Promising Practices

The Open Arms Program

by Mark Katz, Ph.D.

Parents, educators, health-care providers and well-informed consumers are finding creative ways to address the needs of those who struggle with AD/HD. In each issue of Attention!® magazine, we highlight one innovative program, model or practice and pass on appropriate contacts so that you can implement similar efforts in your community.

A Compassionate Model for Treating Children Requiring Inpatient Psychiatric Care

hen prevention specialists speak of strengths-based, family-centered principles of care, inpatient child psychiatric facilities rarely, if ever, enter the conversation. But that could change as word spreads about an innovative new inpatient treatment model known as the Open Arms Program.

The model weaves these principles of care around a series of empirically validated practices designed to prevent and reduce highly volatile and explosive tirades, the kind of out-of-control behaviors often seen in children admitted to inpatient psychiatric or residential treatment facilities.

Initial results look very promising. Families report feeling more a part of the treatment process; staff morale has greatly improved; and staff turnover, staff injuries and the need for physical restraints have decreased dramatically. "Perhaps the most significant change," says Nurse Manager Kathleen Regan, "is to our overall culture."

Staff are working hard to create and sustain a treatment environment where families feel valued and supported; where children struggling with severe emotional challenges, including those suffering the effects of traumatic stress exposure, feel nurtured and special; and where children prone to rage and explosive tirades can learn and practice the critical selfcontrol skills they need to prevent future outof-home placements.

Family-centered principles of practice

Open Arms treats parents as full partners in their child's care. Program staff receive training in family-centered practices that highlight family strengths and that value open, candid and affirming lines of communication with professionals. Regan believes that children living

away from home need their parents close by. She notes how frightening it can be for children to be away from their parents, not to mention how frightening it can be to their parents. That's why at Open Arms parents can see their children any time they want, for as long as they want. There are no visiting hours. "We feel it's actually an insult to parents when programs use the term 'visitor.' They're not visitors. They're the child's parents."

Trauma-sensitive principles of care

Researchers find that a number of children admitted to inpatient psychiatric facilities suffer from traumatic stress exposure. Regan believes strongly that traumatized children need to be nurtured and soothed. At Open Arms, that's what they do. "We're not afraid to hug children when that's what they need most," says Regan. Some people tremble in fear when they hear this. Hugging children, in many settings, crosses an unacceptable boundary. At Open Arms, they disagree. In answering her critics, Regan feels entirely confident that they've instituted the necessary safeguards to ensure their practices are never misused or misunderstood. She adds, "Some of us working here are also mothers. And as mothers, we hug our own children all the time when they're frightened and need to be comforted. Why would we not do the same for frightened children living in a psychiatric hospital?"

Teaching and learning environments

Children prone to rage and explosive tirades who require hospitalization need to learn the necessary skills to control themselves so that they can avoid being hospitalized again in the future. Staff who work in these settings need to be trained to teach children these skills. To address both of these needs. Open Arms has incorporated Ross Greene's Collaborative Problem Solving (CPS) model, a "no shame, no blame" approach that's compatible with Open Arms, family-friendly practices (see Promising Practices column, Attention!®, October 2006).

With CPS, explosive, uncontrollable reactions are linked to five cognitive pathways, each

representing common sources of vulnerability in children prone to explosive behavior: executive skills, language skills, emotional regulation skills, cognitive flexibility skills and social skills.

Staff assist children in understanding triggering events leading to their explosive episodes and the specific pathways or delayed cognitive skills causing them. Staff then coach children in collaborative problem solving, a three-step process of communication that helps children develop critical cognitive skills necessary for preventing and reducing explosive episodes.

Families often view the model as affirming, not surprising since the model is based on the belief that children prone to rage don't explode willfully, to manipulate others or as a result

of inconsistent parenting. Instead, their meltdowns are believed to be the result of a specific learning disability-not the more familiar kind associated with reading, writing or math, but rather a learning disability related to the skills needed to adapt flexibly to day-to-day demands, tolerate common day-to-day frustrations, and identify and solve problems when emotions run high. And, say the model's proponents, when you provide these children the same understanding and compassion you'd provide a reader who is dyslexic and the same opportunity to master the critical skills they lack in chunks of experience they can handle, explosive tirades decrease. The CPS mantra: "Children will do well if they can. If they're not doing well, something must be getting in their

> way. Let's figure out what it is so we can help." Regan says Open Arms extends the mantra to parents. Parents will also do well if they

Given the number of children in inpatient psychiatric facilities suffering the effects of prolonged traumatic stress exposure, it's hard to imagine a population more in need of a living and learning environment that highlights strengths, draws in family members and other caregivers and provides staff with tools to dramatically reduce the need for physical restraints. Furthermore, considering the number of children in inpatient settings who struggle with executive

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FOR MORE INFO For a list of references from this article, please visit www.chadd. org/attention/references.

Promising Practices: The Open Arms Program

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Program received the 2003 Psychiatric Services Award for Service Excellence from the American Psychiatric Association.

function delays, among other weaknesses affecting their ability to regulate their behavior and emotions, it makes great intuitive sense as well to provide staff the necessary tools to teach children ways to improve upon these skill deficits.

Ongoing staff training and supervision are critical to Open Arms' success. Regan also finds that not all staff can be expected to buy in to the changes. Some staff, in fact, may choose to leave. Roughly 30 percent of the original staff left after the program was introduced. It can also take time to implement the model fully. The learning process is ongoing. The more time the staff spend implementing and refining their model, the more skilled they become.

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Those interested in learning more about the Open Arms Program are encouraged to e-mail Kathleen Regan at *KRegan@challiance.org*. You may also want to read her new book, *Opening Our Arms: Helping Troubled Children Do Well* (Bull Publishing, 2006). ■

Mark Katz, Ph.D., is a clinical and consulting psychologist and the director of Learning Development Services, an educational, psychological and neuropsychological center located in San Diego, Calif. Dr. Katz is a member of the editorial advisory board of Attention!® magazine.