MOVING TO SCIENCE BASED TREATMENT AND AWAY FROM POINTS AND LEVELS

BARBARA F. WILSON, LCSW
KAREN MCGRELLIS, LPC, CTTS, MPA, DRCC, ACS

PROMISING PATH TO SUCCESS NEW JERSEY CHILDREN'S SYSTEM OF CARE

UNIVERSITY BEHAVIORAL HEALTHCARE BEHAVIORAL RESEARCH AND TRAINING INSTITUTE

RUTGERS UNIVERSITY
FLIP CHART EXERCISE

AT ANY TIME DURING THIS PRESENTATION PLEASE ENTER DATA ON FILIP CHARTS.

1. ARE YOUR PROGRAMS CURRENTLY USING POINTS AND LEVELS?
   YES OR NO

2. WHAT EVIDENCE BASED PRACTICES ARE YOU CURRENTLY USING?

3. WHAT ARE THE BARRIERS TO REMOVING POINTS AND LEVELS TO MOVE TOWARDS EVIDENCE BASED AND SCIENCE BASED INTERVENTIONS?
NATIONAL MOVEMENT AWAY FROM BEHAVIOR MANAGEMENT TO TRAUMA INFORMED PRACTICES

- Association of Children’s Residential Centers Position Paper Redefining Residential: Trauma Informed Practice: Moving Away From Point and Level Systems
- Moving Away from Restraint, Seclusion, and Coercive Practices
- Moving Towards Relationship, Somatosensory Interventions, and Positive Connections
- Behavior Management Research Showed You Could Use Rewards, Consequence, and Punishment to Teach Simple Skill Acquisition
- There is No Research That Supports the Use of Behavior Management to Treat Complex/Developmental Trauma or Psychiatric Disorders
WHO DECIDES WHAT IS AN EVIDENCE BASED PRACTICE?

• CALIFORNIA EVIDENCE-BASED CLEARINGHOUSE FOR CHILD WELFARE (CEBC)
• SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) EVIDENCE-BASED PRACTICES RESOURCE CENTER FORMERLY THE NATIONAL REGISTRY OF EVIDENCE-BASED PROGRAMS AND PRACTICES (NREPP)
• THE NATIONAL CHILD TRAUMATIC STRESS NETWORK
• INTERVENTIONS WITH SPECIAL RELEVANCE FOR THE FAMILY FIRST PREVENTION SERVICES ACT PUBLISHED BY THE CASEY FAMILY PROGRAMS NOVEMBER 2018
• FAMILY FIRST CLEARINGHOUSE FOR PREVENTING FOSTER CARE
VALUES

• COLLaboration
• EQUITY
• EVIDENCE (CRITERIA)
• FAMILY
• INTEGRITY
NJ DEPARTMENT OF CHILDREN AND SAFE HEALTHY AND CONNECTED FAMILIES

CORE APPROACHES TO OUR WORK

▪ RACE EQUITY
▪ HEALING CENTERED
▪ PROTECTIVE FACTORS FRAMEWORK
▪ FAMILY VOICE
▪ COLLABORATIVE SAFETY
HOW DID WE GET HERE?

- PSYCHOANALYSIS - FREUD, JUNG
- ATTACHMENT THEORY - BOWLBY
- BEHAVIOR MANAGEMENT - PAVLOV, SKINNER, WATSON
- COGNITIVE BEHAVIORAL THERAPY (CBT) - BECK, ELLIS, LINEHAN
- EYE MOVEMENT DESENSITIZATION REPROCESSING (EMDR) - SHAPIRO
- NEUROSCIENCE - PERRY, VAN DER KOLK, LEVINE, SIEGEL
- SENSORIMOTOR PSYCHOTHERAPY, OGDEN, FISHER
- POLYVAGAL THEORY - PORGES
- MOVEMENT TOWARD EVIDENCE BASED PRACTICES GROUNDED IN SCIENCE
NEUROSCIENCE/ NEUROBIOLOGY

• FUNCTIONAL MAGNETIC RESONANCE IMAGING (FMRI)
• COMPUTED TOMOGRAPHY (CT) SCANNING
• POSITRON EMISSION TOMOGRAPHY (PET)
• ELECTROENCEPHALOGRAPHY (EEG)
• MAGNETOENCEPHALOGRAPHY (MEG)
• NEAR INFRARED SPECTROSCOPY (NIRS)
“AND SO IT IS WITH HUMAN RELATIONSHIPS: WE CAN BOTH CREATE AND DESTROY, NURTURE AND TERRORIZE, TRAUMATIZE AND HEAL EACH OTHER”

(BRUCE PERRY)
BEHAVIOR MANAGEMENT TO HEALING CENTERED ENVIRONMENT
"WE DON’T RESTRRAIN"….OK, HOW DO YOU GET KIDS TO DO WHAT YOU WANT??

