Overview of SAMHSA’S Initiative to Promote Trauma-Informed Care and Prevent Coercive Interventions:

The Six Core Strategies©

Presented by:
Beth Caldwell, MS
December 15, 2015
Magellan/BBI Virginia Partnership
The SIX CORE STRATEGIES©:

The only evidence-based practice researched to achieve the culture change that is required to successfully prevent and reduce the use of restraint and seclusion.

The Six Core Strategies© utilize strength-based, trauma-informed and youth-guided & family-driven care as foundation principles for operationalizing practices that result in significantly reducing the use of Restraint and Seclusion.
SAMHSA’S National Registry of Evidence-based Programs and Practices

http://www.nrepp.samhsa.gov/
ViewIntervention.aspx?id=278
The Six Core Strategies© to Prevent Violence and S/R

1) **Leadership** Toward Organizational Change
2) Use **Data** To Inform Practices
3) Develop/Support/Empower Your **Workforce**
4) Implement **S/R Prevention Tools**
5) Actively recruit, empower & include **youth and families in all activities** (already covered earlier in training session)
6) Make **Debriefing** rigorous
Core Strategy Focus

Effective Leadership Strategies in Ensuring Successful Organizational Change
Successful Culture Change – whether Building Bridges Initiative (BBI) Transformation or Reducing S/R Use

- Changes the way we do business
- Changes the way we view our customers (i.e. youth and families)
- Changes the way we see our own roles
- Results in a culture change that occurs over time
- Successful organizational change requires effective, committed leadership...
The Role of Formal Leadership

- Is the **most important** component in successful transformation and R/S reduction projects.

- Only Formal Leaders have the authority to make the changes that are necessary for success to:
  - Make BBI Transformation &/or S/R prevention/ reduction a high priority
  - Assure for Plan Development
  - Reduce/eliminate organizational barriers, including changing policy and procedures
  - Provide or re-allocate the necessary resources
  - Hold people accountable for their actions

- But informal leaders have roles also...
The Role of Informal Leadership

- All organizations have informal leaders who have their own power (influence with peers or supervisors)
- Informal leaders can use their influence in very important ways:
  - To model family-driven & youth-guided care
  - To model compassion, respect and listening skills
  - To provide feedback to colleagues on good and not so good practices
  - To make suggestions to supervisors.
1) **The essence of Effective Leadership is the ability to motivate one’s staff to action around a shared vision**

- Transformation towards Sustained Positive Outcomes Post-discharge & Preventing/Reducing S/R:
  - Preventing violence and the use of seclusion/restraint
  - Creating Outcome oriented systems based on BBI values/principles
  - Implementing family-driven, youth-guided and trauma-informed systems of care

(Anthony & Huckshorn, 2008)
2) **Effective Leaders create an organizational culture that identifies and tries to live by key values**

- Values are the “organizational Velcro” that binds vision to operations
- Leaders must be carefully chosen and very clear about the values that underlie reducing violence and coercion
- Only then they can start to team build...

Building Bridges Initiative Principles/Values Need to Direct this Work

- BBI Principles/Values are clear and unambiguous

- FDC & YGC – drives every practice in the program; re S/R, specifies use only for “safety in response to imminent danger”

- Includes statement of agency’s commitment to long-term positive outcomes post discharge and expressed goal to reduce/eliminate S/R and why
Crosswalk Values with Practices: Some Examples

Value: “Respect and Dignity are assured”

Practice: Staff do not respond to immediate needs or promise to “do later.” Staff publically “correct” youth behaviors. Staff talk is negative; sometimes demeaning about youth and family members, and sometimes ‘blame’ family members.
Change:

- Staff learn basic “customer service principles a la Disney.” Respectful, private discussions about behaviors. Level status/privileges and practices are reviewed for a literature base (i.e. – given literature – why would you use points or levels?). Power differentials are minimized...Youth and Families are treated as we would want to be..
Crosswalk Values with Practices: Some Examples

**Value**: “Inclusion, empowerment, family and youth advocates”

**Practice**: Family & youth advocates are NOT included in the organization or are only “tokens.” They are not involved in operations; if hired, it is in low level positions without power or voice.
Change:

- Multiple Family & Youth advocates are hired into formal roles (not just one). These include high level positions as well as direct care staff. Advocates report to senior staff, accommodations and support structures in place (agency influenced by family/youth culture/best practices vs family advocates being influenced by agency culture);
Fundamental Principles of Leaders
Using Human Technology

3) **Effective Leaders create processes that develop & empower their staff**

- Workforce development is primary
- Staff **understand** that most important work is w/ family and youth at home & in the community;
- Staff **understand** that successful de-escalation is learning how to negotiate and empower youth; provide choices that are win:win
- Leaders **allocate** resources that assist in this process
- Consultants and ‘R/S’ prevention/training providers are chosen **carefully** through a process that “vets their values”

(Anthony & Huckshorn, 2008)
Fundamental Principles of Leaders

Using Data to Inform Practice

(Six Core Strategies ©)

4) **Effective Leaders use information to drive change**

(Anthony & Huckshorn, 2008)
Fundamental Principles of Leaders

Develop A Formal Plan

5) Effective Leaders develop Formal Program Plans that are literature based, implement Culture change and Reduce R/S

- Values based
- Safety needs to start with a Prevention Umbrella
- Performance Improvement Principles (CQI)
- Create Program/Unit Accountable Team
- Inclusive of families & youth served

(Anthony & Huckshorn, 2008)
Leadership Responsibilities: Summary of Key Points

- Building an Outcome-driven/BBI Transformation System of Care and S/R Prevention/Reduction is PRIMARILY a leadership responsibility, not the staff’s

1. Create the Vision
2. Clarify Values (i.e. BBI Principles)
3. Develop Human Technology to change practice
4. Use Data to Inform Practice
5. Develop an Organized Plan

- AND: COMMUNICATE DAILY, WEEKLY and forever
Leadership towards Organizational Change

- Is there an area your program could strengthen specific to leadership? If yes, which area???

1. Create the Vision
2. Clarify Values (i.e. BBI Principles)
3. Develop Human Technology to change practice
4. Use Data to Inform Practice
5. Develop an Organized Plan
Core Strategy Focus

Workforce Development: Elevating the Importance of Best Practice Values/Practices and Preventing Seclusion and Restraint
The Importance of Workforce Development

- We realized early on that organizations needed to “change” the way S/R is viewed for CHANGE to occur and this occurs thru workforce development.

- Workforce Development includes the following activities:
  - Witnessing aka Executive/Staff Oversight of Events (overlaps with Debriefing Activities)
  - Human Resource Activities
  - Training Guidelines
A. Witnessing aka... Executive/Staff Oversight

“Witnessing” refers to significant organizational changes in the level and importance of:

- oversight
- accountability
- timely communication
- a commitment to follow-through that will surround every seclusion and restraint event

(Huckshorn, 2001)
Goal of Witnessing

- To prevent and reduce the use of S/R by:

  watching and elevating the visibility of every event, 24-hours a day/7-days per week
Witnessing Example

• Organizational leadership ensures effective oversight and accountability by assigning specific duties and responsibilities to multiple levels of staff for every event such as:
  ▫ 24/7 On-Call Executive Role
  ▫ On-Site Supervisor Role
  ▫ Direct Care Staff (workforce development)
B. Human Resources Activities

• Integrate S/R prevention/reduction in Human Resource Activities that include:
  – New hire interview procedures
  – Job descriptions
  – Competencies
  – **Supervision**
  – **Empowerment/Support of Staff**
  – Performance evaluations
  – New employee orientation
Nearly every program leader has had to share with one or more staff that it is time for him/her to:

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

- Keith Bailey
C. Staff Education and Training

• Staff will require education on key concepts – examples include:
  ▫ Primary Prevention Approach
  ▫ Experiences of staff and adults/kids with S/R
  ▫ The Neurobiological/Psych Effects of Trauma
  ▫ Practices that correlate to long-term outcomes post-discharge (i.e. FD & YG Care)
  ▫ Roles of Youth, Families and Advocates
  ▫ Negotiation and problem solving
What have your challenges been with Workforce Development?
Core Strategy Focus

Primary Prevention Tools: Strategies for Promoting Self-Regulation, Self-Soothing & Calming
Successful Strategies for Promoting Self-Regulation

• Hiring and Supervising Staff to Core Qualities
• Safety/Soothing Plans for Youth, Families & Staff
• Range of Sensory Modulation Approaches – including large motor activities/understanding biorhythms
• Adaptations to the physical environment
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
Essential Prevention/Soothing Plan Components

- Triggers
- Early Warning Signs
- Strategies
- What NOT to do
How to Support Proactive Use of the Chosen Calming Strategies

• Review/Role-Play use in WRAP groups led or co-led by Peer Advocates

• Take beyond basic ‘triggers’ to understanding each person’s physiological (biorhythm) needs (e.g., when most stressed; when most relaxed; need for and how often: exercise, stretching, outside time, naps, yoga, meditation, tai chi, etc.)

