Promising Practices for Adequately Funding and Reimbursing Residential Services

by Lloyd Bullard

The Child Welfare League of America (CWLA) and National Organization of State Associations for Children's (NOSAC) Residential Services Reimbursement Project is the result of discussions over many years among CWLA, various state membership associations, CWLA's member organizations, and public agencies regarding public funding of residential services. The project seeks to address the following questions:

- How do agencies develop reimbursement formulas for residential services?

- What are the methods to determine fair cost or reimbursement?

- What costs are considered allowable in various jurisdictions?

- Can the rules or actual, recognized costs or rates of residential services be fairly compared among states?

- Are there any national standards, guidelines, or benchmarks to guide residential services reimbursement?

- Ultimately, what is the cost of care, and are we fairly funding services?

During the last half century, as orphanages evolved into the array of residential services that comprise the group care community, the funding structure of these institutions changed as well. Increasingly, residential services became more treatment focused, and consequently more expensive, forcing agencies to depend ever more on public funding. Unfortunately, changes in funding for residential services have not evolved in a consistent way nationally, resulting in a hodgepodge of individual state funding patterns, rate rules and complex reimbursement methods.

At CWLA, drawing on feedback from our state association members, it became clear that analysis, coordination, and, eventually, some guidance to the field about cost reimbursement would be a valuable resource. Initially, in discussions with NOSAC, CWLA embarked on a comparison of rates throughout the country. The job's complexity became immediately apparent, and the disjunctive nature of the comparisons quickly rendered the results unusable. The focus turned to an attempt to develop a comparison not of

rates, but methods from state to state.

Once again, the nuances of terminology differences, of local values and historic relationships, and even of varying rules within a given state among its own departments soon showed this would be a complicated and difficult analysis, making a dim prospect of arriving at a clear picture.

Nonetheless, the need to answer some of the questions posed by the Residential Reimbursement Project was compelling. Though a full rate or reimbursement method comparison was daunting, the process of developing a monograph, which includes a brief historical perspective, a series of principles, definitions, and guidelines for the establishment of reasonable reimbursement, seemed a valuable contribution to the field. Writing the monograph included soliciting expert opinions, convening a series of telephone conferences, holding a number of work sessions, and going through rounds of document drafting and redrafting.

Our hope is that these promising practices will serve as a platform from which public funders and service providers can work together to develop fair and reasonable reimbursement practices. CWLA is committed to using this as a stepping-stone in developing CWLA Standards of Excellence for adequately funding and reimbursing residential services in the future.

To obtain a copy of the issue brief, *Promising Practices for Adequately Funding and Reimbursing Residential Services*, call 800/407-6273. CWLA members will receive a free copy of the issue brief. Also, a PDF version of the issue brief is on the CWLA members-only website for a limited time. The issue brief is modestly priced at $6.95 per copy.

Lloyd Bullard is a Senior Consultant and Behavior Support & Intervention Specialist at CWLA.

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Closing the Gender Gap

by Erin Andersen

Over the past 10 years, more girls have entered out of home placement. Child care professionals and policymakers must understand that the nature and causes of girls entering the system is often different from those of boys.

Girls in the system have histories of physical, emotional, and sexual abuse. Additionally, they often suffer from physical and mental disorders, have experienced academic failure, and give in easily to the pressures of male domination. These young women present unique treatment issues that stem from their own processes of social, physical, and emotional development. Effective programs and services must reflect an understanding of these issues and work to meet the needs of females. Gender-specific programming is a comprehensive approach that addresses the developmental needs of girls who are at risk.

We often hear, "How do girls get this way?" Understanding this question can help direct gender-specific programs and focus intervention. To begin understanding the question, we must look at the socialization process for girls.

Socialization is the process by which individuals learn to conform to social rules, acquire personal values, and develop attitudes typical of their culture. Thus, how girls think, feel, and act can reflect how they were raised. Gilligan notes that adolescent females' low assessment of their own competencies may lie within the social environment, which applauds achievement and success in males but may react with ambivalence or negativity toward females.

Further, girls are encouraged to take on traditional feminine gender traits, such as (interpersonal relationships, expressiveness, sensitivity, and nurturing), while downplaying traditional masculine traits, such as individualization,

independence, and competition (Block, 1983 & Gilligan, 1982). Historically, American society traditionally values masculine traits more highly than traditional female traits. So, as girls discard masculine qualities, they may display fewer behaviors that typically elicit positive reinforcement from others (Linehan, 1983). The acceptance and rejection of specific gender traits comes at a time when adolescent girls are undergoing a search for their identity, further adding to their stress.

> *Historically, American society traditionally values masculine traits more highly than traditional female traits. So, as girls discard masculine qualities, they may display fewer behaviors that typically elicit positive reinforcement from others.*

Socialization, however, only accounts for part of the problem. By looking at the ecology of the problem and the risk and protective factors, a more comprehensive picture emerges. The more risk factors that are identified, and the fewer protective factors that are available, the more likely that normal development will not occur and that a delinquent pathway will emerge.

