Youth-guided Residential Practices that Support Positive Outcomes – from Basic to Advanced

Presented By:
Beth Caldwell – Director, Building Bridges Initiative (MA)
Laura Tate – BBI Consultant; Youth Advisory Board Intern, Seneca Family of Agencies (CA)
David Cocoros – BBI Consultant; Co-Executive Director, Youth Development Institute (AZ)
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Youth-guided Care

Presented By:

Beth Caldwell – Director, Building Bridges Initiative (MA)
Laura Tate – BBI Consultant; Youth Advisory Board Intern, Seneca Family of Agencies (CA)
Youth Guided Care: What’s It All About?
Focus on promoting healing environments
Understand impact of trauma on brain and body
Strong focus on youth voice and choice
Focus on program practices that are strength-based, collaborative and empowering for youth
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

Interface Between Youth-guided & Trauma-informed 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.
ProgramPhilosophiesAssociatedwithPositiveTransitions

• Treating young people as emerging adults.
• Partnering with youth in developing and implementing their individualized success plan.
• Individualizing planning focused on each young person’s unique needs, strengths, and preferences.
• Believe in recovery – that young people will go on to lead productive lives.
• High expectations – belief that young people can be successful in careers, college, vocational training, and jobs of their choice.

(Jivanjee, P. et. al., 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
THINK ABOUT THE STRENGTHS OF YOUR PROGRAM OR RESIDENTIAL PROGRAMS IN YOUR GEOGRAPHICAL AREA

In the area of youth-guided care, write down one or two practice strengths that your residential program or programs in your geographical area consistently engage?
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 care.
- 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 due 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

<table>
<thead>
<tr>
<th>Prior to NH BBI Kick-off</th>
<th>4 Months Later</th>
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</thead>
<tbody>
<tr>
<td>1. Home Visits</td>
<td>1. “Going Home”</td>
</tr>
<tr>
<td>2. Limited phone calls</td>
<td>2. Unlimited access to phones</td>
</tr>
<tr>
<td>3. Apply for Community Service</td>
<td>3. Unrestricted access to community</td>
</tr>
<tr>
<td>4. Level Systems</td>
<td>4. No level system</td>
</tr>
<tr>
<td>5. No PC (Personal Contact)</td>
<td>5. High Fives and Fists Bumps</td>
</tr>
<tr>
<td>6. Going home every other weekend</td>
<td>6. Home every opportunity possible</td>
</tr>
<tr>
<td>7. Clinician Led Tx Meetings</td>
<td>7. Youth Led Tx Meetings</td>
</tr>
<tr>
<td>8. Focus on Transition last 90 days</td>
<td>8. Focus on Transition from day 1 !</td>
</tr>
<tr>
<td>10. Pre-arranged community service</td>
<td>10. Youth designed community service</td>
</tr>
</tbody>
</table>

#LEADINGCHANGE
# Youth Lead Treatment Meeting Guide

**Youth Name:**

**Date of Treatment Meeting:**

<table>
<thead>
<tr>
<th>Guidelines</th>
<th>Completed Yes/No</th>
<th>Youth &amp; One Treatment Members Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
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<tr>
<td>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.</td>
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<tr>
<td>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.</td>
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<tr>
<td>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.</td>
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<tr>
<td>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.</td>
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<tr>
<td>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.</td>
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<tr>
<td>7. At the end of the meeting, restate in clear terms the decisions made and the action steps to meeting those objectives.</td>
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<td>8. Identify the date of the Conditions of Release.</td>
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<tr>
<td>9. Identify the next court review date.</td>
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<tr>
<td>10. Schedule another treatment review date.</td>
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</tbody>
</table>

Form Updated July 2011
NH Contact Information

NFI North Array of Services
Jennifer Altieri
603-586-4328
jenniferAltieri@Nafi.com
MA DMH: By Paying Attention to What we Were Doing “To” Youth - WE changed – and Began to Focus on What we Were Doing “With” Youth
Meet Some of the MA Groundbreaking Team & Workforce Gen-Next!
A program without a Peer Mentor asked:

- “Can we borrow Lori?”
- “Could she work with one of my kids?”
- “When are we going to get a peer mentor?”
- “Can they go on pre-admission meetings with us?”