The Behavior Room

<table>
<thead>
<tr>
<th>Level</th>
<th>Points Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>25</td>
</tr>
<tr>
<td>Level 2</td>
<td>50</td>
</tr>
<tr>
<td>Level 3</td>
<td>100</td>
</tr>
<tr>
<td>Level 4</td>
<td>150</td>
</tr>
<tr>
<td>Level 5</td>
<td>200</td>
</tr>
<tr>
<td>Level 6</td>
<td>250</td>
</tr>
<tr>
<td>Level 7</td>
<td>325</td>
</tr>
<tr>
<td>Level 8</td>
<td>400</td>
</tr>
<tr>
<td>Level 9</td>
<td>475</td>
</tr>
<tr>
<td>Level 10</td>
<td>550</td>
</tr>
</tbody>
</table>
RESILIENCY AND INTEGRATION

- CONNECTION (RELATIONSHIPS)
- ADAPTATION (RE-ROUTING)
- MASTERY (DEVELOPMENTAL)
- SKILL COMPETENCY (EMOTIONAL AND SOCIAL)
- REGULATION AND CO-REGULATION (SKILL DEVELOPMENT)
- NEURO PLASTICITY
- CONTEXTUAL MEANING MAKING OF ADVERSE CHILDHOOD EXPERIENCES AND TOXIC STRESS
POINTS AND LEVELS

- Points and level systems can teach basic skills, provide external motivation, and yield immediate compliance, but they “react to behavior rather than respond to needs” (Brendtro, 2004), and don’t yield long term enduring outcomes. Emphasis becomes placed on negative consequences for challenging behaviors rather than the shaping of pro-social behaviors through the use of carefully managed reinforcement schedules.
### MOVING FROM POINTS AND LEVELS TO HEALING ENVIRONMENTS

#### POINTS AND LEVELS
- Behavior Management Framework
- Behavior Needs to Be Corrected
- Control
- Discipline
- Points and Levels
- Verbal Interventions

#### HEALING ENVIRONMENT
- Neurobiological Framework
- What is the Function of Behavior
- Connection
- Relationship
- Regulation, Co-Regulation
- Somatosensory Interventions
  - Nonverbal Interventions
  - Body Based
  - Movement Based
  - And Sensory Based
  - Interventions
### MOVING FROM POINTS AND LEVELS TO HEALING ENVIRONMENTS

#### POINTS AND LEVELS

<table>
<thead>
<tr>
<th>Point Cards and Level Charts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention Seeking</td>
</tr>
<tr>
<td>Consequences, Punishment, Isolation</td>
</tr>
<tr>
<td>Extrinsic Motivation</td>
</tr>
<tr>
<td>At Risk Youth</td>
</tr>
</tbody>
</table>

#### HEALING ENVIRONMENT

<table>
<thead>
<tr>
<th>Regulation Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment Seeking</td>
</tr>
<tr>
<td>Mastery, Competence, and Agency</td>
</tr>
<tr>
<td>Intrinsic Motivation</td>
</tr>
<tr>
<td>At Promise Youth</td>
</tr>
</tbody>
</table>
WHY SYSTEMS OF EQUALITY (LEVELS, POINTS, ETC.) FAIL OUR YOUTH

Equality

Equity
WHY POINTS AND LEVELS DON’T WORK

- NO EMPIRICAL EVIDENCE SUPPORTING EFFICACY OF POINTS AND LEVELS FOR YOUTH WITH BEHAVIORAL HEALTH NEEDS

- NO EVIDENCE OF SUSTAINABLE OUTCOMES OUTSIDE OF RESTRICTIVE SETTING

- ORGANIZED AROUND NEEDS OF STAFF REINFORCING CONTROL AND MAINTAINING ORDER

MASSACHUSETTS DEPARTMENT OF HEALTH, CREATING POSITIVE CULTURE OF CARE RESOURCE GUIDE

MOVING AWAY FROM POINTS AND LEVELS
WHY POINTS AND LEVELS DON’T WORK

• PUNISHING YOUTH FOR BEHAVIORS THAT BROUGHT INTO A TREATMENT SETTING

• TIMELINESS OF AWARD/NOT AWARD

• WITHHOLDING IS INCONSISTENT, ARBITRARILY ASSIGNED AND USUALLY RESULTS IN CONFLICT BETWEEN STAFF AND YOUTH

• “PUNITIVE IN NATURE” (TONE, POSTURE, PROSODY, INFLECTION)

