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Therapeutic residential care

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Can residential care be therapeutic for children?

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Key learning outcomes

- Understand why children need therapeutic residential care
- Gain an understanding of the essential components of therapeutic care
- Appreciate the challenges and effectiveness of implementing a therapeutic approach in residential care

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Workshop agenda

- Background to therapeutic residential care
- What is therapeutic care
- Applying therapeutic care in a residential unit
- Applying therapeutic care with a child in residential care

NB: Term child/children used for convenience

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Background to therapeutic residential care

- Arose from TrACK program: targeted children in resi care with complex behaviours- placed in foster care
- Therapeutic care model now implemented Vic statewide – foster care
- Residential care: model being piloted across Vic state with DHS; Foster Care agencies & therapy agencies

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Context of presentation

2 Regions: ***Eastern*** – implemented as pilot 3 years ago;

North-West **-** implemented last year

Three agencies involved: DHS; Anglicare; ACF

DHS - Role:

- Funding for the program,
- Co-ordinates Reference Group & evaluation
- Child Protection: - referrals of children; legal case planning

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Anglicare – Role:

- Case management
- Manages Residential Units
- Co-ordinates Care Team meetings
- Provides intensive support to resi care staff
- Coordinates additional supports & therapeutic interventions for children

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Australian Childhood Foundation (ACF) – Role:

- Training & consultation to all stakeholders on neurobiology of trauma
- Implement therapeutic care approach.
- Full participation in all systemic meetings
- Develops & implements relevant programs for staff & children

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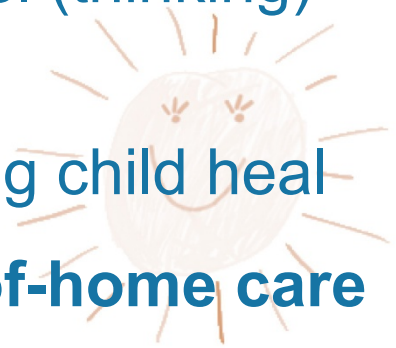
Why children in residential care need therapeutic care

- Traumatised children dealing with impact of trauma in ALL aspect of their lives
- Trauma has devastating impact on brain development - brain is in constant fear/alarm state
- Trauma shuts down growth, reduces cortex control (thinking) – hence primitive, survival responses/behaviours
- Understanding impact of trauma - critical to helping child heal



Healing from trauma - primary goal in ALL out-of-home care

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What is therapeutic care?

Discussion

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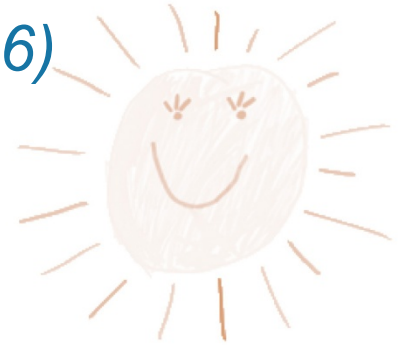
".....the brain altered in destructive ways by trauma and neglect can also be altered in reparative healing ways. Exposing the child, over and over again, to developmentally appropriate experiences is the key. With adequate repetition, this therapeutic healing process will influence those parts of the brain altered by developmental trauma."

(Perry 2006)



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Therapeutic care, for abused children, is reparative (from abuse related trauma) and restorative (of normative development)

It is founded on principles of neurodevelopment (that is, how the brain develops in response to trauma). Principles applied in all interventions with child to facilitate and expedite healing

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Principles of therapeutic care

- A system that is therapeutic at every level
- Interventions & responses guided by neuro-biology of trauma
- Therapeutic re-parenting responses
- Recognition that child's healing occurs in the living situation
- Quality of the carer relationship
- Predictability, stability, consistency, structure, routines, pattern repetitive experiences

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Components of therapeutic care

1. **Child serving systems** – Systemic responses

2. **Therapeutic (healing) physical and emotional environment**

3. **Therapeutic Re-parenting Responses** – healing responses to trauma-based behaviours

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1. Systemic Responses

***Therapeutic care relies on systemic co-ordination and consistency around placement* (top-down approach)**

- All involved with child contribute to healing for child
- Restore sense of safety and control to child
- Creation of Therapeutic Care Team essential

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Care teams comprise ALL involved with child (resi carer/s - most significant, school, child protection, foster care workers, therapists)

Establish the team: Set up by residential care worker

Primary purpose:

- Promote child's healing
- Therapeutic responses to child by all involved with child
- Consistency and co-ordination among all

NB: Biological family may or may not be part of this team.

