A BETTER WAY FOR TOUGH KIDS: IMPLEMENTING BUILDING BRIDGES INITIATIVE FRAMEWORK IN RESIDENTIAL TREATMENT

KRAUSE CHILDREN'S CENTER
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• Opened in 1995
• Provides 24 hour therapeutic residential services to girls ages 12-17 who have experienced chronic and complex trauma.
• Total capacity of 60.
• Serve Specialized, Intensive and IPTP level of care.
• On-site Charter School through Trinity Charter Schools (TCS).
KRAUSE CHILDREN’S CENTER

• 1 Program Director & 1 Program Manager
• 55 Direct Care Staff (DCS) including:
  • 11 Behavior Support Specialists
  • 28 DCS I
  • 4 DCS II
  • 6 Team Leads
  • 6 Shift Lead
• 1 Clinical Director, 1 Clinical Program Manager, 5 licensed Clinicians, 1 Spiritual Care Counselor
• 3 Case Managers
• 2 Nurses Mon-Fri
OBJECTIVES

- Building Bridges Principles Overview
- Creating a warm environment
  - Trauma Informed Care practices and family involvement
  - Youth Voice
  - Creating a Culture of Collaboration vs. a Culture of Control
  - Training and Supervision
  - Physical Facility
OBJECTIVES

• Reduction in Restraints
  • Restraint Outcome Data

• Reduction in Turnover of Full Time Direct Care Staff
  • Turnover Outcome Data
BUILDING BRIDGES INITIATIVE PRINCIPLES

• Family driven and youth guided care
• Clinical excellence and quality standards
• Accessibility and community involvement
• Cultural and linguistic competence
• Transition planning and services
FAMILY DRIVEN CARE

- Partnering with families and involving them in all aspects of treatment:
  - Setting goals;
  - Designing, implementing, and evaluating programs and p&p;
  - Monitoring outcomes;
  - Culturally and linguistically competent supports, services and providers; and
  - Partnering in funding decisions.
YOUTH GUIDED CARE

- Giving youth an equal voice in treatment
- Transparency
- Include youth in policies, practices and staff trainings
- Youth involvement in community
- Youth advocacy
CLINICAL EXCELLENCE AND QUALITY STANDARDS

• Using Trauma Informed Care practices
• Integrating community resources
• Preventing restraints and seclusions
• Tracking outcomes – long term positive outcomes
• Best practices in medication
• Ongoing commitment to the culture change process
ACCESSIBILITY AND COMMUNITY INVOLVEMENT

• Shift in thinking about residential treatment that it is a place for youth to get better away from family;

• Emphasis on family engagement and involvement;

• Providing support and flexibility when families are unavailable, or incapable of providing a sense of belonging; and

• Ongoing commitment to ensure services and supports for the youth that started in residential continue in the community.
CULTURAL AND LINGUISTIC COMPETENCE

- Integration and transformation of knowledge, behaviors, attitudes, and policies that enable everyone to work effectively in cross-cultural situations.
- Commitment to helping youth and families stay connected to meaningful, positive and prosocial cultural traditions and practices.
- Cultural lens should be applied to all aspects of assessments, treatment, and discharge planning.
- Ensuring language access for any youth or families that may need assistance.
TRANSITION PLANNING AND SERVICES

- Start discharge planning at the start of services
- Continued focus on integrating community involvement during and after treatment
- Focus on maintaining services that were effective and supportive after they youth transitions out of treatment
REFERRAL SELECTION AND YOUTH INTERVIEWS

- Screening to ensure any youth referral meets policy admission criteria
- Following up with referral source on additional information for treatment needs
- Youth preplacement interview by Clinical Director and with a current Krause youth
- Family preplacement interview if available
- Therapist to therapist consult when available prior to admission
- Psychiatric transfer of treatment conversation between prior and new psychiatrist prior to treatment
SAMPLE YOUTH INTERVIEW QUESTIONS

- What would you identify as a goal for yourself to be successful?
- Who would you list as your support system?
- Is there any other people you want in your support system that your team would approve?
- What is your goal for a final placement or home?
- What are your triggers?
- What are your coping skills?
- What are your hobbies and interests?
- What are your most valued strengths?
CREATING A WARM ENVIRONMENT:
TIC AND TRAUMA-SPECIFIC CLINICAL SERVICES

• **Trauma Informed Care**: is a strengths-based service delivery approach “that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment” (Hopper, Bassuk, & Olivet, 2010, p. 82).
CREATING A WARM ENVIRONMENT: TIC AND TRAUMA-SPECIFIC CLINICAL SERVICES

• **Understanding Trauma and its Impact:** Recognizing that many current behaviors and responses are ways of adapting to and coping with past traumatic experiences.

• **Promoting Safety:** Promoting a safe, physical and emotional environment where basic needs are met; safety measures are in place, and provider responses are consistent, predictable and respectful.

• **Supporting Consumer Choice, Control and Autonomy:** Helping people gain a sense of control over their daily lives. Keeping people informed about all aspects of the system and allowing them to drive goal planning and decision making.

• **Sharing Power and Governance:** Sharing power and decision making across all levels of an organization whether related to daily decision making or policy and procedures.
CREATING A WARM ENVIRONMENT: TIC AND TRAUMA-SPECIFIC CLINICAL SERVICES

- **Integrating Care:** Maintaining a holistic view of consumers that acknowledges the interrelated nature of emotional, physical, relational, and spiritual health and facilitates communication within and among service providers and systems.

