REFOCUS

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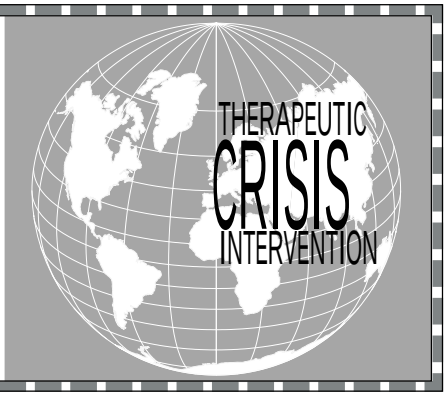
Special Conference Edition



Report from the Conference TCI: An International Perspective

June 18-21, 2000 Cornell University, Ithaca, New York

This special report was prepared by Andrea J. Mooney, M.Ed., J.D., who presented two conference workshops and participated in a panel discussion. Ms. Mooney is an original author of TCI and has been involved with the Residential Child Care Project's TCI program since its inception. She has been a Special Education teacher, a law guardian, and a consultant. She is now an attorney/trainer in private practice, specializing in child advocacy and family law.

For the very first time since the TCI program was begun in the early 1980's, TCI trainers and other professionals from 24 states and 7 countries joined together for a conference entitled: "Therapeutic Crisis Intervention: An International Perspective." And international it was, as well as exciting, invigorating, illuminating, and challenging. Those who traveled to Ithaca for the first time became all too aware of the local expression: "Ithaca, NY is centrally isolated." Getting here (and getting home), for many, was the hard part. Once all had arrived, the weather cooperated, the speakers were outstanding, and the workshops were jam-packed with information.

The conference opened on Sunday evening with greetings from Patsy Brannon, Ph.D., R.D., the Dean of the College of Human Ecology and from Michael Nunno, D.S.W., the Principal Investigator of the Residential Child Care Project. Drs. Brannon and Nunno welcomed participants and gave some perspective on the role of the Residential Child Care Project in the college and in the Family Life Development Center, which is the home of the Project.

James Garbarino, Ph.D., Co-Director of the Family Life Development Center and a Professor of Human Development in the College of Human Ecology gave the first keynote speech, entitled: "From boot camp to monastery." Dr. Garbarino's speech was elegant in its simplicity and inspiring in its message. (See page 5 for highlights.) Throughout the conference, participants, speakers and workshop leaders repeatedly referred to Dr. Garbarino's message. In fact, the endnote speaker, Dr. Helen Westcott, used Dr. Garbarino's principles as a theme for her speech: "Critical themes."

At every point from Sunday night to Wednesday afternoon, speakers and participants struggled with the difficult questions presented in the care of children in out-of-home care. The conference's first presentation, a policy forum on the future of physical interventions with children in care, generated a great deal of question and discussion. In panels on violence prevention, cultural issues in crisis intervention, preventing institutional abuse, recruitment and retention, and the impact of a no-restraint policy in residential care, we continued the hard work of challenging one another to identify and promote the best practices available. Differences across the country and across the world helped us to think about whether there were better ways to go about our business.

Presenters from the United Kingdom and Australia expressed surprise (and some dismay) that children were not represented at the conference, and noted that they would not be able to hold a similar conference without youth speakers and leaders. Our colleagues from outside the United States were also surprised at what a minimal role the United Nation's Conventions on the Rights of Children plays in our day to day work in the U.S.

Each speaker brought his or her own particular gift to the conference. James Garbarino set a tone for thinking about the care of children in his introductory keynote. Azim Khamisa, of the Tariq Khamisa Foundation, discussed "Reconciliation and redemption: The path out of violence and despair" from the perspective of a father faced with the tragic death of his only son.

Conference Report, Cont.

Kathleen Marshall, a child law consultant from Glasgow Scotland, addressed "Children's rights in the balance." And Helen Westcott, Ph.D., a lecturer in Psychology at the Open University in London, England, observed the whole conference almost as an anthropologist might, and gave us the endnote on "Critical themes" (see page 8 for highlights).

In addition to all of these speakers and many more, the TCI Instructors held a series of focus groups designed to obtain input from the field as the Residential Child Care Project continues the process of revising the TCI program and curriculum. Workshop participants discussed and commented on proposed implementation strategies, curriculum revisions, certification, physical intervention techniques, and video revisions. Contributions from these workshops will be invaluable as the Project continues the never-ending task of revising and refining the program.

But the conference was not all serious thoughts and hard work. There was time for some, as we say in New York, "schmoozing" under a tent on the beautiful Ag Quad on the campus; there was a wonderful Barbeque in a scenic garden and there was a lovely group of young people, the "Vitamin L Project" who sang songs encouraging positive character development. Some people made it to the Campus Bookstore. And, of course, since this is TCI, we had some "Serious Fun and Games." (We would like to know, however, whose idea it was to give Jack Holden a bullhorn. He'll never be the same.)

If you were lucky enough to attend the conference, you know that it was a powerful few days of learning. If you were unlucky enough not to attend the conference, we will attempt in this issue of "Refocus" to give you some of the highlights and share some of the wisdom of the participants.

About Our New Look

We have a few new columns in this issue of "Refocus," which we propose to include in future issues as well.