MASSACHUSETTS DEPARTMENT OF HEALTH, CREATING POSITIVE CULTURE OF CARE RESOURCE GUIDE

MOVING AWAY FROM POINTS AND LEVELS
WHEN YOU KNOW LEVELS AREN’T WORKING AND CHANGE IS HAPPENING

• “OUR LEVELS DON’T WORK ANYMORE. WE WANT THE KIDS TO GO OUT ON FRIDAY NIGHT”.

• “THESE LEVELS ARE GETTING IN THE WAY”

• “THE CONSEQUENCES DON’T MAKE SENSE, AND EVERYBODY THINKS THEY CAN GIVE OUT THE CONSEQUENCES”

• “THEY’RE OFF LEVEL MORE THAN THEY’RE ON”

• “OUR SYSTEM IS TOO COMPLICATED”

• “WE DON’T ALL FOLLOW THE SAME RULES FOR DROPPING LEVELS”
WHAT TO EXPECT ALONG THE WAY

- This is the way we always did things
- The kids will have no consequences. They will get away with whatever they want to do
- Peer reactions
- Use of safety protocols
- Staff frustrations and core beliefs

- Staff may quit
- Caregivers may want consequences
- If you remove things too quickly and do not replace the motivation system or behavior management system with something else, there will be chaos.
## Status of Levels and Point Systems as of 9/2019

<table>
<thead>
<tr>
<th>Status</th>
<th>N=93</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never had a level system or eliminated prior to 6 Core Strategy trainings</td>
<td>23</td>
</tr>
<tr>
<td>Levels had been eliminated after 6 Core Strategy, but prior to the beginning of any coaching</td>
<td>4</td>
</tr>
<tr>
<td>Level system has been eliminated</td>
<td>16</td>
</tr>
<tr>
<td>Level system is in the process of being eliminated</td>
<td>11</td>
</tr>
<tr>
<td>Level system has changed</td>
<td>13</td>
</tr>
<tr>
<td>Level system has been addressed, but no changes have occurred</td>
<td>23</td>
</tr>
<tr>
<td>Level system has not been addressed with the program</td>
<td>3</td>
</tr>
</tbody>
</table>
GUIDING PRINCIPLES OF TRAUMA-INFORMED CARE

- SAFETY
- TRUSTWORTHINESS AND TRANSPARENCY
- PEER SUPPORT AND MUTUAL SELF-HELP
- COLLABORATION AND MUTUALITY
- EMPOWERMENT, VOICE, AND CHOICE
- CULTURAL, HISTORICAL, AND GENDER ISSUES

(SAMHSA 2014)
Nine times out of 10, the story behind the misbehavior won't make you angry; it will break your heart.

-Annette Breaux
TRAUMA INFORMED LENS

• EVERYONE WILL UTILIZE A TRAUMA-INFORMED LENS WHEN INTERACTING WITH YOUTH.

• STAFF NEED A BASIC UNDERSTANDING OF COMPLEX/DEVELOPMENTAL TRAUMA

• STAFF NEED TRAINING THE TRIUNE BRAIN AND ASK WHY IS THE CHILD DOING THIS, WHAT PROBLEM ARE THEY SOLVING, HOW IS THIS ADAPTIVE FOR THE CHILD?

• STAFF WILL ASK YOUTH TO DEVELOP REGULATION PLANS/HOW TO DEAL PLANS AND FOCUS ON USING THOSE STRATEGIES DAILY TO AVOID CRISIS.

