

# Building Clinical Confidence in RHY Staff: Lessons learned from a staff training curriculum in problem solving, de-escalation and crisis response

Peter Ducharme, LICSW, Jade Shaughnessy, MA, Bridge Over Troubled Waters & Ben Thornton, Anchor House

# Learning Objectives

- To learn common approaches and challenges to staff training in RHY programs
- To learn RYH staff perceptions on training experiences and their feelings of preparedness for clinical work with youth
- To learn an evidenced based approach to problem solving, de-escalation and responding to crisis
- To review a staff training curriculum and the outcomes of implementing this curriculum at two RHY agencies

# RHY Program Collaboration



# Anchor House

- Anchor House offers BCP, SOP, & TLP as well as RRH services
- Approximately 48 FT & 26 PT staff members and a \$2.7 million





# Bridge Over Troubled Waters

- Bridge offers SOP, BCP, TLP, MGH as well as RRH, shelter, day program and Education/career
- Approximately 75 FTE's and \$6 million budget



# Bridge Over Troubled Waters (Cont.)

- Approximately 55 staff members in programs, 2/3<sup>rd</sup> of which are direct service staff.
- Most staff come to Bridge with 1 to 2 years of prior experience
- Average LOS for staff is 18 months to 2 years



# Challenges to RHY Providers

- Young people who struggle with:
  - Access to basic needs
  - Histories of trauma and trust issues with service providers
  - Behavioral health concerns
- Staff/ Agencies struggle with:
  - High volume of work/ not enough staff
  - Limited prior human service/ runaway homeless youth experience
  - Environmental efforts to be warm and welcoming

# Staff feedback on preparedness for the work

- How much did your prior work/education prepare you for working with runaway and homeless youth?
- Describe incidents where you felt well prepared and incidents where you did not?
- What surprised you most about the work?



# Small Group exercise (groups of two or three answer the following)

- What on-boarding/annual trainings does your agency offer staff currently?
- What does your organization do specifically around training staff for de-escalation & crisis intervention?
- What frequency or how often are staff retrained?
- Do staff at your agency feel prepared to manage crisis?

# Survey of RHY Providers

- We reached out to 10 RHY agencies we work closely with to inquire about these questions and this is what we found:
- Trainings offered: CPI, MAB, & In-housing training
- Frequency: On-boarding 1-6 months, annually, PRN
- Crisis preparedness: Yes, No, Sometimes

# Approach to staff training at Bridge

- Core training
  - Boundaries
  - Collaborative Problem Solving (CPS)
  - Motivational Interviewing (MI)
  - Crisis Prevention Intervention (CPI)
  - Limit Setting with Youth
  - Strengths Perspective
  - Trauma Informed Care
  - Harm Reduction

# Approach to Training (Cont.)

- Core training done annually
- Voice Thread Recordings for refresher
- Peer Practice Training (Weekly 1 hour training led by staff that rotates the following topics)
  - Collaborative Problem Solving (CPS)
  - Motivational Interviewing (MI)
  - Disruptive Response Protocol
  - Case Review

# Staff Training Evaluations

- Positives
  - Cross team collaboration
  - Enjoyed learning new techniques
- Negatives
  - Not applicable cross programs
  - Feels repetitive

# Challenges with Putting CPS/MI into practice

- Supervisors weren't seeing the clinical skills in practice
- Incident Reports completed following a crisis
- Team de-brief





# Staff feedback: What prevents you from utilizing these protocols?

## Staff

- Low frequency of needing protocols
- Inconsistent training attendance
- Unclear on application in specific programs

## Supervisors

- Not enough time to reinforce skills
- Frequency makes it difficult to evaluate competency
- Staff stress/incongruent beliefs about challenging interactions

# Staff Training Curriculum Project

- Aim 1: Develop an intensive, structured staff training curriculum around de-escalation & crisis response
- Aim 2: Assess the effectiveness of this curriculum through experience surveys from staff and supervisors

# Development of a Staff Training Curriculum

- Two week training that included
  - 1 hour of CPS/Disruptive Response Training
  - 6 hours (six separate days, one hour training each day) of Policy drills
  - 2 hours of peer practice CPS
- Supervision included
  - Weekly supervision included the expectation that staff brought one example of CPS each supervision session for two months following the training

# Peer Practice: Collaborative Problem Solving (CPS)

- List of scenarios
- Peer Practice Video
- Pick one out of a bowl
- Staff plays a client
- Everyone gives feedback

# **PROBLEM SOLVING, DE- ESCALATION & CRISIS INTERVENTION**

# Collaborative Problem Solving (CPS)

- CPS was developed by Ross Greene, PhD at Mass General.
- Treating Explosive Kids: The collaborative problem solving approach
- Well validated approach to treating problematic behaviors and non-compliance



# How can we get youth to comply with expectations more??

- Change in our philosophy

“Youth do well if they want to”

vs.

“Youth do well if they can”

# Plan A: Clinicians Plan

- When Clinicians encounter non-compliance they rely most heavily on plan A – insisting the youth comply!
- Upside: Sometimes youth will comply and meet our expectations
- Downside: Clinicians are left with little options when youth don't comply and often ends in disruptive episodes.

