

refocus

THE RESIDENTIAL CHILD CARE PROJECT NEWSLETTER • VOL. 10, 2005

WHAT'S NEW?

TCI Conference Achieving The Balance: Best Practice For Managing Challenging Behavior • April 26 – 28, 2005

International Research Symposium Examining the Safety of High-Risk Interventions • June 1– 4, 2005

Do We Still Need to Stretch?

by Martha J. Holden

Although stretching before exercise has been recommended for years, it is surprising that recent research has not found any clear benefit from doing so. Stretching before exercise does not appear to prevent injuries during exercise, but a regular stretching routine can increase flexibility and prevent orthopedic problems.

Ian Shrier, MD, PhD., past president of the Canadian Academy of Sport Medicine and a researcher at SMBD-Jewish General Hospital in Montreal, Quebec, Canada, examined 23 articles on “acute stretching” – stretching just before exercise. He found that:

- 22 of the 23 reports showed no benefit in terms of force, torque, or jumping height.
- One study showed that stretching before exercise made for more efficient running.
- Of the four articles that looked at running speed, one showed that stretching before exercise was helpful, one found it slowed runners, and two had equivocal results.

Shrier also examined nine articles on regular stretching – either after exercise or at some other time. He found that:

- Seven of the nine reports showed a benefit.
- The two reports showing no benefit looked only at running economy.
- None of the reports found any harm in regular stretching.

Implications for TCI training

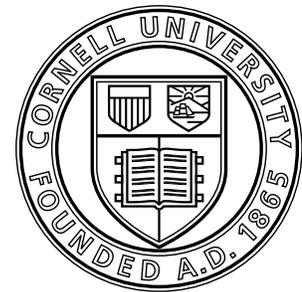
Most of the research reviewed for

Stretch?, continues on page 2.

Join Us in DUBLIN! TCI Second International Conference

Cornell University will host the second international TCI conference in Ireland, April 26-28, 2005. The theme, Achieving the Balance: Managing Challenging Behavior, will give participants an opportunity to share best practice strategies and outcomes from a variety of settings and countries. Presenters and participants from the United Kingdom, Ireland, the United States, Canada, Australia, Israel, and Bermuda will come together at the Grand Hotel in Malahide, Ireland, for three days of keynotes, workshops, panel presentations, and round table discussions focused on how we can, as professionals, provide quality services and therapeutic environments for children with challenging behaviors.

Panel presentations will offer international perspectives on the major research issues in managing challenging behaviors, twenty-first century challenges for the social work services work force, trauma sensitive care, continuous quality improvement, and social policy. More than 30 workshops are scheduled to address issues of leadership, supervision, training, clinical oversight, and critical incident monitoring. Workshop titles include: Safety Should Not Require Holding; The Strategic Self-Regulation Program; Mock Trial of an Injury Following a Restraint; Understanding Our Behavior: The Views and Experiences of Young People; Promoting Positive Behavior: A Strength-Based Approach to Attaining a Violence Free Treatment Environment; A Computer Based Monitoring System; The Therapeutic Diamond and Other Jewels;

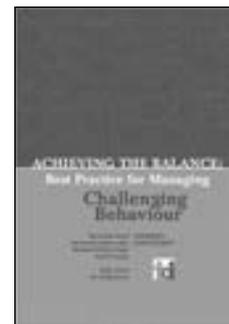


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Nation-Wide Implementation of TCI in Israel; Leadership for Cultural and Practice Change; Dual Diagnosed Adolescents: Making TCI Work Through Individualized Treatment Plans; From Control to Collaboration; Responding to Professional Supervision; Grief and Loss Implications for Crisis; Responsive Interventions in the Face of “Pain-Based” Aggression; Creative Refresher Training; The Use of Therapeutic Crisis Intervention to Assist in the Development of an Emotionally Literate School; Staff Gender Issues

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Stretch?, Cont. from p. 1.

this article was conducted on professional athletes, college athletes, marathon runners, or Army recruits. This is a population that is somewhat fitter than the normal training group which is not composed of athletes, but a variety of people of different ages, sizes, and fitness levels. One factor that was predictive of injury during exercise was “age when embarking on a new exercise program;” the older the person, the higher the injury frequency. This did not hold true if the person was an experienced, well-trained athlete. Overall fitness reduces injury occurrence and is also a predictive factor.

