

**State of Vermont
Department for Children and Families
Family Services Division**

CONSULTATION REPORT

Woodside De-Escalation and Restraint System Consultation Service

Program Goal: Formally assess Woodside's current policy and practice on de-escalation, restraint and seclusion. Inform DCF of national best practices for de-escalation, restraint and seclusion models that are used in secure residential treatment facilities serving youth similar to the Woodside Rehabilitation Center (adjudicated and detained with trauma histories). Recommend a specific model best suited for the population served Woodside.

Consulting Team:

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July 11, 2019

Program Goals:

Formally assess Woodside’s current policy and practice on de-escalation, restraint and seclusion; inform DCF of best practices for de-escalation, restraint and seclusion models used in secure, residential facilities serving adjudicated and detained youth with trauma histories; recommendation of a specific model best suited for youth served at Woodside.

Project Expected Outcomes:

Provide formal assessment of de-escalation, restraint and seclusion policy, practice and techniques used at Woodside; identify national models with consideration of Vermont’s Licensing Regulations for Residential Treatment Programs; consider efficacy and outcomes of models reviewed; present findings and written report of recommendations to DCF and stakeholder group.

Responsibilities of Contractor:

Review written policy and curricula used to train staff on de-escalation, restraint and seclusion; conduct observations of practices at the Woodside facility; observe staff/youth interactions of techniques through on-site and video observations; meet with members of the Woodside stakeholder group for input prior to conducting assessment; conduct national search of best practices for adolescent population served by Woodside; present findings and recommendations to Woodside stakeholder group convened by DCF; submit written report.

Method of Review:

Interviews with DCF Leadership; Vermont Client Placement Specialist; Quality Assurance Special Investigator; Stakeholders, Disability Rights Vermont, Office of the Defender General, Consultants to Defender General Office; Woodside Director/Administration, Woodside Residents and Staff, Clinical, Medical, Residential and Education Staff; CJCA Code of Practice Team; Woodside Juvenile Rehabilitation Center Dangerous Behavior Control Techniques (DBCT) and Woodside Advanced Communication Techniques (ACT) Manual and Training; Woodside Program Description; North Unit Program; Woodside Policies Relating to De-Escalation, Restraint and Seclusion and Training; Commission on Accreditation of Rehabilitation Facilities (CARF) International Certification Report; Performance-based Standards (PbS) Reports; DHS/DCF Report to Vermont Legislature, 4/15/19; Vermont Licensing Regulations for Residential Treatment Programs; Report and Woodside Response to Residential Licensing and Special Investigations, Public Defender and Disability Rights Report/Findings, 10/12/18; Video Review and Documentation of Critical Incidents; On-Site Observations (24-Days Including Nights and Weekends); National Crittenton, Office of Juvenile Justice and Delinquency Prevention (OJJDP), National Girls Initiative; Review of Eleven Nationally Recognized Crisis Intervention Models; Presentations by Representatives of Four National Models for De-Escalation and Restraint Systems: Nonviolent Crisis Intervention/Crisis Prevention Institute (CPI), Safe Crisis Management (SCM), Therapeutic Crisis Intervention (TCI) and The Mandt System; New England Psychiatric Hospitals and Residential Treatment Facilities; The Center for Children’s Law and Policy; Center for Juvenile Justice Reform at Georgetown University; Justice Policy Institute; 2018 Federal Laws: First Step Act and the Juvenile Justice and Delinquency Prevention Act (JJDP).

National Best Practice Recommendations for De-Escalation, Restraint and Seclusion Models:

CJCA and the field of Juvenile Justice Services is moving in the direction of reducing all forms of restraint and seclusion as response techniques for youth in our secure care facilities. Only in situations in which there is a risk of imminent harm are such levels of intervention supported and they are to be discontinued immediately when that risk is diminished and safety is established. Research has revealed that the best interventions in reducing crises are systematic and preventative in nature; thus the review of

the Woodside Dangerous Behavior Control Techniques (DBCT), ACT and national models for provision of crisis intervention for Woodside were viewed through this lens.