The psychiatrists started asking the Peer Mentors:

- how to better talk with teens about medication
- how to better understand
- how to help kids decrease self-injurious behavior.
- “Can they come to new staff orientation and talk about what it’s like to be in a program?”
- “Can they..., Will they..., Could we ...?”

Source: Caroline McGrath, UMass Adol. Services, 08/12
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

• Interests/Activities occur in the community – not in program

• Former youth on Boards of Directors

(Mohr & Pumariega, 2004)
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.”
Youth Recommendations

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Authentic Youth Engagement

Happens when...

- The voice and actions of youth are valued.
- Youth are utilized as a resource in the development of themselves and their community.
- Authentic youth voice is present, empowered and interwoven throughout your system and your organization.
- Youth are valued for their experience and expertise (not as the problem).
- Youth consumers are advocates and educators.
- Youth members are on boards and committees.
- Youth are decision makers.
- There is equal partnership and shared respect.
Questions & Answers
NEW OR IMPROVED YGC STRATEGIES:

• Get together with 2 to 3 of your table mates
• Write down one to three NEW or IMPROVED youth-guided care strategies you want to and can implement in the next two to three weeks (i.e. low hanging fruit) (For oversight agency staff: strategies you can support residential programs in your area implement).
• Share these new or improved strategies with your team mates.
• Discuss with your team steps that need to be taken to implement these new or improved strategies.
YGC Practices From Youth Advocate Perspective

Laura Tate, BBI Consultant
Transforming Residential

Presented by:

David & Trish Cocoros
Co-Founders and Co-Executive Directors
Who we are....

- Youth Development Institute (YDI) is a non-profit organization operating residential services in Arizona since October of 1996.

- YDI services include:
  - An 84-bed secure Residential Treatment Center (SRTC) and 48 beds in Therapeutic Group Homes (TGHs).
  - Average Daily Population in the SRTC – 74.5
  - Aftercare and Outpatient Services, with therapeutic day treatment services for sexually abusive youth.
  - An on-site school that serves youth in residence or in Aftercare services, with approximately 60% needing special education services.
Admission Criteria for SRTC

• Ages 10-17, male and female;
• The youth presents with serious difficulties in emotion regulation and/or behavior disorders;
• Danger to Self/Danger to Others (DTS/DTO);
• Admission to the Journey Unit requires adjudication for sexual offense or a history of sexually abusive behavior.
Transforming Residential

• Transformational Leadership
  • Create a new Vision
  • Embark on a new Mission
  • Breakdown Barriers
  • Overcome Resistance
Transforming Residential

Begin with the End in Mind

≠

Successful Discharge

= 

Permanence at Home & in Community
Transforming Residential

Flat Earth

• Seclusion & Restraint
• Points & Level Systems
• Institutionalized Jargon
• No Contact with Family for 3 or 5 or 30 days
• *Earning* Home Visits or Passes
• Focus on Following Program Rules
• Success = Compliance w/ Program Structure
ALL WRONG
Transforming Residential

So where to begin?
Transforming Residential

The long-term positive outcome for residential interventions is sustained permanence for a youth at home, with family and in the community.
YDI’s Transformations

Three major transformations:

**Youth-Guided Care**
Student Advisory Board

**Eliminating Restraints**
Paradigm Shift: Not *Reduce* - **ELIMINATE**
Paradigm Shift: – Skill not Will
Trauma-Informed Care

**Building Bridges Project**
Services in the home soon after admission
Increasing home-based services during residential intervention
Maintaining home-based services post-discharge for as long as it takes to ensure permanence in the home
Youth-Guided Care

• Before March 2011, YDI had a “Student Council” that was primarily activity-oriented (wacky dress day, morning announcements, classroom competitions for trivia questions, dress-up day, etc.)

• The activities of the Student Council and level of youth interest depended upon which teacher drew the “short straw” that made them the sponsor for that semester

• CEO attended BBI presentation in Phoenix and was inspired to develop a youth advisory council in response to the BBI core principle of Youth-Guided Care
Youth-Guided Care

Student Advisory Board

• Formed in March 2011.