The Bottom Line

There is no evidence that stretching before workouts prevents injury, although stretching during or after a workout appears to be beneficial. There is also no clear evidence that stretching before exercise causes injury. If you want to decrease your chances of getting hurt, increase your level of fitness and warm up before vigorous exercise by gradually mimicking the actions about to be undertaken. Make stretching a part of your regular work out routine in order to stay flexible. When conducting TCI training, ask participants to warm up before stretching or practicing the physical techniques by walking, skipping, jogging, hopping, and moving as they will move when practicing the restraint techniques.

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Martha J. Holden, M.S., is a Sr. Extension Associate with the FLDC and the director of the RCCP. As project director, she participates in the development, implementation, and evaluation of TCI in residential child care organizations; a program in TCI for Family Care Providers; and training programs in violence prevention, the Investigation of Institutional Maltreatment, and Institutional Assessment. These programs are offered throughout the U.S., Canada, the United Kingdom, Ireland, Australia, and Russia. Ms. Holden also provides training and technical assistance to violence prevention projects for the U.S. Army and U.S. Marine Corps. Ms. Holden has published in the Children and Youth Services Review, Journal of Emotional and Behavioral Problems, Residential Treatment for Children & Youth, and the Journal of Child and Youth Care Work, and co-authored a chapter in the book, Understanding Abusive Families.

Dublin, Cont. from p. 1.

in Physical Restraint; Reducing Challenging Behaviors Using Adventure Based Experiential Learning; and Raising the Professional Profile of Foster Carers.

Mr. Brian Lenihan, Ireland’s Minister of the Department of Health and Children, will welcome participants to the conference. Mr. Michael Donellan, Director of Trinity House, Dublin, will open the conference with remarks focused on “Images, Perspectives, and Healthy Tensions.” Featured speakers include Dr. Ross W. Greene, Director of the Collaborative Problem Solving Institute, Massachusetts speaking about “Oppositional Behavior as a Learning Disability: The Collaborative Problem Solving Approach;” Dr. Helen Wescott,

from The Open University, London, who will present “Addressing the Complexities of Residential Child Care: Learning From Tension;” and Brian Farragher, Executive VP/COO of the Andrus Children’s Center, Yonkers, New York, who will discuss “Getting a Handle on Holds: A Systematic Approach To Reducing Physical Restraints.” Dr. James Anglin, School of Child and Youth Care, University of Victoria, British Columbia, Canada, will provide the endnote address.

There will be many opportunities for informal discussions and networking. The first evening of the conference, the Lord Mayor of Dublin will welcome participants to Dublin at the wine and cheese reception. During lunch on Wednesday, round table discussions will focus on a variety of topics including research on brain function, organizational leadership and change, foster carers, schools and challenging behavior, training skills, and physical restraint. Wednesday evening there will be a dinner and Irish folk music for participants to enjoy.

For TCI trainers, the conference is an excellent opportunity to network with other TCI trainers and apply for recertification. The Residential Child Care Project will offer testing for recertification on Thursday afternoon immediately following lunch. In order to be eligible for recertification, TCI trainers must indicate in advance (on the registration form) their wish to be recertified, they must attend the entire conference and complete the attendance sheet included in their conference packet, and successfully pass the written and physical testing. Notification of certification status will be mailed out after the conference.

A full conference brochure and registration information is available on the RCCP website: <http://rccp.cornell.edu>. For additional information please contact: Unicorn Consultancy 27 Marlborough Heights, Church Road, Belfast, Northern Ireland, BT6 9QR, telephone (country code if outside the UK) 028 90 705495. 📖

"All progress is precarious, and the solution of one problem brings us face to face with another problem."
—Martin Luther King, Jr. 1929-1968
"Strength to Love" 1963

Research Symposium To Highlight High-Risk Interventions

Examining The Safety of High-Risk Interventions For Children and Young People: An International Symposium for Researchers, Policy Makers, Advocates, and Intervention System Providers

Cornell University
Family Life Development Center
Ithaca, New York
June 1-4, 2005
Visit rccp.cornell.edu for additional information about this program.



The use of physical and mechanical restraints and devices to control the aggressive and violent behavior of children has been part of the treatment and the safety options of psychiatric facilities, prisons, alternate home environments such as orphanages, group homes and some schools for decades and longer. Current research on the effectiveness of these strategies and tactics calls to question their impact on reducing aggression and violence, and further on their ultimate physical and psychological safety, especially with

children. Constitutional, ethical, and legal scholars have debated the fundamental values of systems that use physical and mechanical restraints to control aggression in free societies. Some states and nations have restricted these interventions from use in all but the most immediate safety situations.

