

REFOCUS

CORNELL UNIVERSITY'S RESIDENTIAL CHILD CARE PROJECT NEWSLETTER • VOL. 5, 1999/2000

What's New?

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TWO NEW TCI UPDATES:

Implementation, Evaluation, and Skill Building

Results from TCI implementation studies and evaluation projects in the United States and the United Kingdom have been compiled. We will present these results and identify the lessons we have learned from these studies, which were conducted in residential facilities implementing TCI as a crisis management model. We will also examine what to do before, during, and after training to facilitate the transfer of learning; teach a model for skill development; examine ways to coach physical and interviewing skills; and present implementation criteria and relevant research.

Upon successful completion of the program you will have a model to assess trainee competency; and you will have demonstrated physical restraint techniques according to the skills session training model; prac-

ticed coaching the Life Space Interview (LSI) and physical restraint techniques; and assessed your organization's level of implementation and developed action plans. You will also have an opportunity to address your concerns about in-service TCI training.

Materials

Participants will receive summary reports of the evaluation studies and handouts. ☺

Children With Developmental Disabilities (Learning Difficulties)

This update provides materials to assist staff in adapting TCI skills for children who have developmental disabilities such as autism and mental retardation. Topics include: causes, cues and triggers of difficult behavior in children with learning/developmental disabilities; responding to these triggers as individuals and teams; adapting the Life Space Interview (LSI) for children with special needs; and training tips.

This program will present the causes, cues, and triggers of challenging behaviors; provide a model for an abbreviated LSI; and

cite ways to examine action points for structuring the environment. You will have the chance to practice using low arousal approaches, team restraints, and the abbreviated LSI. Upon successful completion of the program you will have a supplemental TCI module for staff who work with children who have developmental disabilities, and have examined strategies for working with these children. You will also have an opportunity to address your concerns about in-service TCI training.

Materials

Participants will receive a supplemental module for TCI. ☺

TCI Update Programs are available to TCI trainers who have successfully completed the five-day Training of Trainers in TCI Program. See page two for the 2000 TCI Update Schedule.

IMPORTANT SAFETY ALERT!

Be sure to read the safety alert on page three. It makes important recommendations for ensuring that restraints are safe. It is imperative to incorporate these precautions immediately into TCI training and practice!



TCI UPDATES: 2000 SCHEDULE & FEES

NEW: Implementation, Evaluation, and Skill Building

March 9 - 10 Colorado Springs, CO
 May 4 - 5 Raleigh, NC

NEW: TCI for Children with Developmental Disabilities (Learning Difficulties)

April 3 - 4 Ithaca, NY
 April 6 - 7 Cincinnati, OH
 October 12 - 13 Phoenix, AZ

TCI for Family Care Providers

September 7 - 8 Peoria, IL

Recovery for Staff

February 3 - 4 Sacramento, CA
 November 9 - 10 Worcester, MA

TUITION: \$300.00 (U.S.) for all updates [includes the cost of materials, breaks/lunches].

REMINDER: You must attend a TCI Update at least every three years to retain "Registered Trainer" status.

CONTACT: For additional information about TCI Updates, please contact Eugene Saville, Program Assistant, by phone: (607) 254-5210, by fax: (607) 255-4837, or by email: eas20@cornell.edu.

can be used to meet individualized agency needs. There is no physical restraint component to this curriculum.

Materials

Participants will receive the "Therapeutic Crisis Intervention for Family Care Providers" training curriculum. 📎

Ensuring That TCI Is An Effective Crisis Management System

For TCI to be an effective crisis management system within a facility four general criteria must be addressed. These are: leadership and administrative support, supervision, training, and critical incident monitoring.

TCI Update: Recovery for Staff

A worker who has gone through a crisis with a child also needs support from the system. This update provides TCI trainers with the sixth TCI module, "Recovery for Staff," which focuses on the emotional needs staff have when managing aggressive clients and how front line staff can be supported. A crisis can have different outcomes for a staff member and for the agency. You will learn stress management strategies, constructive confrontation skills and how to conduct debriefing sessions and life space interviews with staff. We will discuss ways that agencies can reduce their liability and ways that supervisors can support TCI in the agency.