- **"Ask Eugene"** will be the column which addresses the training schedule and logistics/materials questions. As many of you know, Eugene Saville is the Administrative Assistant for the Residential Child Care Project. He is responsible for setting up all the training programs, (arranging for hotels, working with on-site coordinators), assuring that all training materials and equipment are at the training site, and registering all participants.
- **"Serious Fun and Games"** will be a column presenting training ice-breakers, warm-ups, energizers, or just plain fun activities which can be used in training programs or with kids. We invite your contributions (if taken from a book, please give us the author, publisher, and date of publication.)
- **"From the Instructors' Booth"**—at the conference—the TCI instructors (there are 16, from the US and the UK) staffed a booth to respond to questions regarding the curriculum and training. We plan to continue this Q and A format, and welcome your questions.
- **"TCI Bookshelf"** will be a review of a book concerning children, families, crisis, emotional disturbance, aggression—anything we find interesting and think you will also. Send us suggestions for books to review and/or volunteer to review something yourself. We are also looking for your suggestions, ideas, training tips, or comments. Please write or call us at Family Life Development Center.

Also, don't miss our new website:

Serious Fun and Games Warm-Up: Old Friends

This progression from strangers to close friends proceeds rapidly and helps to provide warm group relationships immediately.

Divide the group into two equal circles, one inside the other. The inside ring faces clockwise while the outside ring faces counterclockwise. The players walk slowly around the circle and the leader instructs them to relate to each person they face as a total stranger: they might say "hello" or nod their heads. Once the trip around the circle has ben completed, the leader asks everyone to pretend that the people they meet are casual acquaintances, with "Hi, how are you? It's good to see you." type greetings. The leader then asks the players to pretend that each player in the circle is his/her best friend whom they haven't seen in six months and to greet them accordingly. The exuberant greetings which result are often hilarious and also quickly break down any barriers of shyness within the group. This one is truly fun, funny and well worth using!

Conference Issue: Does TCI Provide an Internationally Accepted Standard of Childcare?

by Alison Crocket

The globe is shrinking and ideas and understanding of best practice in childcare are being more readily shared internationally. While this spreads the concept and benefits of best practice, the application of TCI is driven by a western value system and this may lead to problems in implementation of TCI as differing cultures may view the management of challenging behaviour from a varied moral and ethical standpoint.

By examining TCI in the light of UN international Human Rights Instruments, particularly with regard to children, and by exploring what the issues have been in the implementation of these instruments, it is possible to learn from wider experience in this field.

In applying any instrument that is driven by values and ethical standpoints, it is important to understand and acknowledge that cultural diversity creates difference in the perceptions of what constitutes ethical practice and to integrate this into any planned implementation. This can be said not only when planning to implement TCI abroad, but also when training and implementing the model in culturally diverse communities.

This is the first international TCI conference indication that TCI is, or has the potential to be an international phenomenon. It has, already been exported to a number of different countries, including the UK, Ireland, Australia, and Russia, and is commonly in use in a wide range of childcare services, both residential and day facilities.

There are, in training TCI, a number of skills to be taught:

- Listening and communicating effectively
- Behaviour management strategies
- Restraint and Life Space Interview

These are some of the practical skills to learn. However, TCI is not simply a "Skills Package." It is not like learning to drive or build a house. It is underpinned by values and beliefs about the rights and duties of children and adults, and how those rights should be interpreted and implemented.

- How should children be viewed in our institutions and in society?
- What rights do they have and how should these rights manifest themselves?
- What is the best way to ensure that children will grow up into well-adjusted adults capable of contributing positively to society?
- What constitutes appropriate discipline?

The values and beliefs that inform the answers to these questions have evolved, and have roots in history, culture and religion as well as theoretical models in child psychology.

The question for today is "Given the wide diversity of values globally and in our communities about the rights and duties of children, is it desirable or even possible to export a model of childcare that is driven by only one value base?"

The question is significant, not only for the long term business strategists of the TCI model, but for each practitioner who may be asked to train this model in a culturally diverse community. Is this model one which is internationally applicable in that it would complement the culture of any group, or are there aspects of it that are specific to particular ethical or moral standpoints, commonly found in Western Cultures?

Human Rights

The International Community through the United Nations has faced this same dilemma when it has attempted to define and implement Human Rights globally. Despite widespread consensus about the efficacy of human rights all over the world, defining what exactly that means has proven a very difficult task, and has to date escaped a universally acceptable definition.(1)

Human Rights have been separated into three categories, entitled first, second, and third generation rights. First generation are thought to be the most indisputable. These are the civil and political rights, such as the right to life, liberty and security of the person, freedom from slavery or servitude, freedom from cruel, inhuman or degrading treatment or punishment, freedom of thought, conscience and religion, etc. These rights are largely taken from the Universal Declaration on Human Rights drawn up by Eleanor Roosevelt in 1948, in the wake of the Second World War, and form the basis of many State's Constitutions.

Even these rights have been difficult to define in real terms, and to outside cultures, some traditions and customs appear to disregard or selectively choose which rights to uphold. Practices such as foot binding or female genital mutilation appear to Western eyes to infringe fundamental human rights yet nations who subscribe to the concept of these rights continue to practice these traditions. They would assert that human rights are just as sacrosanct in their communities, but understood differently.

Cultural Relativism

Perhaps the issue which has challenged the efficacy of the International Human Rights system most fundamentally in recent years has been the increasing claims by developing Eastern States that a common moral value base does not exist, and the concept of universal Human Rights is no more than thinly veiled cultural imperialism, i.e., a group of Western States imposing their own values globally. Broadly, there are two ends to the spectrum of this debate and a huge degree of difference in between. In an article entitled "Human Rights, A Non Western Viewpoint", Sinha (2) argues that the current formulation of Human Rights contains three elements which reflect specifically Western values. They are: that the fundamental unit of society is the individual rather than the family; that the basis for securing human existence in society is through rights not

Is TCI an International Standard? cont.

duties; and that the method of securing duties is through legalism and not reconciliation or repentance.

