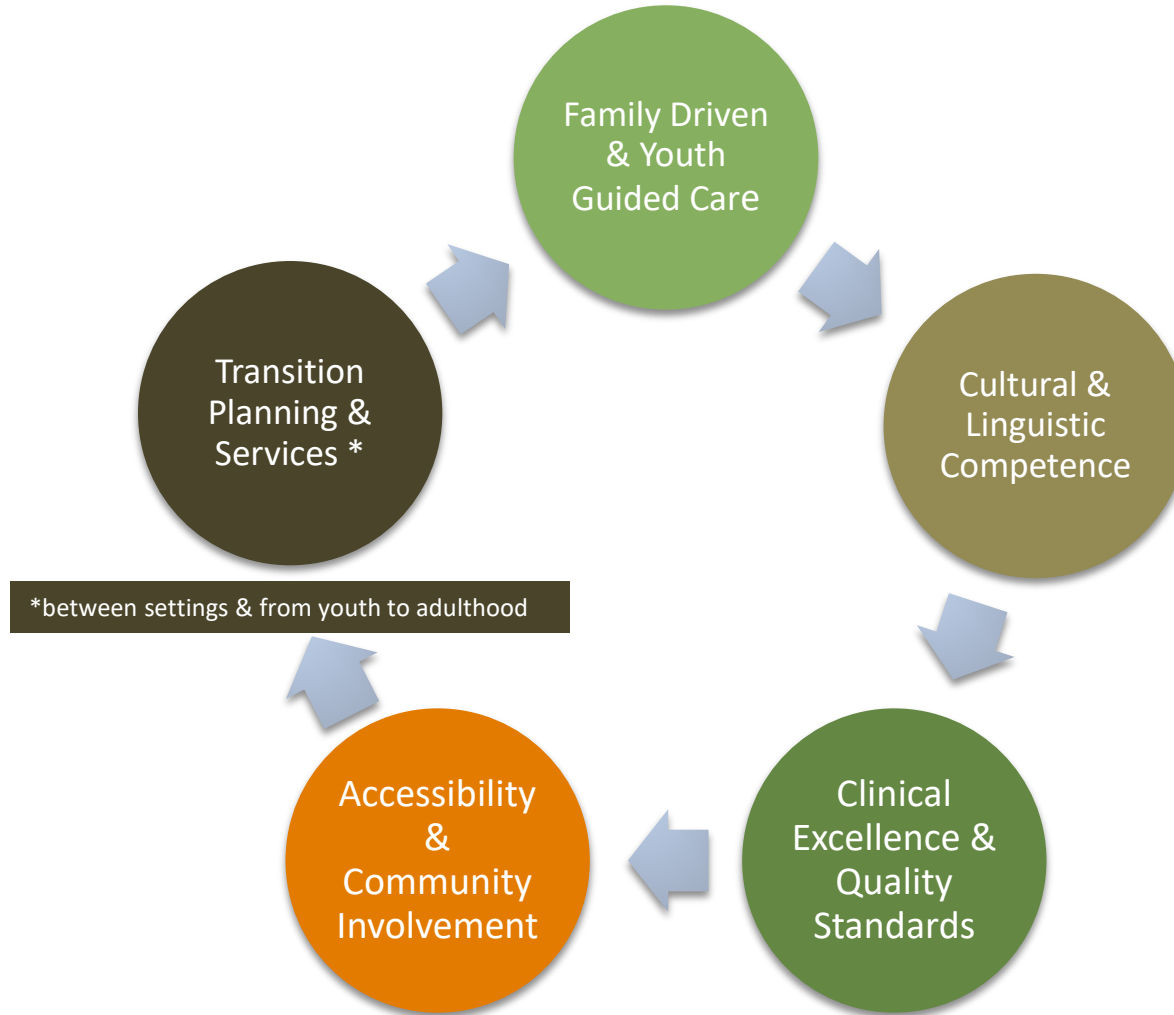
Go to BBI Website:

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)*

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

BBI Core Principles

Family Driven & Youth Guided Care

Cultural & Linguistic Competence

Transition Planning & Services *

*between settings & from youth to adulthood

Accessibility & Community Involvement

Clinical Excellence & Quality Standards

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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

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

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

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

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

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

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; permanency focused);

- Replacing standardized behavioral approaches (i.e. points/levels) with approaches that operationalize the values above (e.g., all primary prevention tools);

- Family/family/family & ensuring permanency & a broad community support network

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

Massachusetts Example

Which <u>one</u> practice was in place in all MA residential programs 15 years ago?

Which practices were not in place 15 years ago – and are in place now – supporting the sustained reductions of restraints and seclusions by over 95%?

- Points/levels
- Intensive training on TIC
- Multiple TIC program practices
- Individual safety/calming/soothing plans
- Individual trauma assessments tied into safety plans
- Animals
- Big focus on Sensory Approaches – tied into treatment and safety plans
- Sensory/Comfort areas/rooms
- Family/youth partners/advocates
- Urgent focus on permanency
- Physical environments soothing/calming
- Big focus on outdoors/large motor activities – GET OUT AND MOVE

Did MA reduce restraints or support their staff in understanding trauma and implementing a range of family-driven, youth-guided and trauma-informed practices?

BBI Contact Information

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PART 2:
Transforming Residential

Presented by:

Trish Cocoros, Co-Founder and Co-Executive Director

Charlie Molina, Director of Milieu Development/Staff Sponsor of YDI Student Advisory Board

Two Youth served by YDI

Who we are....

- Youth Development Institute (YDI) is a non-profit organization operating residential services in Arizona since June of 1997.
- YDI services include:
  - An 84-bed secure Residential Treatment Center (SRTC) and 48 beds in Therapeutic Group Homes (TGHs)
  - Average Daily Population for SRTC: 74
  - Aftercare and Outpatient Services, with therapeutic day treatment services for youth with sexually abusive behavior
  - An on-site school that serves youth in residence or in Aftercare services, with approximately 50% requiring special education services.