Risk and protective factors can be broken down into ecological domains. Each domain—individual, family, peer, school, and neighborhood/community—contains certain risk factors. For

example, in the individual domain, risk factors may include stealing, running away, and low verbal skills. In the family domain, they may include poor parent-child relationships, poor monitoring, and alcoholism. Many of these factors can lead girls to become victims, and with victimization, entry into the child-caring system is almost inevitable (Acoca, 1999).

Female specific programs provide many needs for girls, including positive female role models, education opportunities, and health needs. Ensuring all these needs are met is a challenge for any program. Each of these components should be included in the daily routine.

Addressing these needs has helped make Girls and Boys Town's female programs more successful. Girls and Boys Town ensures it is meeting the needs of girls through several different program components:

1. a Self Government System to help young women learn to make good choices and decisions about their own lives, and to help their peers in doing so;
2. conducting daily empowerment conferences, and having each youth meet privately with an assigned staff member to review behavior management;
3. focusing on academics to help young women who are significantly behind;
4. therapy, not only individually and in groups, but also through influences and activities;
5. treatment goals and objectives that focus on skills development, including learning emotional management, and social, ethical, and academic skills; and
6. keeping girls connected with their community and the world around them.

The Girls and Boys Town of Philadelphia Shelter discovered that focusing on girls' safety (keeping them in the program), relationship-building, skills-building and family involvement, and having the girls play an active role in treatment planning resulted in significantly lower runaway and recidivism rates than other juvenile justice programs serving similar populations (Huefner, Xia, Teare, & Davis).

Building on the success of the Philadelphia program, Girls and Boys Town maintains its focus on how to specifically help girls in its care. Helping girls reach competency in many different

> *The Girls and Boys Town of Philadelphia Shelter discovered that focusing on girls' safety (keeping them in the program), relationship-building, skills-building and family involvement, and having them play an active role in treatment planning resulted in significantly lower runaway and recidivism rates than other juvenile justice programs serving similar populations.*

areas can help them overcome many of the their past and future challenges. The goal of Boys and Girls Town is to counteract the effects of the many difficult situations girls face every day by providing the social, relational, academic, and independent skills that eliminate or limit the risk factors that impede girls' healthy development.

Girls and Boys Town continues to develop and strengthen its programs by using research and practical experience to help children and families nationwide. Replicating its programs in a multitude of communities through Girls and Boys Town USA and partnerships with local organizations ensures that children and families receive the services necessary to

attain healthy, productive lives. Girls and Boys Town prides itself on working toward its mission of changing the way America cares for its families and youth.

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Erin Andersen is Program Coordinator at the National Resource and Training Center, Girls and Boys Town, Boys Town, Nebraska.

Residential Child Care: Guidelines for Physical Techniques, Crisis Prevention, and Management

by Kurk Lalemand

Though there are many concerns about teaching physical skills, here we will address only one—the selection criteria managers should consider to ensure a technique is appropriate for including in the training of direct service employees.

When deciding whether to include a specific technique in a safety course, you should ask the following questions:

* Does the technique have a minimum impact on the client?
* Does the technique have a minimum impact on the environment?
* Does the technique start at the point of a person's natural reaction?
* Is the technique easy to learn?
* Is the technique likely to be recalled during a high-stress event?
* Is the technique designed to be "catastrophe proof?"
* Can the normal distribution of employees perform this technique?
* Is the technique applicable to a variety of situations?
* Is the technique necessary?
* Is the technique effective?

Does the technique have a minimum impact on the client? If a technique accidentally or purposely transfers energy to the "aggressor's" body—which you can see if the youth's body is jolted by the employee during the technique—the client may get startled, injured, or reenergized and may further resist or react in an unpredictable way.

Does the technique have a minimum impact on the environment? If you "jolt" the client's body, others in the environment will see this happen. This energy transfer to both the aggressor's body and to the environment must be kept at an absolute minimum. This reduces retraumatization of the client, as well as upset in the environment.

Does the technique start at the point of a person's natural reaction? All employees will react to an attack in a predetermined way. If I throw something at you, you will react automatically by putting both your hands up and turning your head. The technique you want your employees to learn, therefore, should have, as the first element, putting both hands up. Any blocking technique that teaches inside-outside, left-right, or up-down movement is a waste of time. In a real situation, that kind of technique requires someone to remember what was taught, which is very unlikely.

Is the technique easy to learn? The techniques you select for your staff should have as few steps as possible—three or four in the case of self protection skills, five or six in the case of a holding sequence. The skills should not require staff to recall left and right actions – no one will remember such a fine distinction without a lot of practice time.

Is the technique likely to be recalled during a high stress event? This is a combination of the above considerations. In addition, staff must be taught fewer techniques more often so that less decision-making time is required.

Is the technique designed to be "catastrophe proof?" If all goes badly, will we still avoid major injury? Many skills are delivered as if the actual scenario were likely to unfold as planned and as practiced in class. In fact, this almost never occurs. The technique you are considering, therefore, should be inspected at every step to ascertain what the worst possible injury would be if everything fell apart. Select the skill with no catastrophic results.

Can the normal distribution of employees perform the technique? Can older staff, overweight staff, staff with limited speed and strength, and inexperienced or experienced staff perform the technique? Have someone other than the lead trainer demonstrate each skill. Get a feel for the coordination, strength, speed, and stamina requirements of each technique. If 8 out of 10 staff cannot succesfully perform the self-protection techniques, they should be redesigned. If 5 out of 10 staff cannot successfully perform the holding techniques, they should be redesigned.

