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THE RESIDENTIAL CHILD CARE PROJECT NEWSLETTER • VOL. 16, 2011

In This Issue

CARE Project Preliminary Findings Presented at the 11th Biennial International EUSARF Conference in Groningen, The Netherlands

By Martha J. Holden, M.S., Charlie Izzo, PhD., James Anglin, PhD., Michael Nunno, DSW

In September 2010, Michael Nunno, Charlie Izzo and Martha Holden from the Residential Child Care Project and James Anglin, Professor at the School of Child and Youth Care at the University of Victoria, BC, Canada, presented preliminary results from two CARE research projects at the EUSARF Conference held in Groningen, The Netherlands. EUSARF (European Scientific Association on Residential and Foster Care for Children and Adolescents) includes researchers and practitioners from around the globe interested in research, policy, and practice focused on serving the best interests of children and families who are experiencing problems, often resulting in out-of-home placements. The aim of the 11th International EUSARF Conference was to exchange and discuss the latest findings of cross-national research and practice, which provide insight into the professional actions and processes underlying the outcomes – positive and negative – of current child and family interventions; how and why interventions work in care and treatment.

Qualitative study: Integrating a new theoretical approach into a child welfare agency: Learning from the Cornell Care Program Model experience.

While there are many published anecdotal accounts of agency change, there is a lack of sound theoretical knowledge grounded in child welfare practice-based research offering a comprehensive understanding of the implementation of a new theoretical approach into practice. In 2010, Jim Anglin initiated a qualitative study of the process of CARE implementation.

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Therapeutic Crisis Intervention System for School Settings

by Jack C. Holden, PhD, Sandy Paterson, DPE, DRem.Ed., and Martha J. Holden, MS

Disruptive and potentially unsafe classroom behaviors such as making threats, bullying, and carrying out verbal or physical assaults present challenges not only for teachers, aides, and other students in the classroom, but for all others in the building as well as the families of those students involved. These behaviors greatly influence a student's ability to achieve academic success as well as place undue stress and risk on others in the milieu. Discovering the cause for the behaviors and then developing a plan to help these young people succeed emotionally will provide for a safe learning environment and increase the probability for improved academic achievement (Cowlings, Costin, Davidson-Tuck, Esler, Chapman, & Niesson, 2005; Kohn, 1999, 1996; Luiselli, Macarty, Coniglio, Zorilla-Ramirez & Putnam, 2005; Stewart, 2002).

Is discipline the answer? What is meant by discipline? Is discipline only punitive or can it also be the proactive teaching of expected behaviors? Discipline takes on many meanings, however for schools, the most common meaning is "efforts on the part of adults to control behavior of children" (Goodman, 2007) (such as submission to rules and/or reliance primarily on control, deterrence, and punishment to maintain order) and "furthermore school discipline is sometimes administered prejudicially to those students who may be most vulnerable" (Cameron, 2006, p. 219). For students with emotional or behavior difficulties, discipline in this context may actually increase the disruptive and potentially high-risk behaviors. Goodman (2007) hypothesizes that if discipline is to succeed, there must be buy-in to the goals of the discipline by the students.

There is a litany of behaviors that frustrate teachers and classroom assistants. Besides the behaviors just mentioned, there is a student's being off-task, non-compliance, refusing to follow directions, attention seeking, vandalism, and "class clown" classroom disruptions. A natural tendency for teachers and classroom staff is to react punitively to the less severe behaviors, by using verbal reprimands, office referrals, detentions, in class and out of class suspensions, and loss of privileges. However, strict school conduct policies, severe conduct codes and security measures, and strong punitive approaches often have the effect of increasing rather than decreasing the behaviors the methods were designed to address.

Luiselli et al (2005) performed a meta-analysis of more than 800 recent studies concerned with "discipline problems

TCI for Schools, continues on page 4.

CARE Presented at International FICE Conference in South Africa

by Thomas Endres, MA

Long Walk To Freedom is more than the title of the epic book penciled by Nelson Mandela. It is living proof of just how far South Africa has come since the apartheid years. In 1994, South Africa held the first free democratic elections in its history. The FICA world cup games held in 2010 were a reminder and celebration of South Africa's progress. The 2010 FICE Congress, held in Stellenbosch on December 7-9, served as the world cup for the international community of child and youth workers. "We have brought the world to South Africa," announced Monika Niederle, president of FICE International. According to Dr. James Anglin, a member of the FICE Congress and mentor of the FICE South Africa affiliation, "The spirit is stronger than ever. You have done so much with so little."

Just as the drums call the tribal communities together for fellowship and celebration, those same drums called members of the FICE conference together for three days of fellowship, learning, sharing, song and dance. Over 600 participants from 35 nations attended this year's conference. Music is the language of the world and it served as the common language of the Congress. In keeping with the theme of the conference, *Celebrating the Courage to Care in a Diverse World,* Dr. Thom Garfat gave the keynote address and spoke on the courage for carers to love and care. Dr. Don Matera, poet and distinguished member of the Congress, provided a special moment when he recited a poem in honor of child and youth workers, titled ***Song For Care Givers***. Over 85 workshops were presented during the course of three days. Examples of workshops included an overview of a safe parks program for children, a protected shelter program for victims of child trafficking, and caring for carers exposed to stresses and painful experiences from their work with HIV/AIDS clients.

CARE came to South Africa. The implementation of the Cornell University CARE program model was presented by Dr. James Anglin, University of Victoria, Canada; and Martha Holden and Michael Nunno of the RCCP. The CARE workshop was enthusiastically received by an overflow crowd. In fact, CARE was re-presented on the last day of the workshop at the request of conference leadership because of the positive feedback. Indeed, a true honor. Voices from the youth, who attended their own youth conference, were heard by conference goers on the last day. In a moving presentation, they reminded conference attendees of their responsibility to children and youth in care for providing adequate funds for children's rights. In the words of the youth, young people should have health care. Governments should pay for education, food and transportation. Adults should keep families together and recognize diversity. Jack Phelan (Grant MacEwan University, Alberta, Canada) responded to the youth's call for responsibility during the closing ceremony by reminding all of us, "we need to speak to children's hearts and not their heads." The conference closing provided one last opportunity for music and dance. In fitting fashion, Dr. Don Mattera delivered the last word when he declared, "ready, set, but before you go, look back and bring somebody with you." ✷ ***Tom Endres*** *is an Extension Associate with the RCCP.*

Song for the Care-Givers…A Rhetorical Eulogy

Here, at Last,
Is your song, composed especially for you.
Our care givers, child and family workers
Of our beloved land. South Africa
You, who in your numbers,
Rose to the challenges
While others spoke of great things
And about changing the world, but you,
You chose change within
That hidden and sacred place
Called the human self…