Proven effective strategies to support this national direction and requirement in care include: a focus on facility culture; support for direct care staff; continuous staff training in adolescent development, cultural and gender competency, de-escalation and crisis intervention, trauma informed care that begins at intake and throughout programming; providing robust schedules and activities planned throughout the day, evening and weekends; strong, incentive-based programs with a positive behavior management orientation and clinical and therapeutic services based upon the individual needs of the youth and family.

Best practice crisis intervention models include: provision of on-going and recurrent training to ensure staff competence; staff and youth de-briefing protocols that promote growth and learning; practices provided in trauma informed ways, as even when interventions are used with the best of intentions they may still cause harm; restorative practices so that each incident is a learning opportunity; practices that avoid re-awakening feelings of powerlessness and fear of being alone. Restrictive interventions should not be viewed as a part of a treatment program, but rather viewed as an emergency procedure to address behaviors that pose serious risk of harm and allow safe, therapeutic programs to continue with integrity and dignity.

Current research and national trends consistently postulate that best practice components needed for the most successful outcomes in Crisis Intervention Models include: attention to program culture (staff are educated, confident and comfortable with the program approach); acknowledge that policy impacts training; protocols include a positive, inclusionary experience for youth and family from the moment of admission/intake; programs are family and youth driven; Personal Safety Plans (PSP) created at intake with input from the youth (and family whenever possible, otherwise from human service workers, with whom the child has a relationship); PSP includes identifying triggers, precipitating factors and is gender, culture, trauma and medically informed, and includes known coping skills for the youth and is utilized by all staff in contact with the youth; model is nationally recognized and requires certification and scheduled re-certifications to endorse the model, that is strong in prevention and de-escalation training and training for de-briefs; has training modules about adolescent development and trauma informed care; safe for youth and staff and does not use pain compliance; skill level monitoring is part of the program for continuous quality assurance and improvement; provider of model provides expert testimony in any legal involvement in use of techniques; incident reporting protocol is clearly defined; debrief for staff and youth include learning opportunities; prone and supine positioning is not recommended for reasons of safety, dignity and trauma, understanding that on occasion in an actual crisis, this may occur and model needs to provide instruction for these instances; model includes prevention planning and training capable of addressing all levels of crisis.

All models considered were those that are recommended for all at-risk youth in DCF custody and/or Juvenile Justice Mental Health Treatment Facilities and Secure Psychiatric/Treatment Facilities.

On July 2, 2019 the CJCA National Code of Practice Team completed the final draft to guide States in choosing nationally recognized models for crisis intervention and is as follows:

Code of Practice for Harm and Violence Prevention and Comprehensive Intervention Strategies

As there are no national standards for crisis intervention, violence and harm prevention and/or any type of universal response training, this Charter is adopted by the Council of Juvenile Correctional Administrators (CJCA) and partner organizations (public and private), to shape best practices that operationalize the shared idea of “least restrictive and most appropriate” intervention strategies that focus

on reducing the use of all forms of restraint (physical, mechanical and chemical) as well as reducing the need for the use of isolation as response techniques. By engaging with other like-minded organizations this charter will allow best practices to evolve beyond local and state governances.

Therefore, the following code of practices and standards are hereby established:

