DOCUMENT RESUME

ED 387 734 CG 026 513

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TITLE A Multi-Dimensional Approach for the Intake of New Residents.
PUB DATE 95
NOTE 85p.; Master's Practicum, Nova Southeastern University.
PUB TYPE Dissertations/Theses - Practicum Papers (043)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS Adolescents; Counseling; Counseling Techniques; Counseling Theories; *Counselor Training; Family Counseling; Family Problems; *Residential Care; *Residential Institutions; *Residential Programs; Therapy

ABSTRACT

Intake of a youth into a residential treatment center is disruptive to both the child and to their family. Counseling agencies have an obligation to ensure that the emotional and informational needs of the resident and the resident's family are being addressed during this difficult time. This report offers a solution strategy to address the needs of the residents and their parents through a variety of approaches. The strategy includes residents receiving assistance by a trained peer helper for the first 24 hours of their placement. In addition, the program stresses training for staff members to better assist parents and residents with the emotional upheaval that placement has added to their lives. Following the implementation of those steps, case interviews were conducted with residents and staff, demonstrating an increase in the quality of the orientation process for both residents and their families. Appendices to the report include: an admissions checklist, a new resident orientation checklist, an agency fact sheet, a resident fact sheet, and complete staff and peer helper training programs. Contains 11 references. (Author/KW)

A Multi-Dimensional Approach for the Intake of New Residents

by

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Cohort 64

A Practicum Report Presented to the Master's Program in Child Care, Youth Care, and Family Support in Partial Fulfillment of the Requirements for the Degree of Master of Science

Nova Southeastern University
1995

Authorship Statement

I hereby testify that this paper and the work it reports are entirely my own. Where it has been necessary to draw from the work of others, published or unpublished, I have acknowledged such work in accordance with accepted scholarly and editorial practice. I give testimony freely, out of respect for the scholarship of other workers in the field and in the hope that my own work, presented here, will earn similar respect.

2/20/95
Date

Pamela A. Vonnie
Signature of Student

Abstract

The development of an effective multi-dimensional approach for the intake of new residents into a residential program. Vonie, Pamela A., 1995: Practicum Report, Nova Southeastern University, Master's Program for Child Care, Youth Care and Family Support. Descriptors: Intake Procedures/ Resident's Emotional Connections/ Peer Helpers/ Peer Helper Training Program/ Staff Training-Emotional Needs of Parents and Residents.

The intake of a youth into placement is disruptive to both the child and to their family. Agencies have an obligation to ensure the emotional/informational needs of the resident and their family are being addressed during this difficult time. The author developed and implemented a solution strategy to address the needs of the residents and their parents through a variety of approaches. The strategy included residents receiving assistance by a trained peer helper for the first twenty-four hours of their placement, and the staff were trained to better assist parents and residents with the emotional upheaval placement has added to their lives. Following the implementation, case interviews were conducted with residents and staff, which demonstrated an increase in the quality of the orientation process for both residents and their families.

The appendices contain the Admissions Checklist, the New Resident Orientation Checklist, Agency Fact Sheet, Resident Fact Sheet, and the complete staff and peer helper training programs.

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CHAPTER I: INTRODUCTION AND BACKGROUND

In general, the practicum agency to be discussed has a long standing history in the field of residential care and within the community. The agency has been serving adolescents and their families for approximately one hundred years. The agency is a residential treatment center and educational program for adolescent females and their families, who have been referred to us by the family court system from various sections of the state. It services a relatively small number of families in a centralized location. At full capacity the agency services thirty-six females between the ages of thirteen and eighteen. Below is a more in-depth description of various sections of the agency, to provide a more comprehensive understanding of the services being offered.

The Physical Layout of the Campus

The agency is situated on a small section of the one hundred eighty acres owned by the agency, and has a total of nine buildings making up the campus. A majority of the land is rented out to area farmers except for the twenty acres used for the campus. The campus is guarded on either side by the Executive Directors' and the Director of Treatment's homes. The different buildings that house support staff consist of the Administration

building, which is a ranch style home next door to the Executive Directors' home, and the chapel, which is at the heart of campus and occassionally houses various services held for the residents. The school, also at the heart of campus, is by far the biggest and the newest of the buildings. The residential units consist of three separate buildings scattered throughout the campus grounds. The two main programs on campus house fifteen and fourteen girls. Upon acceptance into the program, a resident is assigned to one of these two buildings. Each of the girls has their own room and are encouraged to show some initial responsibility by keeping their rooms locked and safeguarding their key. These two buildings are designed with the rooms located at one end of the building, while the other end houses the offices of the Social Worker, Program Coordinator, and additional rooms for food service, the dining room and spacious recreation areas. Downstairs in each of the buildings is the laundry facilities for the residents. In the larger building several support services are also housed such as the maintenance department, the campus arts and crafts room, the offices of the volunteer coordinator and the supervisor of food service. In the third building the arrangement of the structure resembles a regular home setting, with the bedrooms upstairs, and the kitchen,

dining room, living room, on the first floor. The laundry facilities and recreation room are found on the basement level. This cottage holds seven residents and is considered our living skills cottage. The residents that live in this building have successfully completed the program in one of the other two cottages and have an independent living goal or will be returning to their home communities and will need some advanced skills in order to be successful. This description of the physical setting is only a part of the agency's character, and to better understand the agency an examination of the other aspects of the program is necessary.

Treatment Philosophy

The agency believes and strives for all families to reach their fullest potential in obtaining a better relationship with one another, in the relatively short period of time they are associated with the agency. This fundamental goal is sought after through a variety of avenues within the agency. All residents are provided with individual counseling once a week, more if needed, and family therapy two times a month. The individual therapy and family therapy are done by the Social Worker located in the building. The social worker meets with the family twice a month and attempts to work with them on specific issues that have effected their

relationships in the past, present concerns, parenting skills, pattern identification, and overall communication skills for members of the family. This involvement within the family system helps families feel supported while going through difficult times and allows them to receive feedback from a professional. There are a variety of other therapeutic avenues the residents are exposed, in order to expand their knowledge base. The agency runs various weekly groups in which the residents can attend. These range from cottage group where cottage social issues are discussed to therapeutic groups where residents engage in the process of discussing specific issues experienced in their lives. The group topics range from social skills, to alcohol and drug addiction, to sexual abuse. Lastly, the residents engage daily in the process of mileau therapy where they learn the skills necessary to live in an environment that involves everyone working together for a common good. This process may take time, but as the different forms of treatment become apparent in the adolescent's life the effects can be dramatic.

