

The Building Bridges Initiative (BBI): Advancing Partnerships. Improving Lives.

Youth-guided Care

29th January 2019

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Youth Guided Care: What's It All About?



Interface Between Youth-guided/ Consumer-driven & Trauma-informed Care

- Focus on promoting healing environments
- Understand impact of trauma on brain and body
- Strong focus on youth/consumer voice and choice
- Focus on program practices that are strength-based, collaborative and empowering for youth and adult consumers
- Focus on strategies that support self-soothing/ self-regulation (e.g., individual safety/soothing plans; sensory modulation strategies; holistic approaches- i.e. meditation/yoga/tai chi/rhythmic & repetitive activities)
- Focus on normalizing activities, hope/permanency



Embrace Youth-guided Care

Youth Guided means that young people have the right to be **empowered, educated, and given a decision-making role** in the care of their own lives.

This includes giving young people a **sustainable voice** and the focus should be towards creating a safe environment enabling a young person to **gain self-sustainability** in accordance with their culture and beliefs.

Through the eyes of a youth guided approach we are aware that there is a continuum of power and choice that young people should have based on their understanding and maturity in this **strength based change process**.

Youth guided also means that this process should be **fun and worthwhile**.

Youth MOVE National, Inc. (2008)



Youth Engagement/Voice/Choice

- Youth engagement is associated with **positive relationships** and **increased motivation**. Youth who actively engage in treatment tend to develop strong relationships with service providers, express a willingness to change, and participate and collaborate with others in the context of treatment - **Smith, Duffee, Steinke, Huange, & Larkin (2008)**.
- Residential settings that limit opportunities for choice and exploration do not promote this normative developmental process, leaving youth ill prepared to re-enter the community. Therefore, it is essential to **provide concrete opportunities** for youth to express their choices and opinions regarding helpful services. - **Mohr & Pumariega (2004); Warner, & Yoder; Joyce & Shuttleworth**



Strategies for Youth Engagement

- Hire staff with expertise in this process.
- Use peers who are already living in the community to teach/model skills
- Have youth learn and use skills in their daily activities in residential.
- Normative experiences should not be treated as privileges or withheld to manage behavior.
- Residential providers in remote areas should plan programs and housing to move older youth into the community with support.

Courtney (2007); Davis & Koyanagi (2005)



Strategies for Youth Engagement

- Community schools should be used as much as possible.
- Maintain & build network of support. **Youth connection with support system correlates to how youth are doing 10 to 15 years after care.**
- Family engagement may play a stronger role in the outcomes than the actual intervention program
- Services accommodate the **critical role of peers and friends**

Courtney (2007); Davis & Koyanagi (2005)



Small Step Example



NFI North – New Hampshire – Progress Made in 4 Months

NFI North - Davenport School takes great pride in the Building Bridges Initiative and decided from the start of this project that the only way to evoke on this journey was to do so through a lens that allowed for ***open and honest examination of practices as well as open and honest communication*** amongst Family, Youth, and Staff.



Comparison

Prior to NH BBI Kick-off

1. Home Visits
2. Limited phone calls
3. Apply for Community Service
4. Level Systems
5. No PC (Personal Contact)
6. Going home every other weekend
7. Clinician Led Tx Meetings
8. Focus on Transition last 90 days
9. Scheduled bedtimes
10. Pre-arranged community service
11. No Parent Support Groups

4 Months Later

1. “Going Home”
2. Unlimited access to phones
3. Unrestricted access to community
4. No level system
5. High Fives and Fists Bumps
6. Home every opportunity possible
7. Youth Led Tx Meetings
8. Focus on Transition from day 1 !
9. Youth decided bedtimes
10. Youth designed community service
11. Parent Groups offered once a month



Youth Lead Treatment Meeting Guide

Youth Name:

Date of Treatment Meeting:

Guidelines	Completed Yes/No	Youth & One Treatment Members Initials
1. Remember to write up an agenda of items that you would like to bring to your meeting for discussion. It's a good idea to do this in advance so that you have plenty of time to think about what you would like to discuss.		
2. Make sure you have a copy of your treatment plan available to follow along during the meeting. Ask your advocate for assistance with this if needed.		
3. Give yourself 15 minutes before your meeting to prepare. During this time, make sure that the tables in the conference room are clean. You could also prepare coffee and/or other drinks for your guests.		
4. Once everyone has arrived and is seated, sign-in sheets will be passed around. This is a good time for you to begin introductions by first introducing yourself and then asking your guests to do the same.		
5. Offer a well balanced interpretation of your current baseline. Identify areas of growth. Be able to identify areas in need of continued growth and a plan to work towards that. Identify resources (address, phone number, agency, specific person) in your home community that can offer support with that continued growth.		
6. Be prepared to use the skills you have learned and demonstrate your ability to effectively manage hearing things that may be of a differing opinion.		
7. At the end of the meeting, restate in clear terms the decisions made and the action steps to meeting those objectives.		
8. Identify the date of the Conditions of Release.		
9. Identify the next court review date.		
10. Schedule another treatment review date.		