- We believe that an atmosphere and culture of safety and care can be created by all juvenile justice service organizations;
- We believe that every effort should be made to structure environments and provide behavioral supports, with a positive orientation to prevent violence or behaviors posing risk, and thus prevent the need for restrictive interventions;
- We believe that the consistent delivery of organized, trauma informed programs that are gender and culturally knowledgeable, will enhance safety;
- We believe that developing positive relationships between staff and residents enhances safety;
- We believe that behavior presenting risk of harm to the physical and emotional safety of individuals in care, as well as, their service providers can be minimized and/or prevented when responded to with humane and relationship enhancing methods;
- We believe that service organizations must actively pursue the reduction of the use of restrictive interventions through a variety of training and skill development programs that focus on awareness, early intervention and de-escalation skills/techniques;
- We believe that when restrictive interventions are employed, they should only be used to prevent an imminent risk of injury to someone and be discontinued when that risk is diminished, and safety is established;
- We believe that when restrictive interventions are necessary, they should be done in the least restrictive manner possible that can address the presenting dangerous behavior;
- We believe that when restrictive interventions are necessary, data and debriefing regarding these incidents need the inclusion of restorative practices and focus on preventing their reoccurrence;
- We believe that service organizations are obligated to ensure that their staff possess competence in prevention and intervention techniques to address behavior that is dangerous, violent and/or causing harm to self or others;
- We believe service organizations must provide staff training and supervision that meets all required legal, ethical and regulatory standards and is youth oriented in its development and application;
- We believe service organizations must provide on-going and recurring training to ensure staff safety and competence that includes de-briefing for growth, learning and maintaining wellness; and
- We believe that restrictive interventions should not be viewed as a part of a treatment program, but rather viewed as an emergency procedure to address behaviors that pose serious risk of harm and allow safe, therapeutic programs to continue with integrity and dignity.

Summary of External and Internal Stakeholder Interests and Recommendations:

Themes that came to light through interviews with stakeholders include beliefs that staff seem very committed and dedicated to working to better the lives of youth at Woodside. It was noted that the staffing ratios were acceptable and that most direct care staff appear very caring and competent and that the staff are requesting increased training to develop more specific skills to work with the current population. This theme was supported by the internal evaluations completed by staff as part of the Performance-based Standards 2019 review and also noted in the CARF, September 13, 2018 evaluation and recommendations.

It was suggested that there be a comparison of Woodside's crisis intervention model and use of restrictive interventions with other medical, psychiatric and treatment programs that work with youth similar to Woodside's population. It was suggested that clarification is needed regarding seclusion protocols; clarification regarding specific practices and the overall therapeutic orientation of the program; review of program schedule; suggestions around daily program and schedule that may reduce the need for physical interventions and seclusion; clarity regarding the program for the detention population vs treatment component or short and long term treatment offerings; and how length of stay is determined. Suggestions were to look at facility culture and to make every effort to interview all staff and current and past residents.

The most predominant theme was for Woodside to move to a nationally recognized and researched crisis intervention system that would include more focus on de-escalation techniques, adolescent development and its association to behavior (in addition to brain development) and training material that has more emphasis on trauma informed interventions rather than images of adult corrections, law enforcement and self-defense moves.

Stakeholders suggested looking at the current use of the North Unit and the opportunity it presents to develop an intensive treatment program that is designed to stabilize youth by use of and access to learning ways of coping that are normalized. A strategy would be to enhance the youth's individual coping skills noted in the PSP, such as music, aromatherapy and calming activities. Most importantly adding intensive, targeted skill development groups that provide ways in which youth may learn and practice new pro-social skills to get their needs met that are healthy, normalized and effective, thereby allowing a shorter more directed experience. This would allow the North Unit treatment program to promote ways to develop and practice skills to be utilized when transitioning back to the Woodside community. This strategy would allow youth to develop skills that they may continue to use when they transition back to their home and/or community.

In summary the strong recommendation is that the program adopt a nationally recognized, research-based crisis intervention system designed for at-risk youth with mental health, trauma and behavioral difficulties, in addition to consideration given to the overall clinical program, treatment services and developing a clear clinical model for Woodside.

Woodside Culture Observations:

Culture is a critical component and foundation of all crisis intervention models. It is important to recognize that there is a clear sense of support and caring between staff and generally between residents and staff. Most residents have much shorter lengths of stay in recent years and are placed in Woodside typically when in a significant acute crisis, therefore it is an everchanging environment which requires staff to be exceedingly tolerant, patient and understanding of the extreme hurt, anger and pain that the residents are experiencing and likely have experienced their entire lives.