The purpose of this symposium is to bring together researchers, public policy specialists, legal scholars, and intervention system providers:

1. to examine legal, ethical, training, and organizational issues necessary to ensure the safe, humane, and appropriate employment of high-risk physical and mechanical holds with children and young people
2. to examine the current medical, bio-mechanical, psychological, and organizational research basis for employing high-risk physical and mechanical interventions with children and young people including escorts, floor restraints, and other physical and mechanical holds necessary to ensure a child's and a young person's safety and developmental needs
3. to examine current clinical and organizational strategies which reduce the likelihood of aggressive and counter-aggressive behaviors within residential facilities
4. to address future research needs to provide a stronger foundation for policies, procedures, and practice
5. to publish the results of this symposium to guide future research, policy formation, procedures, and practices to establish evidence-based practice guidelines

Between 75 and 100 international researchers, public policy advocates, as well as representatives from providers of crisis prevention and management systems will address issues such as:

1. the legal and ethical uses of physical and mechanical interventions within

- the context of the United Nations Commission of the Rights of Children and other pertinent national legislation
2. the safety of physical and mechanical interventions focusing on medical, pharmacological, and bio-mechanical hazards
3. the psychological and emotional impact of physical and mechanical interventions on children, young people, staff, and the organization
4. guidelines for the development and use of high-risk physical and mechanical interventions
5. clinical and organizational strategies including training, supervision, and monitoring likely to reduce aggressive and counter-aggressive behavior and therefore the use of high-risk physical and mechanical interventions

Selected presenters will address significant issues articulated above within their disciplines and their areas of expertise. Participants will be expected to respond to these lead presentations, and will have the opportunity to offer rebuttals, comments, and/or concurrences during the symposium and/or within a planned publication of the symposium proceedings.

The specific agenda and program will be determined by a steering committee of representatives from key sponsors and participants such as Cornell University, the Child Welfare League of America, and Stirling University, Scotland. The funding and the symposium process demand that participation be limited to between 75 to 100 individuals. A conference fee of \$325.00 (US) will cover admission to all conference events, receptions, and banquet.

If you are interested in attending this event, contact man2@cornell.edu. Please feel free to forward this invitation to any colleague who may have an interest in this research symposium. The only method of publicity for this symposium will be through e-mail and selected websites. ☺

Frequently Asked Questions about the BILD Accreditation Process in the UK

By Angela Stanton-Greenwood

In 2003, Cornell University's Residential Child Care Project initiated a lengthy process with the British Institute of Learning Disabilities (BILD) to accredit the Therapeutic Crisis Intervention training programme in the UK and Ireland. Over the last two years, there have been a series of changes in the TCI programme in Europe in order to comply with BILD accreditation standards. These changes include:

- TCI in the UK is now referred to as TCI Europe.
- The appointment of a TCI Europe Training Manager, Angela Stanton-Greenwood, who is responsible for the Anglicisation of the training materials and monitoring compliance with BILD guidelines.
- More autonomy for TCI Europe in order to reflect the appropriate philosophical and legal context in which TCI Europe exists when providing training and support to agencies.

Many TCI trainers and TCI organizations in the UK and Ireland have had questions about the BILD accreditation process and implications for practice. The following are those questions most frequently asked:

Q: What is 'BILD'?

The British Institute of Learning Disabilities (BILD) is committed to improving the quality of life for the 1.2 million people in the UK with a learning disability. They do this by:

- influencing policy makers and other decision makers

- encouraging good practice among practitioners from a wide range of disciplines
- helping people with a learning disability take charge of their own lives and become part of an inclusive society

Q: Why are they responsible for the accreditation of physical interventions in the UK?

A: The government has been concerned about the lack of regulation of physical intervention programmes taught in the UK and asked BILD to develop accreditation criteria against which such programmes can be evaluated. This means that agencies that commission such programmes can question whether the programme has achieved the BILD quality kite mark.

Q: Has TCI applied for BILD accreditation?

A: TCI began the BILD accreditation process in December, 2004.

Q: What does this entail?

A: The accreditation process has three parts. They are:

1. Sending ten copies of a written submission to BILD along with evidence to support evaluation against the nine criteria set out in the BILD Code of Practice for the accreditation of physical interventions.
2. One course being assessed by an allocated BILD assessor in January 2005.
3. A presentation to and attendance at a BILD accreditation panel in early 2005.

Q: What does this mean for TCI in the Republic of Ireland, Scotland, Wales, Northern Ireland, and England?