However, the "Human Rights Reader" denies that the concept of Human Rights is a Western one. They say, "Even if there were no explicit covenants to that effect in traditional societies in Asia, Africa and Latin America, the idea of freedom is hardly alien to those civilisations."(3)

Conversely, the writer Panniker (4) describes the situation thus: "Human rights are one window through which one particular culture envisages a just human order for its individuals." He suggests that rather than "Smashing the windows and making the many portals one single aperture—with the consequent danger of structural collapse…." We should accept the existence of many windows and increase the viewpoints. David Wong (5) concurs and accepts that there is no single true morality. He believes that the result of the debate surrounding cultural relativism is not paralysis. "Rather it is a new perspective on moral reform and revolution."

Culture is not a static phenomenon. What constitutes Human Rights practice evolves and changes, albeit slowly through generations. If this were not the case, women in the UK would still be burned as witches and flogging and public humiliation would be part of our everyday experience, and be carried out in the name of maintaining the best social order. The UN Convention on Human Rights set minimum standards of human dignity and provide the forum to open the dialogue in order to encourage states to examine their own practices.

The 1993 Declaration could not be clearer on its own position and the existence of universal Human Rights. In its first paragraph it states that "All Human Rights are universal, indivisible, inter-dependent and inter-related." Universal Human Rights do not impose one cultural standard, rather one legal standard of minimum protection, necessary for human dignity. Article 22 declares the right to "Economic, social and cultural rights indispensable for his dignity and free development of his personality." However, Article 30 tempers this with "Nothing in this declaration may be interpreted as implying for any state group or person, any right to engage in any activity or to perform any act aimed at destruction of any rights or freedoms set forth herein."

Children's Human Rights

Children's Human Rights are encapsulated and declared in the United Nations Convention on the Rights of the Child, which entered into force on the second of September 1990, with 194 signatories and virtually no reservations. The large subscription and lack of reservation gives clear indication that the majority of nations acknowledge and honour the need for children in all societies to be protected and cared for. The Declaration, the Convention's predecessor states in its Preamble that "Mankind owes to the child the best it has to give." Once again the principle is indisputable, the implementation and interpretation varies widely between cultures.

Analogy between TCI and Human Rights Instruments

Analogy may be drawn here between TCI and the UN Convention in that TCI is undoubtedly based on principles which would be echoed in any culture, and that reflect on the rights and responsibilities contained in the Convention. This would make it, on that basis, an internationally acceptable model of childcare and eminently exportable. However, as stated at the beginning, TCI goes further and prescribes what constitutes appropriate behaviours and responses to challenging behaviour. It is based on principles of allowing children equal respect, and on encouraging connection with and expression of feelings. It is at this point that cultural diversity must be acknowledged, and attempts made to understand what perhaps may be a completely

Ask Eugene

How can I purchase materials to conduct TCI training?

Direct training materials are available ONLY to TCI trainers—that is, trainers who have completed the five day Training of Trainers course. If you are a TCI trainer, you may purchase:

Flipcharts (Power Point)	$25.00
Participant Workbooks	$15.00
Participant Certificates (package of 20)	$15.00

If you have misplaced your manual or have used it so much that it has become unreadable, you may order a replacement for $75.00. Replacement videos are $25.00. Again, these items are only available to TCI Trainers.

To Order: Please send check or purchase order (we are unable to send materials without payment) to:
Eugene Saville Cornell University/ Residential Child Care Project,
Room 259 Martha Van Rensselaer Hall,
Ithaca, New York 14853-4401.
Phone: (607)254-5210
Fax: (607)255-4837
Email: eas20@cornell.edu
Please make checks payable to: Cornell University/Residential Child Care Project.

We are pleased to announce a new website address for the Residential Child Care Project: http// ..... Individuals will be able to download registration materials, training schedules, background and evaluation materials, and eventually come to this site to find discussions on topics of interest to TCI trainers. Please look us up!

The secret of joy in work is contained in one word—excellence. To know how to do something well is to enjoy it.

Pearl S. Buck (American writer and missionary in China, 1892-1973), in The Joy of Children, 1964

Is TCI an International Standard? cont.

different perspective.

In the same way that the international community as a whole must strike the balance between setting down minimum standards of behaviour for the preservation of human dignity and accepting different culture and tradition, so must childcare practitioners decide what is different and able to be incorporated into working practice and what falls below the minimum standard of childcare in any terms.

Everybody wants "the best" for their children. Preconceptions and understandings on how to provide "the best" vary widely. Is it culturally imperialistic to assume that we know best how to address the issues of challenging behaviour? Do we celebrate and incorporate the differences into our working practice and acknowledge difference in perception?

1. Wallace, R.M.M., International Law, Third Edt., p 205, Sweet and Maxwell.
2. "Eunomia, new order for a new world", Sinha, Published in "International Human Rights in Context", First Edt., p 54, edited by Steiner, H.J., Alston, P., Clarendon Press, 1996.
3. Ibid pp 503-535.
4. "The unanswered challenge of relativism and the consequence for human rights", Dundes Rentein A., Human Rights Quarterly, No. 24, 1990.
5. "Cultural relativism revisited through a state prism", Pollis, A., Human Rights Quarterly, No. 48, 1996.