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Admission Criteria for SRTC

▸ Ages 10-17, male and female

▸ The youth presents with serious difficulties in emotion regulation and/or behavior disorders

▸ Danger to Self/Danger to Others (DTS/DTO)

▸ Admission to the Journey Program requires adjudication for sexual offense or a history of sexually abusive behavior with a psychosexual evaluation recommending residential treatment

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Transforming Residential

Flat Earth

- Seclusion & Restraint
- Points & Level Systems
- Institutionalized Jargon
- No Contact with Family for 3 or 5 or 30 days
- *Earning* Home *Visits* or *Passes*
- Focus on Following Program Rules
- Success = Compliance w/ Program Structure

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ALL WRONG
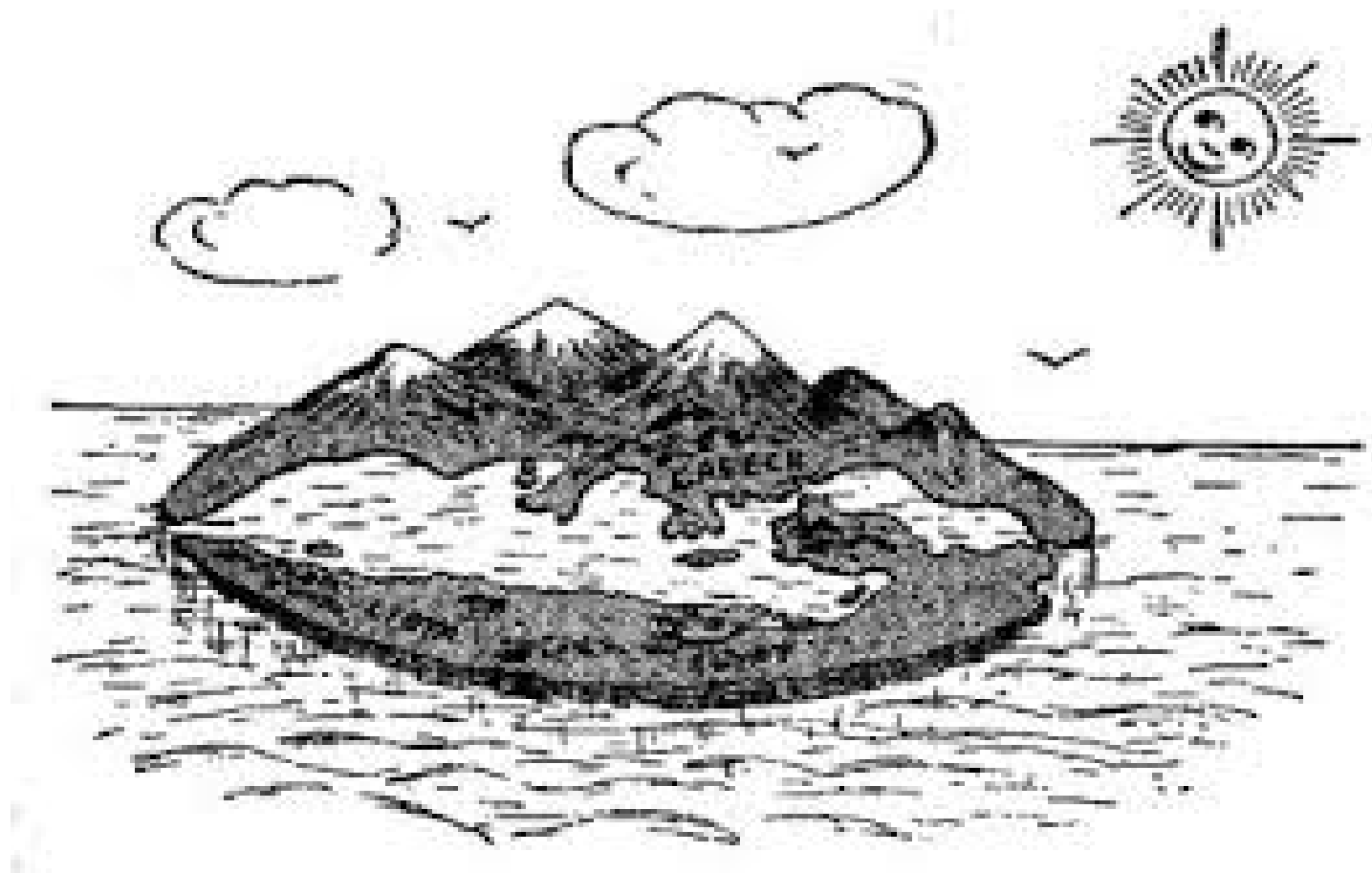
Transforming Residential

So where to begin?

Transforming Residential

Begin with the End in Mind

≠ Successful Discharge

= Permanence
at Home & in Community

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Transforming Residential

The long-term positive outcome for residential interventions is sustained permanence for a youth at home, with family and in the community.

YDI's Transformations

Three major transformations:

Youth-Guided Care

Student Advisory Board

Eliminating Restraints

Paradigm Shift: Not *Reduce* – **ELIMINATE**

Paradigm Shift: – Skill not Will

Trauma-Informed Care

Building Bridges Project

Services in the home soon after admission

Increasing home-based services during residential intervention

Maintaining home-based services post-discharge for as long as it takes to ensure permanence in the home

Eliminating Restraints at YDI

▸ We started with some strengths already in place:

- Psycho-Educational Treatment Model (Brendtro & Ness, 1983)
  - Relationship is Primary

- Consequences, not punishment
  - No points or level system

- "If you want children to be good,
  first make them happy"

- Mediation and Repairing Relationships – a Restorative Approach

- Six Rules –YDI's Code to Success
  - Everything else: Expectations and Guidelines

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YDI Code to Success

- **GIVE HELP & RECEIVE HELP.** It is important to always be giving help or receiving help. Giving help is encouraging others to be good citizens. Receiving help is taking in and processing positive feedback.

- **BE SAFE.** It is important for us to be comfortable, to have fun in an appropriate manner, to keep confidentiality and to help all of us feel safe.

- **FOLLOW STAFF INSTRUCTIONS.** It is necessary to follow instructions for safety as well as to benefit from the program. Following staff instructions helps build unity in the program.

- **SHOW RESPECT FOR OTHERS.** It is important to do unto others as you would have them do unto you. There are NO put-downs. There are only put-ups. It is important to give respect to others as well as to respect their space and boundaries.

- **BE HONEST.** It is important to never directly nor indirectly lie to staff or students. Lying breaks trust. Honesty starts with being honest with yourself.

- **BE DEPENDABLE.** Dependability means making commitments and following through on them. Being dependable means building trust and respect.

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Starting the process...
2007 to 2012

- YDI began efforts to reduce the use of seclusion and restraint in 2007-2008 when introduced to the Six Core Strategies© by a Joint Commission Surveyor.

- We consistently targeted restraint reduction as a performance improvement objective.

