

*“This made me feel like I have a lot of power, where I can pick where I want to go.”*

So said a boy in one of SaintA’s Residential Treatment units about how things have changed in recent months. The boy, who we’ll call David, used to cut himself and attack staff. He has a history of violent, aggressive and sexualized behavior and experienced almost daily restraints.

“He’s done a complete 180,” said Will Allen, manager of David’s Residential unit. The second shift supervisor on the unit, Blair Grover, said David used to have blowups that lasted from one to four hours; now he has almost none, and when he does act out, it is for no more than 15 minutes.

### Why the change?

Chief Clinical Officer Tim Grove attributes successes such as David’s to the confluence of SaintA’s continued work with trauma-informed care (TIC), new practices and leadership in Residential, plus a switch to a new crisis prevention model called Mandt.

Mandt is based on relationships—one of SaintA’s Seven Essential Ingredients, or 7ei, a framework to understanding and functioning with trauma-informed care—and it minimizes the use of restraint. It is a program that requires intensive and ongoing training and re-certification of all staff. It functions with an understanding of how childhood trauma affects the brain and teaching new behaviors to replace challenging ones. It looks at principles that underlie behavior, not just ways to respond to it, and stresses preventing aggressive behavior in the first place.

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— Tim Grove  
Chief Clinical Officer, SaintA

Mandt was chosen for SaintA as a part of a review of the agency’s behavior management curriculum and with an invitation from FEI (a workforce resilience and behavioral health agency that is part of the Alliance for Strong Families and Communities) to consider being part of a storefront project. It was one of several models examined in conjunction with Residential, Tim said, and was chosen with a lot of staff input.

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Dr. Perry is a psychiatrist and physician with whom SaintA has worked for a number of years on how to help individuals who have experienced childhood trauma. SaintA’s trainings include Dr. Perry’s Neurosequential Model of Therapeutics (NMT). The Neurosequential Model is not a specific therapeutic technique or intervention; it is a way to organize a child’s history and current functioning.

The goal of this approach is to structure assessment of a child, the articulation of the primary problems, identification of key strengths and the application of interventions (educational, enrichment and therapeutic) in a way that will help family, educators, therapists and related professionals best meet the needs of the child.