Is the technique applicable to a variety of situations? Can the block be used to stay safe from punches from the left and right, as well as from thrown objects, attempted chokes, or grabs to the face, hair, and glasses? Don't include more than one block in your course. Left side and right side blocks, and up and down blocks only confuse participants. Too many skills take longer to learn and waste valuable practice time.

Is the technique necessary? If more than one technique is aimed at the same problem, eliminate one of the techniques. Staff will gain higher

Therapeutic Coaching: An After Care Model for Youth Exiting Residential Treatment

by Daniel Lyga

This article describes an aftercare treatment model designed for youth to be discharged from a residential treatment center. This model has been implemented in the Greater New Haven Region of Southern Connecticut for youth leaving The Children's Center of Hamden, and for youth exiting other residential centers.

Residential treatment provider are familiar with youth who have made significant achievements while in our programs, are ready for discharge, and are faced with the enormous challenge of returning to their communities in a successful manner that supports their continued growth. Transitions are often some of the most challenging times in anyone's life.

For some youth being discharged from residential care, their internal resources or external support system is sufficient to help them negotiate the challenges that accompany this major transition. Too often, however, this is not the case. Traumatic histories filled with unpredictable outcomes and issues of abandonment and separation can leave these youth ill-prepared to manage anxiety and uncertainty.

Sometimes, extreme anxiety alone results in the discharge plan not working due to the youth seeming to sabotage his or her success. And even if the young person is able to manage the transition sufficiently and complete the move, the youth frequently exhibits enormous anxiety and worry.

The therapeutic coach is an individualized, one-on-one relationship that targets the skills a youth needs to successfully transition from residential care. This underscores one of the most fundamental tenets of this model: The primary challenge awaiting youth leaving residential treatment is one of gaps in skill, not gaps in services. These skills may be different for each youth, but they almost always require practice as a means of gaining mastery.

> *The therapeutic coach is an individualized, one-on-one relationship that targets the skills a youth needs to successfully transition from residential care.*

Following is an actual case, not at all uncommon for those of us working in residential treatment centers:

After two years, "Andre" (not his real name), who had recently turned 18, was scheduled to leave residential care and transition into a supervised apartment program for young adults with psychiatric disorders.

By necessity, residential programs are driven by the need to develop and maintain a safe, structured environment for the youth they serve, but this focus can often result in certain developmental delays for our youth, especially in the area of independent-living skills.

Andre was literally immobilized by anxiety over his impending transition into a life of greater independence. Along with experiencing significant decompensation relating to his psychiatric condition, his strategy to deal with this very stressful situation was to simply insist he wasn't going to go! He was at the point that his state worker was planning to take him to the closest adult shelter.

With the residential program insisting that Andre had to be discharged, the state worker at her wits end as to what to do with him, and the supervised apartment program developing cold feet over whether it would still accept him, the situation was at a crisis.

Andre became a test case for therapeutic coaching. A coach was assigned to Andre and worked with him 25 hours a week for eight weeks. For six of those weeks, he remained in the residential program, and during the last two weeks, he lived in his supervised apartment. In the end, Andre made a successful transition.

During his coaching experience, Andre learned about the community where his apartment was located, made a connection with a drop-in center for adults with psychiatric disabilities, learned how to shop and cook some basic meals for himself, and learned how to use the public transportation system. Throughout the process, the therapeutic coach did these activities with him. To expect the young man to make this leap into independence without an opportunity to learn and practice these skills was unrealistic.

Residential staff were largely pessimistic about the plan succeeding, but after the first four weeks, the cottage staff were so impressed with Andre's progress, they began to advocate for a therapeutic coach for all their residents.

From Andre's case, you can see the coaching experience may involve a significant amount of time—this case involved 200 hours over eight-weeks. This is not always the case however. Therapeutic coaching is an individualized service. Some coaches work with youth as little as three hours per week. Some work with a youth for as long as one year.

> *From our perspective...it is essential that the therapeutic coaching relationship begin while the youngster is in residential care. In our setting, it is a service the youth can access once the youngster has achieved his or her residential treatment goals and the discharge plan becomes solidified.*

Another key element of the program is that it is flexible and designed to fit the needs of the youth, as opposed to an established, defined service a youth is supposed to fit into. From our perspective it is essential the therapeutic coaching relationship begin while the youngster is in residential care. In our setting, it is a service the youth can access once the youngster has achieved his or her residential treatment goals and the discharge plan becomes solidified.

Who is a good candidate to become a therapeutic coach? The coach is typically a residential child care worker, and sometimes a clinician or case manager. The coach is someone very familiar with residential treatment, and, in our situation, usually someone who already knows the youth.

As important as this component is, it also invites certain management challenges. For example, how do you free up a child care worker to become a coach? In our setting, we maintain a cadre of potential coaches—individuals who have been oriented to the model and are willing to work extra hours to provide this service. When a coaching need arises, we try to select the best fit for a youngster, which includes someone who is available for the necessary amount of time and at the times of day the service needs to be provided.