A: It has meant several changes to the administration of TCI and delivery of programmes. The main changes are the:

1. need for a behavioural audit carried out by all TCI agencies which assesses the level of training and support required
2. delivery of different on-site training programmes dependent upon the results of that physical intervention audit and an explicit understanding that if an agency requires training in physical interventions beyond the standing hold, then the results of their behavioural audit would need to support this and they are making a commitment to move away from such physical interventions whenever it is safe and within a duty of care to do so
3. open programmes now normally only teach interventions up to the standing hold unless there are a number of participants whose behavioural audit support an extension to the prone restraint
4. need for all agencies to keep standardised records of training
5. need for quality assurance of the above and support for trainers through allocated Instructors
6. geographical re-naming of TCI to TCI Europe as BILD requires a degree of independence from the parent programme which enables the programme to reflect different legislation and cultural norms
7. naming of one person, Angela Stanton-Greenwood, in the BILD submission to be the main contact point for BILD
8. removal of the bite release from the programme



9. the completion of risk assessments for all physical interventions in addition to the already completed biomechanical assessments by a physical therapist
10. the requirement for TCI trainers to be quality assured/re-accredited annually
11. the requirement for TCI trainers to maintain a portfolio between annual accreditation dates which includes the details of people they have trained, training evaluations, the results of assessments and any health and safety issues. All of this information can also be inputted into the spreadsheet devised by TCI Europe for trainers

Q: So does this mean that TCI Europe will no longer be allied to Cornell University's programme?

A: Absolutely not! It simply means that TCI Europe will be better able to meet the different geographical legislative, cultural and accrediting norms whilst still maintaining its present relationship with Cornell University.

Angela Stanton-Greenwood, BA Hons in Social Studies, CQSW, MA in Social Work, MED in Education and Training, spent 19 years working with young people who have complex needs and severe challenging behaviour. She is a TCI Instructor and PROACT-SCIP, UK Instructor Trainer. She has worked for the Hesley Group in England for the past six years, and helped to develop the Developmental Disabilities training module for Cornell University. 🍷

TCI Bookshelf



Pain, Normality, and the Struggle for Congruence: Reinterpreting Residential Care for Children and Young People

By James P. Anglin

The Haworth Press. Inc.

ISBN: 0-78900-2140-4 (Hardback)

ISBN: 0-7890-2141-2 (Paperback)

Reviewed by Johnnie Gibson MSc., MSW.

In this book James Anglin has done a thoroughly good job of providing a text that will appeal to managers, practitioners, policy makers, researchers, as well as those who teach residential child care. The precise value to each will be different.

I will not be at all surprised if this text becomes a classic. Anglin combines passionate interest in residential child care with rigorous intellectual investigation of everyday experience in small group homes in Canada. (In Ireland and in Britain these are known as Children's Homes). His research perspective rests completely on a qualitative approach. He provides a clear and uncomplicated account of why he selected grounded theory as his chosen research methodology. He explains that he did not set out with any preconceived theory of what makes for good residential care, instead he choose to immerse himself in the reported and observed daily experience of the young people and their adult carers who share the life-space of these group living environments. From this observed and reported experience he then produces a theory of small group homes. He explains one of the core ideas in grounded theory thus, "the assumption being made is that the social organisation of the world is inherently integrated, and the job of grounded theory is simply to discover this pattern" (p.47). By the end of the book Anglin succeeds in discovering the pattern as it pertains to these residential environments.

Anglin provides a convincing example of Kurt Lewin's belief that there is "nothing as practical as a good theory" and because his theory of small group homes emerges directly from the lived and observed experience of group life he also proves the point that good practice is in and of itself, theoretical.

From his investigation James Anglin distils what must have been a vast corpus of data into a matrix that he calls a "Framework for Understanding Group Home Life and Work." The matrix comprises three interlocking ideas or domains that each have sub-elements. The first of these, in keeping with grounded theory terminology he refers to as Basic Psychosocial Processes and this subdivides into three elements, which are, "creating an extra-familial living environment," "responding to pain and pain based behaviour," and "developing a sense of normality." Basic processes in this context are those that have best explanatory power in relation to whatever phenomenon is under study. The second domain is what Anglin refers to as



TCI Bookshelf

Interactional Dynamics, these define as “the key relational ingredients of group home life and work” (p.57). As such they are elements of the larger psychosocial processes just mentioned. There are eleven interactional dynamics, for example, “discovering and uncovering potential,” “sharing power and decision making,” “offering emotional and developmental support.” Anglin defines the final domain as Levels of Group Home Operation such as “management,” “supervision,” and “youth and family.” James Anglin does a masterful job of integrating all of these elements within his matrix. As he discusses and explores themes like “developing a sense of normality” and “responding to” rather than “reacting” to pain based behaviour in the context of the matrix he provides a rich theoretical framework. I like the way he challenges and changes the concept of “troubled and troublesome youth” to the idea that many young people in group care situations present with what he terms “pain based behaviour.” The latter fits neatly with the Iceberg diagram in Therapeutic Crisis Intervention in that surface behaviour requires a therapeutically informed response that takes account of driving forces that are not necessarily observable and which may in deed be pain or trauma based. The notion of pain based behaviour has helped to clarify my own thinking about “listening” to as well as observing behaviour.