• Review and change after escalations
Staying Mindful of Safety/Soothing Plans & Integrating into Treatment

• Make it a family affair- for all family members
• Create a “pocket” version– laminated card
• Develop a computer version to email
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
Sensory-based Approaches

- **Grounding physical activities:**
  - holding
  - weighted blankets – vests, blankets
  - arm & hand massages
  - push-ups
  - "tunnels"/ body socks
  - walk with joint compression
  - wrist/ankle weights
  - aerobic exercise
  - sour/fireball candies
Sensory-based Approaches

- **Calming self-soothing activities:**
  - hot shower/bath
  - wrapping in a heavy quilt
  - decaf tea
  - rocking in a rocking chair
  - beanbag tapping
  - yoga
  - drumming
  - meditation
Simple Sensory/Healing Enhancements

- Add calming/attractive features:
  - curtains/nice bedspreads/comfy & **warmed** blankets
  - soft music
  - sound proofing
  - comfortable furniture with multiple glider rockers/massage chairs
  - places to exercise/easy access to outdoors
Simple Sensory/Healing Enhancements

- Add calming/attractive features:
  - art work; murals
  - plants throughout
  - fish tanks/water elements
  - low lighting (dimmer switches)
  - pleasant aromas
  - soft colors and textures
  - individual sensory baskets for each person & sensory carts throughout available to all – persons served, visiting family members, staff
  - ALL ROOMS are comfort areas
Next three slides from Florida Department of Juvenile Justice Marion Regional Juvenile Detention Center
Translating TIC into Practice

SaintA’s* Program Model Consisting of 7 Elements:

1) Prevalence: High
2) Impact: Trauma changes people physiologically
3) Perception/Reality: *Moving from “what’s wrong w/ you” to “what happened to you”*
4) The lower brain: damaged & stressed – building lower brain as a house of bricks - *so rhythmic, patterned & repetitive activities* (calm/calm/calm)
5) Relationship: VERY IMPORTANT
6) Reason for being: sense of purpose/identify
7) Caregiver capacity: TAKE CARE OF STAFF

*Milwaukee, WI*
Resilience Trumps ACEs
Wala Wala, Washington
http://www.resiliencetrumpsaces.org/communityin.cfm
http://resiliencetrumpsaces.org/popups/5minutes.html

• Period of flexibility and plasticity of executive functioning part of the brain doesn’t fully develop until age 25 to 30. So - we can:
  • Do skill building w/ youth & extended family
  • Nurture youth and family
  • Strengthen each youth & family’s feeling of being IMPORTANT/TALENTED/WORTHWHILE

Caldwell, 2004; updated 2012
What have your challenges been with Primary Prevention Tools?
Core Strategy Focus

Rigorous Debriefing
Definition of Debriefing

• A stepwise tool designed to rigorously analyze a critical event, to examine what occurred and to facilitate an improved outcome next time (manage events better or avoid event). *(Scholtes et al, 1998)*

• Some organizations use Root Cause Analysis (RCA) steps for formal debriefing, especially when outcomes is adverse or child is being held multiple times in a short time.
Debriefing Questions

- Debriefing will answer these questions:
  - Who was involved?
  - What happened?
  - Where did it happen?
  - Why did it happen?
  - What did we learn?

- Staff involved in doing this work need to approach in an objective manner and like a “journalist”
  
  *(Cook et al, 2002; Hardenstine, 2001)*
Debriefing Goals

1) To find out what happened to prevent the future use of seclusion and restraint for same or similar reasons, when possible.

- Assist the child 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 and used. If not why not?

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

2) Reverse or minimize the negative effects of the use of seclusion and restraint.

