

# CBH KNOWLEDGE CENTER

Children's Behavioral Health Knowledge Center  
Symposium and Gailanne Reeh Lecture

June 1, 2018



# TRIVIA

## CBH KNOWLEDGE CENTER

Children's Behavioral Health Knowledge Center



Commonwealth of Massachusetts  
Department of Mental Health



1. Pick a “tech savvy” team captain (needs a smart phone or tablet)
2. Team captain use your internet browser go to **Kahoot.it**
3. Enter pin (will come up shortly)
4. Enter a team name
5. Enter **ONLY** the team **captain's name** for “nickname”
6. Points based on correct answer **AND** how quickly you respond

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## 2018 Gailanne Reeh Lecture



- Christina Gunther-Murphy, MBA
- Executive Director at the Institute for Healthcare Improvement (IHI).
- Oversees IHI's Person- and Family-Centered Care Focus Area.
- Prior to joining IHI, she worked at the National Initiative for Children's Healthcare Quality (NICHQ), where she directed a national initiative focused on providing optimal care to prevent, identify, and treat childhood obesity.



Institute for  
Healthcare  
Improvement

June 1, 2018

# Breaking the Rules for Better Care

*Children's Behavioral Health Knowledge Center  
5<sup>th</sup> Annual Symposium and Gailanne Reeh Lecture*

Christina Gunther-Murphy, MBA

# Ground to Cover: Didactic



Background on  
Breaking the  
Rules Initiative



Results and  
Collective  
Action



Generating  
Rules to Break



Generating a  
Plan for Your  
Organization





# Background on Breaking the Rules









- ***Change the Balance of Power***
  - Co-produce health and wellbeing in partnership with patients, families, and communities
- ***Standardize What Makes Sense***
  - Standardize what is possible to reduce unnecessary variation and increase the time available for individualized care
- ***Customize to the Individual***
  - Contextualize care to an individual's needs, values, and preferences, guided by an understanding of “what matters” to the person in addition to “what's the matter”
- ***Promote Wellbeing***
  - Focus on outcomes that matter the most to people, appreciating that their health and happiness may not require health care
- ***Create Joy in Work***
  - Cultivate and mobilize the pride and joy of the health care workforce





- ***Make it Easy***
  - Continually reduce waste and all non-value-added requirements and activities for patients, families, and clinicians
- ***Move Knowledge, Not People***
  - Exploit all helpful capacities of modern digital care and continually substitute better alternatives for visits and institutional stays. Meet people where they are, literally.
- ***Collaborate/Cooperate***
  - Recognize that the health care system is embedded in a network that extends beyond traditional walls. Eliminate siloes and tear down self-protective institutional or professional boundaries that impede flow and responsiveness.
- ***Assume Abundance***
  - Use all the assets that can help to optimize the social, economic, and physical environment, especially those brought by patients, families, and communities
- ***Return the Money***
  - Return the money from health care savings to other public and private purposes



# Break These Rules...Through These Rules



*Change the Balance of Power*

*Standardize What Makes Sense*

*Customize to the Individual*

*Collaborate/Cooperate*

*Create Joy in Work*

*Make it Easy*

*Return the Money*

*Move Knowledge, Not People*

*Promote Wellbeing*

*Assume Abundance*



Breaking the rules  
for...  
Marianne Gunther-  
Murphy



# Think about...

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- Your experience as a patient or family member:
  - Can you think of a time someone broke the rules in service of better care? OR
  - When you wished someone had broken the rules in service of better care?
- Turn to your neighbor, introduce yourself, and share your experience



# “Breaking the Rules for Better Care” Week 2016<sup>14</sup>

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**January 11 – 15** was our inaugural “Breaking the Rules for Better Care” Week

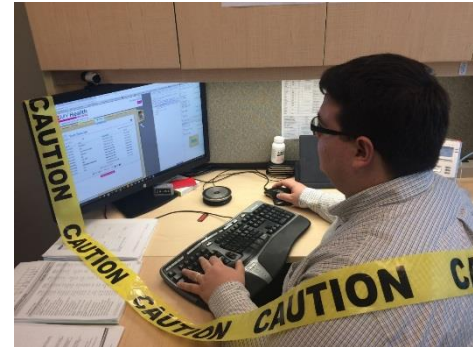
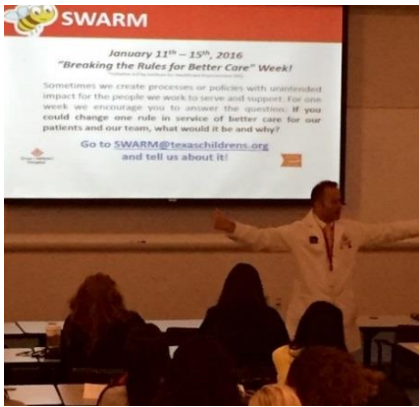
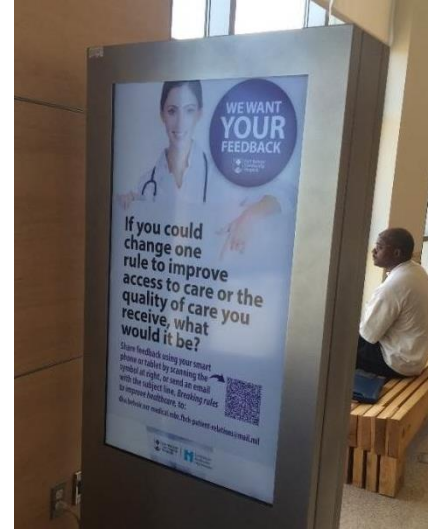
**24** participating organizations

**375** rules submitted





# Rule Breakers...



# Breaking Rules?!

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- First reaction –
  - We follow rules for safety and confidentiality
  - We need rules
  
- But wait a minute...
  - Some rules just don't make sense
  
  - Some get in the way of client care
  
  - Some are misunderstood



# Gathering of the rules

Silly Rule Data Collection			date: 10/15/2015
Unit	Who	Silly Rule & Reason	Comments/concerns

**Script**

**\*Are you a patient? If not what is your relationship to the patient?**

**\*Have you encountered any rules during your stay that you think are unnecessary? What is it?**

**\*Why do you feel this rule is unnecessary?**

**\*Do you feel like you were given a thorough explanation as to why the rule is in place?**

**\*Do you have any suggestions on how to improve the rules you were given?**

**\*Any other comments or concerns?**





# Results and Collective Action



Rule	Count
<b>Visiting hours:</b> Eliminate visiting hours and other restrictive policies that reduce the ability of families and loved ones to be with patients.	15
<b>Three-day rule:</b> Eliminate the CMS rule that requires a patient to spend three consecutive days as an inpatient in a hospital to qualify for Medicare coverage of a skilled nursing facility, in order to provide patients with the right care, in the right place, at the right time.	13
<b>Licensure:</b> Ensure that each member of the care team is operating at the top of his/her license to improve patient flow (e.g., allow front-desk staff to make appointments rather than triage nurses or allow transport staff to move patients from the bed to the wheelchair).	13
<b>Patient access:</b> Improve patient access to appointments and to their providers between appointments (e.g., make more same-day appointments available or provide a daily “call-in hour” so patients can talk to doctors directly).	10
<b>Waiting time:</b> Reduce the time patients and families wait for appointments, to go into surgery, or to be discharged, in order to respect their time and reduce their anxiety. Participant suggestions included better application of queuing theory, demand/capacity planning, avoiding double booking, and giving patients a discharge schedule to know what to expect.	10
<b>HIPAA:</b> Revamp current HIPAA regulations or clarify myths about HIPAA that lead to delays and difficulty in communicating with patients, families, or other care providers.	8
<b>Engage families:</b> Identify better ways to engage loved ones near and far to support patient healing.	6
<b>Sleep interruption:</b> Reduce unnecessary interruptions to hospitalized patients during the night in order to help patients sleep and heal.	5
<b>Paperwork:</b> Simplify paperwork and reduce rework to ensure patients do not need to give duplicate information and to reduce administrative burden.	5
<b>Patient mobility:</b> Ambulate patients more during their hospital stay in order to improve healing and reduce harm.	5

*We can't release results over the phone, which means we make elderly patients come in to sign a release.*

*Why can't patients fill out all paperwork before the actual appointment rather than having me arrive early to fill it out.*

*Allow Skype or some sort of video chat for patients to talk to families who are far away.*

*Provide procedure cost so patients can make more informed decisions.*

*Let the child help take temperature, weight, etc.. to feel like they are helping.*

*Everyone is arriving around the same time and there are only a few phones. People sometimes accidentally key in the wrong number and the message prompt you have to hear is lengthy making it easy to be even 1 minute late. It would be helpful and less stressful just to have a 3 minute grace period for clocking in.*

*Clinicians often times run way behind schedule but patients are not kept apprised of wait times. This is especially troublesome when it comes to small children and the elderly accessing care because it's difficult for them to wait in a doctor's office for long periods of time.*

*When hiring a new employee it seems to happen often that the employee is ready for hire, but then waits to start work for a week or more until they can attend the biweekly orientation. It would be helpful if the department was allowed to do the minimum paperwork that the employee needs to start work when the employee is available to start and then have them attend the full day orientation when it is next available. I believe that the full day orientation is very valuable, but it is frustrating how long it can take to get someone hired and then have to wait for them to go to orientation to start work.*

*Offer employees flexible work schedules to head to the gym during the work day.*

*Home Health needs to provide services for and be available to Psych patients*





# From Collection to Action

Frequency	Rule Type	Rule Category	Response	Example
16%*	Rules that need clarity	Regulation myths or an opportunity to tie the rationale back to the rule	Debunk organizational myths or hear directly from entities to clarify	HIPAA
62%	Rules that need redesign	Administrative prerogative or habits	User-centered design  Rule breaking mentors	Engage families
22%	Rules that need advocacy	Real regulation or policies	Collective voice	Duplicate measures

\*This group is likely underrepresented, since IHI classified submitted rules (e.g., visiting hours) as rules that need redesign unless the submitter specifically noted that it was a clarification issue.