And we watched you dedicated yourself
To the task of human service
Our hearts grew strong when you declared:
"Any child is my child.
Lomtwana, this child, is our child.
All children are our children
One child. One God. One World. One People…"

Care-Givers, mothers and sisters to thousands
Fathers, brothers and uncles to many.
This song of praise, this serious serenade,
This long-delayed ululation, is yours.
Coming from the deep sap of our souls
"Sithi thokozani Ma-Afrika,
Libambe lingashoni NACCW
Siza umtwana, usiza U bawo Somandla!
Libambe. lingashoni NACCW…"

Child care givers of our beautiful country.
You are the gentle, flowing streams
Of sympathy.
The rushing, robust rivers of rebirth
And human empathy.
The mighty cleansing oceans of compassion
You are…you are…you are…

Mending the hurt and confusion
Of wounds that freedom could not.
And cannot heal or dispel
The disease, hunger and poverty's hell…

Consciousness and compassion
Side-by-side with commitment and calling
To save young precious lives from falling Into the dark abyss of retrogression.

Halala, care-givers, Halala.
You are God's chosen brigade
Healing the anguish of those
He has made in the image of His love
One to another, one is the other
The covenant of life
Until death do us part!

Libambe NACCW, Libambe Iingashoni
Never will the sun set
For you,care-givers of God…

HALALA! HALALA! HALALA!

—Dr. Don Mattera

Careworkers singing at the 2010 FICE Congress, South Africa.

CARE Findings, continued from p. 1.

During 2007-2009, the RCCP assisted seven agencies in South Carolina in implementing the CARE principles throughout all levels of the organizations. The following are preliminary findings of the elements and dynamics of successful agency change through implementing the CARE model.

Key Findings/Implications

Initial feedback from participating agencies has highlighted the following positive impacts.

- there are fewer power struggles, fewer critical incidents and fewer restraints
- changes are transformational
- there are fewer consequences and restrictions being applied
- workers seem happier in their work; it is more challenging and more rewarding
- there is "less fear" in the cottages
- staff are more supportive of each other
- CARE leads to new conversations and lexicon
- top leadership "buy-in" is critically important
- workers are reflective and responsive, not reactive and punitive
- people speak more of expectations, and have eliminated rules
- staff members formerly seen as "soft" are now heroes in their agencies.

If these and related findings are borne out through formal data gathering and analysis, the resulting theoretical framework on organizational change may well offer a theoretical understanding of the elements, processes, and dynamics necessary for bringing about staff, care work, and agency transformation in service of the best interests of the children and youth. The implications of such a theoretical understanding for policy, professional education and training, and program research and evaluation would be significant.

Quasi-Experimental Study: Advancing residential care through evidence-based practice: Preliminary empirical tests of the CARE theory of change.

Charlie Izzo is the lead researcher of a multi-site evaluation of CARE, examining the extent to which CARE implementation (a) improves staff knowledge about key aspects of children's development, (b) influences staff beliefs about how to interpret and handle several types of common residential care scenarios, (c) increases the frequency of staff practices that are consistent with CARE principles and intentions to use such practices, (d) improves the perceptions that youth have about their relationships and interactions with staff, (e) improves children's social and emotional functioning, and (f) improves dimensions of organization climate that are known to affect the quality of direct-care practice. The research project is using a quasi-experimental design in which seven agencies participate in the CARE program (CARE Now agencies) while seven similar agencies are assigned to a Wait-List condition (CARE Later agencies) for one year during which they participate in assessment activities identical to those conducted in the CARE Now agencies. All assessments are repeated at 1 and 2 years following the initiation of CARE. Because CARE Later agencies are assessed simultaneously, they serve both as a comparison against CARE Now agencies and as a baseline for themselves when they implement CARE in the second year.

Key findings: At this stage, data from five of the seven CARE Now agencies have been analyzed examining changes in staff knowledge and beliefs as well as staff practices. Results indicated several improvements in staff's self-reported beliefs about effective care practices. In each case the reported effect reflects mean difference in staff self-ratings between pre- and post-CARE assessments periods and all are statistically significant at the $p<.001$ level. These improvement are:

Jim Anglin, Michael Nunno, Martha Holden, and Charlie Izzo at the EUSARF Conference, Groningen, The Netherlands

- Staff likelihood of endorsing practices that reflect flexibility (e.g., If a child is not meeting expectations, it's okay to change the expectation).
- Staff likelihood of endorsing practices that reflect attempts to understand a child's perspectives and needs before responding to a challenging situation (e.g., Ignore the disruptive behavior for now and try to talk with her about what is upsetting her).
- Staff likelihood of endorsing practices that reflect efforts to show personal investment in the relationship with the child (e.g., Spend time with her to make her feel more securely attached).
- Staff are less likely to endorse practices that rely on rules and coercion.

Staff showed a significant increase in the number of correct responses to questions testing their knowledge about key concepts addressed in the CARE curriculum ($p<.001$). Staff also reported intentions to increase their use of several practices that reflect the program's core principles, such as understanding the individual needs and perspectives of youth, making adaptations (environment,

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TCI for Schools, continued from p. 1.

and challenging behaviors" in schools. The research clearly indicates that social skills training, system-wide behavior intervention, and academic curricula modifications are the key elements in helping students make positive behavior changes.

The TCI system has been assisting residential child caring organizations in preventing crises from occurring, de-escalating potential crises, managing acute physical behavior, and reducing potential and actual injuries to children and staff (Holden, 2009; Nunno, Holden, & Leidy, 2003) since the early 1980s. *TCI for Schools (TCIS)* is a proposed adaptation of the TCI system designed to assist schools in creating a safe learning environment by reducing disruptive and high-risk behaviors.

The Classroom Milieu

Student's social, emotional, and behavioral difficulties are often caused or exacerbated by inconsistent, unpredictable, inflexible, and chaotic environments, as well as severe conduct codes and security methods (Cameron, 2006). The stability of the classroom milieu, the opportunities to participate and succeed, and the relationships of the students and adults who work there are critical in order to provide positive corrective experiences and developmentally appropriate opportunities.

In regard to preventing disruptive and high-risk behaviors, a stable, caring, and predictable classroom milieu initially provides external structure and control for the severely disturbed student who lacks adequate self-control, emotional regulation, emotional competence skills, and the ability to form relationships. It also provides an opportunity for the student to learn better more adaptive coping and relationship skills (Holden, 2009; Rock, Hammond, & Rasmussen, 2004).

