

RESIDENTIAL GROUP CARE QUARTERLY

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CWLA's Position on Residential Care

To promote better services and outcomes for children, youth, and their families, CWLA strongly endorses a system of care that includes residential services as an integral component of the continuum of services.

The original use of continuum of care used *least restrictive and most appropriate* as the accepted standard. The continuum included services such as prevention and diversion, family preservation, counseling, in-home services, day care, day treatment, foster care, adoption, residential treatment, family reunification, transitional care, and aftercare. In the last 20 years, however, child welfare practice has created a linear notion of continuum of care as a case management blueprint governing most decisions.

Currently, the child welfare field widely accepts that the most humane and efficient approach to allocating services to children and families is to provide those services from least to most restrictive, as this stepwise intervention is presumed to cost less and keep families together. This practice has resulted in residential services being used as the intervention of last resort, often after multiple failures in other services, rather than as the most appropriate intervention based on a thorough assessment of the individual child and family's needs.

Support for Residential Services in the Continuum

Residential services are an integral component within the multiple systems of care and the continuum of services. Residential services include supervised/staffed apartments, group homes, resi-

dential treatment, intensive residential treatment, emergency shelter, short-term diagnostic care, detention, and secure treatment.

Residential care's primary purpose is to address the unique needs of children and youth who require more intensive services than a family setting can provide. Either on site or through links with community programs, residential services provide educational, medical, psychiatric, and clinical/mental health services, as well as case management and recreation (CWLA, 2004).

Residential settings offer children and their families a variety of services, such as therapy, counseling, education, recreation, health, nutrition, daily living skills, independent-living skills, reunification services, aftercare, and advocacy (Brazier, 1996).

A number of studies have identified positive outcomes associated with residential care. A Canadian study of 40 children in residential care found that for most children, functioning was severely impaired at admission, moderately impaired at discharge, and normal at one and three years after discharge (Blackman, Eustace, & Chowdhury, 1991). A study of children diagnosed with conduct disorder in residential care found the number of concerns expressed by caregivers decreased from admission to discharge, and six months, one year, and two years after discharge (Day, Pal, & Goldberg, 1994). Finally, a retrospective study of 200 children served at group homes in the Midwest found that, as adults, 70% had completed high school, 27% had some college or vocational training, and only 14% were receiving public assistance (Alexander &

Huberty, 1993).

Family-centered residential care has shown considerable success. Landsman, Groza, Tyler, and Malone (2001) found that youth in family-centered care had shorter lengths of stay, were more likely to return home at discharge, and had better long-term stability than did youth in traditional residential care. Similarly, at 6-, 12-, 18-, and 24-month follow up, 58% of youth discharged from family-focused, community-oriented residential programs had been involved in no new illegal activity, had continued to participate in educational endeavors, and had not been moved to more restrictive levels of treatment. Ninety percent of the youth accomplished two of the three aforementioned outcomes (Hooper, Murphy, Devaney, & Hultman, 2000).

One of the most promising studies demonstrating the efficacy of residential care with young children emerged from a 23-year longitudinal Israeli study.

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RESIDENTIAL GROUP CARE QUARTERLY

Volume 7, Number 4

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Weiner and Kupermintz (2001) found that 268 children initially placed as preschoolers in well-designed residential care settings, some of whom spent long periods in care before being placed in adoptive homes, functioned "adequately or as well as young adults." The finding was contrary to the researchers' initial hypothesis and led them to conclude that "neither preschool institutional care nor long-term institutional care was found to be harmful for these young people in terms of normative living. In fact, the majority of those who were functioning well have significantly improved since their teenage years."

Characteristics of residential care that have been correlated with long-term positive outcomes include high levels of family involvement, supervision and support from caring adults, a skills-focused curriculum, service coordination, individualized treatment plans, positive peer influences, enforcement of strict codes of discipline, a focus on building self-esteem, a family-like atmosphere, academic support, presence of community networks, a minimally stressful environment, and comprehensive discharge planning (Pecora, Whittaker, Maluccio, & Barth, 2000; Curtis, Alexander, & Lunghofer, 2001; Whittaker, 2000; U.S. General Accounting Office, 1994; Curry, 1991;

Lazelere et al., 2001; Barth, 2002). Age, gender, intelligence, length of stay, and presenting problems all are weakly correlated to outcomes (Curry, 1991; Pecora et al., 2000).