# Rules related to patient and family experience

- Rule: Patients can't access health records and test results
- Type: Rule that needs clarity and redesign
- Action: **MyHealthRecord**
- Outcome: 3000 patients and counting now accessing health record and laboratory tests online



# Rule

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- *“Transport is only available to help inpatients. Some of our outpatients have trouble getting to our location.”*
- Type: Administrative
- Action: **Broken!** Transport staff are available to help all staff, not just inpatients.



# Rule

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- *Why do I have to wake an otherwise stable patient to take vital signs between the hours of 2200-0600??*
- Type: Myth:
  - If patients are stable, policy allows patients to sleep.
- Action: **Clarified** through organizational newsletter





# The Quick Wins

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- Access to drinking water in waiting rooms (*redesign*)
- Improved signage (*redesign*)
- Unlimited warm blankets (*myth*)
- Porterage patients to cars (*clarity*)
- Access to affordable prescription medications in new pharmacy (*advocacy*)
- Replacing ineffective equipment that caused waste and impacted patient experience (*advocacy*)



# Breaking the Rules...at DMH

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- Janice LeBel
- Rule breaker extraordinaire!



# Ground to Cover: Experiential



Background on  
Breaking the  
Rules Initiative



Results and  
Collective  
Action



Generating  
Rules to Break



Generating a  
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# Generating Rules to Break



# Individual exercise: 6 minutes

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- Silently, reflect on the following: *If you could break or change any rule in service of better patient care or staff experience, what would it be and why?*
- Feel free to look at the radical redesign principles if it helps you generate ideas
- Write down as many as you can think of (one per post-it)
- Get ready to share with your table mates

# Table exercise: 15 minutes

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- Each person reads one rule (post-it) and continue round robin around the table until all rules are read
- Create affinity groups for like rules and label the grouping on the flip chart

# All tables exercise: 10 minutes

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- Conduct a “gallery walk” (i.e., walk around the room and read the other flip charts)
- Group discussion:
  - What themes did you notice as you rounded on the flip charts?
  - Did you see any rules that others developed that you really liked?
  - Did any of the groupings spark new ideas for you?







# Generating a Plan for Your Organization



# Action Planning: 15 minutes

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Option A: Plan to break an identified rule

- Select one rule you generated
- Identify a pathway to “break the rule”
- Develop a mechanism to communicate to others to share concept and success

Option B: Host a breaking the rules day

- Identify a method to solicit rules for staff
- Develop a system to categorize rules
- Create a mechanism to address submitted rules



# Option A Resource

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## Breaking the Rules for Better Care Planning Sheet

### *The Rule and Rationale*

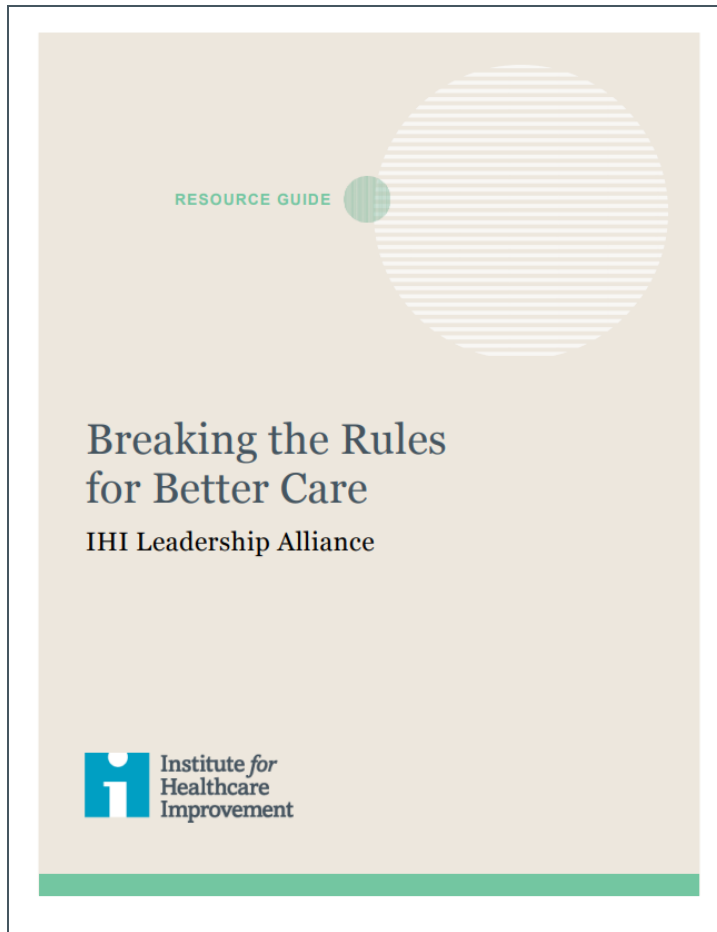
*If you could break or change any rule in service of better patient care or staff experience, what would it be?*

*Why do you want to break the rule? How would breaking this rule improve staff experience or client care?*

*Why does this rule exist? Why was it put in place?*



# Option B Resources



## Breaking the Rules for Better Care Event Planning Sheet

### Gathering Rules

*Who do you want to ask? Decide whom from your organization you would like to participate. You can engage on whatever scale makes sense to you, whether that means asking only staff, only patients, or asking a small team to participate (versus requesting that the organization at large contribute). At this time it will also be important to decide how and when you will communicate the outputs and potential next steps to those who participated. (Suggestions for communication are included in the guide.)*

*When might you gather rules? We recommend having a focused time period for your efforts, such as one week.*

*How will you get the word out and engage your staff? Encourage members to have fun, including visual tools to indicate participation. For example, Alliance leaders wore and distributed stickers in their organizations. Others have taken advantage of common areas like waiting rooms, staff break areas, and entrance spaces to query in person or collect asynchronous feedback.*

*What will you ask? We recommend asking staff, patients, and their families: If you could break or change one rule in service of a better care experience for patients or staff, what would it be and why? Or, refer to this list for some alternative questions in the guide.*



# All tables report out – 10 minutes

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- Do you have outstanding questions or concerns as you think about your approach?
- Did you have an “aha” that may help others?
- Are there things you would like to work on with others in the room?



# Questions and Discussion





# 1 Minute Silent Reflection

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- What are the key take-aways for your work?
- What action do you want to take when you get home?
- What are outstanding questions or concerns?



# Learn More

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## Viewpoint

June 6, 2017

## Breaking the Rules for Better Care

Donald M. Berwick, MD, MPP<sup>1</sup>; Saranya Loehrer, MD, MPH<sup>1</sup>; Christina Gunther-Murphy, MBA<sup>1</sup>

» [Author Affiliations](#) | [Article Information](#)

*JAMA*. 2017;317(21):2161-2162. doi:10.1001/jama.2017.4703

A few years ago, the Dean of the School of Business at the University of Leicester, Dr Zoe Radnor, tried to understand the reasons for the “bicycle book” that she discovered at an English hospital she was studying. All staff who arrived at work by bicycle routinely signed a register book at the front door. Hundreds of these registers, once full, had been collected and stored for decades in clearly marked boxes. “Why?” Professor Radnor asked. No one knew.



