2024 South Australian Premier's Nursing and Midwifery Scholarships

Study Tour Report and Action Plan

Name: David Magadia

Study Tour Title: Exploring trauma-informed practice sites for medically unstable young people that have mental health comorbidities and extensive trauma backgrounds

Study Tour Dates: 10th of May 2024 – 7th of June 2024

In line with the South Australian Premier's Nursing and Midwifery Scholarship Terms and Conditions, scholarship recipients must provide their supporting employer and the Department for Health and Wellbeing's Nursing & Midwifery Office (NMO) with a Study Tour Report and Action Plan **within thirty (30) days after the last day of the approved study tour.** Prior to submitting the Study Tour Report and Action Plan to the NMO, the report must first be **approved for submission** by the recipient's organisation's Chief Executive Officer or Executive Director of Nursing/Midwifery (or equivalent for private, community and aged care and sectors) and the recipient's direct line manager/supervisor.

Scholarship Recipient's Name: David Magadia

Scholarship Recipient's Position Title: Registered Nurse

Employing LHN: Women's and Children's Health Network

Ward/ Work Area: Adolescent Ward

	Commenced	Returned
Date Study tour undertaken:	10/5/2024	7/6/24

Location of Study Tour: United Kingdom, Canada and the United States of America

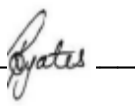
Scholarship Recipient's SIGNATURE:  DATE: 17/6/2024

David Magadia IS SUPPORTED IN LEADING AND IMPLEMENTING THE PRACTICE/WORKPLACE CHANGE AS STATED IN THE ACTION PLAN AND TO FACILITATE SUCSESSFUL ACHIEVEMENT OF THE OUTCOMES.

SIGNATURE of Direct line Manager/Supervisor: 

DATE: 19/7/24

Direct line Manager/Supervisor Print Name: Kayla Bryant

SIGNATURE of CEO or EDON/M:  DATE: **22/7/2024**

CEO or EDON/M Print Name: Rachael Yates

APPROVED FOR RELEASE AND SUBMISSION TO THE NURSING AND MIDWIFERY OFFICE, DEPARTMENT FOR HEALTH AND WELLBEING BY CHIEF EXECUTIVE OFFICER OR EXECUTIVE DIRECTOR OF NURSING/MIDWIFERY (or equivalent for private, community and aged care sectors)

Content

Executive Summary

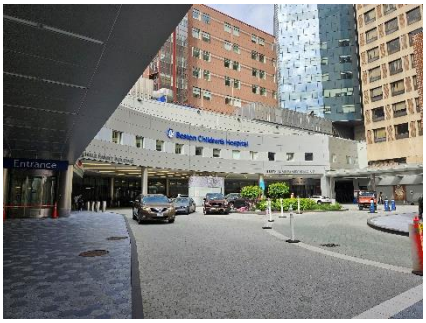
The purpose of this study tour was to learn about trauma-informed care practice for young people with mental health comorbidities admitted to acute healthcare services for medical management within the United Kingdom, Canada, and the USA. It focused on exploring models of care, policies and procedures put in place in different inpatient units, and wellbeing and resilience support programs for staff. There was also a focus on tackling the challenges nursing staff face in developing strong therapeutic relationships and providing ongoing support for vulnerable young people to help reduce re-traumatisation, and to also provide trauma support for staff. The goal was to help the Adolescent Ward become a person-centred trauma-informed care service by highlighting gaps within our care provision and identify gaps for improvement to achieve better health outcomes.

Evidence has shown that hospitals are currently experiencing an exponential increase in patients with mental health and behavioural health comorbidities admitted to medical and surgical units (American Academy of Pediatrics 2022). This increase has also been attributed by the COVID-19 pandemic, where feelings of isolation and lack of access to supports have led to significant increases in psychological

stress in young people (Biddle et al. 2020). Shannon et al. (2023) expressed concern of how paediatric medical and surgical units are not well-equipped and not designed to provide therapeutic milieu for patients at risk of self-harm, abscondment, aggressive, violent and destructive behaviour. Certain approaches have been implemented in different inpatient units in helping to address these issues, which include increasing hospital security and constant observer care workforce, provisioning education programs for non-psychiatric and mental health trained staff and the introduction of behavioural response teams to assist staff in patient escalation (Lelonek et al. 2018). If admitted under a medical team, the team's composition can be seen as inadequate in delivering mental health specific services, where delays in medication management and active psychological interventions can further exacerbate symptoms of a patient (The Joint Commission 2021). Even though admitting behavioural health patients into medical and surgical units helps alleviate patient flow and capacity issues in the emergency department, it does not help with the infrastructure challenges these units face due to these presentations (McCarty et al. 2022). Insufficient pre-existing infrastructure has led to an inability to provide safe and quality care to this patient population, and had put staff at risk of physical injuries, moral distress, burnout, increased staff turnover, decreased staff retention and job dissatisfaction due to the lack of experience and accessibility to support (Hasken et al. 2022).

The study tour was extensive and involved visits to different paediatric hospitals and meetings with key people within nursing education. Firstly, the study tour started with spending the day at the Foundation of Nursing Studies (FoNS) in London organised by Joanne Bosanquet, where meetings and conversations were had regarding implementation of Resilience-Based Clinical Supervision (RBCS) and Safewards. This was followed by a visit to Cygnet Hospital, which involved visiting their main office in central London, a brief visit to the Churchill branch focusing on the introduction of the Social Hub and exploring their model of care and spending a day visiting Cygnet Sheffield. This was led by Experts by Experience clinical lead Raf Hamaizia and CAMHS nursing lead Ali Curtis. A two-day visit to Great Ormond Street Hospital organised by Vanessa Keane from the education department rounded up the week in London. This involved observing PANDA Outpatient Eating Assessment, several Microsoft Teams meetings with patient safety and practice development teams, and an observation day shadowing Mollie Musgrove, one of the nurses at Mildred Creak Unit. The Canada

leg of the trip comprised of two-day observational placement visits at both BC Children's Hospital in Vancouver, organised by and The Hospital for Sick Children (SickKids) in Toronto. These visits focused on Adolescent Medicine, the presence of mental health nurse mentors due to the influx of mental health and behavioural health patients in medical and surgical inpatient units and the importance of peer support and building trauma resilience. The study tour then continued in Boston, starting at Franciscan's Children's Hospital, where the two days spent there gave me the opportunity to be introduced to the Community Based Acute Treatment Program (CBAT) and its team, and participated in the launch of their MVP Mentorship Program. Lastly, a two-day visit to Boston Children's Hospital explored how behavioural response teams can provide nursing staff with much needed assistance in managing patient escalation, mental health exacerbations and treatment plan management within medical units.