"A lack of emotional competence places students at risk and makes them attractive targets for bullies" (Rock et al., 2004, p. 227). An integral part of any education includes social skills and emotional regulation training. The skills to be taught include, but are not limited to, emotional regulation, cooperation, assertion, responsibility, empathy, self-control, value and moral development, negotiation, and conflict resolution (Denham, Hatfield, Smethurst, Tan, & Tribe, 2006). Creating a caring and "in the best interest of the child" classroom milieu involves finding a healthy balance between providing adequate structure (safety and security) and having enough flexibility to meet the changing and individual needs of the students (Holden, 2009).

Caring Community Development

Alfie Kohn (1996) describes caring community as "a place in which students feel cared about and are encouraged to care about each other and they experience a sense of being valued and respected and the students matter to one another and to the teacher" (p.101). It is within this type of classroom and school setting that students flourish and are less likely to exhibit disruptive behaviors. Effective classrooms are designed to meet the needs of individual students as well as the entire class. Although teachers are not therapists, they do have an obligation to develop a coherent understanding of the needs of students in their charge (Stewart, 2002).

All staff need to be knowledgeable of ICMPs and skilled at working with individuals and groups. Good relationships between staff and students will create an atmosphere of caring and support. School staff can help the group develop positive, socially acceptable norms by involving the students in decision-making around how they want to learn, work, and play together in the classroom. Cooperation in developing these norms promotes a sense of belonging. Students are more likely to accept and abide by norms if they have helped establish them (Beck & Malley, 1998; Kohn, 1996).

Building on Strengths

Helping students develop social skills plays a significant role in their development and ability to succeed. Luselli et al, (2005) sum it up best with "it is perhaps reasonable to conclude that students' success in school depends as much on social competencies as academic proficiency" (p. 22). A student's ability to self-regulate, cooperate, develop relationships (empathize), improve behavioral and emotional adjustment, demonstrate responsibility, use anger management skills, and decrease anxiety are all related to the development of positive social skills (Denham et al, 2006; Maddern, Franey, McLaughlin, & Cox, 2004; Molina, Dulmus, & Sowers, 2005; Luiselli et al, 2006; Sim, Whiteside, Dittner, & Mellon, 2006).

The Importance of the Relationship

How adults interact with students and with other adults, how they learn, work, solve classroom problems, and manage daily academic tasks present students with positive adult role models. It is, therefore, very important for adults to be aware of how their personal preferences and biases affect their interactions and interventions with students (Holden, 2009). How the adults behave will affect how the students in schools will behave. "Making sure that the relationship is appropriate and professional is also important" (Hartsell, 2008, p.69).

Summary

Most crises can be prevented by building caring relationships, establishing routines and activities that meet the students' basic needs, providing meaningful instruction, and having adults who are emotionally competent and

TCI for Schools, continues on page 14.

TCI FOR SCHOOLS: The Domains For a System-Wide Prevention of High Risk (Crisis) Behaviors

The TCIS system includes five domains for effective crisis management (Holden, 2009):

1. ***Leadership and building administrative support.*** In order for a crisis management system to work, there needs to be support from the local authority as well as the school principal and senior staff members. All leadership need to be fully informed and understand the TCIS System and develop school policies and procedures that support the system.

   When students can learn in a positive, trauma-sensitive and strength-based climate, and when classroom staff address individual students' needs, schools can decrease their reliance on punitive and coercive interventions and reduce the occurrence of students' high-risk disruptive behaviors.(McAfee, Schwilk, & Mitruski, 2006).

2. ***Social work and clinical services participation.*** Social work and clinical support services (psychologists, nurses) play an important role by monitoring students' responses to crises. The Individual Education Plan (IEP) teams assist in developing an Individual Crisis Management Plan (ICMP) for any student who is likely to exhibit high-risk behaviors. These plans are most effective when developed with input from the classroom team, the student and the student's family, and are written in clear and concise language so that the classroom staff can implement the plan.

3. ***Supervision and post-crisis response.*** School principals and senior staff proficient in all of the prevention, de-escalation, and intervention techniques can provide effective supervision, coaching, and monitoring of their staff members. Effective building administrators are ones who have reasonable expectations and set realistic time frames so that staff members can accomplish tasks and respond to student's needs in a thoughtful and well-planned manner (Holden, 2009).

   The post-crisis response process ensures that all students and staff receive immediate support and debriefing following a crisis as well as a brief medical assessment (Bullard, Fulmore & Johnstone, 2003; CWLA Best Practice Guidelines, 2004; Farragher, 2002; Holden, 2009; Huckshorn, 2006; Miller, Hunt, & Georges, 2006; Murphy & Bennington-Davis, 2005; NASMHPD, 2003; Nunno et al, 2003; Petti, Somers, & Sims, 2003; Ryan, Peterson, Tetreault, & van der Hagen, 2008). Building a discussion of crisis incidents regularly into staff meetings helps staff learn from these situations and provides accountability and support at the highest level.

4. ***Training and competency standards.*** A comprehensive training agenda includes prevention, de-escalation, and management of crises, trauma sensitive interventions, special educational instruction strategies, and individual and classroom behavior support strategies At the completion of the training programs, staff are expected to perform the skills at an acceptable standard of performance. (Bullard et al., 2003; CWLA Best Practice Guidelines, 2004; Donat, 2005; Farragher, 2002; Holden 2009; Holden & Curry, 2008; Huckshorn, 2006; Murphy & Bennington-Davis, 2005; NASMHPD, 2003; Nunno et al., 2003; Paterson, Leadbetter, Miller, & Crichton, 2008; Petti et al., 2003; Ryan et al., 2008; Thompson, Huefner, Vollmer, Davis, & Daly, 2008).

5. ***Data-driven incident monitoring and feedback.*** Documentation, data analysis, and feedback to all levels of staff teams are an important part of the prevention efforts (Bullard et al, 2003; Carter, Jones, & Stevens, 2008; CWLA Best Practice Guidelines, 2004; Donat, 2005; Farragher, 2002; Holden, 2009; Huckshorn, 2006; Miller, Hunt, & Georges, 2006; Murphy & Bennington-Davis, 2005; NASMHPD, 2003; Nunno et al, 2003; Petti et al, 2003; Stefan & Phil, 2006; Thompson et al, 2008, Ryan & Peterson, 2004; H.R. 4247, 2010).

   A school-wide committee, appointed by leadership, with the authority and responsibility to enforce documentation requirements and track the frequency, location, and type of incidents, as well as any injuries or medical complaints that occur in the school helps to monitor the effectiveness of the TCIS system (Holden, 2009). This documentation and monitoring system allows the school to review incidents and make decisions about individual and organizational practice and recommend corrective action.

