

## The House of the Good Shepherd

### Lessons Learned

#### What is the most important lesson you have learned from our Positive Alternatives to Restraint/Seclusion initiative?

- Without support of supervisors and Childcare Workers implementing Positive Alternatives, residents will struggle with their treatment and environment. *Program Supervisor*
- The staff having an understanding of the youth's trauma history and understanding the possible biological changes in a brain of a child that has experienced past trauma. *Medical Staff*
- How important empowering clients is in the overall success of their treatment now and as a measure to inspire continued hope for their success in the future. *Clinical Staff*
- All staff must be on the same page. *Medical Staff*
- It is possible. I thought it was crazy, but when I saw restraint numbers dropping it filled me with confidence. What I learned was anything is possible even if it sounds crazy. *Childcare Worker*
- Consistency is key. *Childcare Worker*
- An important lesson would be: By giving children a constant, positive, caring, nurturing presence that they can depend on being there for them, there is not the need to act out to get the attention they are so desperately seeking. *Childcare Worker*
- There is always an alternative you can use rather than restraint. *Childcare Worker*
- How to deal with the kids a different way while in crisis and teaching them new coping skills to help them self-regulate. *Childcare Worker*
- How much better your relationships with the clients get. They know that we're not just going to put them in a restraint right away and they seem to talk more about what is troubling them. *Childcare Worker*
- The most important lesson I have learned from our PARS initiative is that when children don't do what they are supposed to do it's not the end of the world; to use every moment as a chance to learn and grow as a caretaker for mentally disturbed children. *Educational Staff*
- Collaboration with the children/staff; moving away from power & control (i.e. level system); individualized treatment (not trying to mold youth to a system that fits staffing needs). *Clinical Staff*
- Consequences for actions don't need to be punitive. *Medical Staff*
- I think the most important lesson I learned is that the children are incredibly insightful and creative and have a wealth of strengths. It is through empowering the children that we have and can continue to learn the most. *Clinical Staff*
- You have to take the time to learn the children. You have to know their triggers, their actions and reactions, their coping skills, and who their strong person is. *Childcare Worker*
- Creative thinking, patience, and teamwork go a long way toward keeping our kids safe. You don't have to "punish" a child to get them to know they've done something wrong. *Support Staff*
- Learn everything you can about a child's trauma history; involve the children in deconstructions to be sure you know what he/she needs. *Educational Staff*
- In the past restraints were done to curb or change behavior. We understand now that approach doesn't work. *Childcare Worker*
- I have learned that it is very helpful to tailor the way that you work with a specific youth so that it is most effective for that youth instead of having blanket responses to specific behaviors. *Parent Advocate*
- The children need to have a voice in their treatment. *Medical Staff*
- That consequences don't teach our children to self-regulate. *Clinical Staff*

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#### What advice would you give to staff from other agencies that are beginning a similar initiative?

- I would advise staff to communicate conflict collectively and use the tools of therapeutic intervention and apply them to situations. Educating staff is very important and goes hand-in-hand with consistency and teamwork. *Program Supervisor*
- Work to be sure that all staff are consistent 100% of the time. *Medical Staff*
- Remembering that behavior serves a function and once this function has been identified positive alternatives to serve these functions can be implemented. (This applies to staff as well as children). *Clinical Staff*
- You must know the child's trauma history. *Medical Staff*
- Keep an open, optimistic state of mind because if you think negative it won't work, but if you think positive you can achieve it. *Childcare Worker*
- It takes time and commitment. Don't expect change right away. It will get worse before it gets better, but it will get better. *Childcare Worker*
- My advice to staff would be to treat children with respect, kindness, and empathy. Also to show them what you expect of them by being a good role model. Using please and thank you is a must if we want them to use them. You must be respectful before you can be respected. Your position should feel like more than just a job. Children know and sense when you really care. *Childcare Worker*
- Stick in there and realize the crisis will end at some point. Also try to be more understanding. *Childcare Worker*
- Focus on the events that have taken place and their history as well before focusing on the behaviors that they're displaying at the moment. *Childcare Worker*
- Be patient! You're going to feel like you're getting beat up all the time but after a while it starts working and there's less violence. *Childcare Worker*
- Never give up - even when you feel like there's no light at the end of the tunnel. *Educational Staff*
- Trust that everything will be okay - the new system of doing things (Sanctuary principles) really does work. *Clinical Staff*
- This is a long process but there is a light at the end of the tunnel. *Medical Staff*
- Don't be afraid to try new things and don't be afraid to make mistakes as long as you learn from your mistakes. There is something new to learn every day. *Clinical Staff*
- Give it time to work. Things won't change overnight but they will change - for the better! It's hard to accept new ways to think and act, especially when you've been doing things a certain way for a long time. This goes for the staff as well as the children. *Childcare Worker*
- Hang in there...it may seem like you're never going to get there, but you will. All in good time. Direct care staff: Others will see the positive changes before you will. Have faith.....you are doing a good job! *Support Staff*
- It's a process - it's not going to happen quickly; be flexible, flexible, flexible. *Educational Staff*
- Network with people who have been able to reduce restraints - it will give you hope. *Childcare Worker*
- Be patient and open minded because it really does work. *Parent Advocate*
- All your hard work will pay off in the end. *Medical Staff*
- Although you may be afraid to get rid of your level system, with a lot of support, it is the best thing we have done to empower our staff and children. *Clinical Staff*