With all the learnings and knowledge gained from the study tour, the desired outcomes would be:

- To reframe the behaviour by developing a better understanding of trauma and underlying illness
- To introduce behavioural response teams and mental health nurse mentors to assist staff in behavioural escalation, incident management and decision-making in care provision
- To encourage patient autonomy by co-production with consumers
- To help develop support programs for staff focusing on mentorship, peer support, trauma resilience and emphasising the importance of looking after one's wellbeing

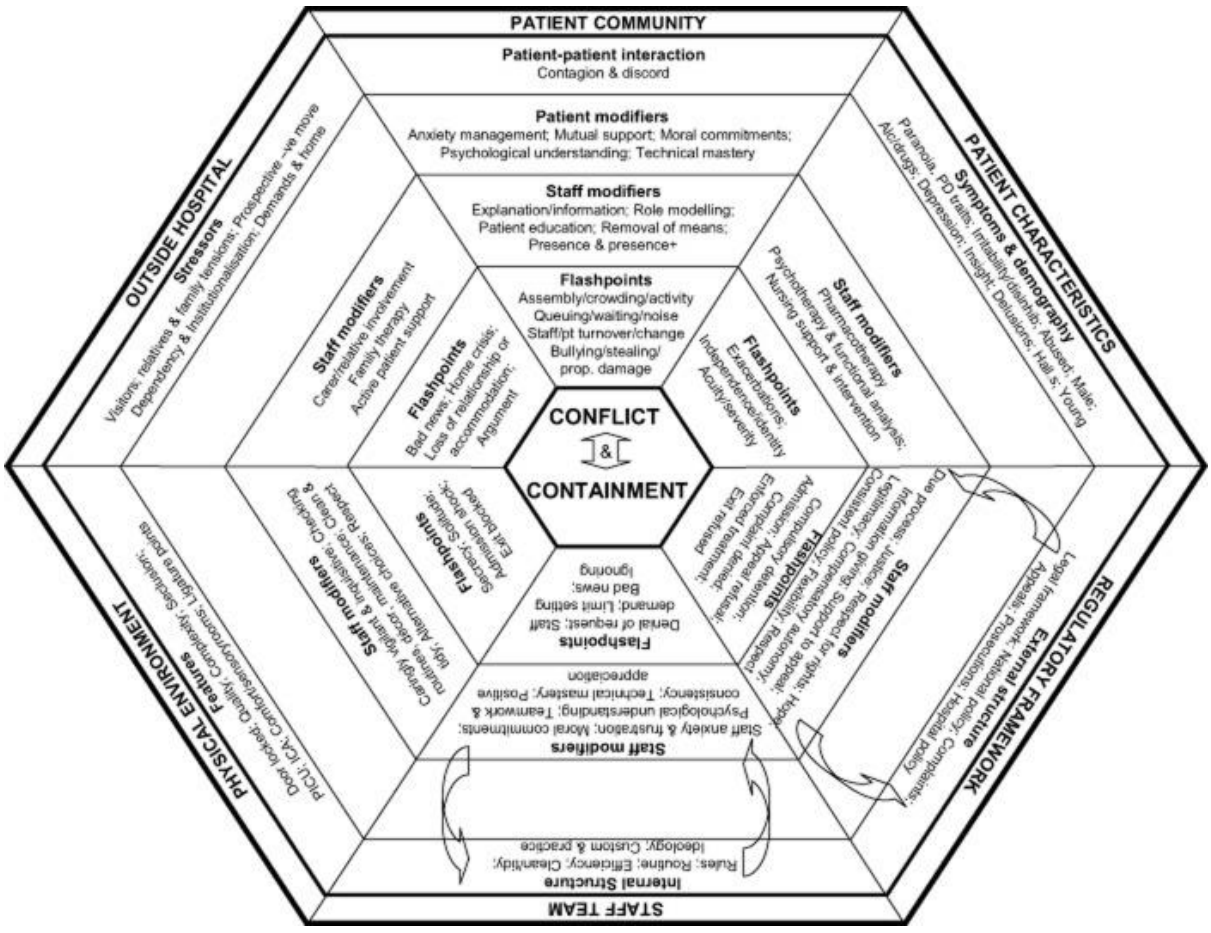
Key findings

Even though the study tour has provided so many different new learnings, there are certain policies, procedures, programs, interventions, and roles that have stood out ahead of the others that could potentially be beneficial if implemented within the Adolescent Ward at WCH. Once these have been successful in implementation, they could expand division-wide, hospital-wide, and interhospital collaboration.

SAFEWARDS

Safewards has been introduced to twenty mental health inpatient units in the United Kingdom, led by Professor Len Bowers and clinical supervisor Geoffrey Brennan. It is an evidence-based series of ten interventions aiming to reduce conflict and containment, thus promoting least restrictive practice (Dickens et al. 2020). Even though a medical model of care is still currently in development according to Geoffrey Brennan, aspects of it can be applied within a medical inpatient unit. These include:

- Mutual Help Meeting
- Know Each Other
- Clear Mutual Expectations
- Calm Down Methods
- Discharge Messages
- Soft Words
- Talk Down
- Positive Words
- Bad News Mitigation
- Reassurance (Bowers 2014)



EXPERTS BY EXPERIENCE

Cygnet has emphasised the importance of incorporating fundamental lived experience perspective, co-production and peer support through the introduction of Experts by Experience. These lived experience advocates provide a unique perspective as former service users, who have used their recovery journeys and challenges they have had to overcome to help highlight gaps, influence change in policy and be leaders in practice development (Sunkel & Sartor 2022). Cygnet's Expert by Experience lead Raf Hamaizia (2024) explored how Cygnet continues to be committed to further enhancing and developing existing structures, where the primary aim is power sharing, working together as equal partners and how lived experience can be the driving force of change.

Experts by Experience help ensure the opinions of service users are heard and considered across the organisation and that feedback is actioned upon improving services. It provides these people with empowerment, thus giving what they could share a sense of meaning and purpose. Experts by Experience also help in practice innovation and program development such as Music2Empower, chef development days, creating Social Hubs and being involved in People's Council meetings.

WELLBEING ACTION PLAN (see appendix 1)

The wellbeing action plan for staff at Great Ormond Street Hospital is lifted from Wellness Action Plan by Mind UK. Due to the high stress environment a hospital presents to its staff, there has been an increasing demand for more innovative and proactive ways to manage stressors and factors attributing to poor mental health at work. A wellbeing action plan is a personalised tool that helps to identify what keeps us at work, what causes us to become unwell, and to address mental health problems should a person be experiencing one. It also helps managers collaborate with the individual to gain a better understanding of one's needs and experiences, thus better supporting mental health, lead to greater productivity, better performance and increased job satisfaction and retention.

Its framework comprised of questions focusing on current and intended working arrangements, triggers, how a manager can work closely with the employee in minimising these triggers, what helps the individual mentally healthy at work, how this can impact quality of work, early warning signs and actions that need to be taken. These questions provide managers with a better structure when faced with difficult conversations with employees to make necessary adjustments in the workplace if need be (Mind 2024).

MENTAL HEALTH NURSE MENTORS (see Appendix 2) AND BEHAVIOURAL RESPONSE TEAM (BRT)

A mental health nurse mentor is an essential out-of-ratio role in BC Children's Hospital that supports medical teams and nurses with navigating mental health concerns of mental and behavioural health patients boarding in medical inpatient units, where mental health training can be seen as insufficient, which has resulted in increased staff confidence, less burnout, treatment plans and better trauma-informed care. This role functions as an experienced clinical advisor, invaluable resource and champion in excellent service delivery, clinical mentorship, and providing clinical instruction and direction when faced with mental health and behavioural escalation. It is through their clinical guidance that helps facilitate best practice, thus ensuring a safe and healthy workplace environment.