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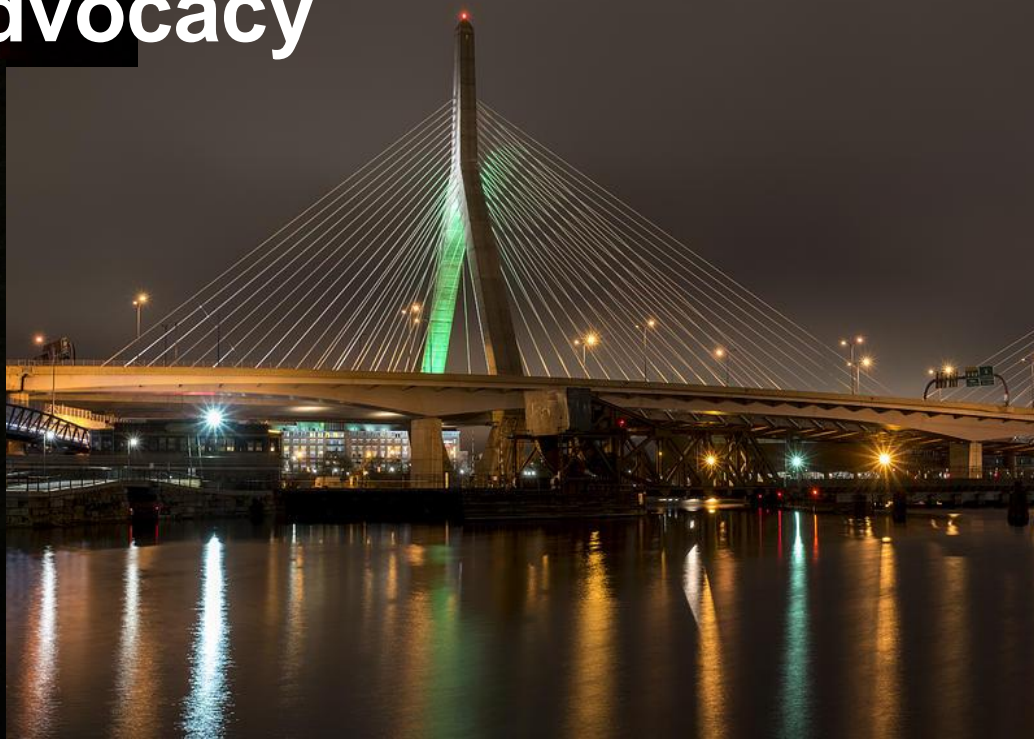
June 1, 2018





**GOING GREEN!**

**The Power of Advocacy**





2018 Awards

# CBH INNOVATION

June 1, 2018



- Three 18 - 20 minute presentations (order was randomly determined)
  1. Behavioral Health Network
  2. Boston GLASS at Justice Resource Institute
  3. Team 14 at Lahey Health Behavioral Services
- Three (3) questions from the audience per presentation
- The CBH Innovation Awards Review Criteria (in your packet) can help you rate the presentations and think about how you might want to vote



## Children's Behavioral Health Innovation Awards Review Criteria

- How **novel or unique** is the program/practice?
- What is the potential for “**scale-up**” at the current site OR at other programs or location across the state?
- What is the **potential benefit** of this program/practice to youth/families, the community, the organization and/or the behavioral health system?

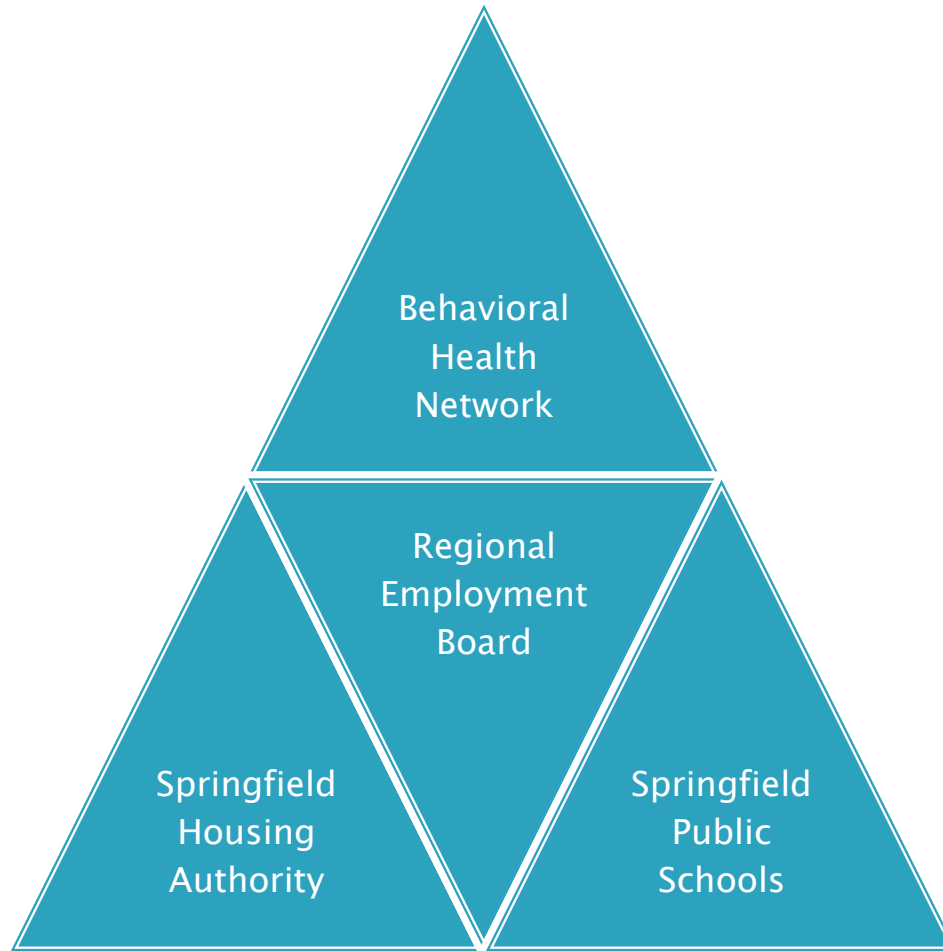
# Comprehensive Therapeutic Mentoring Pilot

School, home and community linkages for  
optimal impact  
Behavioral Health Network

# Talk / Read / Succeed!

A Project of Springfield's *Reading Success by 4th Grade* Initiative

# Partnerships:



# Locations

Robinson  
Gardens Housing

Sullivan  
Housing

Duggan  
Housing



Dorman School

Boland  
School

Indian Orchard  
Elementary

# Locations

Robinson  
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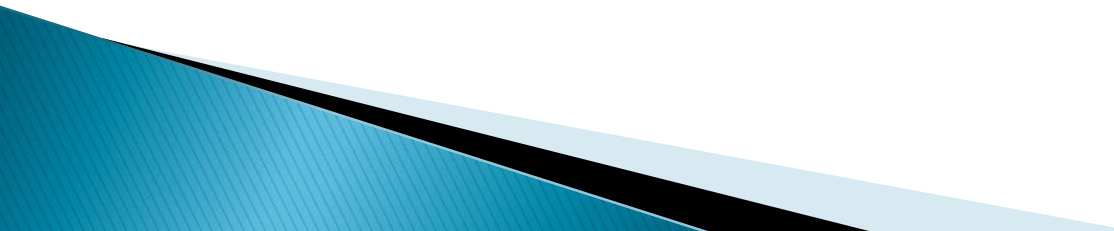
Dorman School

Boland  
School

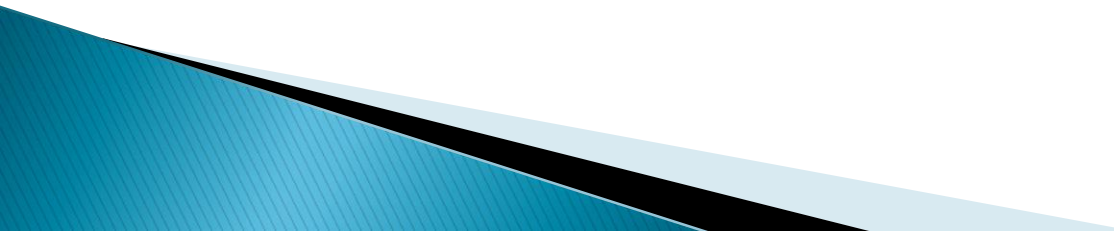
Indian Orchard  
Elementary



# T/R/S! Goals:

1. Increase involvement of parents in their children's early literacy skill development and education.
  2. Improve access to literacy-rich summer programs for participating children.
  3. Help families increase stability, progress toward economic self-sufficiency and improve physical and mental health.
- 

# Needs Assessment

- ▶ High interest in information/ support in
    - child growth and development
    - managing behavior issues
    - working with teachers to support children academically and socially
  - ▶ Identified barriers to self-sufficiency:
    - Maternal depression
    - Mental health in general
    - Health concerns/ demands
- 

# Strong Communities: Creating Foundations that allow for academic success

## Baby and Me: Resiliency Group for babies & parents

Using expressive arts and CBT techniques to build attachment and stress-management skills

**Staff training for Out of School programs**  
\_Positive behavior training and mentoring

**Youth Ambassadors**  
Leadership training for youth to become peer leaders in the community.

Resilient  
Individuals

Integrated  
Community

## Site-based individual and family therapy

Registered client therapy billed to third party. Office on-site in community and school.

