Transforming Residential with the Six Core Strategies©

Youth Development Institute

A place of healing and hope

Presented by:
David & Trish Cocoros
Co-Founders and Co-Executive Directors

Who we are....

▸ Youth Development Institute (YDI) is a non-profit organization operating residential services in Arizona since October of 1996.

▸ YDI services include:

  ◦ An 84-bed secure Residential Treatment Center (SRTC) and 48 beds in Therapeutic Group Homes (TGHs).

  ◦ Average Daily Population in the SRTC – 74.5

  ◦ Aftercare and Outpatient Services, with therapeutic day treatment services for sexually abusive youth.

  ◦ An on-site school that serves youth in residence or in Aftercare services, with approximately 60% needing 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 Unit requires adjudication for sexual offense or a history of sexually abusive behavior.

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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
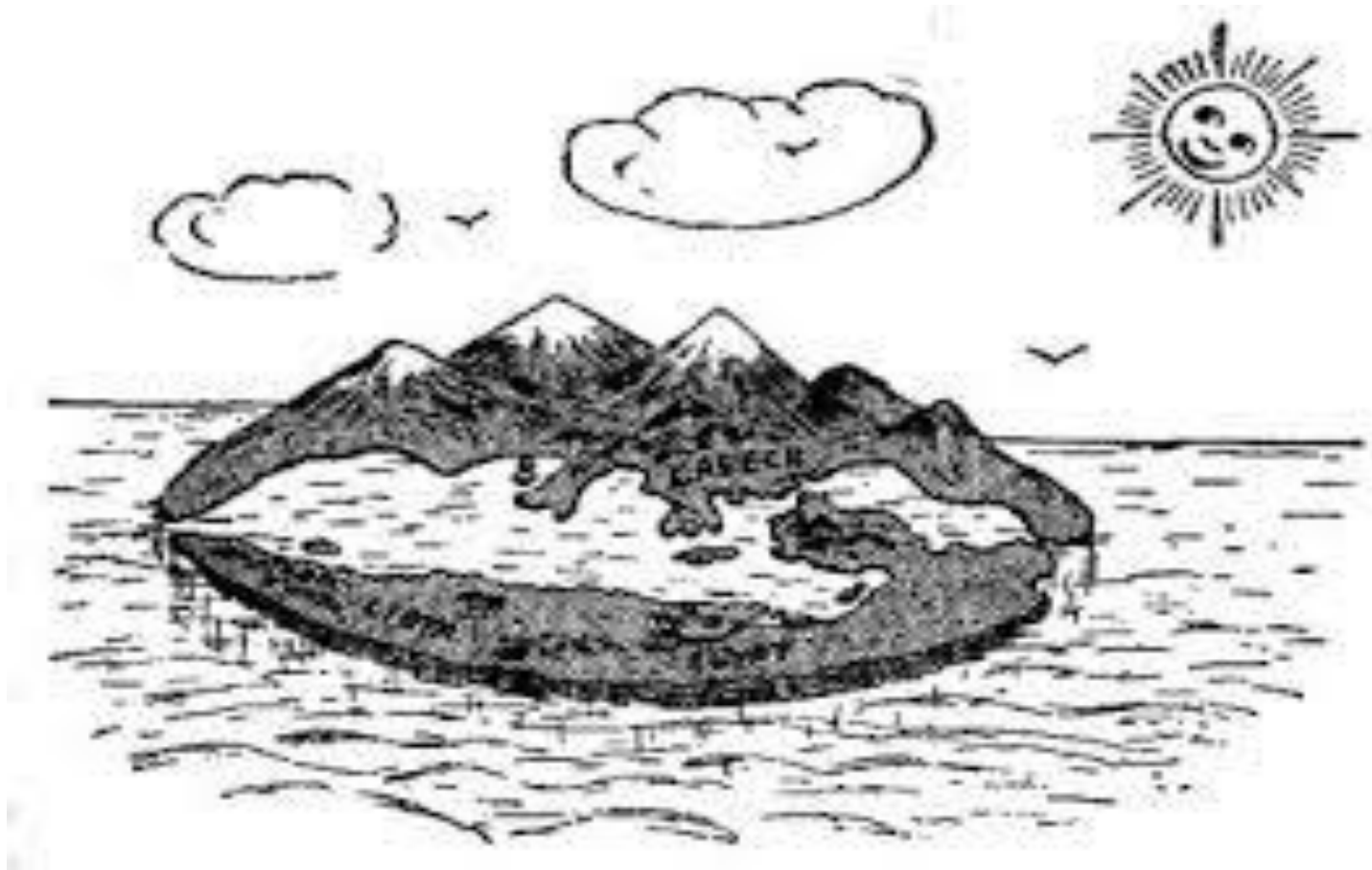
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So where to begin?