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
5. The use of seclusion and restraint reduction tools, which include the environment of care and use of sensory modulation
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YDI Physical Restraints
2007-2012
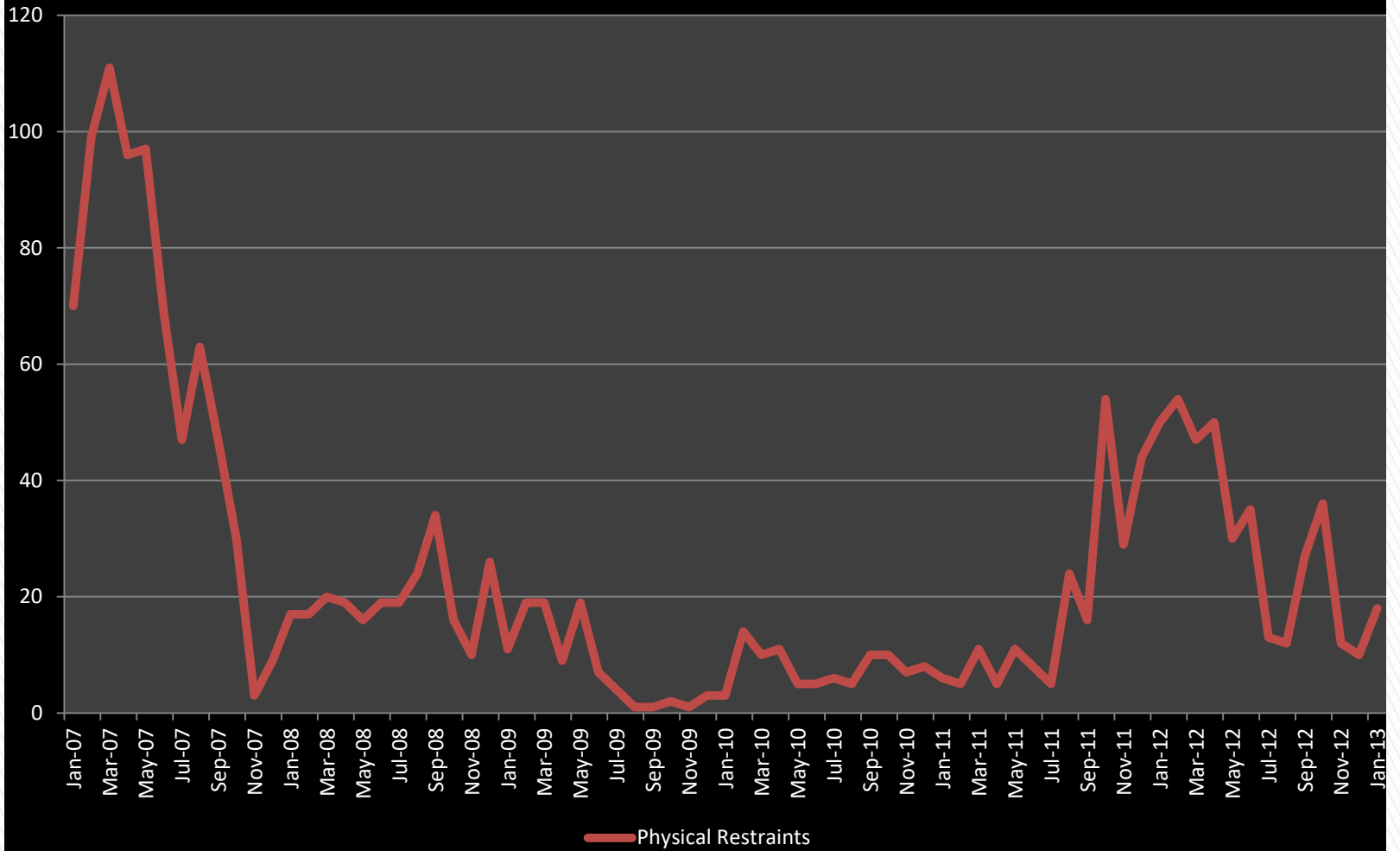
Continuing the process...

- Last mechanical restraint was in September of 2010
- Reduction of restraint remained an elusive performance improvement objective
- June of 2012 – average of 36.5 restraints per month
- We never truly understood the depth of the **cultural change** required until June of 2012 during a site visit with the Building Bridges Initiative Executive Director.

Paradigm Shift: Eliminate Restraints

- Seclusion and restraint are <u>NOT</u> treatment interventions
- Seclusion and restraint are demonstrations of power and control
  - Very traumatizing to youth in care and to those who work with them
- Often these interventions are implemented in arbitrary, abusive, and violent ways