Support Services

In addition to the therapeutic opportunities, the residents are also exposed to a variety of support services. The agency has a full time medical

person on campus to provide full medical coverage and various counseling services. The residents also meet with a Registered Dietician and receive routine nutritional counseling. Those residents sixteen years and older also participate in a living skills curriculum which includes individual sessions as well as group experiential learning. At least one-third of the residents on campus are involved in this program yearly. Through a variety of these programs residents are encouraged to gain valuable experience and life skills through various voluntary job opportunities. They work with children in day care settings and with young people who suffer from physical disabilities. Some of the residents also help provide programs or just a friendly face for the elderly in area nursing homes. These experiences provide the residents with opportunities to increase their knowledge of people and of life, while gaining a positive feeling about themselves. The overall goal of these support services is to offer another perspective, and a supportive hand to residents, so they will continue to challenge themselves while beginning to see the world in a different light.

Placement Process

The creation of a supportive, growth producing environment is a difficult, time-consuming procedure

which starts weeks before the arrival of the resident. The agency is sent referral information on each of the candidates. This information allows the Director of Treatment to determine whether or not they are appropriate for the agency. Often, the Director decides that an interview with the candidate and their family, if possible, is necessary. The placement committee which consists of the Director of Treatment, the Supervisor of Child Care Services, Program Coordinators, and Social Workers, will meet with the child and her family. This is the second step of the process towards acceptance into the agency. The interview usually lasts about an hour and the candidate and their family are asked a variety of questions. The questions range from a brief discussion as to the history of what has happened in the family, to what are the goals the candidate would like to accomplish while in placement. They are also given a tour of the campus by one of the residents and are encouraged to ask any questions they may have felt awkward asking in the meeting. Following the interview the placement committee meets and decides if the candidate would be appropriate for the agency based on their history, their level of perceived commitment to their goals, and the current dynamics within the cottages. Contact is made with the county representative and within a weeks time the child

arrives to be admitted. The resident, her county worker, and occasionally her parents, arrive at the administration building to fill out needed paperwork. From there, they go to the assigned cottage and are given time to unpack, meet some of the residents, and join the routine of the cottage. A solid, productive admissions procedure is very important to ensure that the residents and their families receive a positive message about their commitment to working on their goals.

Program Coordinator

For each of the cottages there are two supervisors in charge of the operation of the building. The Social Worker and the Program Coordinator, work together to provide supervision for all of the residents and the direct care staff within the building. The Social Worker specializes in the therapeutic needs of the residents and their families, while the Program Coordinator focuses on the structure of the cottage routine, the behavior of the residents, and staff training and supervision. The program coordinator walks a fine line with the various roles they must assume. They are the liason between the school and cottage personnel, families, and their children and the staff with the residents. Overall, the Program Coordinator is the role model for the agency's philosophy of building strong relationships with the residents, thereby allowing the residents to grow through these

relationships. Staff management and staff training is a crucial role within the cottage structure, and occupies a majority of the Program Coordinators time and energy. Each Child Care worker identifies several professional growth goals they want to accomplish each year and the Program Coordinator helps each of them obtain these goals. Finally, the Program Coordinators are members of the permanency planning committee within the agency and help develop the treatment plan for each of the residents. This role is played out in weekly staff meetings with the direct care staff and in biweekly team meetings with supervisors. Overall, Program Coordinators are responsible for the operation of the cottage, staff training, and the behavioral aspect of the residents life while at the agency.

CHAPTER II: DOCUMENTATION AND ANALYSIS OF PROBLEM

Problem Statement

The agency's practice of entering new residents into the program was weak. The residents and their families were left with unanswered questions and often feeling abandoned, scared and powerless. All of the new residents arrival into the agency occurred in a similar fashion, as they were brought over from administration, shown their room and allowed to unpack. If parents came with the child, they were allowed to help their child unpack their belongings. If no parents were present, the county worker usually stayed to assist. The agency did not have a standard procedure for helping new residents during this difficult transition time, and so it was not uncommon for the child to experience some time alone in their room. This initial isolation could be detrimental to the overall development of relationships. The agency needed to develop a standardized process by which residents and their families were provided with pertinent information, a sense of belonging and connectedness to a supportive trained staff and peer structure. This would promote an overall team feeling among all the members of the child's life and would allow their entry into the cottage routine to be less fearful and promote positive relationships to begin immediately.

Problem Documentation

The practicum problem outlined above has many contributing factors that all play a part in the undermining of quality care for the residents and their families. From the initial contact the agency has with the family, to the youth's discharge date, the effects of the first day appear to become a part of the resident's opinion of the agency, the staff, and of themselves. By examining the agency's preplacement interview notes and the intake records, it was evident that out of the twenty-five residents at the agency, thirteen or fifty-two percent had their parents at the preplacement interview with them. Out of those thirteen, the same number had their parents come with them on their arrival date. These significant numbers indicate the level of involvement in which families initially arrive at the agency. This positive involvement is important to acknowledge, and without a strong intake procedure the agency's potential loss of therapeutic momentum with the residents and their families could be dramatic. This relatively high level of involvement from families is encouraging especially considering that for many of them it is the second or third placement option their child has entered. Very often, the previous placements were unsuccessful and the

child was required to move. Upon examination of the preplacement notes and the resident history forms, the average number of placements resident's have experienced is three. Some have been as short as a week, while others have been more substantial by several months or even years. From this point, additional agency information needed to be gathered, concerning the resident's perception of their first day, their experiences, and their feelings on that day. The residents were interviewed one at a time, assured their specific responses would not be shared with anyone within the agency, and were encouraged to tell only what they could clearly recall about that day. This process proved very informative especially concerning the resident's feelings. Several discussed a basic confusion about what they should do, how to develop relationships with peers, and intense nervousness and loneliness during their first day. The residents were asked to describe what they could remember about the events of that day, once they arrived at the agency. Most could clearly remember meeting the Administrative Assistant and being brought over to the cottage, but after that their memories turned more to a feelings level than to the actual physical events. The fifty-two percent of the residents who had their families come with them were able to clearly talk about how difficult it was to watch their parents leave.

They talked about how the intensity of their emotions increased as they were being left behind. Those residents who did not have parents present reported feeling more nervousness prior to coming to placement than those who had their parents present. These feelings are important to acknowledge in order to assist residents and help reduce the level of these emotions by planned therapeutic interventions.

