

**Connecticut Restraint and Seclusion
Prevention Initiative Partnership
Fourth Annual Conference**

**Tuesday, October 11, 2016
Southern Connecticut State University
Adanti Student Center
New Haven, CT**

Conference Agenda

- 8:00 – 8:45 Check In - Registration
- 8:45 – 9:00 Welcome and Introductory Comments
- 9:00 - 10:30 Keynote Presentation - Dr. Joseph Spinazzola, Executive Director, The Trauma Center at Justice Resource Institute., Brookline, MA
- 10:30 - 10:45 Break
- 10:45 - 12:00 Breakout Session Presentations***
- (1) CT Department of Corrections
 - (2) Ädelbrook Behavioral and Developmental Services
 - (3) Justice Resource Institute, Susan Wayne Center,
 - (4) Toivo Center Healing Arts Space
 - (5) Panel Discussion: Persons with Lived Experience
- 12:00 - 1:00 Lunch (Provided)
- 1:00 – 2:15 Breakout Session Presentations: Repeat from AM
- 2:15 – 2:30 Break
- 2:30 - 3:45 Plenary Session: CT Department of Developmental Services
- 3:45 – 3:50 Closing Comments

Posters on prevention initiatives will be available for viewing and discussion at the venue

*Please note that this conference is a fragrance free event. In deference to individuals with chemical sensitivities, please refrain from using perfume, after shave or other scented products.

***All attendees will be assigned either a morning or afternoon session of the Panel discussion. All other breakout sessions will be filled on a first come/first served basis based on room capacity.

CONNECTICUT RESTRAINT AND SECLUSION PREVENTION INITIATIVE PARTNERSHIP

CONFERENCE PRESENTATIONS AND PRESENTER BIOS

Key Note Speaker

Joseph Spinazzola, Ph.D.

Dr. Spinazzola is the Executive Director of the Trauma Center and Vice President of Behavioral Health and Trauma Services at Justice Resource Institute. Dr. Spinazzola is a Research Professor of Clinical Practice in the Department of Psychology at Suffolk University, and an Adjunct Professor at Richmond Graduate University. He is also a member of and lead examiner for the Forensic Panel. In his 17th year with the Trauma Center, Dr. Spinazzola remains actively involved in all facets of the Center's work and mission, serving as a clinician, clinical supervisor, senior trainer, and Director of JRI's Institute of Research, Inquiry and Evaluation. Dr. Spinazzola is the Director of the Complex Trauma Treatment Network of the SAMHSA-funded National Child Traumatic Stress Network, a national initiative to transform large regional and statewide systems of care, and is Co-Principal Investigator of the Developmental Trauma Disorder National Field Trial. Dr. Spinazzola specializes in the assessment, diagnosis, prevention and treatment of complex trauma in children and adults, and is the author of over three dozen peer-reviewed journal publications on traumatic stress and youth violence. Dr. Spinazzola holds particular interest in dissociative coping adaptations in survivors of chronic maltreatment and neglect and in the role of transformative action, play and improvisational theater in the recovery process. He is co-author of the forthcoming book: *Reaching Across the Abyss: Treating Adult Survivors of Childhood Emotional Abuse & Neglect*.

To learn more about the Trauma Center: <http://www.traumacenter.org/>

Plenary Session

Presentation: CT Department of Development Services

Holistic Approaches to Prevent Overuse of Psychiatric Medications for Individuals with Developmental Disabilities.

The literature reveals that fifty-percent of individuals diagnosed with developmental disabilities are prescribed at least one psychiatric medication, which is oftentimes intended to reduce the occurrence of challenging behavior. Our presentation will discuss the background of psychiatric prescribing in this population including the impact of the Consent Decree following the closure of the Mansfield Training School, as well as efforts to track psychiatric medication usage by the Department of Developmental Services. We will describe non-medication based strategies to better understand and more effectively treat behavioral issues, such as conducting comprehensive functional assessments and exploring ways to evaluate positive behavior supports that have been implemented. Methods for seeking psychiatric consultation and data collection will also be offered along with a case illustration. While this presentation is predominantly focused on adults diagnosed with developmental disabilities, there are implications for a larger target audience that supports children and adolescents. It is hoped that from this presentation we can continue to bring about a cultural change that allows our audience to be better consumers of positive behavior supports and psychiatric prescribing.

Presenters

Peter Tolisano, Psy.D.

Dr. Tolisano is a licensed clinical and consulting psychologist. Dr. Tolisano earned his Bachelors of Arts degree in Psychology with a concentration in History, summa cum laude, from Central Connecticut State University. He completed his Master's and Doctoral degrees in Clinical Psychology at the University of Hartford. He joined the Department of Developmental Services (DDS) in July of 2013. Prior to assuming his tenure as the Director of Psychological Services, he was a campus-wide psychologist at Connecticut Valley Hospital with the Department of Mental Health and Addiction Services (DMHAS). In his current role, Dr. Tolisano is responsible for overseeing and coordinating psychological services statewide throughout DDS. He interfaces with public agencies, private providers, and national entities regarding the provision of services, especially positive behavioral supports, for individuals diagnosed with an intellectual disability or an autism spectrum disorder.