Academy Building, University of Groningen, The Netherlands, site of the European Scientific Association on Residential and Foster Care for Children and Adolescents Conference where investigators from the University of Victoria, BC, Canada, and Cornell University presented preliminary CARE research findings.

CARE Findings, continued from p. 3.

expectations) to accommodate those needs, engaging youth in competence-building activities, and practices that promote a sense of inclusion and belonging. Finally, baseline data from youth perceptions surveys indicate the saliency of the program's principles and objectives in the lives of youth who live in residential care.

Implications: Although no causal conclusions can be drawn from these initial findings, the results are consistent with the hypothesis that participation in the CARE program improves people's understanding of core program concepts and principles, and influences their beliefs about how to work with children in their day-to-day work. It is far too early to address questions about CARE's ultimate effect on child outcomes, but it is promising to find support for the program's impact on staff outcomes. Whether or not programs like CARE can help agencies improve their practices and re-align themselves around the best interests of children has great implications for the potential role that residential care settings can play in the broader landscape of child welfare services.

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Frequently Asked Questions

By Martha Holden

Why can't we use the supine restraint on small children?

The prone and supine restraints are designed for adolescents and the small child restraint is designed for children age 6-12 (approximate). Exceptions can be made based on the emotional and physical conditions of the child, but this should be well documented and approved by a medical and/or psychiatric professional.

Depending on the age of younger children, their physical development may be in a stage where injuries sustained during restraints may result in serious, permanent damage. Bone plates and the rib cage may not be fully developed in young children, which puts their bones and internal organs at risk of injury during restraint. Ribs could be easily injured in a struggle on the floor when staff's legs are on either side of the child's torso. Younger children also have more elastic and lax ligaments. This places the child at risk for shoulder dislocation in the front of the shoulder if there is pressure placed on the upper back or the back of the shoulder, which can occur as the child is being taken to the floor.

The supine restraint was developed for larger adolescents. Younger children are at risk for respiratory compromise when the head is bent too far forward or too far back in the seated and supine floor restraint. Younger children have a more prominent back portion of the skull causing their head to bend forward when lying flat on the floor. In addition, if the supine restraint is attempted on small children there is an increased risk of staff being bitten and injured. The shoulders of a young child are not developed or broad enough so when the staff member secures the shoulder joint, the child can easily bite the staff's arm.

We are a school so scheduling refreshers is difficult, do we need to follow the TCI guidelines?

If an organization wants to implement TCI and be considered an organization that is using the TCI system, they must implement according to our guidelines, which means having certified TCI trainers train TCI, following our activity guide and training the number of required hours, maintaining the appropriate trainer/trainee ratio, using our evaluation/testing materials, creating ICMPs, conducting debriefings with staff, maintaining documentation, having staff attend a refresher and be tested in the physical restraint techniques a minimum of every 6 months, etc.

Our guidelines are in line with most licensing regulations and federal guidelines, so organizations that are regulated to use restraints are mandated to adhere to these types of standards. Unfortunately, schools operate without specific statutory authority around use of restraint in regards to standards and requirements from their oversight organizations. This puts them in an incredibly tenuous position if they are using restraints. They have no state or government authority monitoring their use of these high-risk interventions.

If a school is going to use restraints, they have to voluntarily adhere to safe and best practice guidelines. Our standard is refresher training and testing at a minimum of every 6 months.

If a school has certified staff to use physical restraints, they should be recertified to use them at least every 6 months to stay in compliance with our guidelines.

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Jim Anglin and Martha Holden presenting CARE at the 2010 FICE Congress, South Africa.

FAQ, continued from p. 6.

How will you support an agency if there is an injury during a restraint?

If a child is injured during a restraint and the agency reports this to us using our injury database, we will follow up with the agency to look at the circumstances. We may ask for additional documentation in order to ascertain if everything was conducted according to our guidelines or if there is something inherently wrong with the restraint technique that we may need to adjust.

If there is a problem with the incident and you need our support with regulatory authorities, we will examine the situation carefully in order to give an accurate report. If you are following our guidelines, we then confirm that. If your agency is not following our guidelines, we also state that. We are happy to consult with your organization's legal representatives if there is litigation in these circumstances. Our support is to the agency and their staff. ✷

Human Scavenger Hunt
by Jack C. Holden

Everyone has been on some form of scavenger hunt, right? So, on this scavenger hunt we're going to search for things about each other (i.e., things that most likely someone in the room can say about themselves). The goal is to get as many different signatures as possible for the 10 items. The person who finishes first identifies themselves to the leader and the leader then goes through each item on the paper and asks for the name of the person who signed for each item and has them expand such as, how far did you travel? where did you go on your exotic vacation? who else went on an exotic vacation? etc., for each question. It is a great way to have some fun, laughs, and find out about others in the group.

These 10 items should be written to reflect the particular group. Below are some examples that could be used in a child and youth care training of TCI. This is a fun "get to know you" warm up activity!

Find a person who fits the description below. You must get 10 different signatures.

1. Traveled the longest distance to get here:
2. Went on an exotic vacation in the last year:
3. Has attended a training program in the last 6 months:
4. Likes to play games with kids:
5. Was out the latest last night:
6. Has the youngest child (out of everyone in the room):
7. Has been a child and youth care worker the longest (out of everyone in the room):
8. Knows how to really milk a cow:
9. Knows the meaning of ACYCP:
10. Knows the meaning of TCI:

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***Jack Holden** is a TCI Instructor from Ithaca, NY and has a PhD in Education, specializing in Adult Learning.* ✷

RCCP Bookshelf

The Boy Who Was Raised As a Dog and Other Stories from a Child Psychiatrist's Notebook: What Traumatized Children Can Teach Us About Loss, Love and Healing

by Bruce D. Perry, M.D., Ph.D., and Maia Szalavitz, 2006, published by Basic Books, NY, NY

Reviewed by Martha J. Holden

Dr. Bruce D. Perry, M.D., Ph.D., is an internationally recognized authority on brain development, trauma, and children in crisis. He leads the Child Trauma Academy, a pioneering center providing service, research, and training in the area of child maltreatment (www.ChildTrauma.org). He has written books and published dozens of articles on the effects of trauma on children's brains and their overall development. In this book, *The Boy Who Was Raised as a Dog*, Dr. Perry with the assistance of Maia Szalavits, an award winning journalist, shares not only his depth of scientific knowledge on the effects of trauma on children, but shows us his humanity and compassion as a child psychiatrist and child advocate.