• Focused on **Youth Guided**
  • New applicants are interviewed and selected by current members.
    • Members represent the population at YDI.
    • Membership is not an earned privilege.

• Mission Statement: Student Advisory helps our community by taking the clients’ perspective and knowledge into consideration to aid in forming useful policies and best practices.
Youth-Guided Care

Student Advisory Board

- Interview potential employees at all levels.
  - Participate in the training of new employees.
    - The Student Advisory Board wrote scenarios for role plays with staff
      - After each scenario, youth evaluate staff interactions
      - Teach de-escalation do’s and don’ts
      - “Feedback without Filters”
    - Youth also participate in a discussion panel with new employees:
      - Give new employees a youth’s perspective of what it is like to live in a residential treatment center
      - Employees hear, in a youth’s own words, what it feels like to be away from their family, to have someone put their hands on them, and most importantly, what it takes to build relationships
  - Participate in the evaluation of staff performance at all levels.
    - All youth anonymously complete evaluation forms that are incorporated into annual employee evaluations
Youth-Guided Care

Student Advisory Board

• Participate in the intake process
  • Building Bridges Tip Sheet
  • Reinforce that YDI is a “hands off” program and that their treatment is based upon their choices.

• Review and write policy and procedure.

• Resolve youth-to-youth grievances.

• Identify and solve problems specific to milieu.

• Report to their units what is going on with YDI as a whole community.
  • Rules, events, etc.

• Tour visiting agencies.
Who are we?

"We are not student council, we don't do bake sales or promote wacky dress days. We do things that make being here easier so we can leave faster. In order to work with us you don't have to be perfect but we need you to work hard and be honest. Everyone trusts us and gives us a lot of responsibility. What you do in here will influence the lives of kids you will never meet and that's pretty cool."

- Student Advisory Board member Justin when interviewing an applicant for Student Advisory Board
Youth-Guided Care

Student Advisory Board

• Outcomes of YDI Student Advisory Board:
  • 93% successful discharge rate for Student Advisory members; YDI successful discharge rate is currently 77%

• Youths’ exit surveys tell us:
  • Sense of empowerment, purpose, and value as a member of a community
Restraint Reduction is not enough 2007 to 2012

• YDI began efforts to reduce the use of seclusion and restraint in 2007-2008 when introduced to the Six Core Strategies© by a Joint Commission Surveyor.

• We consistently targeted restraint reduction as a performance improvement objective.
The Six Core Strategies©

1. Leadership toward organizational change
2. The use of data to inform practice
3. Workforce development
4. Full inclusion of individuals and families
5. The use of seclusion and restraint reduction tools, which include the environment of care and use of sensory modulation
6. Rigorous debriefing after events in which seclusion and restraint might have been used
YDI Physical Restraints
2007-2012
Paradigm Shift: Eliminate Restraints

• Seclusion and restraint are **NOT** treatment interventions

• Seclusion and restraint are demonstrations of power and control
  • Very traumatizing to youth in care and to those who work with them

• Often these interventions are implemented in arbitrary, abusive and violent ways
Eliminating Restraints

Leadership must:

• Believe that restraints do harm
• Believe that eliminating restraints is possible
• Set the intention to ELIMINATE restraints
• “Telling & Selling” the elimination of restraints
• Stop the rationalizations
• Embrace all of the Six Core Strategies©
YDI Physical Restraints
January of 2013 - January 2017
The Six Core Strategies

1. Leadership toward organizational change
2. The use of data to inform practice
3. Workforce development
4. Full inclusion of individuals and families
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6. Rigorous debriefing after events in which seclusion and restraint might have been used
Trauma-Informed Care

• We all learned about trauma informed care.
  • Re-wiring the brain takes 500 lessons
• Converted seclusion/restraint rooms to Comfort Rooms
  • Comfort boxes – unit and individual
  • Chalkboard walls
• MP3 players to all youth with approved music
• Skill not will
• We are a “hands-off” program
• Consequences, not punishment
  • No points or level system
• Safety Plans and Self Assessment Safety Tools upon admission
Trauma-Informed Care
Trauma-Informed Care