Vincent A. Covino, Ph.D.

Dr. Covino joined the Department of Developmental Services (DDS) in January, 1987 as a staff psychologist. He holds Bachelor and Master's Degrees in Psychology from St. John's University, Jamaica, New York and a Doctorate in Psychology from The University of Notre Dame, South Bend, Indiana. In 2003, Dr. Covino was promoted to the position of Director of Clinical Services in the North Region. Among his duties in that capacity, he serves as the Regional Forensic Liaison to Courts, tracking cases in the judicial system and providing or overseeing restoration training for competency to stand trial. In addition, he chairs the regional Program Review Committee and oversees the professional members of the Program Review Committee. Further, he serves as Liaison to mental health agencies and psychiatric hospitals. Finally, he provides consultation to private agencies on clinical issues and performs redetermination of eligibility reviews for the region.

Rachel Duzant, Psy.D.

Dr. Duzant joined the Department of Developmental Services (DDS) in January, 2015. She holds a Bachelor's Degree in Psychology from Quinnipiac University. Her Master's and Doctoral Degrees in Clinical Psychology were obtained from the Chicago School of Professional Psychology. She completed her internship training at the Veteran's Administration Hospital located in East Orange, New Jersey completing rotations in Health Psychology, Post-traumatic Stress Disorders, and Dual diagnosis. Dr. Duzant was employed at the Hartford Hospital's psychiatric division located at the Institute of Living's Schizophrenia Rehabilitation Program since March 2008 before joining the Department of Developmental Services. In her current role as a Supervising Psychologist, she serves as liaison to Mental Health agencies, psychiatric hospitals, and provides consultation to private agencies on clinical issues. She continues to maintain a private practice.

Breakout Sessions

Presentation: CT Department of Correction

Both nationally and in the State of Connecticut, correctional agencies have recognized that their staff undergo severe stressors that negatively impact both their health and their work environment. Two staff members of the Connecticut Department of Correction will present information on how their agency is implementing strategies to combat the negative effects of workplace stress and provide for a healthier work force.

Presenters

Andrea Reischerl, R.N.

Andrea is a clinical nurse specialist-board certified in adult mental health nursing. She is the MH APRN for DOC. She has spent the last 15 years of her career providing mental health service to incarcerated persons with co-occurring disorders.

Tom Maskell, B.S.

Tom has worked for the Connecticut Department of Correction for over twenty-two years in both the custody and treatment areas. He is currently a Counselor Supervisor in the Program and Treatment Unit and is certified as a Peer Support Specialist. He is a US Army Veteran of the Gulf War. He holds a Bachelor of Science Degree in Criminology from the University of Tampa.

Presentation: JRI Susan Wayne Center

Presenters will discuss a variety of topics related to health and wellness of children, including specific strategies for intervention and initiatives, as well as why wellness is critical in both trauma-informed care and restraint reduction. For the individuals we serve, taking care of one's self often becomes a low ranking priority, behind foundational survival needs such as basic safety. Fortunately, there are a number of options available to providers in their work with children (and families), and several concrete examples will be presented. Special attention will be paid to the unique barriers faced by vulnerable populations, as well as how to empower and energize individuals in the pursuit of wellness. In addition, a systems change perspective will be utilized throughout the presentation to demonstrate not only how to start wellness initiatives, but also how to assess their effectiveness, build on their success, and assist in engraining them into the organization's culture.

Presenter:**Stacey Forrest, M.Ed.**

Stacey is the Director of The Susan Wayne Center of Excellence and the Susan Wayne Center Clinical Day School, in Thompson, CT. In her eleven years at JRI, Stacey has assisted with several major programmatic change initiatives, with a special focus on transitioning programs to more trauma-informed practices. As an adjunct training faculty for The Trauma Center at JRI, Stacey provides training to residential programs seeking to adopt trauma-informed treatment models.

To learn more about the JRI Susan Wayne Center: <http://www.jri.org/content/susan-wayne-center-excellence-0>

Presentation: Adelbrook Behavioral and Developmental Services

This presentation will provide an overview of prevention initiatives implemented within a congregate care setting to reduce restraints and seclusions. Specifically, the clinical team from Adelbrook Behavioral and Developmental Services Inc. will discuss how changing the paradigm of treatment planning from operating within discrete silos to a collaborative model impacts the outcomes for clients, families and staff. An overview of our primary prevention initiative, the Cross Systems Crisis Prevention and Intervention (CSCPI) plans, will be discussed against the backdrop of the Six Core Strategies for Reducing Seclusion and Restraint Use. A paramount feature of the CSCPI is the multi-disciplinary approach that engages professionals, families, individuals and para-professionals to be poly-authors of the crisis prevention strategies, stages and intervention plans. Data will illustrate that since the implementation of the CSCPI there has been a reduction in the number of restraints and seclusions. Other prevention initiatives that have likely contributed to this reduction will also be discussed. Representatives from multiple treatment realms including Direct Care Staff, Nursing, Behavioral, Clinical and Occupational Therapies will be available to answer questions and share insights about shared roles and visions for achieving better outcomes.