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YDI Physical Restraints
July 2012- July 4, 2017
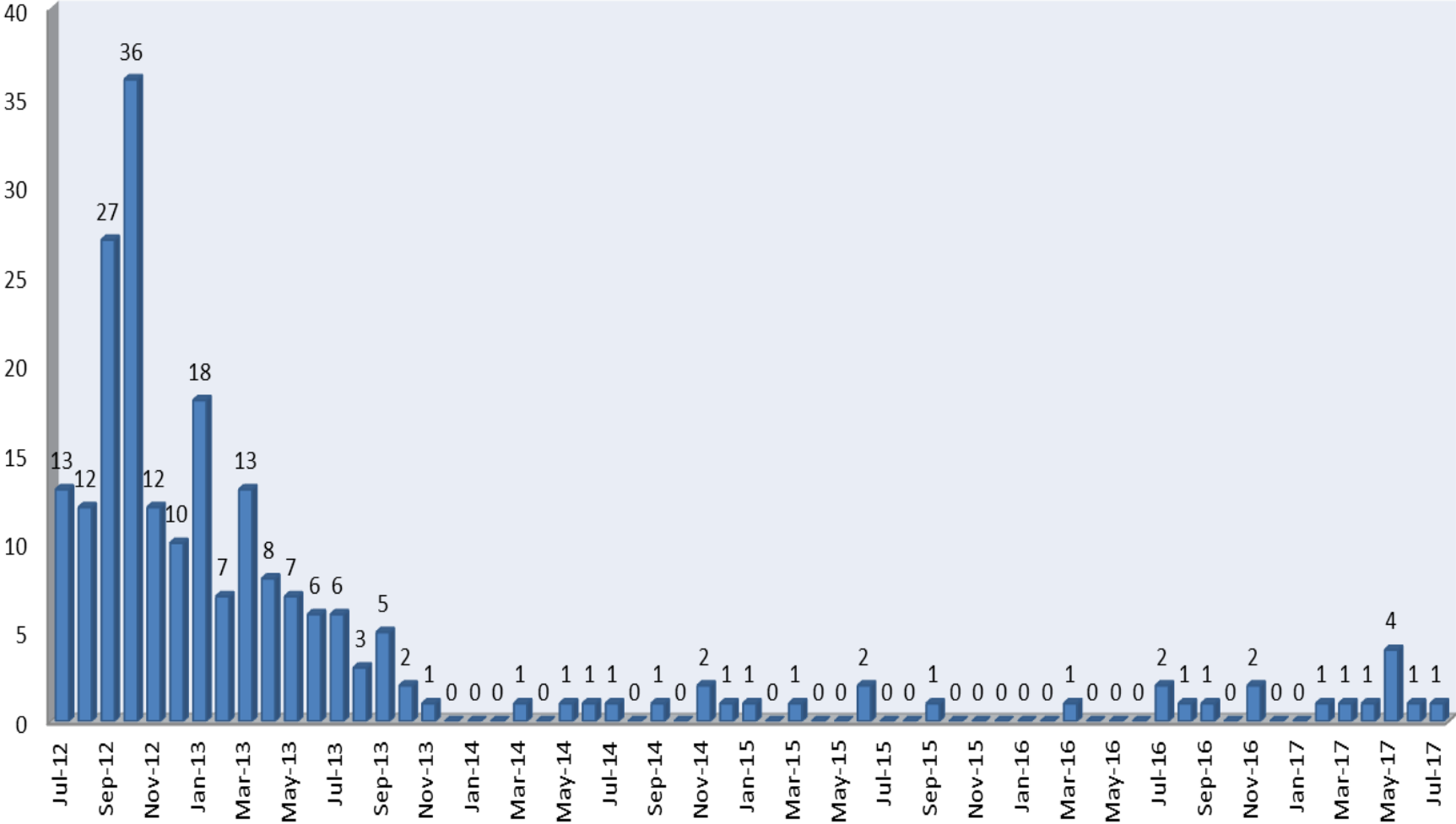
The last restraint at YDI was on July 4, 2017

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Leadership Toward Organizational Change

Leadership must:

- Believe that restraints do harm
- Believe that eliminating restraints is possible
- Set the intention to ELIMINATE restraints
- "Telling & Selling" the elimination of restraints
- Stop the rationalizations
- Embrace **all** of the Six Core Strategies©

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The Use of Seclusion and Restraint Reduction Tools, including the Environment of Care and Use of Sensory Modulation

- Converted seclusion/restraint rooms into Comfort Rooms
  ◦ Comfort boxes – unit and individual
  ◦ Chalkboard walls
- MP3 players to all youth with approved music
- Safety Plans and Self Assessment Safety Tools upon admission

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The Use of Seclusion and Restraint Reduction Tools, including the Environment of Care and Use of Sensory Modulation

▸ Decorate Rooms
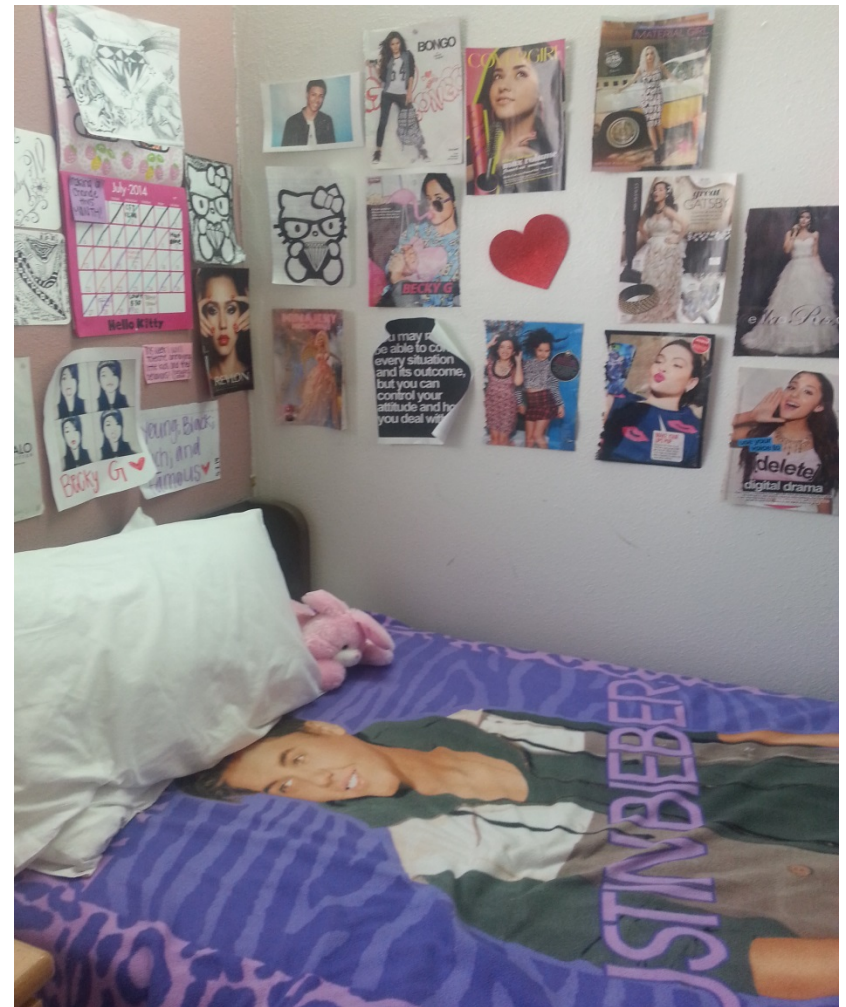
The Use of Seclusion and Restraint Reduction Tools, including the Environment of Care and Use of Sensory Modulation

- **Hug program for youth that come to YDI with a history of restraints.**
  ◦ Side hugs, as much as he/she can tolerate, from supervisory and administrative staff
  ◦ Hug T-shirts
- **Sensory Regulation Program**
  ◦ Extremely dysregulated youth receive scheduled and individualized sensory regulation breaks
  ◦ Activities are relational and rhythmic
  ◦ Installation of bench gliders around campus
  ◦ Glider Rockers in Day Rooms

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The Use of Seclusion and Restraint Reduction Tools, including the Environment of Care and Use of Sensory Modulation