Grounded theory contains the idea of a “core category,” it is “defined by its ability to integrate the other major categories into a coherent and dense theoretical framework” (p.50). The core category to emerge from this study of group home life as it is lived is the idea of “congruence in the service of the children’s best interests” (p.52). Anglin provides plenty of examples of what this concept means in practice.

So, what to the value of this book, for whom will it be useful? Essentially it is a book that provides a framework through which serious practitioners and proponents of residential child care will find ways to ask and answer questions about how to design small group homes that aim to provide quality of life for young people, who, for whatever reason cannot or choose not to live with their biological family. It is also a book that should help to formulate programme design. For those charged with staff development and training it will provide limitless ideas for programme content. For aspirant

researchers James Anglin provides a model of grounded theory in action as well as a rich mine of ideas that will help to formulate research questions.

Are there any cautions with this book? The book is not a light read but neither is it the least bit turgid. On first encounter, the literature review at the end of the book rather than at the beginning seems out of place. Nevertheless it is in keeping with a grounded theory approach in that Anglin as researcher set out to discover the organisation of social life in these settings as opposed to being led in the first instance by the theorising of others. He uses the literature to reflect on his own findings. Written in scholarly and technical style the book is a practical working tool. In my role as child care trainer and part time post graduate student it is a book that I will return to often.

If you would like to hear Dr. Anglin speak, he will present at the TCI International Conference in Dublin, Ireland, April 26th – 28th, 2005.

The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children
2nd edition
By Ross W. Greene, Ph. D.
Quill Publishing (2001)
Reviewed by Mary Ruberti.

If you are the parent, teacher, counselor, or any helping adult of an inflexible-explosive child, then Dr. Greene’s, The Explosive Child, is worth reading. In this book, Dr. Greene suggests a different understanding of these children, and a new approach for decreasing adversarial interactions between children and adults while increasing the child’s ability to cope with frustration and stress. This book may offer hope to families who have experienced limited or no success in traditional individual and family therapy programs, and are ready to try something new.

Bookshelf, continues on page 7.



The principles and strategies described in *The Explosive Child* evolve from Dr. Greene's twenty some years of experience in collaborative problem solving programs. Dr. Greene specializes in the treatment and study of explosive children, and the scenarios described in this book are examples taken from Dr. Greene's own practice. Dr. Greene's purpose for writing *The Explosive Child* is to provide a better understanding of the causes of explosive behavior, a comprehensive approach for decreasing adversarial interactions between children and adults, and strategies for improving children's coping abilities. His most helpful intention is related to the idea that "children do well if they can." One of the main goals of this book is to change adults' perceptions of a child's explosive behavior. Dr. Greene suggests that inflexible-explosive episodes are a reactive response to frustration. The child cannot think rationally and reason at this time. The child's inflexible-explosive behavior is therefore not a matter of choice or insufficient motivation. Proponents of behavior modification systems for example might want to rethink the use of this type of approach with explosive children because, as Dr. Greene suggests, it may only increase frustration and contribute to adversarial relationships.

Dr. Greene's premises appear to be based on his own practice with explosive children. He also cites a number of helpful resources in *The Explosive Child* that have assisted him in framing his evaluation of and practice with this population. Dr. Greene acknowledges however the need to subject much of what is written in this book to scientific evaluation. He assures us that this process is currently underway. Despite its lack of scientific evidence, *The Explosive Child* still offers the reader a number of scenarios that illustrate Dr. Greene's principles and strategies in practice, and demonstrate the effectiveness of his approach.

Another advantage of **The Explosive Child** is Dr. Greene's expressive language and uncomplicated writing style. He does not confuse the reader with clinical jargon, and any lay person can feel confident reading this book. Dr. Greene even creates his own terms to describe certain concepts. For example, "mental debris" refers to the foul, abusive words used by a child during an explosive episode. The beauty of the term "mental debris" is that it can remind the adult that

what is really coming out of the child's mouth is garbage or inconsequential. Dr. Greene also frequently uses analogies (computers and cars, to name a few) to help the reader to identify with certain ideas. These analogies are not only entertaining, but help to increase the reader's understanding of particular concepts. Dr. Greene also makes a point to anticipate the reader's questions, and attempts to answer them either directly or within many of the scenarios he describes in the book.