Evidence of a positive culture and work environment typically is seen in the area of staff retention. Woodside's current staff turnover rate is well below the national average, approximately eight percent, whereas the national average is between 20 to 45 percent, depending upon the State and the supports and appreciation shown for staff within the community and through media representations. It has become more difficult to recruit and retain staff in the field of juvenile justice services due to the intensive and extensive increase in regulatory requirements and the pervasive litigious environment, which puts

additional stress on people who choose to stay in the field and dedicate their careers to helping at-risk youth in need. The staff retention rate at Woodside is telling and commendable.

Staff and students were welcoming throughout this evaluation and consultation and invested in looking at overall culture and practices, however the following actual reports given by youth and staff may express more accurately their sentiments regarding the Woodside program:

Summary of Youth Interviews:

All residents were interviewed and named particular staff that they have positive interactions with and characteristics of staff that they found not as helpful. Residents listed specific examples of what they find most valuable. Descriptors used were that most staff are fair and have open minds, have a good sense of humor and make them laugh when they are upset, they appreciate when staff hear them out and understand when they are having a tough time, staff are reportedly good listeners and some staff are funny and entertaining, youth appreciate when staff give them space when they are upset, they enjoy talking with staff about sports and generally feel that they trust the staff enough to confide in them. They are grateful that most staff are mellow and staff play games with them. They appreciate when staff are insightful, respectful and give good suggestions. Reportedly, it is at times hard when some staff hold them to a higher standard, but this is perceived as the staff wanting to help make them better people. They all appreciate staff who give them chances and pull them aside from the group if a correction needs to be made and then privately give them ideas of what to do instead of the problematic behavior.

Youth Suggestions for Program Enrichment: Youth interviewed were very clear about ideas that they had to improve the program and believe would help them to succeed. They were exceedingly insightful and ideas stated were all practices that have been noted to improve cultures across the country within other secure facilities, and line up with national research. Resident suggestions include, more incentives for positive behaviors and less focus on things not done correctly or extreme acting out. Every student explained that music is one of the most important coping skills for them, helping them to be calm and go to a “happier place”. A lot of the discussions were about how to bring music into the program and youth recommended residents at all levels have this opportunity as it is clearly a coping skill. Their wish list includes opportunities for more normalized activities such as fishing and community activities and recreation. Most found the point system to be frustrating and would like to see the program build in more positive rewards and opportunities to learn to make amends when behavior is not appropriate, rather than a reduction of points. Most found the current point system too difficult, which makes them want to give up and not try. All felt that “room time” was hard, however voiced an understanding that at times for safety this is necessary, suggestions were to limit room time in the daily schedule and consider not locking doors during sleeping hours whenever possible.

All youth interviewed expressed that they did not like the Woodside physical management techniques. All current youth and one previous resident were interviewed. Those who have been physically managed or have observed physical managements had concerns about the techniques and application. Residents interviewed gave examples of restraint techniques in other programs that they found effective and stated felt safer. All residents were quite articulate about their views and the previous resident interviewed had many examples of other placements and techniques that did not feel as upsetting. Interestingly, the descriptors used by residents of models that they thought were best, were clearly techniques utilized by one of the models that was being considered by the leadership team at Woodside.

Most students commented that they liked Woodside’s practice of removing a youth who is in crisis or having behavioral control issues, allowing the rest of the group continue in positive activities. Regarding the North Unit there were some very insightful suggestions around creating a sensory room or a more intensive skill development/coping skill development program to promote healing, learning and growing and which hopefully results in sooner return to the Woodside community. Residents expressed that they need more time in the community to acclimate and to practice skills. Particularly, residents who

are in the program for extensive lengths of time. One previous resident stated that she had a really hard time when she left Woodside as she did not feel that she was at all prepared to function in the outside world. This youth also stated that she realized that while at Woodside, she would continuously sabotage her progress and chances to do activities in the community. She suggested several ways to help youth transition and acclimate to the community in new ways. Some youth expressed that they would like to work at Woodside when they “grow up”.