Presenters:

Julie Piepenbring, Ph.D., LCSW. Julie is the Executive Vice President and Chief Clinical Officer at Adelbrook Behavioral and Developmental Services Inc. Dr. Piepenbring has worked at Adelbrook since 2009 and in 2012 she headed the agency's launch of the first CT START Center. In collaboration with the national START Centers she implemented and participated in a yearlong training curriculum on neurodevelopmental disorders. Her research interests have focused on the impact of ASD on family systems. In addition to her work at Adelbrook Dr. Piepenbring is an adjunct professor at SCSU and is the managing partner of a private practice where she engages in clinical work with children and adults.

Alice Simoniello, LCSW. Alice is the Supervisor of Clinical Services in Residential Programs as well as a Clinical Coordinator at Adelbrook Behavioral and Developmental Services. Alice received her MSW from Smith

College School for Social Work with a particular focus on early child development. Over the past 25 years Alice has worked in various clinical capacities with children, adolescents, adults, and families in residential, day hospital, and out-patient settings.

Stephanie Maynard, LCSW. Stephanie is the Supervisor of Clinical Training, Research and Development at Adelbrook as well as a Clinical Coordinator on Shiloh and Nathan House at Adelbrook. Stephanie has 15 years of experience working with individuals with Autism Spectrum Disorders and their families. She has worked in clinical, academic and research settings including Dartmouth-Hitchcock Medical Center and the Yale Child Study Center.

Paul DiPietro, BS. Paul is a Behaviorist on Nathan House at Adelbrook. Paul has been with Adelbrook for the past 4 years. He has 19 years of experience working with individuals with Autism Spectrum Disorders, Intellectual Disabilities, and moderate to severe behavioral challenges. He has worked in residential, group home and academic settings including The Perkins School for the Blind, CREC River Street School, Judge Rotenberg Educational Center, May Institute, Becket Family of Service, and Beaverbrook STEP.

To learn more about Adelbrook: <https://adelbrook.org/>

Presentation: Toivo Healing Arts Space

Join the Toivo team in their Healing Arts Space for an interactive and informational experience. Participants will have the opportunity to learn more about the Toivo initiative, as well as experience some of the mind-body practices that are at the heart of what they do. Trained Toivo facilitators will guide a brief chair yoga, laughter exercise and sound healing experience, as well as answer any questions regarding the initiative that participants may have.

Presenters:

Hilary Bryant. Hilary is the Manager of Toivo, Advocacy Unlimited's mind-body center located in Hartford, CT. After struggling with emotional distress for many years Hilary found healing through yoga, meditation and intentional living. She is a 200 Hour Registered Yoga Teacher, Reiki Master, Kripalu Yoga in the Schools Certified Teacher, Yoga for Twelve Step Recovery Leader, Trauma-Informed Yoga Instructor and a trained Alternatives to Suicide facilitator. Hilary is passionate about bringing the healing power of yoga to as many people as she can.

Kelvin Young. Kelvin is the Advocacy Unlimited, Inc. Assistant Executive Director and Toivo Director. He is a Holistic Stress Management Instructor, Sound Healer, Certified Addiction Recovery Coach and Recovery Support Specialist. Mr. Young was featured in a powerful documentary called "Meditation: The Journey Within" and serve on the CT Department of Mental Health and Addiction Services Multicultural Advisory Council. In 2014 Kelvin was presented and awarded the "Professional of the Year Award" from the Bridgeport Reentry Collaborative and also received special recognition from U.S. Senator Richard Blumenthal (D-CT) for being a positive role model and directly contributing to the success of reentry efforts. Additionally he was named the Vice President of the Holistic Chamber of Commerce in Hartford, CT. Today, Kelvin sustains a healthy lifestyle by eating a vegan-based diet, practicing meditation on a regular basis, spending quality time in nature, and building healthy relationships with others.

Laura Le. Laura, Toivo's Wellness Facilitator, is a certified Laughter Yoga instructor. For the last five years, she has shared the healing power of laughter in various different settings, including hospitals, workplaces, libraries, parties, health conferences, and retreats. She has been interviewed on radio and public TV shows and has been featured in the Hartford Courant.

To learn more about Toivo: <http://toivocenter.org/>

Panel Presentation:

Kathy Flaherty, J.D., Executive Director of the CT Legal Rights Project, will facilitate a panel of individuals with lived experience in the mental health system as well as systems serving those with developmental challenges. Panel members will share their personal stories as well as insights into how restraint and seclusion has impacted them. Panelists will also reflect on those techniques, activities, and approaches which were most helpful in avoiding physical interventions and in moving forward with their lives.