**Parent Ambassadors**  
Leadership training for adults to become peer leaders in the community.

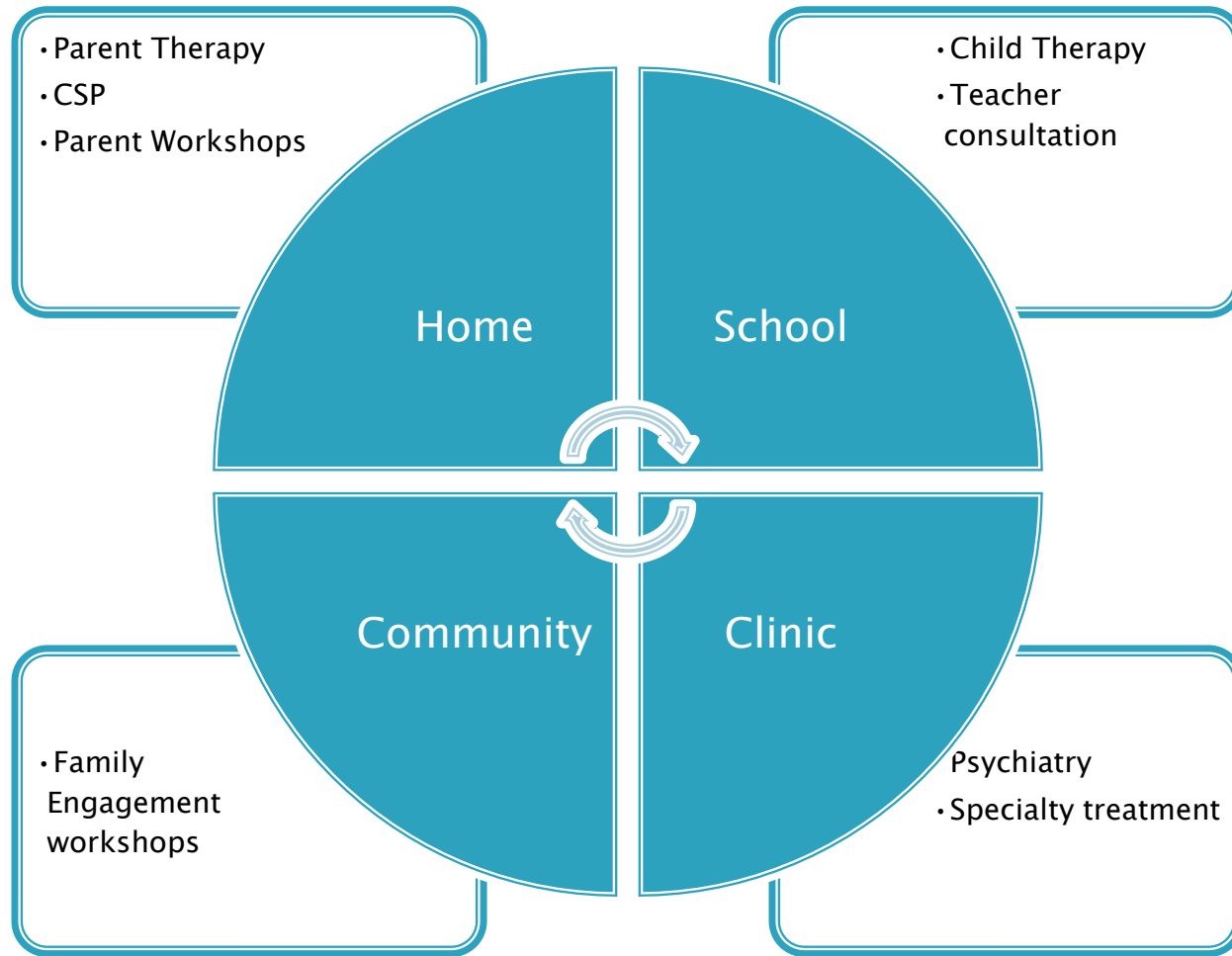
Connected  
Families

**Healthy Relationships:** Adult Communication and problem-solving skills groups. Geared to partnered heads of household.

**Positive parenting**  
Parent education group series teaching Positive Behavior Intervention and Supports approach

**Learning for Life:  
Family engagement  
activities**  
Activity-based workshops for parents and children: relationship building, communication skills

# Behavioral Health Services

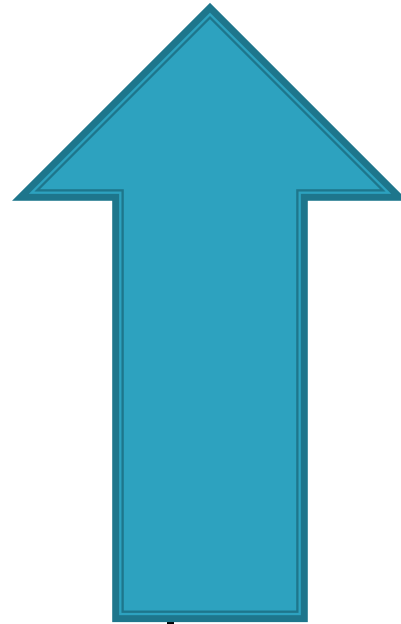


# School-based therapist

- ▶ Significant reduction in suspensions
- ▶ Significant reduction in absenteeism
- ▶ Positive feedback from teachers– improved morale.

# By 2016


- ▶ Increase in prevalence and acuity of mental health challenges in students population.



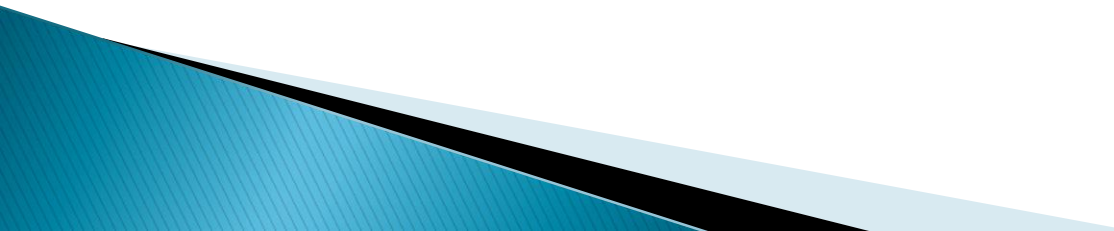
- ▶ Prior approach no longer sufficient.



# School feedback

- ▶ Many, many children with behavioral health diagnoses, receiving school BH support and in therapeutic treatment.
  - ▶ Demonstrating significant deficits in
    - Attention
    - Self-regulation
    - Social skills and problem solving
    - Interactions with adults and peers
  - ▶ **KEY skills for success in school and in life.**
- 

# Treatment plans

- ▶ Therapeutic treatment plans include skill building.
  - ▶ For optimal acquisition, internalization and generalization of skills need to be taught and practiced in the setting where the child spends significant time and where the deficits are negatively impactful.
  - ▶ School locus of peer interactions, learning and building for the future.
- 