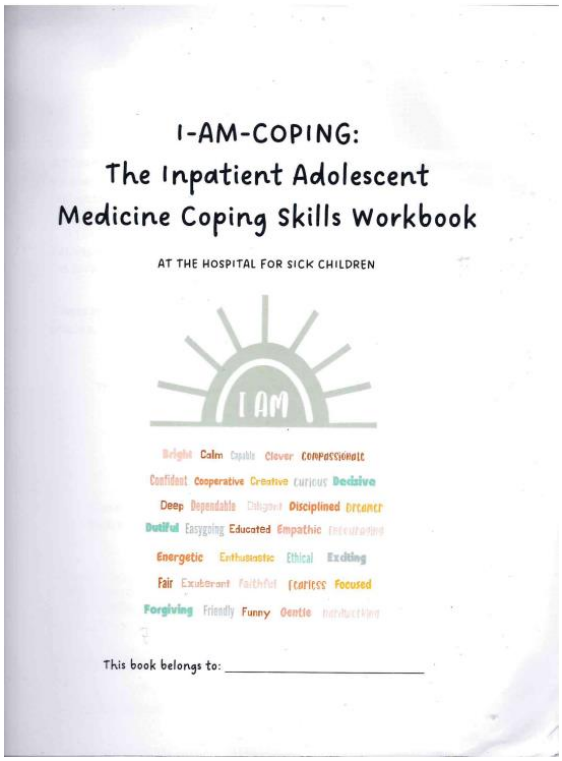
In Boston Children's Hospital, a behavioural nurse-led response team (BRT) was developed to assist clinicians with psychiatric patient escalation and dysregulation (Lelonek et al. 2018). Staff have cited issues of anticipatory anxiety, moral distress, fears of being injured, low self-efficacy and lack of support and infrastructure in caring for behavioural health patients in medical inpatient units (Shannon et al. 2023). The presence of a dedicated response team has proven to be incredibly beneficial in increasing care efficacy, decreasing adverse patient outcomes, promote least restrictive practice and increase staff knowledge. A BRT is composed of registered nurses, milieu counsellors and a board-certified behavioural analyst, with experience in managing acute psychiatric disorders, agitation and aggression (Shannon et al. 2023). Like Code Grey's in the eastern states of Australia, SickKids have implemented a behavioural rapid response code for support during patient escalation specific events. The main overarching goal of a BRT is to provide a safer work and care environment, improve patient and family experiences, and improve self-efficacy in providing care for this vulnerable patient population. From a team that only comprising of two members, the BRT at Boston Children's Hospital has now expanded to more than thirty specially trained nurses, counsellors, and behavioural analysts, meeting the increasing demands of behavioural health support within the hospital.

PEER SUPPORT AND TRAUMA RESPONSE PROGRAM

The Peer Support and Trauma Response Program within SickKids is an 24/7 initiative started by Kelly McNaughton and Kate Paulino that helps promote greater psychological health and safety amongst staff by providing support through a peer network (Vig et al. 2021). With the significant impact of healthcare professionals' day-to-day functioning, the program focuses on capacity-building, post-traumatic growth, reducing mental health stigma and increasing awareness (The Hospital for Sick Children 2022).

Consisting of over 80 clinicians and non-clinicians since its inception in 2018, each peer is educated on advanced development of communication skills, mental and psychological first aid, and crisis incident stress management. Through this, peers provide confidential incident and group outreach and support, which through trauma response delivery, help facilitate decompression and creating a focused and supportive environment for everyone involved. These clinicians also would visit each unit/ward, providing staff with a trolley full of snacks, pens, resources such as pamphlets and brochures about the program and others that staff can access, and do check-ins and conversations with staff to see how they are feeling.

I-AM-COPING: THE INPATIENT ADOLESCENT MEDICINE COPING SKILLS WORKBOOK



Members of the Adolescent Medicine team in 7A at SickKids developed the I-AM-COPING workbook for eating disorder patients. This tool will not only assist in centring and changing focus but will also assist both staff and patients within the recovery journey during admission and beyond. It includes the 5-4-3-2-1 grounding technique and different breathing exercises amongst other beneficial activities the patient can work through on their own or with their allocated nurse. This simple but effective intervention can prove vital with the eating disorder cohort in Adolescent Ward. It explores a collection of coping skills and items that a patient can use on their own or working alongside nursing staff to focus on existing and new coping skills, with the goal to remember using coping skills instead of other forms of harm as a coping mechanism. It can help replace a young person's unhealthy habits with healthy ones, create problem-solving skills and find better ways to cope with stress and anxiety of food, which can lead to being more engaged within their treatment plan, better mood and better relationships (Mayo Clinic 2024).

ASSESSMENT OF LAGGING SKILLS AND UNSOLVED PROBLEMS (ALSUP) (see Appendix 3) & CRISIS ESCALATION SUPPORT TOOL (see Appendix 4)

Franciscan's Hospital utilise both the Assessment of Lagging Skills and Unsolved Problems (ALSUP) and the Crisis Escalation Support Tool as effective assessment tools in treatment and management planning, and early intervention of a young person with mental health comorbidities. As the name suggests, the ALSUP is used as more of a discussion tool within the multidisciplinary team, focusing on the lagging skills and unsolved problems of a particular child or adolescent. This will help the clinician better understand why a young person is responding so maladaptively to problems and frustrations, and specific expectations this young person is having difficulty meeting (Lives in the Balance 2020). A Crisis Escalation Support Tool. Whilst both great and extensive assessment tools, ALSUP focuses on long-term management while a Crisis Escalation Support Tool prioritises on recognising behavioural patterns and how to apply proactive interventions on more acute behavioural escalation.

SECRET GARDEN

Within the Women's and Children's Hospital, other than staff rooms within each ward, most spaces available in the hospital such as the cafeteria, cafes and the Playdeck are shared by staff, patients, families and visitors. Boston Children's Hospital is lucky to have a designated staff relaxation space called 'The Secret Garden'. It is a space for staff to use during their spare time to access various self-guided resources, reading, journaling, colouring, virtual yoga and participate in scheduled guided medication and Reiki sessions (Goldberg 2024). Mindfulness and focusing on staff wellbeing is important within an organisation to help tackle difficult situations such as trauma, mental health challenges and escalating behaviour. Having a space like this can provide staff with much needed respite.

Appendices

Implementation of new learnings

Action plan

Other supporting documentation

Implementation of new learnings

Through all the new learnings, study tour has provided a great and unique perspective into how different trauma-informed practice sites explore best practice of caring for medically unstable young people with mental health co-morbidities, mental health presentations and young people with challenging behaviour and behavioural health issues within a medical and surgical unit/ward. This has inspired the drive for a plan to help change in policy and implementation of programs within WCH to further improve as a trauma-informed hospital. To achieve the desired outcomes, these new learnings should be applied within legal and ethical frameworks, adhering to hospital and nursing standards, and with staff, patients and their families' best interests in mind. The target audience and implementation framework should also be considered, where risk mitigation can be targeted.

As mentioned previously, these new learnings include:

- Safewards
- Experts by Experience
- Wellbeing Action Plan
- Mental Health Nurse Mentors and the Behavioural Response Team (BRT)
- Peer Support and Trauma Response Program
- I-AM-COPING: The Inpatient Adolescent Medicine Coping Skills Workbook
- Assessment of Lagging Skills and Unsolved Problems (ALSUP) & Crisis Escalation Support Tool
- Secret Garden

1. ***WHAT LEARNINGS/OUTCOMES AM I PLANNING TO IMPLEMENT AND WHY? IDENTIFY THE TARGET AUDIENCE.***

SAFEWARDS

There has been a growing recognition of the need to improve inpatient care of people with serious mental illness and mental health issues, where inadequacies and lack of resources end up creating a challenging environment, not only for the patients, but also the staff caring for them (Huckshorn 2014). Fletcher et al (2021) emphasised how experiencing and witnessing coercive and restrictive measures such as restraint and seclusion makes everyone involved feel unsafe, re-traumatised, and would interfere with the patient's own recovery and engagement with services. Inherently, the staff's experiences of restrictive practice measures have triggered post-traumatic responses such as significant distress, anxiety, mental conflict and feelings of guilt (Butterworth et al. 2022).