Alison Crocket is a Staff Development and Training Officer at Barnardos, Stirling, Scotland. Ms. Crocket spent eight years working with drug users in Scotland and England, before becoming a facilitator. She currently works half-time for Barnardos, and half-time as a consultant for a diverse range of voluntary and statutory organizations while undertaking post-graduate research in International Law and Human Rights. She had been a TCI trainer since 1995 and was a presenter at the TCI: An International Perspective Conference.

Conference Keynote Highlights From Boot Camp to Monastery

The following notes from James Garbarino, Ph.D., list major points from his Keynote Speech.

Research on trauma and youth development provides some guidelines for rehabilitative programming. Such programming starts with the "immobilization" of violent youth in settings that provide physical safety and which prevent access to the "temptations" of drugs, sex, and the materialism of the "youth culture." But rehabilitation depends upon involving youth in activities that promote educational and spiritual development. Such settings must maintain order and physical safety as a precondition for rehabilitation and may include "cognitive-behavioral" programs aimed at changing youth frameworks and values, but these alone are not enough to initiate and sustain the "deep" changes necessary for rehabilitation in the long run. A complete program should adopt a broad understanding of the developmental origins of youth violence as one component of institutional efforts to achieve rehabilitation, and it should strive to create the contemplative life embodied in the concept of monastery rather than the power-assertive, externally-oriented concept of the "boot camp." (1)

What Do We Know? What Do We Do About It?

1. Child maltreatment leads to survival strategies that are often anti-social and/or self destructive (e.g., conduct disorder). Many violent youth were victims of child maltreatment. When maltreatment occurs as part of a more general accumulation of social and personal risk factors it can lead to major developmental difficulties. Deal with child maltreatment issues as part of the therapeutic program (e.g., include reading material and videos about child maltreatment and promote efforts to identify child maltreatment in counseling sessions). In this as in all efforts identify the "zone of proximal development" in which learning and personal change are possible (i.e., neither simply validating the youth's understanding nor pushing too fast and too far too soon).

2. The experience of early trauma leads to hypersensitivity to arousal in the face of threat, with responses taking the form of dissociation and/or aggressive reactivity. Avoid power assertion whenever possible to reduce the experience of threat and thus maintain the youth in a non-dissociative and non-aggressive state. Understand that dissociative responses can make youth appear emotionless when they are actually filled with intense emotions and that aggressive reactivity can be triggered by what appear to be trivial incidents to an outsider but may loom large to the youth.

3. Traumatized kids require calming and soothing environments to increase the level at which they are functioning. Provide an environment that encourages calmness and reflection (including soothing classical music, videos that promote reflection, participation in creative arts, and meditation practices).

4. Traumatized youth are likely to evidence terminal thinking (i.e., an absence of future orientation). Provide activities that promote future orientation through caring for plants, animals, and other human beings.

(1) Garbarino, J. Lost Boys: Why Our Sons Turn Violent and How We Can Save Them. NY: The Free Press. 1999.

Garbarino: From Bootcamp to Monastery, cont.

5. Youth exposed to violence at home and in the community are likely to develop juvenile vigilantism, in which youth do not trust adult capacity and motivation to ensure safety and therefore believe they must take matters into their own hands. Promote trust in adult authority by creating a highly controlled environment in which youth conclude rationally that they are safe and thus can afford to relinquish their defensive posture.

6. Youth who have participated in the violent drug economy are likely to have distorted materialistic values. Promote spiritual values that transcend the materialistic culture through staff modeling, directed reading and discussion, and spiritual practice (including uniforms, meditation, participation in the creative arts, and spiritually-oriented instruction such as Tai Chi and yoga to increase self-discipline).

7. Traumatized youth who have experienced abandonment are likely to feel life is meaningless. Create the basis for new life narratives by exposing youth to the reading and writing of novels and biographies, and to relationships with staff that provide working models of meaningfulness in the face of loss and abandonment (e.g., sharing experiences of hope in the face of adversity).

8. Issues of shame are paramount among violent youth because of their personal and collective experiences (e.g., victimization, poverty, and racism). Communicate respect in every facet of institutional life (e.g., language used by staff to communicate with youth, guided meditations, and spiritual studies).

9. Youth violence is an attempt to achieve justice as perceived by the youth. There is sense to "senseless" youth violence. Acknowledge the youth's perception of the justice of their violent actions as a starting point. Then engage youth in dialogue to reinterpret their perceptions of justice. Focus on issues of violence, conflict, and justice designed to model higher stages of moral reasoning (e.g., readings and videos that present moral dilemmas, and guided meditation activities to promote mindfulness).

10. Empathy is the enemy of aggression. Combining traditionally masculine and feminine traits is related to resilience. Promote the development of empathy as a principle for day to day interaction in the facility, among staff and youth (e.g., focus on effective and respectful communication of feelings among staff and youth through group activities and guided meditation and mindfulness activities).

James Garbarino, Ph.D., is Co-Director of the Family Life Development Center and Professor of Human Development at Cornell University. From 1985-1994 he was President of the Erikson Institute for Advanced Study in Child Development, during which time he undertook missions for UNICEF to assess the impact of the Gulf War upon children in Kuwait and Iraq. He has been a consultant to programs serving Bosnian and Croatian children, and to numerous organizations including the National Committee to Prevent Child Abuse, the National Institute for Mental Health, the American Medical Association, the National Black Child Development Institute, the National Science Foundation, the National Resource Center for Children in Poverty, Childwatch International Research Network, and the U.S. Advisory Board on Child Abuse and Neglect. He has won many prestigious national awards from organizations devoted to family issues.