The other aspect of the problem involved the Child Care Worker's view of their role during the intake process of a new resident. The agency had not conducted inservice training programs covering the issues surrounding admissions, the emotional issues present for residents and their families, or the overall agency admissions practice. This became very evident during my interviews with the Child Care staff. There are eleven Child Care Workers in the two main cottages and it was very common for residents to arrive during their shifts. After interviewing the direct care staff, it became quite apparent they were unsure how to help new residents and what exactly their involvement should be during the resident's first day. Their knowledge of the emotional reactions residents may experience was accurate, and they easily identified with how difficult it must be to come to placement. Their

recognition of the parents' emotional turmoil was more difficult for them to identify and none of them made reference to it while being surveyed. Overall, the staff's intake process involved minimal initial participation with the child while their family was present. If the child's family was not present the staff's involvement appeared to increase. After unloading the car and showing the child to their room, they spent a few minutes with brief introductions and then left the child to their unpacking. If parents are there the child was assisted by them, but if not they were left alone to unpack their belongings. As much as a half hour to forty-five minutes may have elapsed before any additional staff contact occurred. It was not uncommon for peers to fill this void, but even that was overwhelming to new residents. During interviews with the residents, all of them described a period of time when they were left alone and then inundated by other residents, often feeling overwhelmed and threatened during that time. The peer visiting that occurs is instrumented by the staff in hopes of helping the resident feel welcomed, but most reported it as only making them feel scared. The interviews with the staff and the residents proved very helpful in better

understanding the problem within the agency. The information gathered was used in the development of the staff and peer training programs to assist new residents into the program.

Analysis of the Problem

The need for and the importance of creating a smooth, supportive transition into the agency for adolescents and their families is clearly documented in the research. By better understanding its importance, an agency will be able to improve the quality and reliability of the relationships it develops with the entire family.

Since the 1980 Adoption assistance and Child Welfare Act, P.L. 96-272, the formalization of permanency planning for children in out-of-home services has grown, and has had a direct relationship on the services provided to families(Fein, 1991, p.578). The positive aspect of this legislation is that children and their families no longer, "get lost in the system", and are having an increased say in their overall treatment. The permanency planning legislation has also encouraged out-of-home services to shift from child-centered care to family care which according to Jenson and Whittaker(1987), was the main intent of the law. This

will help family systems to grow and become healthy instead of trying to "fix" the child and return them to an unhealthy system. Permanency planning coupled with the emergence of the Family Preservation movement has once again changed the types of social welfare experiences families are having. The family preservation services now includes preventive measures in an attempt to eliminate the need for out-of-home services. These services can be very beneficial in providing assistance to families before the problems become out of control. The obvious financial benefits of these types of services may come at a cost to those families that need out-of-home care, but are unable to receive those services until other forms have been unsuccessfully tried. This pattern takes its toll on families, and by the time they reach a residential treatment program, they are sometimes resistant and reluctant to believe this program is anymore capable of meeting their needs than the others that have already been attempted. Families also experience a range of emotional responses when one of them enters placement. The importance of family connections is often downplayed by the social welfare system, and often value judgements are placed on families which hinders the quality of care they receive. When youth are placed in out-of-home services the parents

experience a range of emotions that are often ignored. While it is well documented that children often experience feelings of abandonment, loss, and sadness, when they enter care, it is not as well known that parents often experience the same emotions when the need for services becomes necessary(Gibson & Noble, 1991, p.372). This emotional connection between family members should be used to strengthen the family's ability to function; instead roadblocks are often built to reduce this connection, which will ultimately effect the overall outcome of the intervention. Gibson and Noble's (1991) research further shows that youth who make positive behavioral changes while in care are more likely to maintain them following placement when their families have provided positive support and have strengthened their own abilities to parent. Parents may need assistance in understanding their role once their child enters placement, and without proper direction by the agency personnel, the parents are unsure of their rights, and can begin to lose a sense of their identity, their role in the child's life, and begin to feel rejected(Stein & Carey, 1986, p. 18). The role confusion parents may feel, coupled with the initial feelings shared by both, means if unaddressed, quality care will be delayed because of the agency's inability to recognize

the importance of this area in the overall treatment continuum. This process needs to start immediately for the overall family entry into the system and for their ultimate growth potential. If children feel their parents are a part of the placement process they are allowed to feel less conflicted concerning their relationships with their parents and the agency caregivers. This requires the agency to promote the practice of being working partners with families in order to help find solutions to present problems within the family, and not become substitutes for families(Jenson & Whittaker, 1987, p. 372). This agency practice will assist families in working toward solutions and will help keep them involved in the services being provided.

This examination of the research regarding family emotional responses towards placement and the importance of maintaining familial contacts during placement, is the background information needed in understanding the importance of using a multi-dimensional approach to address the needs of new residents and their families. The agency must provide sufficient information concerning the rules, procedures, role of the intake process and the overall agency philosophy towards parental involvement. The approach also needs to include meeting the needs of new residents coming into the agency. The emotional

needs of new residents are well documented, and the intake process must use this information when developing its process, to insure their needs are being addressed. The development of individual relationships usually follows a predictable pattern of behaviors(Trieschman, Whittaker, and Brendtro, 1969; Whelan 1982). The initial phase is referred to as, "casing" which involves the resident observing her environment in an attempt to determine the level of power the adults have within the structure of the agency, the peer power hierarchy present, and the consistency and predictability in the environment(Bendtro & Ness, 1983, p. 40). The staff need to be very aware of their presentation during this initial phase because to appear overly business-like is to be perceived, "like all the others", or too friendly will give the resident a false impression and may scare them. This initial contact with the resident is crucial, and must be approached by the staff with certainty and assurance so the process of relationship development can begin immediately(Aichorn, 1935, pp.127-128). Without this initial positive experience, time is spent correcting misconceptions instead of furthering the youth's development. When developing an approach to help adolescents enter into a new environment, it would be remiss not to include the effect peers have on this

transition. Research shows that adolescents who have not experienced supportive relationships with their parents are sometimes more susceptible to peer influence than those from supportive homes(Sabatelli & Anderson, 1991, p.364). Often, this connection to peers has been negative and some residents have identified negative peer involvement as leading them to needing placement services. The process of intake must take peer influence under consideration when planning an agency's approach. There has been significant research conducted on the benefits of peer helpers in a variety of different settings. The benefits for both parties include, increased personal growth, communication and listening skills, improved social interaction skills, and an overall increase in the demonstration of empathy towards others(Silver, Coupey, Bauman, Doctors, and Boeck, 1992, p.111). The use of peer helpers to assist other residents in the orientation process of the cottage structure could be very beneficial for both of the residents involved.