Materials

Participants will receive the sixth TCI Module: "Recovery For Staff." 📎

TCI Update for Family Care Providers

TCI for Family Care Providers (TCIF) is based on the TCI curriculum, but has been revised for presentation to family care providers. We will begin by discussing the challenges foster and adoptive parents face when managing difficult behaviors and the special considerations necessary in the provision of crisis intervention training. We will examine the revisions that have been made to tailor the TCI curriculum to family care providers, including new activities on handling the adult's and child's anger, developmental issues, temper tantrums, Dreikur's goals of misbehavior and limit setting.

You will have the chance to practice crisis prevention and intervention techniques designed for use by foster and adoptive parents and to discuss how the curriculum

Leadership and Administrative Support

The level of effectiveness of the TCI system to help staff prevent and reduce potentially dangerous situations depends on your commitment to its implementation. TCI should be consistent with your organization's mission and philosophy. You and your facility's leadership should be fully informed about the TCI crisis management system, understanding its foundation and supporting the necessary components that are integral to its implementation and maintenance. There should be clear policies, procedures and guidelines written and communicated to all staff. Every staff should know what to do when confronted with potential crisis situations, and how to prevent, de-escalate and contain a child's aggressive and acting out behavior.

Supervision

Frequent and on-going supportive

Continued on page 4.



★★ SAFETY ALERT ★★

Incorporate Into Training and Practice Immediately!

Recently the Residential Child Care Project began a fatality study to assess how children were dying in out-of-home care. Although our study has not been completed, a preliminary analysis reveals that children and adults have died while being restrained. The cause is very often asphyxia. The general circumstances surrounding these deaths appear to be that one or several staff persons put their weight on the child's or the adult's chest, compressing the chest and causing serious breathing difficulty. The child will often, but not always, tell the staff that they can't breathe. Believing that if the child can talk the child can breathe, staff then place more weight on the child, causing further breathing difficulty. Often, "I can't breathe" are the child's last words.

Training Emphasis

Our survey and initial analysis does not reveal any specific restraint methodology being at fault. Rather, regardless of methodology, the problem seems to arise when the staff is inadvertently, but critically, restricting the child's breathing by bending the child forward in the baskethold, or by placing weight on the child's back or chest.

Therefore, it is imperative to emphasize repeatedly during training, during practice, and during actual restraints that staff cannot, in any way, place their weight on the child's back or torso. Staff must be able to support their own weight on their arms, hands, and knees. In no event should weight be placed on the child's back, upper torso or chest area. If weight is placed on

these areas, the restraint could turn dangerous.

In addition, please incorporate the following instructions in your training, and reiterate them in your agency's restraint procedures manuals.

- Never restrain a child on a soft surface such as a mattress, or place a pillow, towel, sheet, etc., under their head or over their mouth. Avoid having anything near the head that can conform to the contours of the face, or that can be inhaled into the mouth or nose.
- If a child says "you are hurting me" or "I can't breathe" during a restraint, always adjust your hold and make sure you are not putting pressure or weight on the child. If the child shows any signs of distress or inability to breathe, immediately end the restraint and seek medical attention.
- Never allow the child to continue laying or sleeping on the floor after a restraint. Get the child up and checked by medical staff or medically trained personnel immediately.

Additional points for specific restraints:

Team Restraint

- When transferring the arms, do not over-extend the arms above the child's head. This can make it more difficult to breathe and can injure the child's shoulders.
- As team leader, when moving to the side of the child, do not support your weight by placing your hand on the child's back.
- Always keep the child's arms positioned close to the floor. Do not raise them up as that might inflict pain or injure the child's shoulders or arms.

Single Person Restraint

- When placing the child on the floor, open

your hands under the child to catch your own weight and avoid accidentally having your fist go into the child's chest/diaphragm/sternum. This *does not mean* to let go of the child or open your arms. You still must break the child's fall by supporting them with your arms. Do not depend upon the child breaking their own fall by putting their hands out. Simply open your hands to support yourself, break your fall, and keep the child secured around their biceps.

