

Children And Residential Experiences:

Creating
Conditions for
Change



Today's Presentation

- Use of Residential Care
- Program Models for Residential Care
- Key Elements of Program Models for Residential Care
- Evidence for the CARE Model



Youth in Residential Care - International

of children aged 0-17 in group care per 10,000 in care

- <10: Australia, England, New Zealand, Ireland, USA
- 11-21: Italy, Japan, Spain, Sweden, UK-Scotland;
- 22-72: Armenia, Denmark, France, Germany, Hungary, Israel, Poland, Romania
- >100: Czech Republic, Lithuania, Russian Federation, Ukraine

Thoburn and Ainsworth, 2014



Youth in Residential Care - USA

- In 2014, 56,000 foster youth in residential care (14% of the U.S. foster care population)
- Youth in residential care 3 times more likely than other youth in foster care to have a diagnosed disorder
- Youth in residential care 6 times more likely to have child behavior problem indicated as a reason for removal from the home
- Youth in residential care spend 28 months in foster care, 7 more months than other youth in foster care



What is Residential Care?

- Not consistently defined
- Not well defined



Therapeutic Residential Care

Involves the planful use of a purposefully constructed multi-dimensional living environment designed to enhance or provide treatment, education, socialization, support and protection to children and youth with identified mental health or behavioural needs in partnership with their families and in collaboration with a full spectrum of community-based formal and informal helping resources.

-Whittaker, Holmes & del Valle (2016)



Program Model

- Provides a conceptual framework and evidence informed theory of change that creates the conditions for change.
- Guides all staff members interactions and use of everyday events as they occur in the life space to teach interpersonal and pro-social skills.
- Improves children's abilities to engage in treatment, education, and other interventions more effectively.



Known Program Models in Residential Care: Insufficient Research Evidence

- Re-Ed
- Boys Republic Peer Accountability Model
- Menninger Clinical Residential Treatment

SOURCE: James, Sigrid. (2017) Implementing Evidence-Based Practice in Residential Care: How Far Have We Come?. *Residential Treatment for Children & Youth*. 34 (2):155-175



Known Program Models in Residential Care: Support (Randomized controlled trial)

- Positive Peer Culture

SOURCE: James, Sigrid. (2017) Implementing Evidence-Based Practice in Residential Care: How Far Have We Come?. *Residential Treatment for Children & Youth*. 34 (2):155-175



Known Program Models in Residential Care: Promising (comparison group design)

- Boys Town Family Home Program/Teaching Family Model
- Sanctuary Model
- Stop-Gap Model
- Phoenix House Academy
- Multifunctional Treatment in Residential and Community Settings (MultifunC)
- Care and Residential Experiences (CARE)

SOURCE: James, Sigrid. (2017) Implementing Evidence-Based Practice in Residential Care: How Far Have We Come?. *Residential Treatment for Children & Youth*. 34 (2):155-175