Reflecting on my own personal experience, I have suffered from this mental conflict. Most especially working in a medical ward, I felt that the use of restraint and seclusion does not fit with my job description and what I signed up for. Whenever we have had to restrain a young person, may it be physical or chemical, I felt awful, and it felt demoralising. I felt like these interventions are dehumanising the young person and re-traumatising them. Furthermore, Adolescent Ward is not the type of environment that can provide adequate therapeutic milieu for the behavioural and mental health population.

As previously mentioned, Safewards is a complex evidence-based psychosocial model of care where a set of interventions can be implemented to help reduce conflict and containment on inpatient mental health units (Bowers 2014). After my meeting with Geoffrey Brennan, he explained how Safewards, which is mainly aimed at inpatient mental health units, has not had a medical unit-specific procedure developed yet. But has assured me that it does not mean its interventions cannot be applied to Adolescent Ward. The ten interventions highlighted within Safewards can easily be translated within a medical patient cohort, with a particular emphasis on behavioural and mental health comorbidities.

Target audience:

- Patient admitted to a medical or surgical unit with a primary medical/surgical diagnosis with mental health comorbidities
- Patient admitted to a medical or surgical unit with a primary mental health/behavioural health diagnosis at risk of self-harm, behavioural escalation and violent/aggressive behaviour
- Patient admitted to a medical or surgical unit with challenging behaviour underpinned by a diagnosis of mental health/behavioural disorders and comorbidities such as autism spectrum disorder (ASD), borderline personality disorder (BPD), anxiety, depression and chronic self-harm
- Nursing staff working in medical or surgical units where mental and behavioural health patients have been admitted

EXPERTS BY EXPERIENCE

If implemented within the Adolescent Ward, Experts by Experience can be an essential and beneficial resource for nurses and other health professionals can utilise to optimise the care of a young person. Sunkel & Sartor (2022) further emphasised the importance of having people with lived experience as it provides genuine connection and empathy with the young people, where co-production is a significant part of the foundation of person and family-centred care (PFCC) within WCH.

Upon reflection, this could be integral with our eating disorder cohort, providing them with a wealth of knowledge and a source of reassurance during their admission. This will further encourage patient autonomy and better engagement with their treatment and management plans. With their interactions with the Experts by Experience, this may be an avenue they could also consider at the end of their

recovery journeys. These Experts by Experience can work closely with the Adolescent Medicine team to be part of the wider multidisciplinary team. Patients currently admitted to the Adolescent Ward for an eating disorder treatment have mentioned how 1:1 support from Experts by Experience would be amazingly beneficial for them.

Target audience:

- More catered to patients with a current mental or behavioural health diagnosis such as eating disorder, chronic self-harm and multiple overdose presentations

WELLBEING ACTION PLAN

The introduction of a wellbeing action plan for staff either currently working or about to commence their employment at the Adolescent Ward can be a great initiative for the ward. Due to the nature of the busy and hectic work environment the ward presents, having a wellbeing action management plan in place can be beneficial in working with the nurse during times of distress (Mind 2024). It will help determine early warning signs when a nurse starts to get distressed or if a distressing situation presents itself so the manager can make necessary changes such as change in work environment, change in patient allocation, providing more support/supervision etc. In the Adolescent Ward, we do something similar with the introduction of the Comfort Tool to be completed with the patient in the first 24 hours of admission. This tool is used to determine emotional/environmental triggers a patient has, and how we, as nurses, can work together with them to think of ways to work through these triggers.

The action plan will be divided to three sections (How you work, Staying mentally healthy at work, Experiencing poor mental health at work) and will compose of questions such as:

- What are your current and intended working arrangements?
- Are there any characteristics of your individual working style that you'd like to make your manager or colleagues aware of?
- What helps you stay mentally healthy at work?
- Are there any situations or behaviours that can trigger poor mental health for you whilst working?
- What can you, your manager or colleagues put in place to proactively support you to stay mentally healthy at work and minimise these triggers?
- How might experiencing poor mental health impact on your work?
- Are there any early warning signs that might be noticed by your manager or colleagues when you are starting to experience poor mental health?
- What actions would you like to be taken if any of these early warning signs of poor mental health are noticed by your manager or colleagues?

- Is there any anything additional you would like to share that would support your mental health at work?

Target audience

- New and current staff working at the Adolescent Ward as part of recruitment/orientation and periodic performance reviews

MENTAL HEALTH NURSE MENTOR AND BEHAVIOURAL RESPONSE TEAM (BRT)

A mental health nurse mentor will be an amazing role to start within the Adolescent Ward. They will act as an experienced clinical advisor role and an essential resource for the nurses in the ward to utilise. They work in collaboration with the floor nurses in both medical and surgical units in case of mental health deterioration, behavioural escalation and aggressive/violent behaviour. By implementing this in the Adolescent Ward, this will provide the staff with much needed support when managing behavioural health patients. It is through their guidance that optimal care can be provided, may it be with the realms of supervision, mentorship and quality improvement.

This ties in with the behavioural response team (BRT), where I anticipate the mental health nurse mentor will be a part of the team. The lack of infrastructure, the appropriateness of the ward to provide therapeutic milieu to its patients and the need for ancillary support are outlined as some of the main reasons why implementing a BRT would be beneficial. A nurse-led behavioural response team, composed of behavioural health specialised nurses, social workers and behavioural health therapists, can help assist staff with behavioural escalation, decrease adverse patient outcomes, promote least restrictive practice, staff injury, improve staff knowledge and competence, and increase staff retention and satisfaction (Shannon et al. 2023). This team will work alongside the floor nurses to help deliver the highest quality, safe and holistic care to this vulnerable patient population, which in turn will lead to reducing traumatisation and support staff through trauma with caring for these young people.

Target audience:

- Providing assistance to the nurses at the Adolescent Ward – can also be utilised by the rest of the hospital once efficacy is assessed
- Patients admitted with a mental health or behavioural health diagnosis, challenging behaviour, deliberate self-harm and risk of absconding, or medically unstable patients that have mental health comorbidities and extensive trauma backgrounds which can potentially pose a risk of behavioural escalation

PEER SUPPORT AND TRAUMA RESPONSE TEAM

Within SickKids in Toronto, the mental health of its employees, both immediate and long-term, has been recognised as a priority and has been made paramount within the organisation. The implementation of the Peer Support and Trauma Response Team has helped improve the psychological health and safety of all its staff by providing support through a network of trained peers (Holmes et al. 2020). Implementing the introduction of this team within WCH can also help provide this support. Currently, as part of the Nursing and Midwifery Skills and Training Package, access to a Resilience and Wellbeing Support Program has been implemented within WCH. This involves an online self-paced learning package for all nurses and midwives of up to six hours, composed of three modules covering the key principles of resilience, compassion fatigue and clinical ethics, helping build capacity to manage adversity and how to respond appropriately to difficult situations. As this is only an online set of modules, the introduction of a focused team can provide these within a 24/7 scale, which in turn does not limit accessibility for all healthcare staff (nurses, midwives, doctors, allied health staff etc.)