Skills taught and  
practiced



in setting where child  
spends significant  
amount of time



Optimal skill  
acquisition and  
generalization



where deficits are  
negatively impactful

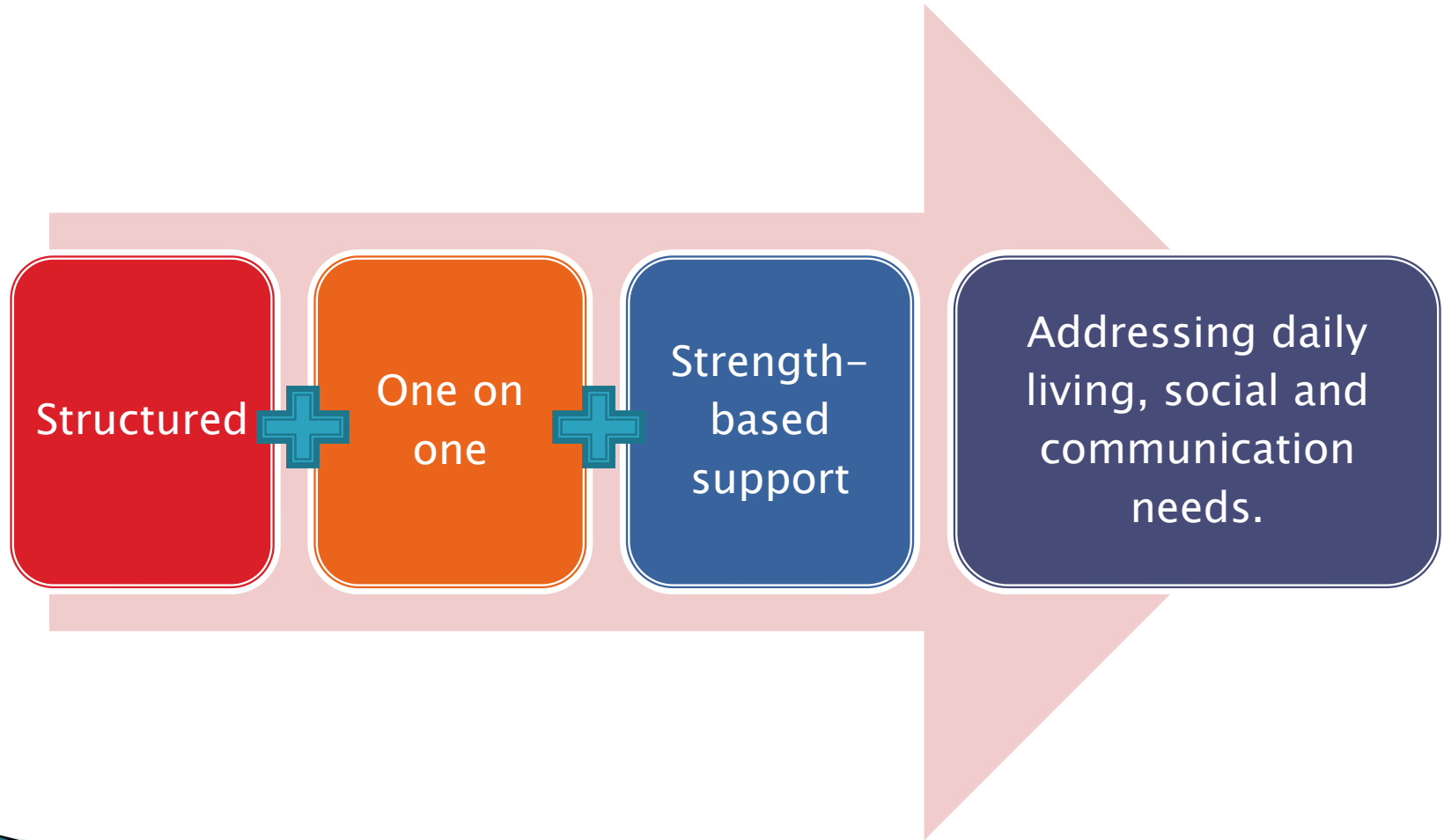
▶ **WAIT!!**



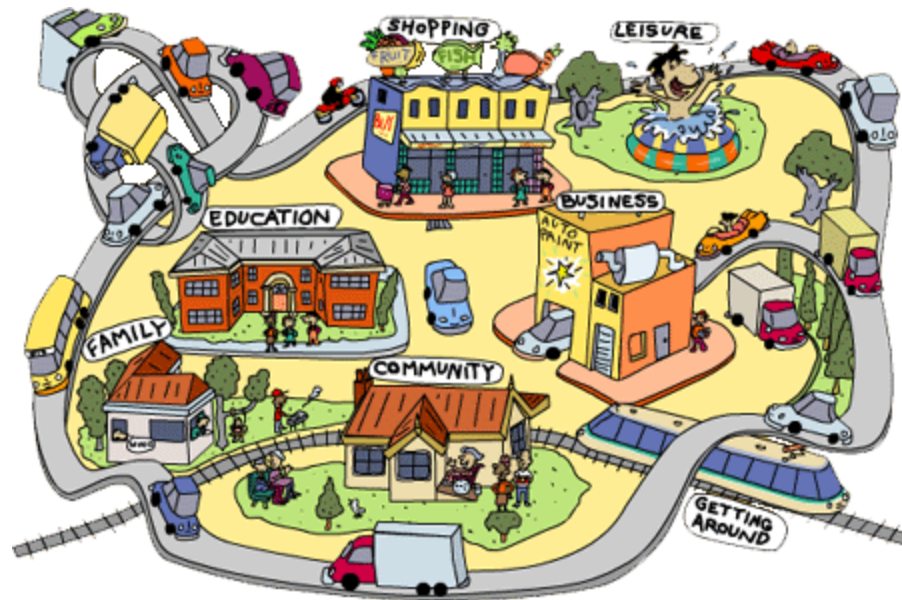
# Therapeutic Mentoring!!



# Therapeutic mentoring =

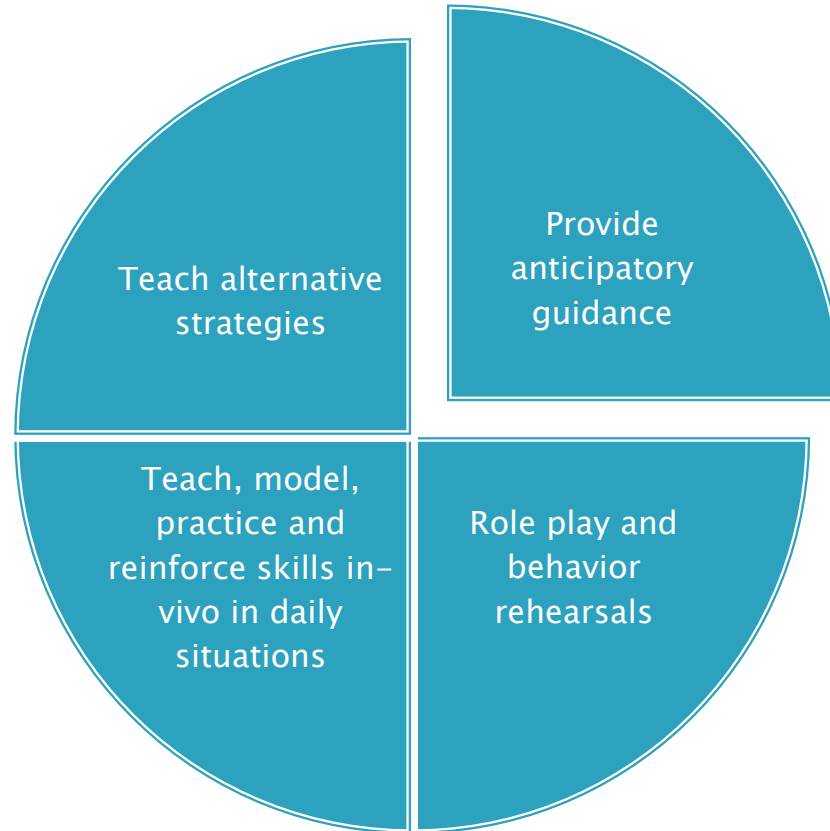


Delivered in any setting appropriate for youth needs, functioning and culture





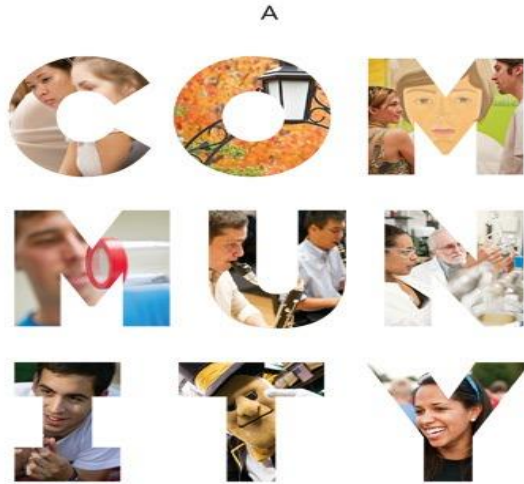
# What do TMs do?



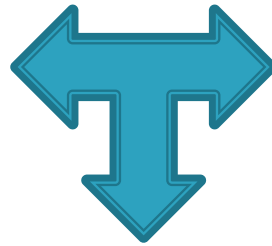
# What better place than...



# Comprehensive Therapeutic Mentoring Pilot



OF COMMUNITIES



# Program aims

- ▶ Improved team-based care through consolidation of assigned mentors at a single school
  - Better access to students
  - More effective interventions
  - Better integration



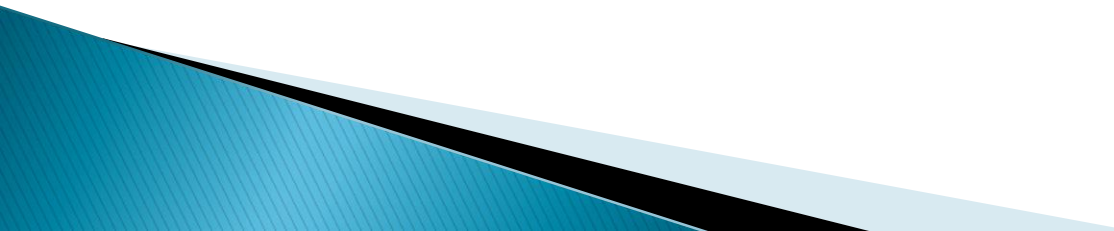
- ▶ Time and schedule efficiency for mentors



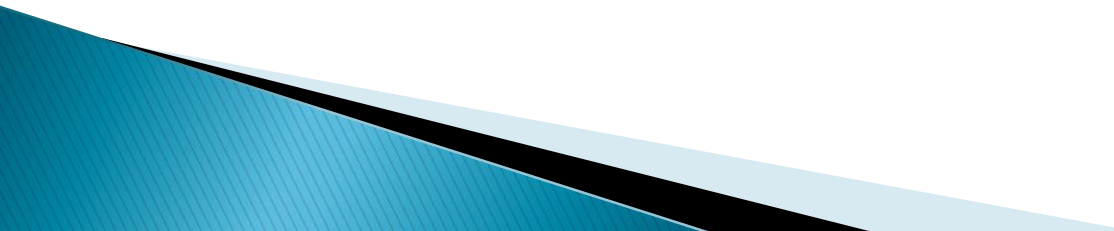
# Partner voices



# What's missing

- ▶ Mentors– knowledge of school culture, school expectations and how to deliver mentoring activities in school context.
  - ▶ Teachers– knowledge of mentoring goals and activities and how to include mentors in school context.
- 

# CBH Innovation Award goals:

- ☑ **Innovative:** Not aware of any other TM programs in the state focused on aligning TM with schools in this way.
  - ☑ **Scalable:** TM services available for Masshealth students who meet medical necessity. Resources related to administration and training
  - ☑ **Potential Benefit:** HIGH. Simple changes, maximum benefit.
- 



# Questions



# Boston GLASS Restorative Justice Initiative

Children's Behavioral Health Innovation Symposium,  
June 1, 2018

Akane Kominami, Rene Rives,  
Adam Godfrey, and Marco Khampaeng

# Our Mission

**The mission of Boston GLASS** is to improve the well-being of LGBTQ+ youth of color and their allies by providing a continuum of services that addresses their immediate needs, equips them with tools to make healthy decisions and live fulfilling lives, and helps create communities in which they can thrive.