Summary of Staff Interviews: Generally, most staff report that they feel that the culture at Woodside is good and that they feel supported by their colleagues. They find that the way staff are scheduled creates a family atmosphere. Staff report coworkers have many different backgrounds varying from social work to psychology to corrections and most see this as a strength to the overall program and culture. Staff consistently reported that what they enjoy most about their positions at Woodside is working with the kids and making a difference. Staff reported wanting to continue to learn and are open to feedback about program development and enhancement. There is an overall sense of teaming within the facility and an atmosphere of comradery.

Staff report that they feel stress about what they feel is inaccurate reporting in the press and misrepresentation of the Woodside program. They stated that they feel uncomfortable about what they perceive to be negative representations of their personal experience, background, motivation to be at Woodside, as well as the actual day-to-day program. Progress in youth emotionally, behaviorally and educationally seem not to be reflected in public reporting. It was stated by many that the adversarial nature of outside entities working with the residents is not helping the atmosphere in the program, and/or resident behavior and attachment to staff. Most reported that seclusion and restraint are the last options after all coping skills that they know of have been tried or suggested and are expressing openness to obtaining more skills in prevention of seclusion and restraint. Use of weighted blankets has reportedly had a positive effect and staff would like to consider looking at ways to enhance positive behavior management within the program and positive ways to measure the progress and growth of residents. Staff asked for more de-escalation training and specifically adolescent development training as well as more information about trauma and trauma informed care. Medical staff stated that they have never felt unsafe in the facility and feel that the staff really care about the youth in the program and work very hard to redirect youth when they are upset and find the staff behavior to be generally supportive. Staff report that they endorse the program development that is currently underway and would like the ability to acquire more therapeutic skills through training to provide the best care possible for youth at Woodside.

Staff Program Recommendations: Staff report safety is a program strength. Staff stated that they would like to see more opportunities for individual counseling and/or 1-1 time for youth and staff to build relationships. Staff are concerned that resident mis-behavior seems to result in a large number of staff focussing on the youth who is having behavioral difficulties and thus would like to look at the overall behavior management system, bringing in a more positive orientation. Suggestions were to use an overarching clinical orientation, such as dialectical behavior therapy (DBT) with increased rewards for positive behavior to change the current trend in this area. Staff offered to start a student council to provide a way for youth to be given the opportunity to have a consistent voice and take part in program development. Students and staff do report that they respect the Woodside Director and leadership team and would like to partner with leadership and all staff to present ideas for program enhancement. It was reported that residents are beginning to put together lists of ideas and options for incentives and are excited about being part of program growth. Suggestions were made for more on-going training for staff and more moral boosting recognitions. All staff spoke of genuine caring for the youth in the program and are invested and dedicated to continuing the work and look forward to enhancement of treatment services.

National Model Options Reviewed:

Eleven National Models were considered and after review, discussion and research, four models that seemed best suited for the population were presented to the Woodside and DCF Team. Formal

evaluations of each system was reviewed based upon four main criteria derived from the *Questionnaire Matrix* developed for this review. Measures are as follows:

1. Holistic/Culture Sensitive Approach; 2. Percentage of Program Relating to Prevention, De-Escalation Techniques and Communication Skill Development; 3. Adolescent Development, Human Development and Therapeutic Training/Orientation and; 4. Safety for Youth and Staff.

While there are several programs that would meet the needs of the Agency and the Woodside facility, for the purpose of this report, Safe Crisis Management is used as an example of a model of a best-practice program that would meet the needs of the Woodside facility and includes all of the objectives and components of a best-practice program as outlined in this report. This was also chosen by the Woodside team as the best option for the program for these reasons and for the additional support and training enhancements and ease of transition for staff and residents.

