

A Multi-Faceted Approach to Restraint Prevention

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Justice Resource Institute

Justice Resource Institute works in partnership with individuals, families, communities, and government to pursue the social justice inherent in opening doors to opportunity and independence.



Who is JRI?

- Est. 1973
- Programs in CT (Susan Wayne Center of Excellence, CBS, Foster Care), MA, RI, PA, with individuals from across the nation
- Continuum of Services:
 - Residential treatment
 - Group Homes
 - Pre-Independent Living
 - Psychiatric/locked facilities
 - Juvenile Detention
 - Community-based services
 - Foster Care
 - Outpatient Clinics
 - And more!
- Serving the entire life span
- Committed to Clinically Sophisticated Programs Linked to Our Mission

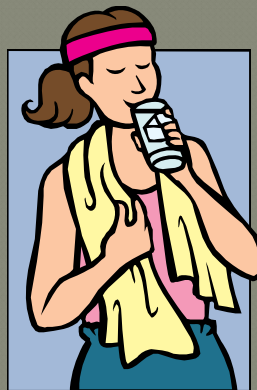
Trauma Informed Model

- ARC – Attachment, Self Regulation, and Competency
- Framework for Intervention with Complexly Traumatized Youth (Kinniburgh and Blaustein, 2005)



Trauma Informed Model

- Model that is pervasive throughout all aspects of programming
- Model focuses on attachment, regulation, and competency building as part of all aspects of students' lives



Trauma Informed Model

Who does ARC target?

- Designed to target the needs of children, families, and systems impacted by complex trauma
- Core domains translate across children/ families/ systems; applications and goals will vary
- Crucial importance of:
 - Keep an eye on the target, rather than the technique
 - Pay attention to relative goals and relative successes
 - Have a plan, but catch the moments

ARC Treatment Outcomes to Date

- PTSD Symptom Reduction (Outpatient, Residential)
- Child Behavior Improvement (CBCL)
 - Outpatient (85%percentile to 50% percentile)
 - Residential (sig reduction Externalizing Problems; positive trend Internalizing)
- Significant Restraint Reduction
- Significant increase in Placement Permanency (92% vs. under 50%)
- Increased staff knowledge, skills, attitudes, job satisfaction, job permanency/advancement

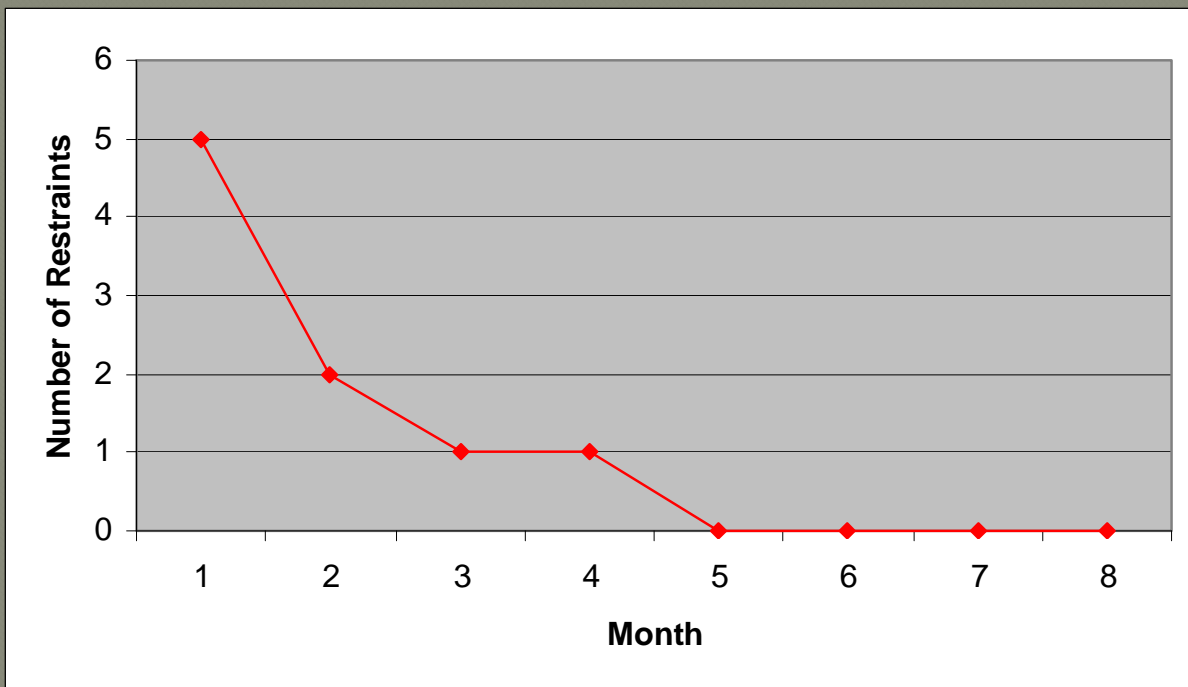
Case example - “Katie”