This book tells the stories of several children who have suffered unimaginable pain and horror. Dr. Perry focuses on the effects of these experiences on the children and explains why they react the way they do by clearly describing the effects of deprivation, abuse, and neglect on brain development. In each chapter of the book you will meet children who have taught Dr. Perry important lessons about how trauma effects young people, and how these children have helped him develop a treatment model he calls "neurosequential". This approach is best described in the title chapter about a boy who suffered severe neglect: "These children need patterned, repetitive experiences [in a safe environment] appropriate to their developmental needs, needs that reflect the age at which they'd missed important stimuli or had been traumatized, not their current chronological age" (p. 138). Since the brain develops in a predictable sequential order, damage at a particular time will result in damage to the part of the brain developing at that time. Through observation and careful listening, Perry and his colleagues attempt to identify "the areas of the brain that have sustained the most damage, and then target their interventions appropriately" (p. 139). Perry describes how treatment can take many forms, including massage, a music and movement class, and advice about how to dress.

In Chapter 7, Perry illustrates how some coercive methods and forced treatment can cause harm when he is called into assist with children who claimed that they had abused by Satan worshippers. "Using force or any type of coercion on traumatized, abused, or neglected children is counterproductive: it simply retraumatizes them. Trauma involves an over-whelming and terrifying loss of control, putting people back into situations over which they no control recapitulates this and impedes recovery." (p. 164). Because trauma causes an overload of the stress response systems, anyone working with traumatized children must start by creating a safe atmosphere and a caring, respectful, and predictable relationship. To recover, children must feel safe and in control.

Although not every case described had successful results, what we learn is that through human relationships we can either destroy one another or heal one another. In Chapter 3, *Stairway to Heaven*, about his work with the Branch Davidian children, he concludes "Relationships matter: the currency for systemic change was trust, and trust comes through formatting healthy working relationships. People, not programs change people." (p. 80).✷ ***Martha J. Holden*** *is director of the RCCP and Senior Extension Associate at the FLDC, Cornell University.*

Organizational Change: What's It Really Take?

by *Floyd Alwon, Ed.D.*

Organizations serving children and families spend a great deal of effort trying to get those we serve ready to accept our help. In many ways, one could define our expertise as helping clients overcome their "resistance". The old joke about how many therapists it takes to change a light bulb is quite relevant here. The answer: "One, but the bulb must want to be changed".

The Family Life Development Center at Cornell University (FLDC) has long been engaged in providing training to agencies initially in New York and now throughout the globe. During those years, it quickly became clear that "training is not enough" just as Bruno Bettleheim discovered that "love is not enough" in the care and treatment of the children we serve. Individuals and organizations resist change. And while some degree of resistance is healthy, we all realize the dangers of too much resistance. We only need to remind ourselves of the fates of such stalwart businesses as Howard Johnsons, Digital, Wang, and Polaroid – not to mention the entire American automotive industry. In addition, the press has produced numerous stories of local and regional hospitals as well as public and private schools that have had to merge or close in recent years.

Child welfare, mental health, juvenile justice, and other social service and health care providers have increasingly faced pressures to change their ways of doing business. In the child welfare field, these changes began as a gradual transformation from a child-rescue, orphanage model to a children's home/residential treatment paradigm. The managed care movement that transformed health care has helped to shape many significant changes in child welfare. Accountability for outcomes found its way into the fabric of the social service delivery system. Many of these same organizations are now moving to community and home-based prevention and early intervention multi-service agency structures. These changes typically involve collaborations and partnerships that help to provide the one-stop shopping arrangement consumers prefer.

Major Initiatives

During the past forty years (the span of my career), a number of major change initiatives have taken place in the social services fields. Among others, these include:

- De-institutionalization with its emphasis on placement in the least restrictive setting
- Reduction/elimination of restraint and seclusion
- Involvement of parents, youth, and family members as partners in treatment planning
- Confronting the disproportional numbers of minority youth in out-of-home care
- Increased sensitivity to the impact of trauma
- Outcome accountability based on functional data collection systems.

CEOs and board members of private agencies quickly acknowledge that they have experienced what could be labeled "change fatigue" often with an accompanying "learned helplessness". Public agency administrators can also relate to these challenges and the line staff often greet their new commissioners or directors with barely concealed cynicism regarding the "new" directions the agency will take to "resolve" all the previous problems.

Critical Success Factors

Despite strong resistance, many agencies have successfully implemented considerable changes in their practice. There is a growing body of knowledge on what it takes to transform organizations. Much of this expertise comes from business and industry but an increasing amount has evolved from change efforts in human service agencies. The national resource centers and the technical assistance centers funded by the Federal government have all developed major national initiatives designed to support public policy changes. These efforts have resulted in substantial practice wisdom about what works and what doesn't work to facilitate lasting change within public and private agencies.

The following areas have been consistently emphasized as "critical success factors" for implementing change:

- Leadership – including board, CEO, and other key management and supervisory staff
- Professional development – training and re-training staff at various levels of the organization
- Measurement – the ability to collect data and measure progress.

For a more in-depth look at factors to support change, the reader is encouraged to review the six core strategies to reduce the use of seclusion and restraint and seclusion produced by the Technical Assistance Center of the National Association of State Mental Health Program Directors (http://www.wafca.org/Trauma%20Training/SR%20Plan%20Template%20latest%20102805.pdf)

The Sine Qua Non

While the above three areas (leadership, professional development, and measurement) are needed to assure organizational transformation, this writer believes that the first issue – the "sine qua non"– is an intrinsic commitment to change. The leadership and the key staff must see the value in making the changes if they are to successfully implement and

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sustain the transformation. This requires strong leadership skills and a person or team willing and able to provide the vision and follow-up support needed to steer the ship through the rocky seas of change. Tom Peters, management guru, emphasized the need for "champions" to help organizations "thrive on chaos" and "search for excellence".

Case Examples

In her role as director of the Residential Child Care Project at Cornell University, Martha Holden and her staff have helped hundreds of organizations confront changes. Much of this work addresses reductions in the use of restraint and seclusion. More recently, the change efforts have involved helping programs understand and incorporate trauma-informed care and other evidence-based practices.

Holden claims strong leadership as the key factor in successful change, "…leadership that fosters openness, collaborative decision making, professional development, and a shared vision of how the organization should work." She cautions, however, that attempts to transform an organization can be derailed if staff members are permitted to accommodate the new model by simply renaming or slightly adjusting their present practices and strategies to fit the new model. Instead, they must assimilate the new philosophy, concepts, and strategies into their daily practice.