Conference Update: The TCI Credentialling Program

During the TCI Conference, a series of focus groups were conducted to get feedback and input to many of the new programs we will be introducing in the spring of 2001. One of our new programs is a TCI Certification process. Attendees at the Certification Focus Group reviewed the following proposal.

The entire credentialling program is designed to develop, maintain, and strengthen the standards of performance for individuals who have successfully completed the requirements of the 5-day Therapeutic Crisis Intervention (TCI) training. This process affirms our commitment to ensure that TCI is implemented in child caring facilities in a manner that meets the developmental needs of children, and the safety of both children and staff. Credentialling includes an agreement to practice in accordance with TCI principles which provides a framework for TCI practice and training, and general standards that include, levels of certification, regulations, and requirements for continuing or maintaining the credentialling process.

Trainer Registration

Registration as a TCI trainer is voluntary and the opportunity to register as TCI trainers is offered to participants at the end of the TCI Training of Trainer course if they have successfully completed the week. To register, trainers sign an agreement to practice in accordance with TCI principles and follow minimum standards when training and implementing TCI. To maintain their registered status, trainers must attend a Cornell sponsored TCI Update at least every three years.

Basic Qualifications: Registered Trainer

1. Successful completion of the Training of Trainers Program. Successful completion

There is nothing in a caterpillar that tells you it's going to be a butterfly.

Richard Buckminster Fuller, American architect and inventor (1895-1983)

TCI Credentialling Program, cont.

is defined as complete attendance, basic competency level in skill demonstrations in key competency areas.
2. Participants agree to practice in accordance with TCI principles and follow the guidelines for training and implementing TCI.

Privileges: Registered Trainer
1. Receives TCI newsletter and notification of Updates and Conferences.
2. Can provide direct training within their organization/agency.

Associate Certification

Certification is voluntary and represents a high standard of professional practice. An associate certification is granted at the completion of training if the participant successfully completes the training and evaluation requirements. To maintain associate level certification, certified trainers must attend a Cornell sponsored TCI Update at least every two years.

Basic Qualifications: Associate Certification
1. Successful completion of the training of trainers program. Successful completion is defined as complete attendance, a passing score on a written test, and on skill demonstrations in key competency areas.
2. Participants agree to practice in accordance with TCI principles and follow the guidelines for training and implementing TCI.

Privileges: Associate Certification
1. Receives TCI newsletter and notification of Updates and Conferences.
2. Can provide direct training within their organization/agency.
3. Can apply for professional certification after a minimum of one year.

Professional Certification

The second level of certification is considered the professional level. After a minimum of one year as an associate TCI trainer, applicants have to perform at a professional level for the predetermined number of competencies and submit portfolios of their work. To maintain professional level certification, certified trainers must attend a Cornell sponsored TCI Update at least every two years.

Basic Qualifications: Professional Certification
1. Meet or exceed all the requirements for Associate certification.
2. Successful completion of a minimum of four direct training programs of a prescribed length with prescribed evaluation instruments within their associate certification period. Successful completion is defined by acceptable trainee performance on selected evaluation instruments, and a review of actual video footage of a prescribed number of training activities.
3. A passing score on the certification examination. After a period of at least twelve months as an associate TCI trainer, and after completing the minimum of four direct training programs, the associate TCI trainer will submit a portfolio with attendance sheets and test scores of direct training and selected video tape segments from direct training. In addition, the individual will sit for a written and oral certification exam in front of a certification committee appointed by the Residential Child Care Project. Re-certification at the professional level is every two years.

Privileges: Professional Certification
1. Receives TCI newsletter and notification of Updates and Conferences.
2. Can provide direct training within their organization/agency.
3. Can provide direct training outside of their organization/agency.
4. Is eligible to sit on a certification committee.

All registered TCI trainers will be receiving additional information about the certification process early next year.

From the Instructor's Booth

Q: How do I get to be an Instructor?

A: First, instructors are those who teach in the TCI Train-the-Trainer Course, as well as the Updates. TCI instructors are both full-time Cornell employees, and employees who work for the project on a part-time basis. At present we have no part-time vacancies, but we do have 2 full-time openings. We are looking for candidates who have experience in institutional abuse prevention and investigations, and/or crisis prevention and management (TCI) in residential child care. A Master's Degree in the social sciences or social work, and 5 years of related experience in child welfare, child protection, and/or residential group care are required. Program management experience and work with state and non-profit agencies on an organizational level is an advantage. Demonstrated knowledge and skills in face-to-face training, curricula development, adult learning, and training techniques is required. Demonstrated verbal and written skills are essential. Must be able to work independently. Should be very organized and detail-oriented. Ability to travel throughout New York State is essential. Please mail your cover letter, resume, examples of written work, and 3 references to Ann May, College of human Ecology, N102 MVR Hall, Cornell University, Ithaca, NY 14853.

Conference Endnote Highlights
Helen Wescott, Ph.D.

The italicized highlights are the counter-points to Dr. James Garbarino's key points as stated by Dr. Helen Westcott in her Endnote Address to the International TCI Conference. They represent a practical strategy for implementing Dr. Garbarino's principles within residential child care facilities.