Results below include outcome of review of DBCT/ACT and SCM.

Formal Assessment of Woodside Juvenile Rehabilitation Center Dangerous Behavior Control Techniques (DBCT); Woodside Advance Communication Techniques (ACT): 1. Holistic/Culture Sensitive Approach: DBCT and ACT have strong components with regard to the continuum of escalation and key points of intervention. DBCT offers training in strategies of effective interventions for each stage. There is an additional component of staff awareness and self-evaluation, which helps staff to remain aware of their own experiences and feelings that are to be considered in all crisis interventions. 2. Percentage of Program Relating to Prevention De-Escalation Techniques and Communication Skill Development; DBCT is predominantly focused on the physical intervention components, with a part of ACT that looks at adolescent brain development and the effects of trauma on the brain. Communication skill development is part of the ACT training. 3. Adolescent Development, Human Development and Therapeutic Training/Orientation: Adolescent development is not part of the curriculum and is an area that the program is looking to offer increased training for the Woodside program. 4. Safety for Youth and Staff: Safety is a very strong area in the DBCT model as evidenced by minimal injuries to youth (none reported in the past ten years).

Although the Woodside DBCT System and ACT Model has many components needed to meet the specific safety needs of the Woodside population, it is evident that there is a need for more focus on adolescent development and more specific training in prevention and de-escalation skills.

The Woodside model includes training in behavior escalation patterns and matching intervention levels to intervene that follows a determined matrix. The training as well touches upon trauma, its effect on the developing brain and considerations in utilizing this knowledge to understand a residents' behavioral continuum. The model does train about the physical signs of youth escalation, the behavioral continuum and matching the staff physical response levels, however would benefit from the additional components of the SCM model which has the added perspective of matching intervention levels to the resident's emotional stage of development, trauma and individual special considerations in how to proceed utilizing this knowledge.

As noted in the CARF report, individual PSPs that would include gender, culture, trauma and medical considerations would reduce and minimize behavioral incidents of upset youth and reduce and/or eliminate the need for physical interventions or seclusion. The PbS and CARF evaluations both note that staff are asking for training in adolescent development and trauma to help provide care for the youth at Woodside.

Assessment of SCM-Safe Crisis Management: 1. Holistic/Culture Sensitive Approach: Relationship building is the key preventative strategy with SCM. It promotes positive energy and collaborative problem solving and addresses the whole continuum of crises-from prevention and de-escalation, to after action resolution/restorative processes and de-briefing, and documentation and specific planning and individual program adjustment for residents that reflects what was learned from the safety intervention. All interventions are seen as an opportunity to support youth with dignity and promote safety and positive growth, looking at root causes of behaviors. Individualized planning is achieved by adjustment of plans and continuous review which promotes culture, gender and trauma sensitivity. 2. Percentage of Program Relating to Prevention De-Escalation Techniques and Communication Skill Development: There are twelve chapters in the SCM curriculum, one of which is dedicated to physical management techniques. The main focus is in communication skills, adolescent and human development, prevention and de-escalation. 3. Adolescent Development, Human Development and Therapeutic/Training Orientation: Trainings focus heavily on adolescent development/human development and utilize the works of Erickson and Piaget's stages of development. 4. Most substantive training in prevention, de-escalation and relationship development, which has resulted in very low rates of injury to staff and residents. SCM is named as the gold standard in crisis intervention by the Center for Children's Law and Policy and has 30-years' experience in providing training for staff working with at-risk youth. The training is heavily based upon prevention, however has a strong component of safety and practice in the curriculum to prepare staff thoroughly have the skill set to use SCM intervention techniques when necessary. It is important to note that the model includes fifteen techniques for physical interventions that may be utilized as determined by the SCM team and Woodside leadership as best suited for the population at Woodside.

Assessment of Policies 502: North Unit and 509: Use of Restraint and Seclusion:

It is recommended that the seclusion definition in both policies include a change from- Seclusion: the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving- to "...involuntary confinement of youth in a room from which the resident is physically prevented from leaving".