Facilitator:

Kathy Flaherty, J.D., Since 2015 Kathy has served as Executive Director, CT Legal Rights Project (CLRP), a statewide non-profit agency which provides legal services to low income individuals with mental health conditions, who reside in hospitals or the community, on matters related to their treatment, recovery, and civil rights. For the previous 12 years Kathy served as Staff Attorney at Statewide Legal Services of CT, Inc., the centralized intake hotline for all the Connecticut legal services programs. A graduate of Wellesley College and Harvard Law School, Kathy has dedicated her professional life to advocating for the rights of the underserved.

Combining her personal experience as a recipient of mental health services and her legal background, Kathy is able to speak to issues affecting those living with mental illness from a multi-faceted perspective. Her advocacy work has earned her numerous honors including:

- Stigma Buster Award, Connecticut Psychiatric Society, NAMI-CT, State of Connecticut Department of Mental Health and Addiction Services, 2001 and 2007
- Stigma Buster Award, NAMI-CT, 2006
- Dr. Karen Kangas Advocacy Award, Advocacy Unlimited, 2010
- Spirit of the ADA Award, ADA Coalition of Connecticut, 2011

Kathy is currently a member of the Board of Directors of Advocacy Unlimited, Lawyers Concerned for Lawyers-CT (the state's lawyer assistance program), and the Connecticut Alliance to Benefit Law Enforcement (CABLE).

In January 2013, Kathy was appointed to Governor Malloy's Sandy Hook Advisory Commission, a 16-member panel of experts created by the Governor to review current policy and make specific recommendations in the areas of public safety, with particular attention paid to school safety, mental health, and gun violence prevention.

Panelists:

Sheri Romblad: Sheri is a wife and mom of 2 boys. Her 12 year old son had a late diagnosis of Sensorineural Hearing Loss (SNHL) at age 8. Her 9 year old is also diagnosed with ADD. Sheri is a 2014 graduate of CT Partners in Policymaking. Upon graduation, Sheri became actively involved at the legislative level and introduced two bills to the House of Representatives to increase the amount of hearing screenings for children in CT. She also became an active member of state boards, councils and committees. Sheri has a degree in Communications and Media and a background in advertising and marketing. She and her family love the outdoors, traveling, cooking and gardening. Sheri is committed to providing information and support to deaf and hard of hearing families to become more knowledgeable and powerful community members.

Evan C.: Evan is a young person who has a fondness for the arts, nature, reading, and hiking. He has been in recovery for a decade and has used his experience to help and inspire others who are having difficulties. Currently he is a Warmline operator and a college student aspiring to be a high school English teacher at a therapeutic school.

Luz Feliz- CT Young Adult Warmline Operator: Luz is a young adult in recovery who has a passion for expressive writing and co-facilitates a writing workshop at Toivo twice a month. She began her road to recovery 8 years ago and now dedicates herself to helping other people through the work she does on the Warmline. Luz acknowledges that every day is a new chance to get up and start over, and she encourages others to do the same.

Deborah McCusker : Advocate and family Educator for 36 years. My area of interested is children and youth on the Autism Spectrum. I have run my own non-profit "Together We Shine" for 15 years. The purpose of this group is educating parents, community members, caregivers and youth how to become true partner with the system for greater outcome for everyone involved. I am a trained teacher of mental health for NAMI of Ct. I am also a graduate of PLTI and Parent See. Plus, a CONNECT trainer.

Connecticut Prevention of Restraint and Seclusion Fourth Annual Conference
October 11, 2016
Poster Presentation Highlights

1) UCONN Health Center for Excellence in Developmental Disabilities

Title: Reducing Restraint and Seclusion at an Alternative school

Abstract: School-wide positive behavior interventions and supports (SW-PBIS) can effectively reduce problem behaviors and simultaneously increase pro-social behaviors in general education settings. SW-PBIS is not a “packaged” intervention, but a framework through which schools create systemic changes for promoting expected behaviors, while also monitoring and intervening with students who have behavior concerns through a tiered model of service delivery. A case study documenting the SW-PBIS implementation process in an alternative educational setting is presented. Alternative schools typically serve students who qualify to receive special education services, have a lower staff-to-student ratio, and often warrant more intensive student interventions as compared to general education settings. These differences from traditional environments pose unique challenges to the SW-PBIS implementation process. Suggestions for neutralizing these challenges such as providing enhanced Tier 1 supports and extensive staff training are explained in depth in this case study.