This raises another important issue: how to fund this service. I cannot emphasize enough that this very successful service could not have been developed and implemented if not for the state of Connecticut's recent willingness to create flexible funding for nontraditional services that youth desperately need. In Connecticut, this is often referred to as noncategorical funding, and it permits area offices of the Department of Children and Families to fund such services as therapeutic coaching. It recognizes that the needs of our youth often do not easily fit into traditional services.

These services are certainly necessary and play an important role, but when caregivers have the opportunity to brainstorm about what services or skills a given youngster needs to be successful, the intervention required often lies outside established services Therapeutic coaching is one such service.

Daniel Lyga is Chief Operating Officer of the Children's Center of Hamden, Hamden, Connecticut.

competency levels if they practice only one skill per problem. Occasionally, a client's preference may require us to adjust what we do. If, when demonstrating the selected skill to the client before a dangerous situation, the youth had a different preference (that also matches the above criteria), perhaps this skill can be included in training.

Is the technique effective? Does it achieve what it is intended to achieve? If everyone is safer after a technique than at the beginning of the situation, the technique is effective. If they are not safer, the technique should be redesigned. This issue is at the end of this list for a good reason. If you focus only on the most effective technique early in the decisionmaking process, you will often find the technique is very difficult to perform or very abusive.

Kurk Lalemand is President, Non-Abusive Psychological & Physical Intervention (NAPPI), Auburn, Maine.

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Trauma in Schools, and Trauma-Focused Intervention in Schools

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Evidence-Based Treatment for Child Sexual Abuse

Q: Are point-and-level systems effective in improving outcomes for children and youth in residential treatment?

POINT: By tangibly rewarding positive behavior and discouraging negative behavior, point-and-level systems are successful tools for bringing about lasting behavioral change. Residential treatment facilities should continue to use point-and-level systems.

COUNTERPOINT: Point-and-level systems inhibit the formation of strong relationships between children and staff and keep children from learning internal behavior controls. Residential treatment facilities should discontinue point-and-level systems.

by James Murphy

by Tamara Ard

In recent years, point-and-level systems as effective, beneficial tools in shaping and reshaping young people's behavior have come under increasing scrutiny and criticism. Is this truly a movement toward more positive, therapeutic approaches at shaping youth behavior, or is it simply a slanderous marketing ploy to promote self-interest in other methodologies?

Point-and-level systems, in and of themselves, are not inherently better or worse than most other tools for changing youth behaviors to be more positive and acceptable. Point-and-level-systems should not be completely abandoned, but rather reevaluated for their original purpose.

The basis of a point-and-level system as a behavior modification tool is to change or modify one's behavior from being undesirable or inappropriate, to become more desired or acceptable. Original systems were also designed to increase the quantity and quality of interactions between staff and youth. This was accomplished through dialogue between staff and youth regarding behaviors and alternatives, and a collaborative process of working toward positive change and creating and maintaining a learning environment.

With these concepts in mind, is the intent really different than the components of other behavioral systems or approaches? Not only is it not dramatically different, the results, when properly and effectively developed, implemented, monitored, and maintained, do not appear to be dramatically different or less beneficial (Institute of Behavioral Science, 1998). The failure is not in the system itself, but in the poor development, implementation, and ongoing individualization of point-and-level systems.

Point-and-level systems have been used in residential care for decades. They were developed at a time when our understanding of the effect of trauma was not as evolved as it is today. When implemented in a highly individualized and controlled setting by competent staff, these approaches can be very effective; however, the use of these systems is not effective in residential care due to many factors.

Childhood abuse often leads to disrupted attachment and an inability to modulate arousal and aggression. Stress sets off an alarm inside the child, and the arousal or aggressive response is automatic. This response is not a choice the child makes, but one developed from exposure to abuse and trauma.

Exposure to abuse and trauma often results in an external locus of control for an individual. This is the belief that what happens in the child's life is determined by things and events outside the individual—people, fate, chance, or luck. An individual with this type of belief system interprets a reward as luck, or the staff person likes him or her, and soon the child's response to a consequence would be the belief that some outside factor resulted in the outcome. An individual with an external locus of control does not effectively connect his or her behavior to rewards and consequences.

Children who have experienced abuse are often delayed cognitively and emotionally. Some point-and-level systems, however, are based on chronological age. Intervals between the behavior event and the reward/consequence are delayed too long for the child's developmental age to modify the behavior. For meaningful change, children developmentally younger than their chronological age need the reward system matched to

Point-and-level systems can be based on real life systems, such as a family-based allowance model. Natural and predictable consequences occur under this system when developed and implemented consistently and fairly. When a chore is completed, the young person earns a percentage of allowance for the determined period of time. This time frame for reward may be varied, depending on individual's capability to accept delayed gratification, sometimes based on age, developmental progress, and so on.

> *Point-and-level systems, in and of themselves, are not inherently better or worse than most other tools for changing youth behaviors to be more positive and acceptable.*

Then where does this system fall short and elicit criticism? The answer, simply put, is when well-meaning staff either try to use it as a cure-all, or to simplify their work by creating a cookie-cutter environment. One system cannot reasonably be expected to accomplish everything for every youth in every type of environment, no more than any one daily vitamin can be expected to provide all nutrition for an individual in lieu of eating food. Many factors play a role in this expectation, but, rest assured, many agencies and programs do just that. We tend to want a single system that makes everyone's job easier by maintaining consistency and creating order.