• Hug program for youth that come to YDI with a history of restraints.
  • Side hugs, as much as he/she can tolerate, from supervisory and administrative staff
  • Hug T-shirts

• Sensory Regulation Program
  • Extremely dysregulated youth receive scheduled and individualized sensory regulation breaks
  • Activities are relational and rhythmic
  • Installation of bench gliders around campus
Trauma-Informed Care

- **Intervention Team**
  - Youth with challenges with aggression and/or who have assaulted staff meet with management team members, clinical staff, direct care staff, and victimized staff
  - Goal is to resolve conflict and repair relationships
  - Result is a reduction in staff assaults from double digits (35+per month) to single digits
  - Decrease in staff injuries

- **Assign Advocates**
  - Each youth has a staff assigned to them to provide unconditional encouragement and support
  - Staff knows the treatment goals of the youth and provides individualized guidance
  - Staff also ensure that the youths basic needs are fulfilled

- **We have FUN!**
  - Field Days, Water Days, Kickball, BBQ, Talent Shows, Dance Classes, Family Days, Ice Cream Socials, Founders’ Day, Holiday Celebrations, Ethnic Dinners, Art Exhibits, Game Room
Trauma-Informed Care

• **Youth Recognition**
  • Success Charts
  • Catch Game Dollars and Store
  • Advocate and Recreational Outings
  • Spotlight of the Week Award
  • Peer of the Week Award
  • Most Improved Award
  • Positive Incident Reports

• **Staff Recognition**
  • Catch Game Dollars and Store
  • Quarterly Awards for all shifts and positions
  • Staff of the Year Award
Trauma-Informed Care

Build upon strengths by creating opportunities for learning:

• Focus on Leadership in the Milieu
  • Milieu Coordinators and Unit Coordinators meet weekly with management and provide role modeling to direct care staff
  • Code Responders
    • Specifically trained for de-escalation, train as a team with the MCs
  • Direct Care Supervisors are recognized and compensated as professional staff
Trauma-Informed Care

Build upon strengths by creating opportunities for learning:

- Staff at every level learned
  - Collaborative Problem Solving – Ross Greene/Stuart Ablon
    - The philosophical/paradigm shift that “Kids do well if they can.”
    - Plan B
  - Sensory Regulation Activities
  - Trauma-Informed Care
    - Dr. Bruce Perry’s work
    - Trauma blocks learning; we re-wire the brain first for regulation, then teach skills
    - Re-wiring the brain takes 500 lessons
    - TF-CBT
  - Association of Children's Residential Centers (ACRC) Webinars
Trauma-Informed Care

SKILL NOT WILL.

ROSS W. GREENE | J. STUART ABLON

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18. TREATING EXPLOSIVE KIDS

- Executive skills
  - Difficulty handling transitions, shifting from one mindset or task to another
  - Difficulty adapting to new circumstances or rules
  - Difficulty organizing/difficulty staying on topic, sorting through thoughts, or keeping track of things
  - Difficulty considering the likely outcomes or consequences of actions (impulsive)
  - Difficulty considering a range of solutions to a problem

- Language-processing skills
  - Often has difficulty expressing thoughts, needs, or concerns in words
  - Often appears not to have understood what was said
  - Long delays before responding to questions
  - Difficulty knowing or saying how he/she feels

- Emotion regulation skills
  - Difficulty staying calm enough to think rationally (when frustrated)
  - Cranky, grouchy, grumpy, irritable (outside the context of frustration)
  - Sad, fatigued, tired, low energy
  - Anxious, nervous, worried, fearful

- Cognitive flexibility skills
  - Concrete, black-and-white, thinker; often takes things literally
  - Insistence on sticking with rules, routines, original plan
  - Does poorly in circumstances of unpredictability, ambiguity, uncertainty
  - Difficulty shifting from original idea or solution; possibly perseverative or obsessive
  - Difficulty appreciating another person's perspective or point of view
  - Doesn't take into account situational factors that would suggest the need to adjust a plan of action
  - Inflexible, inaccurate interpretations/cognitive distortions or biases (e.g., “Everyone's out to get me,” “Nobody likes me,” “You always blame me,” “It's not fair,” “I'm stupid,” “Things will never work out for me”)}