Unfortunately, outcome studies of residential services vary widely in scope and suffer from an absence of control conditions, poorly defined service units, limited samples, improper selection of outcome criteria, and utility by practitioners (Whittaker & Pfeiffer, 1994). Those studies that do identify a comparison group often fail to control for the initial level of problems the children present, making causality especially difficult to determine. Such gaps in research have posed a barrier to identifying best practices in residential services, which are exacerbated by the relative inattention by federal agencies and private foundations to new models of residential provision, compared with other types of out-of-home placement (Whittaker & Maluccio, 2002).

Recommendations

To achieve more effective, efficient systems of care for children, youth, and families, both the agencies developing and controlling public policy and the service providers delivering the services need to work cooperatively. Recommended steps include:

FEEDBACK

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Public Policy

- Conduct initial and ongoing coordinated assessments in which the operative question is not, “Where does the child and family fit into the system?” but rather, “Which services in the system best fit the child’s and family’s strengths, needs, and permanency plan at the time?” This would include assessing the supervision required to ensure the safety of the child and those with whom the child interacts, the interventions and supports necessary to ensure treatment needs are met, and the developmental needs of the child and family system. Residential treatment would be used as the treatment of choice, if so indicated by this comprehensive assessment.
- Promote the choice of most appropriate and least restrictive service for children and families, investing in time-limited intensive interventions at the outset and throughout the course of care if assessment dictates this is the best choice for dealing with trauma or keeping families together over the long haul.
- Revise policy and practice to acknowledge that some children and families will require services at various levels of intensity over time, and this may be a decidedly nonlinear process. The goals are to provide appropriate (including appropriately limited) interventions at various points in time; design each intervention as part of a continuous strategy of family stabilization so that past, present, and future interventions shape each other; and manage helping resources for each family over time rather than seek quick-fix solutions.
- Retain an emphasis on family empowerment and family connections at all levels of service, recognizing that optimum connections may not mean every parent and child live together full-time or with ongoing support.
- Ensure the provision of care and support to families after the course of intensive services as a way of preventing costly future interventions as much as possible.
- Blend services so there are step-up, step-down, and wraparound options at all levels of intervention, and, in particular, so the boundaries

between home-based and out-of-home services are eliminated.

- Develop outcomes, including cost-benefit measures, not limited solely to discrete services but to long-range family stabilization and the real cost of services across time.
- Develop rate reimbursement methods that include all direct and indirect costs associated with providing quality care, treatment, and services.

Service Providers

- Implement programs and practices that actively support family-centered services that maintain permanent family connections for all children.
- Develop new, structural partnerships among residential services providers, referral and funding agencies, foster care and postadoption services,

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public schools and educational collaboratives, and in- and outpatient mental health providers to allow for greater access by all children, youth, and families to all of the services along the continuum at any given point.

- Increase capacity to provide services to those children and families with the most intensive needs.
- Commit resources to postdischarge continuity of care and providing family supports for at least one year after children exit residential programs. Resources could include new professional opportunities for campus-based child care workers to learn how to be available to families in the community both during and after treatment.
- Develop more flexible methods of providing services and the duration of residential placement with much

more of a presence in family homes, local schools, and other community resources.

- Develop universal outcomes to measure the effectiveness of residential services, including areas such as the following:
 - *Clinical—difficulty of the child, difficulty of the family, GAF; child needs checklist, family needs checklist;
 - *Functional—education, employment;
 - *Recidivism—court and reabuse;
 - *Effectiveness—restrictiveness of placement, nature of discharge, permanency planning; and
 - *Consumer Satisfaction—child over 12 years, parent, and referring entity.