The book has many merits, but reading *The Explosive Child* is only a start for understanding and helping these children. Dr. Greene recommends a thorough assessment of your child to determine if he/she is experiencing difficulties such as ADHD, anxiety, non-verbal learning disabilities, and language processing deficits. These and other disorders can contribute to your child's trouble thinking rationally when frustrated. No parent is happy with the idea that their child has some type of disability. However, this seems far more palatable than the idea that their child is destructive, abusive, and dangerous on purpose. Understanding the reactive nature of the explosive behavior, and the causes for it, can help adults to de-personalize the child's actions, and avoid the impulse to punish and yell. Parents and other helping adults who wish to implement Dr. Greene's model should also be encouraged to find someone who can provide the type of insight and guidance that Dr. Greene provided to the families in this book. New ways of thinking about and responding to explosive children don't happen over night, and adults will need assistance during this process. Perhaps this sounds overwhelming, and it certainly takes time, but those children and families who have been struggling with explosive behavior will also hopefully recognize that *The Explosive Child* can present the glimmer of light at end of the tunnel.

If you would like to hear Dr. Greene speak, he will present at the TCI International Conference in Dublin, Ireland, April 26th – 28th, 2005. 🗣️



Professional Certification Announcements

Congratulations to all of the newest TCI Trainers to have achieved professional certification!

Sharon T. Butcher

Sharon works at the Waterford Country School (WCS), a private non-profit human service agency located in rural Connecticut. She began her employment at the WCS in the summer of 1979, seeking summer employment. Sharon was putting herself through undergraduate school and knew she wanted to work with kids. WCS seemed like it was a good match for her as she is still there. Sharon began as a Child Care Worker, moved on to being a Special Education Teacher, then on to the Assistant Director of Education. This year she moved up in the ranks to become Director of Education. She truly enjoys being part of the training team at WCS. The TCI curriculum supports her personal and professional values; students should be treated with respect and given firm yet nurturing guidance.

Joanie Cousins

Joanie has extensive experience of developing and delivering services to young people. She has worked in Ireland in the voluntary sector with homeless young people, the Department of Justice and young travellers before moving into residential care for young people in the early '90s. Joanie worked in and managed a number of specialist high support, therapeutic services before moving to manage the national special care unit. Joanie is currently an Associate with Refraction, a management consultancy organization specializing in health and social care. Joanie has a Postgraduate Diploma in Health Services Management, UWCN and a Postgraduate Diploma in Child Protection and Welfare, Trinity College Dublin. She has carried out research into the motivation and support needs of staff working in special/secure care (publication forthcoming).



Patricia Ege

Patricia has worked in human services for over 25 years and has been a TCI instructor since 1998. She holds masters degrees in social work and education. She has served in many capacities at Cunningham Children's Home in Urbana, Illinois. Currently, as Vice President of Program Services, she oversees all agency programs and serves as an agency liaison to police departments, court services, internship programs, and other community organizations. She is a certified school social worker and a licensed clinical social worker, a Red Cross instructor, a certified sports counselor, and a trained COA peer reviewer.



William Martin

William is the Assistant Executive Director of Waterford Country School, a multi-program human service agency in Southeastern Connecticut. He has been working with special needs youth since 1977 and has focused on youth with serious social, emotional, and behavioral needs. William has his Master's degree in Human Service Administration and has been a TCI trainer since 1994. William attained his Professional Trainer certification in the Spring of 2004.



Lucinda O'Mahony

Lucinda has 15 years experience in developing and delivering services to young people in Ireland and the UK. She has worked as a practitioner and manager in a variety of settings such as high support and mainstream residential care, long term therapeutic units, assessment, outreach and homeless services.



Her most recent post was manager of a regional high support service with the Eastern Regional Health Authority. Lucinda is currently an Associate with Refraction, a management consultancy organization specializing in health and social care. Lucinda has a Masters Degree in Child Protection and Welfare, Trinity College Dublin and a Postgraduate Diploma in Health Services Management, UWCN. She has carried out research into the use of physical restraint in residential care in Ireland (publication forthcoming).

Brent Swope

Brent is the Coordinator of the Milieu and Behavior Management Training Program at the Philhaven Behavioral Healthcare Services in Mt. Gretna, PA. Philhaven provides a vast array of behavioral healthcare services for children, adolescents, and adults. Program services are offered in inpatient, residential, outpatient, and community settings. Brent has been employed at Philhaven for the past 10 years. He has previous experience serving as a psychiatric assistant and case counselor, working primarily with adults. He has been a TCI trainer since 2002. Brent holds a Bachelor's degree in Organizational Development and Management from Eastern Mennonite University.