This critical role of the champions to support change was highlighted in a recent informal survey of residential agencies that had successfully transformed from a traditional program to more of a community based, multi-service agency. The importance of this role was also underlined in many of the presentations at the recent Building Bridges Summit in Omaha, Nebraska (www.buildingbridges4youth.org) and in follow-up webinars hosted by Magellan Inc. and SAMHSA. In these webinars, youth and family members made articulate and compelling contributions as did the leaders of several service organizations.

At the Nebraska Summit, Jeremy Kohomban, president and CEO of The Children's Village in Dobbs Ferry, New York presented a powerful case example of organizational change. The transformation of his agency included diversifying the traditional residential treatment model dramatically and creating numerous specialized interventions that include short-term (21-day, 40-day, and 100-day) residential, step-down into family foster care and community-based programs that provide stabilization and crisis respite for 1,700 teens and their families annually. Kohomban describes the "big surprise" in making these changes: "We quickly

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From the Instructor's Booth

The RCCP is pleased to announce our newest Field Instructors:

Sharon Butcher began as a child care worker in residential treatment working full time as she obtained her bachelor's degree about 3 decades ago. She went on to become a special education teacher, then an instructional leader, then vice principal and now principal, all at Waterford Country School. She became an associate trainer in TCI about 10 years ago, became a professional trainer in 2004, and now an instructor this year. Sharon is also a CARE trainer and has been an active advocate for CARE implementation at Waterford Country School and in other agencies. Sharon has four children and a new grandchild. She and her husband have also done therapeutic foster care. When not in Connecticut, she can be found deep in the mountains of Montana.

Becky Butler. After 28 years as the regional director of 2 campuses of Connie Maxwell Children's Home in Florence and Chesterfield, SC, Becky Butler retired in 2009. During her tenure at Connie Maxwell, she developed and implemented the training program including TCI and CARE. For 15 years, Becky also served as a consulting psychologist for the Clarendon County Disabilities and Special Needs Board. Currently Becky is the CARE project consultant at the Connie Maxwell Children's Home in Greenwood, SC. Becky is passionate about CARE and the key role of the supervisor to successful implementation of the CARE model. Becky sees retirement as an opportunity to use her experience and skills to support direct staff and supervisors and continue her own growth and development. Retirement has also given Becky time to enjoy her granddaughters, participate in 5K and 10K events, and explore Savannah's restaurants and hidden gems. She was also accepted into the Savannah Symphony Chorus.

W**illiam Martin** has been working all of his professional life with children and families with special needs. He has been a program administrator at Waterford Country School for 30 years, providing a multitude of services including residential treatment, emergency shelters, safe homes, group homes, foster care, education, and in-home services. He has been a trainer for TCI for 16 years achieving professional status about 8 years ago and instructor status this year. Bill is also a CARE trainer and he and the staff of Waterford Country School are deeply involved in, and committed to the CARE program. Bill is married and the father of two and resides in Southeastern CT. Bill has a Master's degree in Human Service Administration and a Bachelors Degree in Social Work. Bill is also a youth basketball coach and a "Challenge Ropes Course" facilitator.

Professional Certification Announcements

Congratulations to the newest TCI trainers to have achieved professional level certification:

Allan Coachafer, FCIPD, has worked with young people and adults with a range of complex needs and challenging behaviours in residential care for over 20 years. In both the public and private sectors, Allan has worked in roles ranging from direct care worker to management level positions. Allan presently works in the role of Learning and Development Manager with the Hesley Group located in Doncaster, South Yorkshire, in the United Kingdom. Allan can be contacted on allanc@fsmail.net <mailto:allanc@fsmail.net>.

Sean Nugect, BS. Since 2006 Sean has been the Assistant Coordinator of the Bridge Program at Walpole High School in Massachusetts, a program established to service special needs students in a public school classroom. Sean has over seventeen years of experience working with special needs students in both residential and school settings. He has worked in a variety of roles at The Home for Little Wanderers and the Walker School including five years as Director of Child Care Services. Sean became a TCI trainer in 2000. In addition to staff training Sean has taught TCIF to parents for the Massachusetts DMH. Since 2004 Sean has been an active outreach/consultant working with families on the development of behavioral plans and on the integration of children into the community. He earned his professional certification in August 2010. Sean is now enrolled in the Master's Degree Program in Educational Leadership at the University of New England. Email: snugent682@aol.com

RCCP Full Time Faculty Announcement

The RCCP is pleased to welcome Andrea Turnbull as our newest full time faculty member.

Andrea Turnbull, M.A., L.M.H.C., Q.S. joins the Residential Child Care Project as an full time Extension Associate and field instructor. Andrea became a TCI trainer in 2001 when her agency first began training TCI and was thrilled to watch the children and staff develop skills that created a safer, more nurturing environment. Since 2009, she has been working part time as a TCI instructor for the RCCP. In addition Andrea brings 15 years of experience working with young people in residential treatment settings. Her 14 year tenure at a residential psychiatric center helped shape her views on working with youth in crisis as she moved among the agency in positions such as direct care worker, milieu coordinator, program director and ultimately training director. In addition, Andrea has worked as a Clinical Coordinator at Carlton Manor, Inc. a non-profit agency providing therapeutic residential group home services for children in St. Petersburg, Florida. ✷

Ask Eugene

Q. I am calling because we need to get someone from Cornell to come and train our staff in TCI.

A. RCCP only provides training for trainers in TCI. We don't go to agencies and directly train their staff. An agency may send someone through the TCI training of trainers course so that person can train their staff, or they may contact a Professional Certified Trainer. A registry of these Professional TCI trainers is available on our web site at http://rccp.cornell.edu

Q. I am calling because I received a letter saying I need to get re-certified. Can you tell me when and where the re-certification trainings are?

A. This letter means you need to successfully complete a TCI update to get re-certified as a TCI trainer. Please go to our web site at http://rccp.cornell.edu for a listing and application for the TCI updates. There are too many offerings for RCCP staff to be able to go over the entire schedule with everyone who calls asking about updates. Everything you need is available on the web site, including schedules and applications for training. Remember, to get re-certified you must successfully complete a TCI update.

Q. I am a TCI trainer and I have to do refreshers for our staff. How many hours are refresher trainings?

A. Staff who are trained in TCI are required to complete a minimum of 12 hours of TCI refreshers per year. We recommend that refreshers be delivered quarterly, but staff must attend refreshers at least every six months, and be re-tested annually.