In secure youth facilities, security doors to prevent elopement or wandering is not seclusion by JJDPA, CARF, CJCA, federal and state definitions. Additionally, - *resident voluntary time outs* are not considered seclusion, unless freedom to leave the segregated room is denied.

It is recommended that policy 509 add that- Any interventions resulting in physical management or seclusion include processing with the resident as soon as the youth is in calm state to review the PSP and include the resident in the processing of identifying possible triggers and coping skills that may be added to the PSP.

It is recommended that there be a more defined explanation of "*re-set*". It is recommended that there be more defined protocols for *post intervention restorative practice with residents*.

It is recommended that there be a review of the section regarding *Requesting Police Assistance* to include pre-determined criteria and collaborative protocols.

Recommendation of Specific Model Best Suited for the Population of Youth Served at Woodside:

A Determination was made by the team that although the Woodside DBCT System has many components needed to meet the specific safety needs of the Woodside population; adopting the Safe Crisis Management program or similar program, that is a nationally recognized model, would have the added benefit of a system that has years of experience in specifically providing crisis intervention services. It would provide training and quality assurance reviews, support and guidance in providing interventions for difficult cases, legal support and expert testimony when needed. Additionally, it would allow enhanced training for staff providing care for Woodside youth and provide increased crisis intervention and de-

escalation training as well as adolescent development training, including strategies for working with youth with trauma and mental health histories. SCM has training modules that include important components that would enhance services for residents, some of which are: Piaget's Conceptual Developmental Model; Erickson's Human Growth and Developmental Stages; Kohlberg's Moral Development Model and Gilligan's Gender Differences in Moral Development Model. It includes trainings on the variables influencing individual development and behavior, the behavior cycle and behavior curve (behavior curve component is similar to DBCT) and interventions for each stage with the goal of prevention and provides an array of emergency safety interventions.

SCM has the option of advanced physical skill training, which is a serious consideration given the fact that the other models the team reviewed and are now in place in juvenile treatment centers in Vermont and New England are not able to manage the residents in acute situations. Woodside or law enforcement is contacted when a crisis rises to a level of grave danger, and typically the youth is then placed in Woodside for stabilization.

SCM has advanced technique options for these situations which is necessary, as current research has shown that to add on to a system a "crisis response team" for these acute situations, actually causes more aggressive, non-compliant and violent behaviors. The added support of a national model such as SCM will enhance services for youth in the Woodside program and offer professional development for staff and influence the overall culture of the facility. The additional training of these proven therapeutic crisis intervention skills for all direct care staff would bring us to best-practice/industry standards in that direct care staff would have additional skills to work with youth prior to and through the crisis period. Clinical staff would continue to be brought in when the youth is in a place to process the trigger and the trauma or root causes of the behavior. This system change would offer the opportunity for empowering the entire team of direct care staff, thus providing the necessary steps to provide for at-risk youth and specifically for the population at Woodside.

Thank you for the opportunity to work with the dedicated and caring youth service providers, agencies and youth advocates for the State of Vermont.

Respectfully Submitted,



Penny Sampson, Consultant



Mike Dempsey

References

(In addition to references noted in Method of Review Section)

Dangerous Behavior Control Techniques (DBCT)
Advance Communication Techniques (ACT)
Management of Aggressive Behavior (MOAB)
Crisis Prevention Institute (CPI)
MANDT
Safe Crisis Management (SCM)
Therapeutic Crisis Intervention (TCI)
NAPPI (Non Abusive Psychological and Physical Intervention)
Handle with Care
Trust Based Relational Interventions (TRBI)
Professional Assault Crisis Training (Pro-Act)
JIREH



Therapeutic Aggression Control Technique (TACT2.)
Midwest Symposium for Leadership in Behavior Disorders-Intervention Training Programs, (2-2016)