

Overcoming Obstacles and Barriers to Effective Program Planning in Residential Settings

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Jen's Place is committed to meeting the needs of its residents and providing interventions that promote positive physical, emotional, social, and cognitive growth and healing. This is accomplished without being restrained by the 'typical' group home attitude that implements punitive programming with a focus on behaviour management. We chose to value relationships and attempt to normalize experiences, development, and behaviour. The focus is on conceptualizing and emphasizing the relationship between the youth and his or her environment/systems and restructuring detrimental patterns that have placed the youth at risk of developing poor long term coping skills.

Barriers

The Use of Control as a Method of Behaviour Management

Control is a method used for restricting limits and choices of individuals in an environment with the purpose of decreasing behaviour problems. These strategies tend to be reactive and punitive when the behaviour challenges the status quo. Therefore we need to question whose needs are met by the use of control.

The use of control and restrictions will often lead to rebellion, resentment and the creation of environments that are not conducive to therapeutic programming and relationships. There are many barriers that maintain the continuum of 'control'. These include;

- Youth typically oppose external structures of control and will rebel as a normal part of development. Youth involved in abusive situations tend to respond to the use of control as a threat or 'adversarial situation' (Mann-Feder, 2003) and will use the fight or flight response in order to attempt to regain control of his or her environment.
- Unqualified, inexperienced or professionals from different disciplines may view youth behaviours as extreme and deviant when developmentally and situational they are not. Staff is forced to deal with their own 'fear, anger, helplessness and frustration' (Brendtro, 2004). Staff become concerned that a failure to maintain control over the environment is a reflection of inadequacies and/or competencies in his or her skills.
- Having control of actions and limiting choices minimizes any consequence of those choices which is viewed as successful programming versus experiencing the consequence as a therapeutic learning opportunity.

- At times, the helping relationship is often viewed as a hierarchal and an authoritative relationship. Youth are not seen as experts of their own experiences.
- There is a view of the 'magical door' of care. We often expect that once a youth is involved in a residential setting, they will conform to the rules of that setting. When they don't, it is assumed that the nonconformity is by choice and that restriction and consequences will teach responsibility and self control.

What to do?

In a residential setting, avoid the use of control as a method of behaviour management and utilize the following techniques and approaches to program planning;

- ▶ Qualified staff- Full time staff need to be Child & Youth Workers.
- ▶ Utilize a variety of therapeutic treatment modalities including;
 - Cognitive-behavioural
 - Strength-based
 - Developmental-ecological
- ▶ Reframe and analyze the powerful interaction between staff and youth
- ▶ Focus on the need, not the behaviour
- ▶ Put an emphasis on establishing and maintaining family-like relationships
- ▶ Provide choices
- ▶ Provide information at every step of intervention
- ▶ Invite participation in all decisions
- ▶ Avoid lecturing
- ▶ Allow for mistakes
- ▶ Ask open ended questions
- ▶ Disengaging from all power struggle
- ▶ Avoid imposed consequences-use creativity



“Rather than rehabilitation, what is needed is transformation: becoming something new that has never before existed” (Larson, 2005).

“You may never know the results of your actions, but if you do nothing there will be no results.” Ghandi

- ▶ Support natural consequences
- ▶ Focus on strengths & positives
- ▶ Strength based behaviour management instead of flaw-focused.
- ▶ Authoritative style of ‘parenting’
- ▶ Unconditional support
- ▶ Role-play
- ▶ Hands-off interventions

Outcome

The most obvious outcome is the almost complete eradication of physical aggression within the home.

To date 11% of our residents had been restraint on a weekly basis in other placements. We have engaged in 0 with these residents.

We have had 0 restraints in 13 month period.

Non-aggressive incidents account for 65 % of our serious occurrences.

100% of our current staff that has previous experience in residential care state that they prefer the approach utilized by Jen’s Place versus approaches used other residential agencies.

‘Too much restrictiveness has been found to create resentment and increase the likelihood of an adversarial situation, while at the same time creating dependency on external structures and an incapacity for initiative’ (Mann-Feder, 2003)

Do not be afraid of relationships with the youth; walk along side or behind them instead of in front of them. Do not be afraid to give them the control of their decisions, to be educated by them, to show them that everyone has feelings. Let them have values, express joy as well as disappointment, let them know that we will stick up for them if they are being treated unfairly and that we are not always right nor do we know exactly how they feel.

Faulty Communication & Language between Staff and Residents

Language becomes an obstacle when working with youth in care for several reasons however the basic underlying challenge is normalizing the youth’s living experiences.

Barriers to effective communication display the power differential between staff and residents furthering a child’s isolation.

