

# The Impact of a Principle-based Program Model on Physical Interventions with Children and Adolescents in Care: A Single Case Study

William Martin

Waterford Country School

Sharon Butcher

Waterford Country School

**Connecticut Restraint and Seclusion**

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# Our Path to CARE

Injuries/Trip To Cornell

State Support

Cornell Consultation

Restraint Reduction Plan

CARE

# The Model



# Children And Residential Experiences:

Creating  
Conditions for  
Change



RESIDENTIAL CHILD CARE PROJECT, CORNELL UNIVERSITY

# Building a Foundation

Alice came to a fork in the road. “Which road do I take?” she asked.

“Where do you want to go?” responded the Cheshire cat.

“I don’t know,” Alice answered.

“Then,” said the cat, “it doesn’t matter.”

*-Lewis Carroll, Alice in Wonderland*

# CARE is

a principled-based practice model designed to guide an organization's practice and interactions in order to create the conditions for change in children and families' lives

# The CARE principles are grounded in

- Theory
- Evidence-based practice
- International child care standards
- Practice wisdom

# CARE Principles

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

# Relationship Based

- The ability to form relationships is associated with healthy development and life success
- Secure attachments allow children and staff to take risks and challenge themselves
- Developmental relationships are the key to helping children and adults develop (Li)
  - Attachment, reciprocity, progressive complexity, and participation (inclusion)

**The active ingredient of effective interventions**

**- Li & Julian**

# Developmentally Focused

- All children have the same basic requirements for growth and development
- Children need adult support to engage their innate capacity to grow and develop
- Children & adults learn best when skills are within their zone of proximal development
- Staff development focused on increasing the capacity for adaptive thinking is necessary for the complexity of the work

**Children do well if they can. If they can't, we need to figure out why so we can help them.      –Greene & Ablon**

# Family Involved

- Family contact has demonstrated positive outcomes for children
- Planning for adequate community support is essential for a successful return
- Including families links children to social orientation and cultural environments
- Adults who are culturally competent can adapt interventions to the unique needs of children and families

**In every conceivable manner, the family is link to our past, bridge to our future.**  
**-Alex Haley**



# Competence Centered

- Problem solving skills, flexibility, critical thinking, emotional regulation, social competence, and self-efficacy are necessary life skills
- Personal strengths and resources are the biggest factor in making positive change
- Developing competence is dependent on the developmental relationship, cognitive functioning & self-regulation

**Every child deserves a champion – an adult who will never give up on them, who understands the power of connection, and insists that they become the best that they can possibly be. - Rita F. Pierson**

# Trauma Informed

- Trauma has a debilitating effect on children's growth and development
- Maintaining resilient non-coercive, safe environments is essential for children and adults to learn new responses to stressful situations
- Challenging behavior is often pain-based behavior
- Resilient organizations are holding organizations (Kahn)

**“in the shelter of each other we live” - Peig Sayer<sub>18</sub>**

# Ecologically Oriented

- Children and adults learn through interacting with their environment
- The environment is influenced by the interactions with the children and adults
- Environmental factors that protect children are:
  - Caring relationships
  - High expectation messages
  - Opportunities for contribution and participation

**When you plant lettuce and it doesn't grow well, you don't blame the lettuce.**

**–Thich Nhat Hahn, Vietnamese Buddhist Monk**

# The Journey

# Total Unwavering Commitment

- 25 Members of Leadership get Training (what a class)
- 19 of Those Trained as Instructors
- Three Training Teams
- 300 Total People trained by 3/10

# The Awakening

- Much of what we were so committed to was hurting, not helping.
- Consequences were not helping
- Behavioral Program was getting in the way.
- We liked what we were becoming
- Resistance faded and resolve grew.

# Child Goes Out of Area

## ■ Before CARE

- Assemble staff who can manage child.
- Seek child out.
- Return is not negotiable.
- Child under staff supervision or in room.
- Issue processed with child.
- Child receives consequences

## After CARE from case

- Child left cottage in clothing unsuitable for weather.
- Child both angry and cold.
- Staff with best relationship went out to look for child.
- Kept a reasonable distance.
- Discussion began about trigger to incident.
- After 10 minutes, both returned together.

# Home Visits

## Before CARE

- Based on behavioral levels and achievement.
- Visit problems resulted in future visit loss.
- Earned visits can be taken as behavioral consequences.
- Home visits a privilege.

## After CARE

- Based upon the needs of the child and family.
- Problems during visits means more support needed for future visits.
- Family contact is an essential connection



# Dining Room Seating

## Before CARE

- All students sit with assigned class.
- Class tables assigned by supervising staff.
- Staff member sits at each table.
- One child up from table at a time.
- No table to table discussions.