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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.

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Six Core Strategies©
+
Building Bridges Initiative
=
Residential Transformation

YDI's Transformations

Three major **<u>synergistic</u>** 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

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

YDI Physical Restraints
2007-2012
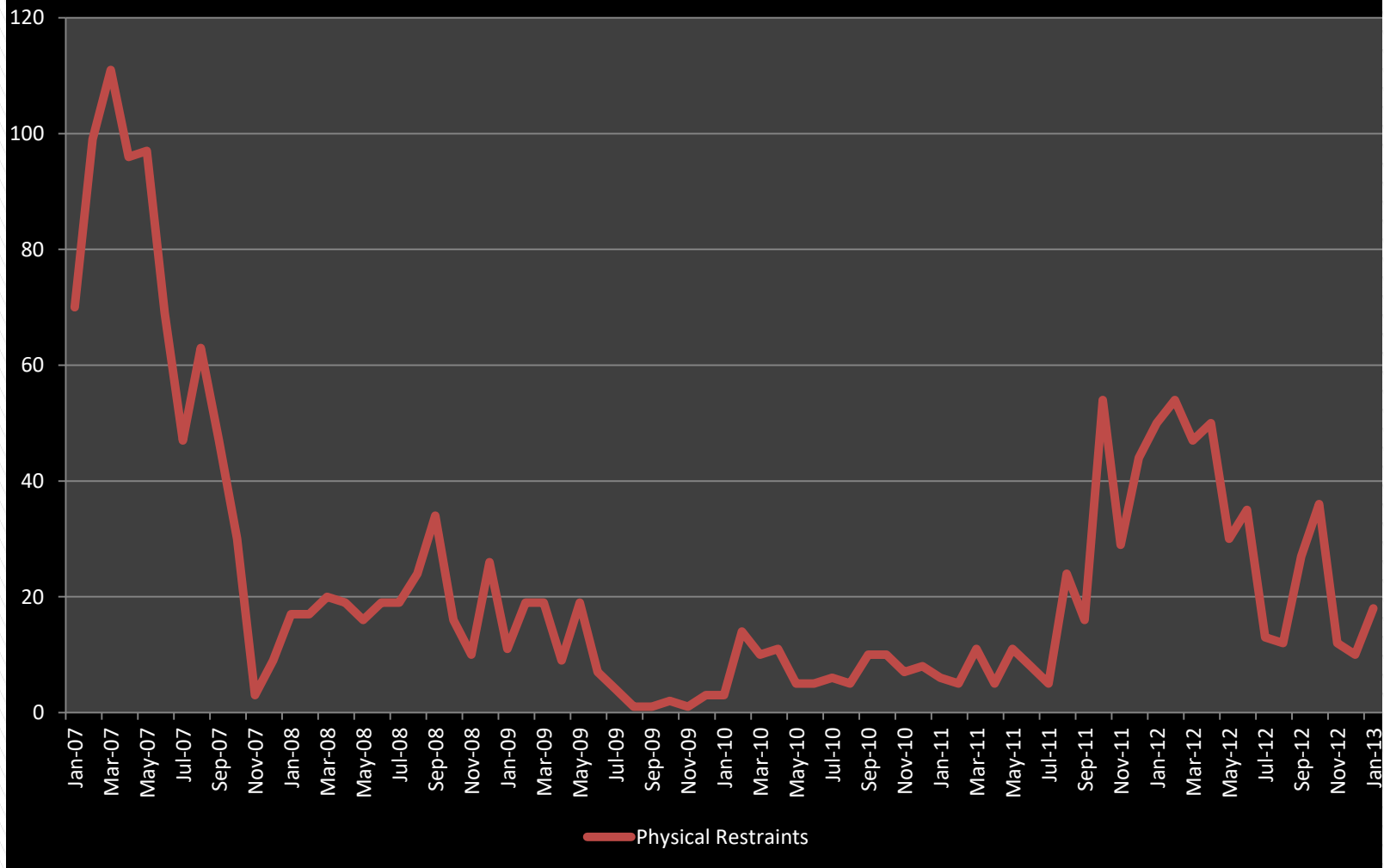
Building Bridges Initiative