- **Assign Advocates**
  - Each youth has a staff assigned to them to provide unconditional encouragement and support
  - Staff knows the treatment goals of the youth and provides individualized guidance
  - Staff also ensure that the youths basic needs are cared for.
- **We have FUN!**
  - Field Days, Water Days, Kickball, BBQ, Talent Shows, Dance Classes, Family Days, Ice Cream Socials, Founders' Day, Holiday Celebrations, Ethnic Dinners, Art Exhibits, Game Room

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The Use of Seclusion and Restraint Reduction Tools, including the Environment of Care and Use of Sensory Modulation

- **Youth Recognition**
  - Success Charts
  - Catch Game Dollars and Store
  - Advocate and Recreational Outings
  - Spotlight of the Week Award
  - Peer of the Week Award
  - Most Improved Award
  - Positive Incident Reports
- **Staff Recognition**
  - Catch Game Dollars and Store
  - Quarterly Awards for all shifts and positions
  - Staff of the Year Award

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Use of Data to Inform Practice

YDI Management meets monthly in the Performance Improvement Committee to review trends in many areas including:

- Referrals and Admissions
- Discharges to Lower Level of Care
- Length of Stay
- Training and Supervision
- Educational Performance and Attendance
- Reportable Incidents
- Police Calls
- Staff Injuries

Use of Data to Inform Practice

- **Intervention Team**
  - Youth with challenges with aggression and/or who have assaulted staff meet with management team members, clinical staff, direct care staff, and victimized staff
  - Goal is to resolve conflict and repair relationships
  - Result was a reduction in aggression toward staff from double digits (35+per month) to single digits
  - Decrease in staff injuries

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Workforce Development

Build upon strengths by creating opportunities for learning:

- Focus on Leadership in the Milieu
  - Milieu Coordinators and Unit Coordinators meet weekly with management and provide role modeling to direct care staff
  - Code Responders
    - Specifically trained for de-escalation, train as a team with the MCs
  - Direct Care Supervisors are recognized and compensated as professional staff

Workforce Development

Build upon strengths by creating opportunities for learning:

- Staff at every level learned
  - Collaborative Problem Solving – Ross Greene/Stuart Ablon
    - The philosophical/paradigm shift that "Kids do well if they can."
    - Plan B
  - Sensory Regulation
  - Trauma-Informed Care
    - Dr. Bruce Perry's work
    - Trauma blocks learning; we re-wire the brain first for regulation, then teach skills
    - Re-wiring the brain takes 500 lessons
  - Implementation of Tramua Focused Cognitive Behavioral Therapy (TF-CBT) in 2014
  - Association of Children's Residential Centers (ACRC) Webinars

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Workforce Development

SKILL NOT WILL.

Treating Explosive Kids

THE

COLLABORATIVE

PROBLEM-SOLVING

APPROACH

ROSS W. GREENE | J. STUART ABLON

18   TREATING EXPLOSIVE KIDS

Executive skills
_____ Difficulty handling transitions, shifting from one mindset or task to another, adapting to new circumstances or rules
_____ Poor sense of time/difficulty doing things in a logical or prescribed order
_____ Disorganized/difficulty staying on topic, sorting through thoughts, or keeping track of things
_____ Difficulty considering the likely outcomes or consequences of actions (impulsive)
_____ Difficulty considering a range of solutions to a problem

Language-processing skills
_____ Often has difficulty expressing thoughts, needs, or concerns in words
_____ Often appears not to have understood what was said
_____ Long delays before responding to questions
_____ Difficulty knowing or saying how he/she feels

Emotion regulation skills
_____ Difficulty staying calm enough to think rationally (when frustrated)
_____ Cranky, grouchy, grumpy, irritable (outside the context of frustration)
_____ Sad, fatigued, tired, low energy
_____ Anxious, nervous, worried, fearful

Cognitive flexibility skills
_____ Concrete, black-and-white, thinker; often takes things literally
_____ Insistence on sticking with rules, routine, original plan
_____ Does poorly in circumstances of unpredictability, ambiguity, uncertainty
_____ Difficulty shifting from original idea or solution; possibly perseverative or obsessive
_____ Difficulty appreciating another person's perspective or point-of-view
_____ Doesn't take into account situational factors that would suggest the need to adjust a plan of action
_____ Inflexible, inaccurate interpretations/cognitive distortions or biases (e.g., "Everyone's out to get me," "Nobody likes me," "You always blame me," "It's not fair," "I'm stupid," "Things will never work out for me")

Social skills
_____ Difficulty attending to or misreading of social cues/poor perception of social nuances/difficulty recognizing nonverbal social cues
_____ Lacks basic social skills (how to start a conversation, how to enter a group, how to connect with people)
_____ Seeks the attention of others in inappropriate ways; seems to lack the skills to seek attention in an adaptive fashion
_____ Seems *unaware* of how behavior is affecting other people; is surprised by others' responses to his/her behavior
_____ Lacks empathy; appears *not to care* about how behavior is affecting others or their reactions
_____ Poor sense of how s/he is coming across or being perceived by others
_____ Inaccurate self-perception

Triggers (list)
1.
2.
3.

FIGURE 1.1. Pathways Inventory.

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Rigorous Debriefing

All seclusion/restraints and serious incidents are reviewed:

- **Video Review**:
  - The time preceding the incident is reviewed to see if early interventions could have been used.
    - Location of all staff
    - Youth to staff ratio
  - Staff involved sit with directors and trainer to review and discuss incident.
    - Compare video to written reports
    - Discuss de-escalation and intervention tools
      - What was used? Was there a hand-off? Was there a code called? Was it done soon enough?
  - What can be done better next time?
    - Identify early intervention and prevention

Rigorous Debriefing

- **Holistic Review:**
  - What was going on in the youth's life that could have contributed to his/her response?
    - Stress from individual or family therapy
    - Stress from events happening at home
    - Peer conflict
    - Medication changes
    - Restraints in previous settings (hospital, treatment centers, home)
  - What situation occurred that the youth did not have the skill to manage?
    - What skill is underdeveloped?
    - How can staff best teach or reinforce the skill?