- Provide caring and soothing environments to promote good functioning.
  Provide caring, soothing, and supportive working environments in which staff can feel safe and supported.
- Avoid power assertion and maintain a non-aggressive position.
  Structure the management, administration, and physical environment in a way to minimize power hierarchies and inequalities as they apply to staff.
- Systematically deal with child maltreatment issues as part of the treatment program.
  Systematically deal with victimization and safety issues as part of staff development.
- Emphasize communication of feelings between staff and children.
  Emphasize communication of feelings between staff, supervisors, administrators, and managers.
- Acknowledge children and young people's perceptions of justice.
  Acknowledge staff's perception of justice.
- Develop a facility culture based on respect.
  Respect for children, young people, for staff, for property, and for differences.
- Develop new life narratives, meaning even in the face of adversity.
  Develop new narratives for the facility, clear purpose and mission, highlight positive outcomes from negative experiences.
- Promote trust in adult authority, clear who is in charge.
  Promote trust in the management and authority structures of the facility.
- Demonstrate and promote a new value base, not materialism.
  Demonstrate a new value base founded on children and staff, not profit or "back-covering."
- Promote a vision of the future as something worth investing in, a future perspective based on the value of life.
  Promote a vision of the children, staff, and the care facility as persons and things worth investing in, as valuable lives.

Helen Westcott, Ph.D., Open University, London, England. Dr. Westcott is Lecturer in Psychology at The Open University in the United Kingdom. She previously worked for the National Society for the Prevention of Cruelty to Children in London, England as a research associate studying the abuse of disabled children in residential and group care. She has researched legal reforms affecting child witnesses in the UK, and has published and trained widely on these issues.

Learning From Tragedy: Examining the Results of the Residential Care Fatality Survey

by Michael Nunno, DSW; Martha Holden, MS; Dorothy Forbes, MA

Introduction

Recent newspaper stories in the United States have drawn attention to fatalities that have occurred over the past decade where physical and mechanical restraints, psychotropic medication, isolation and seclusion appeared to play a major role in the deaths of both adults and children. The 1998 series in the newspaper, the *Hartford Courrant* documented, over a ten-year period, 142 fatalities of individuals whose ages range from 6 years to 78 years where a combination of physical and mechanical restraints, psychotropic medication, isolation, and/or seclusion contributed to their death. As a result of this series, as well as other media attention on subsequent deaths, Federal and State legislation and regulations have been proposed which would limit the use of physical and mechanical interventions with children, and well as banning outright certain techniques. Professional organizations and facility accreditation organizations have followed suit and have outlined restrictions on the use of physical and mechanical interventions and techniques. Often these legislative and regulatory shifts have taken place with little but newspaper accounts of the fatalities to inform these modifications.

Survey Methodology

In 1998 Cornell University's Family Life Development Center surveyed how children die in foster care, kinship care, groups homes, residential care, and juvenile correction facilities. The survey had two distinct strategies—a mailed survey approach and an internet newspaper search. A 43-ques-

Learning From Ttragedy, cont.

tion survey was mailed to each of the 50 states, as well as the District of Columbia, the Commonwealth of Puerto Rico, and the Virgin Islands. The survey asked child welfare, youth correction, mental health, and developmental development officials for child (18 or under) fatality information for the years 1996, 1997, and 1998 from their sponsored or licensed facilities. The survey resulted in a return of 71 surveys from 42 states and the District of Columbia. This represents a 39% return rate. This mail survey was augmented by a second strategy—an internet search for fatalities to children in out-of-home care due to restraint and isolation.

Survey Findings

Our mailed survey indicates that the vast majority of children who died in residential care died from a chronic disease or condition. Other circumstances, and in much smaller numbers, included fatalities due to homicide, suicide, accidents, and isolation and restraint. The reminder of this article will only address those deaths that had physical or mechanical restraints as causative or contributing factors.

Our internet search uncovered 18 such fatalities, while our traditional survey documented only 8 of these 18 fatalities. The 17 of the 18 fatalities uncovered by the internet search were reported in the 1998 *Hartford Courrant* report.

Age and gender. The overwhelming majority of the fatalities were males (n=14). Both males and females ranged from 6 to 17 years in age with a mean of 14 years.

Immediate Cause of Death. Positional asphyxia was listed as the leading cause of death (n=8). Cardiac arrhythmia or cardiac arrest occurred in 4 cases, while the remaining causes were listed as strangulation (N=1), aspiration (N=1), unspecified or unknown (N=4). While psychotropic medication appeared to play a part in two fatalities, the psychotropic medication history was unknown in the vast majority of cases.

Circumstances surrounding the fatalities. Four fatalities occurred in some form of mechanical restraint, while 14 fatalities were a result of physical intervention. In 7 of the 14 cases of physical restraint, there was only one staff involved. In 3 of the physical intervention fatalities 2 staff were involved, and in the remaining 4 physical intervention fatalities the number of staff involved were unknown. In two cases children were know to be on psychotropic medication. In one case the child was restrained over a lengthy period of time or multiple times.

Discussion

This fatality survey raises many more questions than it answers. Still there are common causes and circumstances of the restraint deaths described:

- weight on the child's upper torso, neck, chest or back
- restricted breathing due to a child's position
- restraints conducted without assistance or monitoring
- signs of the child's distress were ignored
- a child's agitation prior to restraint
- a combination of psychotropic medication and the child's agitation

Residential Child Care Project staff have been involved in an in-depth analysis of some of these fatalities, and other serious events. Careful analysis reveals when the above circumstances exist and interact within an organization's culture, serious injury or death can result. Some of the ingredients within an organization's cultural that can lead to serious injury and fatalities:

- Restraints are so common place within the organization that they are accepted as appropriate interventions to enforce program compliance, alleviate problems due to staff shortages, scheduling and program deficits. Staff have little or no awareness of the potential dangers inherent in restraints, and feel that they are safe practice because "no one usually gets hurt."
- With a high frequency of use and a dependence on physical interventions, there is little or no monitoring or processing of the events to prevent future occurrence. Often there are so many interventions, they are a normal part of the job.
- "Home grown" training and crisis intervention packages with out "expert" screening abound in the field with in-house trainers and training further isolating the methods from review. Another variation of this is that an organization at one time used an outside expert based package, but did not keep current trainers, and training resources. The physical intervention methods are handed down with each generation of trainers adding their own spin or ideas. Eventually some of the physical techniques taught evolve into dangerous technique.
- Little supervision/coaching occurs with line staff, and new staff are often left to "figure it out" and get trained by staff "on-the-job" often in questionable practices.
- There is no consistent monitoring by supervisors or colleagues. An attitude of professional courtesy develops that translates into "You know what you are doing and won't question it." "I will not interrupt any intervention you make, even if I don't agree."
- There is little or no clinical oversight or medical screening, and what is screened is often not conveyed to line staff. Children are given a variety of medications and staff have no idea of the side effects of any individual medication, much less combinations. Staff are not routinely informed of medical conditions. If they are told, they are not given alternative strategies to use if physical restraint is contra-indicated.

Recommendations

Leadership: The level of effectiveness of a crisis management system to help staff prevent and reduce potentially dangerous situations depends on leadership's commitment to its implementation. Leadership must

provide adequate resources, including adequate and qualified staff, support for regular external and internal monitoring, and clear rules and procedures that have safeguards against abusive practices. Leadership should promote an organizational culture that values developmentally appropriate and therapeutic practice above control and expediency.

Clinical Oversight: Clinical services play an important role in overseeing and monitoring clients responses to crisis situations. Developing and implementing an individual crisis management plan is critical to responding appropriately and therapeutically to each child in crisis.

Supervision: Frequent and on-going supportive supervision should be built into the implementation and on-going monitoring of the crisis management system. Supervisors should be fully trained in all of the prevention, de-escalation, and intervention techniques so that they can provide effective supervision, coaching, and monitoring. A post-crisis multi-level response should be built into the practice. The child and staff should receive immediate support and debriefing following a crisis. Discussing crisis incidents should be built into team/unit meetings so that all staff can learn from these situations.

Training: Crisis prevention and management training should be one part of a comprehensive staff development program that provides core training as well as specialized training based on the population served. Updates should be conducted with all direct care staff as recommended and required. At the completion of the original training and each update, staff can be expected to perform the skills at an acceptable standard of performance. This performance should be documented and staff should be held to a certain competency level of performance in order to use high risk interventions. Trainers should be required to attend refresher training in order to maintain their training status.

Documentation and Critical Incident Monitoring: Documentation is critical, and includes the documentation of staff supervision and training, and the documentation and monitoring of critical incidents throughout the facility. This documentation and monitoring system allows the facility to review incidents and make decisions about individual and organizational practice.

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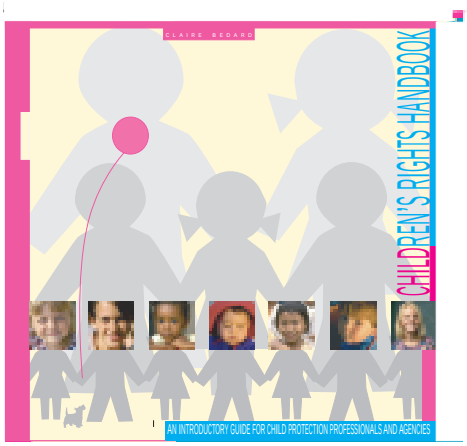
Martha J. Holden, M.S., is a Senior Extension Associate with the FLDC and the Director of the Residential Child Care Project. As Project Director, she participates in the development, implementation, and evaluation of TCI to residential child care organizations, TCI for Family Care Providers, training programs in violence prevention, the Investigation of Institutional Maltreatment, and a program in Institutional Assessment. Dorothy H. Forbes, M.A., is an Extension Associate at the FLDC, Cornell. Ms. Forbes has casework, supervisory, and training experience in risk assessment, family violence, and cultural issues in case management.

TCI Bookshelf

Children's Rights Handbook. *An introductory guide to children right's for child protection professionals and agencies, by Claire Bedard. Published by The Family Life Development Center. Cornell University & Childhope, U.S.A. $12.00 US/ $15.00 overseas, handling and shipping included.*



This handbook is intended for child protection professionals who have an interest in learning about children's rights and how a children's rights approach can become a part of child protection services. It offers introductory concepts on human rights and children's rights and contains a useful 12-step children's rights guideline for child protection. The 12-steps give the handbook its structure and contain some guidelines for listening to children, respecting their dignity, integrity and rights, as well as those of their families. A useful section on children placed in state care outlines the basic requirements for their care including re-uniting with their families. To order, see form on the back of this "Refocus."

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Keynotes

K1 From boot camp to monastery. *James Garbarino*, Ph.D., Co-Director, FLDC; Professor, Human Development, Cornell University

K2 Reconciliation and redemption: The path out of violence and despair. *Azim Khamisa*, Tariq Khamisa Foundation, San Diego, CA

K3 Children's rights in the balance. *Kathleen Marshall*, Child Law Consultant, Glasgow, Scotland

K4 Critical themes. (Endnote) *Helen Westcott*, Ph.D., Open University, London, England

Policy Forum

The future of physical interventions with children in care. How will physical interventions fit into practice in the next five years? How does it or will it meet the needs of children and youth in care? What impact will these changes have on residential care? Is there a role for physical interventions outside of residential care, i.e. schools, foster care?