The intake procedure used by an agency may only involve a day in the residents life, but there is a great deal at stake for the resident and their family on this day. The agency's approach must include specific staff

training focusing on the importance of developing individual relationships, the emotional stages of the intake process, and the importance of the resident's family in the overall treatment objectives. The above research demonstrates the importance of creating the individual connections with residents, also fostering the families' connections, so the progressive treatment of family members can be successful. Lastly, the research also demonstrates that the use of peer helpers may improve the agency's overall effectiveness in easing the transition for residents into the cottage structure. The previous two sections have focused on documenting the existence of the problem within the agency, and the relevant research material about the various aspects of the problem. The next chapter focuses on the goals and process objectives that were accomplished to strengthen the agency's intake process, and increase the overall effectiveness of their early interactions with families.

CHAPTER III: GOALS AND PROCESS OBJECTIVES

The following goals and objectives have been developed as a result of a thorough examination of the literature concerning the emotional needs of the resident, their family, and the importance of developing trusting relationships in order to be successful. The benefits of using peer helpers in the orientation process have also been documented. The goals and the accompanying process objectives address specific areas within the agency that have lead to improvements in the intake process and have helped residents and their families grow.

Goal One

The agency will gain an improved orientation system which addresses the initial informational and emotional needs of the resident and their family.

Process Objectives

1. All residents on the day of their arrival, will be assisted by a staff person and a peer helper, who together will introduce the routine of the cottage, the basic rules, and aid in relationship development. This will be monitored by the New Resident Orientation Checklist (see Appendix A).

2. All parental/ custodial figures will receive a Agency fact sheet(see Appendix D), which will provide them information about the agency, and their role within the agency. The Admission Checklist(see Appendix B), will monitor the delivery of this form.

The problem statement identified earlier discussed the overall weakness with the agency's intake procedure, especially concerning the arrival of the family and the resident into the cottage structure. This goal is specifically designed to develop and implement an intake procedure to meet some of the needs of the resident and their family. The first process objective is the assignment of both a staff and peer assistant to help the resident enter the cottage structure more easily. This will be accomplished by providing structured contacts with the adults and the other residents within the cottage. The second process objective was developed as a result of watching family members leave the agency without pertinent information concerning the agency or their role while receiving services from the agency.

Goal Two

The Child Care Workers will increase their awareness and ability to make positive therapeutic initial contacts with new residents and their families.

Process Objectives

1. One hundred percent of the Child Care Workers will attend a resident orientation training program to learn the new intake procedures at the agency and to better understand their own role in the process.

2. The Child Care Workers will achieve a fifty percent increase in the amount of productive therapeutic contacts they make by implementing the agency's intake procedure. This will be monitored by the New Resident Orientation Checklist(see Appendix A), completed by the staff, and the New Resident orientation Survey(see Appendix F), completed by the practicum administrator.

This goal is to create and implement a staff training program, which will help staff understand the importance of their initial contacts with residents and their families, and give them a specific procedure to follow once a new resident arrives at the agency. The specific procedure will lessen the staff's anxiety about meeting a new resident and allow them the freedom to engage the youth in productive and therapeutic relationship building.

Goal Three

Four residents will take turns serving as Peer helpers to assist new residents during their first twenty-four hours at the agency.

Process Objectives

1. The Program Coordinators of the two main buildings will nominate two residents from their building to become Peer Helpers and to undergo a training program to assist new residents.

2. The four residents chosen as Peer Helpers will assist new residents in the orientation of the cottage routine, and provide support for them during their initial stages of placement This will be monitored by the New Resident Orientation Checklist(see Appendix A), the New Resident Orientation Survey(see Appendix F), and by the practicum administrator's direct supervision with the peer helpers.

This goal involves the use of peer support to help residents feel welcome to the cottage and to provide them with support and direction by someone who lives at the agency. The evaluation of this service will be completed by using three different methods. The New Resident

Orientation Checklist(see Appendix A), which documents the structured contacts made with new residents when it is completed by the peer helper and the Child Care Staff on duty. The Resident Orientation Survey and direct supervision with the peer helpers will also provide information concerning the effectiveness of the program even though these two methods were somewhat more subjective.

Goal Four

Each parent or custodial figure in a new residents life will receive a Agency Informational sheet which will provide information and assist them during the transition.

Process Objective

1. The Administrative assistant who is in charge of intake for the agency will mail or present each parent with a Agency Fact Sheet and document this on the Admissions Checklist(see Appendix B).

The goals outlined above start with the development of a specific intake procedure for new residents, then to the development of a specific training program for the staff and finally, to the training of peer helpers. The direction of the specific intake procedure not only focuses on the transition residents must make, but on helping the families also make a smoother

transition by providing them with necessary information.

Overall, these goals represent the multi-dimensional approach that will be used to address the intake needs of the residents and their families during the ten week implementation.

CHAPTER IV: SOLUTION STRATEGY

Review of existing programs

The specific intake procedure used by various agencies is not well documented in the literature. Various authors have described the procedure, but not the rationale behind their choosing of a specific method. After reviewing some of these works and contacting some of the different agencies in this area, I was able to gather the various components of each of their plans and determine those areas that would be both workable and productive for the agency. Mark Krueger,(1987), in his book, Floating, refers to an intake process used for one of their residents; the description stresses the importance of sending the right message to the resident, by involving staff in early introductions. The book also mentioned the staff's involvement in helping the new resident through the routine of the day, their assistance in helping him unpack, and conducting an immediate clothing inventory(Krueger, 1987, p.7). These are all essential ingredients in helping to create the right environment between the resident and the staff. In another anecdotal account written by Sister Riccarda Moseley, the intake procedure is described as starting with an examination of the girls files by an intake committee to

determine their suitability for her program(1979, p.48). The arrival of a new resident was overseen by the building supervisor, which had some real merit especially when involving parents, and attempting to give both residents and their families an initial positive and caring message. This initial contact with a social worker and/or program coordinator, as the building supervisors would be a very positive step towards the family team concept. This step of involving the social workers in the initial intake is beyond the beginning steps of this practicum proposal, but should be seriously considered as the next progression towards furthering the involvement of families into the treatment process. There are two agencies engaged in similar services near the practicum agency and after contacting each of them, it was apparent their intake styles had some similarities and some differences, which was helpful in developing the new procedure. The first agency's procedure, involved families being included in the preplacement interview process and on the day of intake. The family was given a packet of information concerning the rules of the agency and the services provided. The family members were shown their child's room but not allowed to help their child unpack; that will be done by the child and the