## **Boston GLASS values:**

- Social justice
- Youth empowerment
  - Diversity
- Community building

# Positive Youth Development

- *Engages* youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive
- *Utilizes* and enhances young people's strengths
- *Promotes positive outcomes* for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

(youth.gov, 2017)

# Trauma-Informed Approach

- *Realizes* the widespread impact of trauma and understands potential paths for recovery;
- *Recognizes* how trauma affects individuals involved with the system;
- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
- *Resists re-traumatization*

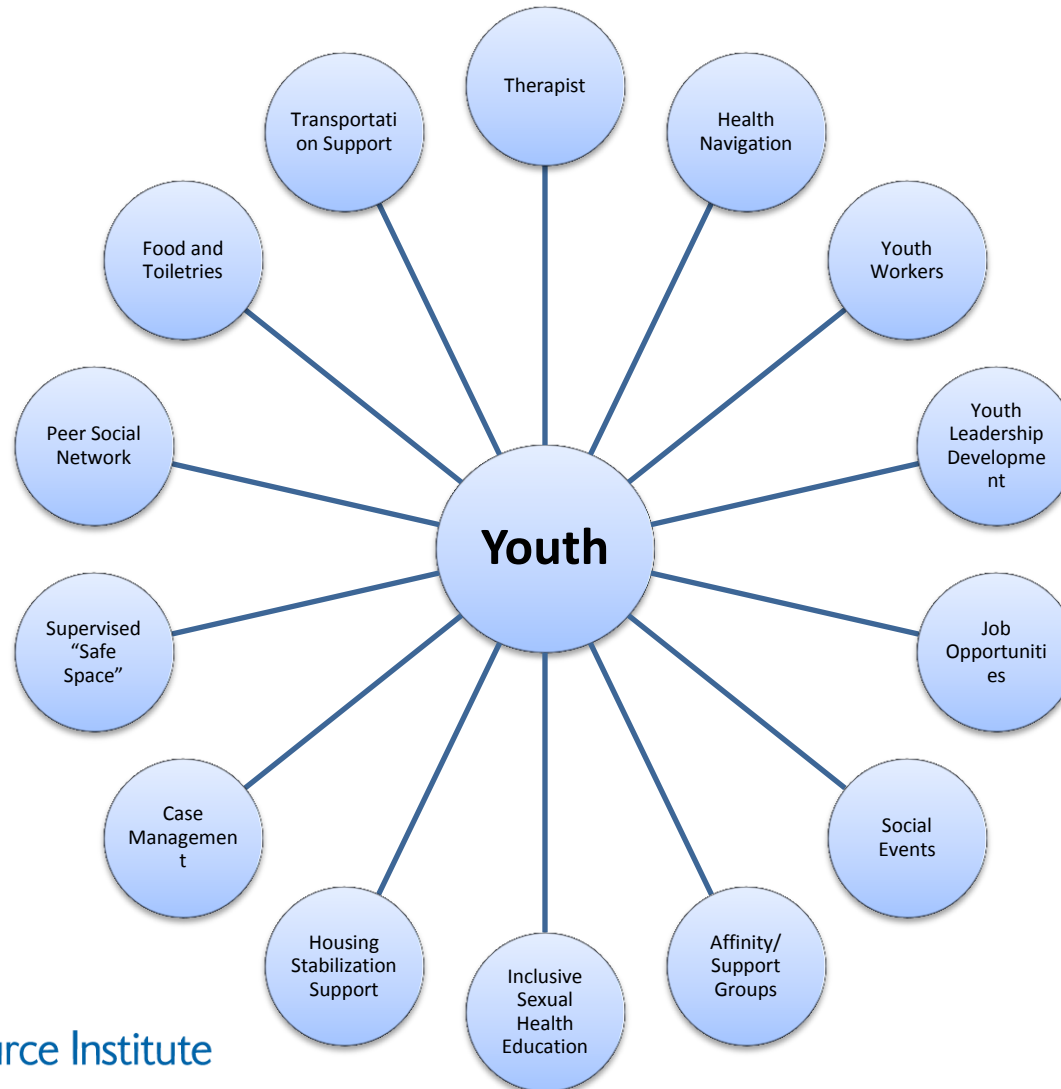
(Substance Abuse and Mental Health Services Administration [SAMHSA], 2014)

# Harm Reduction

- *Acknowledges* youth agency in making decisions
- *Facilitates* reduction of health risk behaviors by meeting the youth at their current stage of change
- *Non-judgmental* approach to current risk behaviors

ncbi.nlm.nih.gov, 2008

# Continuum of Services Model



# The Drop-In Center, A Community Space



# Youth Voices on GLASS Behavioral Health Model

*GLASS is a support system for those with nowhere and no one to go to. –Youth member*

*GLASS provides a safe space where people can talk and relate to each other... which prevents you from feeling left out and feeling like no one understands or cares about you. –Peer leader*

# Boston GLASS House Rules

## PLEASE DO:

- Use respectful language (no homophobic, transphobic, racist, or misgendering language)
- Respect personal space (ask before giving a hug!)
- Clean up after yourself
- Share the computers, priority goes to school, work, and housing issues
- Protect the privacy of everyone in the space (i.e. no sharing of personal information disclosed in the space)

## PLEASE DO NOT:

- No porn, sexually explicit, or violent imagery on computers or screens
- No sex, drugs, or alcohol in the building
- No violence or threats of violence
- No weapons in the space



# When there is a conflict or violation...

Consequences/procedures may include:

- Apology in the moment
- Meetings with various levels of staff to develop Corrective Action Plan or identifying triggers and coping strategies
- A letter of explanation
- Mediated discussion with affected parties
- Participation in a circle
- Community service
- Time-limited suspension
- Indefinite suspension
- Permanent suspension

# What is Restorative Justice?

From The Center for Restorative Justice at Suffolk University

- “restorative responses enable wrongdoers to be accountable for their conduct; affords opportunities to make amends and express remorse; offers constructive ways to repair harm; supports making responsible choices; and creates forums for forgiveness, reconciliation and reintegration.”
- “restorative responses empower victims by offering them a voice in the process, an opportunity to ask questions and seek answers, afford them a role in decision-making and avenues for healing, restitution, and emotional support.”

<http://www.suffolk.edu/college/centers/15970.php>

If restorative justice were a building, it would have four corner posts:

1. **Inclusion** of all parties
2. **Encountering** the other side
3. **Making amends** for the harm
4. **Reintegration** of the parties into their communities

*<http://restorativejustice.org>*

# Youth Voices On Restorative Justice

- *It's a way to touch base to come back into the space—a lot of people have a problem taking accountability and this is a great way to do it.*
- *When you kick someone out or assign consequences, it makes it so their voice doesn't matter. This would be a way for the whole community, including the person, to have a say, and decide how to move forward with many voices/perspectives in the room.*

# Different Approaches to Discipline

## Conventional

- Punitive
- Exclusionary
- Disengagement
- Assigning blame
- Combative
- Focused on offender only

## Restorative

- Supportive
- Inclusive
- Engagement
- Personal Accountability
- Cooperative
- Victim/community voice

# The Clinical Connection

The Restorative Justice framework:

- practices cultural relevance
- reduces fear, anxiety, and post-traumatic stress symptoms
- promotes social, cultural, and emotional skill development
- is trauma-informed— “What happened to you?” vs “What’s wrong with you?”

# Thank you! Questions?





# Reinforcers

CBH Knowledge Center Symposium  
June 1, 2018

Lea Forster, LMHC

# Outline:

- I. Early Intervention
- II. The Group
- III. Demo
- V. How is it going?