2) SOUTH WEST CONNECTICUT MENTAL HEALTH SYSTEM VIOLENCE, SECLUSION AND RESTRAINT PREVENTION INITIATIVE 2015-2016

South West Connecticut Mental Health System (SWCMHS) is a mental health community located in Fairfield County, CT. We provide a continuum of services including inpatient, outpatient, residential and outreach services to individuals with mental illness and substance use conditions. The SWCMHS' approach integrates quality clinical services with person-centered rehabilitative programs to help clients achieve their individualized recovery goals. The Hospital portion of SWCMHS comprises of 62 inpatient beds and accepts clients 18 years of age and older with a primary psychiatric diagnosis, along with other co-occurring conditions. Following the Connecticut Restraint and Seclusion Prevention Initiative Partnership guidelines (Huckshorn, 2005), SWCMHS leadership implemented an action plan aimed to promote a violence free and trauma and gender informed environment, and eliminate or significantly reduce the use of violence and seclusions and restraints (S&R) in all services across the system.

This Action Plan started to be implemented on the inpatient settings of SWCMHS in April 2015, with the support of SWCMHS executive leadership following the vision,

mission and philosophy of the organization, and attuned to the trauma and gender informed care guiding principles.

The elaboration of this Action Plan adheres to the 6 Core Strategies for Reduction of Seclusion and Restraints® in a matter that is consistent with our own standards and practices, while remaining committed to the 6 Core Strategies' overall goals. Since the spring of 2015 SWCMHS has committed its resources to the implementation of this plan utilizing a multi-disciplinary, collaborative approach with the ultimate objectives of creating a community dedicated to promote peace and provide dignified and respectful care to all individuals at all times.

3) Charlotte Hungerford Hospital

CHH aims to apply evidence based practice to reduce the use of restraints, through assessing the most current evidence, implementing delivery of care based on patient preferences/needs, and incorporating clinical judgment and expertise into interventions.

Why this project is important:

To provide a safe environment for patients, visitors and staff, that fosters an atmosphere of healing, while also aligning with the State of CT's Restraint & Seclusion Prevention Initiative

Changes being tested and implemented:

- Increased use of verbal de-escalation techniques
- Implement training for hospital staff
- Earlier intervention
- Increase staff awareness regarding the goal of restraint reduction
- Task Force oversight to review restraint use, education & policies

4) The Children's Center of Hamden: START Program

REDUCTION / ELIMINATION OF PHYSICAL RESTRAINTS

CHANGE THE CULTURE

- REDEFINE "UNSAFE BEHAVIOR(S)"
- REDEFINE "LAST RESORT"
- CHANGE ENVIRONMENT FROM INSTITUTIONAL (HOSPITAL) TO HOMIER
- INCREASE FAMILY ENGAGEMENT
 - GREETING FAMILIES ON THE UNIT
 - TOUCHING BASE WITH FAMILIES DAILY DIRECTLY OR VIA PHONE
 - WORKING WITH FAMILIES IN THE HOME

- TRANSPORTING YOUTH HOME (WHEN POSSIBLE)

STAFF COACHING / SUPERVISION OF STAFF

- THERAPEUTIC APPROACH
- TOLERANCE OF EXCESSIVE/ EXTREME BEHAVIORS (?)
- CONSISTENT AND FAIR
- EFFECTIVE BALANCE OF SUPPORTIVE AND DIRECTIVE
- ELIMINATION OF POWER STRUGGLES
- RESPECTING THE CLIENTS
- CONFIDENTIALITY OF CLIENT ISSUES ON THE UNIT

PROGRAMMING MODIFICATIONS

- MODIFICATION TO CONSEQUENCES – EARN BACK PRIVILEGES
- PHASE SYSTEM OR CLASSIFICATION FOR UNSAFE AND SAFE CLIENTS
- LIMIT TIMEOUTS TO 5 MINUTES (ONLY IF SAFE AND COMPLIANT)
- QUAD GROUP ASSIGNMENTS
 - GROUPS ARE DESIGNED TO PAIR YOUTH BASED ON AGE, COMMON INTERESTS, SOCIAL MATURITY, LEVEL OF SAFETY
- ADDITIONAL SNACK TIMES & MORE SNACK VARIETY

MODIFICATION TO PHYSICAL PLANT

- SAFER, IMMOVABLE FURNITURE
- REINFORCED WALLS
- ADDITIONAL OPEN BEDS ON THE UNIT
 - ALLOWS TIMELY BEDROOM CHANGES (TEMPORARILY & PERMANENTLY)
 - REDUCTION OF CLIENTS IN EACH BEDROOM

INDIVIDUAL THERAPY FOCUSED ON TRAUMA

- FOCAL TREATMENT PLANNING

INCREASED FOCUS ON LENGTH OF STAY (90-120 DAYS)

- DISCHARGE PLANNING WILL NEED TO BE THE FOCUS FROM DAY 1
- ALTERNATE / CONCURRENT PLANS NEED TO BE IDENTIFIED WITHIN THE FIRST 30-60 DAYS

POSITIVE REINFORCEMENT / INCENTIVES

- INDIVIDUAL CLIENT INCENTIVES
 - REWARDS
 - PRIVILEGES
- GROUP INCENTIVES
 - GROUP PRIVILEGES
 - BEDROOM PRIVILEGES
 - SAFETY CHALLENGES
- STAFF INCENTIVES (INDIVIDUAL & GROUP)