Target audience:

- All healthcare staff in the Adolescent Ward at WCH
- All healthcare staff within WCH (if ward implementation is successful)

I-AM-COPING: THE INPATIENT ADOLESCENT MEDICINE COPING SKILLS WORKBOOK

The introduction of the I-AM-COPING: The Inpatient Adolescent Medicine Coping Skills Workbook can prove to be an excellent and useful tool staff at the Adolescent Ward can use when caring for eating disorder patients in the ward. It can help develop or further improve the therapeutic relationship established between nurses and patients, which can lead to better compliance and engagement with the treatment program. This tool will help assist nurses in working closely with the patients in shared decision-making regarding their treatment in hospital, helping them think of alternative ways of coping with the diagnosis and treatment.

As the workbook suggests, it focuses on things that help the young person feel calm when both the mind and body feel stressed. Completing this workbook on their own or with the help of a nurse can be both a healthy and interactive way to discover new coping skills and further promote mindfulness. Evidence has shown that young people diagnosed with eating disorder show significantly lower levels of mindfulness and effective coping (Hernando et al. 2019). By using this workbook, its activities can teach the patient new coping strategies to tackle stress and anxiety with the admission, may it be with mealtimes, meeting days or other potential internal and external triggers.

Target audience:

- New and current nursing staff in the Adolescent Ward at WCH to assist with caring for eating disorder patients
- Young people admitted for an eating disorder diagnosis, background of eating disorder or displaying traits of eating disorder – more focus on patients admitted for eating disorder stabilisation and management

ASSESSMENT OF LAGGING SKILLS AND UNSOLVED PROBLEMS (ALSUP) & CRISIS ESCALATION SUPPORT TOOL

Focusing on determining lagging skills of a young person can be particularly useful with management of challenging behaviour such as behavioural outbursts, autism spectrum disorder and violent and aggressive behaviour. Based on personal experience working in the Adolescent Ward, many young people that have presented with a background of autism spectrum disorder have had and have the tendency to display challenging behaviour. It has been evident that some of these young people have displayed impairments in executive function, emotion regulation, language and social skills, which has contributed to aggressive and oppositional behaviour (Maddox et al. 2018). The implementation of the ALSUP can be introduced as part of emergency management planning and ongoing management to help pre-emptively and proactively manage if a behavioural escalation presents itself. The ALSUP is more focused on long-term management in case a patient escalates.

The Crisis Escalation Support Tool is more focused on short-term management of acute behavioural escalation episodes. The tool is divided up into eight sections:

- Anxiety – highlighting the need for support when having difficulty managing internal experience or environment
- Supportive – empathetic, non-judgmental approach
- Defensive – no longer in the rational part of the brain & protecting oneself from real or perceived danger (fight or flight)
- Directive – providing containment, limit setting, offering safer choices, securing environment
- Risk Behaviour – behaviour presenting real or imminent risk to self or others
- Safety Interventions – least restrictive practice, maximise safety and minimise harm
- Tension Reduction – help decrease emotional and physical energy, returning to more rational part of the brain
- Therapeutic Rapport – re-establishing nurse-patient relationship

Target audience:

- New and current nursing staff in the Adolescent Ward at WCH to assist with caring and managing challenging behaviour and behavioural health admissions
- Young people admitted for behavioural health, mental health or with a background of challenging behaviour attributed by an autism spectrum disorder diagnosis at risk of behavioural escalation

SECRET GARDEN

Reflecting from the COVID-19 pandemic to now, healthcare workers are still experiencing high rates of burnout and decreased job satisfaction. The provision of staff-only spaces such as the Secret Garden can help acknowledge the importance of prioritising on staff wellbeing and mindfulness. These restorative spaces will provide an unobtrusive and peaceful place for staff to rest, quiet their minds, restore energy and support their wellbeing (Kennedy Oehlert et al. 2022). Utilising this space can potentially afford greater clarity of the mind, decrease overall stress in the ever-changing and dynamic work environment, increased serenity throughout the day and a better focus on best practice (Salmela et al. 2020). Mileski et al. (2024) explored how the use of these types of rooms and spaces can help healthcare workers disengage for a moment from the rigours of their workplace, increase emotional, spiritual and psychological health and wellbeing, decrease burnout and secondary stress, thus leading to being emotional re-energised and prioritise on self-care. Systems can also be put in-place to track the number of times the room is being used by collecting data of a person scanning their ID at the door, like how Boston Children's Hospital tracks their data. This is to help measure efficacy of the Secret Garden.

Target audience:

- All WCH staff – room will only be accessible by hospital-issued ID

2. ***HOW WILL THE LEARNING/OUTCOMES SUPPORT NURSING AND MIDWIFERY PRACTICE?***

Shannon et al (2023) explored how there has been an exponential growth in more mental and behavioural health patients presenting or getting admitted to medical and surgical units, where the lack of infrastructure and support within these areas has led to inadequate care provision, staff burnout and decreased job retention. Implementing aspects of Safewards in the Adolescent Ward will not only help our staff be more confident and competent within their own practice, but behavioural health patients can also be adequately cared for within a medical space. Even though behavioural health patients will

continue to present to hospital, it will at least promote a much safer work environment for them to be cared for in Adolescent Ward.

Secondly, within the care provision of patients with a primary mental/behavioural health diagnosis or having mental health comorbidities, one of the main barriers is engagement with services. Hamaizia (2024) emphasised the importance of people with lived experience and how through the premise of empathy and a mutual understanding, consumers are more likely to engage with people they feel have gone through and lived through their experience. This will further encourage the young people to be involved in person and family-centred care, shared decision-making, autonomy and co-production. Reflecting upon this, lived experience is vital most especially in caring for patients with eating disorders as there is that degree on being able to relate a patient's experiences to theirs.

Furthermore, the implementation of a wellbeing action plan will provide much needed transparency between nurse managers and nurses, having a better understanding of a person's emotional and mental health needs at work. This understanding will further empower nurses' professional attitudes and the safety and quality of care within their unit, promoting a balance, healthy, supportive, engaged and productive workforce (Van Bogaert et al. 2015). Due to the increasing prevalence of mental and behavioural health patients being admitted to the Adolescent Ward, it has certainly negatively affected the staff, where there are feelings of inadequacy, questions on their own knowledge and capacity, and doubts with their practice. Organisational trust between the nurse managers and the nurses is built by effective communication, cooperation, transparency and awareness of how the work environment, types of admissions and their acuity can strongly affect work performance, satisfaction and overall mental health (Hadi-Moghaddam et al. 2021). Establishing a wellbeing action plan from the beginning will provide much needed information for nurse managers to cater to the emotional and mental health needs of an individual, being able to notice cues and signs to make necessary changes, thus feeling more motivated, empowered and looked-after.

Moreover, the implementation of mental health nurse mentors and the introduction of a behavioural response team will certainly support nursing and midwifery practice as it will be an essential resource for staff to utilise in case of behavioural escalation in the ward. A mental health nurse mentor will act as a clinical advisor that will be able to mentor the nurses in helping to manage mental health and behavioural health patients. The team then will act as a means of consultation when managing patients that are escalating that do not have emergency management plans, if a patient is anticipated to become aggressive or have a background of being violent and aggressive, persistent damage to property, putting staff at risk of getting hurt by patients and to not veer towards restraint and seclusion. As mentioned previously, the BRT will work as the stage before potentially becoming a Code Black. It would exist as an alternative to calling a Code Black if able to. It has been clear that at times, the presence of security further escalates a patient's behaviour or even re-traumatise them. In the case of the Adolescent Ward, for us to be able to exercise early intervention and deliver the highest quality care possible, we need to work in collaboration with executives to propose the need for a nurse-led behavioural response team (Shannon et al. 2023).