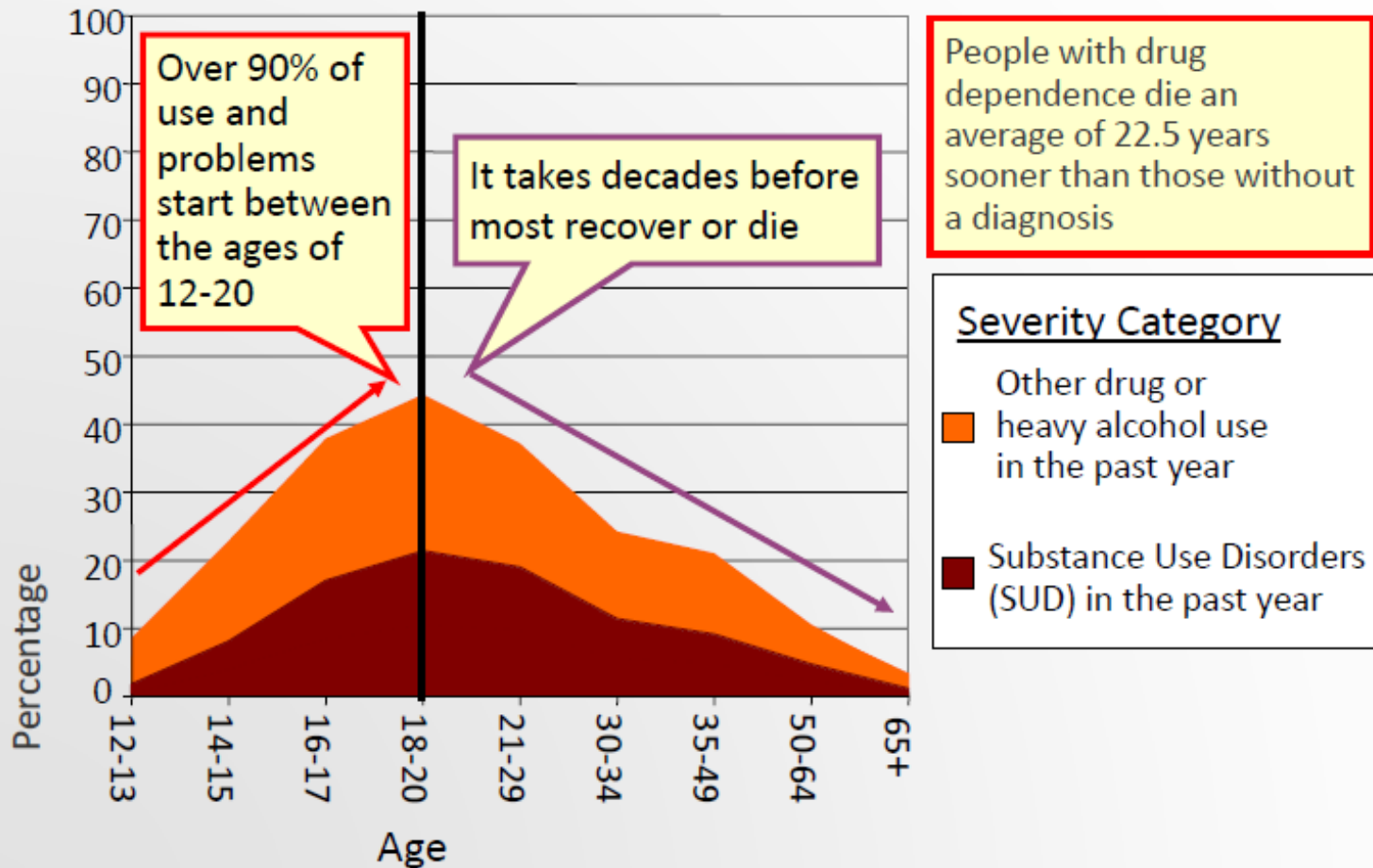


# Early Intervention



Lahey Health  
Behavioral Services

# Early Intervention

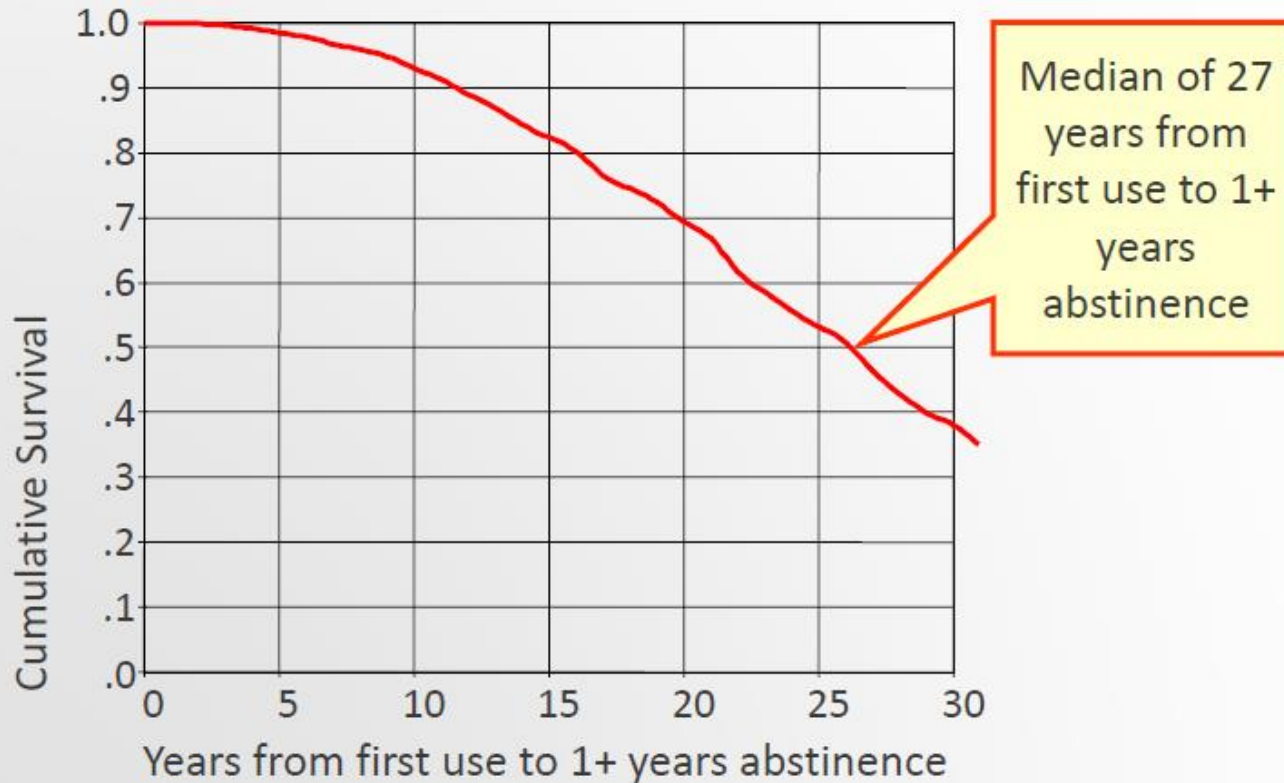


Source: Dennis & Scott, 2007, Neumark et al., 2000



# Early Intervention

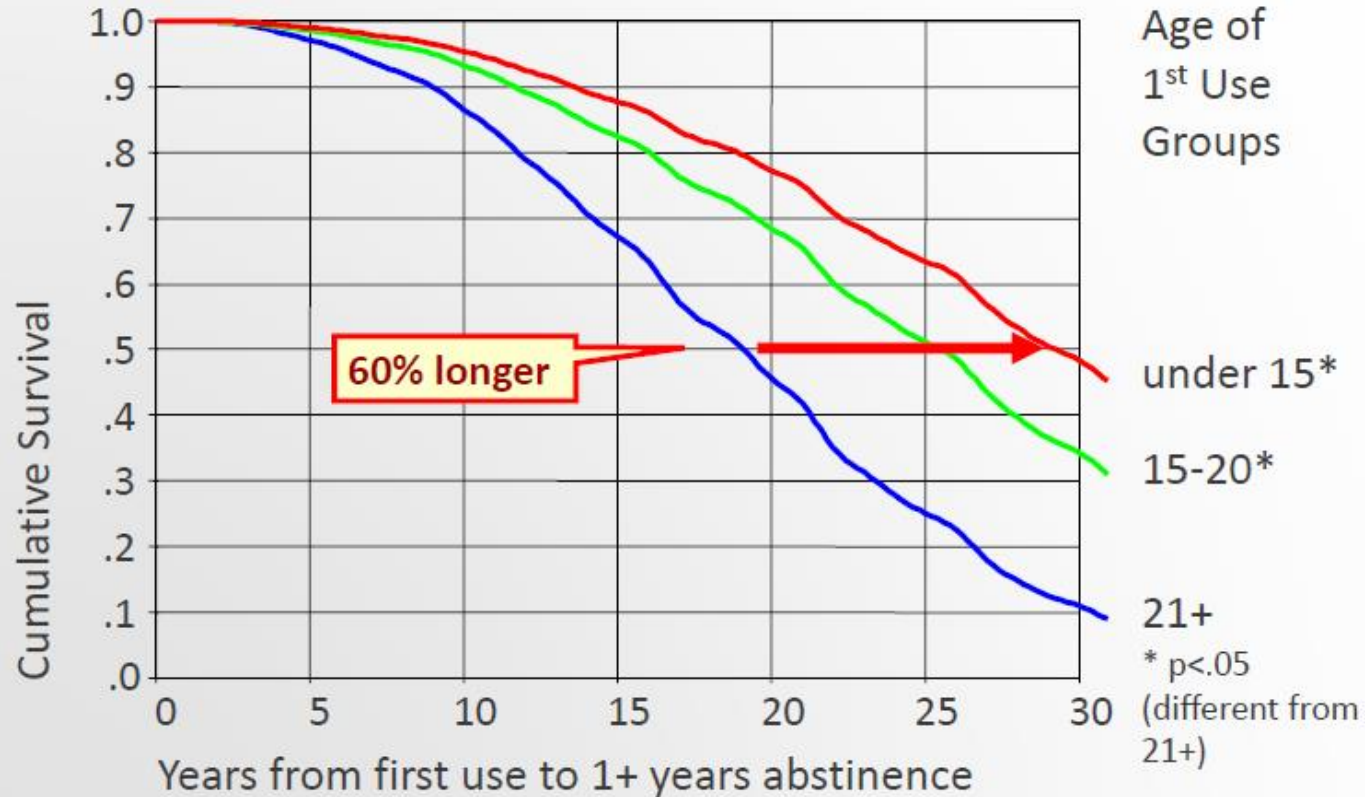
## Substance Use Careers Last for Decades