- **Healing Happens in Relationships:** Believing that establishing safe, authentic, and positive relationships can be corrective and restorative to trauma survivors.

- **Understanding that Healing is Possible:** Understanding that recovery is possible for everyone regardless of how vulnerable he or she may appear, instilling hope by providing opportunities for consumer involvement at all levels of the system and establishing future-oriented goals.

- **Ensuring Cultural Competence:** Respecting diversity within the program, providing opportunities for consumers to participate in cultural rituals, and using interventions specific to cultural values.
CREATING A WARM ENVIRONMENT: TIC AND TRAUMA-SPECIFIC CLINICAL SERVICES

- **Trauma Specific Services**: Definitions (SAMHSA, 2014): Refers to evidence based and promising prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma. Trauma-specific intervention programs generally recognize the following:
  - The survivor's need to be respected, informed, connected, and hopeful regarding their own recovery
  - The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety
  - The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers.
We understand that we are equipped with a complex neurophysiological system that connects the brain and the body to respond to threats; for children this system develops over time in the context of secure and appropriate caregiving (Center on the Developing Child at Harvard University, 2010).

Reactions to traumatic events vary considerably, ranging from relatively mild disruptions in day-to-day functioning to potentially Severe and debilitating chronic conditions including PTSD and Depression (International Society for Traumatic Stress Studies (ISTSS), 2014).
CREATING A WARM ENVIRONMENT: TIC AND TRAUMA-SPECIFIC CLINICAL SERVICES

We understand healing happens in relationships and that recovery is possible in the context of those relationships. At Krause:

• Fully licensed (LPC, LMFT, LCSW) clinicians develop safe and warm relationships with our youth.

• Trained in evidence and research based trauma specific clinical interventions (Trauma-Focused Cognitive Behavior Therapy (TF-CBT), EMDR, Family Therapy, DBT) skills training, UCLA-PTSD assessment, Genograms, family searches, Social Skills training groups, Gratitude Groups, Life Skills groups, Vocational groups, Relaxation groups.
CREATING A WARM ENVIRONMENT: TIC AND TRAUMA-SPECIFIC CLINICAL SERVICES

• Engaging families in family therapy including using Skype and GoToMeeting, building collaboration with families in the treatment of their children.

• Working collaboratively with youth, families, CPS and Juvenile Probation in developing transition planning and services to prepare for post discharge success.

• Assisting with the skills training groups are graduate counseling practicum and interns from multiple universities in the Houston metro area.
CREATING A WARM ENVIRONMENT: YOUTH VOICE

• The goal is to allow youth an equal voice in treatment and facility policy and procedure
• Youth are involved in reviewing all new policy and procedures to provide input before any change occurs
• Youth attend monthly Leadership meetings
• Youth Council
• Youth participate in interviewing all new employees
• Youth participate in facility tours and youth interviews for possible placement
• Youth collaborate on building projects and decoration
CREATING A WARM ENVIRONMENT: CULTURE OF COLLABORATION VS. CULTURE OF CONTROL

- Shift in culture made to move away from “control” to collaboration:
  - Collaborative Problem Solving - Skill not Will
    - Plan A: Impose your will
    - Plan B: Validate, communicate and collaborate
    - Plan C: Strategically choosing your battle
CREATING A WARM ENVIRONMENT: PHYSICAL FACILITY

BEFORE

AFTER
RESTRAINT REDUCTION 2016

2016 Monthly Restraint Totals

January 104
February 21
March 34
April 51
May 37
June 55
July 30
August 30
September 16
October 9
November 13
December 4
RESTRAINT REDUCTION 2017

2017 Monthly Restraint Totals

- January: 14
- February: 14
- March: 20
- April: 14
- May: 7
- June: 12
- July: 4
- August: 5
- September: 3

Restraints
# Turnover Rates and Reduction: By the Numbers

Nation wide in residential treatment, turnover in full time Direct Care Staff ranges from 30% to 70%

<table>
<thead>
<tr>
<th>Krause Invol/Vol Average %</th>
<th>Krause Voluntary Average %</th>
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</thead>
<tbody>
<tr>
<td>2015 = 50.9%</td>
<td>2015 = 32.3%</td>
</tr>
<tr>
<td>2016 = 52.4%</td>
<td>2016 = 25.2%</td>
</tr>
<tr>
<td>2017 = 23.7%</td>
<td>2017 = 10.8%</td>
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</tbody>
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DEMONSTRATION

- Aubrey has been referred to your residential treatment center by a psychiatric hospital. Her family has reported feeling overwhelmed and do not know what else they can do to help their daughter. Aubrey has been skipping school, smoking marijuana, sexting adult men on the internet and recently attempted to commit suicide by taking 28 Tylenol. Once in the hospital, it was discovered that Aubrey has been cutting her thighs. The hospital has given Aubrey’s parents 2 local residential treatment centers to look at and decide where to send her.

- 4-6 volunteers
QUESTIONS
SUGGESTED READING RESOURCES

- Six Core Strategies for Reducing Seclusion and Restraint Use- www.NASMHPD.org
- BBI website for many more helpful articles – www.buildingbridges4youth.org
CONTACT INFORMATION

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- Krause Children’s Center (281) 392-7505
REFERENCES


• DFPS Trauma Informed Care training (2010). Retrieved from http://www.dfps.state.tx.us/Training/Trauma_Informed_Care/page02.asp