- IMPLEMENTATION OF A YOUTH WORK PROGRAM

CREATION OF THERAPEUTIC RECREATION PROGRAM

- GROUPS AND ACTIVITIES TO MEET CLIENT'S INDIVIDUAL NEEDS
- BLOCKS OF TIME CREATED FOR YOUTH IN CRISIS

Six Core Strategies for Reducing Seclusion and Restraint Use©

A Snapshot of Six Core Strategies for the Reduction of S/R

(Revised 11/20/06 by Kevin Ann Huckshorn)

These strategies were developed through extensive literature reviews (available upon request from joan.gillece@nasmhpd.org) and dialogues with experts who have successfully reduced the use of S/R in a variety of mental health settings for children and adults across the United States and internationally.

1. Leadership toward Organizational Change

This first strategy is considered core to reducing the use of seclusion and restraint (S/R) through the consistent and continuous involvement of senior facility leadership (most specifically the CEO, CNO, and COO). Leadership strategies to be implemented include defining and articulating a vision, values and philosophy that expects S/R reduction; developing and implementing a targeted facility or unit based performance improvement action plan (similar to a facility "treatment plan"); and holding people accountable to that plan. This intervention includes the elevation of oversight of every S/R event by senior management that includes the daily involvement of the CEO or COO in all S/R events (24/7) in order to investigate causality (antecedents), review and revise facility policy and procedures that may instigate conflicts, monitor and improve workforce development issues and involve administration with direct care staff in this important work. The action plan developed needs to be based on a public health prevention approach and follow the principles of continuous quality improvement. The use of a multi-disciplinary performance improvement team or taskforce is recommended.

This is a mandatory core intervention.

2. Use of Data To Inform Practice

This core strategy suggests that successfully reducing the use of S/R requires the collection and use of data by facilities at the individual unit level. This strategy includes the collection of data to identify the facility/units' S/R use baseline; the continuous gathering of data on facility usage by unit, shift, day; individual staff member's involved in events; involved consumer demographic characteristics; the concurrent use of stat involuntary medications; the tracking of injuries related to S/R events in both consumers and staff and other variables. The facility/unit is encouraged to set improvement goals and comparatively monitor use and changes over time.

3. Workforce Development

This strategy suggests the creation of a treatment environment whose policy, procedures, and practices are based on the knowledge and principles of recovery and the characteristics of trauma informed systems of care. The purpose of this strategy is to create a treatment environment that is less likely to be coercive or trigger conflicts and in this sense is a core primary prevention intervention. This strategy is implemented through intensive and ongoing staff training and education and HRD activities. It includes S/R application training and vendor choice, the adequate provision of treatment activities that offer choices to the people we serve and that are designed to teach illness and emotional self-management of symptoms and individual triggers that lead to loss of control. This strategy requires individualized person centered treatment planning activities that include persons served in all planning. This strategy also includes consistent communication, mentoring, supervision and follow-up to assure that staff are provided the required knowledge, skills and abilities, with regards to S/R reduction through training about the prevalence of violence in the population of people that are served in mental health settings; the effects of traumatic life experiences on

developmental learning and subsequent emotional development; and the concept of recovery, resiliency and health in general. This work is done through staff development training, new hire applicants interview questions, job descriptions, performance evaluations, new employee orientation, and other similar activities.

4. Use of S/R Prevention Tools

This strategy reduces the use of S/R through the use of a variety of tools and assessments that are integrated into facility policy and procedures and each individual consumer's recovery plan. This strategy relies heavily on the concept of individualized treatment. It includes the use of assessment tools to identify risk for violence and S/R history; the use of an universal trauma assessment; tools to identify persons with high risk factors for death and injury; the use of de-escalation surveys or safety plans; the use of person-first, non-discriminatory language in speech and written documents; environmental changes to include comfort and sensory rooms; sensory modulation interventions; and other meaningful treatment activities designed to teach people emotional self management skills.

5. Consumer Roles in Inpatient Settings

This strategy involves the full and formal inclusion of consumers, children, families and external advocates in various roles and at all levels in the organization to assist in the reduction of seclusion and restraint. It includes consumers of services and advocates in event oversight, monitoring, debriefing interviews, and peer support services as well as mandates significant roles in key facility committees. It also involves the elevation of supervision of these staff members and volunteers to executive staff who recognize the difficulty inherent in these roles and who are poised to support, protect, mediate and advocate for the assimilation of these special staff members and volunteers. ADA issues are paramount here in terms of job descriptions, expectations, work hours, and an ability to communicate to staff the legitimacy of the purpose and function of these important roles.