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Rigorous Debriefing

- **Holistic Review**
  - What else is possible?
    - Develop new skills, responses
      - Catch & Release
      - Soft Wall
      - Heart Rate Monitor
      - Call home, family member
    - Administrators as de-escalators
      - Best de-escalators build relationships at admission
      - Each of us has at least one kid for whom we are the "kid whisperer"

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Rigorous Debriefing

- **"Better Next Time"**
  - Build a Bridge In
  - Connect at Admissions
  - Get the Target Out of Sight
    - Call on line 2
  - Distraction
    - Apps on phones – Hear Rate Monitor, Meditation Jar, Smiling Mind
    - Pulse Oximeters
  - Staff Hiring &Training
    - Self-Regulation Skills for Staff

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Full Inclusion of Individuals and Families

Building Bridges Project

Purpose:

- To provide family driven, youth guided services designed to bridge a youth's transition from a residential intervention to services provided in the community
- Family engagement in the home & community while the child is in residential
- Focus on outcome: permanence in home & community

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Full Inclusion of Individuals and Families

Building Bridges Project

Participation criteria

▸ Identify youth and families at admission to SRTC or as soon as possible:

◦ High risk and high needs

◦ History of treatment failure and failed placements, including at home

◦ *Potential* to go home to parents/caregivers

◦ *Potential* for parents/caregivers to agree to participation

▸ Services begin in the home within 2-3 weeks while in residential

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Full Inclusion of Individuals and Families

Building Bridges Project

- Increase our time in the home each week prior to discharge and during aftercare:
  - Be in the home during the times the family identifies as high need times;
    - Preferably up to 5 days a week between behavior coach and therapist.
- Be available for crisis calls;
  - Team approach between aftercare and RTC.
- Make sure that all barriers that prohibit follow-up with aftercare services are removed.

Full Inclusion of Individuals and Families

Building Bridges Project

- Help family/caregivers gain insights that support a positive and nurturing parenting style
- Engage family/caregivers to be active in treatment during the stay in the SRTC
- Improved capacity of family/caregivers to de-escalate a crisis
- Reduction in length of stay at the SRTC
- Reduce re-admissions to RTC or other out of home care

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Full Inclusion of Individuals and Families

Building Bridges Project

- Do whatever it takes for the youth and family for a safe and successful transition home!
  - On-site schooling, transportation, extended time in the home, etc.
  - Aftercare services continue based on youth and family needs

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Full Inclusion of Individuals and Families

Building Bridges Project

▸ **Outcomes** (since June 2013):

◦ 93 participants, 5 currently in Residential, 5 discharged who remain in aftercare services.

◦ Of the 88 discharged, 10% (9) were negative: 5 detained while in Residential; 2 AWOL while on pass; 1 parent absconded with the child; 1 returned to YDI SRTC care within 45 days.

◦ 9 were discharged to other OOH placements in the community.

◦ 70 were successfully discharged, 69 discharged home with parents/relatives, 1 was placed with a foster family. 30 of these youth were in DCS custody at admission.

◦ Of the 56 youth discharged a year or more ago, *45 had remained in the home or community* (43 at home with family, 2 in OOH), a 75% overall success rate.

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Full Inclusion of Individuals and Families

Student Advisory Board

▸ Formed in March 2011

▸ Focused on **Youth Guided**

  ◦ New applicants are interviewed and selected by current members

    · Members represent the population at YDI

    · Membership is not an earned privilege

▸ **Mission Statement: Student Advisory helps our community by taking the clients' perspective and knowledge into consideration to aid in forming useful policies and best practices.**

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Full Inclusion of Individuals and Families

Student Advisory Board

Selecting Youth for the Student Advisory Board

- First members were selected by staff

- Members represent the population at YDI

  - At least 1 youth from each unit (14 units)

- Membership is not an earned privilege

- New members apply or are encouraged to apply

- New applicants are interviewed and selected by current Student Advisory Board members

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In Their Own Words

We are not student council, we don't do bake sales or promote wacky dress days. We do things that make being here easier so we can leave faster. In order to work with us you don't have to be perfect but we need you to work hard and be honest. Everyone trusts us and gives us a lot of responsibility. What you do in here will influence the lives of kids you will never meet and that's pretty cool.

– Student Advisory Board member Justin
interviewing an applicant for Student Advisory Board

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Full Inclusion of Individuals and Families

Student Advisory Board

▸ **Initial Tasks and Projects**

- Give tours at admission for youth new to YDI
  - Revised Building Bridges Tip Sheet to be specific to YDI
  - Reinforce that YDI is a "hands off" program and that their treatment is based upon their choices.
- Developed a youth-guided Dress Code
- Revised Dress Code Policy and Procedure

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Full Inclusion of Individuals and Families

Student Advisory Board

▸ **Continuing Tasks and Projects**

- Revised the Grievance Policy and Procedure

  - Board mediates and resolves all youth-to-youth grievances

- Identifies and resolves problems specific to milieu

- Report to their units about YDI as a community:

  - Changes, guidelines, events, problem-solving, etc.

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Student Advisory Board

▸ **Continuing Tasks and Projects**

- Tour visiting agencies or other campus visitors

- Design and distribute client satisfaction surveys

- Participate in on-going agency committees

    • Wellness, Beautification, Safety

- Participated in revision of cafeteria menus increasing client satisfaction survey score by 60%

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Full Inclusion of Individuals and Families

Student Advisory Board

▸ **Continuing Tasks and Projects**

- Review and recommend changes to guidelines, expectations and schedules

  - Revised Room Decoration Policy and Procedure

  - Revised Game Room procedures & expectations

- Arbitrate disputes to any policies, guidelines or procedures written by Student Advisory Board

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Full Inclusion of Individuals and Families

Student Advisory Board

▸ **Continuing Tasks and Projects**

- Initiated Beautification Projects: Planting and maintaining gardens and common area planters

- Revised Daily Goals sheet and meetings, developed and presented training for YCWs on making these groups more fun and meaningful

- Learned to teach sensory regulation techniques to other youth

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Student Advisory Board

▸ **Continuing Tasks and Projects**

- Developed Student Evaluations for all client services staff including MDs, Therapists, Clinical and Program Directors as part of YDI's 360⁰ Staff Evaluation Process

- Participate in hiring and training of all staff providing direct client services (YCWs, Teachers, Therapists)