Areas such as staff training, including on-the-job training, individualization versus standardization, maintaining a positive- and strengths-based approach versus a negative- and deficit-based system, and ongoing review and modification of the individualized expectations are all potential problem areas and require further exploration.

Staff training in point-and-level systems typically lacks direct mentoring experiences or on-the-job training by senior or experienced staff. The normal expectation has become that everyone should know how to implement the points and levels. Somewhere along the way, the field has forgotten to get back to the basics and teach staff how to monitor and observe youth behavior, how to develop appropriate expectations of their behavior, and how to develop and maintain positive, professional, and healthy relationships with youth in our care.

Any behavioral system/approach must have the flexibility to be individualized for the greatest success. Though general expectations in some areas are appropriate and help keep the program running smoothly, the failure to create and implement individual expectations and work with youth at appropriate developmental levels breeds discontent for youth who are trying to attain inappropriate expectations (whether too high, too low, or just plain inappropriate), as well as for staff who struggle to keep order and provide treatment when youth either don't comprehend their expectations or struggle with the misaligned expectations placed on them.

When developing and implementing point-and-level systems, far too often the tendency is to implement a punitive, deficit-based program. This breeds failure rather than success. Similar to the generally accepted treatment philosophy, a strengths-based system allows for success and elicits a more cooperative process, environment, and reaction from the youth. This approach encourages a focus on the individual child and his needs, rather than expecting the youth to conform fully within the rigid expectations of a standardized program—similar to trying to fit a round peg in a square hole.

Additionally, as previously mentioned, the strength-based methodology must be implemented in a positive, supportive learning environment that facilitates discussion among staff, rather than simply serving as a staff monitoring system of youth behavior.

Thus, continuous evaluation and modification of the individual plan to ensure celebration of success and maintain relevance to individual needs are crucial. Ensuring a fully developed system that allows movement between levels, as well as ensuring concrete, predictable expectations of youth behavior, is also essential. This is best developed and reviewed on an ongoing basis through staff as well as youth involvement and input. This creates ownership and investment in the system by youth and allows for ongoing dialogue and enhancement of the relationships and learning environment.

Another area to consider is when a youth's behavior is inappropriate and a consequence within the point-and-level system is earned. Staff generally see this as a failure of the system. In fact, we need to recognize, just as with youth and adults alike, that we all make choices regarding our behavior, even when we know the consequences. Sometimes we make decisions we know are not the best or most appropriate, but when weighing the consequences, we decide that the possibility of the consequence is worth the action. The system itself was not a failure and not at fault.

> *It's time for us to work together as a field and strengthen all of our tools so we can most productively deal with youth behavior and assist them in becoming positive members of our greater society.*

As the discharge period draws near, the staff should be making every effort to transition the young person to a system identical to that from which they will be discharged. For example, if the young person is transitioning into a home environment, then staff should

find out what expectations will be present and prepare her to accept and successfully accomplish these expectations to best serve them. These new expectations should be implemented before leaving the group care setting.

Unfortunately, far too little collaboration exists between many group care settings, both within the same agency as well as between agencies, to allow for this level of cooperative transition. Programs that do this tend to experience smoother transitions.

Now is not the time for marketing agencies to throw the baby out with the bath water regarding any valid techniques and resources for improving youth behavior. Maybe the best illustration of this concept is the old Pogo cartoon from an early 1970s Earth Day stating, "We have met the enemy, and it is us." Rather than us faulting the system and its failures, maybe we should be looking at ourselves and how we have failed the system we are implementing, be it is a point-and-level system, phase system, relational model, Group Guided Interaction, or Positive Peer Culture.

Inherently, any organization should look at defining the anticipated benefits for any program it is using or considering. This philosophy should be tightly aligned with the agency's treatment modality, mission, and general culture. Ultimately, decisions should continue to be made with regard to what is best for the youth and family in care.

It's time for us to work together as a field and strengthen all of our tools so we can most productively deal with youth behavior and help youth become positive members of Society. The best solution is not an either/or question, but rather what will work best in each environment with each youth, and then take steps to ensure staff are well-trained and supported in the development, implementation, monitoring and modification of systems in use. Point-and-level systems have a viable place in youth care, along with other behavioral systems.

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James Murphy is CEO of J&L Business Solutions, LLC, Fairport, New York.

their emotional and cognitive ages.

Often these systems use a one-size-fits-all approach. Instead of targeting specific behaviors for each child, a group of behaviors is identified for a group of children. The effect is to dilute attention to the needs of individuals. What works as a reward or consequence with one child may have no effect on another.

These factors make controlled systematic implementation of point-and-level systems crucial. There are many reasons why this does not occur in residential care, including lack of training, turnover, and philosophies of care that focus direct care staff on control versus relationships. Turnover rates are critical in residential care. Some facilities have more than 50% turnover annually.