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The JBFCS Institute for Child Care Professionalization and Training

by Frank Delano and Jill Shah

In September 2006, the Jewish Board of Family and Children's Services (JBFCS) Institute for Child Care Professionalization and Training held its third graduation ceremony at the agency's main office in New York City. Keynote Speaker Lloyd Bullard, CWLA's Director of Residential Services and Cultural Competence, spoke on "Life-long Connections." JBFCS Executive Vice President and CEO Alan Siskind, JBFCS Associate Executive Vice President (and future CEO) Paul Levine, and Rick Greenberg, Director of the Martha Selig Educational Institute, were among the other speakers addressing the child care workers and supervisors being honored, accentuating the importance the agency places on the training and development of the child care workforce.

Previous keynote speakers at the Institute's graduation ceremonies have included Floyd Alwon, Vice President, Consultation, Research, and Professional Development at CWLA, and nationally known presenter and author Charlie Applestein, adding an important national vision to the message the agency wants to impart to child care workers.

JBFCS, a large, voluntary social service and mental health agency with more than a century of history, serves more than 65,000 families, adults, and children of all ethnic, racial, religious, and economic backgrounds in the New York City area. The agency has more than 185 community-based programs, day treatment and residential treatment centers, and approximately 2,300 employees. It serves nearly 300 children and families in residential programs.

The Institute for Child Care Professionalization and Training was established in 1999 with a generous endowment from a benefactor who long

admired the rich history and quality of care JBFCS provided in its residential services to children. Frank Delano served as part-time director, bringing more than 20 years of experience at Hawthorne Cedar Knolls, the agency's oldest and largest residential center. Delano was Associate Director of Hawthorne for 11 years and began his career there as a child care worker.

Dana McCarthy was named as part-time administrative assistant. McCarthy began her career as a child care worker at Hawthorne. She is currently an LMSW, working full time at another agency. From its inception, the strong message of professional growth for child care workers was built into the structure of the institute's staffing as both regular staff began their careers as child care workers in the agency.

Recognizing the importance of quality training (from feedback from child care workers after the early trainings), and realizing the need for more training given the increasing needs of children in our society, the agency shifted resources and in 2001 established the director as a full-time position. This led to a dramatic increase in the services the institute has been able to deliver.

Using feedback from established courses, and through a series of meetings with child care workers and residential administrators, the institute developed a 50-hour Excellence in Child Care certificate that now is required for all child care staff in their first year of employment. These certificate courses are completed in addition to program- or client-specific trainings that child care workers receive in their individual programs.

The current certificate includes:

- ABCs of Residential Child Care (7 hours),
- Making Recreation a Therapeutic

Activity (4 hours),

- Cornell Therapeutic Crisis Intervention (24 hours),
- Working with GLBTQ Children in Residential Treatment (4 hours)
- Basics of Child Development (7 hours), and
- Beyond Cultural Diversity: Moving Along the Road to Delivering Culturally Competent Services to Children and Families (4 hours).

In addition to these courses, the institute offers more than 15 other workshops geared to more specific topics, including Behavior Modification with Children and Teens, Working Overnight in Residential Care, and More Than Broken Hearts: Teen Relationship Abuse. These courses are not required for the certificate but provide another resource for programs to have their workers gain skills in targeted service areas.

More than 150 child care workers have received the certificate in three graduations. Although the certificate was originally targeted to new child care workers, the programs have also sent many more experienced workers to the courses to also achieve the certificate.

Joyce Carty, currently at the Goldsmith Center for Adolescent Treatment and a child care worker at JBFCS for 30 years, received her certificate at the 2006 graduation. Carty spoke of not only a source of pride for herself in getting the certificate but an immense joy in seeing child care workers in such a visible and honored position for their work. Thanks to a second endowment each child care worker or supervisor who successfully completes the certificate receives a one time \$1,000 bonus at the time of graduation.

As the child care worker certificate program developed, another significant need was uncovered for the institute to

address. In postcourse evaluations, and consistently in class discussions, child care workers said they felt a need for more in-depth, formal supervision. The nature of children's residential treatment makes that task very difficult for supervisors, and as a way to address the issue the institute developed a plan to deliver the 36-hour CWLA Effective Supervisory Practice course to all line children's residential supervisors. The decision to choose the Effective Supervisory Practice Courses turned out to be an excellent one as by having a nationally recognized curriculum it brought instant credibility both inside and outside the agency. The broad range and relevance of topics established a cornerstone for growth in the supervisory trainings.