- 16 year old adopted, African American female.
- Treatment at VDK for 8 months.
- Incoming Diagnoses: Reactive Attachment Disorder, Bipolar, PTSD, ADHD, ODD, R/O Borderline IQ.
- Presentation at intake:
 - High levels of dysregulation and reactivity.
 - Regressive, “primitive” and self-harm behaviors when dysregulated.
 - Easily overwhelmed, leading to becoming shut down.
 - Needed almost constant attention from adults.
 - Developmentally immature (i.e. childlike) interpersonal interactions.
 - Active PTSD symptoms.
 - Angered easily, often perceived hostile intent from others.
 - Negative self concept.
 - Limited ability to engage in school.
 - Difficulty making friends.

Katie - Therapeutic Approach

- Two pronged approach targeting attachment and self-regulation across multiple levels of the environment (school, milieu, individual / group therapy) using ARC as a guiding framework:
- Attachment:
 - SMART: Build attachment with individual therapist through intervention that is not dependent primarily on verbal expression.
 - Milieu interventions focused on building positive relationships (Ed and Res advocates) and getting needs for nurturance and affection met in a positive way (ex. hug plan).
 - Training with all staff to develop conceptual understanding of Katie in order to increase attunement and empathic responding.
 - Family therapy focused on building caregiver affect management and parenting skills centered on trauma informed limit setting, maintaining consistency, and supporting development of autonomy.
- Self-Regulation:
 - Neurofeedback (NFB): “Top down” regulation.
 - Sensory Motor Arousal Regulation Therapy (SMART): Integration of sensory motor tools in the milieu and school contexts.
 - Individualized planning in milieu to encourage translation of self-regulation skills (ex. settling plan) in day to day.

Katie - Restraint Data



Six Core Strategies

- Leadership Toward Organizational Change
- Use of (Sensory) Tools
- Use Of Data to Inform Practice
- Workforce Development
- Consumer Role in Inpatient Settings
- Debriefing Techniques

Six Core Strategies

- Leadership Toward Organizational Change
 - Task forces
 - Inter-program collaboration
 - Strategic Planning

Six Core Strategies

- Use of (Sensory) Tools
 - Client involvement
 - SMART rooms
 - Sensory prescriptions
 - Sensory classrooms
- Other tools –
 - Neurofeedback
 - Yoga
 - Theater
 - Competency

Six Core Strategies

- Use of Data to Inform Practices
 - Monthly data to include
 - Individual data
 - Data by date, time, shift, staff member
 - Trends – Proactivity
 - High-end users
 - Student data from debriefing meetings, forms

Six Core Strategies - Workforce Development – Link to our model

- Trainings on use of tools
- Investment in staff longevity
- ARC as Treatment Model
 - Organizational Commitment to ARC
- Now, the plan for Workforce Development....
 - Focus on connection of treatment model to our restraint reduction efforts
 - What practices/trainings were not in line with model...?



The Curriculum Development

- Taskforce
- Key Staff Involvement
- Client Involvement
- Key Stakeholder Involvement
- Pilot Program
- Overarching Oversight

- Where are we now?

