

REFOCUS

CORNELL UNIVERSITY'S RESIDENTIAL CHILD CARE PROJECT NEWSLETTER • VOL. 4, 1998

TCI Update: Tips for Family Care Providers & Lessons Learned From TCI Evaluation Studies

In this update we will explore how to provide adults caring for children in family settings with crisis prevention and management skills. We will look at structures that can help foster and adoptive parents manage children who exhibit challenging behaviors. We will also review results from TCI implementation and evaluation studies, especially what we know about how to teach adults so that competency is achieved and maintained. A variety of round table discussions will also be conducted.

Day One: TCI For Family Care Providers

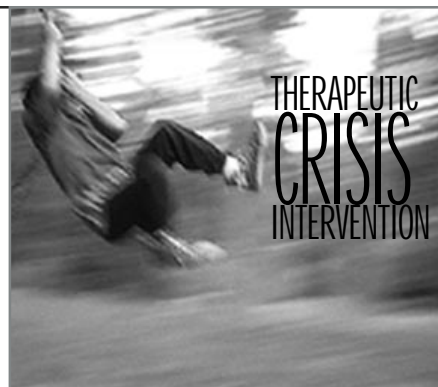
TCI for Family Care Providers (TCIF) is based on the TCI curriculum, but has been revised for presentation to family care providers. We will begin by discussing the challenges foster and adoptive parents face when managing difficult behaviors and the special considerations necessary in the provision 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 can be used to meet individualized agency needs. There is no physical restraint component to this curriculum.

Day Two: TCI Implementation and Evaluation Studies

Results from TCI implementation studies and evaluation projects in the United States and the United Kingdom have been

What's New?

- 1 Two New TCI Updates
- 2 Results of TCI Evaluation Study
- 4 Comprehensive TCI Package
- 4 TCI for Family Care Providers
- 5 Let's Talk About Living in a World With Violence: Violence Prevention Program for School-age Children
- 6 Cornell Summer Program



compiled. We will begin with a presentation of these results and the lessons we have learned from these studies, which were conducted in residential facilities implementing TCI as a crisis management model. Demonstration and practice sessions will focus on how to teach adults physical skills so that competency is achieved and maintained. We will also discuss research that addresses adult learning and retention of complex skills. The day will include a variety of round table discussions. Topics may include: TCI and low functioning children, alternatives to physical restraint on an out-of-control youth, working with youth who have been sexually abused, Critical Incident Review committees, agency/system response to crises, and evaluation/research issues.

Materials

Participants attending the Day One Session will receive the "Therapeutic Crisis Intervention for Family Care Providers" training curriculum. Participants attending the Day Two Session will receive summary reports of implementation and evaluation studies and handouts.

Intended Audience

Trainers who have successfully completed the Training of Trainers in TCI Program may attend one or two days of the Update. Agency administrators interested in improving their agency's capacity to prevent and respond to crisis situations are invited to attend Day Two of the Update. ☺

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."

Intended Audience

Trainers who have completed the Training of Trainers in TCI Program are invited to attend this Update. ☺

See page 2 for the 1998 TCI Update schedule.

TCI UPDATES: 1998 SCHEDULE & FEES

Tips for Family Care Providers & Lessons Learned From TCI Implementation Studies

Cincinnati, OH April 16 - 17
 Raleigh, NC May 11 - 12
 Mesa, AZ October 15 - 16
 Marlborough, MA ... November 12 - 13

.....
 \$290.00 Both Days, includes TCIF Training Curriculum, Evaluation Reports and Handouts, and 2 Lunches
 \$175.00 Day One Only, includes TCIF Training Curriculum and Lunch
 \$150.00 Day Two Only, includes Evaluation Reports and Handouts, and Lunch

Recovery for Staff

Ithaca, NY July 30 - 31
 Peoria, IL September 10 - 11

.....
 \$290.00 Both Days, includes the sixth TCI Module: Recovery for Staff, and Lunch both days

For additional information about TCI Updates, please call Eugene Saville, (607) 254-5210, eas20@cornell.edu.

Evaluation Study Shows TCI Reduces Violence and Increases Staff Confidence

During the past three years we have been studying the effects of implementing TCI in a medium-sized residential facility located in the Northeastern United States. Our hypotheses have been that if TCI is implemented as a crisis management program, with adequate training, refreshers, monitoring and administrative support, there would be fewer incidents of physical restraints and, therefore, fewer injuries. In addition, staff would feel more confident to handle crises and have a better understanding of the organization's expectations. Although these studies have not been reported in the literature as yet, initial findings tend to support our hypotheses.

