



ACCU Happenings

UMASS Worcester Adolescent Continuing Care Units
UMASS Medical School Department of Psychiatry

We Moved!

June 8, 9, and 10, 2010 were dates that will go down in infamy for the Inpatient ACCUs. After 25 years of the program being located at Westborough State Hospital, the entire program moved, intact, to Worcester State Hospital to begin another chapter.

As expected, youth, staff, dogs, belongings, furniture, supplies, and equipment were transplanted during the move. However, the youth and staff were

happy to hear that we would also be able to transplant our indoor and outdoor swings, as well as our beloved murals painted by Rosalie Lacroix on our walls. The murals were preserved by digital photography and printed on large panels to be hung at the new location.

Bonuses to moving include better access to all of the community opportunities Worcester has to offer, access to a reha-



bilitation mall at Worcester State Hospital, and being co-located with our sister programs, Transitions IRTP and Connections BIRT. Future issues of our newsletters will be combined, reflecting the amazing opportunities we have found to collaborate since our move.

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Special points of interest:

- Unless Otherwise noted, all articles are authored or edited by Laura Curtis, Program Director with final editing by Caroline McGrath, Executive Director.
- To submit an idea or an article, please use the email address on the last page of this newsletter
- Regular features are eligible for guest authors and editors.

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ACCU at the Northborough Library

One of the new program opportunities offered at the ACCU this past year was brought to our attention by a mental health counselor (MHC) named Paul Cavanaugh and implemented by Alysa Brown of our Occupational Therapy and Rehabilitative Service (OT) Department. Through the local library in Northborough, our

youth have an excellent opportunity to give back to our Commonwealth through volunteering, and working on their community skills. The youth have access to the library on weekly basis to fulfill volunteer tasks that increase occupational performance in the context of learning new vocational skills.

The first youth to take advantage of the opportunity had graduated from high school. She had been motivated to search for meaningful activities to replace the time she had been spending in school. This particular youth did not have interest in the traditional activities we had for youth who had
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ACCU at the Northborough Library (cont. from page 1)

graduated from high school (college preparation, such as SAT studying, college search, or pursuit of vocational opportunities on campus or at the Program). However, the idea of volunteering was very appealing to her. She would be able to get out into the community, practice skills at different local restaurants for lunch, and spend 1:1 time with OT staff.

The tasks assigned to her were alphabetization of dvd's and audio books, filing materials by genre, organization of magazines and newspapers by date,

locating the top ten books on the shelves and labeling them as well as special projects in the teen area. Our youth volunteered for 7 weeks and towards the end of her assignment, her confidence greatly improved. She began independently seeking out the librarian for new assignments rather than communicating through the OT staff. She also began anticipating lunch trips and making suggestions rather than waiting for the OT staff to initiate plans. Her initiation skills, assertiveness, and decision making skills were greatly improved.

Historically, when a youth shows interest or passion in something we do not currently have at the ACCU, we explore ways of enhancing our services to play to the youth's interest and strengths. This programming opportunity was a great example. As the youth or staff identify youth in the program who would benefit from volunteering in the community, we strive to meet that need and assist the youth to learn skill acquisition and mastery around vocational training, volunteering, and utilizing resources to enhance overall life skill training. *By Alysa Brown*

Parent on Board! Laura Makes a Difference



Laura Myers is our new Director of Family and Community Engagement. She officially came on board in April 2010. Now that we have settled in a bit here, Laura is making a real difference.

It started with our new waiting space. Laura spearheaded designing the room so that it would be a welcoming space for anyone coming to the ACCU. When she asked for a personal touch from the youth, Lynne Sullivan and her OT/Rehab staff organized the youth and staff to create a wall quilt to hang in the waiting space. Laura also ensured that the youth position statements regarding the elimination of restraints and seclusion were prominently posted, as well. She arranged family support pamphlets for the families to browse while waiting, and a special young children's corner so that younger relatives and siblings

"she reaches through the barriers we sometimes feel and helps us to connect with the people"

would feel welcomed, as well.

But designing the waiting area was more symbolic of the many ways she has already had an effect on our program. She makes a difference every day in helping us to engage our families and communities. She is involved from pre-admission meetings and first tours, to providing a monthly support group, and supporting us to have our first Spaghetti Dinner night (see below!).

As a parent with lived experience with a youth, she reaches through the barriers we sometimes feel and helps us to connect with the people who are most important in the future lives of our youth.

She advises us as she works along side us, and we are grateful to have her on board.

First Spaghetti Night Ever

On Wednesday, September 29th, 2010, we are having our first ever Spaghetti Dinner night with youth, staff, and families. After dinner on the two units, we will travel to the Worcester State Hospital Rehabilitation Mall for a tour of a few rooms and coffee. We are excited for the event, and want to thank the OT/Rehab Dept as well as Laura Myers for all of the planning and coordination.



Youth Relax with Chair Massage

The ACCU began a collaboration with the Bancroft School of Massage in February 2008. The Program Director (Greg Hurd) came to our program to see how the two programs could mutually benefit from collaborating to provide our youth with positive relaxation experience and his students with valuable learning experiences. At the time, the ACCU was looking to incorporate more sensory modalities in the program, with the goal of creating a sensory environment.

Sensory-based tools assist youth in self-regulation and self-soothing. The challenge was to create interesting ways to engage the youth so they could understand the benefit of sensory tools. For example, the Occupational Therapy and Rehabilitation Department (OT/Rehab Dept) already had a great group once a week, "Medicine Ball Massage," which was a sensory exploration group. OT staff would process the group with new youth, and then press a medicine ball to the youth's back, asking what was the proper pressure and what areas they wanted pressed with the ball. The youth learned about the benefit of pressure in helping them to self-regulate, in the absence of human touch. While waiting their turn with the OT staff and the medicine ball, other youth in the group would explore other sensory tools to find out what appealed to them.

Greg was looking for more sites for his students to learn about providing massage therapy to people who have faced challenges, like our youth.

Almost 100% of the youth who walk through our doors have experienced trauma in their

life, so human touch can be triggering as well as soothing for our youth. The ACCU began ongoing education regarding what the experience of trauma can do to change perception regarding touch, and how to integrate healthy touch into these youth's lives.

Greg Hurd and the Bancroft School of Massage were intrigued and open to learn how massage can assist youth in their treatment

"Greg and his students are very sensitive to the physical and emotional needs of the youth"

while at the ACCU.

The Director of the OT/Rehab Dept, Lynne Sullivan, taught us all that one of the universal goals our staff have is to teach youth how to gain more control over their impulses. One of the first steps in learning these skills is to become more self aware of your own body sensations and why your body reacts the way it does. Other vehicles for this learning for the youth in the past included groups like the Medicine Massage group, yoga, and 1:1 time using the comfort room or the sensory cart. Using a Trauma-Informed Care model, Lynne educated Greg and his students regarding how youth demonstrate anxiety regarding touch. These behaviors include challenges to accept healthy touch, seeking out additional tactile experiences, and being at the beginning stages of recognizing personal space. As a result, Greg and his students are very sensitive to the physical and emotional needs of the youth, and follow a strict protocol so that

each Chair Massage can happen in a healthy, safe, and effective manner.

Greg and his students are CORI cleared, are supervised at all times by OT/Rehab Dept staff, and are taught how to interact with the youth. Everyone who visits our program through the Bancroft School of Massage sign a confidentiality agreement, as well. The youth fill out surveys specifying which areas they are okay/not okay with being touched prior to each session, and processing for how the session went occurs after each session. Students process with Greg and the OT/Rehab staff regarding each massage experience to learn how their profession best helps the youth we serve.

Since March, 2008, the school has been visiting the ACCU once a month for 2 hours. They consistently service 15-20 adolescents and 5-10 staff each visit. The youth and staff look forward to the visits each month. As a result of the success of this collaboration, the ACCU has been able to share this great relationship with our sister programs, Transitions and Connections.

We have had some profound outcomes we did not expect, like helping a youth who especially liked the modality work through the triggered anxiety and flashbacks she experienced during a chair massage. For youth struggling with re-learning healthy touch, this collaborative relationship with a massage school has made a difference in their ability to return to function in the community.

By Lynne Sullivan

Youth and Staff Sound off About Chair Massage

The youth are required to complete a survey after each chair massage to ensure someone is not having an adverse reaction, and if/how we can improve our massage sessions. We have recently added another educational component to the survey that emphasizes making an emotional connection to the physical feelings they have pre/post chair massage. The following are youth and staff quotes taken from the surveys:

"They work on the tense parts and they do their best"

"Helps calm me down and I love it a lot"

"It was way cool"

"You guys know what you are doing!"

"Expanding my body and exploring my spine is important to me"

Staff say: "The therapeutic massage we offered is very relaxing and a great stress reliever. In order to teach in this environment

it is very helpful to be in a relaxed state, for in that way we can better help our students"

"When students return to class after getting a massage, they are more attentive and ready to work"

We hope the collaborative relationship we have with Bancroft School of Massage continues for a long time to both educate our youth around healthy touch and its importance in mental health, and continue to learn more about the effectiveness of this intervention.

By Lynne Sullivan





Straight From the Heart: A long time nurse reflects on the development of her intuition

After trying to find the right intervention in books to help a youth with symptoms of mental illness, a nurse discovered that the best intervention came straight from her heart. This article reflects the way things were 10 years ago, just before the restraint and seclusion elimination movement became strong. It reflects the way language and best practices have changed.

A Dream Come True

On December 3, 2000, I accepted an offer to work at an Adolescent Psychiatric Unit. I was delighted because I truly wanted to work with youth, yet anxious because of my lack of experience in the field.

The first week of training included self defense, de-escalation techniques, how to apply restraints and an introduction to the 2 units. The youth were boys and girls ages 12 -19 years.

I read about diagnosis like PTSD, Depression, Schizophrenia, eating disorders, and OCD.

I was introduced to the unit slowly. I read the charts to understand why some of these youth were so angry and had difficulty trusting others.

Sometimes, they displaced their anger through violence towards their caregivers.

Some of the youth were really traumatized. They had witnessed and/or experienced abuse, neglect or lived in a vulnerable environment. They had learned maladaptive coping skills such as cutting themselves or banging their heads against the wall, instead of using effective coping skills like deep breathing or taking space.

My First Night in Charge

We had 15 adolescents on the unit, 2 nurses and 4 Mental Health Counselors (MHC). It may sound like a lot of staff but the level of acuity was high.

Everything seemed well until 8pm. A youth had finished showering. She was redirected by the MHC watching showers as she finished, and became violent. We used mechanical restraints. I felt devastated and horrified, but was able to finish the shift.

Driving home that night was difficult and perhaps dangerous. My mind was not on the road. I questioned my decision and ability to care for youth living with psychiatric problems. I thought about the elderly I had left behind at the nursing home. I missed them. They were appreciative and endearing. I tried not to think too hard about my choice to work with adolescents though, because despite my hard night, I knew I had a lot to offer the youth. I decided I would keep training and reading books to learn how to best care for them.

Making a Difference

During the following week, we had a new admission. I will call her JS. She was 17 and shy. It took me a few days to discover that under that shyness, there was a great sense of humor and a great personality. She had a diagnosis of depression, bipolar disorder and a history of self abusive behavior. At first she would not talk to anyone on the unit, but then she learned how to trust some staff and her behavior started to change. She took medications, attended school, and smiled during our interactions. However, two months later she regressed. She refused to eat or interact, and she believed she could not walk. She had trouble even getting to the bathroom from her room. She also hurt herself, cutting and scratching her face. We watched her constantly.

During an interaction, I asked her about her dreams and her response was very sincere: "All I want is to be a normal person!" In response I replied: "You are smart, have a great sense of humor, and you can do whatever your heart desires."



A colleague and Marilza at last year's health fair

I continued to look through my nursing books, determined to find the right answer or the best way to approach or help JS.

After another month, JS regained trust in staff. Despite her challenges, I continued to approach her with respect and offered to accompany her for showers (at the time her showers were supervised). I also continued encouraging her to take medications and used humor during our interactions. JS responded; within a few weeks I noticed a lot of improvement. She obtained a level 4 (One of the highest levels of safety at the time), and was able to go out on passes.

A few more months passed and JS was ready for discharge to a less restrictive program. I was working at the desk as she walked by on her way out. I was sad to see her leave but happy to know she had done so well. She never said good bye. She stated, "Marilza, you're smart, have a great sense of humor and can do whatever your heart desires." I immediately recognized the same words of encouragement I spoke to her earlier in her stay. It was at that moment I realized I had made a difference beyond what books or training taught me.

Then and Now

Back ten years ago when I first began working at the ACCU, things were very different. We had a major shift in treatment philosophy that went from prescribing treatment and having the treatment team drive treatment to learning from the youth and their support



(family/guardian/engaged agency) what they need and growing a treatment plan around that need, allowing the people served to drive treatment as part of the team. Now a goal is not a valid goal unless it is shared. Now our program is changed by the youth and their supports as much as we support change in the youth. Now we have comfort rooms where youth explore sensory modalities to self-regulate. Control has been replaced by a lot more choice, and it is so engrained that staff who were not here before the change are more likely to think we are restrictive than staff who were here during more restrictive times.

Negotiation, collaboration, and shared risk are common terms. We know more about the relationship between traumatic backgrounds and behavior, and see youth as doing the best they can to survive. Our job then becomes how we help them to feel safe, feel control, and build a relationship with them that is healthy, leading to them learning new skills to thrive in the community with a sense of purpose.

Our restraint use has dropped over 90%. Although it is a significant outcome statistic, it is not the only one. Our lengths of stay have decreased, our school attendance has increased, and

our youth are more likely to come back to present at conferences or work for us than ever before. There are still hard nights, and times when we drive home wondering if there was something we could have done better. But the feelings of devastation and horror I felt after that first night as a charge nurse are in the past, and we are looking forward to an even brighter future.

(Intuition is the synthesis of knowledge and experience. This article was originally written in 2003 by Marilza Tolomeo, who has been with the ACCU since 2000)

Mindfulness Continues at ACCU

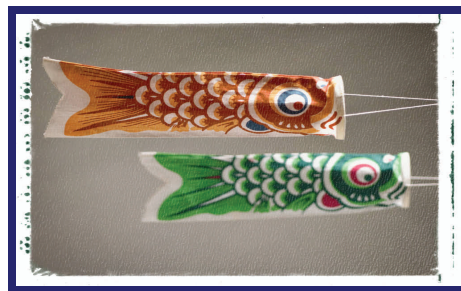
"take advantage of a benefit that helps staff and youth to manage stress"

Over a year ago, we began using Mindfulness-based Stress Management (MBSM) in our 3 programs. Fernando DeTorrijos of the UMASS Center for Mindfulness has kept the effort fresh by offering not only an 8 week class to staff, but also offering a maintenance class which allows people who have taken the initial class to continue practicing MBSM as well as learn how to guide others to engage in MBSM practice and exercise. We will be expanding the program to exchange with other UMASS Department of Psychiatry programs. We are hoping this will give people more scheduling options to take advantage of a benefit that helps staff and youth to manage stress and stay in the moment. For more information on the expanded schedule for taking the initial MBSM Class or the maintenance activities, email Laura Curtis at laura.curtis@state.ma.us.

Fish and Dogs

We have had some changes in the past few months with the move, and there have been some losses and some gains. We have had some staff leave. We have had some new staff come on board. But just as important as the goodbyes and the hellos are the thank yous for staying. During the past year we brought the ideas of the Fish Philosophy, the Sanctuary Model, Mindfulness-based Stress Management, Peer Mentors, Parent Roles, continued to fully integrate dogs, continued embedding the NTAC Six Core Strategies, and at the same time learned to assimilate to a whole new working environment with new relationships, new procedures, and a new physical environment.

Through all of the changes and initiatives, the vast majority of our staff have stayed. Thank you. The Fish Philosophy is based on 4 concepts: Be there,



have fun, make their day, and choose your attitude. The dogs, we have learned, promote collaboration, teamwork, and a sense of loyalty and belonging to a group. That is why this section is called "Fish and Dogs."

The youth have been doing a lot in the community. They have gotten to know the Quinsigamond Lake Park, and they have also been visiting animal shelters. They have gotten to know the new neighborhood by visiting local grocery stores and have maintained connections such as at Teamworks and the Northborough Library. We have been

engaging in more activities with our sister programs, like attending the Statewide Youth Advisory Council together. We engage the youth in assisting us with our hiring process, compensating them for their time and input. Our youth have also been graduating from our program and going on to other places, but some have been returning to become peer mentors and/or presenting at conferences. This year they again raised money for the Walk for Cancer, something they have done for the past 6 years. They have replanted the garden they tended at Westborough to the Worcester State Hospital Greenhouse area, and this planting helped the program grow roots again.

I asked one youth what they like best about our program. He said, "The thing I like best about this program? I get to get out more. And that gives me hope that I'll leave."



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The UMASS Worcester Adolescent Continuing Care Units were founded in 1985 as a contract between DMH and UMASS Medical School to provide continuing psychiatric inpatient level of care to adolescents aged 13-19 at Westborough State Hospital. In 2010, after the closure of Westborough State Hospital, the units were moved to their present location at Worcester State Hospital. Our youth backgrounds are diverse and they come from all parts of Massachusetts, but they share in common the need for a healing environment. Although we recognize the challenges faced by our youth, their families, and the systems that support them, we also carry hope for our youth having a future of being welcomed into their community, having a sense of belonging, joy, and purpose.

To Be the Best Healing Environment



Happy Birthday, ACCU!

25 years ago the ACCU opened its doors and admitted its first youth.

(Not the actual
cake used to
celebrate)



Our Values and the NTAC Six Core Strategies

Our Vision: To Be the Best Healing Environment

Our Values:

An appreciation of the prevalence of a history of trauma in the youth we serve and a pledge to eliminate violence in our community.

A person-centered model that involves youth and families in planning and treatment. This also extends to our support of the individual professional development of faculty and staff.

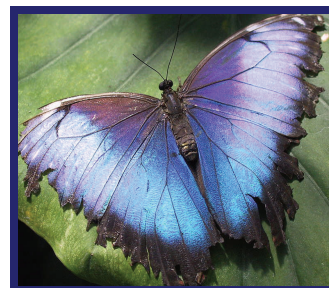
Respect for self and others that is demonstrated by civility and good citizenship on the part of every member of the community.

The team is stronger than its individual members and is key to our success as an organization.

Becoming a learning organization includes a commitment to individual learning, learning from each other across our 3 programs, and participation in research and other activities to expand the capacity of the ACCU to lead in a changing environment.

The NTAC Six Core Strategies for the Reduction and Elimination of Restraints and Seclusion is a framework (and curriculum) for managing change that must occur to remove as much coercion as possible from an environment of care, including eliminating the use of restraints and seclusion. Below are the Strategies with examples of how we have embedded them in our practices:

- 1) **Leadership Towards Organizational Change :** We have 24/7 notification and elevation of coercive events to high levels of leadership
- 2) **Using Data to inform Practice:** We display and review gathered data weekly such as school attendance, medication usage, and use of coercive interventions.
- 3) **Workforce Development:** We engage in mandatory training, including the basics as well as visitor relations. Our staff are trained as instructors and present at conferences.
- 4) **Use of Restraint and Seclusion Prevention Tools:** We use safety tools,



Crisis Prevention Plans, and Coping Skills planning.

- 5) **Consumer Roles in Inpatient Settings:** We are looking to hire our own Peer Mentor, and we have a Director of Family and Community Engagement who is a parent with lived experience.
- 6) **Debriefing Techniques:** We engage in rigorous debriefing following coercive interventions which include notification of family/guardians, processing with the staff involved, leadership off-site, the rest of the team the next business day, and the youth. We embrace apology as a way to bridge the gap of treatment failure that led to the use of coercion.