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YDI Student Advisory Board Role in Hiring, Training, & Evaluating Staff
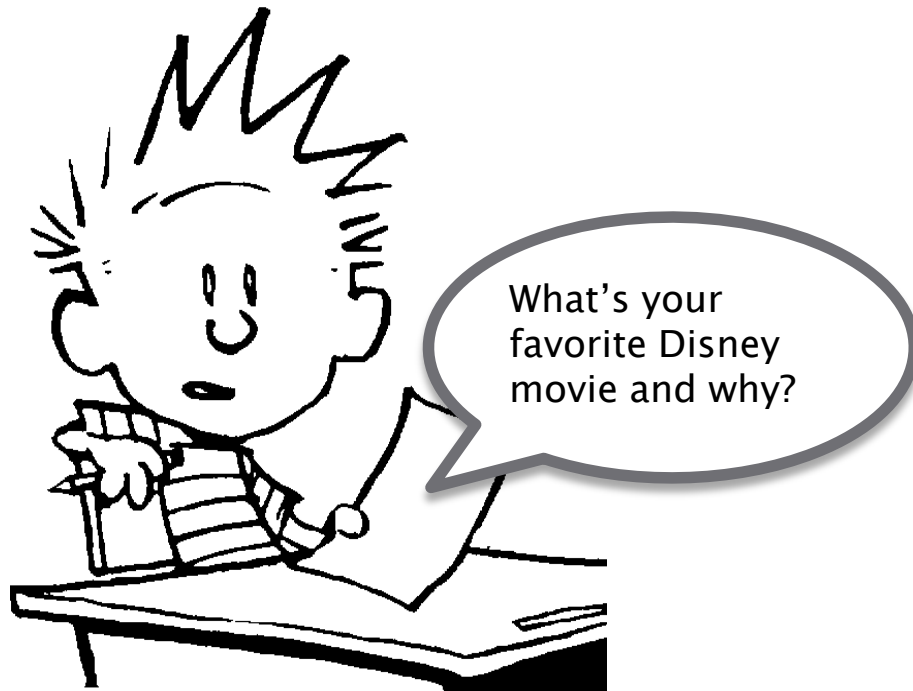
Student Advisory Questions for Prospective Staff

- What is your experience working with kids?

- What qualities do you have that you think would make you good at this job?

- Why did you choose to apply to YDI and what do you know about us?

- How would you deal with a crisis situation?

- What are some of your coping skills for dealing with stress in your own life?

- How would you respond to a kid that was not doing what you wanted him or her to do?

- Sometimes kids can be very abusive, how will you be able to put that aside and still help those kids on a daily basis?

- How do you begin helping kids that do not know how to help themselves and say that they don't want your help?

- What's your favorite Disney movie?

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◦Youth developed scenarios for role plays with staff

•After each scenario, youth evaluate staff interactions

•Teach de-escalation do's and don'ts

◦Youth Discussion Panel

•Give new employees a youth's perspective of what it is like to live in a residential treatment center

•Employees hear, in a youth's own words, what it feels like to be away from their family, to have someone put their hands on them, and most importantly, what it takes to build relationships

In Their Own Words

Just because you work here, don't think we will trust you. I have had adults come into my life, promise they will be there for me and leave time and again. Kids here will cuss at you and call you names because we don't trust you. You have to prove to us with your actions what you are about.

-Student Advisory member Haley talking to new staff in training

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- **Benefits to the staff from youth as trainers**
  - Practice crisis intervention skills in real world scenario training
  - Accurate feedback for intervention skills
  - Staff are better prepared
  - Develop relationship with kids
  - Empathy through better understanding
  - Credibility and connection to youth before first shift

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In Their Own Words

The role plays were invaluable to me as a new staff. Prior to the role plays, we had only talked about what it was like to intervene during a fight or crisis moments with clients. But, I did not know how I would perform or how they would respond to me when I was faced with live clients. The role plays allowed me to get a sense of what it is really like to work through crises with clients and gave me the confidence I needed to make correct decisions and use correct approaches on my first real shift…The clients who had worked with me during training were very hospitable after I hit the floor. The acceptance…by these clients spread to the clients I had not yet met and gave me credibility that I would not have otherwise had. This made it much easier for me to engage and direct clients as a new staff member.

-Mike, YDI Youth Care Worker

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Student Advisory Board

- **Benefits to the Community**
  - Impacts and unifies the YDI culture
  - Changed the way the staff saw the youth
  - Youth believe that their voice makes a difference – because it does!
  - "If you make a kid successful then they will hunger for success." – Dr. Beverly Sutton
  - Being Youth-Guided is not compatible with the use of restraints

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From the Research

Youth engagement is associated with positive relationships and increased motivation. Youth who actively engage in treatment tend to develop strong relationships with service providers, express a willingness to change, and participate and collaborate with others in the context of treatment

-Smith, Duffee, Steinke, Huange, & Larkin

Residential settings that limit opportunities for choice and exploration do not promote this normative developmental process, leaving youth ill prepared to re-enter the community. Therefore, it is essential to provide concrete opportunities for youth to express their choices and opinions regarding helpful services.

- Mohr & Pumariega; Warner, & Yoder; Joyce & Shuttleworth

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Student Advisory Board

- **Outcomes as a result of serving in the YDI Student Advisory Board**

  ◦ 90 % successful discharge rate; YDI successful discharge rate is 80 %

  ◦ What youths' exit surveys tell us:

  Youth-Guided Treatment creates a sense of empowerment, purpose, and value as a member of a community:

  "I feel like I am in a gang again, but in a good way."

  "It has helped me to find my voice and stop being scared."

  "It motivates me, to be part of something has really helped."

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In Their Own Words

"Be patient and talk to us like people"

"Listening to us instead of telling us what to do could have stopped many restraints in places I have been before"

"Stop trying to control us and think that will change us for the better"

"Skilled staff don't feel like they have to control us all of the time, they adapt and still keep us safe"

"Don't assume that we are not doing what you want us to do because we are opposing you. There are things going on with us that you do not know about."

"Listen to your kids"

– Advice from YDI's Student Advisory Board on Eliminating Restraints

In Their Own Words

Once a youth-guided culture is established, staff no longer see themselves as "us" and the youth as "them"; likewise, youth begin to feel like they truly belong, a powerful member of their own treatment team. Seclusion, to isolate and lock a youth away, becomes unthinkable and restraint, to forcibly hold a youth to the floor until he capitulates, seems horribly wrong.

-Trish Cocoros (Blau, Caldwell, and Lieberman, 2014)

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;
5. The use of seclusion and restraint 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.