• SECONDARY TRAUMATIC STRESS, VICARIOUS TRAUMA, COMPASSION FATIGUE AND BURNOUT WILL BE ADDRESSED IN SUPERVISION AND STAFF SELF-CARE AND THEIR OWN REGULATION STRATEGIES.
Conscious Discipline Brain State Model

Executive State (Prefrontal Lobes)
What can I learn from this?
self-regulation system

Emotional State (Limbic System)
Am I loved?
attachment system

Survival State (Brain Stem)
Am I safe?
arousal system
Reframe the Behaviour

“Kids do well if they can”
~ Ross Greene

WON’T → CAN’T YET

- Judgmental
- Willful
- Defiant

ADULT’S MINDSET
- Curious
- Too many stressors
- Skills deficits

VIEW OF CHILD
- He’s lazy
- She just wants attention ...
- Rude!

THOUGHTS
- Rewards & punishments

RESPONSE
- Find & remove barriers

CHILD’S EXPERIENCE
- Frustration
- Guilt/shame
- Supported
- Strengthened

“See a child differently, you see a different child”
~ Dr. Stuart Shanker

When kids exhibit challenging behaviour we can be “STRESS DETECTIVES”... finding and removing barriers.
- Find stressors → reduce them
- Find unmet needs → meet them
- Find skills deficits → teach them

@kwien562
HEALING ENVIRONMENTS

• USING THE RELATIONSHIP TO BUILD HOPE
• INTERACTING IN AN ATTUNED MANNER
• USING MODERN BRAIN SCIENCE TO DIRECT THE MILIEU AND INDIVIDUAL INTERACTIONS
• USING AND UNDERSTANDING THE ADAPTIVE ROLE OF BEHAVIOR TO CREATE CHANGE
• DESIGNING UNIT STRUCTURE AND PROGRAMMING TO PROMOTE HEALING RELATIONSHIPS
• INDIVIDUALLY RESPONDING TO PROBLEM BEHAVIORS BASED ON THIS UNDERSTANDING
• APPLYING PRINCIPLES OF RESTORATIVE JUSTICE TO TREATMENT SETTINGS
What is the barrier to CONNECTION

Behaviors as functional and adaptive
Good Intent
The kids who need the most love will ask for it in the most unloving of ways.
CURiosity
He isn't giving me a hard time. He's having a hard time.

Breathe & repeat.

Be the light.
WINDOW OF TOLERANCE - TRAUMA/ANXIETY RELATED RESPONSES:
Widening the Comfort Zone for Increased Flexibility

HYPER-AROUSED
Fight/Flight Response

- Anxiety
- Overwhelmed
- Chaotic Responses
- Outbursts (Emotional or Aggressive)
- Anger/Aggression/Rage

RIGIDNESS
- Obsessive-Compulsive Behavior or Thoughts
- Over-Eating/Restricting
- Addictions
- Impulsivity

HYPO-AROUSED
Freeze Response

- Feign Death Response
- Dissociation
- Not Present
- Unavailable/Shut Down
- Memory Loss

- Disconnect
- Auto Pilot
- No Display of Emotions/Flat
- Separation from Self, Feelings & Emotions

Comfort Zone
Emotionally Regulated
Calm, Cool, Collected, Connected

Ability to Self-Soothe
Ability to Regulate Emotional State

Staying within the window allows for better relationship interactions

Causes to Go Out of the Window of Tolerance:
- Fear of...
- Unconscious Thought & Bodily Feeling: Control,
- Unsafe, I do not exist,
- Abandonment, Rejection
- Trauma-Related Core Beliefs about self are triggered:
  Emotional & Physiological Dysregulation occurs

To Stay in the Window of Tolerance:
- Mindfulness—Being Present, in Here-n-Now
- Grounding Exercises
- Techniques for Self-Soothing, Calming the Body & Emotional Regulation
- Deep, Slow Breathing
- Recognize Limiting Beliefs, Counter with Positive Statements About Self, New Choices

Marie S. Desclie, Ph.D. © 2013
FIGURE 1. Brain–brain interactions during face-to-face communications of proto-conversation, mediated by eye-to-eye orientations, vocalizations, hand gestures, and movements of the arms and head, all acting in coordination to express interpersonal awareness and emotions. Adapted from Aitken & Trevarthen (1993) and used with permission of Cambridge University Press.
“The very first step of Self-Reg is always to “dig deeper,” because you really can’t “reframe” a behaviour until you understand it.”

-Dr. Stuart Shanker
DYSREGULATION IS CONTAGIOUS
YOUR ZONE

HOW DO YOU KNOW YOUR IN IT? ON THE EDGE?

HOW DO YOU CO-REGULATE YOUR YOUTH? YOUR PEERS?

