



SPURWINK
going the distance

CARE IMPLEMENTATION AT SPURWINK

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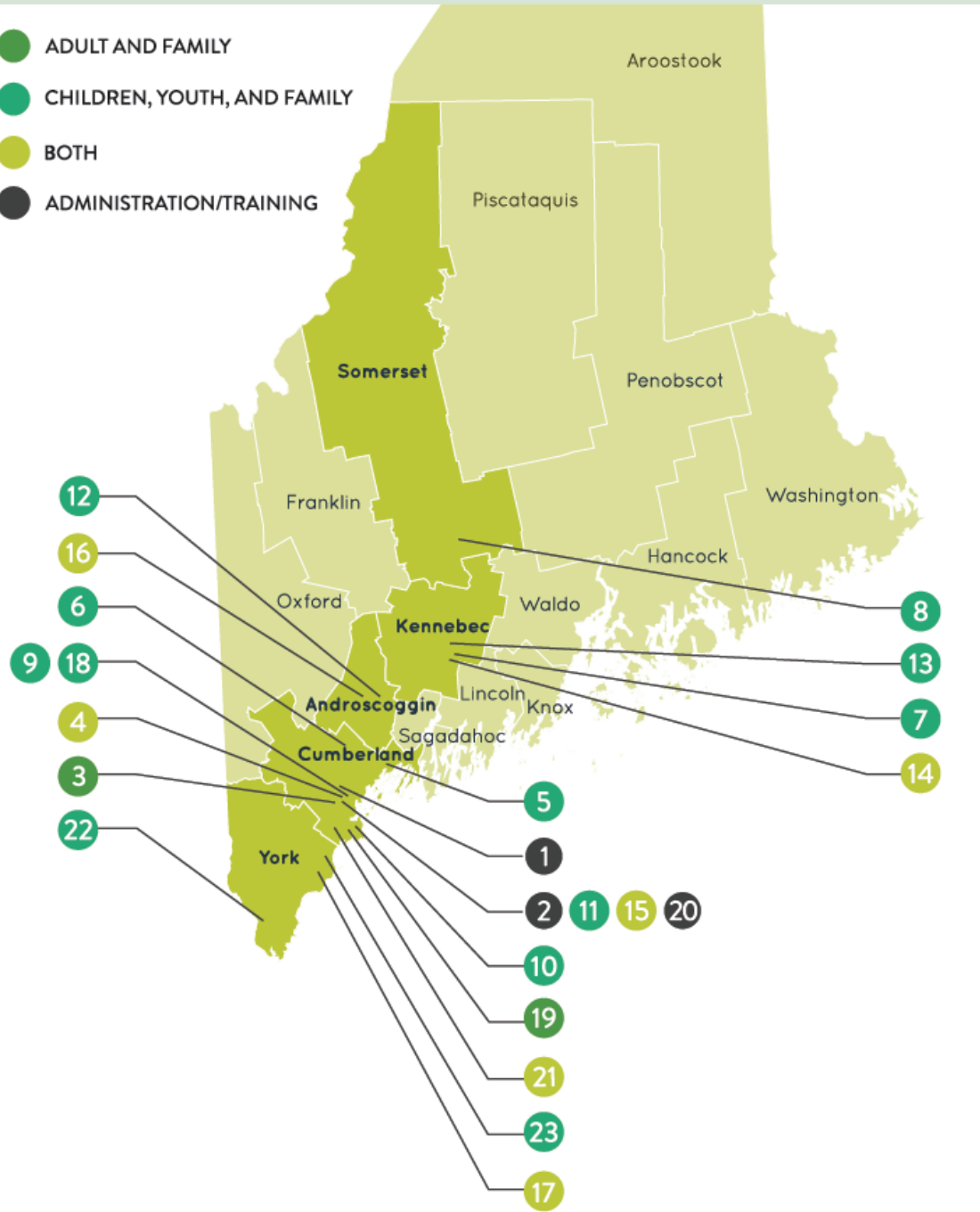
June 2016