> *Often these systems use a one-size-fits-all approach. Instead of targeting specific behaviors for each child, a group of behaviors is identified for a group of children. The effect is to dilute attention to the needs of individuals.*

Most residential programs do not develop their direct care staff as therapeutic professionals. Point-and-level system training is very basic on the implementation of points and consequences. Staff often learn the implementation by observing other staff. The theoretical underpinning, coaching, mentorship, and supervision that provide the basis for these systems professionally and systematically are not provided. Most residential programs would like to provide this training, but high turnover and the cost of training make it difficult. Staff are hired without bachelor's degrees, or with degrees in unrelated fields. Without underpinning knowledge, staff misinterpret the point-and-level systems as methods of

control. The result is the use of these systems as disciplinary methods.

Different staff tolerances result in different implementation. Points are taken away for reasons other than the intended design of the system, which increases the child's confusion. Inconsistent implementation means the youth is successful with positive behavior and negative behavior. This intermittent positive reinforcement of behaviors can strengthen the negative behavior.

The factors related to the characteristics of abused and traumatized children, coupled with workforce issues, make success unlikely. The solution lies in models that focus on relationships and boundary setting. Direct care staff should become teachers and facilitators, developing problem-solving skills, anger management, and alternative appropriate behaviors. Staff needs to model behavior, role-play, and practice in natural settings.

Boundary setting, unlike point-and-level systems, should be proactive versus reactive. Boundaries should be more normalized by incorporating home-like approaches. They should focus on positive outcomes for cooperation and must include strong follow through on the part of staff. Boundaries and rewards should be individualized for each child. These approaches should be simple and transportable with the child through the case plan.

Residential programs have concerned, dedicated, direct-care workers who devote their lives to providing quality care for children. These staff want the tools to help the children in their care. Direct-care staff want to be part of the therapeutic team and create therapeutic environments. They understand and want to be involved in helping children learn new skills and become independent. They should be allowed to focus on developing relationships and building trust. Emphasis should be placed on developing safe therapeutic environments. Direct-care staff want to be and need to be part of the solution.

Tamara Ard is Executive Director of the National Center for Professional Certification, Atlanta, Georgia.

In the next Residential Group Care Quarterly *Point/Counterpoint...*

Question: Should staff in residential programs be considered as possible adoptive, foster, or visiting resources for children and youth in their program?

Point: Staff with experience working with troubled children and youth are valuable resources as potential adoptive, foster, or visiting families for children in their program.

Counterpoint: Professional boundaries should preclude staff from being considered as adoptive, foster, or visiting families for children and youth in their programs.

Beyond Game Boys, Walkmans, and TV: The Significance of Activities and Activity Programming in Group and Residential Care

By Karen VanderVen

The scenarios are familiar: Youth stare glassily at the violent flashing scenes on the television, fingers fly over a Game Boy, ear plugs and Walkmans seem to shut out the world.

There ain't never nothin' to do around this place," barks a distraught youth as he slams his hand down on a table and stalks out of the room. A few others lounging around on this Saturday morning acknowledge the comment and now a "situation" is developing. The youth workers begin to get out their point tallying sheets.

We've all heard it—youth lamenting the lack of interest and excitement in the milieu around them. And we've all seen their response—their invariant hook-up with passive and often violence-ridden music and videos.

There is a constructive response to these issues that has the potential to change the milieu from one of boredom, acting out, and inordinate amounts of time spent on essentially passive video activities—activity programming. A well-planned and executed activities program has the potential to tranform a setting to one in which there are fewer incidents of acting out, staff and youth are engaged together, youth are goal-oriented and energized and youth are developing knowledge and skills they can use the rest of their lives.

This is easier said than done, however. Common excuses for failing to offer youth a continuous program of rich, interesting, and challenging activities range from, "The kids won't do anything else," to "The staff are too busy to conduct activities," to "We don't have any money." Yet, instituting effective programming is not rocket science if an agency makes a commitment.

This article briefly outlines some reasons why activity programming is so important and emphasizes a number of strategies agencies can employ to develop an activities program in a group or residential setting, or to enhance one already in place.

The What and Why of Activities

By "activities," we mean those occupations that "activate," such as arts and crafts, music (production as well as listening), drama, games, indoor and outdoor sports, exercise, food preparation, yard work and maintenance, gardening, pet care, and many others. Going to events, such as ball games and the theatre, is fine, but only if youth also have an opportunity to be active in these domains—to play ball and to learn the skills associated with the games, or to put on their own theatre performances.

The specialized therapy groups frequently offered in group care settings, such as anger management, independent living, problem-solving skills, conflict management, social skills, and the like, can be valuable, but they do not comprise an activity program, nor should they be viewed as activities in and of themselves. These groups can be very valuable if the milieu provides realistic opportunities for application and practice through an activity program.

The groups provide a conceptual framework and a specificity that clarifies to youth areas they can work on. If the milieu is empty, the effectiveness of the groups is reduced. If there are no interests and challenges to focus relationships constructively, then why discuss anger management, for example?

Extensive research outlines the developmental and therapeutic benefits of activity interests and participation by youth. Few would dispute the contention that activities are psychologically healthy. Activities energize youth, engage them with the environment, teach them knowledge and skills, and give them hope for the future. Activities can lead not only to life-long interests, but provide youth with a means to connect with and form relationships. Activities reduce boredom and asocial behavior.

