

Starlight Community Treatment Facility (SL-CTF) Reduces High Risk Behaviors of Adolescents

Maintaining a safe environment for residential youth while working on individual and family treatment goals requires utmost attention to the management of the kinds of dangerous behavior which prompt admission to a CTF. Aggregated data on risk behaviors and use of restrictive interventions are tracked and reviewed for quality assurance and improvement every month. Additionally, a special analysis was conducted on clients served in the facility between 2003 and 2006 to see if there are reductions in restrictive interventions of high-risk behaviors over each client's course of treatment.

The interventions tracked include physical restraint, involuntary seclusion, and emergency psychiatric medications. These interventions are only used when there is impending danger to self and/or others (e.g., assaults, self-harm, out-of-control behaviors) and all other preventative interventions have not lessened the danger. As the use of a restrictive intervention can be stressful to both clients and staff, potentially dangerous, and is not generally therapeutic, such interventions are closely monitored and the program always has a goal to reduce these interventions as much as possible. Over time, preventative interventions build on client preferences about how to best calm down and regain personal control; with more personal control, risk behaviors and restrictive interventions should decrease. The program supports this personal growth by offering a range of treatment services including *Aggression Replacement Training* (ART)¹ with EQUIP² groups for youth with violent behaviors, and *Dialectical Behavioral Therapy* (DBT)³ for youth with overpowering emotions that they try to express and escape from by harming themselves.

The special study found that:

- ✚ The overall volume of risk behaviors among clients in a CTF is high. There is, on average, 60 incidents per enrollment in the CTF, although this varies widely by client. For 50% of enrollments (statistical median), there are 40 or less incidents.
- ✚ Half the time (49.9%), incidents are managed in the moment without the use of restrictive interventions.
- ✚ Incidents may involve more than one risk behavior (average per incident is 1.30) and, when used, more than one restrictive intervention (average per incident is 2.02). There is a small but statistically significant positive correlation ($r=.257$; $p \leq .01$) between the number of risk behaviors and the number of restrictive interventions applied per incident (more risk, more interventions, and vice versa).

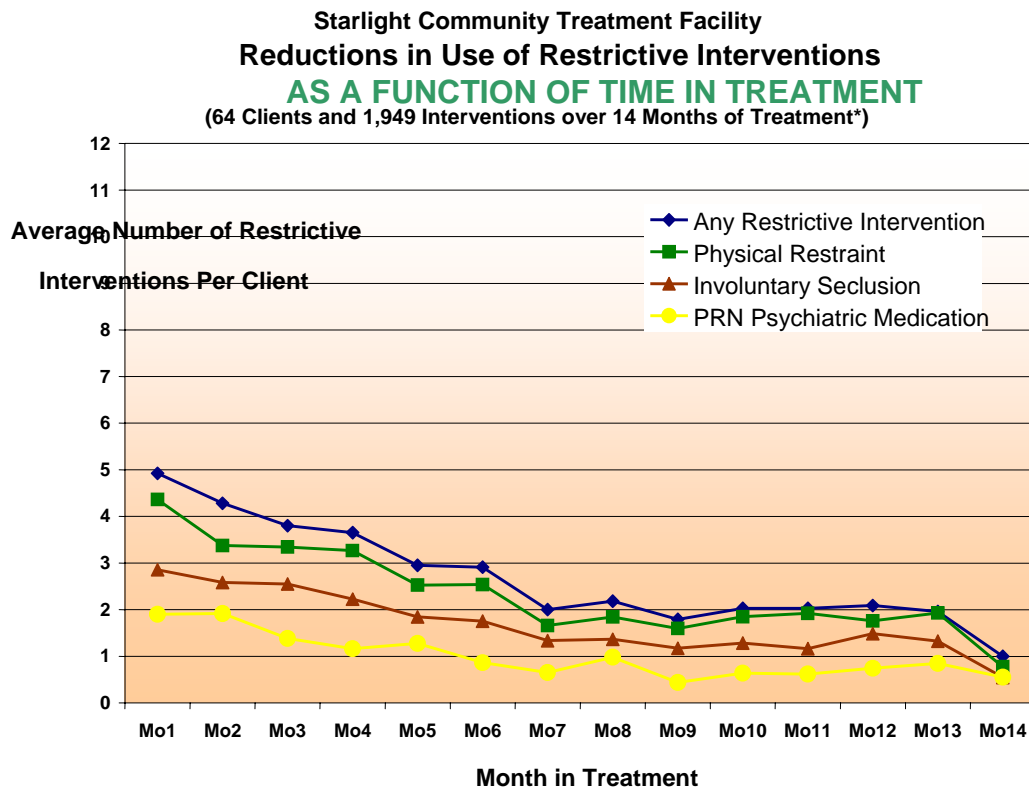
¹ *Aggression Replacement Training—Revised Edition: A Comprehensive Intervention for Aggressive Youth*. Authored by Arnold P. Goldstein, Barry Glick, and John C. Gibbs (1998). Published by Research Press at www.researchpress.com.

² *The EQUIP Program: Teaching Youth to Think and Act Responsibly through a Peer-Helping Approach*. Authored by John C. Gibbs, Granville Bud Potter, and Arnold Goldstein (1995). Published by Research Press at www.researchpress.com.

³ *Cognitive Behavioral Treatment of Borderline Personality Disorder*. Authored by Marsha Linehan (1993). Published by New York: Guilford Press. See reference to the book from the author at <http://faculty.washington.edu/linehan/>.

- ✚ Incidents of high-risk behavior tend to occur more during the week than on weekends and more during evening hours than daytime, although these are not large differences.
- ✚ Some facility locations are more likely to be the site of incidents than others. Residential unit hallways and client rooms are common incident locations.

These findings are used by staff to better understand incident trends and patterns for continuously improving milieu management. Importantly, the study also addressed whether high-risk behaviors and use of restrictive interventions decline over the course of clients' stay at SL-CTF. The result is good – these behaviors and interventions decrease over time in treatment, with most of the decline occurring during the first seven months of services. Shown below are the data on use of restrictive interventions over 14 months of treatment (the average length of stay is 12 months).



These data help staff visualize the typical course of care with respect to risk behaviors and the results they are able to achieve. The data also alert managers to the impact new admissions will have on the milieu; the first two quarters of residence, especially, must be proactively managed to maintain a safe and positive environment for all clients, staff, and visiting family members. Having many new admissions, or first trimester clients in the facility all at once, is very challenging to staff.