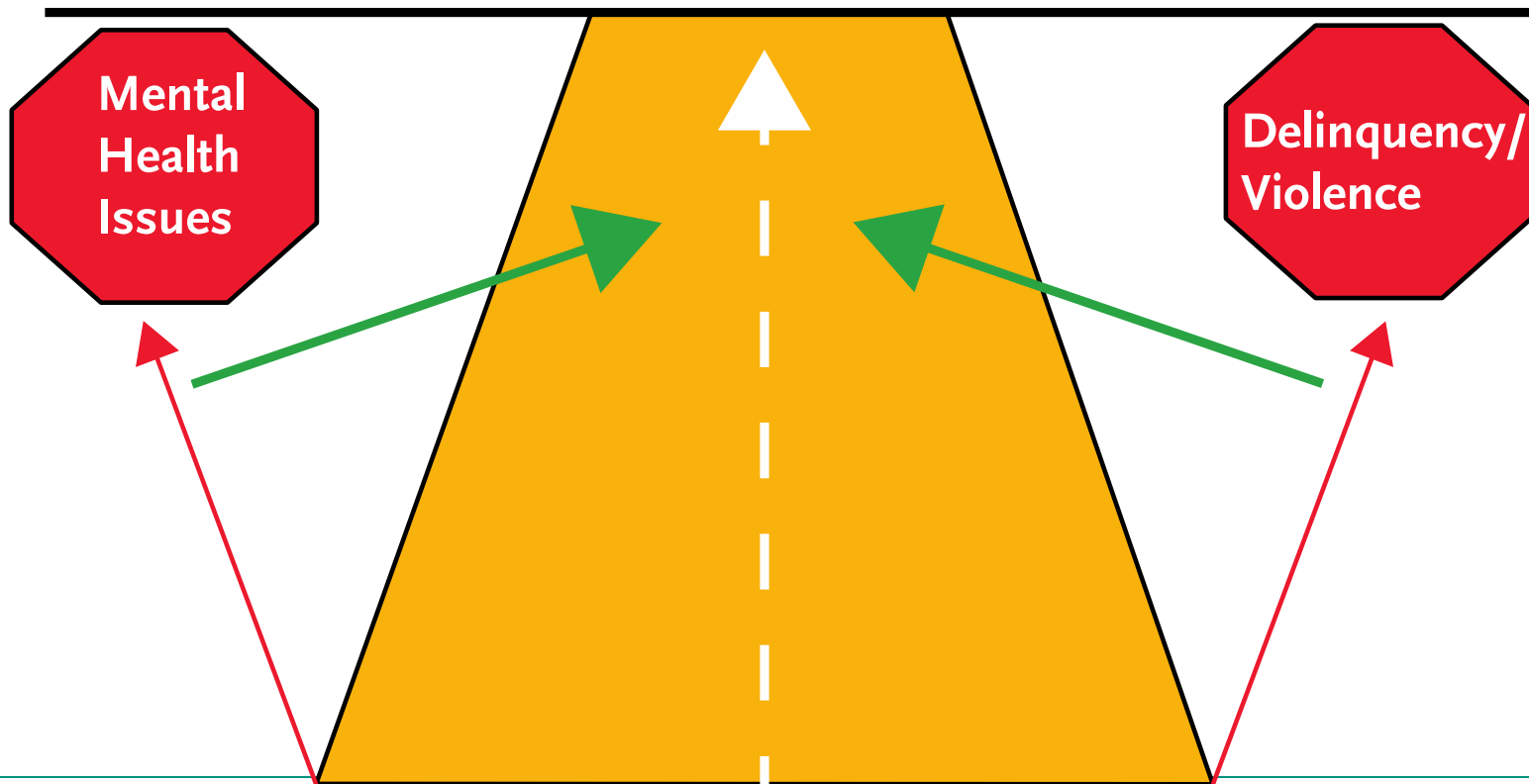


Purpose of Therapeutic Residential Care

- Creates breathing room “Boot camp to Monastery”
- Provides a safe place to learn new skills and practice
- Provides adults who act as teachers, coaches, and mentors to help develop and practice necessary life skills
- Helps children realize a more normal developmental trajectory



Developmental Trajectory



Core Concepts Guiding Quality Therapeutic Residential Services

- Best Interest of the Child
 - UN Rights of the child (1990)
- Struggle for Congruence
 - Anglin (2002)
- Evidence Informed Program Model (Theory of Change)
 - Lee & Barth (2011)
 - Holden, Anglin, Nunno, & Izzo (2014)



Selected Relevant Research

- Developmental relationships
- Trauma
- Resiliency





In order to develop normally, a child requires progressively more complex joint activity with one or more adults who have an irrational emotional relationship with the child. Somebody's got to be crazy about that kid. That's number one. First, last and always.

— *Urie Bronfenbrenner* —

AZ QUOTES



Criteria of Developmental Relationships

- Connection/attachment
- Reciprocity/give and take
- Opportunity to grow/progressive complexity
- Participation/inclusion

The active ingredient of effective interventions.