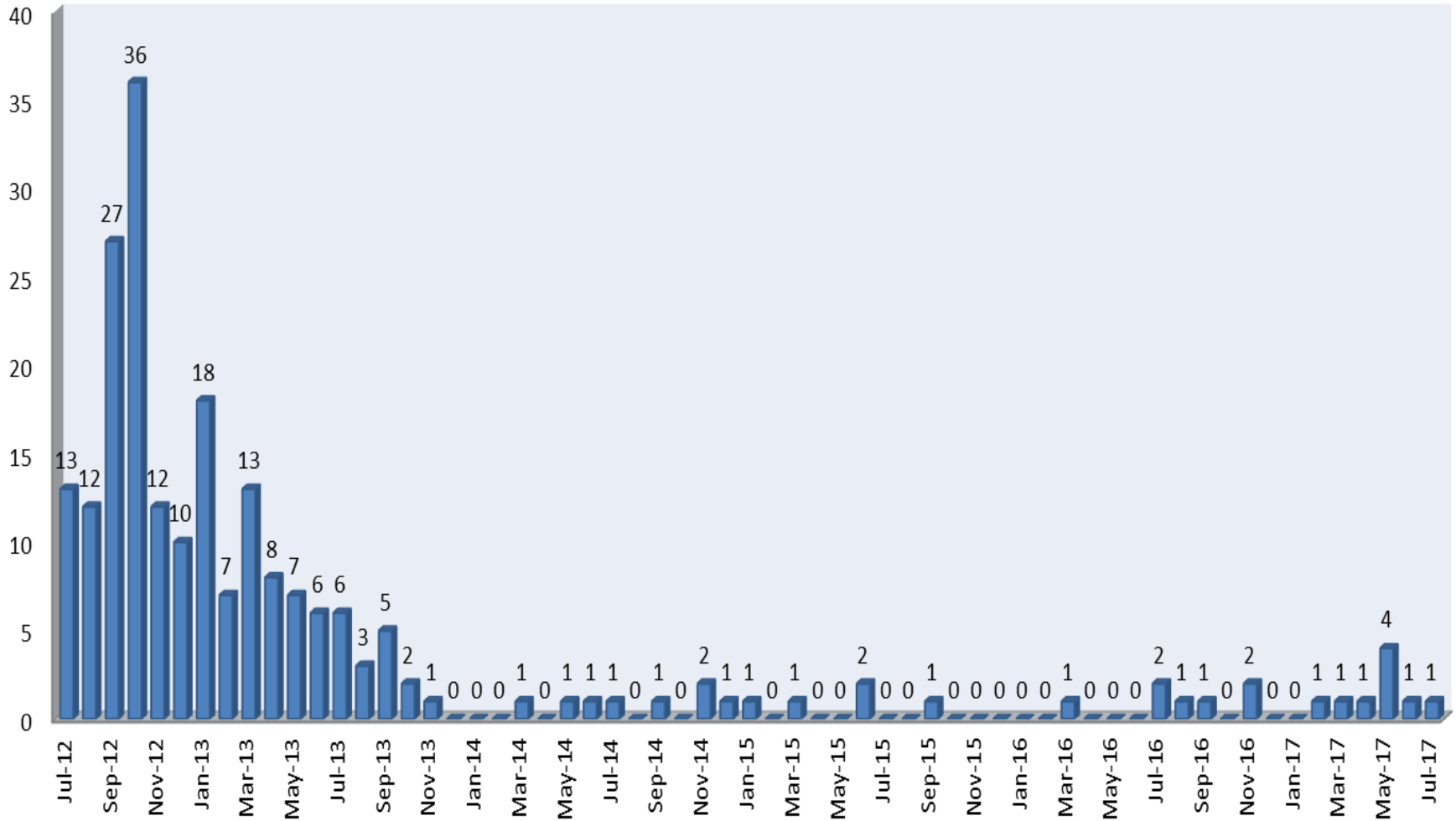Youth Development Institute

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What Changed?

Old Thinking	New Thinking
- Restraints are necessary to keep the kids safe - Satisfied with restraint reduction - Blaming "Frequent Flyers" - Will not Skill - Confront and Teach - Blaming one or two new admissions - When restraints decreased, assaults on staff increased	- Restraints re-traumatize and CAUSE HARM - Intention to ELIMINATE restraints "Kids do well if they can." - Skill not Will - Calm, Comfort, Connect - Create therapeutic alliances at admission - What else is possible? Emotional regulation is contagious!

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YDI Physical Restraints
July 2012- July 4, 2017

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Success — what people think it looks like

Success — what it really looks like

Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.

– Margaret Mead

Recommended Resources

- Building Bridges Initiative:
  - www.buildingbridges4youth.org
    - Promoting Youth Engagement: What Providers Should Know About Best Practices and Promising Strategies September 2012. Retrieved from http://www.buildingbridges4youth.org/sites/default/files/Promoting%20Youth%20Engagement%20%20What%20Providers%20Should%20Know.pdf
- Six Core Strategies:
  - http://www.nasmhpd.org/sites/default/files/Consolidated%20Six%20Core%20Strategies%20Document.pdf
- Association of Children's Residential Centers:
  - www.togetherthevoice.org
- Treating Explosive Kids: The Collaborative Problem-Solving Approach. Ross W. Greene and J. Stuart Ablon.
- Trauma Informed Treatment: The Restorative Approach. Patricia D. Wilcox.

YDI Leadership

- David Cocoros, MS
    - Co-Executive Director and Co-Founder of YDI in October 1996
    - Master of Science Degree in Criminal Justice Management from Sam Houston State University
    - david.cocoros@ydi.org
- Trish Cocoros, BS
    - Co-Executive Director and Co-Founder of YDI in October 1996
    - trish.cocoros@ydi.org
- Maria T. Lopez-Smith, LCSW
    - Executive Clinical Director
    - Master of Social Work Degree from Arizona State University
    - maria.lopez-smith@ydi.org
- Charlie Molina, MS
    - Director of Milieu Development/Staff Sponsor of YDI Student Advisory Board
    - charlie.molina@ydi.org

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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?

- What training or models related to Trauma Informed Care have been most help to your programs?

- 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?

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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?

‣ 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?

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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?

- 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?

- Please provide detailed primary prevention strategies you find most effective for different diagnosis/populations.

Questions and Answers

- Please provide specific examples of how your site provides ongoing and meaningful opportunities for youth voice and choice?

- 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.

- Did your program utilize a point and/or level system prior to the implementation of BBI and Six Core? How did your agency transition from points and/or level systems? Did you maintain any sort of system related to the use of a level of system to communicate progress in treatment to child, family, others? What was most critical to ensure a successful transition away from the use of point and level systems?

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Questions and Answers

▸ We would like some more information on Youth Advisory Councils. How were they first implemented? Lessons learned? Training for youth as members of the council?

▸ If they could identify some of the most important things that impacted their culture change that would be awesome.

▸ Discuss the importance of leadership involvement in the implementation of BBI and Six Core in your culture? Role of the executive/leadership staff? How did they support the implementation team? What is the initial and ongoing support to direct care staff from both leadership and implementation?

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