- **Family Driven & Youth Guided Care.**
- Cultural & Linguistic Competence.
- Clinical Excellence & Quality Standards.
- Accessibility & Community Involvement.
- Transition Planning & Services (between settings & from youth to adulthood).

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Full Inclusion of Individuals and Families: Started with Youth Guided Care

Student Advisory Board

- Formed in March 2011
- Focused on **Youth Guided Care**
- Initial members selected by staff
  - New applicants are interviewed and selected by current members.
    - Members represent the population at YDI.
    - Membership is not an earned privilege.
- Staff advisors
  - Pick the Champions

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Full Inclusion : Youth Guided Care

Student Advisory Board

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 : Youth Guided Care

Student Advisory Board

▶ **Who are we?**

"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

when interviewing an applicant for Student Advisory Board

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Full Inclusion : Youth Guided Care

Student Advisory Board

▶ Participate in the intake process
  ◦ Building Bridges Tip Sheet
  ◦ Reinforce that YDI is a "hands off" program and that their treatment is based upon their choices.

▶ Tour visiting agencies

▶ Revised the Grievance Policy and Procedure

  • Board members mediate and resolve all youth-to-youth grievances

▶ Report to their units about YDI as a community:

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

▶ Participate in on-going agency committees

  • Wellness, Beautification, Safety

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Full Inclusion : Youth Guided Care

Student Advisory Board

▸ **Continuing Tasks and Projects**

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

- 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

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Full Inclusion : Youth Guided Care

Student Advisory Board

▸ **Continuing Tasks and Projects**

▸ Design and distribute client satisfaction surveys

• Revised Room Decoration Policy and Procedure

• Revised Game Room procedures & expectations

• Review and recommend changes to guidelines, expectations and schedules

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

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Full Inclusion : Youth Guided Care

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 360° Staff Evaluation Process

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

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Workforce Development

Student Advisory Board

◦Student Advisory Board Role in Hiring, Training, & Evaluating Staff

What's your favorite Disney movie and why?

YDI 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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Workforce Development

Student Advisory Board Role in Staff Training

- Youth have valuable insight and understanding.

- 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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Workforce Development

Student Advisory Board Role in Staff Training

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

Use of Data to Inform Practice

Benefits to the youth

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

96 of 107 youth that have served in Student Advisory have successfully discharged

90 % successful discharge rate; YDI successful discharge rate is 82 %

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."

Leadership Toward Organizational Change

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)