–Li & Julian (2012)



Developmental Relationships Provide Collective Developmental Experiences

- Offering (a sense of) safety and security
- Being seen and accepted
- Being in-tune
- Believing in their growth
- Maintaining a sense of normality

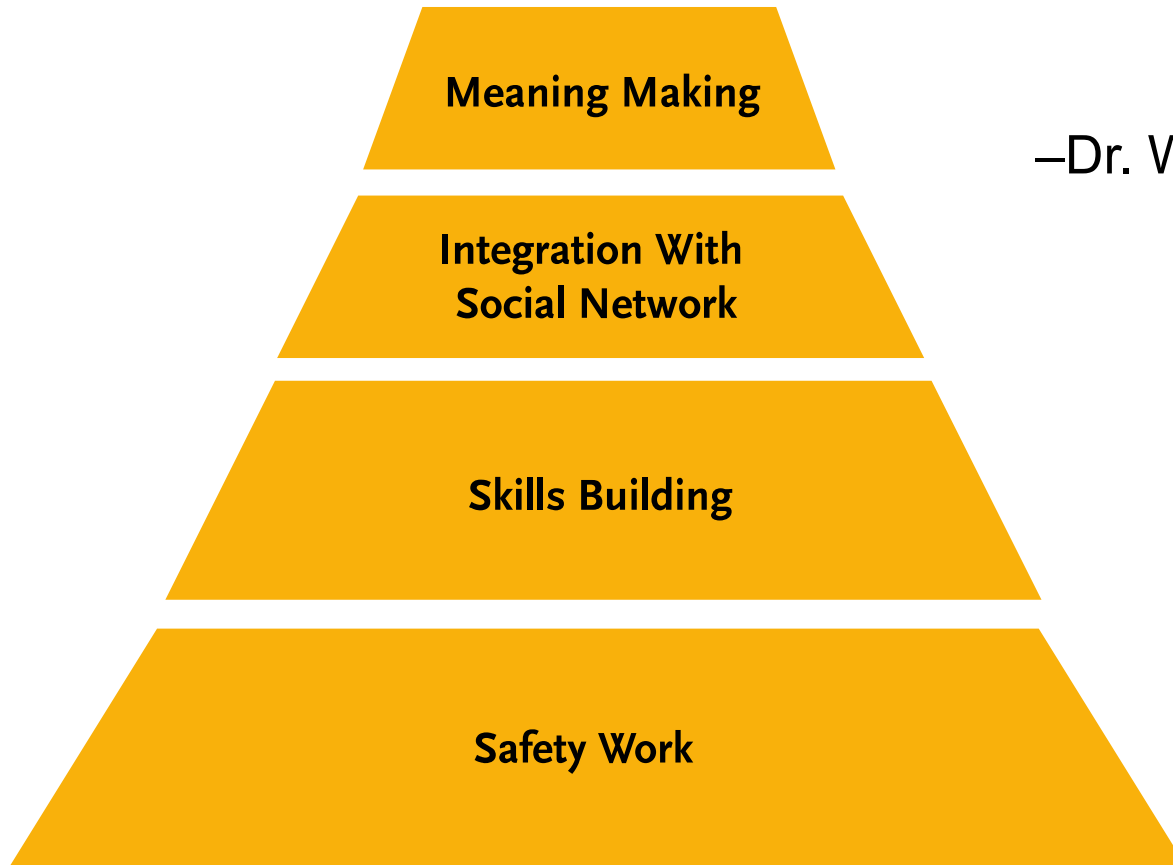


Complex Trauma

- Multiple, chronic, and prolonged
- Developmentally adverse events
- Interpersonal in nature
- Early life onset
- Examples:
 - Community violence
 - Chronic Neglect
 - Physical abuse
 - Sexual abuse



Complex Trauma: Treatment Implications



–Dr. William Coman

Resiliency Is

The ability to succeed in spite of adversity or trauma.



Elements for Resilience

- Supportive and caring relationships
 - Collective developmental experiences
- Adaptive skill building
 - Ability to plan, regulate emotions and behavior, adapt to changing circumstances
- Positive experiences
 - Face new challenges



Children And Residential Experiences Theory of Change

INTERVENTION

- Personnel Training
- Organizational Technical Assistance
- Exposure to Concepts and Principles

STAFF OUTCOMES

Staff Knowledge, Beliefs, and Motivations

Understanding of practice principles

Familiarity with strengths and skills

Confidence
Willingness
Motivation

...to apply principles and strategies

Staff Practices

Create opportunities for building self efficacy and self confidence

Strengthen child's relationships with staff and peers/
Improve child's relational skills

Adjust expectations to children's developmental level

Incorporate families into service planning

Recognize and respond appropriately to child's trauma-based behavior

Enrich the physical and social environment to create a therapeutic milieu

CHILD OUTCOMES

Child Experiences and Perceptions

Children...