## After CARE

- Staff scheduled to eat at assigned lunches and placed around the room.
- Students free to sit with whoever they want.
- Students able to move about the dining room with staff support as needed.

# Participation in Activities

## Before CARE

- Levels determine access to some activities.
- Many activities were a privilege to be earned.
- Difficulties during activities meant loss of future activities.
- Behavioral difficulties in school often led to a loss of afterschool activities.

## After CARE

- All kids have equal access to all activities.
- Kids are expected to participate in activities.
- Difficulties in activities means there is a need for more support and opportunity in activity.

# Shift Report in 2013

“A student left the school without permission at 12:15pm and went to the cottage area. I (the staff member) went and found him in his room playing the piano. PLAYING PIANO!!! Well one thing leads to another and before I knew it, both he and I were banging out songs on the piano. We are both fans of each other now and as I left to return to the school, the student asked, “Can I come back to school now?” At 12:45pm, student back in school.”

# The Result

# Data Collection

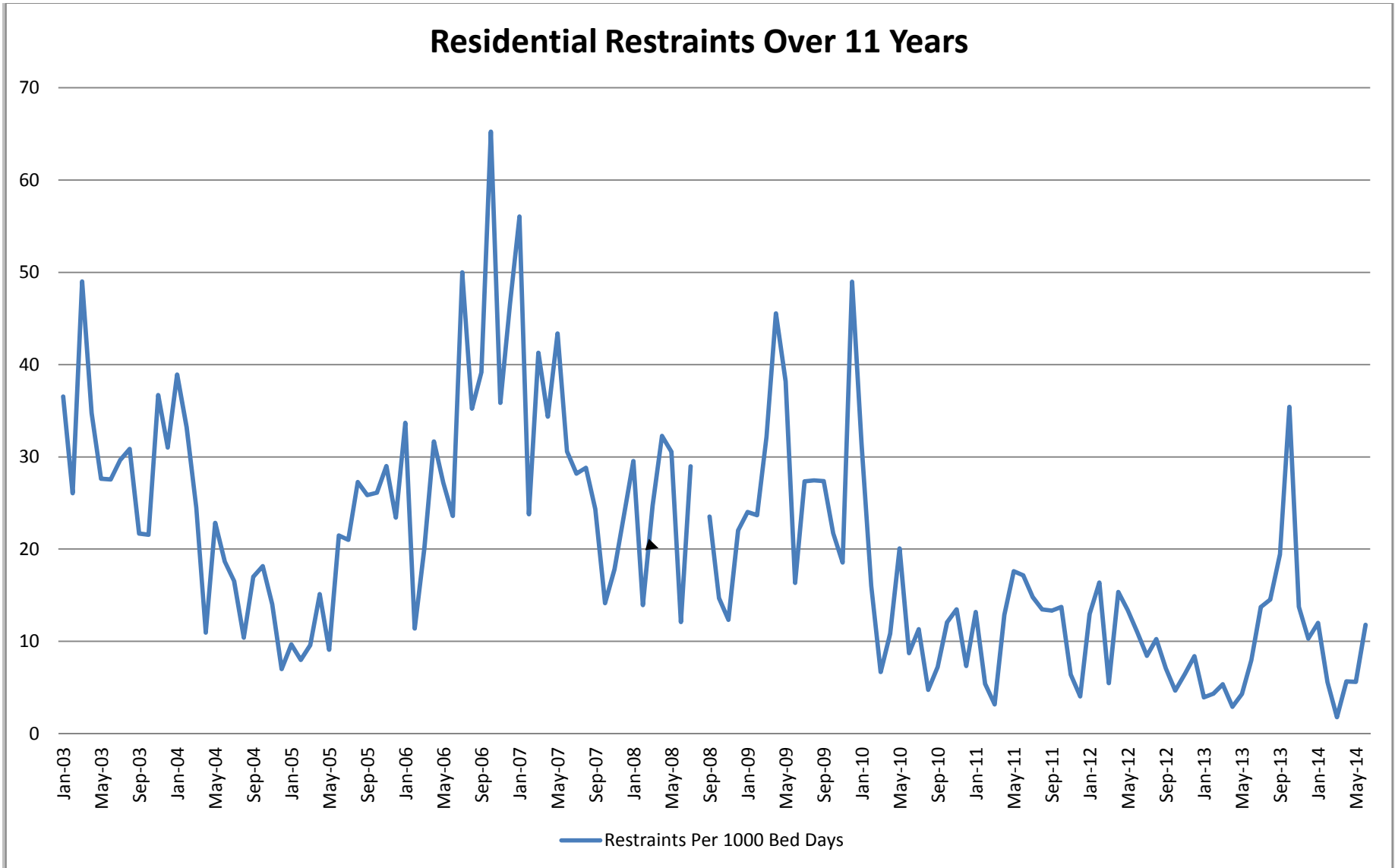
Consistently collected since 2001

Covers all agency programs

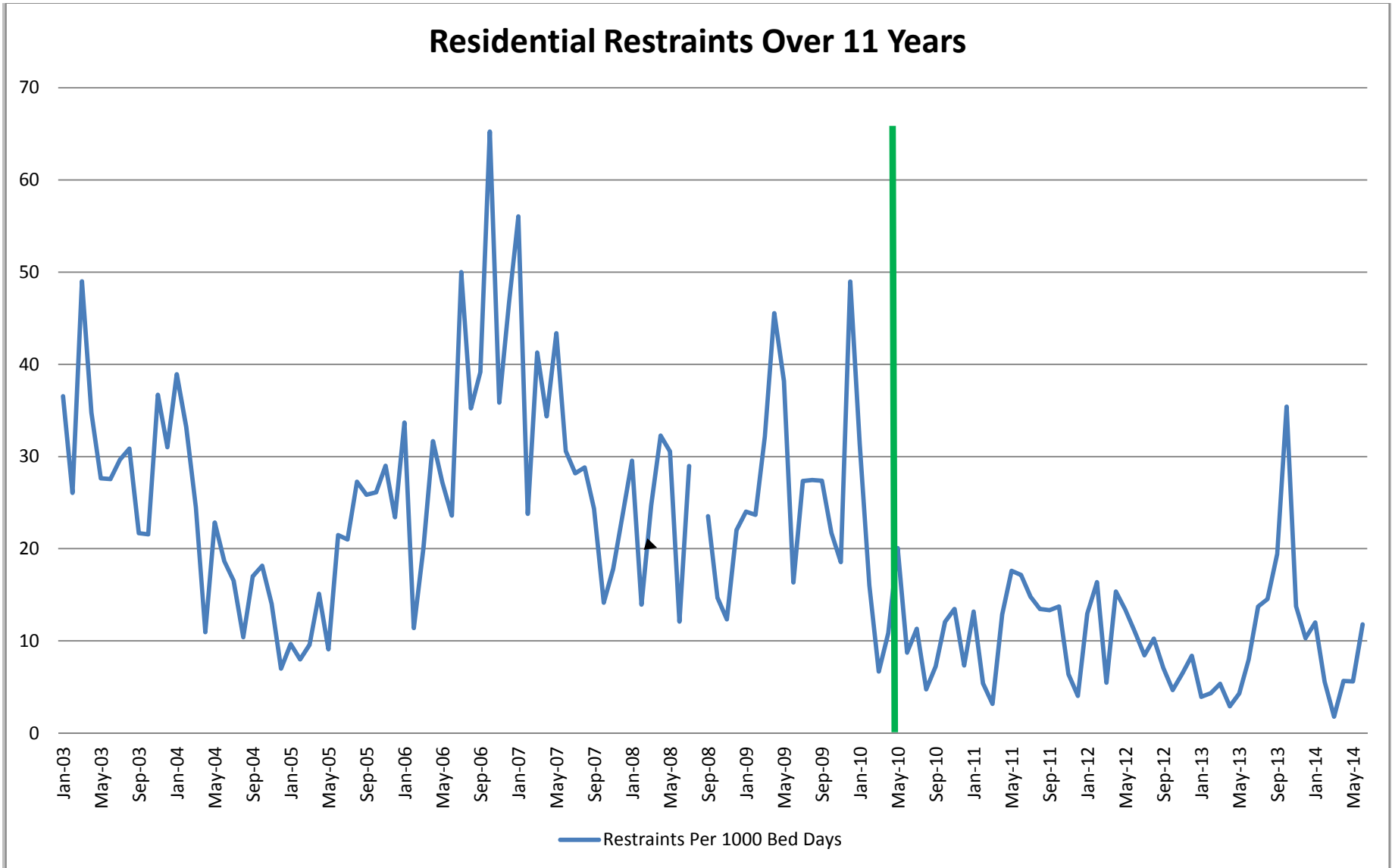
Includes:

- ❖ Demographics on Referrals, Intake, Discharge
- ❖ Utilization Review Data
- ❖ Critical Indicators (restraints, police calls, hospitalizations, awols, medical events...)
- ❖ Satisfaction Surveys (kids, parents, DCF, Schools, foster parents)
- ❖ Standardized Measures (GAF and CBCL in some programs)
- ❖ Program Outcomes
- ❖ Staff Satisfaction and Staff Turnover