Restraint Reduction is not enough 2007 to 2012

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

- We never recognized the depth of cultural change until June 2012

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YDI Physical Restraints
2007-2012
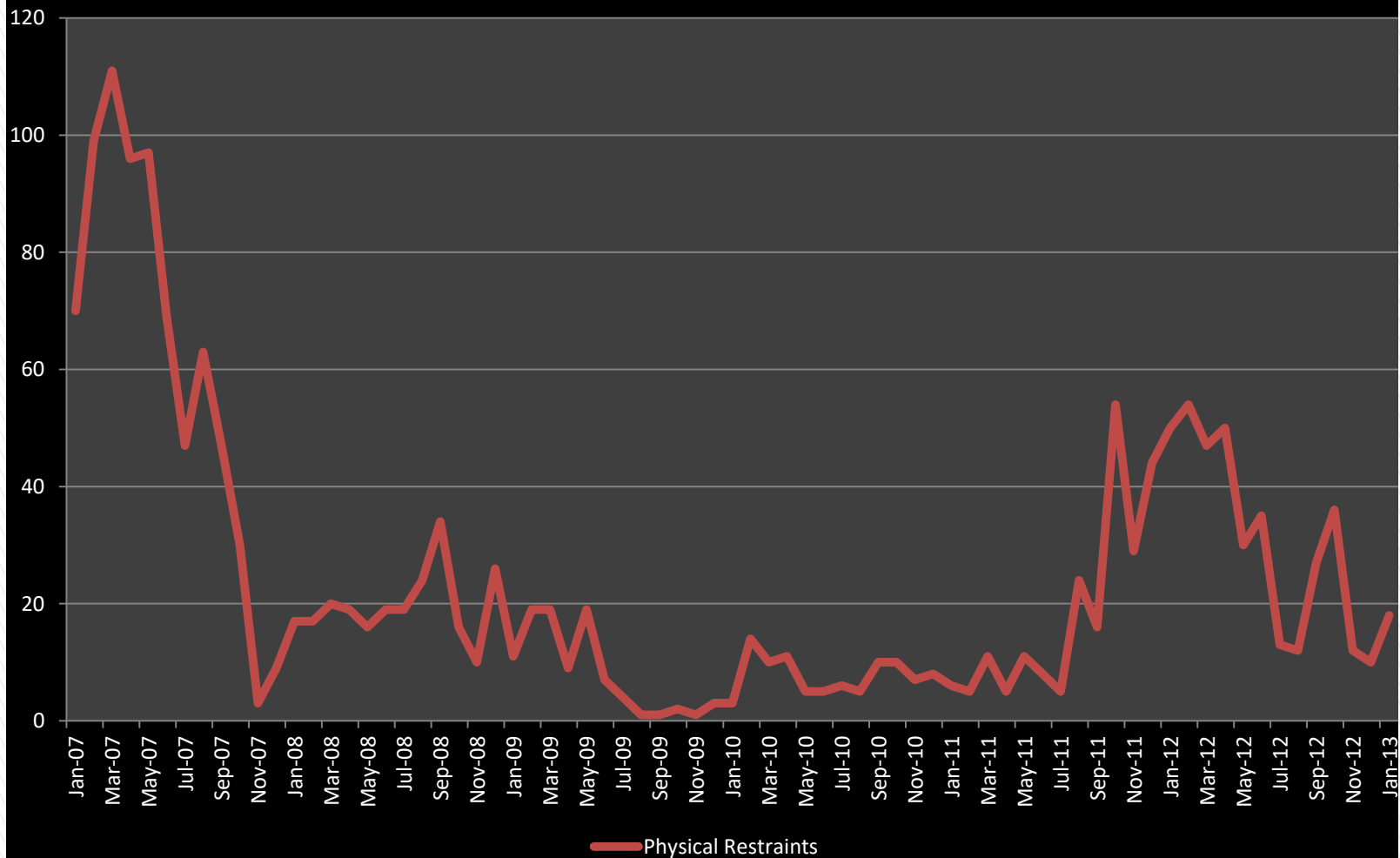
Paradigm Shift: Eliminate Restraints

- 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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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© as an iterative process
- Seek out and create opportunities to learn

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The Six Core Strategies©

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The Use of Seclusion and Restraint Reduction Tools: Trauma Informed Care

