CARE IMPLEMENTATION AT SPURWINK

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OVERVIEW

• Who we are
• Implementation Process
• Tools Developed
• Congruency
• Challenges
• Changes and next steps
### Spurwink’s Day/Residential Clinical Model

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#### Guiding Principles
- YOUth Guided
- Ecologically Oriented
- Trauma Informed
- Competence Centered
- Relationship Based
- Family Involved → Family Driven
- Developmentally Focused

#### Treatment
- Emotional/Behavioral Disorders
  - associated with Complex Trauma
- Emotional/Behavioral Disorders w/o Complex Trauma

#### ARC (Attachment, Self-Regulation, Competency)
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
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
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
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
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