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2. Therapeutic (healing) physical and emotional environment

- Consists of reparative work – i.e. healing of trauma
- **It is therapeutic i.e.** it is healing of trauma
- Resi staff need to LEARN how to care for these children
- Recognises healing requires healing interactions in **all** aspects of daily lives

Begins in physical and emotional environment

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Physical environment

- Safe, nurturing care environment
- Predictability, stability, consistency, structure, routines,
- Pattern repetitive experiences
- Atmosphere: mutual enjoyment, respect, diverse interests & opportunities.
- Clear firm expectations for child's behaviour
- Different from child's abusive home

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Emotional environment

Children need to be/feel safe in new care to develop secure relationships

Treat children UNIQUELY not equally

If able to attach/connect to residential carer – will develop capacity to attach and form meaningful relationships with others in world

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3. Therapeutic Re-parenting Responses – healing responses to trauma-based behaviours

Traditional, intuitive, reactive, behaviour modification techniques not effective. Can be harmful

Therapeutic re-parenting responses are not reactive to trauma-based behaviours. Are healing, therapeutic, empathic, planned, taught or learnt approaches

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Applying Therapeutic Care to a Residential Unit

A case example

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Prior to therapeutic care

Children

Four high risk adolescents with a range of issues including:

- Extremely traumatic backgrounds
- Daily open substance abuse
- Extremely violent and aggressive
- Engaging in stealing and criminal activity
- Self harming

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Children

- Intellectual disabilities
- Poor social skills
- Negative peer groups
- Not attending educational programs
- No family supports
- Poor engagement with professional supports
- Not engaged in recreational programs or activities in the unit or community

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Residential Staff

- Afraid and traumatised
- Trauma-based reactions to the residents and other staff.
- Not engaged with children
- Minimal caretaking, no routines/structures
- Punitive reactions
- No unit coordinator managing the Unit

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Residential Staff

- No self care strategies
- No supervision or perceived support from management
- All feeling very unsafe with constant verbal abuse and threats towards them and their families from the children
- No understanding of therapeutic care, effects of trauma and trauma based behaviours
- No effective case management or management plans in place

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Physical environment

- Graffitti in most rooms
- Property damage evident in all rooms
- Lack of furniture due to deliberate damage
- Holes in the walls; Broken windows
- Cigarette butts and ash littering the house
- No food in the fridge
- Dirty dishes in the sink
- Drugs hidden in rooms

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Emotional environment

- No structure or routines in place
- Punitive responses to children's behaviour
- Lack of engagement between staff and young people
- Threatening, dangerous and violent atmosphere
- Staff and children hiding in their bedrooms/ office
- No sense of hope for the future
- Children running the house

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Systemic and organisational

Systemic: Resi care seen as emergency, ‘dumping’ ground, no planning/preparation of children for entry, no matching, no focus on children’s needs etc

Organisational: Major changes at organisational management level, changes to senior staff, no Unit supervisor, lack of resources, no entry procedures for children into Unit, Unit in disrepair from destructive behaviours

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Applying a therapeutic care approach

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Applying a therapeutic care approach

1. Organisational/Systemic Responses

- Management structures & roles clarified
- Team meetings and structured agenda established
- Training on neurobiology of trauma – uniformity of knowledge base and consistent responses in management team
- Entry & referral procedures established
- Care Teams established to prioritise healing of each child

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2. Therapeutic physical environment

Residential Unit

- Unit supervisor appointed, regular supervision for staff
- Unit meetings and structured agenda established
- Debriefing for staff
- Training/consultancy on neurobiology of & impact of trauma
- Routines and caretaking roles established & implemented
- Resources provided

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2. Therapeutic emotional environment

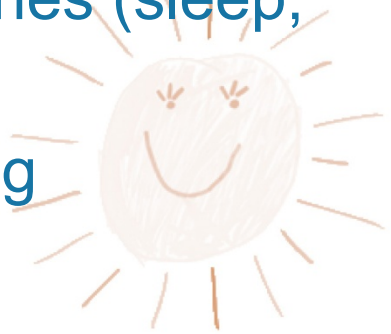
Residential staff

- Strategies for trauma-based behaviours - with all staff
- Consultation, debriefing and support
- Consistency among staff + support to each other
- Nurturing of staff + self care strategies
- Training on impact of trauma