The Study

The implementation and evaluation project was designed to be completed in three phases over eighteen months, from October 1994 to March 31, 1996. During the pre-implementation phase (October, 1994 to March, 1995) prior to TCI implementation, Cornell staff collected critical incident reports, developed a computer-based data collection instrument to facilitate analysis and recorded critical incidents.

In the training and implementation phase (March 1995 - September 1995) Cornell staff met with agency staff to administer pretests and conduct interviews (all tests and interviews were confidential and anonymous). Four trainers from the agency attended Training-of-Trainers in Therapeutic Crisis Intervention workshops. Throughout the training and implementation phase all levels of residential child care personnel attended TCI training conducted by agency staff. In addition, supervisors attended special sessions conducted by Cornell staff to examine implementation, monitoring and supervisory issues.

The post-implementation phase (October, 1995 to March, 1996) began after staff had been trained and TCI had been implemented. Cornell staff administered post-tests and conducted interviews. Technical assistance was available throughout the life of the project as needed both via the phone and on-site. Critical incident data was collected from October 1, 1995 to March 1996 and contrasted to the critical incidents collected prior to implementation. Confidence scales and knowledge-based post-test data collection continued at periodic intervals.

Throughout the life of this eighteen month project, critical incidents were inputted in a data collection set in order to track types and numbers of incidents and the effect of TCI implementation. An advisory group selected by the agency met with Cornell staff throughout the project to help facilitate the project. Integral to the implementation of this TCI methodology was a multi-method evaluation design which, 1) provided base line and follow-up data on crisis episodes within a residential care facility for an eighteen month period of time; and, 2) evaluated the effectiveness of both the crisis intervention methodology and the strategy for its implementation via training and technical assistance.

The evaluation design was a mix of qualitative and quantitative methods appropriate to discover current crisis intervention practices and to assess whether the project had reached its goals. This multi-method allowed the implementation team methods to check and recheck the reliability of both qualitative and quantitative data gathered. It also offered the project team holistic analysis tools to study the phenomenon of crisis events within a facility.

What Did We Learn?

At the end of the eighteen month period, the following results were evident:

- Staff were more confident in their ability to manage crisis situations
- Staff increased their confidence as a team in handling crisis situations
- Staff and supervisors indicated a more consistent approach to children in crisis



- There were documented reductions in fighting, serious verbal abuse, restraints and assaults in three of the four units studied
 - Statistically significant reductions in physical restraints occurred in one of the units
 - Staff increased their knowledge of crisis intervention, and this increase in knowledge persisted up to ten months after training was completed
 - Selected supervisory staff learned basic and sophisticated techniques to conduct effective and long-lasting training programs
- The results of this study will be fully reported in a journal article currently in preparation.

Future Directions

We are interested in further analysis of how TCI can achieve positive results, so that recommendations can be made to organizations that will optimize their resources and investment in crisis management programs. Studies done by Carmel & Hunter (1990) and Phillips & Rudestam (1995) are examples of methodologies with potent results that show the effectiveness of training in reducing levels of injury and restraints within facilities and units. These controlled studies can be useful because they allow facilities to monitor the effectiveness of training with outcomes that profoundly affect the environment of the facility. They also use methodologies that do not need extensive resources and commitments of time on the part of the facility. Carmel and Hunter (1990) studied the association between compliance with training and the rate of staff injury, both for individuals and for wards at a forensic hospital. They found that the level of ward staff's compliance with mandated training in management of assaultive behavior was associated with the rate of staff injury from inpatient violence. The high-compliance wards experienced much lower rates of injury than the low-compliance wards. This finding suggests ward staff may benefit from overall compliance with training requirements in management of assaultive behavior. A "critical-mass" effect may exist, e.g., when enough staff are in compliance, overall staff behavior may tend to reduce staff injury from inpatient violence. Phillips and Rudestam (1995) studied male

staff members at two state psychiatric hospitals who were trained in nonviolent self-defense skills for dealing with potentially assaultive patients to determine whether such training could reduce the number of assaults and episodes of patient restraint. Their results showed that behaviorally expressed fear and aggression were significantly reduced among staff who received both didactic and physical skills training. The other two groups (one group received no training and the other group received didactic training only) showed no significant changes in this area. During the two weeks after training, subjects trained in physical and didactic skills were involved in 23-percent fewer assaults than those who received only didactic training and 20-percent fewer assaults than those who received no training.