OVERVIEW

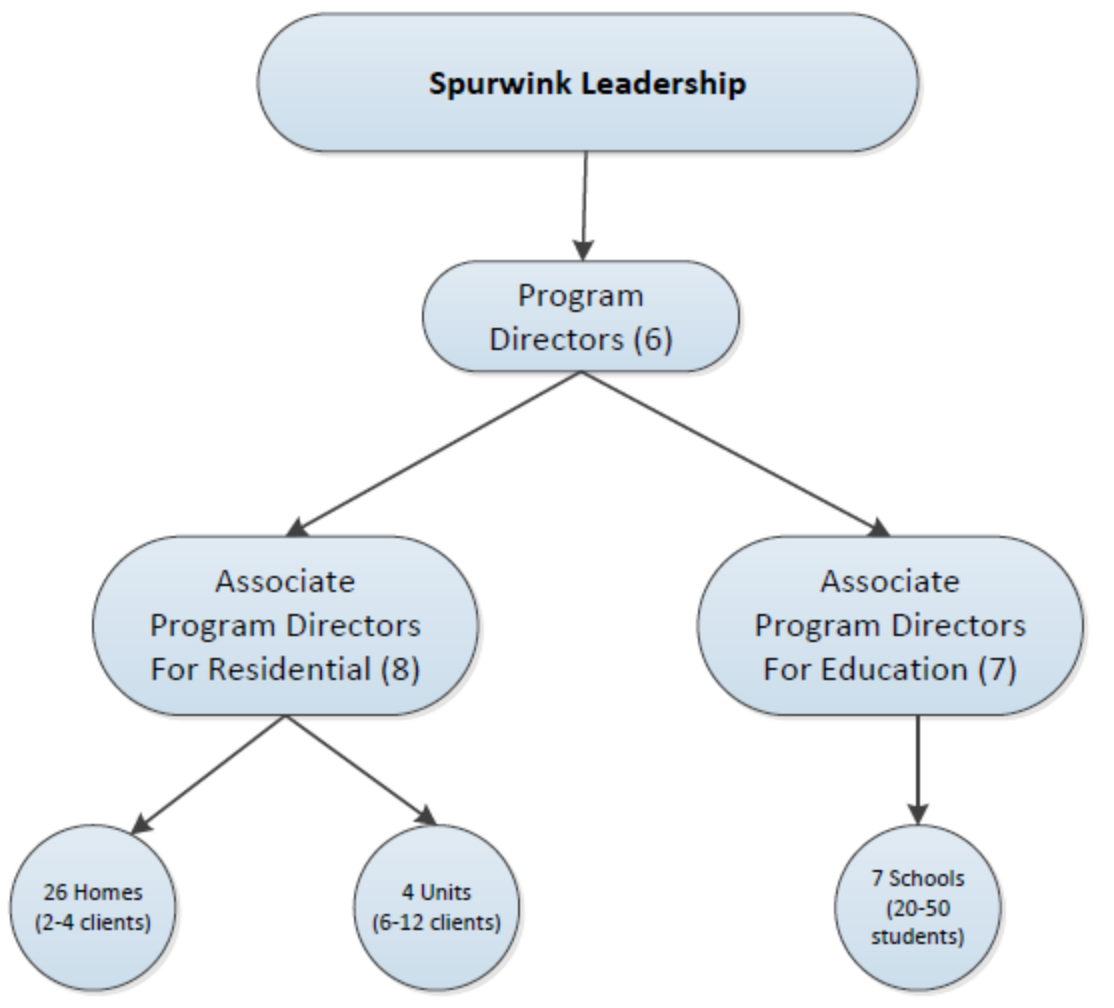
- Who we are
- Implementation Process
- Tools Developed
- Congruency
- Challenges
- Changes and next steps



- ADULT AND FAMILY
- CHILDREN, YOUTH, AND FAMILY
- BOTH
- ADMINISTRATION/TRAINING



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Spurwink's Day/Residential Clinical Model

Cognitive Behavior Therapy Dialectical Behavior Therapy Applied Behavior Analysis Occupational Therapy Collaborative Problem Solving Sensory Breaks		Trauma Focused CBT Co-Occurring Treatment Speech Therapy Motivational Interviewing Communication Strategies Visual Supports	
Med Mgmt		Medication Management	
Family Therapy		Family Therapy	
SCERTS (Social Communication, Emotional Regulation, Transactional Supports)		ARC (Attachment, Self-Regulation, Competency)	Emotional/ Behavioral Disorders w/o Complex Trauma
Complex Developmental Disability		Emotional/Behavioral Disorders associated with Complex Trauma	
Culturally Competent			
Youth Guided			
CARE	Ecologically Oriented		
	Trauma Informed		
	Competence Centered		
	Relationship Based		
	Family Involved → Family Driven		
	Developmentally Focused		

Treatment →

Guiding Principles

IMPLEMENTATION PROCESS

- Started with Day/Res
- Winter and Spring 2012 Leadership Training and Train the Trainer
- Consultation with Frank Kuhn, Mary Ruberti, and Martha Holden, ongoing
- WeCARE agency implementation team
 - Program teams
- Initial Trainings/Trainings over time
- Administrative Training
- Mod 1 occurs during orientation for all staff
- Over time added treatment foster care and outpatient services



AGENCY IMPLEMENTATION TEAM PROGRAM TEAMS

- Members
- Meeting times, frequency
- Reflective Practice
- Goals
- Interface between agency team and program teams



CONSULTATION WITH CORNELL

- WeCARE team consultation
 - Notes from teams
- Visits out in programs
- Agency wide training/meeting
 - Supervisors
 - Activity Based Programming
- Tools
- Review of the data



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NEWSLETTER TOPICS/APPROACH

Initial:

- Quote
- Communication of Progress
- Myth Busters/Dear CARE
- Celebration of Success with CARE moments
- Principles in Practice
- Games



Over time:

- Spotlight on individual programs
- More depth, educational material
- Ideas for supervisors
- Review of data