WHAT STRATEGIES DO YOU USE FOR WIDENING YOUR OPTIMAL ZONE?
HOW TO HELP STAFF REGULATE

• PRIMARY METHOD TO EMBED TRAUMA THINKING INTO EVERY DAY LIFE
• OPPORTUNITY TO STEP BACK AND THINK
• CHANCE TO VENT
• TEACH CLINICAL THINKING- LOOKING BENEATH
• CREATE CULTURE OF SELF AWARENESS
• FIGHT EROSION OF TIC THINKING
• AWARENESS OF AND ATTENTION TO WPT
• HANDLING STAFF PERFORMANCE ISSUES
• HELPING STAFF TO GROW TRANSFORMS THE PAIN
• OPPORTUNITY TO NOTICE TRENDS IN MILIEU
6 CORE COMPONENTS OF COMPLEX TRAUMA INTEGRATION

- SAFETY
- SELF – REGULATION
- SELF REFLECTIVE INFORMATION PROCESSING
- TRAUMATIC EXPERIENCES INTEGRATION
- RELATIONAL ENGAGEMENT
- POSITIVE AFFECT ENHANCEMENT
Developmental Derailment ~ biological, sensory and motor, emotional, cognitive and social

The 7 senses
The Guests and who lives within

THE SEVEN SENSORY SYSTEMS

PROPRIOCEPTION  VESTIBULAR  TACTILE  AUDITORY  VISUAL  GUSTATORY  OLFACTORY
CO-REGULATION AND USE OF EQUIPMENT/ROOM

- Pushing
- Deep Pressure
- Resistance Work

- Run
- Jump
- Movement Input (Proprioceptive)

- Covering up
- Wrapping
- Weighted blankets

- Bouncing to a beat
- Clap
- Rocking on pillows
- Repetition of movement
- Ball toss/inner tube
SAMPLE REGULATION PLAN
HOW TO DEAL PLAN

THINGS THAT UPSET ME!

- Things changing at the last minute
- When you tell me no
- Asking me to talk about my trauma
- People not keeping their promises
- Moving from one place to another

HOW PEOPLE CAN TELL I’M UPSET:

- I yell and curse
- I get quiet sometimes
- My face gets red
- I don’t want to look at you
- I go to my room and slam the door
SAMPLE REGULATION PLAN
HOW TO DEAL PLAN

WHEN I’M HAVING A HARD TIME CONTROLLING MY ANGER PLEASE DON’T DO THIS:

- FOLLOW ME AROUND AND LECTURE ME
- COME INTO MY ROOM RIGHT AWAY BEFORE I CAN GET IT TOGETHER
- THREATEN ME WITH LOSS OF PRIVILEGES OR REC.

PLEASE DO THIS:

- ASK ME WHAT I NEED
- OFFER TO GO FOR A WALK WITHOUT TALKING
- OFFER ME SOMETHING TO DRINK
- LEAVE ME ALONE
THINGS THAT HELP ME TO CALM DOWN WHEN I’M UPSET:

- LISTENING TO MUSIC
- GOING FOR A WALK
- CALLING MY MOM
- CALLING MY FRIEND
- WRITING IN MY JOURNAL
- COLORING

WHEN I AM FEELING LOW OR NOT MOTIVATED I CAN DO THESE THINGS TO INCREASE MY ENERGY.

- OPEN THE SHADES AND TURN ON THE LIGHTS
- HAVE A SNACK OR SOME JUICE
- EXERCISE
- TAKE A NAP
YOUTH THOUGHTS ON THE CHANGE IN THE LEVEL SYSTEM

“When we had the level system I felt like it was uncalled for. When we had the level system it was so hard to get a higher level because I was not earning anything with the requirements and it made me feel angry all the time when I saw other people getting things and I was not.”
“WHEN WE GOT RID OF THE LEVEL SYSTEM I FELT LIKE I WAS GONNA IMPROVE IN A LOT OF AREAS. NOW IT’S EASIER TO MAKE GOALS AND HELP ME EARN MORE THINGS. THIS CHANGE MADE ME FEEL LIKE I WAS GOING FORWARD AND HELPED ME IMPROVE ON A LOT OF MY AREAS WHERE I NEEDED HELP AND I FEEL LIKE I EARN EXTRA INCENTIVES NOW.”
“YOUTH WHO ARE IN RESIDENTIAL CARE DON’T NEED TO BE THERE FOR SO LONG. THEY GET TOO COMFORTABLE THAT’S ALL THEY KNOW”