staff later in the day. The family usually leaves soon after the arrival and often without knowing the exact names of the worker in charge of their child's case or the various agency resources at their disposal. The resident is required to accompany staff into the routine of the cottage and is allowed to unpack with staff supervision when their is a break in the program. The resident was not allowed out of the staff's sight for at least the first twenty-four hours of their stay. The second agency does not allow familes as a part of the intake process; parents are welcome on the day of intake but are not allowed to stay with the resident for very long. The family was given a packet of information as to the services provided by the agency, but they too leave the agency not knowing who their counselor will be and who they should contact with questions. The residents join the unit activities immediately and they too are closely supervised and watched as they unpack their belongings. All of their belongings are logged and are kept on file with the staff. This second agency did not allow home visits for thirty days after the resident had arrived at the agency. These two agencies have strengths that have been included into the solution strategy for the practicum agency. The supervision they provide has merit,

but my caution was in the practice of allowing the resident to interact with peers and their new environment in such a stringent manner. The involvement of families, and the necessity of notifying parents of who their counselor and other important contact people are, became very evident after reviewing these agency's procedures. By examining the various programs, I developed a solution strategy that I believe addresses a variety of weak areas in the intake procedure at the practicum agency.

Solution Strategy Employed

The practicum problem stated earlier required an innovative and dynamic approach which attempted to address the needs of the family, and assist the agency with its therapeutic interventions. The proposed solution to this problem is multi-faceted and required the combined commitment of several members of the campus in order to be successful in correcting the intake problems that faced the agency.

This intervention involved a variety of people and approaches to improve the overall process. The four goals spelled out in the earlier chapter briefly outline the proposed results of the solution strategy. The starting point involved the development and training of the specific intervention which the Child Care staff and Peer helpers utilize when they met with new residents. This

information was given to them during a staff training session which all of the Child Care Workers attended. The staff learned the importance of structuring their early interactions with new residents, so they could address both the structural and emotional needs of the resident. They also learned specific emotional responses to be aware of, and the important structural elements to be included in their interactions. The number of direct care staff trained for this project was eleven. They are located in two separate buildings which made direct supervision alittle more difficult. The proposal made allowances for this and included a weekly meeting with the Program Coordinator from the other building to help ensure that questions were being dealt with promptly, and the procedure was administered as it had been proposed. While the training of the staff was underway the Program Coordinators selected two residents to enter a peer training program, so they could effectively help new residents enter the structure of the cottage. They underwent a training session and were instructed on specific ways to assist the staff in helping new residents. This portion of the intervention was somewhat different, and was based on the assumption that when adolescents enter placement they are susceptible to peer

influences, and so as a proactive measure the first major peer interaction was designed to be a positive, structured, and beneficial experience for both parties. There were some factors that could have impeded the progress of this portion of the plan, but all was overcome with proactive supervision and pre-planning. By using peer helpers, the proposal ran the risk of those who had undergone the training, experiencing some of their own emotional problems, which would make it difficult for them to continue in this new role. This was closely monitored by the practicum administrator by frequent supervisions with the peer helpers. When a new resident arrived at the agency, the cottage had trained staff and a peer helper waiting to assist them with the transition. The parents of the resident were also assisted with the transition by receiving the agency informational sheet which provided facts concerning the cottage, and were greeted by a trained staff who attempted to answer any questions, and provide a tour. This gave the staff time to help parents with their transitional difficulties. Approximately fifty percent of the residents had some member of their family with them on the day they arrived at the agency. This only stresses the importance of this initial contact for the family and for the staff's ability to be supportive in the future.

My role as practicum administrator has been to organize, and monitor the various components of the project. The Administrative Assistant, the Program Coordinator, the Child Care Staff, and four of the residents were those directly involved in the operation of this project. The Director of Treatment and the Supervisor of Child Care Services were also involved, and gave their approval for this project to occur, so that it would lead us towards an improved intake process. The program was monitored and the final results have been assessed by using a variety of methods which have included interviews, direct and indirect supervision, several monitoring forms, such as the New Resident Orientation Checklist(see appendix A), and the Admissions Checklist(see appendix B). A before and after case study evaluation has also been conducted with both the residents and the staff. These two groups have already been interviewed as a part of the documentation process and these interview results were compared to the post intervention results, to determine the level of change experienced. The residents who have entered the program during the implementation phase became the post interview group among the residents. A random sampling of the staff were interviewed after the project to determine whether there had been a shift in attitudes, and skill

among them. In appendix C, is a detailed ten week implementation plan detailing the step by step implementation of the solution strategy. The next chapter will discuss the actual implementation of the project, and begin to discuss the results of this project.

CHAPTER V: STRATEGY EMPLOYED - ACTION TAKEN AND RESULTS

Actual Implementation

The above section briefly describes the implementation plan as documented in appendix C. The project, for the most part, followed the described plan, except for some adjustments needed due to unexpected events. The project got off to a good start and the plan for week one was accomplished. The program was introduced to the agency supervisors and it sparked a good discussion surrounding a recent State Department of Social Services report. Based on that report the project was able to address the agency's lack of formal communication with the cottage staff, concerning new residents' histories, and initial crisis plans(see Appendix E). There was also a discussion surrounding the agency's desire to include more parental involvement, and the supervisors felt this project may serve as a good starting point. The Program Coordinators recommended peer helpers to be trained for the program and the final step was the development of a training program for both the staff and peer helpers. The training of the staff was the most difficult part of the program because of their shifts and their location in different buildings. The trainings lasted approximately an hour for each of the presentations. For the majority of the staff, the

training was conducted during their staff meeting, but for the daytime Child Care Staff, time during their school day was arranged. There was also a couple of Child Care workers on vacation during the training week, so their training occurred upon their return. All of the staff were trained by the start of the third week. The peer training schedule was developed during the first week, but the actual implementation needed to be adjusted because of an unexpected event. The Program Coordinators recommended two residents from each building to meet with me concerning the program. The four residents recommended, decided to do the training and serve as peer helpers, but the day before the training session, one of them experienced a death in her family and was sent home on an extended home visit. The training of the remaining three occurred without incident. The peer helpers appeared to take on this new role with great excitement and pride, and were able to have a lively group discussion concerning the necessity of this program, and how they wanted to make the transition easier for the new girls. The resident who did not undergo the training returned to campus, but decided not to become apart of the program because of her current emotional state. The Program Coordinator recommended another resident who underwent the training

by herself, during week five. The training appeared to have a stronger influence on the residents in the group than in the singular presentation. The discussion the group had increased their investment in the program and raised their sense of responsibility towards the new residents. The specific training forum was not noted in the proposal, but this result is important an will be taken under consideration in the continuation of this program. From the fifth week the project ran itself with very little adjustments needed. The concern for the agency at the time was in regard to the lack of referrals, and intakes they had received. During the project the agency accepted five new residents, and all of these young ladies agreed to be part of the study group for this project. During the ninth week of the project, the new residents agreed to be interviewed concerning their intake experience. Their responses were noted on the Resident's Perceptions form(see Appendix F). During the tenth week a random sampling of staff were interviewed and their results were monitored on the Staff's Perceptions form(see Appendix G). All of the results were gathered and compared to the pre-intervention data. With the data having been collected and compared an analysis of each of the

goals needed to begin.