- 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: Trauma Informed Care

- Decorate Rooms
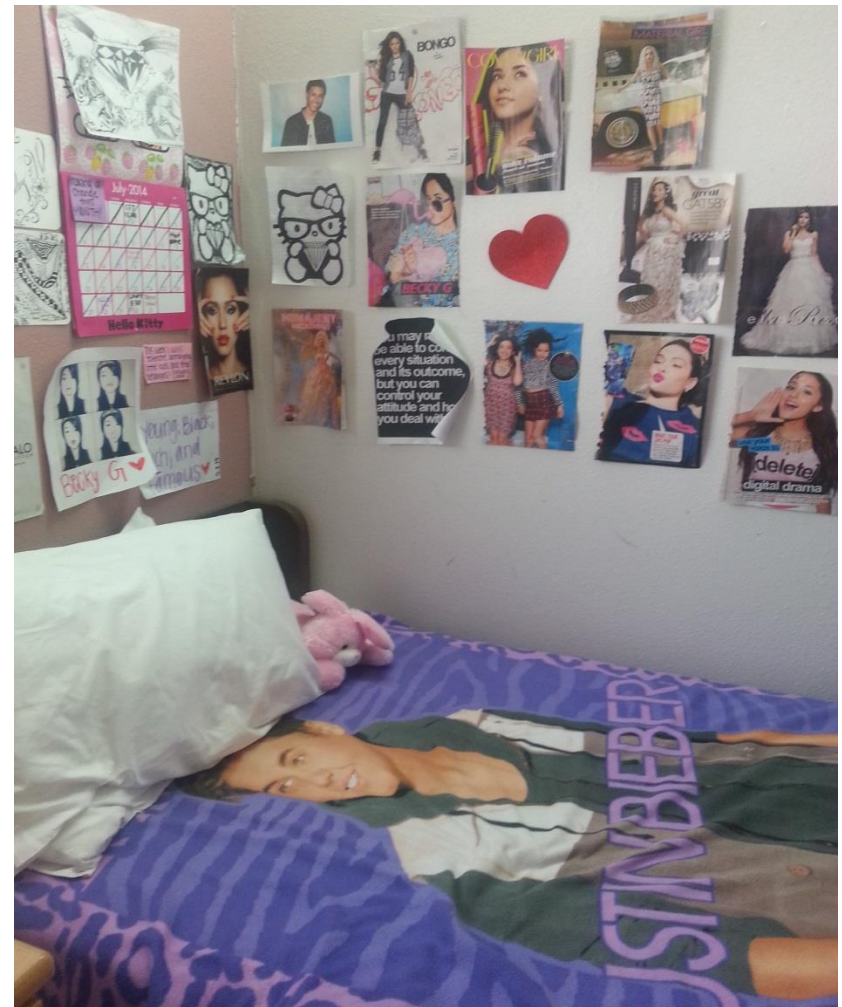
The Use of Seclusion and Restraint Reduction Tools: Trauma Informed Care

- **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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Workforce Development

- We started with some strengths already in place:

  ◦ Relationship is Primary

  ◦ Consequences, not punishment
    - No points or level system

  ◦ Mediation and Repairing Relationships

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

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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
- 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
  - Association of Children's Residential Centers (ACRC) Webinars
    - 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
    - TF-CBT
- Safety Plans and Self Assessment Safety Tools upon admission

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Workforce Development

SKILL NOT WILL.

Treating Explosive Kids

THE COLLABORATIVE PROBLEM-SOLVING APPROACH

ROSS W. GREENE | J. STUART ABLON

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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)
  - Skill not Will
  - 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?