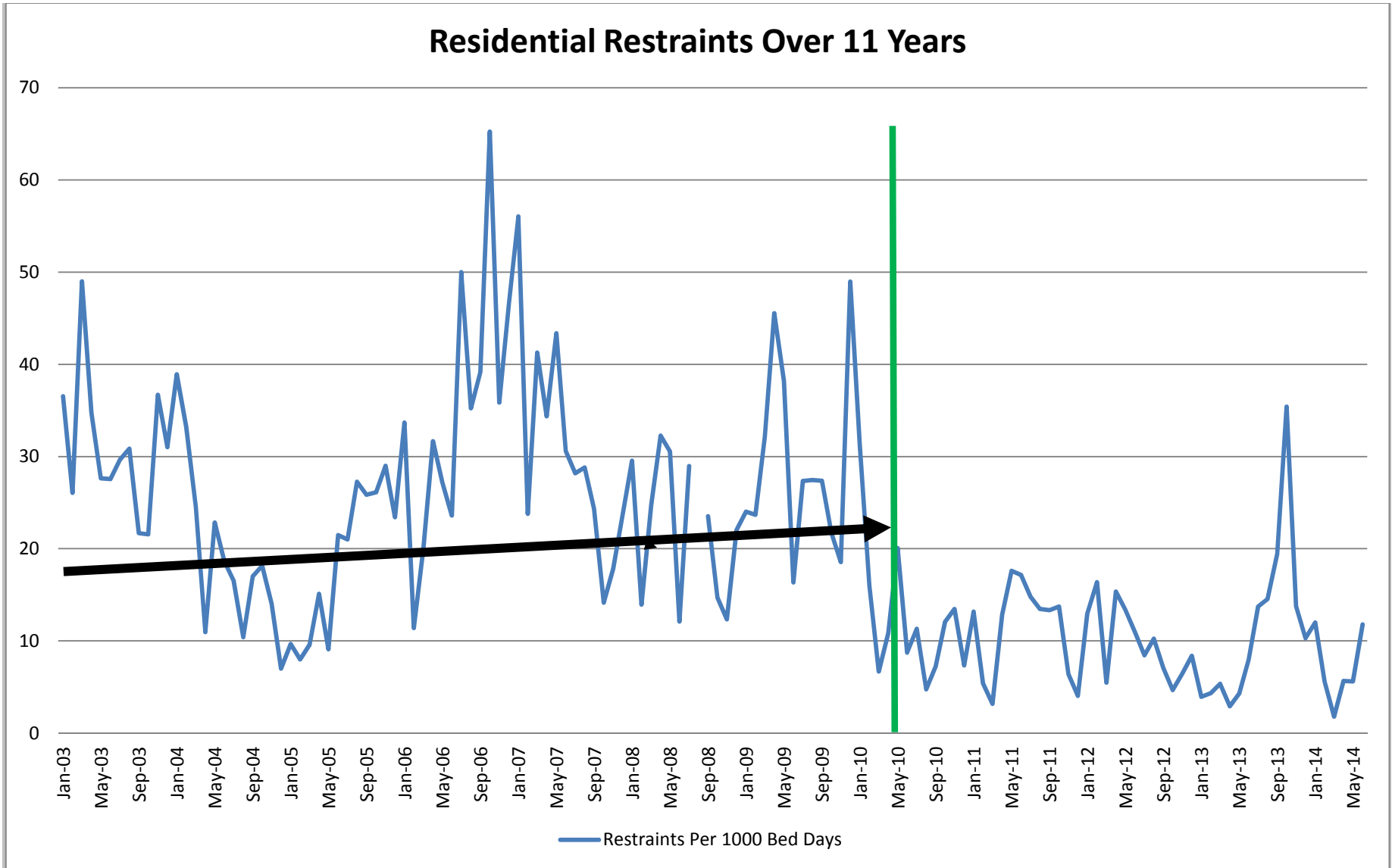
## Residential Restraints Over 11 Years



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