Experience success on challenging tasks

Trust and feel securely attached to care workers

Feel valued, higher self-worth

Feel connected to others

Feel greater connectedness to others (family, peers, staff)

Child Wellbeing

Improved Self Concept, Self Efficacy, Self Esteem

Social and Emotional Adjustment

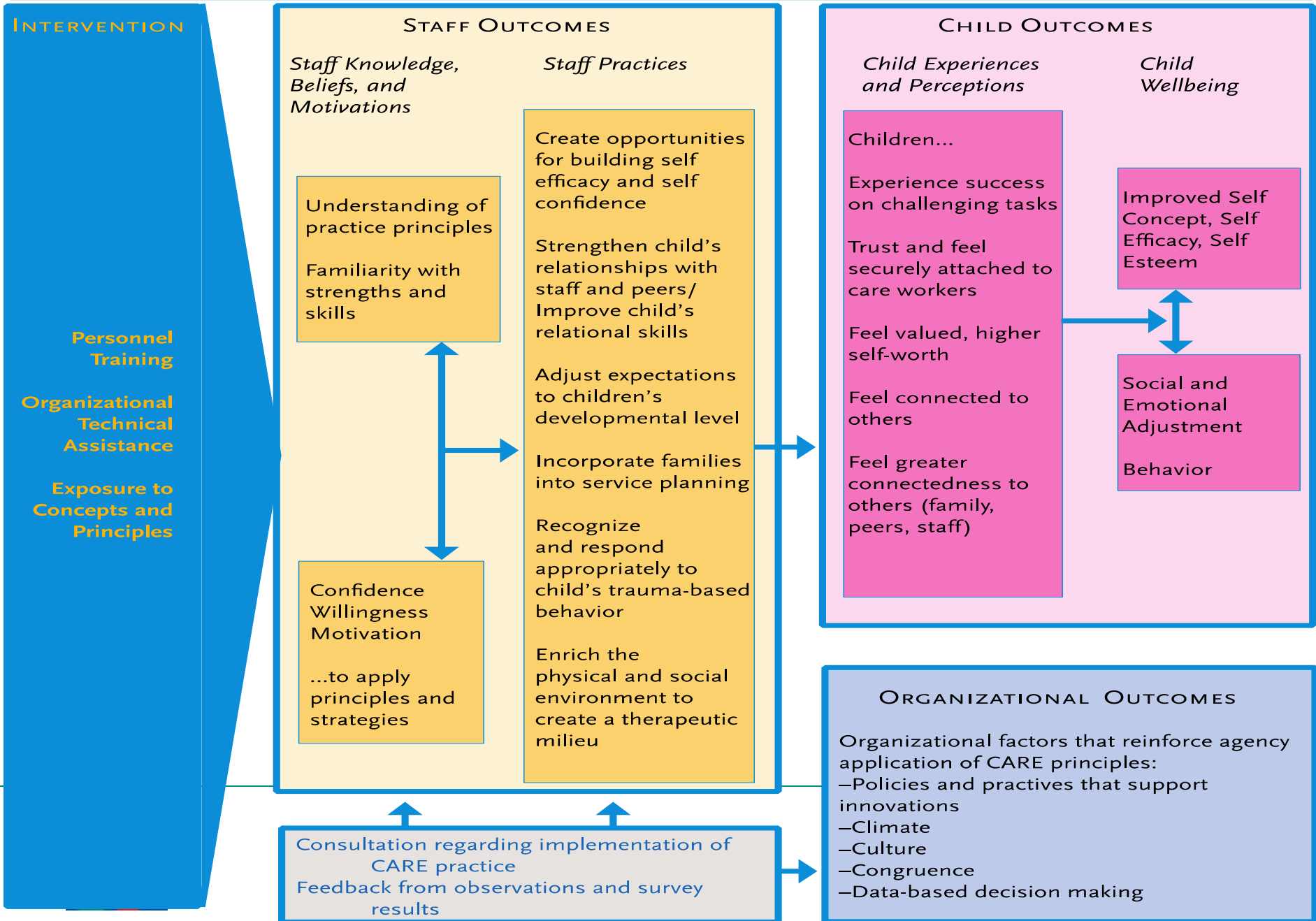
Behavior

ORGANIZATIONAL OUTCOMES

Organizational factors that reinforce agency application of CARE principles:

- Policies and practices that support innovations
- Climate
- Culture
- Congruence
- Data-based decision making

Consultation regarding implementation of CARE practice
Feedback from observations and survey results



CARE Principles

- Relationship based
- Developmentally focused
- Family involved
- Competence centered
- Trauma informed
- Ecologically oriented



Implementation Strategies

- Quality assurance activities based on continued self-assessment (reflective practice)
- Participation-centered management strategies
- Education, training and technical assistance
- Data informed decision-making

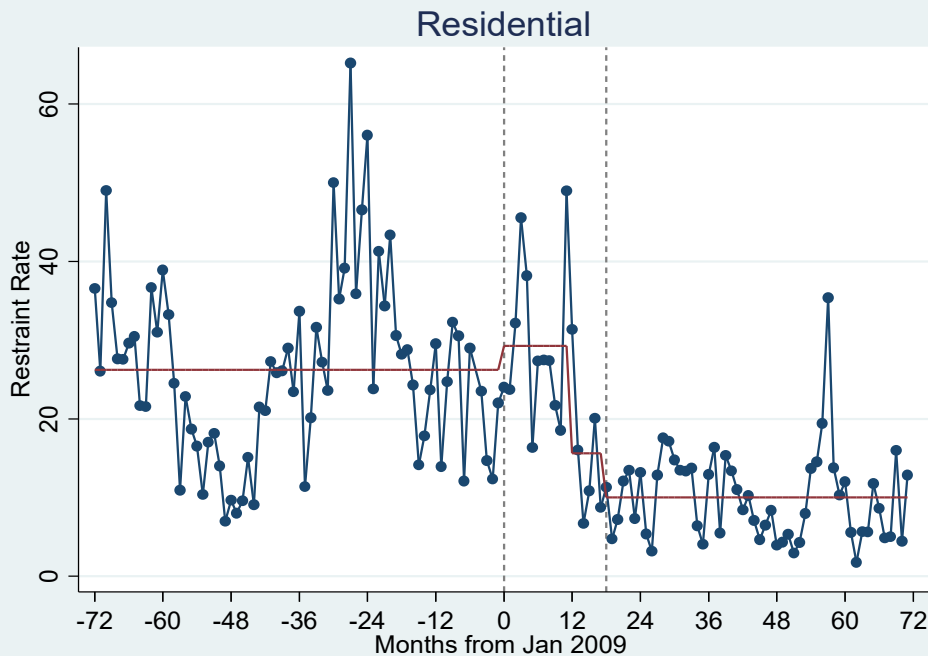


Waterford Country School

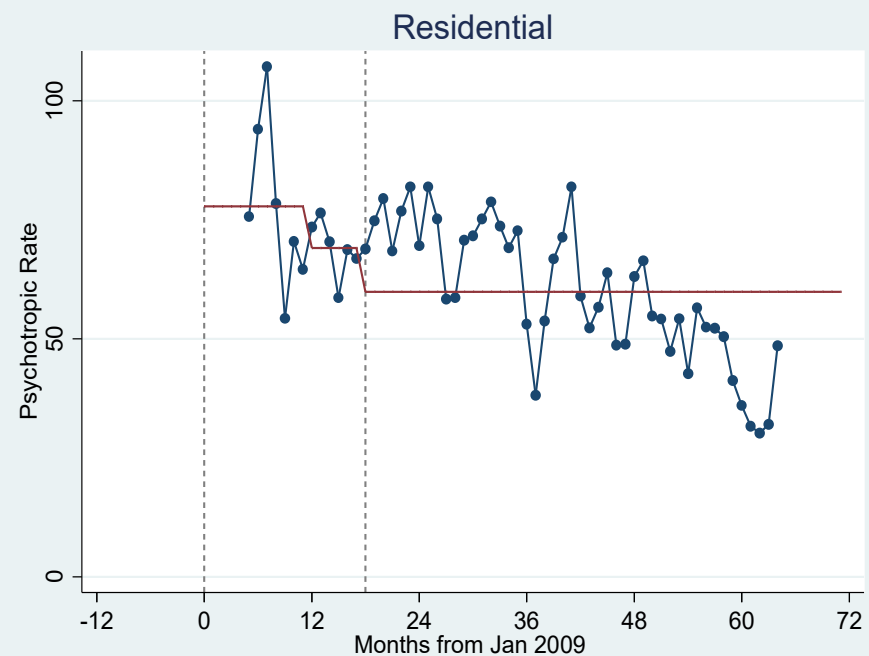
- 90 year old organization in the northeast United States
- Varied array of services
 - Residential treatment
 - Temporary shelter care
 - Special education services
 - Other programs
- Over 200 staff, including professionals, paraprofessionals, foster parents
- Youth served include 8- to 18-year-old boys and girls from diverse racial and ethnic backgrounds