Use of Data to Inform Practice

YDI Management meets monthly in the Performance Improvement Committee to review trends in many areas including:
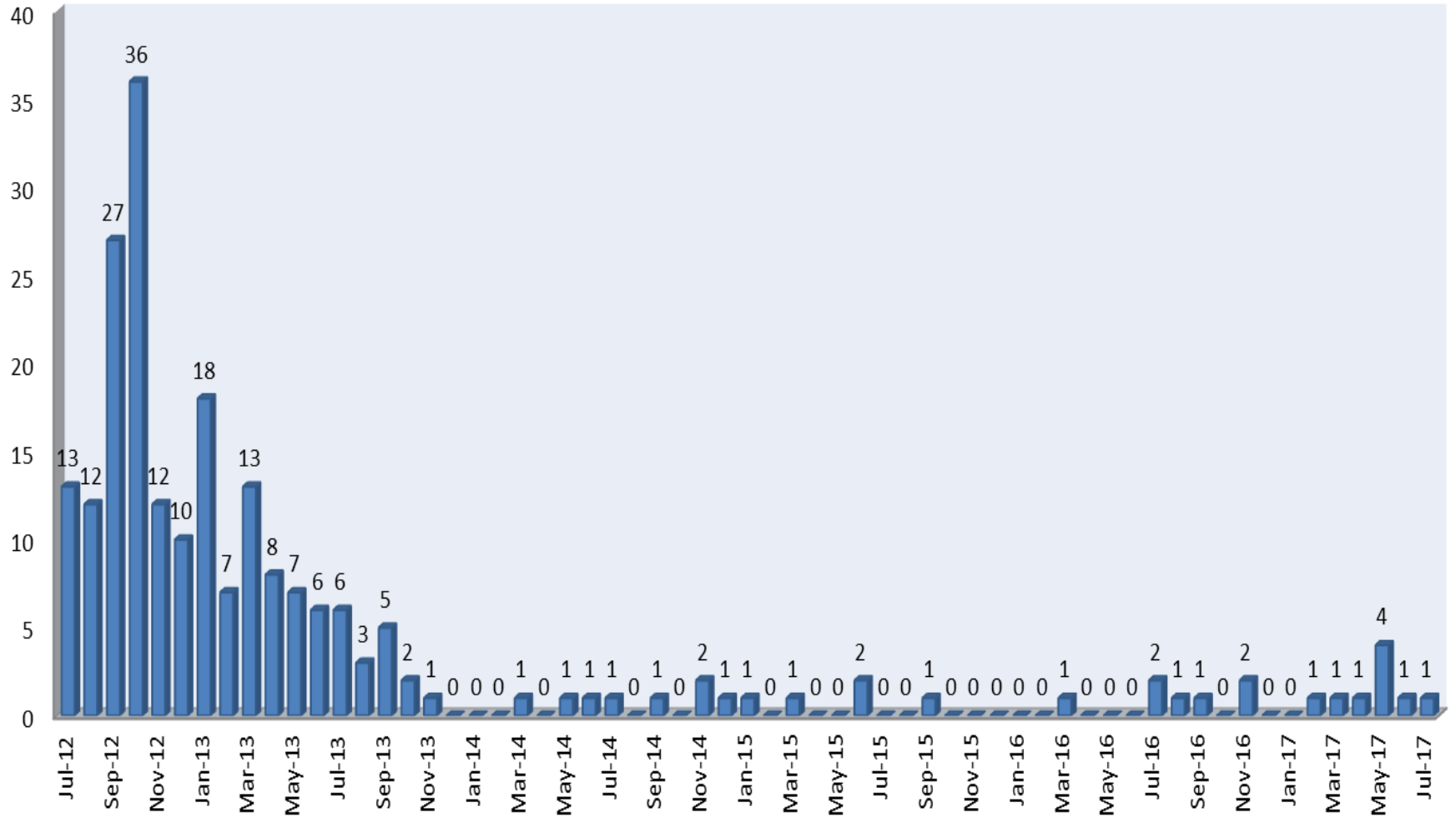
- Referrals and Admissions
- Discharges to Lower Level of Care
- Length of Stay
- Infection Control, Medication Errors, and X-Rays
- Polygraphs
- Training and Supervision
- Educational Performance and Attendance
- Reportable Incidents
- Restraints

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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 is a reduction in staff assaults from double digits (35+per month) to single digits
  - Decrease in staff injuries

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YDI Physical Restraints
July 2012- July 4, 2017

Bar chart showing YDI Physical Restraints from July 2012 to July 4, 2017. Values by month:
Jul-12: 13, Aug-12: 12, Sep-12: 27, Oct-12: 36, Nov-12: 12, Dec-12: 10, Jan-13: 18, Feb-13: 7, Mar-13: 13, Apr-13: 8, May-13: 7, Jun-13: 6, Jul-13: 6, Aug-13: 3, Sep-13: 5, Oct-13: 2, Nov-13: 1, then mostly 0 with occasional values: Mar-14: 1, May-14: 1, Jun-14: 1, Jul-14: 1, Sep-14: 1, Nov-14: 2, Dec-14: 1, Jan-15: 1, Mar-15: 1, Jul-15: 2, Sep-15: 1, Mar-16: 1, Jul-16: 2, Aug-16: 1, Sep-16: 1, Nov-16: 2, Mar-17: 1, Apr-17: 1, May-17: 4, Jun-17: 1, Jul-17: 1.

The last restraint at YDI was on July 4, 2017

450 days without a restraint…and counting

Full Inclusion of Individuals and Families/ Transition Planning & Services

Building Bridges Project

Purpose:

▸ To provide family driven, youth guided services designed to bridge a youth's transition from residential care to services provided in the community

▸ Family engagement in the community while the child is involved in residential services

▸ Focus on outcome: permanence in home & community

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Full Inclusion of Individuals and Families/ Transition Planning & Services

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/ Transition Planning & Services

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/ Transition Planning & Services

Building Bridges Project

▶ **Outcomes to date:**

- 93 participants to date, 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 <u>75%</u> overall success rate.

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Success

what people think
it looks like

Success

what it really
looks like

Transforming Residential

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

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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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