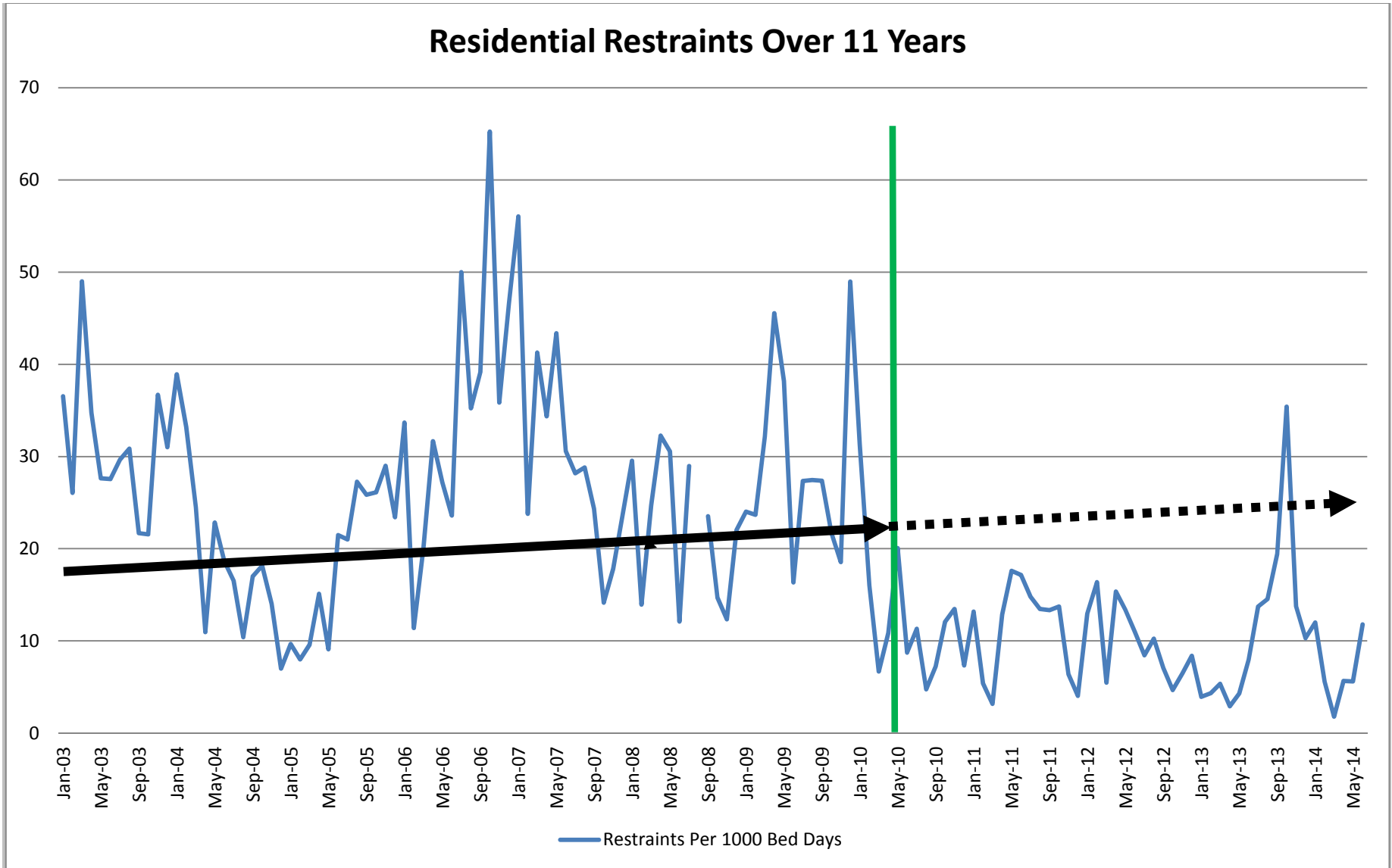


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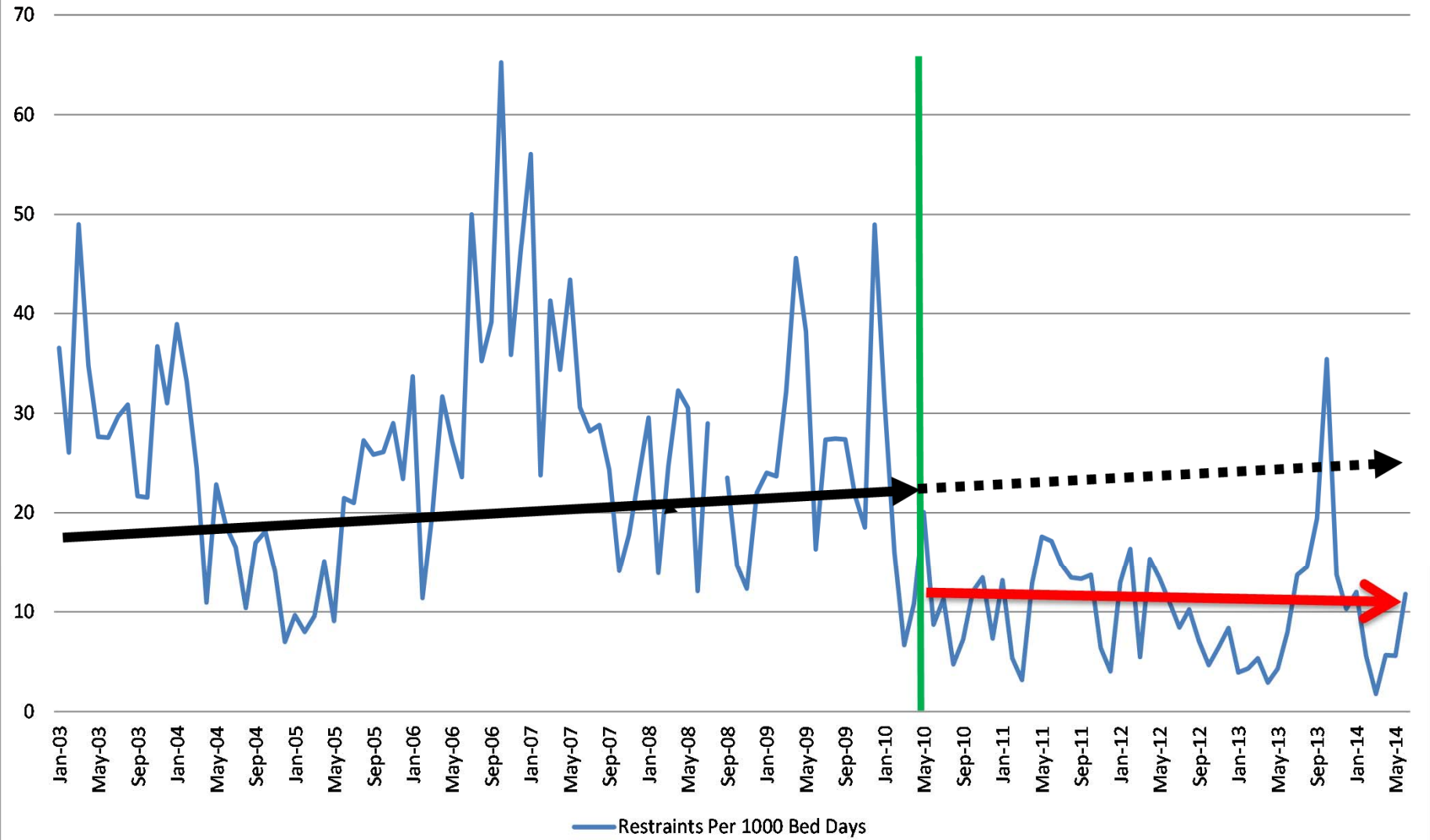