Baskethold Restart

- Do not use the grab, spin and wrap with small children. Pulling on their arm and spinning them into you could put too much pressure on their shoulder joints.
- Do not lean over or press forward on the child's back, bending them forward, this could critically restrict a child's ability to breathe.
- If you determine that you cannot hold the child in the baskethold and want to place them face down on the floor, you must let go of the arms. You cannot roll the child over with their arms crossed. It may result in injury to the arms during the roll or may restrict the child's breathing once they are prone. If you want to place them in a prone position, you must uncross their arms first.
- Be careful if you place your legs over the child's legs when seated on the floor. It may result in a back injury to the staff or too much pressure on the child's legs, especially their inner thighs. If you want to be seated on the floor instead of kneeling, it is best to lean against the wall or a stable piece of furniture.
- If you want to restrain the child while seated on a piece of furniture, be sure that it is a sturdy sofa or bench. Never use a dining set chair or something that might easily break or topple over. ☺



Ensuring that TCI Is an Effective Crisis Management System, Cont.

supervision should be built into the implementation and on-going monitoring of the TCI 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. All staff should receive immediate support and debriefing following a crisis. There should also be a process debriefing once things are back to normal. Discussing crisis incidents should be built into team/unit meetings so that all staff can learn from these situations.

Training

TCI should be one part of a comprehensive staff development program that provides core training as well as specialized training based on the population served. TCI training is only to be conducted by a trainer who has completed a Cornell-sponsored Training of Trainers. The course should be 4 to 5 days in length with a minimum of 21 hours. Material from every module must be included. If the training is less than 21 hours, the physical restraint techniques should not be taught. TCI trainers are required to attend a Cornell University sponsored Update at least every three years in order to maintain their training status.

Training which refreshes skills should be conducted with all direct care staff quarterly. Refreshers should give staff the opportunity to practice de-escalation, Life Space Interviewing, and physical restraint skills. At the completion of the original training and each refresher, staff can be expected to perform the skill at an acceptable standard of performance. This performance should be documented.

Documentation

Documentation is critical, and includes the documentation of staff supervision and training, and the documentation and monitoring of critical incidents throughout the facility. As part of an agency's leadership and administrative support for TCI, an agency-wide committee should have the authority and responsibility to enforce documentation requirements, track the frequency, location, and type of critical incidents that

staff through the process of skill development. They may also have to determine whether a staff person has reached a particular skill level.

When you are considering a candidate for the training of trainers, please review the following criteria.

- **Training Ability:** The staff person should be capable of effectively implementing a training program in the agency. Ideally, the person should have training experience. The

person should be in a position to institute a regular, ongoing in-service training program in crisis intervention. Likewise, the staff person should have the interest and motivation to participate fully.

- **Physical Ability:** Participation in activities which require a moderate degree of coordination and physical ability is required. The person should be physically capable of moderate

exertion. Persons with any medical problems such as joint problems, arthritis or cardiopulmonary conditions where it would be unwise or not possible to engage in moderate physical exertion should not be considered.

- **Interpersonal Skills:** Good basic leadership, motivational, coaching, interpersonal and child management skills are necessary. Active listening skills are a fundamental and pre-requisite skill of many of the behavioral management techniques used in TCI.

- **Experience and Job Commitment:** "Hands on" experience in dealing with crises with children is mandatory. The person should be committed to the agency to conduct ongoing training for all staff over the next two years. ☺

Components of Effective Crisis Management

1. **Commitment to TCI implementation.**
[Leadership and Administrative Support]
2. **Frequent and ongoing support.**
[Supervision]
3. **Comprehensive staff development.**
[Training]
4. **Reports of staff supervision and training, and critical incident monitoring.**
[Documentation]

occur in the facility. In addition, any committee or data and management system should have the potential to effectively monitor staff, child, and programmatic involvement in critical incidents. This documentation and monitoring system allows the facility to review incidents and make decisions about individual and organizational practice.