3. Therapeutic (healing) responses

Children

- Management meeting with children to establish safety rules
- Contract & rules for behaviours enforced
- Therapeutic plans/education options established for each child
- Nurturing care – good meals, clean clothes. Routines (sleep, waking times)
- Activities with staff, to promote relationship building
- Rules of the Unit reinforced in non-punitive way



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Overall outcomes of applying therapeutic care

Took time – many challenges

Close working relationship between Anglicare and ACF workers

Needed co-ordinated efforts from management team

Intensive work done with staff

Work done with system (Care team + DHS + at senior management level) for resources, planning, procedures etc

Kept to structured meetings for proper planning

Has reached level of safety, stability and committed staff

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Therapeutic Intervention With A Child

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A Case Scenario

In small groups, discuss the case scenario and answer the question

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Responding to Case Scenario

Systemic level (Care team and management meetings)

Identified goals for Richard:

- Keep him in the Unit away from dangers of the streets
- Help him engage with some professionals in his Care Team
- Work together to re-establish his relationship with his mother
- Re-engage him with school

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Established consistency among all care team

- All professionals gave Richard consistent messages and responses eg. Unit was his home
- All prioritized problems to be addressed.
- Professionals and mother provided united front to court to set curfew imposed and take minor criminal matters seriously.
- All worked to empower and support mother in her involvement
- Obtained resources (replaced lost/stolen belongings)

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Support for staff

- Training, debriefing, encouragement and supports, supervision. clear management plans and tools provided

Policy developed and revised

- Ethical issue of managing a minor that smoked.
- Harm minimization.
- Duty of care.
- Criminal behaviour

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2. Therapeutic Physical environment

- Room made inviting and personal
- Necessary belongings provided for nurture and prevent stealing
- Hot food available whenever he returned.
- Activities always available with staff, to entice him back to the unit.
- Rules of the Unit reinforced, such as compulsory showers, change of clothes

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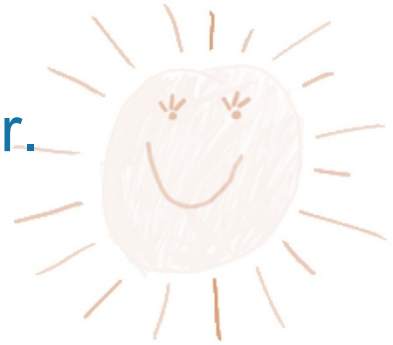
2. Therapeutic Emotional environment

- Empathic, non-critical, understanding approach
- Positive responses even when Richard was angry and abusive. Reframing his aggression.
- Welcoming and encouraging
- Nurturing
- Relationship building between staff and his mother.



3. Therapeutic (healing) responses

Non-punitive, no focus on his behaviours/whereabouts/lateness

Activities provided to encourage his return to Unit

Provided nurturing – hot meal and clean clothes available whenever he returned, mobile phone to keep in touch and for safety, medical attention to his feet, food if leaves.

Management plan – quality time with staff and mother as reward

Focusing on selected issues, not every problem

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Outcomes for Richard

- Took time, concerted, co-ordinated effort by everyone
- Gradually began to spend more time in Unit, less away
- Gradual introduction to activities, guaged interest. Now engaged in animals and horse riding
- Successful transition to rural therapeutic program.
- Gradual return to school
- Relationship with mother progressing
- Traumatic behaviour decreasing, age-appropriate behaviour

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CONCLUSION

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CONCLUSION

Challenges

- Getting range of professionals to commit to principles of TC
- Changing referral procedures from emergency to planned care
- Managing different therapeutic needs & trauma-based behaviours of children in same Unit
- Keeping residential staff motivated & committed to TC in face of severe trauma-based behaviours

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CONCLUSION

Benefits

- Several children - positive changes eg. more settled at school, some return to birth family/placed in foster care, transitioned to independent living, engaged in extra-curricular activities or jobs
- Consistencies across all Units eg predictable routines, structures, behavioural expectations
- Greater commitment and understanding by staff
- Clearer communication between agencies & professionals

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Can residential care be therapeutic for children?

Yes it can.

- Requires commitment to principles of therapeutic care by all especially systemic level
- Co-ordination and consistency
- Close working relationships between agencies.

Highly challenging especially at systemic level but effective response for children's healing from trauma

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HOPE

Therapeutic change comes from caring people. If we are able to help a child connect with and develop a relationship with one person, we have contributed to the psychological rebirth of a child.

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