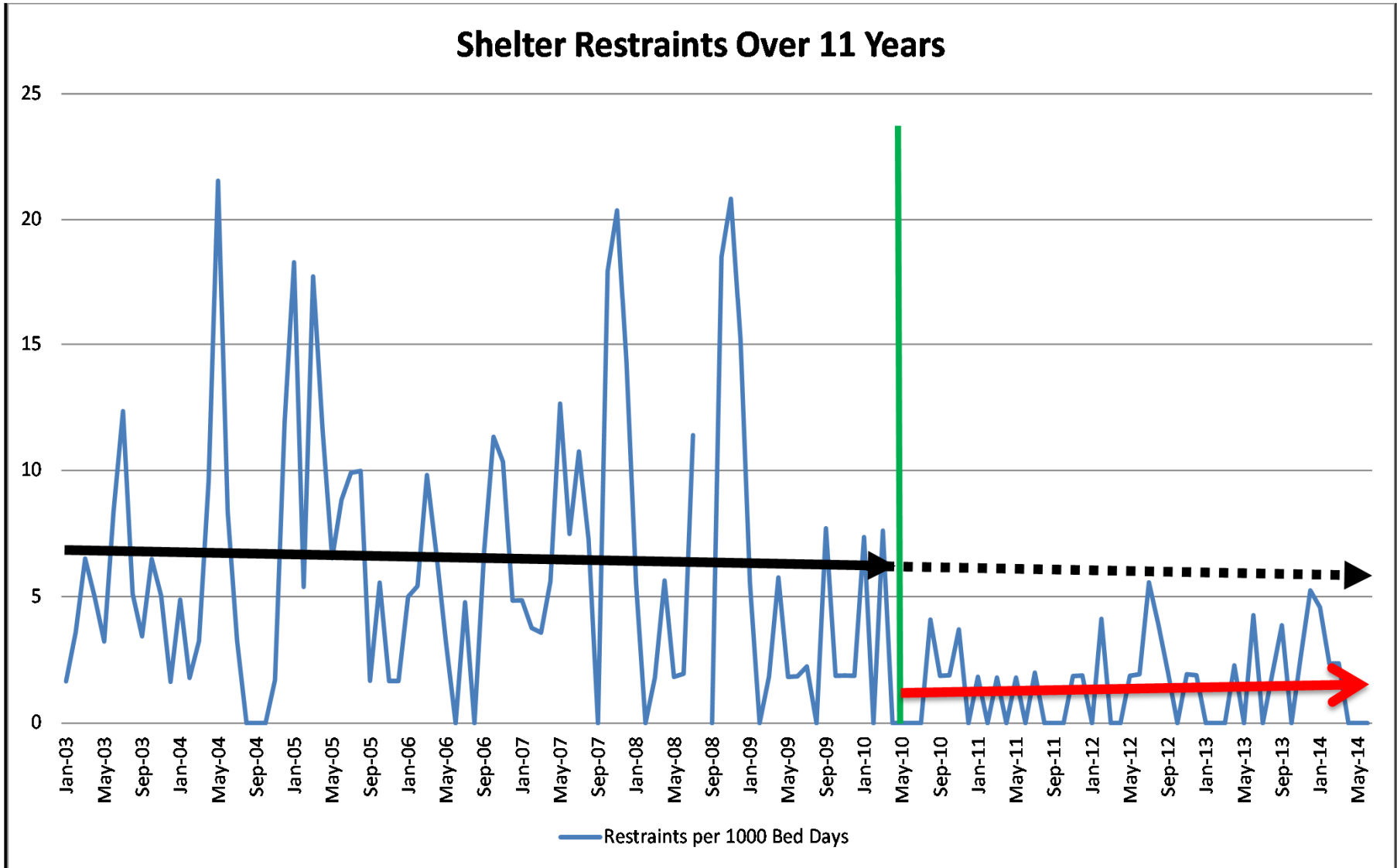
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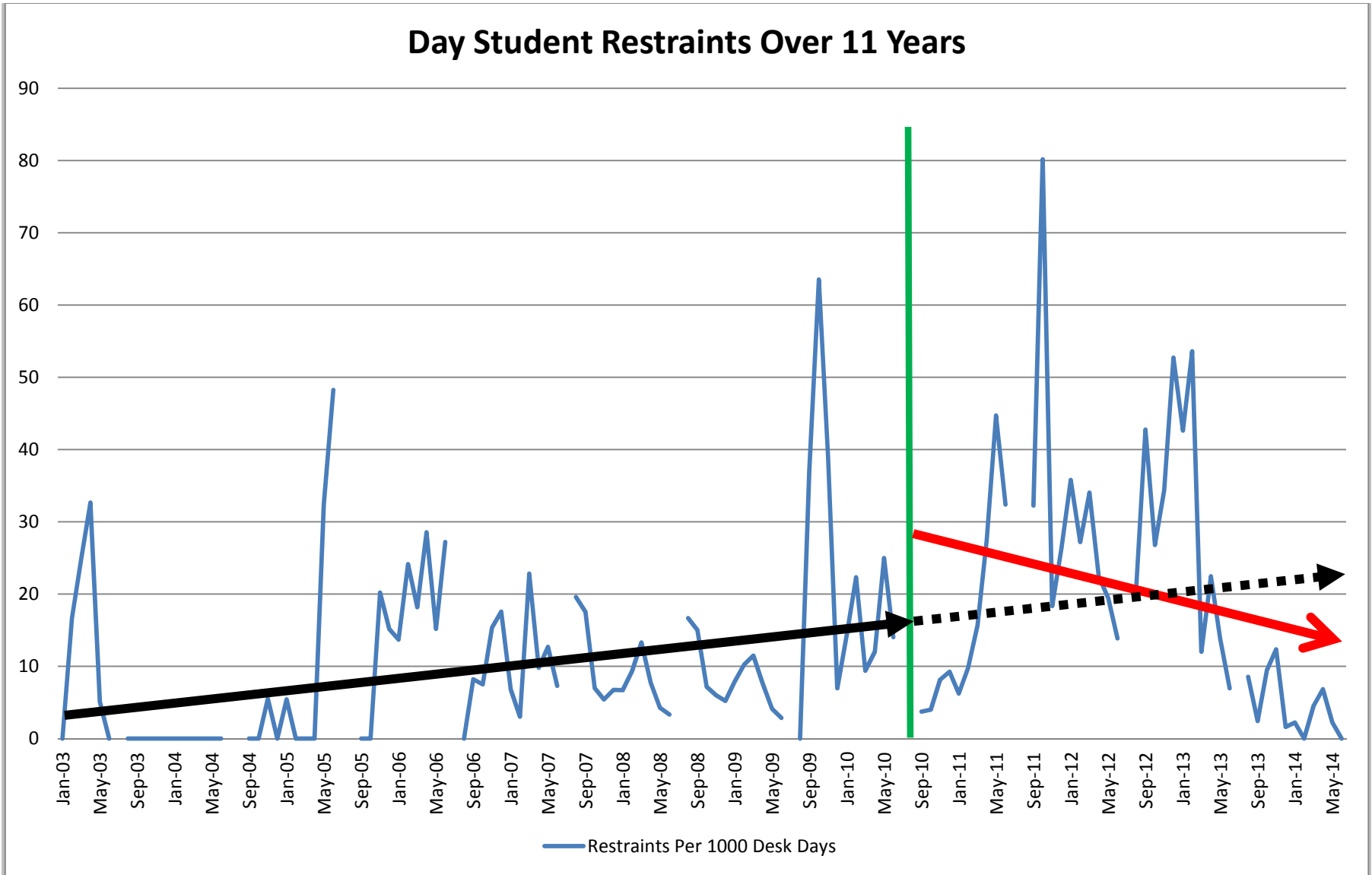
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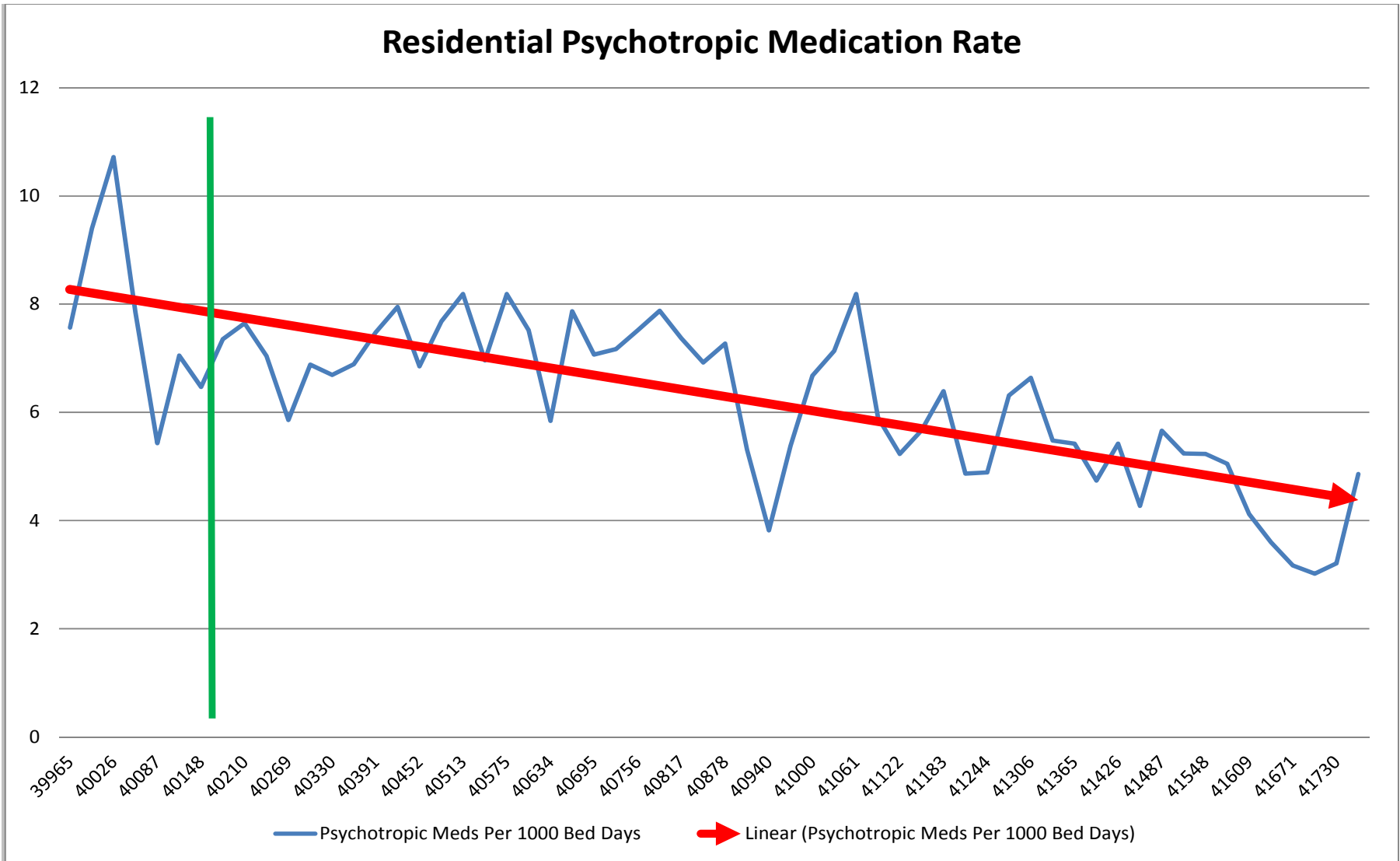
## Shelter Restraints Over 11 Years



## Day Student Restraints Over 11 Years



### Residential Psychotropic Medication Rate



# In The Best Interests of the Child

It is worth any sacrifice

however great or costly,

to see eyes that were listless,

light up again;

to see someone smile

who seemed to have forgotten how to smile;

to see trust reborn in someone

who no longer believed in anything or anyone

*- Dom Helder Camara*

**Bill Martin:**

[wmartin@waterfordcs.org](mailto:wmartin@waterfordcs.org)

**Sharon Butcher:**

[sbutcher@waterfordcs.org](mailto:sbutcher@waterfordcs.org)