The selection of participants for the Training of Trainers program is critical. Given the nature of their responsibility to play a key role in implementation, the participant(s) that you sponsor should possess leadership and motivational qualities, be effective role models for new and experienced child care workers, and be able to coach and provide corrective feedback to

The highest reward for someone's toils is not what they get for it, but who they become through it.

John Ruskin, English Writer and Critic



TCI for Family Care Providers (TCIF)

Training-of-Trainers in TCI for Family Care Providers (TCIF) is offered nationally to professionals who train foster and adoptive parents and foster care workers. The development of this course began in 1995 after extensive review of current curriculae; input from focus groups including foster parents, foster care workers, foster children and TCI trainers; and advisory committee expertise. The course has been offered directly to foster and adoptive parents and workers, revised and then developed into a training-of-trainers course that was piloted in New York State and Pennsylvania.

Why Do Family Care Providers Need a Special TCI?

Foster and adoptive parents often have children placed with them who exhibit destructive and aggressive behavior. One of the most critical skills for these family care providers is to teach children to manage their feelings of frustration, anger and loss in more socially and developmentally appropriate ways. The TCIF curriculum stresses

crisis prevention and crisis de-escalation in ways that help children learn to avoid losing control. The four-day train-the-trainer program gives agency trainers the tools to teach crisis prevention strategies and crisis intervention techniques to foster and adoptive parents. Activities used to teach these skills include skill practice sessions, role playing, guided imagery and small group discussions. There are opportunities to practice activities and to gain immediate training experience in the subject matter.

Program Objectives

- To present strategies for dealing with upset children to de-escalate crises
- To teach adults to avoid power struggles and enlist a child's cooperation
- To show how crisis can be an opportunity for the child to learn new coping skills
- To teach specialized, effective training techniques

Intended Audience

This program is for trainers, administrators, supervisors, foster and adoptive care workers and providers interested in training TCI techniques to foster/adoptive parents.

Materials

Participants will receive a trainer's guidebook and materials for use in conducting in-house training. 📖

Comprehensive TCI Assessment and Implementation Package Offered

Cornell University's Residential Child Care Project (RCCP) is offering a comprehensive approach of implementing the TCI model to residential child care organizations, agencies, and local districts. This comprehensive package will include an assessment of the current crisis management

Special Features of Comprehensive TCI

- Organizational capacity to monitor critical incidents
- On-site training and technical assistance
- Agency staff trained as TCI trainers
- Training materials to conduct 30 hours of in-service training
- Critical incident data management system
- System to assess staff competency in crisis management skills
- TCI trainer certification

system, a critical incident information management system, training of staff as TCI trainers, TCI trainer certification, a TCI Update for supervisors and administrative staff, ongoing technical assistance, and a final evaluation.

Procedure

Over a two-year-period RCCP staff will work closely with the residential facility to implement the TCI model of crisis management. This will include the development of an on-site advisory group, an assessment of current operations, creation of an evaluation methodology, ongoing technical assistance, on-site training, establishment of an in-service training capacity, staff assessment system, and creation of a critical incident information management system. RCCP staff will train selected staff to teach the TCI curriculum to all levels of residential child care staff. Pre/post-testing, interviews and surveys will be conducted to analyze the program's effectiveness. Throughout the life of the project, critical incidents will be inputted in a data collection set in order to track the types and numbers of incidents. *Continued on page 6.*

2000 TCIF OFFERING

Ithaca, NY Aug. 22 - 25

To arrange for an on-site TCIF training, or to register, please contact Eugene Saville, Training Coordinator, The Residential Child Care Project, Family Life Development Center, MVR Hall, Cornell University, Ithaca, NY. (607) 254-5210 Tel. (607) 255-4837 Fax eas20@cornell.edu



Comprehensive TCI Package Offered, Cont.

An advisory group will meet with Cornell staff throughout the project to help tailor the model to meet the organization's needs. Technical assistance is ongoing.