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TOOLS

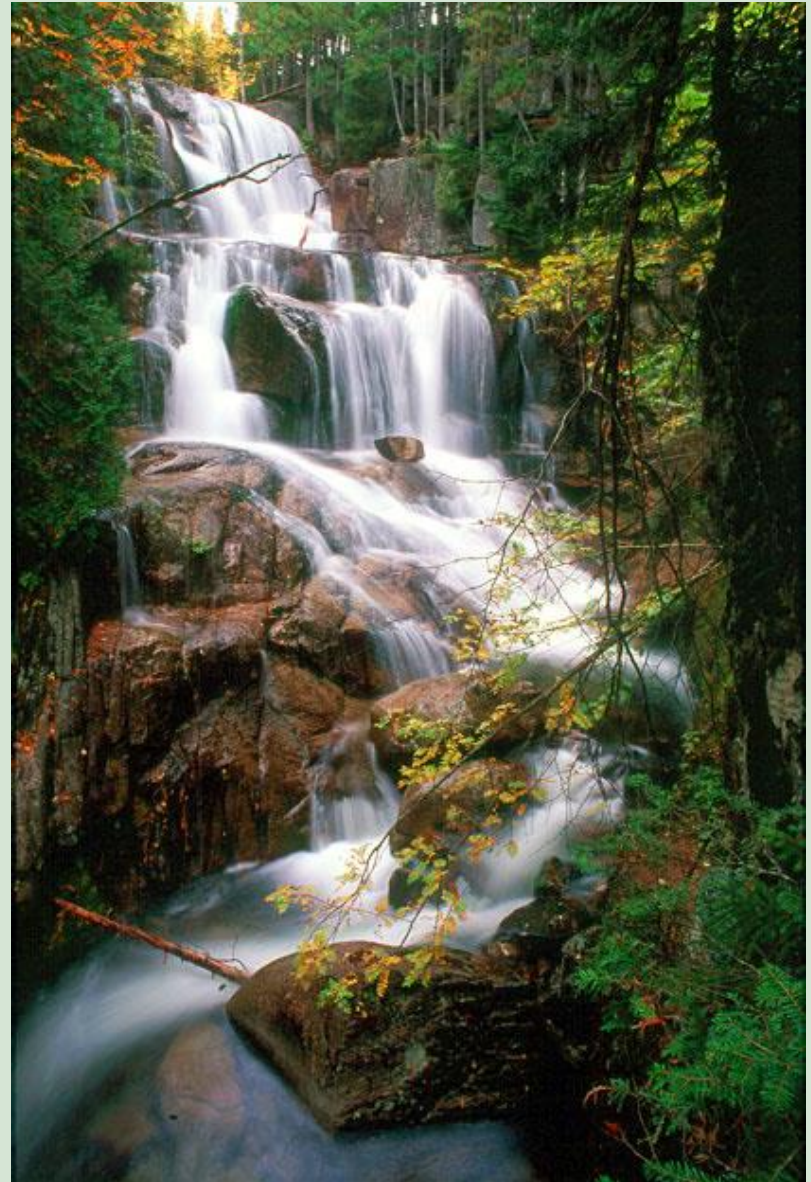
- Posters
 - [CARE principles](#)
 - [Willing and Able Grid](#)
- Supervisor/Clinician tools
 - [Case review](#)
 - [Reflective Practice](#)
 - [Critical Case Review](#)
 - [Self-Efficacy](#)
 - [CARE Observation/Self-Assessment Tool](#)
- Family Education
 - [Orientation to CARE](#), [Respond not React](#),
[Activities](#), [Willing/Able](#), [Consequences](#)



CONGRUENCY

The resilient caregiving organization is marked by this flow of supervision down through the hierarchy. Pools of caring are created at each level, and spill over like waterfalls down the organization, finally depositing in streams of careseekers.

- William A. Kahn



INTENTIONAL FOCUS ON CONGRUENCY

- Strong focus in newsletters
- Senior administration refresher (6/14)
- Presentation to the Office of Child and Family Services
- Other services beyond day/res
- Program level



CHALLENGES



- Senior leadership initially not fully on board
- Large decentralized agency – individualized
- Concern from our ABA specialists
 - [Responsible Use of Incentives](#)
- Initial resistance to change (already do this, technical model, change everything)
- Initial myths: no consequences, just for residential
- Response to problematic behavior



WHAT HAS CHANGED?

- Common language and approach across all programs and sites
- Congruent thinking in admin and programs
- Senior level decisions and HR practices are more CARE based
- Fewer police calls and restraints
- Program level changes
 - Clinical response in the milieu
 - Staff hiring interviews/process
 - Supervision practices



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THERE IS ALWAYS MORE TO DO...

- More activity based programming/training
- Training for supervisors
- Parent CARE training
- Increase youth driven teams/youth involvement in agency decision making
- Ongoing improvement of environments
- Increase consistency in policies and practices across all programs
- Increase family involvement
- Utilizing the tools we have developed
- Ongoing commitment to creating cohesive teams