Skill Acquisition and Retention

How should residential child care staff be trained and retrained so that skills may be effectively learned and maintained over their professional lives? The literature cites disturbingly rapid deterioration of skills after training regardless of use patterns on-the-job and the literature recommends frequent refresher courses to maintain competent skill levels (Brennan, Braslow, Batcheller, & Kaye, 1996; Moser & Coleman, 1992). High quality skills retention should first be approached by ensuring that skills are initially learned with strategies that promote retention. This includes "instructor level" training with detailed instruction and demonstration and adequate practice with frequent performance feedback. This should be followed with periodic reviews with practice and corrective feedback. An initial review is recommended within the first month after training.

Recommendations

What can be done to ensure a reasonable and consistent application of crisis intervention methods in a facility after TCI training? Based on the CPR research and our own evaluations of TCI training and implementation, we know that training and retraining without the benefit of error corrections will not improve skill retention. With this in mind, to improve skill mastery and retention,

we make the following four recommendations.

(1) Allow sufficient time to practice during the training session. During the training-of-trainers program, there are eight hours of physical restraint practice. Eight hours is also the minimum practice time recommended for the four-five day direct training.

(2) Build in refresher courses. Refreshers should be conducted on a regular basis. We recommend four times a year as a minimum, or ideally every four to six weeks.

(3) The competence of trainees to perform skills, both verbal and physical, should be assessed at the completion of the training and during refreshers. Checklists for physical restraint techniques and life space interviewing skills to assist in this process of determining skill levels are included in the TCI course material.

(4) The minimum recommended length of the TCI course in the direct training format is four days, but a five day offering is ideal. A four or five day agenda will allow for adequate practice time, and allows for discussion of relevant issues surrounding the utilization of all techniques learned. Agendas for a four and five day course are distributed during the train-the-trainer week.

Bibliography

- Brennan, R. T., Braslow, A., Batcheller, A. M., & Kaye, W. (1996). A reliable and valid method for evaluating cardiopulmonary resuscitation training outcomes. *Resuscitation*, 32(2), 85-93.
- Carmel, H., & Hunter, M. (1990). Compliance with training in managing assaultive behavior and injuries from inpatient violence. *Hospital and Community Psychiatry*, 41(5), 558-60.
- Moser, D. K., & Coleman, S. (1992). Recommendations for improving cardiopulmonary resuscitation skills retention. *Heart & Lung*, 21(4), 372-80.
- Phillips, D., & Rudestam, K. E. (1995). Effect of nonviolent self-defense training on male psychiatric staff members' aggression and fear. *Psychiatric Services*, 46(2), 164-168. ☛

Comprehensive TCI Assessment & 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 system, a critical incident information management system, training of staff as TCI trainers, 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 and creation of a critical incident information management system. RCCP staff will train selected supervisory and training 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 types and numbers of incidents. An advisory group will meet with Cornell staff throughout the project to help facilitate the process and 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 administer pre-tests, surveys and conduct interviews (all tests and interviews are confidential and anonymous). Selected agency personnel will attend a Training-of-Trainers in TCI workshop. 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. During the evaluation phase, Cornell staff administer

post-tests and surveys and conduct interviews with staff. This data in combination with the critical incident data is analyzed and reported to the agency in an evaluation summary with recommendations to maintain the TCI model of crisis

management.

Special Features

- 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

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. 🌐

For more information about the RCCP’s Comprehensive TCI Package, contact Michael Nunno at the Residential Child Care Project (607) 254-5127, man2@cornell.edu.

NEW: TCI for Family Care Providers (TCIF)

In 1998 we will be offering Training-of-Trainers in TCI for Family Care Providers (TCIF). 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. We are excited to offer this course nationally to professionals who train foster and adoptive parents and their workers.

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 dis-

*If a child lives with criticism,
He learns to condemn.
If a child lives with hostility,
He learns to fight.
If a child lives with ridicule,
He learns to be shy.
If a child lives with shame,
He learns to feel guilty.
If a child lives with tolerance,
He learns to be patient.
If a child lives with encouragement,
He learns confidence.*

*If a child lives with praise,
He learns to appreciate.
If a child lives with fairness,
He learns justice.
If a child lives with security,
He learns to have faith.
If a child lives with approval,
He learns to like himself.
If a child lives with acceptance and friendship,
He learns to find love in the world.*

Dorothy L. Nolte, Contemporary American Poet

cussions. 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 methods to help adults avoid power struggles and enlist a child's cooperation
- To show how a 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 and adoptive parents.