After 18 months of delivering those two courses, feedback made clear that more depth was needed in many of the topic areas, and a similar theme of line supervisors wanting more in depth supervision emerged. As a result, the institute developed a 60-hour certificate for supervisors, which includes:

- Effective Supervisory Practice 1 (18 hours),
- Effective Supervisory Practice 2 (18 hours),
- Building That Professional Package: The Art of Constructive Confrontation (4 hours),
- Power in the Supervisory Relationship (2 hours),
- Developing a Professionally Packaged Interview to Hire (4 hours),
- The Art of Delegation for Supervisors (4 hours),
- Establishing Yourself as a Supervisor/Director (6 hours), and
- Professionally Packaging Your Meetings (4 hours).

Similar to the structure for child care workers, the institute offers more than 15 other targeted workshops on supervisory topics, including Blossoming Into a More Effective Supervisor, Negotiating the Pitfalls of Being a New Supervisor, and so on. Each supervisor completing the supervisory certificate is honored along with those achieving the child care certificate at graduation, creating an important visual connection

about the importance of the flow of excellent child care services. Over the past two graduations, 40 supervisors have received the certificate.

A significant development in the institute's growth took place in 2004 when Jill Shah joined the program as a training consultant focusing on the supervision trainings. As Shah began to do the trainings, she discovered that although the courses included many substantial concepts, a common theme was lacking to link the concepts together. Working with Delano, she helped formulate a definition of supervision that now permeates all of the courses.

In supporting the importance of relationships, the courses are open to staff at all levels and disciplines in the agency and can also include children in care or family members.

Supervision

Supervision is a professional relationship that provides support, education, and monitoring of quality, and creates a safe forum to reflect on professional practice. It should encourage constructive confrontation and critical thinking that informs and improves the practice of all parties. Respecting the inherent hierarchy in the relationship, it should accept the ethical responsibility to use power in a thoughtful manner. The dynamics in the supervisory relationship can create a parallel process in all other relationships, including that of the client and worker. Ultimately, supervision should be the vehicle to create dynamic growth, establish high professional standards, and enhance quality and culturally competent services.

In addition to the common supervision definition, the common theme of striving for high professional standards emerged in the definition of *professional package*.

Professional Package

A professional package is a cohesive concept that logically articulates a commonly accepted professional standard

that depersonalizes an issue and stimulates a professional process. Consistent use of the package cultivates an organizational culture that promotes a standard of excellence, cultural competence, and highest quality services.

The emergence of these two common themes solidified the base of the supervision trainings, but also symbolized an interesting process that developed naturally in the institute's history.

The professional package theme nicely captured the institute's mission to consistently reinforce the importance of high professional standards and professional growth for child care workers and how those standards should be consistently monitored as part of ongoing professional processes. Supervision should be the main vehicle to provide a forum for those discussions. The supervision definition provided a good reminder of the many parallel processes that the supervisory relationship can create and the importance of continually understanding the significance of "relationship" in residential treatment at all levels.

These themes were developed at the same time a series of discussions were being held with Lenny Rodriguez, JBFCS Assistant Executive Director and Director of Children's Residential Services. The discussions focused on strategizing how the institute could best teach the skills necessary to do the job while maintaining JBFCS's long-standing philosophy that residential treatment of children is primarily a relationship-based process from which everything else emanates. Supervisors must be competently trained in how to do that.

In supporting the importance of relationships, the courses are open to staff at all levels and disciplines in the agency and can also include children in care or family members. The focus on the supervision courses recognizes the reality that if child care workers are to nurture and support the children they are working with, they must also be receiving those qualities from their supervisors.

The supervision courses are targeted to residential supervisors but regularly include large numbers of clinical supervisors, support service supervisors, fiscal

staff, and human resource specialists who talk about how to enhance their relationships to best blend their contributions to quality care for children and families.

In keeping with a theme of professionalization of child care, the institute tries to maintain a strong presence outside the agency locally, nationally, and internationally. Many of the courses are delivered for numerous agencies in the New York area. In particular, the institute has become very influential in the area of supervisory trainings, providing courses to more than 35 different agencies in the area. The director has been a member of the CWLA National Residential Advisory Committee for the past eight years and has served on a number of other national committees and boards. He has been a regular presenter at a number of national and international conferences.

This past year, the institute sponsored four JBFCs child care workers identified as doing outstanding work by their programs to attend the Eighth International Child Youth Care Workers Conference in Montreal, where they were able to learn and share their practice with delegates from more than 35 countries.

The institute is part of the agency's Martha Selig Educational Institute. In addition to providing training to children's residential workers, it provides trainings and support to any of the agency programs at the request of program directors. It is one of many agency training resources for the programs at JBFCs, and there are a number of structures to blend the institute's work with other agency programs and themes.

Over the past four years, JBFCs has made a strong commitment to address the issues of racism, both interpersonally and institutionally. The director is a member of the agency's antiracism task force, and many of the antiracism themes are woven into the trainings.

Many of the residential programs use the Sanctuary model, and although the institute does not teach sanctuary courses directly, it works with sanctuary staff to infuse many of the common Sanctuary terms and themes in the courses. Two basic trauma-sensitive

courses have recently been added to support the Sanctuary process. Delano cochairs a Residential Training Cabinet with one of the program milieu directors. This cabinet meets three times a year to consistently review curriculum, quality, program satisfaction, and future goals for the institute.

As the institute moves forward, two exciting developments will expand the program and its effect on the quality of child care. The institute recently moved into a permanent space on Westchester Residential Campus, which will allow for much more flexibility in training schedules. The cabinet has also completed the plan for an additional 24 hours of courses to the Excellence in Child Care certificate. This will now make the certificate a total of 74 hours for programs that require the Cornell TCI course and 50 hours for programs that do not require TCI. The additional courses include:

- Professional Boundaries for Child care Workers (5 hours),
- Introduction to Trauma and Trauma-Informed Care (7 hours),
- Avoiding Power Struggles with Children (4 hours),
- Basic Understanding of Mental Illness (4 hours), and
- Building Your Professional Package: A Conversation About Professional Presentation, Growth, and Development (4 hours).

To support the concept of continued professional growth, the institute will now offer an Advanced Supervisor's Certificate of 25 hours that will be required for all those who completed the basic 60-hour supervisory certificate. Participants can choose from the following courses that would best enhance their supervisory growth in consultation with their director:

- Outcome Thinking and Infusing the Agency Mission Into Your Program (4 hours),
- Finding Your Professional Groove: Developing Excellent Time Management Skills (4 hours),
- Establishing Yourself in the Role of Supervisor/Director (6 hours),
- Developing Into a More Effective and Efficient Leader (4 hours),
- If I Could Supervise My Supervisor:

The Art of Managing Upward Constructively (4 hours),

- It Is Not All Just "Them": Self-Awareness in the Workplace: How Can I Effect Positive Change Starting with Me (3 hours),
- Navigating the Seas of Organizational and Agency Politics in a Constructive Way (5 hours), and
- Defining Supervision in a Professionally Packaged Way (3 hours).

Moving into the new space, and the addition of these two certificates, should provide a strong base for the institute to move into its ninth year with the mission of professionalizing child care work and enhancing the quality of care for children in JBFCs and throughout our society. The courses are designed to reinforce the underlying theme of the importance of relationship throughout the spectrum of residential care.

That concept was accentuated recently when Heather Goldman, a former resident in the Hawthorne Cedar Knolls Girls Program in the late 1980s, returned to Hawthorne to do two presentations with Delano entitled "Relationships in Child care: Looking at the Real 'Money in the Bank' and How It Can Change Lives." Goldman spoke particularly about how the relationships that touched her in residential treatment nearly 20 years ago helped her grow into a confident, successful adult.

Those presentations included both new and very experienced child care workers, social workers, administrators, support service staff, and children from residential programs who were able to hear and contribute about relationships that impact their lives, symbolizing the Institute's focus of professionalization and quality care for children through relationship building.

Frank Delano is Director of the JBFCs Institute for Child Care Professionalization and Training. Jill Shah is a Training Consultant with JBFCs and the Director of Housing and Quality Management at Lenox Hill Neighborhood House. For more information about the institute, call Delano at 914/773-7316.

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Additional resources may be found online at www.cwla.org/programs/group_care/rgcpositionstatement.pdf.



CHILD WELFARE LEAGUE OF AMERICA

Children 2008

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CALL FOR WORKSHOP SUBMISSIONS

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We will feature presentations that discuss the relationship between outcomes, integration, and public policy and that demonstrate how to build public will and achieve positive change for children.

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- Effective integration of service delivery methods
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- Building public will
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- The relationship between outcomes, integration, and public policy

The CWLA National Conference is highly regarded in the child welfare community and the selection process for workshop proposals is extremely competitive. This year we plan to narrow our focus and feature fewer workshops. We hope this will allow us to fill each session with an interested audience and present some of the field's most effective and innovative work.

We invite you to submit a workshop proposal for Children 2008, which will be held in Washington, DC, February 25–27, 2008. Proposals must be submitted electronically by noon (ET) on **Tuesday, July 31, 2007**, by visiting and following the guidelines at www.cwla.org/conferences.

Q: Does the trend toward shorter stays represent best practice?

POINT:

Shorter stays are motivated by economics that will short-change our children. Children need time to build trust and change negative behavior.

by Kimberly J. Peacock

Youth are not placed into residential care because they have minor problems that can be fixed quickly. They are put there because they have multiple, severe emotional and behavioral problems. The trend toward shorter stays at these facilities, thus, will jeopardize the recovery and rehabilitation troubled youth need.

By the time they are placed in residential care, most young people have spent a decade living in unhealthy environments, learning maladaptive survival skills, having multiple placements, and experiencing multiple losses. These life stressors are greater than those any adult should have to bear in a lifetime. We cannot reasonably expect children, then, to make life changes in a fraction of the time it took to create these multifaceted problems.

Yet funding agencies are pushing for youth to do just that by setting standards of shorter stays at residential programs. They have dictated that, although the problems today's youth bear when they come to residential facilities are escalating, services to them should be briefer. This stance defies logic.

That is not to say we should not be cost conscious. Indeed we should. If we do not pay now, however, we will pay later. The troubled youth whose needs aren't met as juveniles become tomorrow's adult criminals, welfare recipients, unemployed, and homeless. When children leave residential programs before they are ready, they resort to old, maladaptive behaviors, and that often means returning to residential care. Too often, children in foster care bounce from program to program and placement to placement. After a while, they don't bounce back as quickly, if at all. This is obviously antithetical to permanency planning and is damaging to our children. After numerous failed placements, these children often end up in the most restrictive settings—psychiatric hospitals and detention facilities.

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COUNTERPOINT:

A shift toward brief treatment naturally feels threatening to residential care professionals, but short-term care may be more effective in some cases.

by James L. Hoel

In recent years, the art of residential treatment has had to evolve rapidly and improve as treatment centers have encountered new challenges in changing times. Today's crisis gives birth to tomorrow's best-practice standard.

Recent pressure for shorter lengths of stay is a case in point. For many of us who have grown up professionally in the tradition of long-term residential care, a shift toward brief treatment naturally feels threatening. Myriad concerns are raised—all of them valid and worthy of consideration. The milieu may be destabilized. The healing power of long-term parental relationships may be blunted. Treatment may fail.

But our experience at Four Oaks of Iowa leads us to paint a more encouraging picture. Shorter stays will force residential care staff to devise more creative approaches to treating troubled youth. Furthermore, staff will have to become more efficient in implementing these new solutions. A welcome side effect of this process is it also saves money, which in the long run means agencies can serve more youth. Consequently, residential care facilities should embrace the trend toward shorter stays and look forward to the new opportunities it bestows.

To be sure, we believe some very disturbed youth will always be best served through long-term care and treatment. Brief treatment, however, does produce effective outcomes for many of the youth we serve. We are convinced that, once again, current stressors will result in exciting new paradigms through which future treatment will be developed. We base our belief upon solid research that proves short-term care is effective and appropriate in many situations.

In the area of behavioral health care, Four Oaks of Iowa initiated a three-year pilot project funded by the Children's Bureau at the U.S. Department of Health and Human Services. Part of the mission was to compare the outcomes of children under similar treatment plans but different lengths of stay. In

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When we talk about the trend toward shorter stays, we need to be honest about the catalyst for the movement. Generally, the cost of less restrictive environments such as treatment foster care is cheaper than residential settings. Some argue it is most cost effective to step down sooner rather than later. No one can deny the importance of youth being served in the least restrictive environment. Yet children should not be stepped down before they are truly ready. Placement decisions should be based on the most appropriate placement—not the least expensive. To do otherwise would be unjust to our youth.

If it is appropriate for a child to have a brief stay in a residential setting, the program should be tailored to accommodate his or her needs. But by the same token, individualizing also requires giving children as much time as they need to make changes. If a child

takes longer than the preordained time frame to adjust, he or she should not be labeled as resistant and unmotivated. We should never give up on children. If a child is not responding to our intervention strategies, then we need to try something else. One treatment does not fit all. And most important, we should allow enough time to find the right strategies.

Children are in residential facilities because their behaviors need to change. Fundamental to change is the creation of a therapeutic relationship between residents and staff. This means we have to build trust with children who have built high walls throughout their young lives because of past stressors. Many of them have had abusive caregivers, so it takes a long time for them to trust new adult caregivers. We must allow plenty of time to nurture meaningful relationships.

Some children come into our residential programs not demonstrating any problematic behaviors initially. In fact,

they honeymoon with us awhile. Then there are the master manipulators who appear to quickly adopt the prosocial behaviors we are teaching. We can easily get them to mimic the behaviors we want them to demonstrate, but that does not mean they have truly accepted and internalized them. The manipulative attitude has arisen out of a survival instinct that has buffered them in the past. But when placed into lesser restrictive environments, they inevitably resort back to old behaviors.

We need to demand that our legislators start fiscally supporting child welfare programs. Politicians talk about family values and proclaim that children are our most valuable national resource; real leaders take action. We have the evidence to persuade them to appropriate adequate funds to address the needs of our troubled youth. Now what we need is the time.

Kimberly J. Peacock is Program Director, Brookfield Inc., Richmond, Virginia.

essence, Four Oaks split its long-term 40-bed psychiatric program for preadolescents in half. The control group was treated under the traditional, child-centered treatment model, with an average 18-month stay. The comparison group received an intensive family-based program model, averaging a six-month stay. The comparison group received one full year of intensive aftercare services. Outcomes, measured by the University of Iowa, demonstrate better results for the comparison group in terms of both clinical outcomes and permanency, in addition to cost savings.

In the juvenile justice arena, Four Oaks, along with juvenile court staff, designed a brief intensive residential program for conduct-disordered adolescent boys. This program provides highly confrontational cognitive counseling. Family-based services emphasize weekend support groups and a strong in-home family support service that contin-

ues 30 days after the end of placement. The average length of stay in the residential component is 100 days. Results, thus far, parallel the behavioral health outcomes and further legitimize the place of short-term stays in residential care.

What new paradigms will emerge as agencies face intensified pressure to shorten lengths of stay? How will agencies change to keep pace with the times? What new thinking and practices will arise? There is no crystal ball to foretell the future, and it isn't necessary. The proactive agencies that heed the trend and prepare for its coming will weather any storm that may arise.

Steps can be taken now. We believe part of the answer will be found in a far stronger emphasis on family-focused and community-based treatment—two areas where research shows powerful capabilities. In addition, we believe that while the youth worker's relationship with each child will always be central, new skills will be required to make these

relationships impact quickly and strategically. The teams that learn the art of identifying and overcoming critical issues that disallow safe, effective community-based treatment will be the ones that succeed. Furthermore, we believe that strong integrations with substantive and creative family-based aftercare services will be of the essence.

The trend toward shorter stays will continue to force agencies to individualize services and develop more realistic treatment plans that only stand to vastly improve client outcomes. As child welfare professionals, we should be optimistic concerning the future of group care and energized by having an exciting part to play in the continued evolution of its practice.

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