Result Analysis

The first goal was to gain an improved orientation system that addressed both the emotional and informational needs of the residents and their family. The first step was to develop a training program for the staff that addressed those issues(see Appendix H), include a training program for peer helpers to assist new residents(see Appendix I), and finally send parents an informational sheet to provide basic information to them(see Appendix D). To determine the effects of these steps the emotional responses of the residents needed to be compared to the pre-intervention information already gathered, to determine if there had been any shift in perceptions and/or responses by the staff and the new residents. Table 1 documents these changes.

Table 1

Resident Reports of Staff Interactions

	Before Training(n=16)	After Training(n=5)
Number of Residents who reported Interactions	7 (31%)	5 (100%)
*Types of Interactions:		
Supportive	3.1	4.2
Informative	2.9	4.2
Helpful	2.6	4.6

*Note: A lykert scale was used to arrive at the last three sets of numbers.

1= No to minimum assistance

3=Medium amount of assistance

5= A lot of assistance received.

Definitions:

Supportive= Emotional assistance

Informative= Information provided (ie. program schedule)

Helpful= Physical assistance (ie. Giving a tour)

The table demonstrates the significant rise in the quantity and quality of therapeutic interactions the staff and residents were engaged in following the implementation of this program. The residents perceptions are also supported by the post training interviews conducted with the staff, who also report feeling an increase in therapeutic contacts with the residents. The second process objective of goal number one involved the informational sheet given or sent to parents upon their daughters arrival into the agency. This was documented and every parent received a copy. With the information gathered from all of the post interviews this goal of the project was accomplished. The second goal addressed the staff's role in the new orientation process. All of the staff were trained, and based on the following data the staff achieved at least a fifty percent increase in the amount of therapeutic contacts made with new residents. This was monitored by several forms, and table one demonstrates the residents perception of a 69% increase in interactions they could clearly recall during their first day. The New Resident Orientation Checklist (see Appendix A) was completed by both peer helpers and the staff. One of the checklist questions asked the staff

about the frequency of their interactions and did they meet the training specification of every ten to fifteen minutes. This orientation checklist was signed by the staff on duty for every new resident who arrived. The final source of data collected concerning the completion of this objective was the staff's post interview responses explaining their new process when a resident enters the agency. During the pre-training interviews only two of the eleven staff interviewed thought that frequent checks were important. At that time some even reported they felt a new resident needed space and shouldn't have frequent staff interaction. During the post-training interviews all of the staff reported that checking on new residents was very much a part of their new process. This shift in thinking in addition to the resident's perceptions of staff interactions, clearly demonstrates the completion of goal number two. The third goal referred to the training of peer helpers. The observations concerning their training have been discussed earlier and for every new resident the New Resident Orientation Checklist(see Appendix A) was signed by peer helpers stating they had assisted new residents in the orientation process. The interviews conducted with new residents also demonstrated the

positive effects of peer helpers. Each of the new residents referred to the support they had received from their peer helper, and one resident even attributed her early success at the agency to her peer helper, who had assisted her in making friends. She was given the opportunity not to repeat negative patterns of behavior she had routinely engaged in when being faced with new surroundings and new people. The last goal concerned the Agency fact sheet sent to parents and monitored by the Administrative Assistant. The amount of feedback was minimum concerning this form, but all of the parents did receive this information. The agency should consider increasing the amount of initial information given to parents as a result of this project, and based on the practices of several of the other agencies in the area. Overall, the goals of this project were successfully addressed and met based on the information gathered from the various interviews conducted, and the pre- and post- training results.

The on-grounds school provided an unexpected benefit to the program. Several of the residents arrived during the school day and the school principal discussed the option of expanding the peer helpers' role to include assisting the residents when they enter the school. This was an added responsibility to the peer helpers, but they eagerly accepted the responsibility. This

addition further assisted the agency in addressing an orientation weakness that had existed for a number of years.

Overall, the practicum addressed a number of areas that needed improvement within the structure of the agency. The benefits to the new residents and their ability to enter the agency with supportive trained people waiting for them has been clearly demonstrated. It is hard to document the long term effects of this program or to determine if there are any specific effects on the cottage program, because of the projects' small sample size, and the relative shortness of the implementation. The small number of residents that entered the agency during the project was disheartening, but on a small scale the effects were dramatic,and has allowed the agency to progress in this area. The final meeting with the administrative supervisors occurred during the tenth week and the agency made some decisions concerning the longevity of the program, and any additional components needed. The following chapter will outline some of these recommendations.

Chapter VI: Conclusion

Project Implications and Recommendations

The overall objective of the project was to improve the orientation process for new residents and their families coming into the agency. This was to be accomplished by training staff to be more sensitive to their needs and by instituting two new programs to help establish extra support structures, by including peers and increasing information and communication among all parties. The specific results were detailed in the previous chapter, but overall the project was a success in accomplishing its objective. The staff reports demonstrate an increase in empathy and contact with not only residents but with parents entering the agency. The peer helpers latched on to the responsibility of these positions with great maturity and a sense of seriousness that made this portion of the project very successful for both the new residents and the peer helpers. The agency supervisors met following the project to hear about the results, and to also decide if the project was one they wanted to continue, and in what direction the agency would like to proceed. It was agreed the project in its entirety would become apart of the agency structure. The staff training of these procedures would be included into the orientation process the agency already conducts with

new employees, and the Senior Child Care Workers and Program Coordinators would be responsible for the training and monitoring of the peer helper program. The development of specific training guides were completed so the unification of information would continue to be shared among all new staff and peer helpers. One of the specific training tips demonstrated by this project was the importance of training peer helpers in a group, so the full sense of responsibility and pride in being chosen for this job could be fostered and experienced by the residents. Three of the four original peer helpers decided to continue in their role. The fourth resident was discharged, so a new peer helper was nominated. The Program Coordinators noticed a difference in peer helpers ability to perform their duties depending on where they were in terms of their own placement. Several important elements in choosing a peer helper candidate became evident as a result of the project. It is important to assess the progress a resident has made on their issues, their temperment, their schedule, and their history of being able to handle additional responsibilities without becoming easily overwhelmed. All of these components need to be considered when choosing a resident to become a peer helper. The final step in the process of incorporating this program into the agency practice

involved the development of a peer helper recognition award to be given at the time of their retirement. It was decided the peer helpers would receive a certificate and a group picture of the residents they had helped enter the agency. No specific time duration was given for the service of peer helpers, and it was decided the Program Coordinators would determine the length of service for each resident based on their individual needs. It was felt to be important to recognize the hard work these peer helpers performed without devaluing their service with monetary rewards.