Interrupted Time Series (ITS) Agency study - administrative data



Restraint Rates



Psychotropic Medication Rate

Nunno, Smith, Martin, & Butcher(2017)

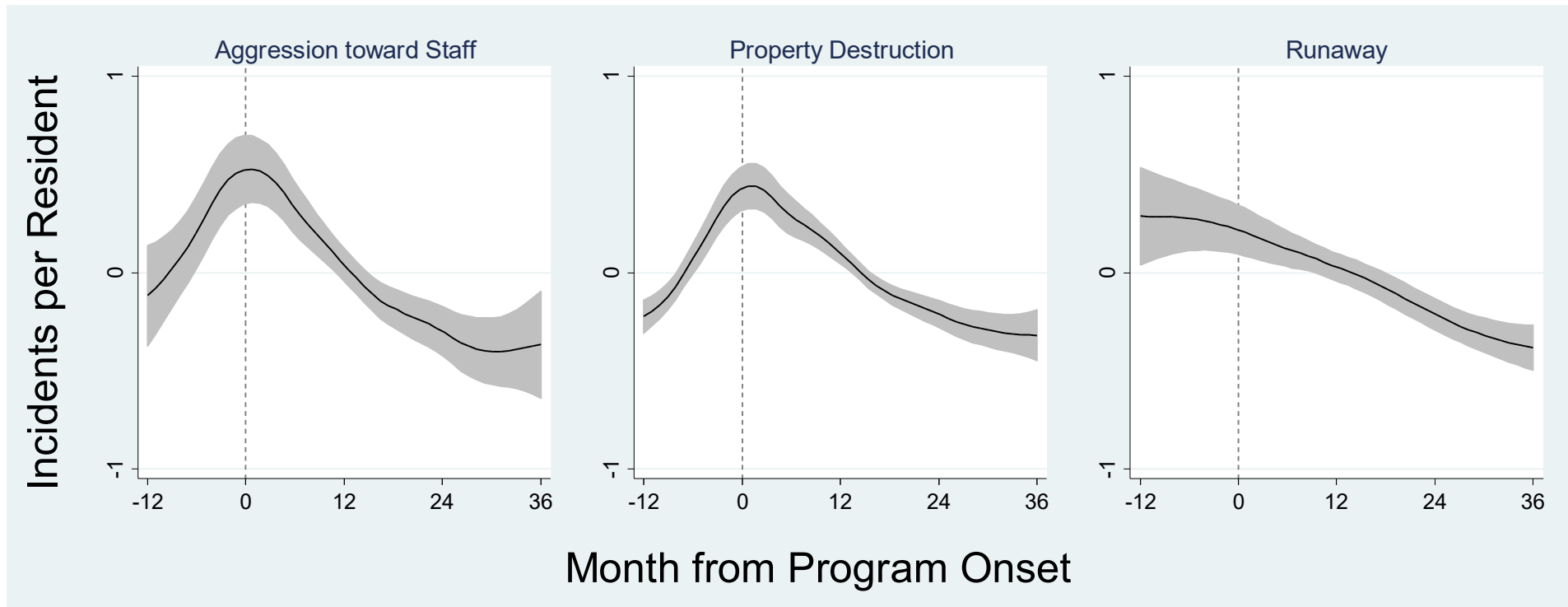


North Carolina Multisite Evaluation: Quasi-Experimental Wait List Design

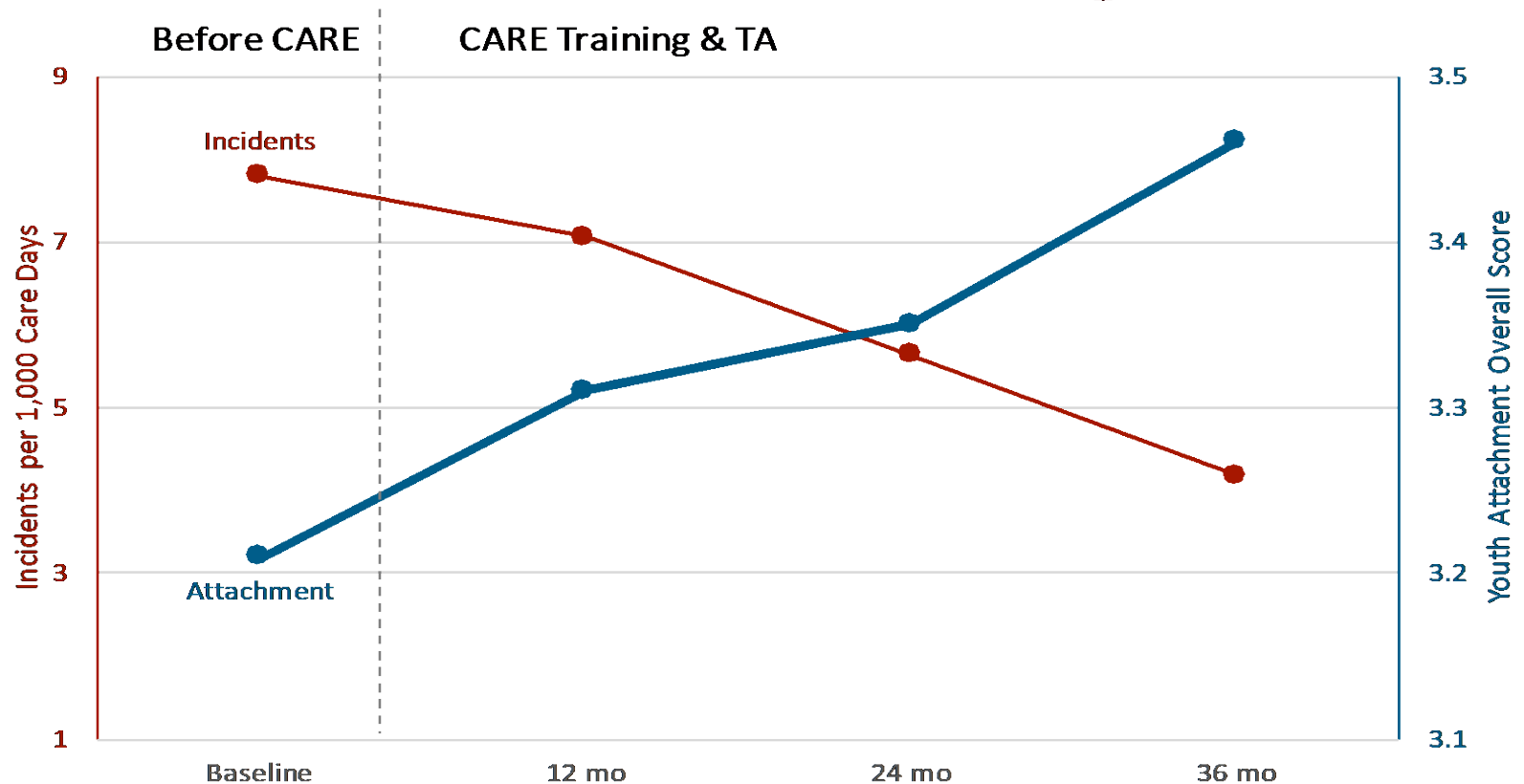
- 11 agencies across North Carolina
 - 5 agencies started in 2010
 - 6 agencies started in 2011
- Staff
 - 13 residential staff per agency, on average
 - Live in residence full-time for 1-2 week shifts
- Youth
 - 24 youth per agency, on average
 - 7- to 18-years-old
 - Boys and girls, except for one agency



Significant Improvement over Time



Incidents and Attachment – quasi-experimental wait list design



- Izzo, Smith, et al.