Materials

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

NEW: 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.

Why Is it Important To Talk About Violence in School and Child Care Settings?

Everyone is exposed to violence. This exposure may leave children feeling scared and unsafe, and may encourage them to act aggressively. Whatever the effects, children bring what they've absorbed into the classroom. Using this program, teachers and other professionals can begin a dialogue with their students to help them understand violence, choose alternatives to violence, and turn their attention away from fear and uncertainty to positive activities. Teachers and important adults are significant role models for children. After what happens at home, the biggest influence on children is the school they attend. Research tells us that the amount of aggression exhibited by a child at age 8 predicts the level of violence at age 30 unless there is intervention to change the direction of that child's life. (National Research Council 1993).

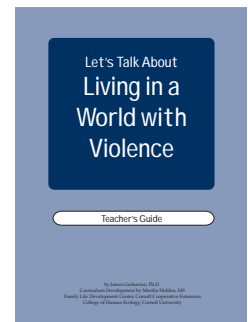
What Works?

Preliminary studies indicate that the belief that aggression is an appropriate tactic of social influence among school-aged children corresponds with aggressive behavior (Erdley & Asher, 1993). Research also indicates that aggression is a learned behavior and therefore can be reduced or prevented through learning. Evaluative research on violence prevention/reduction programs suggests that the most effective strategy is one that combines "cognitive restructuring" with "behavioral rehearsal" (Tolan & Guerra, 1993). Based on this evidence, there is a clear need to address the way children process violence in their environments in order to impede the development of aggressive behaviors and attitudes. This coupled with opportunities to learn, practice and be reinforced for using pro-social behaviors helps children develop non-aggressive conflict resolution and anger management skills.

Let's Talk about Living in a World with Violence is an activity workbook for school-age

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).



1998 TCIF OFFERINGS

- Ithaca, NY Aug. 24 - 27
- Charleston, SC Oct. 5 - 8
- Mesa, AZ Oct. 19 - 22
- Marlborough, MA Nov. 16 - 19

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



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.

How Is This Program Implemented?

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

Cornell University Offers Summer Program in TCI

This summer, a two-week intensive TCI course will be offered at Cornell University, in Ithaca, NY (July 13-24, 1998) for residential child care professionals who want to implement, monitor and evaluate TCI in their facilities. This course offers in-depth study in the basic practice issues, intervention, training, legal and evaluation concepts introduced in the Family Life Development Center's TCI curriculum. Crisis theory, crisis intervention methods with children, and life space interventions will be addressed within the context of the curriculum and the latest readings and research. Training methods which introduce and support ongoing expertise in crisis intervention and physical restraint skills will be examined. Evaluation methods to measure training effectiveness, organizational support, staff performance, child outcomes and organizational performance will be studied. As part

of the course, all students will design an implementation plan including a comprehensive TCI protocol complete with policies, training plans, on-going training support, and a design to monitor critical incidents.

Upon successful completion of the program participants will be able to:

- Apply strategies for de-escalating and preventing crises as well as intervening verbally, non-verbally and physically with children in crisis and use crisis as an opportunity for growth and development
- Understand their personal strengths and needs relative to working with children in crisis, avoid power struggles and manage personal anger effectively
- Conduct life space interviews and use a conflict resolution model in order to teach children new coping skills
- Explore areas of cultural awareness and diversity and develop intervention approaches toward building cultural competence
- Adapt the Life Space Interview for dealing with sexually acting out behaviors

Ordering Instructions

The *Let's Talk About Living in a Living in a World with Violence* package costs \$35 (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, Residential Child Care Project, Cornell University, Family Life Development Center, MVR Hall Ithaca, NY 14853 (607) 254-5210/Fax (607) 255-4837, eas20@cornell.edu.