Q. I sent in my application with payment so I am in the training right?

A. Guaranteed space is granted on a first paid first served basis ONLY. You will receive an initial confirmation, VIA E-MAIL, once you are registered for the training. Please do not make any non-refundable travel (airline tickets) arrangements until a follow up confirmation is sent. That way, if the training has to be canceled for some reason, you are not stuck with the cost of the non-refundable travel. Hotel reservations can usually be canceled without penalty up to 24 hours before check-in but please check with the hotel regarding their policies when you make the reservation.

Q. Who do I contact at RCCP to get the information I need?

A. You should direct your incoming calls as follows to ensure prompt responses:

- For a listing of TCI training of trainer and TCI update (for trainers to get re-certified) courses and applications visit our web site at http://rccp.cornell.edu
- For individual registration/payment information contact Alissa Burns at ab358@cornell.edu
- For information about bringing TCI to your agency, via on-site training of trainers or an implementation of the TCI system, contact Eugene Saville at eas20@cornell.edu, or visit our web site at http://rccp.cornell.edu
- For individual trainer certification status, or future certification needs, contact Kris Carlison at kmc16@cornell.edu, or Holly Smith at hs226@cornell.edu
- For questions regarding the CARE program contact Martha Holden at mjh19@cornell.edu; or Trudy Radcliffe at tr55@cornell.edu for training and evaluation needs. ✷

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 Director is John Eckenrode, PhD. The project's Principal Investigators are Michael Nunno, DSW, and Martha Holden, MS. The Residential Child Care Project web site address is http://rccp.cornell.edu/

NEW TCI Updates

By Martha Holden

All TCI trainers are required to apply for recertification by successfully completing a TCI update on an annual basis in New York State, the UK and Ireland and every two years in North America and Australia. We are introducing two new one-day TCI updates for TCI trainers who have already successfully completed two, two-day updates, preferably the Post Crisis Response and Designing Refresher Training Updates.

Testing, Evaluation, and the Transfer of Learning

High stakes testing and the impact for transfer of learning has been a controversial issue within the educational arena for many years and the field of training and developing competent care workers is no exception to this controversy. Training and evaluating care workers who participate in crisis intervention training provide a particular challenge for those who deliver the training within the agency because of the inherent risk associated physical interventions. "How do we fairly and competently assess and evaluate those who participate in residential care training, how can we provide inter-rater reliability with behavioral skill assessment, how can we maximize our training efforts to ensure as much transfer of the training as possible, how can we be certain that staff have learned the skills properly and how can we make certain that fidelity to the TCI model is adhered to" are just some of the questions that need to be addressed in the conversation.

This one-day update focuses on a variety of issues related to the testing process as outlined in the "Standards for Educational and Psychological Testing" including test construction, evaluation, documentation, and fairness in testing. Additionally, there is an opportunity for participants to observe and practice the inter-rater reliability process and receive feedback as well as discuss the importance of performance evaluations and the impact for transfer of learning. Fidelity to the TCI certification process will be considered and opportunities for clarification of the TCI certification requirements will be discussed.

TCI Trainer Support

Becoming a skilled and effective trainer requires thoughtful self-reflection, openness to feedback, and honest self-assessment of one's skills, knowledge, and attitudes. It is helpful to pause and reflect upon one's strengths and weaknesses as a TCI trainer and work with other experienced trainers to increase knowledge and improve skills. This one-day update assists TCI trainers in assessing their knowledge and skill level in conducting the TCI training and provides them with opportunities to practice skills with coaching and feedback. This program focuses on a variety of issues related to TCI training and skill development. Participants self-assess their own TCI training skills and knowledge and, as a group, select different topics for the day based on their own needs. Additionally, there is an opportunity for participants to observe and practice and give feedback to each other on a variety of TCI skills and implementation issues. ✷

A Fable?

One time the animals had a school. The curriculum consisted of running, climbing, flying and swimming, and all the animals took all the subjects.

The duck was good in swimming, better than his instructor, and he made passing grades in flying, but was practically hopeless in running. He was made to stay after school and drop his swimming class in order to practice running. He kept this up until he was only average in swimming. But, average is acceptable, so nobody worried about that but the duck.

The eagle was considered a problem pupil and was disciplined severely. He beat all the others to the top of the tree in the climbing class, but he had used his own way of getting there.

The rabbit started out at the top of his class in running, but had a nervous breakdown and had to drop out of school on account of so much makeup work in swimming.

The squirrel led the climbing class, but his flying teacher made him start his flying lessons from the ground instead of the top of the tree, and he developed charley horses from overexertion at the takeoff and began getting C's in climbing and D's in running.

The practical prairie dogs apprenticed their offsprings to a badger when the school authorities refused to add digging to the curriculum.

At the end of the year, an eel that could swim well, run, climb, and fly a little was made valedictorian. ✷

—printed in The Instructor, April, 1968, NY: Scholastic, Inc.

REFOCUS is an occasional newsletter. It is our way of communicating to you, TCI and CARE 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

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realized that we could not just change a few 'things' to get there. Rather we were forced to change a thousand things to be sincerely 'family responsive' and eventually 'family driven.'"

At this same conference, two public agency administrators from Massachusetts presented collaborative plans for restructuring child and adolescent services. Angelo McClain, Commissioner of the Department of Children and Families and Joan Mikula, Assistant Commissioner for the Department of Mental Health, emphasized the importance of agreeing to a common set of principles as the first step when undertaking joint ventures. These principles include a unified point of entry, financial incentives, and consolidation of services.

A similar first step took place in the early stages of the creation of the Building Bridges initiative with the drafting of the Joint Resolution. Beyond setting the initial vision and accompanying principles, all successful change initiatives will need a detailed plan of action outlining the key outcomes that flow from the following questions: "Who will deliver, what, when, where, and how?"

Leadership Challenges

The requirement for strong leadership is particularly problematic these days. Many CEOs and board members, nearing the ends of their careers often do not have nor do they think they have the energy needed to "re-invent" their organizations. Several CEOs had made plans to retire but had to modify these plans as they experienced dramatic reductions in their savings as a result of the decline in the financial markets. Fear of failure in implementing a new program or fiscal model can also be quite daunting to CEOs thinking of retirement and the legacy they will leave behind.

These days the motivation to change does not organically develop from within the leadership or the agency's natural planning processes. Internal and external crises have frequently forced an organization to make major changes. The death or serious injury to youth in care or staff members serves as a primary example of this. Other examples include major negative press reports, loss of license or accreditations, and, of course, persistent fiscal troubles.

Less dramatic examples of external factors that force agencies to confront change include shifts in public policy. These typically demand changes in the organization's programmatic and business models. The substantial reduction in the purchase of residential placements across the country has forced many service providers to re-invent themselves. Those agencies that had not already made these changes are now exploring ways to become more community based including developing fiscal plans that might support these efforts.