Working in the hospital, in the Adolescent Ward, has exposed nurses to incredibly stressful situations that can be difficult to manage without the right support networks in-place. This can certainly impact not only your job satisfaction, but also your quality of life outside of work. Following exposure to trauma, many healthcare workers experience distress that may reduce productivity, cause absence and increase accidents and errors (Richins et al. 2020). It is important for trauma-informed organisations to provide immediate support to their staff following a critical incident, intending to ease emotional distress. The intended aim of the Peer Support and Trauma Response Program is the provision of early intervention strategies, which include facilitating mutual support for healthcare workers, providing an opportunity to identify which individuals require additional clinical support, increasing levels of social cohesion, reducing harmful responses (eg. alcohol/drug abuse and self-harm) and improve overall workplace performance (Richins et al. 2020). Throughout my time overseas, I have also noticed how much peer support is starting to emerge as an integral component of nursing practice. The consensus with the staff at the Adolescent Ward is feelings of not being heard. With the proposal of the introduction of this program, it will aim to help staff feel like they are being heard and understood through empathetic active listening by like-minded individuals who are willing to put the time and effort in to listen (Carvello et al. 2019).

Throughout my experience caring for eating disorder patients in the Adolescent Ward, what can be difficult at times has been to work closely alongside the young person to determine alternative ways to cope, most especially regarding acute or chronic self-harm as a coping mechanism. Often, a young person with an eating disorder has difficulty expressing emotions and what they are feeling, often resulting to impulsive reactions such as behavioural outbursts and self-harm. They also feel stress and anxious during meals because of the size of their meals and judgment from their peers. Seeing how it has worked first-hand during my time at SickKids in Toronto, The I-AM-COPING workbook can prove to be a great tool within the therapeutic relationship and to continue to develop therapeutic rapport between the nurse and the patient, with the goal to remember to use pre-existing or newfound coping skills rather than unhelpful or even harmful behaviours.

On the other hand, within our behavioural health cohort in the Adolescent Ward, the ALSUP and the Crisis Escalation Support Tool will be amazing tools to introduce for the staff to use. As previously mentioned, many young people with autism spectrum disorder display challenging behaviour such as aggression, violent tendencies and oppositionality, which can result to physical injury to self, inflicting injury to others, significant interference with activities of daily living and impaired quality of life for the young person and their family, caregivers or care providers (Maddox et al. 2018). Implementation of both these tools can support nursing and midwifery practice as it will promote more of a proactive approach to prevention and management of challenging behaviour. To help reduce restrictive practice, discussion through using both these tools can help determine effective de-escalation techniques and least restrictive practice by focusing on behavioural patterns, social interactions and behavioural trajectory (Goodman et al. 2020).

Lastly, by developing a Secret Garden or something equivalent of a staff-only space within WCH, staff can feel reinvigorated, motivated and well-rested to carry out their job if their wellbeing needs are being

met. With what is truly a stressful, ever-changing environment, spending as much time as needed in a room such as the Secret Garden can help increase focus, lessen stress and anxiety, and to feel calm.

3. *WHAT IMPLEMENTATION MODEL/FRAMEWORK WILL SUPPORT MY CHANGE PROCESS?*

Consolidated Framework for Implementation Research (CFIR)

- Within the Consolidated Framework for Implementation Research, the framework would help determine potential barriers to implementation, gaps in service delivery and adapting implementation strategies to ward landscape, thus achieving better health outcomes. As it is determinant based, it can be used to help inform choice of implementation.

WCHN Strategic Plan 2020-2026

- Bigger emphasis on consumer engagement, putting them in the centre of their own care provision, empowering consumers to be more involved in planning and implementation. This will put a particular importance on co-production and engagement
- Help enable a more engaging and capable workforce with increased confidence on own competence and have a positive influence

SA Health and Wellbeing Strategy 2020-2025

- Ensure the Adolescent Ward can provide safe and comprehensive care within a timely manner, most especially during a more proactive approach towards behavioural escalation and acute episodes
- Lead to better health outcomes in reducing re-traumatisation and trauma within staff
- Ensure the wellbeing of the staff at the Adolescent Ward is and remains paramount
- Experts by Experience can be a role tailored and targeted more for the eating disorder cohort. Patient experience and outcomes can significantly improve when patients can operate as equal and responsible partners in their own health and wellbeing. Having someone with lived experience can certainly achieve this.

Partnering with Consumers Standard – National Safety and Quality Health Service (NSQHS) Standards

- The young people can form these consumer-health professional relationships with the Experts by Experience, which will provide a unique perspective on their patient experience coming from someone who has lived through it
- To form meaningful and non-tokenistic therapeutic relationships (ACSQHC 2024)
- Implementation of the I-AM-COPING workbook will encourage nurses to work alongside patients with eating disorder in coping strategies and recovery pathways

Comprehensive Care Standard – National Safety and Quality Health Service (NSQHS) Standards

- Implementation of Safewards, Mental Health Nurse Mentors, BRT, ALSUP and the Crisis Escalation Support Tool will aim to ensure that risks of harm to patients during health care and nurses are prevented and managed through these targeted strategies.
- The I-AM-COPING workbook will be aligned with an eating disorder patient's expressed goals of care and healthcare needs through addressing their feelings and emotions, and best alternative ways to cope. This will help the young person lean towards more helpful than harmful behaviours in coping.

4. *WHAT RISKS MIGHT YOU NEED TO MITIGATE AND WHAT APPROVALS MAY YOU NEED TO GAIN?*

- Initial proposal to be signed by Line Manager/NUM and endorsed by CEO and EDON/M
- Discussion and collaboration with executives regarding implementation plan – this will provide clarity and transparency
- Feedback from Adolescent Ward staff to help highlight risks, areas of improvement and appropriateness of implementation within the ward
- To be in accordance with best practice through the Ethics Committee and the Safety and Quality Unit – to help deliver safe, ethical and highest quality care
- When promoting consumer and community engagement, encourage co-production to help involve consumers
- Project and implementation funding possibility discussed with executives and finance – programs such as the Peer Support and Trauma Response Program has a cost involved with starting it up at WCH
- Discussion with NUM and executives regarding FTE availability, most especially regarding the Mental Health Nurse Mentors and the Behavioural Response Team

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Action Plan

Government of South Australia
SA Health

SA Premier's Nursing and Midwifery Scholarship 2024

Name: David Magadia

Date: 10/5/24 – 7/6/24

Title: ***Exploring trauma-informed practice sites for medically unstable young people that have mental health comorbidities and extensive trauma backgrounds***

Action Plan

Line managers/supervisors are required to initial or sign the 'Supervisor' column as validating that the proposed action has been completed and implemented successfully in the workplace.