- Exposure to institutional jargon is a constant reminder of the difference between children in care and their peers.
- Labels assigned to children in care transcend into the community affecting their socialization. Often these labels stick with the children into adulthood. Labels are demonstrations of our interpretation but are also often indictments (Hewitt, 2005)
- A person unfamiliar with the workers slang and jargon might be misled...with little idea of what has actually taken place (Hewitt, 2005).
- We must use the language we all

agree on. If some people or groups use their own language that hides the truth and misleads the receiver of the message.

- Open, honest discussion cannot take place... it also destroys the relationship by eroding trust (Pike et al., 2005)
- There is often a misunderstanding by staff of the meaning of the words, definitions and cultural terms used by youth (ex. ‘dis’).

What to do

- ▶ Constantly critique the use of group home jargon and slang, keeping it at a minimum
- ▶ Avoid complex ‘professional’ language in conversations, use common terms
- ▶ Communicate with youth at their level - their vocabulary
- ▶ Encourage reflection of negative phrases/words used by youth/staff
- ▶ Communication includes creative verbal, non-verbal, visual and written forms

- ▶ Teach and be aware of alternative ways that youth communicate with us
- ▶ Advocate with collaterals and resources to communicate the way the youth can learn and be expressive

Outcome

At Jen’s Place labels are carefully deconstructed and only used in a clinical sense, not as a descriptor for behaviour or performance. The outcome of this approach is demonstrated by the close relationships

developed between staff and residents.

Clear communication and understanding each others’ language has lessened unnecessary disagreements and arguments.

There is a rejection of other forms of coercion used for discipline. An environment which invites open and clear communication rejects punitive climates overall.

Youth are able to see staff as people and be open to relationship building.



“A new vision often begins with one or two individuals; the challenge is to share that vision and transform the agency” (Hatter & VanBockern, 2005)

Standardized Programming vs. Individualized Programming

It is important to consider every youth as an individual, their own experiences, and their own interpretation of experiences, their interactions with and impact of various environmental factors, their level of crisis, maturity, developmental stage, strengths and learning style.

There are many barriers that prevent programs from implementing individualized programming for each resident. These barriers include;

- Unqualified and inexperienced staff or a high turnover of staff
- Too much variation in needs of residents
- Lack of resources within the home and the community therefore an over reliance on a small number of staff to provide a multitude of needs
- Assumption that all residents have the same need and the same ability to meet those needs
- Unfamiliar with a variety of treatment modalities and creativity in the implementation of programming
- Inflexible programming, household rules and consequences
- Failure to anticipate developmental changes of youth and the program

What to do

- ▶ Immediately reject the notion that the youth must fit the program
- ▶ Consider stages of development, experience, crisis, etc. in planning
- ▶ Regular weekly review of program planning with staff team including therapist, psychologist, school coordinators, etc.
- ▶ Have a primary worker who is proficient on meeting the child’s needs
- ▶ Individualized goal planning focus should be on building real relationships
- ▶ Involve the youth in all planning, at a level they are comfortable with
- ▶ Focus always remains on building on strengths
- ▶ Planning is creative, fun, success-orientated
- ▶ Individual and group recreational activities
- ▶ Individual time with staff
- ▶ Individual and group life skills support
- ▶ Always cognizant of who’s needs are being met

Outcome

Goals are achieved much more successfully through participation, compromise and cooperation (Krueger, 2004).

Each youth understands that they are an individual and there is dignity in that.

We have implemented over 17 individualized programs in 26 months.

Hindrances of Developmental Transitions



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There is a need to understand normative adolescent development and behaviour while not assuming that chronological age and developmental age are always the same. We need to increase skills, sense of belonging, connectedness, and reduce social isolation and detachment. Only 41% of former kids in care are employed and only 24% are in school while nearly one half have been arrested and ¼ are homeless (Reid & Ross, 2005)

Barriers to successful transitions include,

- The assumption that chronological age is a determinant of developmental readiness to live independently
 - Many young adults are living at home longer at an average increase of 8% from 1981 and close to 50% of unmarried young adults still live at home (Lemay, R, 1999). Youth in care are often not prepared to live independently and do not have the reassurance of a place to return to if things do not work out.
 - The process of transition is started too late to adequately prepare youth for independence.
- What to do
- Anticipate and prepare youth for transition they will be experiencing

- Individualize programming and life skills
- Ensure security in the relationship between youth and staff
- No restrictions on community time, allow youth to go where their supports are
- Devote time for youth to make connections between their community and their support systems
- Involve all collaterals and supports in discharge or transition planning
- In house semi-independent programming
- After care continue the relationships even though the youth has moved out
- Follow up with support services and access to program resources such as therapist, day program, psychologist
- Advice and support in time of crisis

Outcome

Jen's Place remains a safe place for the young adult to seek comfort and support. Youth develop independent skills by being an active part of decision making and planning for their eventual discharge in order to lead successful adult lives (Reid & Ross, 2005).

Youth have a sense of ownership and have a foundation of good decision making. We have successfully transitioned six youth to independence or with family in the past six months.

We have remained in contact with 75% of our residents and their family.

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