Revisiting the agency's mission typically takes place as the first step in making these changes. Board members and the agency leadership need to ask what services fit within the agency's mission and then explore whether there is a business plan to support these changes. This becomes the toughest challenge for planners. As in all businesses, there are few guarantees about future markets. And, unless an organization has substantial reserves, the leadership must act as responsible stewards of the resources and reputation of the agency. This often leads to "analysis paralysis" by leaders who dread the thought that their choices might lead to "the ship going down on their watch". ✷

This article is based largely on an earlier one written by the author that was published in Common Ground July, 2010, a copyrighted publication of the Judge Baker Guidance Center. Floyd Alwon, Ed.D., falwon@verizon.net

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skilled at managing the environment. The main factors to be considered are: the staff, the students, the group, the organizational culture, the policies and procedures, the instruction and activities, the physical environment, and the interaction of these variables. The better the school and the staff understand these variables and how they interact, the better everyone can provide the structure, relationships, and activities that create a safe learning environment and caring community." (Holden, 2009).

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FLDC • Cornell University
Beebe Hall
Ithaca, New York 14853

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TCI USA 2011 COURSE OFFERINGS

TCI: TRAINING OF TRAINERS (TXT)
Feb. 28 - Mar. 4/11 ..... Ithaca, NY
Mar. 7-11/11 ..... Denver, CO
Mar. 21-25/11 ..... Peoria, IL
Apr. 11-15/11 ..... Cincinnati, OH
May 2-6/11 ..... Warwick, RI
Jun. 6-10/11 ..... Atlantic Beach, NC
Jul. 11-15/11 ..... Baltimore, MD
Jul. 25-29/11 ..... Pittsburgh, PA
Aug. 15-19/11 ..... Ithaca, NY
Sep. 19-23/11 ..... San Diego, CA
Sep. 26-30/11 ..... Peoria, IL
Oct. 17-21/11 ..... Mesa, AZ
Nov. 14-18/11 ..... Warwick, RI
Dec. 5-9/11 ..... Ithaca, NY

TCI UPDATES

Developing Professional Level TCI Training Skills
Aug. 11-12/11 ..... Ithaca, NY

TCI For Developmental Disabilities
Jul. 21-22/11 ..... Pittsburgh, PA
Aug. 8-9/11 ..... Ithaca, NY
Nov. 9-10/1 ..... Warwick, RI

Designing Refresher Training
May 10-11/11 ..... Warwick, RI
Jul. 7-8/11 ..... Baltimore, MD
Sep. 22-23/11 ..... Peoria, IL
Oct. 13-14/11 ..... Mesa, AZ
Dec. 1-2/11 ..... Ithaca, NY

Post Crisis Response
Mar. 15-16/11 ..... Peoria, IL
Apr. 7-8/11 ..... Cincinnati, OH
Jun. 2-3/11 ..... Atlantic Beach, NC
Sep. 15-16/11 ..... San Diego, CA

TCI Curriculum Revisions, Edt. 6
Mar. 3-4/11 ..... Denver, CO
Mar. 17-18/11 ..... Peoria, IL
June 1-2/11 ..... Ithaca, NY

ONE DAY UPDATES*

1-Day: Life Space Interview for Proactive Aggression
May 9/11 ..... Warwick, RI

1-Day: Conflict Resolution
Sep. 21/11 ..... Peoria, IL

1-Day: Legal Concepts Involved in Use of Physical Restraint
Aug. 10/11 ..... Ithaca, NY

1-Day: Testing, Evaluation, and the Transfer of Learning
Apr. 6/11 ..... Cincinnati, OH

TCI CANADA 2011 COURSE OFFERINGS

TCI: TRAINING OF TRAINERS (TXT)
Mar. 28 - Apr. 1/11 ..... Toronto, Canada

PLEASE CONSULT THE RCCP WEBSITE FOR UPDATES TO THIS SCHEDULE: rccp.cornell.edu

TCI UPDATES

Designing Refresher Training
Mar. 24-25/11 ..... To be announced

TCI For Developmental Disabilities
Jan. 25-26/11 ..... To be announced

TCI Curriculum Revisions, Edt. 6
Feb. 1-2/11 ..... To be announced

TCI EUROPE 2011 COURSE OFFERINGS

TCI: TRAINING OF TRAINERS (TXT)
May 16-20/11 ..... Glasgow, Scotland
Jul. 4-8/11 ..... Dublin, Ireland
Sep. 26-30/11 ..... Doncaster, UK
Dec. 5-9/11 ..... Dublin, Ireland

TCI UPDATES

Developing Professional Level Training Skills
Apr. 14-15/11 ..... Doncaster, UK

TCI for Developmental Disabilities
Oct. 20-21/11 ..... Doncaster, UK

Designing Refresher Training
Apr. 12-13/11 ..... Doncaster, UK
Jun. 14-15/11 ..... Glasgow, Scotland
Sep. 20-21/11 ..... Dublin, Ireland

Post Crisis Response
Mar. 22-23/11 ..... Dublin, Ireland
May 24-25/11 ..... Glasgow, Scotland
Jun. 29-30/11 ..... Dublin, Ireland
Oct. 18-19/11 ..... Doncaster, UK
Oct. 26-27/11 ..... Glasgow, Scotland
Nov. 29-30/11 ..... Dublin, Ireland

ONE DAY UPDATES*

1-Day: Conflict Resolution
Jun. 13/11 ..... Glasgow, Scotland
Dec. 1/11 ..... Dublin, Ireland

1-Day: Testing, Evaluation, and the Transfer of Learning
Feb. 28/11 ..... Glasgow, Scotland
Mar. 21/11 ..... Dublin, Ireland
Jun. 16/11 ..... Glasgow, Scotland
Sep. 13/11 ..... Stevenage, UK

1-Day: Legal Concepts Involved in Use of Physical Restraint
Nov. 28/11 ..... Doncaster, UK
Dec. 1/11 ..... Glasgow, Scotland
Dec. 2/11 ..... Belfast, N. Ireland

1-Day: TCI Trainer Support
Apr. 11/11 ..... Doncaster, UK
May 10/11 ..... Dublin, Ireland
May 23/11 ..... Glasgow, Scotland
Jul. 1/11 ..... Dublin, Ireland
Oct. 17/11 ..... Doncaster, UK
Oct. 28/11 ..... Glasgow, Scotland

***Note:** ONE-day updates are ONLY available to TCI trainers who have successfully completed TWO, two-day updates, preferably Designing Refresher Training and Post Crisis Response.*