When developing the staff training guide several important elements of the research concerning the needs of families that face placement were included and proved very helpful in enhancing the quality of interactions occurring with parents and residents. The training guide may prove useful for other agencies looking to increase the level of staff knowledge and sensitivity surrounding the admission of new families into their programs. The only other modification to the program came as a result of parents asking how they could get in touch with the school principal and the medical staff. These two additions were added to the Agency Fact Sheet(see Appendix D) to increase the amount of pertinent information being received by families. The results of

this project have been discussed with the Child Care Staff and other members of the agency. There are also plans to expand its use to include the living skills cottage, which accepts those residents who have successfully completed one of the other two programs. They will use the peer helper model to welcome residents to their program and to ease the difficult transition residents usually experience while entering that program. The staff will also undergo a modified training program to increase their skills in dealing with the emotional issues their new residents will bring.

Overall, what will be interesting to monitor will be the long term effects of this orientation process, not only on the transition of new residents, but on the ability and speed of these residents to engage in the therapeutic process as a result of the increase support they received from the beginning. Similar to this, will be the long term effects on the parents and their ability and speed to engage in their therapeutic process. The peer helper program will also need to be monitored for the long term benefits and possible development of a positive peer culture throughout the agency. This agency, like so many other treatment facilities continues to look for additional ways to increase the success of families while decreasing the amount of time and money it

will take to accomplish. By focusing on the starting point of a families treatment within an agency the growth potential of the family may be enhanced and thereby increasing the success rate and shortening their overall placement. The success of families is the ultimate goal of these agencies, and by enhancing the initial services the agency provides, it becomes free to evaluate and strengthen its other services, for the sole benefit of families in need.

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Appendix A:

New Resident Orientation Checklist

New Resident Orientation Checklist

Please complete and return to your Program Coordinator.

Staff Section:

_____ 1. Introduction of all staff members on duty.

_____ 2. Reviewed the day/evening schedule both verbally and written.

_____ 3. Completed clothing inventory and completed requisition.

_____ 4. As specified in the training- Frequent interactions with the new resident.

_____ 5. Reviewed the cottage rules with the resident.

_____ 6. Helped facilitate the resident contacting their family if so desired.

_____ 7. Provided support for the resident and helped them join the cottage routine.

Peer Helper Section:

_____ 1. Introduced yourself to the new resident.

_____ 2. Helped the resident with the cottage routine(Dinner, Program).

_____ 3. Attempted to interact with the resident on several occasions.

_____ 4. Reviewed specific rules such as Girls Phone, and other important policies such as Girls Group.

_____ 5. Provided support for the resident and helped them join the cottage routine.

PLEASE feel free to write any additional comments on the back of this form which may be useful in improving the orientation process.

Thank you.

Appendix B:

Admissions Checklist

Admissions Checklist

Name:_____ DOB:_____

Cottage:_____ Admission Date:_____

County:_____ Worker:_____

Telephone #:_____

_____ Pre-placement Interview Date

_____ Admission Packet given/ mailed to parent

_____ Mailed to: Parent/County worker

_____ Acceptance letter sent

_____ Maintenance/ Room Assigned

_____ File established

_____ Copies of psychiatric/psychological evaluation history, educational and medical background

_____ Admission Summary typed and distributed

Day of Arrival:

_____ All consents and releases signed

_____ Agency Informational Sheet given/mailed

_____ Immunization record, Social Security #, Birth Certificate, Parent Insurance forms

Appendix C:

Implementation Plan

IMPLEMENTATION PLAN

Week One:

1. Introduced the specific intake procedure to the Program Coordinator, Social Workers, Director of Treatment, Administrative Assistant, and the Supervisor of Child Care Services.

2. Developed the New Resident Orientation training program for the Child Care Staff.

3. Asked the Program Coordinators to recommend two residents who were willing to enter a peer helper training program.

4. Met with the Administrative Assistant and introduced the new addition to the Admissions Checklist, and the Agency Information Sheet.

Week Two:

1. Conducted the New Resident Orientation Training program with 100% of the Child Care Staff present.

2. Contacted the four residents recommended by the Program Coordinators and introduced them to the Peer Helper training program.

3. Introduced the New Resident Orientation Checklist into the cottages for the staff and peer helpers to complete. Each cottage office received a notebook which contained this form and extra Agency Informational sheets.

Week Three:

1. Met with the Administrative Assistant to answer any questions, correct any problems, and double checked the Agency Information Sheet was being sent or given to parents.

2. Conducted weekly supervision meetings with the staff within my building to answer any questions concerning the implementation of the project.

3. Met with the Program Coordinator of the other program to discuss concerns about the project.

4. Met with peer helpers to answer any questions they may have and to assess their experience so far in the process.

5. Gathered all completed New Resident Orientation Checklists from the cottages.

Week Four:

1. Conducted weekly supervision meetings with the Child Care staff and met with the other Program Coordinator concerning any project implementation questions.

2. Met with the Director of Treatment and the Supervisor of Child Care Services and kept them updated on the project.

3. Conducted evening office hours to assist with any questions the staff, or peer helpers may have had.

4. Continued to monitor all aspects of the intake procedure and gathered forms being generated.

Week Five:

1. Collected all data obtained so far from the New Resident Orientation Checklist and the Admissions Checklist, as well as from conversations with staff and peer helpers to assess the project.

2. Determined if any mid-project corrections needed to be made and implemented any adjustments in the intake procedure, staff training, peer helper training, and data gathering systems.

3. Met with new residents who arrived during the first five weeks of the project and gathered data concerning their intake experience.

4. Conducted weekly supervision meetings with staff and peer helpers.

5. Met with Program Coordinator to answer questions concerning the project.

6. Continued to have various office hours available to answer any questions.

Week Six:

1. Conducted weekly supervision with my staff and the peer helpers to answer any questions they had about the project.

2. Weekly meeting with the Program Coordinator, to assess how the project was progressing in his building.

3. Continued to have various office hours available to answer questions about the project.

Week Seven:

1. Collected information from the New Resident Orientation Checklist, and the Admissions Checklist.

2. Weekly supervision with the staff and peer helpers.

3. Met with the Program Coordinator to answer any questions about the progression of the project.

4. Met with the Administrative Assistant to assess her progress and answered any questions she had.

Week Eight:

1. Met with the Director of Treatment and the Supervisor of Child Care Services and reviewed the project and future implications for the agency.