Identified issue	Action/s	Barriers	Timeframe	Outcome	Measures of success	Supervisor
Behavioural health patients boarding in medical units and how the units have inadequate resources to provide comprehensive care to this population	Implementation of Safewards framework and the introduction of mental health nurse mentors and the behavioural response team. This will tie well with the planned implementation of Code Grey within WCH. Using ALSUP and the Crisis Escalation Support Tool to determine emergency management	Funding to have dedicated team Availability of FTE Staff resources	Safewards – 12 months Mental health nurse mentors – 6 months Behavioural Response Team – in progress	Safewards to be successfully implemented within Adolescent Ward Confirmation of a mental health nurse mentor to be part of the Adolescent Ward team Better management of behavioural health patients and	Code Black numbers to decrease with introduction of a Code Grey team Lower risk or ultimately eliminate staff physical injury Minimise extensive property damage	

	plans for patients at risk of behavioural escalation and aggressive/violent behaviour		ALSUP and the Crisis Escalation Support Tool – immediate	behavioural escalation in a medical ward due to the presence of the BRT Proactive planning if/when a patient escalates – steps and plan in place		
Decreased job retention and satisfaction due to lack of adequate resources and support	Implementation of Peer Support and Trauma Response Program	Funding available to run program Recruitment	12 months	Ongoing presence of peer support, more peer support resources available	Reduced staff turnover rates	
Increased staff burnout, amount of sick leave, ongoing requests for extra shifts or overtime, and requests for resignation or secondment from staff	Introduction of wellbeing action plan to develop management plans for staff Implementation of AINs in a team nursing model to support staffing ratio numbers	Engagement from staff	Immediate Immediate	Wellbeing plan to be consulted when a staff member needs additional support	Action plan to be developed and embedded into ongoing support of an employee	
Medically unstable eating disorder patients with extensive mental health	Implementation of the I-AM-COPING coping skills	Engagement and compliance from	6 months	Nurses work with eating disorder patients to help them learn of	Minimise acute self-harm episodes	

co-morbidities at risk of deliberate self-harm as a coping mechanism	workbook for eating disorder patients Introduction of Experts by Experience	eating disorder patients Approval from Adolescent Medicine team		different coping skills and strategies Eating disorder engage better with peers and nursing staff as part of treatment plan	happening in the ward	
Lack of wellbeing and mindfulness resources available for staff in the context of experiencing trauma at work	Development of the Secret Garden or any staff-only equivalent spaces Lack of interest	Funding Availability of space within the hospital Executive buy-in	24 months	Increased working performance, better focus, more focus on mindfulness and building resilience by exercising self-care	Reduced staff turnover rates	

Appendix 1: Mind Wellbeing Action Plan

Guide for people working in a workplace Wellness Action Plan template

How you work

What are your current and intended working arrangements?

You might wish to highlight any flexibility you've agreed with your manager, for example working hours.

Are there any characteristics of your individual working style that you'd like to make your manager or colleagues aware of?

For example a preference for face to face conversations or digital communications when being allocated work including negotiation on deadlines before they are set, a need for adequate time to prepare prior to meetings or creative tasks, having access to a mentor/buddy for questions you might not want to contact your manager about, having a written plan of work in place which can be reviewed and amended regularly, clear quality criteria for work outputs if you have a tendency to over-work a task, tendency to have particularly high or low energy in the morning or in the afternoon.

Guide for people working in a workplace Wellness Action Plan template

Staying mentally healthy at work

What helps you stay mentally healthy at work?

For example, taking an adequate lunch break away from your workspace, getting some exercise before or after work or in your lunch break, natural light at your workspace, opportunities to get to know colleagues.

What can you, your manager or colleagues put in place to proactively support you to stay mentally healthy at work and minimise these triggers?

For example, regular feedback and catch-ups, flexible working patterns, explaining wider organisational developments.

Are there any situations or behaviours that can trigger poor mental health for you whilst working?

For example, conflict at work, organisational change, tight deadlines, something not going to plan, difficulties in contacting colleagues whilst they are working remotely.

Experiencing poor mental health at work

How might experiencing poor mental health impact on your work?

For example, you may find it difficult to make decisions, struggle to prioritise work tasks, difficulty with concentration, drowsiness, confusion, headaches.

Are there any early warning signs that might be noticed by your manager or colleagues when you are starting to experience poor mental health?

Guide for people working in a workplace **Wellness Action Plan template**

Experiencing poor mental health at work

What actions would you like to be taken if any of these early warning signs of poor mental health are noticed by your manager or colleagues?

For example, talk to you discreetly about it, contact someone that you have asked to be contacted.

Is there anything additional you would like to share that would support your mental health at work?

Appendix 2: Mental Health Nurse Mentor – job description

Provincial Health Services Authority
Province-wide solutions. Better health.

Standardized Job Description
Clinical Nurse Mentor

Nurses' BCNU

Department/Program:	Various Programs or Services	**Classification:**	MOU Level 4 (as per Appendix QQ of the 2022-2025 Nurse's Provincial Collective Agreement)
Locations:	BC Cancer, BCMHSUS, Correctional Health Services, Children's & Women's	**Class Code:**	29997
Reports to:	Manager or designate	**Rate:**	L4

Job Summary

In accordance with the Mission, Vision and Values, and strategic directions of Provincial Health Services Authority patient safety is a priority and a responsibility shared by everyone at PHSA. As such, the requirement to continuously improve quality and safety is inherent in all aspects of this position.

The Clinical Nurse Mentor role functions as an experienced clinical advisor, resource, and champion in the delivery of excellent client care to nurses and other team members. Working in conjunction with nurse educators and utilizing their experience and skills, provides rapid elbow-to-elbow clinical mentorship and practice support for nursing staff.

Utilizes experience and clinical skills in nursing to function as a clinical resource to formally advise other nursing staff in nursing practice, provides clinical instruction and support staff training and development. Takes on leadership role in performing functions such as mentoring staff to support skills development and supporting clinical practice initiatives.

Duties

1. Collaborates with interprofessional team leaders to establish priorities for nurse and team learning. Priorities are based on assessments of individual and team learning needs through discussion with team members and in consultation with, clinical nurse educators and professional practice leads by observing activities; determining required resources and learning opportunities; and analyzing information such as competency assessment, practice changes and quality Improvement initiatives to determine and deliver effective learning and mentoring support.
2. Facilitates staff learning and development by role modeling best practice nursing skills and related competencies. Promotes skill development and clinical decision making, answering questions related to client care and assisting with problem-solving. Observes staff as they are performing client care, intervening as necessary to demonstrate appropriate provision of care. Provides feedback to ensure care is provided according to program standards, standards of practice and clinical practice guidelines.
3. Provides clinical guidance, support and on the job learning experiences for nurses in the application of nursing processes and practice standards; observes and evaluates clinical practice to identify training and development opportunities.

For HR Use

Date Created: August 9, 2021
Last Revision Date: November 23, 2021, December 20, 2023

Job Code: N00548 (PH105), N00549 (PH014), N00586 (PH051), N00589 (PH010)

4. Collaborates with and supports clinical education by contributing to the determination of skill development priorities for staff. Supports preceptors/preceptees and mentors/mentees using teaching and learning principles as required.
5. Demonstrates knowledge, skills, and experience, and provides continuous mentoring and coaching to facilitate improvement. Provides feedback and assists nursing staff with critical thinking when clients/patients experience variances to clinical guidelines/pathways. Discusses clients/patient's problems and needs; plans and prioritizes nursing interventions, implements and evaluates interventions.
6. Provides leadership in continuous quality improvement activities by utilizing evidence informed research to promote client/patient care based on best practice.
7. Ensures a safe and healthy workplace for clients/patients, families/caregivers and staff through methods such as effective promotion and monitoring of safe work practices and enforcement of health and safety requirements. Reports unsafe situations; investigates and takes corrective action and/or notifies appropriate personnel.
8. Performs other related duties as assigned.