Source: Dennis et al., 2005

# Early Intervention

Careers are Longer the Younger the Age of First Use

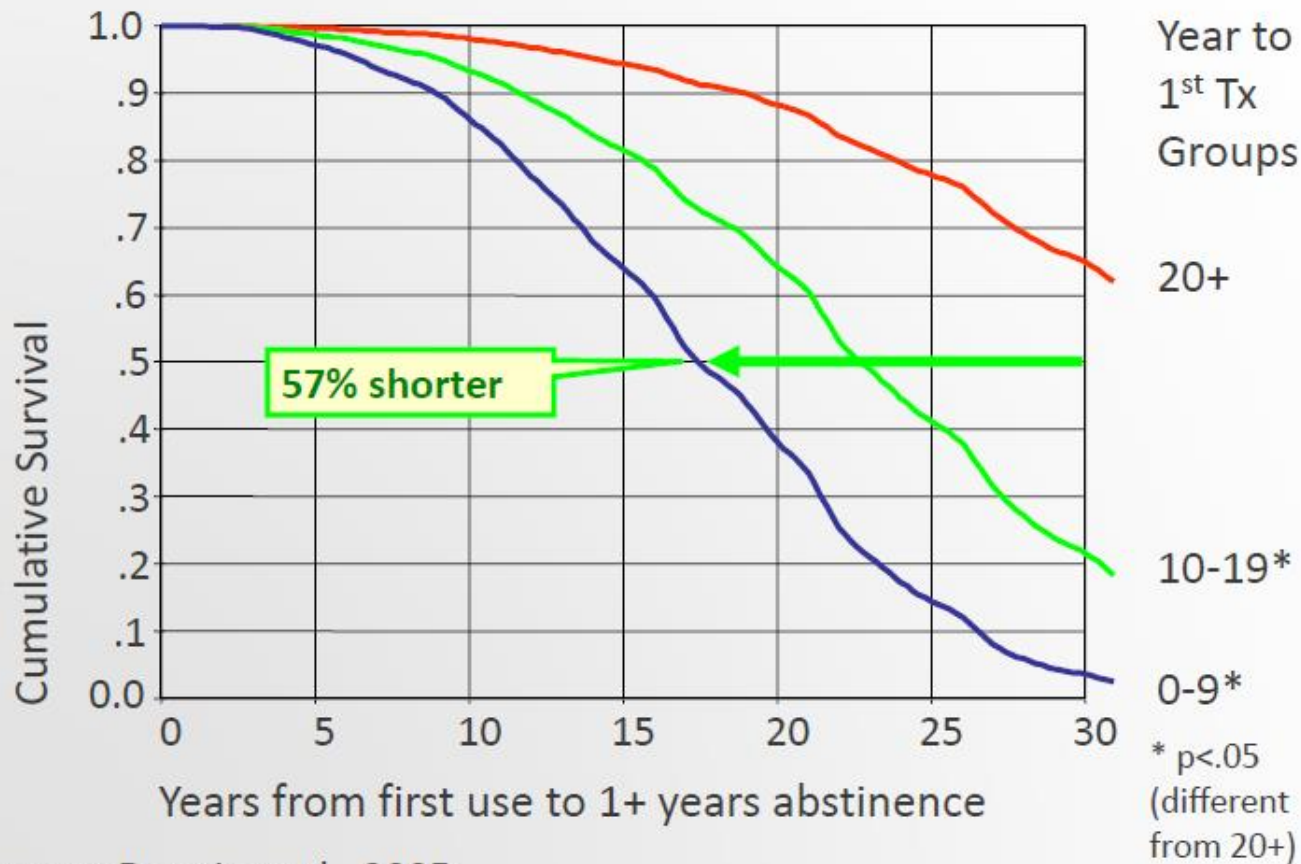


Source: Dennis et al., 2005



# Early Intervention

Careers are Shorter the Quicker People Access Treatment



Source: Dennis et al., 2005



# The Group

# Reinforcers



- Additional treatment options
- Less staff can serve more youth
- Learn how to ask for and receive help, feel less alone
- Less pressure on self disclosure

Challenge: turn a worksheet based treatment (A-CRA) into an engaging set of group therapy activities



# Reinforcers Curriculum

1. Reinforcers and Norms/ Welcome Group
2. Goal Setting
3. Trigger Exploration
4. Sobriety Sampling★
5. Relapse Analysis and Refusal Skills
6. Trying New Activities
7. Communication Skills
8. Anger Management
9. Problem Solving
10. Graduation

# Sobriety Sampling

Short period of abstinence with a specific beginning and end date. It should last at least one week but less than one year.



# Sobriety Sampling

## Advantages:

- More likely to be successful
- Strengthen coping skills
- Family can see youth is serious about change
- Experience benefits of “sober” life
- Youth chooses the goal and the strategy.
- Youth may learn about high risk situations and triggers

# Sobriety Sampling

The success of your sobriety sampling relies on having multiple smart strategies that make it easier to stick to your plan.



# Sobriety Sampling Pictionary

## Instructions

- 1) Find a partner, a pad of paper and a pen
- 2) This is Pictionary so drawing/guessing will be involved. Decide who draws first and who draws second
- 3) I will display a strategy. It will either be a strategy that makes it pretty hard to stay sober or that makes it a bit easier.

Example: “I will spend the weekend out of state with my parents.”



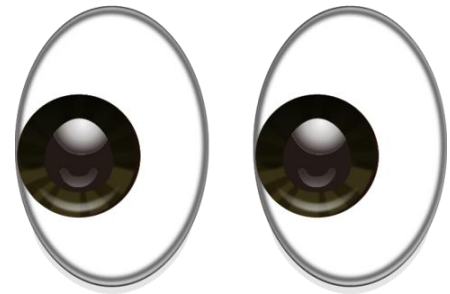


# Sobriety Sampling Pictionary

cat



Guesser



Drawer

# Sobriety Sampling Pictionary

**“Easy” Strategies** = Draw the prompt with your dominant hand

**“Hard” Strategies** = Draw the prompt with your non-dominant hand

Example: “I will spend the weekend out of state with my parents.”



# Strategy Number One

I will go to a party with my friends who drink and I will say no if anyone offers me anything.



Easy or Hard?

Look Away Guessers!

Draw a..... Clown



# Strategy Number Two

I will write a list of things to do if I get bored so I don't have to figure something out in the moment.



Easy or Hard?

Look Away Guessers!

Draw a..... Hamburger



# Strategy Number Three

I will hang out with friends who don't drink or smoke. If no one is available I'll play video games or call someone supportive.



Easy or Hard?

Look Away Guessers!

Draw a..... Car



# Strategy Number Four

Since I'm in a good mood right now, I'll assume that I'll be in a good mood all week and then something difficult pops up.



Easy or Hard?

Look Away Guessers!

Draw a..... Bunny



Within your teams, talk about what happened!



## Discuss

- How did it feel to be the guesser vs the drawer?
- What was it like when the plan was easy?
- What about when the plan was hard?
- What are group participants learning when they play this game?





# How is it going?

# How Are We Doing?

Year to Date:

- Youth Served: **110**
- Individuals Served: **222**



**Increase** in action steps to manage substance use

- Average increase of **1 point** on Socratesa and Socratesd



**Decrease** in ambivalence

- Average decrease of **2 points** on Socratesd



# How Are We Doing?



**100%** parents and **80%** youth  
would recommend T14 individual service to  
others



Average satisfaction with caregiver relationship grows from **6 to 8** (two point improvement on A-CRA Happiness Scale)

Average overall life satisfaction score rises from **105 to 129**  
(a **24** point improvement)



# How Are We Doing?



**100%** group attendees felt respected when they came to group and agreed that group was helpful.  
**60%** strongly agreed that group was helpful



**80%** group attendees would recommend the group to others “like me.”  
**60%** would strongly recommend.



# How Are We Doing?

## How could we make group better?

“I have nothing to say. 😊 Group is amazing just the way everyone runs it.”

“It’s perfect!”

## Please take a moment to describe what was most helpful about group.

“Every topic was very relevant to my life, and group was very eye opening and made me very self aware of my problems.”

“Cookies. Jk jk. Being able to have someone to talk to.”



# Plans for the Future

- School Based Programming in Gloucester: “Reinforcers Light”
- Expand to Haverhill, Lawrence offices of Lahey Health Behavioral Services
- Data collection
- Parent inclusion



Thank you for having us  
and for listening!





# Questions?



2018 Awards

# CBH INNOVATION

June 1, 2018



- IHT Practice Profile Supervisory Strategies Implementation Initiative
  - *Supports implementation of 3 supervisory strategies in IHT: self-assessment, behavioral rehearsal, field observation*
  - *Application released on May 8th*
- Reflective Supervision Training and Coaching
  - *Supervision “201” – focuses on building reflective capacity in supervisors*
  - *All provider types eligible*
  - *Application released on June 19th*
- Improving Co-occurring Capacity Training and TA Project
  - *Focuses on implementing SU screening and MI training & coaching*
  - *All provider types but best suited for outpatient and other community-based providers*
  - *Application released on or around July 30th*
- Yale Program on Supervision
  - *Supervision “101” – includes organizational consult and training for staff*
  - *All providers types eligible*
  - *Application released on or around October 26th*

Visit: [www.cbhknowledge.center](http://www.cbhknowledge.center) > Events > Workshops