# Plan C: Youth's plan

- Giving up on the expectation
- Upside: You reduce the likelihood of disruptiveness
- Downside: Clinicians believe this is giving in, its being a push over and youth will never meet their expectations in the future

# Plan B: Collaborative Problem Solving

- Plan B: Clinician & youth expectations are pursued together
- Upside: Plan B increases compliance with expectations and reduces disruptiveness

# Steps to Collaborative Problem Solving (CPS)

- CPS
  - I've noticed..... What's going on?
  - Empathize, restate what you heard
  - Define what the problem is..."I'm concerned that ....."
  - Invite the YA to solve the problem

# Crisis Response Protocol

- Indicator is when someone is ***beyond*** spoken communication
- We ask them to leave and take a break from the space
- Clear the areas by asking other youth to give the person some space and wait in another space
- Re-engage & de-escalate if possible



## Trauma-Informed Care

TIC is an approach to the way we think and act as clinicians and is infused in all of our trainings

Traditional view	Trauma Informed View
<b>This youth was being disrespectful</b>	This youth is responding very poorly to requests
<b>This youth doesn't listen</b>	This youth is struggling with our expectations of them
<b>This youth is rude</b>	This youth is not communicating effectively with us right now
<b>This youth is entitled</b>	This youth is struggling to figure out how to get their needs met
<b>This youth is lazy</b>	Something is getting in the way for this youth to be productive
<b>This youth is splitting staff</b>	This youth is in crisis and looking for everyone to fill their requests

# Development of Therapeutic Capital

- Importance of relationship and rapport building
- Therapeutic Capital
  - Positive interactions
  - Empathic interactions
  - Learning about someone's interests
  - Authentic interactions
  - Following through on what you say

# Policy Drills training

- Random, staff notified via email
- Vest to symbolize it's acting
- Heart Rate Monitor





# Outcomes: Staff Survey- Protocol Comfort

- Baseline: On a scale of 1-10, how comfortable do you feel in utilizing CPS/Disruptive Response Protocol:
- One month: On a scale of 1-10, how comfortable do you feel in utilizing CPS/Disruptive Response Protocol:

# Outcome: Staff Survey- experience

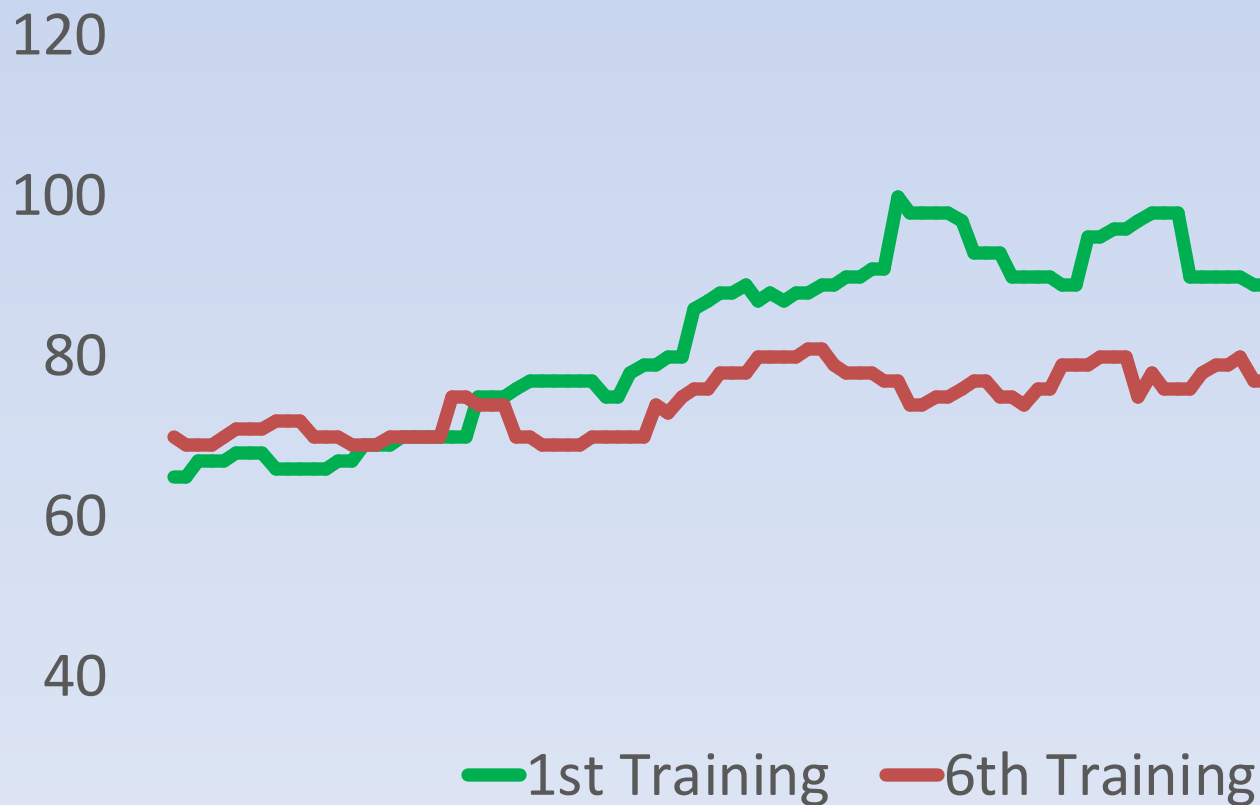
- What was most helpful?
- What was least helpful?

# Outcomes: Supervisors Survey

- On a scale of 1-10 (10 being highest), how often do you see your staff using this intervention with you?
- On a scale of 1-10 (10 being highest), how confident do you think your staff feel in their ability to utilize this intervention?



# Staff Heart Rate During Policy Drills



# Questions?

# References

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