Curtis L. Decker, J.D., Executive Director, National Association of Protection and Advocacy Systems, Washington, DC; *Earl N. Stuck*, M.A., Associate Director, National Center for Consultation and Professional Development, Child Welfare League of America, Boston MA; *Dianne Johnson*, Anthropologist, Leura NSW, Australia; *Meg Lindsay*, OBE, MA, MSc, Diploma in Applied Social Studies, Head of Operations, Care Visions, Glasgow, Scotland; *Robert S. Lustig*, Ph.D., Director of Quality and Training, St. Joseph's Villa, Rochester, NY; *S. Virginia Knight*, R.N., Ph.D., Behavioral Health Care Surveyor/Consultant, Joint Commission on Accreditation of Health Organizations, U.S.

Panels

P1 Violence prevention: Programs that work. Critical and fundamental aspects of violence prevention programs that help ensure success, especially community and school-based programs that can be transferred into the residential care setting, with emphasis on establishing goals and outcomes for determining effectiveness.

Facilitator: *Brian D. Leidy*, Ph.D., Senior Research Associate, FLDC, Cornell University; *Marlies Sudermann*, Ph.D., Clinical and Research Psychologist, Thames Valley District School Board, Ontario, Canada; *James Garbarino*, Ph.D., Co-director, FLDC; Professor, Human Development, Cornell University; *Robert C. Marmo*, Ph.D., Director, Child Welfare Training Program, School of Social Welfare, State University of NY, Stony Brook; *Thomas Lickona*, Ph.D., Professor of Education and Developmental Psychologist, State University of New York at Cortland

P2 Cultural issues in crisis intervention. How race, ethnicity, religion, and historical conflicts between cultural groups affect a facility's culture, and how they support or discourage crisis, aggression, and use of restraint.

Facilitator: *Dorothy H. Forbes*, M.A., Extension Associate, FLDC, Cornell University, Ithaca, NY; *James Cunningham*, Director, Training Resource Center, Starr Commonwealth, Albion, MI; *Johnnie Gibson*, MSW, MSSc (Social Work) CQSW, Dip ASLT (Child Care), Dip Y&CW, Independent Consultant/Trainer, Gibson-Cathcart Training Education and Consultancy, N. Ireland

P3 Recruitment, retention, and career development. An opportunity to hear from influential figures from the world of staff development from the UK and USA.

Facilitator: *Raymond Taylor*, B.A. (Hons) Sociology and Social Administration; Diploma in Social Work, Msc Applied Social Research; Advanced Diploma in Child Protection, Falkirk Council Social Work Service, Falkirk, Scotland ; *Dale Curry*, Ph.D., Training Coordinator, Northeast Ohio Regional Training Center, Summit County Children's Services, Akron, OH; *Nancy Fritsche Eagan*, MSW, Founder and President, People Potential, Mutuchen, NJ; *Frank Mulhern*, M.S., M.Ed., Director of Professional Development, Pious XII Youth and Family Services, Albany, NY; *Nick Pidgeon*, Independent Training Consultant, Stirling, Scotland; *Kate Skinner*, Research and Development Officer, Scottish Recruitment and Selection Consortium

P4 Preventing institutional abuse of children. Experts' direct experience in investigations into institutional maltreatment, abuse, and neglect, as related to prevention, rapid and effective response to allegations, and allegation monitoring, as well as law and regulatory reform and social policy.

Facilitator: *Michael Nunno*, D.S.W., Senior Extension Associate, FLDC, Cornell University; Co-principal Investigator, New York State Child Protective Services Training Institute; Principal Investigator, Residential Child Care Project, Ithaca, NY; *Kathleen Marshall*, Child Law Consultant, Glasgow, Scotland; *Mark D. French*, Director, Institutional Abuse Investigations Unit, New York State Office of Children and Family Services, Albany, NY; *Dianne Johnson*, Anthropologist, Leura NSW, Australia

P5 Impact of a no-restraint policy in residential care. The advisability of a policy which prohibits physical restraints; the concerns inherent in adopting such a policy; and recommendations for agencies considering instituting such a policy, illustrated by hypotheticals which point out "real life" problems posed by the presence and absence of physical interventions in an agency.

Facilitator: *Andrea Mooney*, M.Ed., J.D., Attorney, Ithaca, NY; *Meg Lindsay*, OBE, MA, MSc, Diploma in Applied Social Studies, Head of Operations, Care Visions, Glasgow, Scotland; *Diane Genco*, M.A., CPC, Certified Professional Counselor, Phoenix, AZ; *Earl N. Stuck*, M.A., Associate Director, National Center for Consultation and Professional Development, Child Welfare League of America, Boston MA; *Howard Bath*, Ph.D., M. Clin. Psych., Director, Thomas Wright Institute, Canberra, Australia

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March 12 - 16..... Colorado Springs, CO
April 9 - 13 ..... Cincinnati, OH

TCI Update: Recovery for Staff
January 25 - 26 ..... Ithaca, NY
March 8 - 9..... Colorado Springs, CO
April 5 - 6 ..... Quincy, MA

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, MVR Hall, Ithaca, NY 14853 Tel: (607) 254-5210/Fax: (607) 255-4837/Email: eas20@cornell.edu

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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 Residential Child Care Project is administered by the Family Life Development Center (FLDC), the College of Human Ecology at Cornell University. The Center Co-directors are James Garbarino, PhD, John Eckenrode, PhD, and Steve Hamilton, PhD. 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://

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