NH Contact Information

NFI North Array of Services

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Critical Factors in MA Change Process: Youth as Peer Leaders



Youth and families are equally represented with elected officials and the average age on the 'topping off' platform significantly lowered ...



Advancing partnerships among residential and community-based service providers, youth and families to improve lives.



MA Youth & Young Adults Create their own Position Statement



MA Youth Declare Themselves!



RESPECT

Youth Position Statement on Restraint/Seclusion
Created by Statewide Youth Expert Witnesses

On August 13th and September 4th, 2009 youth from across the state of Massachusetts gathered together for youth-only forums to develop a position statement on restraint and seclusion prevention. These forums were comprised of 20 youth experts in restraint and seclusion whose experiences with restraint and seclusion included witnessing restraint and seclusion used with peers and personal experiences ranging from five times to "too many to count." The results of these youth forums are listed below. The youth proposed reasons, practices & values to prevent the use of restraint and seclusion:

1) Restraint and seclusion should be prevented because they:

- a. are overwhelmingly traumatizing experiences and emotionally stressful for youth, staff, and families
- b. injure youth and staff and cause a loss of self-respect and dignity
- c. impact relationships and create a loss of trust between youth and staff
- d. slow treatment progress for youth and result in longer treatment
- e. make people scared and can trigger other youth
- f. create an unsafe unit with unsafe behaviors

2) Things that help prevent restraint and seclusion are:

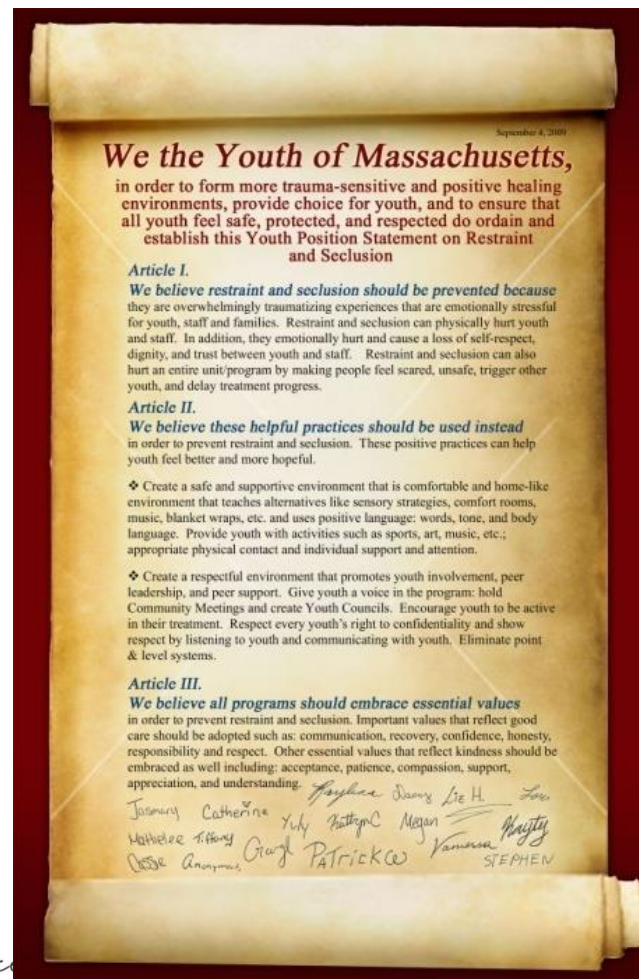
- a. using sensory strategies such as comfort rooms, music, coping skills, blanket wraps etc.
- b. having the support and leadership of peers
- c. creating comfortable environments that feel more like home
- d. having more individual time with staff
- e. allowing appropriate physical contact – youth need contact too.
- f. conducting community meetings and encouraging participation in activities such as sports, art, music etc. can be helpful for youth.
- g. using strong communication skills and listening skills
- h. encouraging youth to be active and fully engaged in their treatment.
- i. using nonjudgmental positive language and tone of voice & nonthreatening body language
- j. respecting confidentiality
- k. eliminating the use of point and level systems

3) The values that all programs should adopt to prevent restraint and seclusion are:

- a. communication
- b. patience & understanding
- c. respect & appreciation
- d. compassion & support
- e. recovery
- f. acceptance
- g. confidence
- h. honesty
- i. responsibility

RESPECT

Handwritten signatures on the poster include: Catherine, Stephanie, Tiffany, Megan, Vanessa, Stephen, Julie, Patrick, Danny, Lou, Jasmy, Tiffany.