- Evaluate the physical and emotional impact on all involved individuals including the child or youth and staff.

- Identify need for (and provide) counseling or support for the child or youth (and staff) involved for any trauma that may have resulted (or emerged) from the incident.

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

3) To address organizational problems and make appropriate changes.

- Determine what organizational issues may exist to avoiding seclusion and restraint in the future.

- Ensure changes, when relevant, to the organization’s philosophy, policies and procedures, environments of care, treatment approaches, staff education and training.

(Massachusetts DMH, 2001; Huckshorn, 2001; Cook et al, 2002; Hardenstine, 2001; Goetz, 2000)
Three Discrete Types of Debriefing

- Immediate “Post Acute Event” debriefing
  - Include child or youth interview

- Formal Debriefing the next working day
  - Include child/youth in the debriefing, if possible

- Youth Debriefing done separately if child or adolescent is not comfortable in larger formal activity

(Massachusetts DMH, 2001; Huckshorn, 2001; Cook et al, 2002; Hardenstine, 2001; Goetz, 2000)
Formal Debriefing Questions

• Facts: What do we know that happened?
• Feelings: How do you feel about the events that happened?
• Planning: What can/should we do next?
  ▫ Clinical Changes
  ▫ Operational Issues
  ▫ Training Issues

(Goetz, 2000)
Issues: Questions for Staff

• What were the first signs?
• What de-escalation techniques were used?
• What worked and what did not?
• What would you do differently next time?
• Why?
• How could S/R be avoided in this situation in the future?
• What emotional impact does putting someone in restraints have on you?
• What was your emotional state at the time of the escalation?

(Hardenstine, 2001)
Issues: Treatment Plan Revisions

• How do comments, such as the ones below, get translated into treatment plan revisions?
  ▫ “If only they let me make a phone call”
  ▫ “I wanted to listen to music and they were telling me to go to my room ...”
  ▫ “Staff were yelling and I got scared...”
  ▫ “I just wanted to be alone”  

(Hardenstine, 2001)
Issues: Child/Youth Debriefing Issues

- Use a staff person not directly involved in the S/R event or a trained youth peer.
- Try for an immediate post event debriefing
- The debriefing with the child/adolescent may need to be delayed – try not to delay too long
- Sometimes children/adolescents may need informal/kind/gentle discussions (i.e. while shooting hoops) and may need 3 or 4 discussions
- Avoid blame

(Hardenstine, 2001)
Issues: The Use of “Apology”

- Debriefing is more than “setting the record straight.” It is about sharing responsibility for what happened.
- If we expect children and adolescents in care to learn from events, so we need to role model learning.
- When staff make mistakes or miss cues they need to disclose these.
- Use of apology is a way to open up the conversation after R/S and start to rebuild trust.
- For example “I am sorry that this happened to you…”

(Lazare, 2004)
Issues: Questions for the Youth

• “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?”
• “Is there anything that you would do differently next time you are upset/stressed/triggered?”
• “What could we have done to make the restraint/hold (or seclusion) less hurtful?”

(Massachusetts DMH, 2001)
Issues: Event Observers

- Don’t forget the “Event Observers”
- Observing a seclusion or restraint event (violence) is just as traumatic to observers as to direct participants
- Need to be Debriefed also
- Peer youth advocates and assigned staff can help here

(Huckshorn, 2001; Bluebird & Huckshorn, 2000)
What have your challenges been with Rigorous Debriefing?
Core Strategy Focus

Use Data to Inform Practice
- dig
- dig
- dig
- analyze
- make improvements based on what data tells you
Fundamental Principles of Leaders

Using Data to Inform Practice

- Use Data To Identify & Analyze Restraints and other incidents:
  - Unit/Day/Shift/Time of day
  - Age/Gender/Race
  - Date of admission/Diagnosis
  - Pattern of staff involved in events
  - Use of Soothing Strategies
  - How much ‘hope’ does youth have – how often is he/she home/in community engaging in activities he/she loves
  - Precipitating Events
Fundamental Principles of Leaders

Using Data to Inform Practice

Use Data To:

— Monitor Progress
— Discover new best practices
— Identify emerging staff as FDC/TIC/YGC/Restraint Prevention/Unplanned Discharge/AWOL/Hospitalization Prevention CHAMPTIONS
— Target certain units/staff for training/mentoring
— Create healthy competition (PA, MA)
— Assure that everyone knows what is going on/COMMUNICATE/SHARE SIMPLY WITH EVERYBODY
Fundamental Principles of Leaders

**Using Data to Inform Practice**

Use Data To Identify & Analyze Permanency Factors – as in LA County/RBS Initiative:

- Safety, Permanency and Well Being
- Decreased length-of-stays in residential
- Reduced re-entry
- Increased use of informal or “natural” community supports
Fundamental Principles of Leaders

Using Data to Inform Practice

Use Data To Identify & Analyze Permanency Factors – as in NH Building Bridges Initiative:

- Youth and Family Involvement in Permanency Project Events (Advisory Councils, workshops)
- Youth Involvement in Normalizing Community Activities
- Staff meeting and working with families in their home communities
- Meaningful Connections established in community
- MOST IMPORTANT: PERMANENCY
BBI Outcomes Workgroup

The goals that should be used to organize outcomes research:

1. **Home** - A safe, stable, supportive living environment
2. **Purpose** - Meaningful daily activities, such as a job, school, volunteerism, and the independence, income and resources to participate in society
3. **Community** - Relationships and social networks that provide support, friendship, love
4. **Health** - Sustained basic physical and behavioral health, and overcoming or managing health challenges
Framework for Outcomes Research

Performance Measures
- System Performance Measures
- Provider Performance Measures

Youth/Family Outcomes
- **Post-Discharge Follow-up**
- Validated Level of Functioning Tools
- Experience of Care
Multi-service agency serving 3,500 youth/families annually used the Six Core Strategies© to:

- Eliminated R/S in their shelter programs in 2005
- Reduced use of R/S in RTC from 363 restraints & 315 seclusions in 04/05 to ‘0’ in 07/08
- Not used any ‘invasive strategy’ through early 2010 (last time checked)
- Heavy emphasis on youth/family empowerment
Griffith Centers for Children (Colorado)

- Serves approx. 1,600 children/families annually in community & residential programs.
- Between 04-07 realized 70% reduction in restraints (nearly 350% < in workmen’s comp during the same time)
- Of Six Core Strategies© focused on: Leadership, Data, Workforce Development & Debriefing
- Focused on developing practices that were: strength-based, trauma-informed and empowering for youth
<table>
<thead>
<tr>
<th>1999</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Mechanical restraint</td>
<td>✓ Mechanical restraint</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>✓ Seclusion</td>
<td>✓ Seclusion</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>✓ Medication restraint</td>
<td>✓ Medication restraint</td>
</tr>
<tr>
<td></td>
<td>2 programs</td>
</tr>
<tr>
<td>✓ Point &amp; level systems</td>
<td>✓ Point &amp; level systems</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>✓ Sensory Approaches</td>
<td>✓ Sensory Approaches</td>
</tr>
<tr>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>✓ Service dogs /pet Rx</td>
<td>✓ Service dogs /pet Rx</td>
</tr>
<tr>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>✓ Total S/R episodes</td>
<td>✓ Total S/R episodes</td>
</tr>
<tr>
<td></td>
<td>819</td>
</tr>
</tbody>
</table>
MA DEPARTMENT OF MENTAL HEALTH

1999
✓ No S/R philosophy
✓ Policy 15 years old
✓ Regulations >10 years old
✓ Ltd. Trauma Assessments
✓ No Crisis Planning
✓ No Sensory/comfort rooms
✓ No education on consumer experience or inclusion
✓ No S/R prevention training or framework

2013
✓ Have S/R philosophy statement
✓ New policy calls for S/R elimination
✓ New regs. on S/R Prevention
✓ Trauma Assessment for all
✓ Crisis Planning for all
✓ Sensory/comfort rooms in all svcs.
✓ Family & Youth Advocates hired – involved in hiring/evaluation/training of staff
✓ Every hospital & secure treatment facility in MA trained in Six Core Strategies©
Contact information for Six Core Strategies©

- Dr. Kevin Huckshorn
  kevinurse@gmail.com
- Dr. Janice LeBel
  jlebel@comcast.net
- Beth Caldwell
  bethcaldwell@roadrunner.com
SAMHSA’S National Registry of Evidence-based Programs and Practices