During the assessment phase, Cornell staff will meet with agency staff to conduct confidential and anonymous pre-tests, surveys, and interviews. Selected agency personnel will attend a "Training-of-Trainers in TCI" workshop. These agency trainers will then be eligible for TCI trainer certification. Throughout the training phase all levels of residential child care personnel attend in-service TCI training conducted by the agency trainers with assistance from Cornell staff. Following the completion of direct training, supervisors attend the TCI Update: "Recovery for Staff" to assist them in monitoring and supporting the model and their staff. A system will be implemented for testing staff competency in executing key crisis management skills. During the evaluation phase, Cornell staff administer post-tests and surveys and conduct staff interviews. These data in combination with the critical incident data are analyzed and reported to the agency in an evaluation summary with recommendations to maintain the TCI model of crisis management.

Outcomes

Establishing the TCI program in an organization will help to:

- Increase staff's ability to manage and prevent crisis situations with children more effectively
- Reduce physical restraint episodes
- Reduce injuries to children and staff
- Increase staff's knowledge and skill to handle crisis episodes effectively and
- Change staff attitudes on the use of physical restraint in crisis situations

Intended Audience

This program is intended for state agencies, child care associations, local districts and residential child care agencies. ☺

Let's Talk About Living in a World With Violence

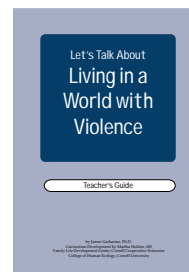
This workbook-based violence prevention program for school-age children is designed to be used by teachers and other professionals who work with children. The program's purpose is to begin a discussion with children and their parents on the meaning and effects of violence on their day-to-day lives. The goal is to help children learn to cope with violence and to find alternatives to aggression.

Do I Need Special Training To Use This Program?

Let's Talk about Living in a World with Violence is an activity workbook for school-age children (targeted for children, ages 8-12, but easily adapted up or down) which combines reading, writing, drawing, and discussion to help children clarify and reshape their thoughts, feelings, and knowledge about violence. This program introduces the topic of violence to children gradually—at the child's level—in a way that won't scare them. It has been structured so that children have opportunities to bring up issues that may be on their minds. Few teachers have been trained to teach about violence prevention. Using this field-tested educational approach to the subject, teachers have a framework for tackling a topic that is anxiety provoking for everyone.

What's Included in the Training Package?

- A Teacher's Guide with step-by-step instructions for presenting the program.
- A 26-minute videotape corresponding to the Teacher's Guide with instructions for implementing the program plus tips for involving parents, dealing with resistance to the program, handling disclosures of child abuse, etc.
- An Activity Book for Children [additional copies may be ordered from The Erikson Institute (312) 755-2250].



Ordering Instructions

The *training* package costs \$35.00 (shipping included). This purchases the Teacher's Guide, Instructional Video, and one Student Activity Book. Additional Activity Books may be ordered separately. Prices vary according to quantity.

For more information or to place an order, please contact Eugene Saville, Training Coordinator, RCCP, Cornell University, Family Life Development Center, MVR Hall Ithaca, NY 14853 (607) 254-5210/Fax (607) 255-4837, eas20@cornell.edu.

How Is This Program Implemented?

The program is based on a student activitybook. Adults guide students through the book, which asks children

Cornell University
Campus, Ithaca NY



Let's Talk About Living in a World With Violence, Cont.

to write, draw, and talk about violence. Topics include: What is violence? How does violence feel? Where can violence happen? What can kids do about violence?

Who Developed the Program?