Mena Wilson

Mena has worked in the child care field in Northern Ireland for over 24 years – spending 13 years working within residential care. She has a BA Hons. in Social Work and a Certificate of Qualification in Social Work. She has undertaken her Certificate in Advanced Social Work at Queens University and completed a Post Graduate Diploma in Human Resource Management. As Director of Unicorn Consultancy she provides training and development opportunities for the care, justice and education sectors. She also continues to work directly with young people.



Ask Eugene



Q: I am a TCI trainer and I need to renew my certification but you only have one or two refreshers and none of them are in my area. How do I get re-certified?

A: Much of the confusion in this has been from the use of the word “refresher.” The TCI Update, Designing Refresher Training, is NOT the only training you can go to and get re-certified. You may attend ANY of the two-day TCI updates to renew your certification as a TCI trainer.

Q: I am due for an update but the only one I can attend is after my certification expires. Do I have to take the full TCI training of trainers again?

A: That depends on how long you wait to get to an update. Once your re-certification date has passed, your certification has expired. You will have to attend, and pass, a TCI Update but you will not be certified to train TCI until you do.

Q: What if I can't get to an update? What do I do then?

A: You have up to one year to re-certify by attending, and passing, a TCI Update. If your certification lapses for more than one year you will have to take the full five day TCI training of trainers again.

Q: Where are the TCI trainings and how do I sign up?

A: Everything you need to register for the initial TCI training of trainers, or a TCI Update is available on our web site at <http://rccp.cornell.edu> 🐾

From the Instructor's Booth

The Residential Child Care Project is pleased to announce our newest TCI Instructor: Zelma S. Smith, ZS Smith & Associates, Stone Mountain, Georgia

Zelma Smith Child Welfare Consultant and Trainer, was also the former Director of Program Development at the Child Welfare Institute in Atlanta, Georgia. She has a Master of Social Work degree and 33 years of experience in the field of child welfare, including training and consultation, curricula development, supervision, and direct service delivery. She was the principal developer of an education/group support program for relatives caring for children in their home. Her work experience includes training in recruitment and preparation and selection of foster and adoptive treatment, residential treatment, child abuse and neglect, and conference and meeting planning.



From 1984-1989, she was a field instructor/extension associate at Cornell University's Child Protective Services Training Institute. In 1987, she became a certified Therapeutic Crisis Intervention Instructor at Cornell conducting training in the US and Canada; from 1990-1995, she was a trainer consultant with TCI and returned to the program in October 2004 as a consultant. She was an adoption training specialist at the Research Foundation of the State University of New York's Center for Development of Human Services. In her role at the Child Welfare Institute, she was responsible for curricula development and training throughout the US in foster care, adoption, and kinship care. In 2000, she was the keynote speaker at the State of South Carolina statewide conference on kinship care and has presented nationally and internationally on kinship issues. She is the chairperson for the National Association of Black Social Workers National Kinship Task Force Committee and a member of the National Kinship Advisory Committee at the Child Welfare League of America. 🌹

NOTICE

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The Residential Child Care Project seeks to improve the quality of residential care for children through training, technical assistance and evaluation. The project has been at the forefront of efforts to strengthen residential child care programs for children since 1982 when it was established under a grant from the U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect. The RCCP is administered by the Family Life Development Center (FLDC), the College of Human Ecology at Cornell University. The Center's Co-Directors are Steve Hamilton, Ph.D., and John Eckenrode, Ph.D. The project's Principal Investigator is Michael Nunno, DSW and the Project Director is Martha Holden, MS. The Residential Child Care Project web site address is <http://rccp.cornell.edu/>

"I learned long ago, never to
wrestle with a pig. You get dirty,
and besides, the pig likes it."
—George Bernard Shaw

"I like pigs. Dogs look up to us.
Cats look down on us.
Pigs treat us as equals."
—Sir Winston Churchill (1874 - 1965)

Ten Top Tips To Train TCI

by Nick Pidgeon

Hens provide us with eggs; pigs provide meat. Hens are helpful; they provide a good service. But pigs show real commitment. How committed is your agency to TCI? Do you get time to prepare, time to work with supervisors? Does everyone get their refreshers on time? In your training do you stick to what you were taught on the training for trainers?

What are the essential elements of training TCI? Below is a list of tips for training the programme. Treat it as a checklist. Do you do all of this? You should do.

