

ERE

Drivers to implementing model: 1) Family First Prevention Services Act; and 2) Need for trauma-informed model

Structure of model: Admission to discharge in residential services. Length of stay varies.

Intervention as <i>described</i>		Intervention as <i>delivered</i>	
Learning, training, mindset, orientation to clients		Practices (competent execution of skills or fidelity to process)	Physical environment and resources
<p>There are five key components to ERE:</p> <p>1) Trauma and the brain 2) Relationships (relationship-based programming) 3) Collaborative Problem-solving 4) Choice Theory 5) Restorative Approach</p> <p>Components are trained at agencies:</p> <ul style="list-style-type: none"><li>– 1 + live trainings for Parts 1 and 2</li><li>– Included in NEO as abbreviated overview</li><li>– Self-paced refresher training ongoing</li></ul>			
<ul style="list-style-type: none"><li>– <i>What are care staff taught?</i></li><li>– <i>How do care staff feel about clients?*</i></li><li>– <i>How do care staff think about clients?*</i></li><li>– <i>How do care staff interpret client behaviors?*</i></li></ul> <p><i>*Caregiver mindset. Collaborative problem-solving studies have shown that retrospective interviews about behavior shows that parents/caregivers/clinicians say phrases like “I feel differently about the child’s behavior” or “I think about the child’s behavior differently than I did before.”</i></p>		<ul style="list-style-type: none"><li>– <i>What behaviors are expected from care staff in particular situations?</i><ul style="list-style-type: none"><li>○ <i>Conflict</i></li><li>○ <i>Aggression</i></li><li>○ <i>Defiance</i></li></ul></li><li>– <i>How do care staff speak about, or refer to clients when talking to others?</i></li><li>– <i>How do care staff speak to clients?</i></li></ul>	<ul style="list-style-type: none"><li>– <i>What does the physical environment look like?</i></li><li>– <i>What types of client-specific resources are available (e.g., calming rooms, conversation pits, fidgets, etc.)</i></li><li>– <i>What other privileges are offered to clients?</i></li></ul>

Intervention as <i>described</i>			Intervention as <i>delivered</i>	
Learning, training, mindset, orientation to clients			Practices (competent execution of skills or fidelity to process)	Physical environment and resources
Five ERE components include the following Knowledge and Practices (Relationships only shown below as example)				
L = Learning; P = Practice; E = Environment				
Component	Intent	Attributes, Indicators, Measures [Method]		
2) Relationships (relationship-focused programming)	In order for kids’ behavior to change, we have to build relationships.	<b>L</b> Improving relationships to improve kids’ behaviors must include: <ul style="list-style-type: none"><li>○ Getting to know kids</li><li>○ Listening to kids</li><li>○ Staff and youth process after an incident.</li><li>○ Spending time with the kids.</li><li>○ Being self-aware as a caregiver (to understand how staff behavior can contribute to challenging behavior).</li></ul>	<b>P</b> Guidance Plan (Presence and Quality) [Clinical Review] <b>P</b> Restorative Plan of Action (Presence and Quality) [Clinical Review] <b>P</b> Plan of Action (Presence and Quality) [Clinical Review] <b>P</b> Program Observations-staff/youth interactions (Clinical Review)	<b>E</b> Signage is not consequence-forward [Clinical Review] <b>E</b> Client consequences are not publicized [Clinical Review]

Measurement Plan Example (Partial) for 2) Relationships

2) Relationships (relationship-focused programming)	<p><b>L</b> Improving relationships to improve kids’ behaviors must <u>include</u>: Getting to know kids; Listening to kids; Staff and youth process after an incident; and Spending time with the kids.</p> <p>Being self-aware as a caregiver (to understand how staff behavior can contribute to challenging behavior).</p>	Interview and Observation	<p>Clinical Review</p> <ul style="list-style-type: none"><li>• SIQ1</li><li>• SIQ2</li><li>• SIQ15</li><li>• YIQ1</li><li>• YIQ3</li><li>• YIQ6</li><li>• YIQ13</li><li>• YIQ15</li><li>• FIQ1</li><li>• FIQ7</li><li>• FIQ10</li><li>• PDQ 6, 7, 8</li></ul> <p>YCP-to-YCP I item “Has safe interactions with clients.” YCP-to-YCP I item “Initiates engagement with client/s and responds to their needs.” YCP-to-YC PI item “Uses respectful language and tone of voice.” YCP I-to-YCP II item “Follows the program scheduled as outlined and ensures client/s are successfully engaging in structured and ongoing activity.” YCP I-to-YCP II item “Monitors and effectively coaches client/s to achieve activities of daily living and completing assignments.” YCP I-to-YCP II item “Manages crises appropriately; is professional and helpful during the crisis.” YCP II-to-YCP III item “Appropriately advocates for clients’ needs and can represent client treatment progress in team meetings.” YCP II-to-YCP III item “Effectively leads client education groups and manages the group dynamic appropriately.” YCP II-to-YCP III item “Follows and ensures the milieu program model, Empowering Restorative Engagement (ERE).”</p>	
	<p><b>P</b> Guidance Plan (Presence, Quality and Practice)</p>	File review, Interview and Observation	<p>Clinical Review</p> <ul style="list-style-type: none"><li>• PDQ6</li><li>• PDQ8</li><li>• SIQ 3, 4, 6,</li><li>• YIQ 6, 15</li></ul> <p>YCP-to-YCP I item “Learning client and family guidance plans” YCP I-to-YCPII item “Demonstrates familiarity with client/s and family guidance plans and follows the plan.” YCP I-to-YCP II item “Demonstrates positive and effective de-escalation techniques.” YCP II-to-YCP III item “Effectively manages conflict among clients.” YCP II-to-YP III item “Remains calm under stress and effectively directs the actions and whereabouts of other staff and clients in order to maintain calm among during a crisis.”</p>	
	<p><b>P</b> Restorative Plan of Action (Presence and Quality)</p>	File review and Interview (?)	<p>Clinical Review</p> <ul style="list-style-type: none"><li>• PDQ13</li><li>• SIQ 5</li><li>• YIQ 15</li></ul>	