6. Debriefing Techniques

This core strategy recognizes the usefulness of a thorough analysis of every S/R event. It values the fact that reducing the use of S/R occurs through knowledge gained from a rigorous analysis of S/R events and the use of this knowledge to inform policy, procedures, and practices to avoid repeats in the future. A secondary goal of this intervention is to attempt to mitigate, to the extent possible, the adverse and potentially traumatizing effects of a S/R event for involved staff and consumers and for all witnesses to the event. Recommended debriefing activities include two - an immediate post-event acute analysis and the more formal problem analysis with the treatment team. Using the steps in root cause analysis (RCA) is recommended. (Please see the attached Debriefing Policy and Procedure template.) For facilities that treat kids and who use holds frequently, the use of full debriefing procedures for each event may not be manageable. These facilities need to discriminate their use of holds and target multiple holds on same children, identify same staff member involvement in these events so as to note training needs and explore holds that last longer than usual.

Connecticut Restraint and Seclusion Prevention Initiative Partnership

In the pursuit of providing safe and positive service environments throughout Connecticut through a coordinated statewide effort the following partners participate in the Connecticut Restraint and Seclusion Prevention Initiative:

Connecticut Council on Developmental Disabilities (CDD)
Connecticut Judicial Branch Court Support Service Division (CJSSD)
Department of Children and Families (DCF)
Department of Correction (DOC)
Department of Developmental Services (DDS)
Department of Mental Health and Addiction Services (DMHAS)
Department of Public Health (DPH)
Individuals with Lived Experience
National Alliance on Mental Illness, Connecticut (NAMI-CT)
Office of the Child Advocate (OCA)
Office of Early Childhood (OEC)
Office of Protection and Advocacy (OPA)
State Department of Education (SDE)
University of Connecticut Center for Excellence in Developmental Disabilities (UCEDD)

These partners support the vision, guiding principles and the overall goals of the initiative to prevent the use of restraint and seclusion in service environments across the life span.

We recognize and respect that respective initiative partners may use different language, serve different populations, are accountable to different regulatory and accreditation organizations and have different missions. Despite those differences, the initiative partners agree on and share the following vision, guiding principles and overall goals for this Restraint and Seclusion Prevention Initiative.

Vision:

- The shared goal of the Initiative Partners is the prevention of the use of restraint and seclusion with the children, youth, and adults who receive their respective services.
- All children, youth, and adults receiving services deserve to be treated with respect and dignity at all times.
- We acknowledge that the use of restraint and seclusion can be physically injurious and psychologically traumatic for the children, youth, and adults being restrained and secluded, as well as for the staff members involved.
- We firmly believe that services provided to children, youth, and adults should be positively focused on their strengths, and based on research or evidence.
- We believe that the staff who work with children, youth, and adults must have access to all needed tools and supports. Specifically, staff must be afforded proper training and supervision, adequate staffing, and full leadership commitment to foster a positive and supportive service environment and to prevent the use of restraint and seclusion.

Guiding Principles:

- The safety of the children, youth and adults supported by each Initiative Partner, and the staff who provide services to them, is the first priority and informs all practice and policy considerations.
- Initiative Partners and private agencies will collaborate with children, youth, adults, and their families in this Initiative. Each party brings assets to the effort that have equal importance to the success of the Initiative.
- Each Partner will implement this Initiative in a manner that is consistent with its own standards and practices, while remaining committed to the overall vision, guiding principles and goals of the Initiative.
- The provision of training, consultation and technical support opportunities will be the shared responsibility and commitment of all Partners in the Initiative.
- All levels of the system must be afforded reasonable time and opportunities to make the changes required by any revisions of Initiative Partner regulations or policies.
- Data, research, best practice and a framework of Continuous Quality Improvement informs all practice and policy changes to be implemented as a result of this Initiative.
- Recommendations and strategies implemented will focus on ensuring the sustainability of change over time.

Overall Goals:

- Increase the number of settings that have implemented an organizational change strategy which promotes a culture that utilizes best practice models, including evidence-based behavioral support practices leading to the reduction in the need for the use of restraint and seclusion across settings.
- Align and/or coordinate state-wide policies and regulations regarding the use of restraint and seclusion that reflect the intent and principles of this Initiative.
- Prevent and reduce the incidents of restraint and seclusion for all individuals served in educational, treatment and other service settings.
- Examine and, where appropriate, ensure that programs, facilities and schools engage individuals and their families in the development and ongoing review of behavioral support policies and practices.
- Provide resources and training for service staff to increase their capacity to implement best practice models, including evidence-based behavioral support practices, leading to the prevention and reduction of restraint and seclusion.
- Improve the educational, permanency and quality of life outcomes for children, youth and adults being served by all Initiative Partners.