Research indicates that replacing a point-and-level system with an activity program can reduce the number of behavior incidents. Perhaps most powerfully, youth who have a sustained interest in a hobby or activity are more resilient and better able to survive the risks from their past, present, and future.

Once an agency decides to upgrade and enhance activities, it's amazing the resources—both human and inanimate—that can emerge.

Assessment. Just as design of individual treatment plans begins with an assessment of a youth's current functioning, the design or redesign of an activity program begins with an assessment. **What activities do we actually have? When are they offered and by whom? What do youth actually "do"?** Get staff

and youth to inventory what they actually do, especially after school and on weekends. This can provide the baseline for deciding what mightto change and to do it. Determine what's happening when the largest number of incident reports come in. This can give clues to when and where an activity might be particularly helpful.

Equipment is sparse and in poor repair. Check the status of activity materials on hand for availability and condition. Basketball hoops without nets, ancient board games with missing pieces, a craft room spattered with paint and dried brushes, and bicycles with missing chains and wobbly seats suggest materials and equipment need attention.

Low staff morale and turnover. If a setting is crisis ridden and boring for youth, adults are likely to feel the same. If staff time is spent primarily refereeing conflicts and stamping out angry outbursts, this will affect staff commitment to the setting and their work to develop meaningful relationships within the context of doing interesting things together.

Specialized groups are without practice opportunities. Specialized groups conducted in isolation, without a rich milieu to offer opportunity to actually apply new ways of thinking and use the skills being taught, are much less effective than when both are present.

Presence of a point-and-level system. Point-and-level systems are the enemy of a productive activity program. They pit youth against youth, staff against youth, youth against staff, and focus everyone's energy negatively on "who earned what" and "who's allowed to do what." Ultimately, they create more of the very difficult behavior they were intended to control.

Continued incidents of horseplay that escalate into aggression and destruction of property. These frequent incidents of aggression are often connected to lack of purpose, engagement in something meaningful, simple boredom, poorly maintained supplies and equipment, and point-and-level systems. As such, incidents increase, as do efforts at control. The rules become more numerous and restrictive, conflicts

between youth themselves and youth and staff increases and the climate is not pleasant or productive for anyone.

Youth spend many hours lollygagging around, sprawled on the couch, dozing, and watching too much television. When available activities are unattractive and the materials inadequate in quality, youth are likely to reject them and choose to do nothing instead. Weekends are especially empty. Activities that do occur are low level and haphazard.

Youth have little, if any, responsibility for maintaining the setting. Some settings actually do too much for youth rather than engage them in maintaining the facility and offering them the structure and skills instruction that enables them to do this.

Extensive research outlines the developmental and therapeutic benefits of activity interests and participation by youth. Few would dispute the contention that activities are psychologically healthy.

If any of these indicators characterize your setting, it could be worthwhile to take a hard look at the activities that are available for youth, and the role and expectations of staff in these activities, and consider making changes.

Guidelines for Successful Activities. Transforming a milieu by installing a high-powered activity program is not a daunting task. It can be done by planning and reconfiguring staff roles and at minimal cost. The following guidelines may help:

Create an activity culture. An activity culture means the attitudes and value system of people at all levels endorse activities and encourage them

to happen. This is a top-down and bottom-up process. Administrators must include activities in the overall program philosophy, based on the recognition of their fundamental, developmental, and therapeutic value.

Consider activity interests and proficiencies as criteria for hiring new staff, and ensure they can carry these out in their assignments. A staff member with a special interest or skill comes in with a distinct resource to share with other staff and contribute to the team, and a hook with which to connect with the youth. When the adult can offer a special activity, there is always something to talk about and focus everyone's energy. Adults have further presence with youth and can serve as role models for developing interests, skills, and the discipline associated with an activity. Insert "activity skills" in job descriptions, and make sure new staff knows about their particular capabilities.

Plan an activity schedule. Though some activities may emerge spontaneously, having a plan for selecting and conducting them is still important. This provides structure and a means to focus everybody's communication. Identify those time periods—before school, after school, after dinner, in the evenings, and on weekends—when the youth are minimally scheduled or unproductively occupied. Create a time/activity grid, with time periods on one axis and the days of the week on the other. Convene the staff to develop an activity schedule by filling in the grid.

Encourage staff to contribute their own specialties. Staff can review the plan with the children and youth and invite their input. Don't be defeated by the "overprogrammed" argument as a rationale for not having a plan. Rarely are children and youth in group care overprogrammed. Free time, however, can definitely be scheduled.

Include activity skills and the array of competencies supported by activities in individual treatment plans, as well as in overall agency goals. The attributes children and youth need for success at home and in the community are supported by various activities. Similarly,

knowledge and skill in an activity is a legitimate treatment outcome.

For example, self-regulation is encouraged by participating in games, sports, crafts, and many other activities. Being able to play a musical instrument may be a viable goal for a youngster showing some talent or interest. Thus, activities can be both the goal and means to attaining them in individual treatment plans.

Get staff and youth to inventory what they actually do, especially after school and on weekends. This can provide the baseline for deciding what to change and to do it.