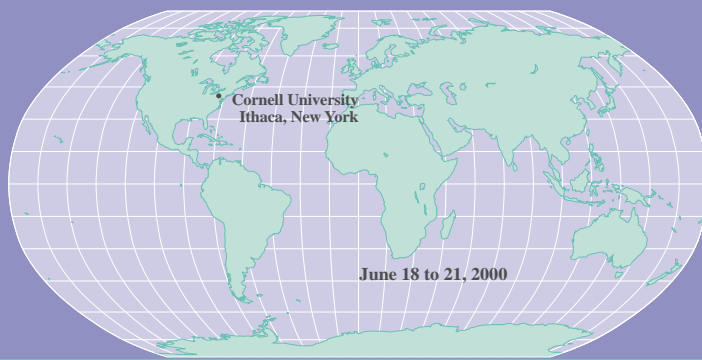
• Dr. James Garbarino, former teacher and child-development expert, created *Let's Talk about Living in a World with Violence* and discusses how to present the program in the videotape. Dr. Garbarino is the director of the Family Life Development Center (FLDC). He has studied the impact of violence and stress on children throughout the world and has written sixteen books on this subject.

• Martha Holden, MS, developed the curriculum. Mrs. Holden is the director of the Residential Child Care Project at FLDC. She has extensive experience in designing and conducting violence prevention training. ☺

NEW: Cornell University Hosts Summer Conference—TCI: An International Perspective

This summer Cornell University will be hosting a four-day conference highlighting the application of TCI in an international context. The event will run from June 18 to 21, 2000, in Ithaca, New York. Cultural issues in the application of TCI, and the credentialing of TCI trainers are two topics that will be addressed in panel discussions. Policy forums will focus on physical interventions with children in care, and on

**Therapeutic Crisis Intervention:
An International Perspective**



June 18 to 21, 2000

Early Registration & Workshop Proposal Notice

TCI: An International Perspective
June 18 - 21, 2000

- Cultural Issues in TCI
- Physical Interventions With Children in Care
- Credentialing TCI Trainers
- Institutional Abuse of Children

This conference offers participants a unique opportunity to meet other members of the growing international body of TCI trainers in a pastoral setting conducive to the informal exchange of ideas and experiences. Worldwide over 5,000 professionals have been trained as TCI trainers. This includes individuals from the United States, Canada, Puerto Rico, the United Kingdom, Australia, and Russia. All TCI trainers are invited to attend this first-of-its-kind event. TCI trainers, policy makers, and experts from these countries will be presenting at the conference.

the institutional abuse of children. Workshop tracks include TCI implementation, evaluation, supervision, legal issues, institutional abuse prevention, training methodology, and TCI adaptations. James Garbarino, Ph.D., of Cornell's Family Life Development Center, and Azim Khamisa, from the Tariq Khamisa Foundation, are featured speakers.

Registration fees are pro-rated depending on the date an individual registers, for example the fee is \$325.00 (U.S.) if post-marked by 12/31/99; \$350.00 by 3/31/00; and \$400.00 after 3/31/00. Please contact Marsha Kleine, TCI Conference, FLDC, Cornell University, MVR Hall, Ithaca, NY 14853 (607) 254-5330, to obtain a conference brochure. ☺



2000 COURSE OFFERINGS

Training of Trainers in TCI

January 10 - 14 Ithaca, NY
February 7 - 11 Sacramento, CA
March 13 - 17 Colorado Springs, CO
April 10 - 14 Cincinnati, OH
May 8 - 12 Raleigh, NC
July 24 - 28 Auburn, NY
August 14 - 18 Ithaca, NY
September 11 - 15 Peoria, IL
October 16 - 20 Phoenix, AZ
November 13 - 17 Worcester, MA

TCI Updates

Implementation, Evaluation, and Skill Building

March 9 - 10 Colorado Springs, CO
May 4 - 5 Raleigh, NC

TCI for Children with Developmental Disabilities (Learning Difficulties)

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Recovery for Staff

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TCI for Family Care Providers

September 7 - 8 Peoria, IL



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 and John Eckenrode, PhD. The project's Principal Investigator is Michael Nunno, DSW and the Project Director is Martha Holden, MS. The FLDC web page address is <http://child.cornell.edu/rccp/>

REFOCUS

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. Have you developed any programs or activities that enhance the quality of care for children in your agency? Any innovations in training that work for you? Sharing these kinds of success stories gives ideas and encouragement to your colleagues. 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 (607) 254-5210 Telephone (607) 255-4837 Fax eas20@cornell.edu