- Social skills
  - Difficulty attending to or misreading of social cues/poor perception of social
  - Nuances/difficulty recognizing nonverbal social cues
  - Lacks basic social skills (how to start a conversation, how to enter a group, how to connect with people)
  - Seeks the attention of others in inappropriate ways; seems to lack the skills to seek attention in an adaptive fashion
  - Seems unaware of how behavior is affecting other people; is surprised by others' responses to his/her behavior
  - Lacks empathy; appears not to care about how behavior is affecting others or their reactions
  - Poor sense of how a/he is coming across or being perceived by others
  - Inaccurate self-perception

Triggers (list)
1. 
2. 
3. 

FIGURE 1.1. Pathways Inventory.
What Changed?

Old Thinking

• Restraints are necessary to keep the kids safe
• Satisfied with restraint reduction
• Blaming “Frequent Flyers”
• Will not Skill
• Confront and Teach
• Blaming one or two new admissions
• When restraints decreased, assaults on staff increased

New Thinking

• Restraints re-traumatize and CAUSE HARM
• Intention to ELIMINATE restraints
• “Kids do well if they can.”
• Skill not Will
• Calm, Comfort, Connect
• Create therapeutic alliances at admission
• What else is possible? Emotional regulation is contagious!
Transforming Residential

Building Bridges Project

Purpose:

• To provide family driven, youth guided services designed to bridge a youth’s transition from residential care to services provided in the community

• Family engagement in the community while the child is involved in residential services

• Focus on outcome: permanence in home & community
Transforming Residential
Building Bridges Project

Participation criteria

• Identify youth and families at admission to SRTC or as soon as possible:
  • High risk and high needs
  • History of treatment failure and failed placements, including at home
  • Potential to go home to parents/caregivers
  • Potential for parents/caregivers to agree to participation

• Services begin in the home within 2-3 weeks while in residential
Objectives

• Help family/caregivers gain insights that support a positive and nurturing parenting style
• Engage family/caregivers to be active in treatment during the stay in the SRTC
• Improved capacity of family/caregivers to de-escalate a crisis
• Reduction in length of stay at the SRTC
• Reduce re-admissions to out of home care
Transforming Residential
Building Bridges Project

• Increased time in the home for aftercare:
  • Be in the home during the times the family identifies as high need times
    • Preferably up to 5 days a week between behavior coach and therapist.
  • Be available for crisis calls;
    • Team approach between aftercare and RTC.
  • Make sure that all barriers that prohibit follow-up with aftercare services are removed.
Transforming Residential
Building Bridges Project

• Do whatever it takes for the youth and family for a safe and successful transition home!
  • On-site schooling, transportation, extended time in the home, etc.
  • Aftercare services continue based on youth and family needs
Success

what people think it looks like

Success

what it really looks like
Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.

- Margaret Mead
Recommended Resources

• Building Bridges Initiative:
  • [www.buildingbridges4youth.org](http://www.buildingbridges4youth.org)

• Six Core Strategies:

• Association of Children's Residential Centers:
  • [www.togetherthevoice.org](http://www.togetherthevoice.org)


• Trauma Informed Treatment: The Restorative Approach. Patricia D. Wilcox.
Final YGC Small Group Activity

• Get together with 2 to 3 of your table mates
• Each person writes down on his/her exercise sheet, and then shares with the group:
  ➢ What are one or two youth-guided care strategies you want to implement that will take four to six months? (Oversight agency staff: what strategies you think residential programs in your area can implement)
  ➢ What supports will you need to implement your most desired (MD) longer term strategy?
  ➢ What are the potential challenges/barriers in implementing your MD longer term strategy?
  ➢ Discuss with your table mates:
    ➢ Types of supports that will be helpful in implementing your MD strategy
    ➢ Possible strategies to address the biggest barriers for your MD strategy (Call on a faculty to support this portion if it would be helpful)
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