Curriculum Focus: Building Communities of Care

- Training on the Model
- Training on the Scope
- Training on the role of each staff
- Link to Restraint as Absolute Last Resort

The Concepts

- Environment
 - Systems
 - Treatment
 - Engagement
-
- Everyone must know their role to help create a community that focuses on the care of our clients.

Strategy 2: Six Core Strategies

- Consumer Role – previously stated – participate in focus groups, feedback forms, debriefing process, student council
- Debriefing –
 - PFA-based Debriefing
 - Staff involved, as well as admin/clinical
 - Sharing information

Our Journey

- Training Roll Out
- Commitment of our Leaders
- Link to Treatment Model
- Trainers
- Staff and Client Roles
- Review of Data

Training Data:

- 98% “pass” rate
- Approximately 75 trained-trainers
- In use at over 30 sites, including:
 - Res/ed
 - Day schools
 - Locked units
 - Foster family training
 - Group homes
 - After-school programs
 - DDS homes
- Staff responses:
 - Learned a lot about trauma-informed care
 - Can better apply to actual clients
 - Better understand the individual as part of a system
 - Very comprehensive

Restraint Reduction Data

- MEADOWRIDGE SCHOOL DATA:
 - Significant Improvement in 4/5 schools:
 - From April 2012 to Jun 2014, Meadowridge Academy showed a nearly 30% decrease in restraint
 - From Jul 2011 to Jun 2014, the Walden Street School showed a 62% decrease in restraint
 - From Jul 2013 – July 2014, Pelham Academy showed a 65% decrease in restraint
 - From July 2013 – July 2014, Glenhaven Academy showed a 35% decrease in restraint
- Areas of Focus:
 - Swansea Wood School saw fluctuations, but overall remained stable.



Restraint Reduction Data

● Secure Programs

- Centerpoint – From July 2013- Jun 2014, 57% decrease
- Merrimack Center – From July 2013 – Jun 2014, 64% decrease
- Cohannet Academy – From Jan 2013 – Jun 2014, 68% decrease

● Connecticut Program Data

- Susan Wayne Center of Excellence – From July 2013 – Jun 2014, 20% decrease
- CT Group Homes – From Mar 2012 – Mar 2014, 45% decrease

● Most sig. improvements have been the past year – why?

Training Barriers

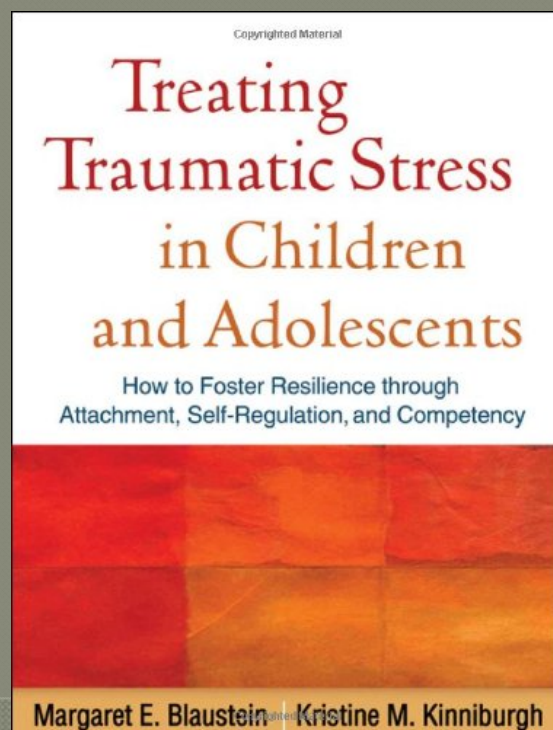
- Training Model Length
- Entire Workforce to be trained
- Fidelity to model when spread to so many sites
- Supporting trainers across locations
- Replacing older curriculums that had been in use for years
- Connection to our stakeholders

More to come

- Restraint Data Reviews
- Staff Satisfaction
- Client Satisfaction
- Strong Communities of Care

Bibliography

- Blaustein, M. & Kinniburgh, K. (2010). *Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience Through Attachment, Self-Regulation, and Competency*. New York: Guilford Press



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