**Connecticut Restraint & Seclusion Prevention Initiative Partnership
Member Conference Contacts**

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<p align="center">Department of Public Health (DPH) Susan Newton (860)509-8018 Susan.Newton@ct.gov</p>	<p align="center">Individuals with Lived Experience Kathleen M. Flaherty Executive Director Connecticut Legal Rights Project, Inc. (860)262-5033 kflaherty@clrp.org</p>
<p align="center">National Alliance on Mental Illness, Connecticut (NAMI CT) Susan Kelley (860)882-0236 skelley@namict.org</p>	<p align="center">Office of the Child Advocate (OCA) Mickey Kramer (860)566-2106 Mickey.Kramer@ct.gov</p>
<p align="center">Office of Early Childhood (OEC) Maggie Adair Maggie.Adair@ct.gov</p>	<p align="center">Office of Protection and Advocacy (OPA) Jessica Rival (860)297-4362 Jessica.Rival@ct.gov</p>
<p align="center">State Department of Education (SDE) Colleen Hayles (860)713-6922 Colleen.Hayles@ct.gov</p>	<p align="center">University of Connecticut Center for Excellence in Developmental Disabilities (UCEDD) Pamela Potemri (860)679-1500 Potemri@uchc.edu</p>
<p align="center">Connecticut Restraint & Seclusion Prevention Initiative Partnership Member James McGaughey jdmcgaughey@sbcglobal.net</p>	<p align="center">Thank you for attending!</p>

**Connecticut Restraint & Seclusion Prevention Initiative Partnership
Conference Contacts Keynote Speaker & Presenters**

<p align="center">Justice Resource Institute Joseph Spinazzola, Ph.D. Executive Director of the Trauma Center & Vice President of Behavioral Health and Trauma Services http://www.traumacenter.org/</p>	<p align="center">JRI Susan Wayne Center Stacey Forrest, M.Ed. Director of the Susan Wayne Center of Excellence & the Susan Wayne Center Clinical Day School http://www.jri.org/content/susan-wayne-center-excellence-0</p>
<p>Adelbrook Behavior and Developmental Services Julie Piepenbring, Ph.D., LCSW Executive Vice President and Chief Clinical Officer Alice Simoniello, LCSW Supervisor of Clinical Services https://adelbrook.org/</p>	<p>Adelbrook Behavior and Developmental Services Stephanie Maynard, LCSW Supervisor of Clinical Training, Research and Development Paul DiPietro, BS. Behaviorist</p>
<p align="center">Toivo Healing Arts Space Hilary Bryant Manager Laura Le Wellness Facilitator http://toivocenter.org/</p>	<p align="center">Toivo Healing Arts Space Kelvin Young Advocacy Unlimited Assistant Executive Director and Toivo Director</p>
<p>Department of Developmental Services (DDS) Vincent A. Covino, Ph.D. Director of Clinical Services, North Region (860)263-2459 vincent.covino@ct.gov</p>	<p>Department of Developmental Services (DDS) Rachel Duzant, Psy.D. Supervising Psychologist (860)263-2474 Rachel.Duzant@ct.gov</p>
<p>Department of Correction (DOC) Andrea Reischerl, PMHCNS-BC Mental Health APRN (860)692-6807 andrea.reischerl@ct.gov</p>	<p align="center">Thank you for presenting!</p>

CONNECTICUT RESTRAINT AND SECLUSION PREVENTION INITIATIVE PARTNERSHIP

FOURTH ANNUAL CONFERENCE

OCTOBER 11, 2016

PROGRAM EVALUATION

KEYNOTE PRESENTATION: Joseph Spinazzola, Ph.D. Executive Director of the Trauma Center and Vice President of Behavioral Health and Trauma Services at Justice Resource Institute.

HELPFUL

SOMEWHAT HELPFUL

NOT HELPFUL

COMMENTS/SUGGESTIONS:

PLENARY SESSION: CT Department of Development Services
Holistic Approaches to Prevent Overuse of Psychiatric Medications for Individuals with Developmental Disabilities.

HELPFUL

SOMEWHAT HELPFUL

NOT HELPFUL

COMMENTS/SUGGESTIONS:

BREAKOUT SESSIONS:

CONNECTICUT DEPARTMENT OF CORRECTION

HELPFUL

SOMEWHAT HELPFUL

NOT HELPFUL

COMMENTS/SUGGESTIONS:

JRI SUSAN WAYNE CENTER

HELPFUL

SOMEWHAT HELPFUL

NOT HELPFUL

COMMENTS/SUGGESTIONS:

(Over)

ADELBROOK BEHAVIORAL AND DEVELOPMENTAL SERVICES

HELPFUL

SOMEWHAT HELPFUL

NOT HELPFUL

COMMENTS/SUGGESTIONS:

TOIVO HEALING ARTS SPACE

HELPFUL

SOMEWHAT HELPFUL

NOT HELPFUL

COMMENTS/SUGGESTIONS:

CONFERENCE ORGANIZATION AND ENVIRONMENT: COMMENTS/SUGGESTIONS

THANK YOU FOR ATTENDING AND FOR YOUR DEDICATION AND COMMITMENT TO THE PREVENTION OF RESTRAINT AND SECLUSION ACROSS SYSTEMS. PLEASE SHARE WITH US YOUR IDEAS/SUGGESTIONS FOR FURTHER EDUCATIONAL EVENTS: