Changing Our Culture of Care:

A Move from Behavior Modification to a Relational Model of Care and Treatment
... the way it used to be ...
... and, to be honest, sometimes still is.

... the way we want it to be ...
... and are still working toward.
Our Previous Model

Points and Levels
- Very rigid, control oriented
- “Point Police” (little teaching)
- One bad incident could wipe out months of hard work (loss of levels or home visits)
- Punitive (restriction as “sitting time”, seclusion, restraints)
Why Change?

- It looked bad and felt bad
- 1998 – 1400+ restraints, 2600+ seclusions
- High number of disruptions, “bouncebacks,” and runaways
- Some staff began to raise concerns about the therapeutic quality of our “treatment” approach
- Staff were not given enough skills to appropriately deal with negative behavior
Treatment Model Task Force

- 1999 – 12-14 members: CEO, VP’s, Administrators, Directors, Direct Care Staff
- Workgroups:
  - Philosophy of care
  - Child competencies
  - Staff/foster parent competencies
  - Working through relationships
- 9-month agenda for change
- HA! HA! – the specifics of change were overwhelming
Exploring Established Models

- Staff groups visited 10 agencies in the Eastern US (KY, AL, FL, NC, PA, MI) representing a variety of models
- Presentations on 5 other models

- Models included:
  - Family/parent teaching
  - Positive peer culture
  - Circle of Courage
  - Re-ed
  - Attachment theory
  - Social learning theory
  - Multi-systemic
  - “Home-grown”
Who do we want to be?

- Other models didn’t fit us, e.g.:
  - Too expensive
  - ALOS was longer
  - State and local child care culture too different

- We decided to create a new treatment philosophy, culture, and program

- Theme of treatment and care:
  Transforming power of relationships
## A Move Away from Behavior Modification

<table>
<thead>
<tr>
<th>Behavior Mod</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>- External control</td>
<td>- Shares control</td>
</tr>
<tr>
<td>- Short-term benefits</td>
<td>- Long-term benefits</td>
</tr>
<tr>
<td>- Can be punitive</td>
<td>- Communicates caring and teaches by using</td>
</tr>
<tr>
<td></td>
<td>natural and logical consequences</td>
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</tbody>
</table>
A Move Toward Healthy Relationships

- Long term relationship skills and a healthy view of adult authority
- Staff as “advocates” and “teachers” not “point police” nor “baby sitters”
- More in line with our faith-based tradition

- From *controlling* to *connecting*
Under-girding the Model

- Child Development Theories
- Attachment Theory
- Resiliency Theory and Research
- Re-ed
- Circle of Courage
- Parenting Research and Curricula
The Goal of Relationship Building

“We are providing these kids with a safe experience of a relationship. At some point they may be able to transfer these skills to other relationships, especially within their own families. We are role models; we provide an example of how to promote and maintain a relationship in the face of conflict. We model respect, mutuality, acceptance, and integrity. We are teachers. … We de-pathologize, normalize and allow them to be children.” (Leaf)

Advantages of Relationship Model

- Creates a family environment that is transferable to the home setting.
- Attracts different staff – “mission” minded.
- Direct Care are primary change agents for the child not “baby-sitters”
- Less stress – removes many power struggles.
- Life-long changes for kids – you become a second family resource.
- Eliminates outdated points and level systems.

(with Gayle Mrock)
Challenges of Relationship Model

- Requires staff with good boundaries and mental health.
- Short length of stay for kids means we have to work fast.
- Turnover of staff more difficult.
- Natural “Teacher-Counselors” needed.
- Requires constant modeling by supervisors.
- Difficult concept for young staff to have a relationship/authority role.
- Avoid administration vs. “direct care”.

(with Gayle Mrock)
The Plan

Phase 1 Workgroups
- Youth competencies
- Staff and foster parent competencies
- Parent competencies and parent training
- Spiritual life and program enrichment

Phase 2 Workgroups
- Behavior Milieu ("Community")
  - Phases
  - Routines
  - Behavior intervention
- Staffing Changes
- Parent Education
The Plan

Phase 3 Workgroups
- Staff Development and Support
- Foster Parent Training and Support
- Communication

Phase 4 Workgroups
- Curriculum Development
- Implementation
- Evaluation
The Plan – Who’s in charge?

- Project Leader
- Workgroup Leaders & Workgroups
- Core Group
  - CEO, Program Administrators, CQI, Project Leader (7 total)
- Overall, 73 staff, from the CEO to direct care, 14 youth, and 4 parents participated
Where are we now?

- Heightened focus on building relationships in orientation training and in team meetings
- Phases implemented in the programs
  - Welcoming
  - Building
  - Responsibility
  - Mastery
  - Independence
- Hybrid – Phases and points
- Curriculum Development
Delays and Disappointments

- 2 down-sizings and re-organizations in the past 2 years
- Brain A. lawsuit
- 2 new state commissioners in the last year
- COA Re-accreditation

- Bits and pieces of the full plan have been implemented as programs have been added or revised
- It has taken too long
- The process of the project lost energy
Positive Change and Success

- Change in culture – common use of the term and concept of “relationship”
- A sign appeared:

“Rules without Relationships Results in Rebellion”
Positive Change and Success

- Workgroups – cross fertilization of ideas and community building
- Foster Parent Handbook Developed
- Staff Training Coordinator position added
- Volunteer Coordinator position added
- Internal Mentoring program added
- Adventure Based Counseling program expanded
- Parent Education Training added
- Fewer requested disruptions: 2003 – 2% (4/209)
## Positive Change and Success: Restraint Reduction

<table>
<thead>
<tr>
<th>Year</th>
<th>Restraints</th>
<th>Youth Injuries Requiring Medical Attention</th>
<th>Staff Injuries Due to Physical Management (Workers Comp)</th>
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</thead>
<tbody>
<tr>
<td>1998</td>
<td>1447</td>
<td>6</td>
<td>36</td>
</tr>
<tr>
<td>1999</td>
<td>660</td>
<td>2</td>
<td>27</td>
</tr>
<tr>
<td>2000</td>
<td>169</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>2001</td>
<td>93</td>
<td>3</td>
<td>12</td>
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<tr>
<td>2002</td>
<td>169</td>
<td>0</td>
<td>17</td>
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<tr>
<td>2003</td>
<td>116</td>
<td>0</td>
<td>11</td>
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<tr>
<td>2004</td>
<td>151</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
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<td>3</td>
</tr>
<tr>
<td>2006</td>
<td>67</td>
<td>1</td>
<td>3</td>
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Positive Change and Success: Seclusion Reduction

<table>
<thead>
<tr>
<th>Year</th>
<th>Seclusions</th>
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<tbody>
<tr>
<td>1998</td>
<td>2642</td>
</tr>
<tr>
<td>1999</td>
<td>2114</td>
</tr>
<tr>
<td>2000</td>
<td>1259</td>
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<tr>
<td>2001</td>
<td>940</td>
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<td>2002</td>
<td>607</td>
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<tr>
<td>2003</td>
<td>386</td>
</tr>
<tr>
<td>2004</td>
<td>201</td>
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[1st Q = 166  2nd Q = 35]
Positive Change and Success

★ Stopped the use of seclusion
July 1, 2004!!!
Positive Change and Success

Mediation Training / Program Added

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<tr>
<th>Year</th>
<th>Grievances</th>
<th>Founded</th>
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<tbody>
<tr>
<td>2000</td>
<td>311</td>
<td>20</td>
</tr>
<tr>
<td>2001</td>
<td>170</td>
<td>24</td>
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<td>2002</td>
<td>58</td>
<td>8</td>
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<td>2003</td>
<td>23</td>
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<tr>
<td>2004</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>2005-2006 FY</td>
<td>14</td>
<td>1</td>
</tr>
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Positive Change and Success: Move to CFS Model

- Combined therapist and case manager roles into one position:
  - Child and Family Specialist
    - Reduces number of people involved
    - Better communication
    - More focus on family involvement
    - More work in the family home
Child and Family Specialists:
Family Involvement in Relational Model

- We are now working with families from day one.
  - Going to families homes.

- Families are involved in all aspects of treatment.

- Families are learning new skills to help their youth come home and stay home.
Benefits of the Culture Change

- A more positive place for youth to receive treatment and a more positive place for staff to work
- Youth know that staff care about them
- More developmentally appropriate and more therapeutic
  - Use natural and logical consequence and making amends rather than punish or penalize youth
  - “Teaching Moments” – replacement behavior
- Helps youth experience and establish healthy relationships with adults – transferable skills
Benefits of the Culture Change

✦ Less power struggles
  – Control and decisions are shared with youth (when it’s safe and appropriate to do so)
  – Helps youth to develop an internal sense of control rather than merely being controlled

✦ Connecting vs. Controlling
Mistakes

- Re-hashing old issues
- Too long
- Implementing in bits and pieces – not consistent
- Communication not thorough enough
  - What did we mean by working through relationships?
  - Did not operationalize terms early on
Elements of Culture Change

✨ Staff Resistance
  – Expect staff resistance
  – Training for supervisors on dealing with resistance

✨ Schein’s 20 / 50 / 30 Rule

Elements of Culture Change – Schein

- Artifacts
- Espoused Values
- Basic Assumptions
  - “… the essence of a culture lies in the pattern of basic underlying assumptions …”
  - “When a solution to a problem works repeatedly, it comes to be taken for granted” [e.g. seclusions, restraints, points, levels]
Elements of Culture Change – Schein

- Common goals
- Common language
- Common procedures for solving problems

- Unfreezing
  - Disconfirming information
  - Guilt or anxiety induced
  - Psychological safety

- Cognitive Restructuring

- Refreezing
  - Confirming information
  - Rewards / sanctions
Elements of Culture Change – Schein

★ 5-15 years to change a culture
★ Plan time for disequilibrium
Leadership - “… leaders create and change cultures, while managers and administrators live within them.”

Vision - the path is not defined but is deemed possible
Questions
Thoughts
Your successes