(YOUTH QUOTE)

“NOBODY ASKS ME ABOUT MY DREAMS. THEY ASK ME ABOUT MY BEHAVIORS” (YOUTH QUOTE)
SIX CORE STRATEGIES FOR THE REDUCTION OF S/R ©
PREVENTING VIOLENCE, TRAUMA, AND THE USE OF SECLUSION AND RESTRAINT IN BEHAVIORAL HEALTH SETTINGS

1. LEADERSHIP TOWARD ORGANIZATIONAL CHANGE
2. USE OF DATA TO INFORM PRACTICE
3. WORKFORCE DEVELOPMENT
4. FULL INCLUSION OF YOUTH AND FAMILIES
5. USE OF SECLUSION AND RESTRAINT REDUCTION TOOLS, WHICH INCLUDES THE ENVIRONMENT OF CARE AND USE OF SENSORY MODULATION
6. RIGOROUS DEBRIEFING AFTER SECLUSION/RESTRAINT EVENTS
REVIEW THE DATA FROM THE FLIP CHARTS
WHERE TO BEGIN AND HOW

• ORGANIZATIONAL COMMITMENT (RESTRAINT AND SECLUSION REDUCTION, ELIMINATE COERCIVE PRACTICES)
• ONGOING PROCESS OF CULTURE CHANGE
• TRAUMA INFORMED APPROACHES TO CARE
• YOUTH GUIDED
• FAMILY DRIVEN
• INDIVIDUALIZED CARE PLANS DESIGNED TO SUCCEED
• BRINGING STAFF ON AS A PERFORMANCE IMPROVEMENT TEAM
CREATING YOUR PLAYBOOK

• LEADERSHIP COMMITS TO ELIMINATION OF LEVELS AND POINTS AND DEVELOPS A ROLL OUT PLAN. PLAN SHOULD INCLUDE TRAININGS, DISCUSSION FORUMS WITH STAFF AS NEEDED, PROCESS FOR FEEDBACK LOOP, AND A TIMELINE THAT HAS AN ENDPOINT.

• CONTINUED SUPPORT AND PRACTICE OF 6 CORE STRATEGIES TO REDUCE/ELIMINATES SECLUSION, RESTRAINT AND COERCIVE PRACTICES.

• EMPHATIC COMMITMENT THAT HAVING TIME AT HOME (WEEKENDS, ETC.) IS NEVER USED AS A PUNISHMENT FOR RULE VIOLATIONS. ORGANIZATION WILL CLEARLY SPELL OUT IMMINENT SAFETY RISKS THAT WOULD PROHIBIT TIME AT HOME. SAME HOLDS TRUE FOR GOING OUTSIDE AND ON RECREATION, AS SUPPORTING SAFETY, HEALTH, CONNECTION AND REGULATION NEEDS IS PRIORITY IN CULTURAL CHANGES FROM LEVELS.

• CONSISTENCY OF CULTURE DESPITE STAFF CHANGES IN THE PROGRAM.
CREATING YOUR PLAYBOOK

• YOUTH REVIEW OF RULES AND HANDBOOKS, YOUTH ADVISORY BOARDS

• INCREASE ALLIED THERAPIES (ART, MUSIC, YOGA, DRAMA, PET)

• INDIVIDUALIZED REGULATION PLANS (CALMING AND ALERTING)

• SUPERVISORS/ADMINISTRATORS VARY SHIFTS AND ON-CALL TO SUPPORT AND MODEL CULTURE CHANGE

• RIGOROUS DEBRIEFING AS A PROCESS FOR REPAIR AND RESTORATION
LESSONS LEARNED AND EXPECTED OUTCOMES

• TAKE YOUR TIME

• KNOW YOUR CHAMPIONS

• HEAR YOUR STAFF’S VOICES AND CONCERNS

• BE PREPARED FOR SETBACKS .. “ THIS WILL NEVER WORK”… “THOSE KIDS HAVE NO CONSEQUENCES”.. “ WE HAVE NO POWER”

• STAY THE COURSE FOR HEALING, NOT MANAGING… SUPPORTING, NOT POLICING

• ENGAGE FAMILIES ALONG THE WAY TO DISPEL AND CORRECT THE BELIEF THAT BEHAVIORS NEED PUNISHMENT