As the Clinical Educator for the Adolescent Residential Treatment Program, which is a part of the Sheppard Pratt Health System, I have had the pleasure of working with The Mandt System, Inc. for 2 years. We have 2 sites, both of which use Mandt, but the larger of the two, our Towson program, has used Mandt the longest, so let me describe our experience at Towson. We have an average census of around 60 adolescents, both boys and girls. We have many kids with an average or above IQ, but we accept and have specialized programming for kids affected by intellectual deficiencies. I believe our lowest IQ historically was in the 40s, but on any given day we have many kids functioning in the 50s.

Let me begin by explaining what residential level care is in Maryland. We serve kids with very severe illness. Our facility is fully locked, and our Towson Program has a contract with the State to take kids, in the custody of the State, who have been rejected by or expelled from other residential programs. It is a "no reject, no eject" contract. I tell you this because some folks think Mandt is OK with residential kids, but would not be as effective with more acute inpatient kids. I can assure you, our kids exhibit severe behavioral problems. I worked on inpatient for years, and my experience is that, with the exception of acute self destructive behaviors, residential kids produce equally severe behavior challenges.

So, the benefits of Mandt….Starting with the kids: Mandt teaches truly trauma informed care. Before I started my current job, as a clinical educator, I had spent years in the trenches as a clinician. I saw again and again, trauma survivors being restrained by well meaning staff, with the result that they made a bad situation much worse by triggering flash backs, and by making kids who already felt hopeless, powerless and alone, feel these ways only more so. I very much wanted to address this, and designed a training program using my own experience and reading, including parts of the Sanctuary Model, and parts of the trauma chapter of SAMHSA's "Road Map to Seclusion and Restraint Free Mental Health." My training was then adding to our system-wide aggression management training.

Then we discovered Mandt. It wasn't aggression management plus trauma informed care. It was a truly integrated trauma informed aggression management system. (I am sure the Mandt folks would not consider themselves an aggression management system. They are very careful about language. However, this is a view from the trenches. For years restraint training was called aggression management training, or on a good day aggression prevention and management training.) Mandt does teach restraint, but the focus is on numerous interventions to avoid or contain without restraint. Since the vast majority of our kids are receiving our services because they are survivors of trauma, this is pretty important. As a Licensed Certified Social Worker (Clinical) I consider myself to be above average in my sophistication in childhood trauma theory and research, and have in fact been invited to teach a doctorate level social work course in treatment of traumatized children, despite having only a master's degree myself. Therefore, I think I know what I am talking about when I say Mandt integrates "state-of the art" research on trauma. It also integrates "state of the art" positive behavioral support research, and a great deal concerning the theories about and research on communication.

Let me tell you about one of our kids. This girl was so violent, that when we made the switch to Mandt, there were hours of meetings about how to keep her and the milieu safe with Mandt. (Line staff thought we were crazy to think less coercion was possible.) She had a trauma history that would make you cry, and she had constant, violent flashbacks. She hurt a lot of staff, pre-Mandt. When we were several months into Mandt, one of our clinicians, who had been really pessimistic about Mandt, told me that this girl was getting better because she is not getting restrained. The girl would become aggressive, but then would drop to the floor. We would step away. According to the clinician, she began to realize that "that thing" did not need to happen to her anymore, and she turned a major corner. This brings me to a second, connected strength of Mandt. It really addresses non-verbal communication. This girl was very low functioning. At her best, her verbal skills were limited. At her worst they were almost absent. Mandt repeatedly trains people to become conscious of what our bodies are saying to our kids. Other programs teach verbal de-escalation. Mandt teaches both verbal and non-verbal. Telling this girl we did not want to hurt her did not help. Showing her, by stepping back, was the secret.

Benefits to the staff are that they feel more effective and are not getting hurt. Most of our staff are very well intended. They want to help kids, but did not have the tools. Mandt gives them multiple, research based skills. Mandt is also safer, and in fact, the last I heard our workman comp claims for restraint related staff injury for 2010 was zero. One of our weekend staff, who had another weekday job, told me recently that she quit her other job because they still did floor restraints. She said she was tired of hurting her knees and ruining her clothes! She is part of our resource team, our floating crisis team, so she is at the heart of many of our crises. (It is inspiring that many of our crisis team members now are female, some of them quite small. They are not the "goon squad", come to physically overwhelm. They are master de-escalators.)

Benefits to the organization are that we will probably be less likely to get sued because kids are not getting hurt. Staff turnover is very low. Workman comp claims are way down. Yes the training takes more time. We went from 4 hours in orientation to 2 days, but I know my boss thinks it is worth it, not only in terms of the quality of our care, but also finically.

If anyone wants to talk to me directly about our experiences with Mandt, they can email me at LHopkins@sheppardpratt.org.