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

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Connecticut Restraint and Seclusion Prevention Initiative Partnership
Second Annual Conference
Friday, September 12, 2014
Programs of Waterford Country School

- Residential Treatment
- Special Education
- Adoption Services
- Safe Homes
- Outpatient Clinic
- Emergency Shelters
- In Home Services
- Therapeutic Foster Care
- Group Home
- Outdoor Education

Programs of Waterford Country School
Our Path to CARE

1. Injuries/Trip To Cornell
2. State Support
3. Cornell Consultation
4. Restraint Reduction Plan
5. CARE
The Model
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
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

Restraints Per 1000 Bed Days
Residential Restraints Over 11 Years

- Restraints Per 1000 Bed Days

Legend:
- Blue line represents Restraints Per 1000 Bed Days.
Residential Restraints Over 11 Years

- Restraints Per 1000 Bed Days

- Graph showing fluctuations in residential restraints from January 2003 to May 2014, with a trend line indicating an increase.
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
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