Don't forget . . .

Before the training:

1. Get the Student Workbooks out to your participants at least 3 weeks before the start of the training.
2. Send a letter with the workbooks telling your participants that they must read the book before the training begins. There will be no lectures so they will be lost if they have not read the book. And they will be tested on the contents at the end of the training!
3. Make sure the participant's supervisor discusses the training and the Student Workbook with the participants.

During the training:

4. Don't lecture. Lectures are almost a complete waste of time. We remember only 5% of the information we hear in a lecture.
5. Rather than lecturing discuss each new topic with your participants. Ask the participants questions about the material they have read in the student workbook.
6. Make sure the participants see the techniques they need to learn. Demonstrate the techniques and/or use the video. Then give everyone enough time to practice. Coach and correct errors while they practice.
7. Always use energisers to get people into groups and don't give instructions for the activity until everyone is in their group and ready.
8. Test at the end of the training. Only staff who pass the tests in the physical skills and who receive regular refreshers and re-testing are allowed to use safety interventions in the workplace. Your agency needs to decide what happens to those who don't achieve a passing score in the written test. (We recommend re-training.)

After the training:

9. Make sure the participant's supervisor provides on the job supportive coaching in the TCI techniques. (Are the supervisor's trained in TCI and the TCI incident review technique?)

10. Provide refresher training on all aspects of the TCI curriculum at least every six months. Re-test every year. If staff do not receive refresher training and re-testing within these timescales they must stop using the physical techniques. 🐷

Nick Pidgeon, BSc DipSw is an independent training consultant with over 19 years experience in social work. He has trained staff from Social Work and Education agencies throughout Britain and in Ireland, America, Canada and Russia. He has been a TCI Instructor for ten years.



REFOCUS is an occasional newsletter. It is our way of communicating to you, TCI trainers and interested professionals, information about current issues and events that emerge from work in crisis management and residential child and youth care. Information from the field provides important feedback for us. You can send questions and comments and ideas to us at: REFOCUS c/o The Residential Child Care Project, Family Life Development Center, Cornell University, Beebe Hall, Ithaca, NY 14853 Tel: (607) 254-5210/Fax: (607) 255-4837/Email: eas20@cornell.edu



2005 COURSE OFFERINGS

THERAPEUTIC CRISIS INTERVENTION: TRAINING OF TRAINERS

January 10-14Auburn, NY
February 7-11San Diego, CA
February 7-11Glasgow, Scotland
February 21-25Dublin, Ireland
March 7-11Colorado Springs, CO
March 21-25Warwick, RI
April 4-8Cincinnati, OH
May 9-13Glasgow, Scotland
May 16-20Atlantic Beach, NC
May 16-20Toronto, Canada
June 20-24Penrith, Cumbria England
June 27-July 1Auburn, NY
June 27-July 1Dublin, Ireland
July 11-15Pittsburgh, PA
July 25-29Auburn, NY
August 15-19Auburn, NY
September 19-23Peoria, IL
October 3-7Glasgow, Scotland
October 10-14Myrtle Beach, SC
October 24-28Mesa, AZ
November 14-18Warwick, RI

TCI FOR FAMILY CARE PROVIDERS: TRAINING OF TRAINERS

June 13 - 17Ithaca, NY

WORKSHOPS

There are no workshops planned for 2005.

TCI UPDATES

TCI UPDATE: DEVELOPING PROFESSIONAL LEVEL TCI TRAINING SKILLS

February 28-March 1Glasgow, Scotland
May 23-24Atlantic Beach, NC
July 21-22Ithaca, NY
November 10-11Warwick, RI

TCI UPDATE: TCI FOR DEVELOPMENTAL DISABILITIES

July 18 - 19Ithaca, NY

TCI UPDATE: TCI FOR FAMILY CARE PROVIDERS

September 15-16Peoria, IL
October 20-21Mesa, AZ

TCI UPDATE: DESIGNING REFRESHER TRAINING

January 6-7Ithaca, NY
February 22-23Toronto, Canada
February 24-25Toronto, Canada
March 3-4Colorado Springs, CO
March 10-11Ithaca, NY
June 9-10Ithaca, NY
June 9-10Penrith, Cumbria England
September 20-21Dublin, Ireland
October 25-26Glasgow, Scotland
November 10-11Warwick, RI

TCI UPDATE: POST CRISIS RESPONSE

March 31-April 1Cincinnati, OH
May 17-18Glasgow, Scotland
July 7-8Pittsburgh, PA
September 13-14Wheathampstead, England