- Teach safe, appropriate physical restraint and self-protection techniques that respect the dignity of the worker and the child
- Work with staff and supervisors to implement a model for debriefing staff persons and teams after crisis situations to help the organization grow through crises
- Use a variety of training techniques, including demonstrations, coaching, role plays, guided fantasies, audio-visual aids and how to supervise restraint practice sessions and handle resistance
- Implement a comprehensive TCI program, complete with training agendas and materials, refresher courses, methods to monitor critical incidents and ways for an organization to reduce liability

How The Program Works

Participants will have the chance to practice conducting activities to gain immediate training experience. Training techniques such as the use of role plays, small group discussions, guided fantasies, conducting practice sessions, coaching and the use of audio visual

Cornell University
Campus, Ithaca NY



aids will be demonstrated. Upon completion of the program, participants will become part of an international network of TCI trainers. Worldwide, there have been over 3,200 professionals trained as TCI trainers. These trainers are located in 36 states throughout the United States, Puerto Rico, 4 provinces throughout Canada, 5 districts in England, 5 districts in Scotland, Northern Ireland, Ireland, Australia and Finland. This network serves to help trainers share experiences, innovations, modifications and difficulties in implementing training programs in their respective agencies.

Intended Audience

Personnel interested in implementing an ongoing, in-service training program in TCI techniques, including school and agency trainers, administrators, supervisors, counselors, experienced senior child care workers. ***Please Note: This program requires participants to be capable of moderate physical activity.***

Special Features

- Ten days of intensive participatory training conducted by RCCP faculty members
- A trainer's manual which contains course materials for 30 hours of in-service training
- A two-hour video package which corresponds to the trainer's manual
- A student workbook which can be used to conduct in-service training at your agency
- An additional training module: TCI Update: Recovery for Staff
- Handouts and resource materials from the TCI Update: Building Cultural Competence
- Handouts and resource materials from the TCI Update: Intervening with Sexually Acting Out Behaviors
- A TCI Implementation and Evaluation Plan for your agency
- A certificate of completion and an opportunity to register with the Residential Child Care Project as a TCI trainer and become part of an international network of TCI trainers ☺

CORNELL UNIVERSITY'S TEN-DAY TCI SUMMER PROGRAM • JULY 13 - 24, 1998

WEEK 1: THEORY AND PRACTICE

Monday

- Crisis As An Opportunity and the Stress Model of Crisis
- Exploring Intervention Approaches
- Adult Learning Concepts

Tuesday

- Self-awareness and the Crisis Cycle
- Environmental Awareness and Crisis Prevention
- Designing Organizational Assessments

Wednesday

- Behavior Management Techniques
- Active Listening and Verbal De-escalation Techniques
- Life Space Interviewing

Thursday

- Coaching and Skill Development
- Rationale for Physical Intervention
- Team Restraint Techniques

Friday

- Life Space Interview Around Sexually Acting-out Behaviors
- Single Person Restraint Techniques

WEEK 2: TRAINING AND IMPLEMENTATION

Monday

- Teaching and Coaching Physical Skills
- How Physical Skills Are Learned and Retained

Tuesday

- Conflict Resolution Methodology
- Setting up Interviewing Protocols for Evaluation and Research
- Cultural Issues and Crises

Wednesday

- Life Space Interviewing After a Crisis
- Debriefing Staff After a Crisis Situation

Thursday

- Recovery for the Organization
- Legal Issues
- Data Management of Critical Incidents

Friday

- Implementing and Evaluating a Therapeutic Crisis Intervention Program

The fee for this program is \$1,600.00. To register, please contact Michael Nunno (man2@cornell.edu) or Eugene Saville (eas20@cornell.edu), Residential Child Care Project, Cornell University, Family Life Development Center, MVR Hall Ithaca, NY 14853 (607) 254-5210 / Fax (607) 255-4837. To check out the program, see www.sce.cornell.edu/html/fldc.html.

1998 COURSE OFFERINGS

Training of Trainers in TCI

- April 20 - 24 Cincinnati, OH
May 4 - 8 Raleigh, NC
June 1 - 5 London, England
June 15 - 19 Glasgow, Scotland
July 13 - 24 Summer School,
Cornell University,
Ithaca, NY
August 17 - 21 Ithaca, NY
September 14 - 18 Peoria, IL
October 5 - 9 Charleston, SC
October 19 - 23 Mesa, AZ
November 16 -20 Marlboro, MA

TCI Update: Tips for Family Care Providers & Lessons Learned From TCI Implementa- tion Studies

- April 16 - 17 Cincinnati, OH
May 11 - 12 Raleigh, NC
October 15 - 16 Mesa, AZ
November 12 - 13 Marlborough, MA

TCI Update: Recovery for Staff

- July 30 - 31 Ithaca, NY
September 10 - 11 Peoria, IL

TCI For Family Care Providers

- August 24 - 27 Ithaca, NY
October 5 - 8 Charleston, SC
October 19 - 22 Mesa, AZ
November 16 - 19 Marlborough, MA



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/>

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