Under no circumstances require children and youth to earn activities by acquiring points. As the pioneers Redl and Wineman established so compellingly 50 years ago, the activity program is the core of treatment. Depriving children of activities is tantamount to taking away treatment. A rich activity diet is fundamental to mental health and positive development and should be offered unconditionally.

Misbehavior around and within the activity can be handled as it occurs. Such guidance within activities is much more meaningful to the youth and seems less arbitrary than many of the subjective judgements made in point-and-level systems. In fact, consider getting rid of your point-and-level system (especially the points) and replace it with an activity culture, with a concomitant activity program.

Evidence suggests that when this is done, the number and severity of incident decreases. Assessment can be around the youth's development of social and activity skills and competencies, rather than counting points.

Don't wait for youth to come up with activity ideas themselves—initiate activities, and be ready to implement them. Youth initiate what they have known and experienced. For many, due to their circumstances, this activity diet may have been very limited. Their own resources may be limited. Certainly, staff can respond to expressed interests and should solicit youth input into activities. But the staff needs to design and offer activities based on the established domains of activity and that may reflect areas of interest and competence of the staff.

Keep video activities in perspective. Activities such as video game playing and television watching are not all bad and are a part of today's wider youth culture. Issues arise when these are the youths' only spare-time occupation. Playing video games during scheduled spare time, or watching an interesting television program in the evening, can be part of a planned activity program, as long as it is not the only activity.

Rely on useful strategies for involving youth in activities. Frequently, a youth may reject an activity. "Nah, I ain't doin' that." Staff need to recognize the meaning of such refusals. The youth may be afraid she can't perform or that her peers may ridicule her for her interest, or the activity simply may not be engaging or attention getting. A structure that is punctuated by an array of activities, such as staff enthusiasm, positive expectations, avoidance of power struggles, or a simple, "OK, you don't want to do it now? I'll try you later," all encourage participation. Typically, once an activity is started, the stragglers gradually work their way in.

Ensure that activities can be pitched slightly above the ability of the participants so that, with adult guidance, they are able to attain them. A common stereotype is that adult-selected activities must be precisely matched to the current level of a child's or youth's functioning. Not so! When the activity is challenging, the support and guidance of an adult encourages the youth to learn new skills and enhance his performance, thus leading to further growth. Youth are likely to be engaged when the activity is

more complex and content rich, such as working in a ceramics studio as well as fooling around with a lump of clay, training for a road race as well as casually walking around the yard, or learning to do fancy dives as well as splashing in the pool.

Encourage a closer relationship between child and youth workers and the school staff. Often, most activities offered to children and youth in group and residential care are part of the school program, with the living situation being correspondingly bereft. Teachers and child and youth workers should discuss issues such as designing a holistic activity program with coordinated activities provided by both school and residence. Howard Gardner's Multiple Intelligence theory provides a common theoretical and practical base and language for both home and school programming. An activity club model can be a good focal point of collaboration between home and school. Often, there is conflict between child and youth workers and teachers. Not only can collaboration in activity planning reduce this conflict, each professional group can support the other as they work toward mutual goals.

When available activities are unattractive and the materials inadequate in quality, youth are likely to reject them and choose to do nothing instead.

Make sure all equipment and supplies are in excellent condition and well-maintained. Nothing insults youth or makes them more resistant and indifferent to activities than poorly cared for and shoddy equipment. Not only this, but further destruction is encouraged. As new activities are introduced, staff

can model proper care of equipment and storage of supplies and participate with youth in maintaining them. For example, when youth don't want to play Monopoly any more, part of ending the game is putting the pieces away where they belong.

Allow youth to be productive and to contribute to others. An important domain of activity is service. True community service projects, such as participation in intergenerational programs, clean up and maintenance, and tutoring give youth a much-needed sense of empowerment.

> *An important domain of activity is service. True community service projects, such as participation in intergenerational programs, clean up and maintenance, and tutoring, give youth a much-needed sense of empowerment.*

On the home front, youth should be active in the care and maintenance of their facility. Tasks such as cooking, dishwashing, and repair work can be part of an activity-oriented setting. When everyone is expected to participate in the work of creating a clean, neat, and attractive place to live, it is not necessary to have activities such as bedmaking attached to a point system. Beds are made because this is the way we do things here.

Be resourceful, and encourage potential contributors and volunteers to support an activity program. Certainly, budgetary constraints can affect an agency's ability to purchase activity supplies and equipment. It is amazing, however, how inexpensive many interesting activities are. An array of paper, crayons, markers, blunt scissors, tape, and staplers can lead to hours of productive activity. To make origami figures—a challenging and engaging activity for anyone—all one needs is paper.

The community can be a wonderful, generous resource in building a rich activity program. Avoid outside-sponsored parties and performances at holiday time, events that convey *noblesse oblige*. Rather, have a wish list of activity equipment and materials that might be donated by those who want to help. Contributors may be invited to endow a particular activity. Use volunteers who can contribute in a specific activity domain. Examples of specialties that volunteers have contributed include drumming, batik making, computer skills, triathlon training, photography, filmmaking, water and oil painting, ceramics, double Dutch jump roping, needlepoint, chess, and swimming. The benefit to youth will be year-round and life-long. Take the first step today.

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Karen VanderVen, Professor, University of Pittsburgh, School of Education, Pittsburgh, Pennsylvania.

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