Qualifications

Education, Training and Experience

- Current practicing registration as a Registered Nurse with the British Columbia College of Nurses & Midwives (BCCNM) OR current practicing registration as a Registered Psychiatric Nurse with the BCCNM for relevant mental health services, extended care and long-term care areas.
- Three (3) years of recent related experience in nursing practice in related clinical/program area including experience in mentoring nursing staff, as well as leadership training OR three (3) years of recent related experience in psychiatric nursing experience in related clinical/program area including experience in mentoring nursing staff, as well as leadership training, OR an equivalent combination of education, training and experience will be considered.
- Current certification in CPR.
- Valid BC Driver's License and access to personal vehicle may be required.

Skills and Abilities

- Demonstrated ability to provide clinical mentorship and clinical practice support that is evidence informed, culturally safe, trauma informed, and person and family centered.
- Demonstrated knowledge of autonomous scope of practice and standards of care relevant to designated client population.
- Demonstrated knowledge of change management as it applies to clinical practice initiatives and philosophical shift.
- Demonstrated knowledge of nursing theory and practice within a client/family centered model of care.
- Demonstrated ability to provide consultation, direction and leadership.
- Demonstrated ability to teach, demonstrate, facilitate, mentor and coach.
- Demonstrated knowledge of adult learning principles.
- Demonstrated ability to work independently and in collaboration with others.
- Demonstrated ability to adjust to new or unexpected events.
- Demonstrated ability to use critical thinking skills in the approach to patient/client/resident care.
- Demonstrated ability to lead change and support staff through transition.
- Demonstrated ability to promote a supportive, creative learning environment and engage in continuous quality improvement.
- Demonstrated skill in violence prevention, and CPR techniques.
- Demonstrated ability to operate a computerized client/patient care information system as well as applicable word processing, spreadsheet and database software applications.
- Ability to operate related equipment.
- Demonstrated physical ability to perform the duties of the position.

Appendix 3: Assessment of Lagging Skills and Unsolved Problems (ALSUP)

ALSUP 2020

ASSESSMENT OF LAGGING SKILLS & UNSOLVED PROBLEMS

Collaborative & Proactive Solutions

THIS IS HOW PROBLEMS GET SOLVED

CHILD'S NAME _____ DATE _____

The ALSUP is intended for use as a **discussion guide** rather than as a freestanding check-list or rating scale. It should be used to identify specific lagging skills and unsolved problems that pertain to a particular child or adolescent.

LAGGING SKILLS

This section will help you understand why the child is responding so maladaptively to problems and frustrations. Please note that these **lagging skills are not the primary focal point of intervention**. In other words, you won't be discussing the lagging skills with the student, nor will you be teaching most of the skills explicitly. The primary targets of intervention are the unsolved problems you'll be documenting in the next section.

☐	Difficulty maintaining focus	☐	Difficulty seeing "grays"/concrete, literal, black & white, thinking
☐	Difficulty handling transitions, shifting from one mindset or task to another	☐	Difficulty taking into account situational factors that would suggest the need to adjust a plan of action
☐	Difficulty considering the likely outcomes or consequences of actions (impulsive)	☐	Inflexible, inaccurate interpretations/cognitive distortions or biases (e.g., "Everyone's out to get me," "Nobody likes me)"
☐	Difficulty persisting on challenging or tedious tasks	☐	Difficulty attending to or accurately interpreting social cues/ poor perception of social nuances
☐	Difficulty considering a range of solutions to a problem	☐	Difficulty shifting from original idea, plan, or solution
☐	Difficulty expressing concerns, needs, or thoughts in words	☐	Difficulty appreciating how his/her behavior is affecting others
☐	Difficulty managing emotional response to frustration so as to think rationally	☐	Difficulty starting conversations, entering groups, connecting with people/lacking other basic social skills
☐	Chronic irritability and/or anxiety significantly impede capacity for problem-solving or heighten frustration	☐	Difficulty empathizing with others, appreciating another person's perspective or point of view
☐	Sensory/motor difficulties	☐	Difficulty handling unpredictability, ambiguity, uncertainty, novelty

UNSOLVED PROBLEMS

Unsolved problems are the specific expectations a child is having difficulty meeting. The wording of an unsolved problem will translate directly into the words that you'll be using when you introduce an unsolved problem to the child when it comes time to solve the problem together. Poorly worded unsolved problems often cause the problem-solving process to deteriorate before it even gets started. Please reference the ALSUP Guide for guidance on the four guidelines for writing unsolved problems.

SCHOOL/FACILITY PROMPTS:

Are there specific tasks/expectations the student is having difficulty completing or getting started on?
Are there classmates this student is having difficulty getting along with in specific conditions?
Are there tasks and activities this student is having difficulty moving from or to?
Are there classes/activities the student is having difficulty attending/being on time to?

HOME/CLINIC PROMPTS:

Are there chores//tasks/activities the child is having difficulty completing or getting started on?
Are there siblings/other children the child is having difficulty getting along with in specific conditions?
Are there aspects of hygiene the child is having difficulty completing?
Are there activities the child is having difficulty ending or tasks the child is having difficulty moving on to

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LIVES IN THE BALANCE

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Appendix 4: Crisis Escalation Support Tool

Crisis Escalation Support Tool for

Patterns/triggers: (ex. times of day, subjects, language that is triggering; expectations this child will have difficulty meeting)

Proactive Interventions: (consistent strategies we can do every day to support this child)

Anxiety *A change in typical behavior communicating they are having difficulty managing their internal experience or environment; need for support*	**Supportive** *An empathic, nonjudgmental approach ("I'm noticing," validation of feeling, co-regulation strategies)*
Signs of anxiety: • Look for early nonverbal signs like change in eye contact, posture, muscle tension	**Helpful/Not Helpful Language:** **Preferred co-regulation activities:**
Defensive *No longer in the rational part of the brain & protecting oneself from a real or perceived challenge—fight/flight/freeze*	**Directive** *Providing containment:* *-offering safe choices/setting appropriate limits* *-identifying a lead staff who communicates & delegates tasks to others—ex. secure environment/move the group*
• Questioning, refusal, release, intimidation behaviors- note what these behaviors look like here	• Remember—in the defensive stage the person is not in the learning part of their brain. • Avoid language that can promote a power struggle "you can't __" and focus on collaborative language "I can see you are very frustrated. How can we work together to ___." • Validating and addressing the emotion behind the behavior does not mean we are agreeing with the behavior
Risk Behavior *Behavior that presents an imminent or immediate risk to self or others.* *Ex. Significant NSSI, SA, physical aggression, elopement*	**Safety Interventions** *Non-restrictive and restrictive strategies to maximize safety and minimize harm*
• Note: most property destruction is not imminent risk and doesn't require immediate intervention. Assess severity prior to intervening.	• Non-restrictive: ex. back away and give space, call for assistance. Do not block or get into enter personal space until enough staff is available. • Identify resources to call within the hospital, how to call for assistance
Tension Reduction *Decrease in physical and emotional energy—back in rational part of brain*	**Therapeutic Rapport** *Re-establish the relationship—debriefing strategies & strategies for rejoining the group successfully*
• What does it look like when this child is calming down?	• Examples of safe next steps, goals for repair if there are expectations around this