September 4, 2009

We the Youth of Massachusetts,
in order to form more trauma-sensitive and positive healing environments, provide choice for youth, and to ensure that all youth feel safe, protected, and respected do ordain and establish this Youth Position Statement on Restraint and Seclusion

Article I.
We believe restraint and seclusion should be prevented because they are overwhelmingly traumatizing experiences that are emotionally stressful for youth, staff and families. Restraint and seclusion can physically hurt youth and staff. In addition, they emotionally hurt and cause a loss of self-respect, dignity, and trust between youth and staff. Restraint and seclusion can also hurt an entire unit/program by making people feel scared, unsafe, trigger other youth, and delay treatment progress.

Article II.
We believe these helpful practices should be used instead in order to prevent restraint and seclusion. These positive practices can help youth feel better and more hopeful.

- ❖ Create a safe and supportive environment that is comfortable and home-like environment that teaches alternatives like sensory strategies, comfort rooms, music, blanket wraps, etc. and uses positive language: words, tone, and body language. Provide youth with activities such as sports, art, music, etc.; appropriate physical contact and individual support and attention.
- ❖ Create a respectful environment that promotes youth involvement, peer leadership, and peer support. Give youth a voice in the program: hold Community Meetings and create Youth Councils. Encourage youth to be active in their treatment. Respect every youth's right to confidentiality and show respect by listening to youth and communicating with youth. Eliminate point & level systems.

Article III.
We believe all programs should embrace essential values in order to prevent restraint and seclusion. Important values that reflect good care should be adopted such as: communication, recovery, confidence, honesty, responsibility and respect. Other essential values that reflect kindness should be embraced as well including: acceptance, patience, compassion, support, appreciation, and understanding.

Handwritten signatures on the document include: Jasmy, Catherine, Julie, Patrick, Megan, Vanessa, Tiffany, Lou, Danny, Stephen, Patrick, Lou, Jasmy, Tiffany.

community-based service

Examples of Youth Guided Care

- Youth provided training/support to lead own treatment team meetings
- Hiring of youth advocates (meaningful roles throughout the organization)
- Youth/youth advocates are on EVERY program committee/workgroup
- Providing youth mentors (home community)
- Youth advisory group – meaningful
- Providing leadership training for all youth
- Skill training imbedded everywhere



Examples of Youth Guided Care

- Staff interactions are respectful, inquisitive and empowering – not directive/authoritarian (i.e. more “How do you feel about that?” VS praise)
- Individualized approaches – not level or point systems (Mohr & Pumariega, 2004)
- Interests/Activities occur in the community – not in program
- Former youth on Boards of Directors



Youth Guided Care: Basics to Advanced

Basic:

- More phones available/ expand phone times
- More flexibility w/ bedtimes
- Do away w/ points; design a revised/ 'looser' level system
- Program expands amount of time youth go into community for normalizing activities (w/ other residential youth)

Moving beyond Basics:

- Cell phones (w/ filters)/no real phone restrictions
- Youth choose wake-up, bed & shower times
- No levels- all privileges and amends are individualized
- Time in community alone or w/ pro-social peers engaged in activities that highlight individual talents/ strengths



Examples of Youth Guided Care

Program Reviews All Practices and Rules Against TIC & YGC.

Examples include:

- After school quiet time or study time so youth quiet during change of shift
- Any practices that delay or limit time spent at home
- Strong focus on behavioral approaches (even PBIS) which focuses on earning activities (e.g., dinners out; stay up late; student of the week; special time with a staff – top level more individualized)
- **ALL PROGRAM PRACTICES/RULES**



Youth Recommendations

- *“Every staff wants to talk to me about my problems. It gets so old. Why don ’t we just talk about what interests me?”*
- *“We can help each other as well, if not better, than staff can help us. They should promote ways of doing this.”*
- *“Just listen, truly listen – staff need to not be so obvious that they are waiting to say something.”*
- *“Make me smile and laugh; be there for me – not just there to remind me of rules.”*
- *“Nobody asks me about my dreams. They ask me about my behaviors.”*





So... What Can You Do To Improve Youth-Guided Care Practices?

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