2. Conducted weekly supervision with the staff and the peer helpers to answer any questions they had.

3. Met with the Program Coordinator of the other building to assess the projects progress, and to answer any questions.

Week Nine:

1. Weekly supervision with staff and peer helpers to answer questions.

2. Began the process of gathering information from the New Resident Orientation Checklist, and the Admissions Checklist.

3. Met with the Program Coordinator to answer questions and gathered data about his experience with the project.

4. Began meeting with those residents that had arrived during the second half of the project and gathered information about their intake experience.

Week Ten:

1. Collected all data from the New Resident Orientation Checklist, and the Admissions Checklist used in the final analysis.

2. Conducted post interviews with the staff and compared them to the pre-interviews conducted before the project began.

3. Conducted post-interviews with peer helpers to assess the effectiveness and benefits of this aspect of the project.

4. Analyzed the results and finished the final presentation of the findings.

Appendix D:

Agency Informational Sheet

WELCOME

This letter will hopefully provide you some important and useful information about

Your daughter will be living in:
Phone Number is:

Calling:
You may call: Weekdays: 2pm - 3pm, 4pm - 5pm,
7pm - 8pm, 9pm - 10pm
Weekends: 8am - 10:30pm

Visiting: You may visit anytime. We ask that you call the Social Worker or the Program Coordinator to set up the visit.

There are people within the cottage who are willing to assist you with any concerns you may have. All of them can be reached by using the number given above.

Social Worker: : Individual/Family Therapy

Program Coordinator: : Behavioral supervisor

Child Care Workers: Are available in the cottage 24 hours a day.

School Principal:

Medical Coordinator:

Our Goal is to assist you and your family in reaching your goals. If you have any questions or need assistance **PLEASE** feel free to call. We have been helping families for 100 years, and we want to help you.

Your involvement is important!

Appendix E:

Resident Intake Form

Resident Intake Form

Resident's Name: _____

DOB: _____ Age: _____

County: _____

Smoker: Yes No

Parent(s) present at Preplacement: Yes No

Parent(s) Name: _____

Family Members: _____

_____

_____

_____

History:

Concerns:

Initial Crisis Plan:

Appendix F:

Resident's Perceptions

RESIDENT'S PERCEPTIONS

Parent's present: YES NO

Memories of the day:

Feelings:
General:

Peer Helper:	Not	so so	very
Supportive(present, checkins):	1	3	5
Informative(Rules, Program):	1	3	5
Helpful(Showed you):	1	3	5
Concerning Staff:			
Supportive(present, checkins):	1	3	5
Informative(Rules, Program):	1	3	5
Helpful(Showed You):	1	3	5

Feelings when your parent left:

Appendix G:

Staff's Perceptions

Staff's Perceptions of their role during intake

Your Process:

How has it changed since before the training(Thoughts or actions):

Your Thoughts concerning:

The new resident:(What you feel when a new resident is coming)

What the family is experiencing:

Emotions- What do you think a new resident is experiencing(emotionally).

What do you feel is the most important thing you do to help a new resident enter the cottage.

Appendix H

Staff Training Guide

Staff Training Guide - Intake Procedure

Goals of Orientation Process

1. Implement the specific intake procedure.

2. Increase the quantity and quality of contact, information and support given to residents.

3. Increase the quantity and quality of contact, information and support given to families.

4. Foster therapeutic relationships to begin with residents and their families.

5. Involve trained peer helpers to assist in the process.

To accomplish these objectives you must understand the effects of placement on the family, the resident, and the current social service trends that effect placement.

Social Service Trends

Placement Trends:

1. Preventive Services: Legislation is moving away from placement and towards preventive, outpatient services.
2. Shorter Placement Stays: Placements are moving towards being less than 12 months. We must work Quickly.

Must hook Parents and Children: Quickly

1. Shorter Placement Stays:
   A. Less time for them to feel comfortable with the agency.
   B. Less time to address **Decision Making** patterns that have effected their lives.

2. Parents must feel like their child's advocate.
   A. Help the parent maintain their involvement in their child's life.
   B. Include them in decision making concerning their child(medical questions, behavioral concerns).

Our Role is to ASSIST parents, not replace.

Effects of Separation- Parents and Children

Effects of Separation: Feelings concerning placement:

1. Optimistic, hopeful, A new start
2. Will only be temporary(minimizing reality)
3. A threat to their survival as a family
4. Depression
5. Hostility(Behavioral Expression)
6. Loss, Abandonment
7. Guilt
8. Rejection
9. Sense of failure
10. Unsure of their rights

***** The important element to remember is that both Parents and Children experience these emotions.

Long Term Effects of Separation:(Parents and Children)

1. May undermine their ability to trust people- Frequents changes in their lives may further enhance this.
2. Reduces their ability to master elements in their world.
3. Undermine their sense of control.

Our Efforts to Counteract the Effects of Separation:

1. Frequent Family contact: Home visits, Day passes, on campus visitations.
2. Parental reinforcement/reassurance of their role in their child's life.
3. Work to support, reinforce and strengthen parent's abilities and role in the child's life.

Human Development:

Normal Development: Starts with **Family Influence** being primary, then as the child enters Adolescents the focus shifts to a **Peer/Family Influence** and then leads to **Individuation** in adulthood.

**The adolescent uses their family for helping them make the big, long term life decisions while the peers help with the more immediate less crucial decisions. Normal development occurs where the child feels supported and a level of trust has developed between the adults and the child over time.

Less Supportive Development: Follows along the same path except the **Family Influence** has decreased in childhood and the adolescent relies more on **Peer Influence** than on **Family Influence** which increases the Adolescent's difficulty in achieving **Individuation.**

Developing Connections

Stages of Relationship Development:

1. Casing
2. Limit testing
3. Integration

** The duration and severity of behaviors exhibited during these stages will vary. All residents will experience these stages throughout their placement.

Casing:

Def: An initial period of orientation:

1. To new places and new people
2. An attempt to determine what **Power** the adults have in this environment
3. To diagnose peer power hierarchy
4. To determine how other peers perceive the adults:
   A. What kind of people they are
   B. What can be expected from them
   C. What power do they have

**The period of casing is an extremely important time for both the resident and the staff. Staff must be very aware of their presentation during this time and must present with confidence, and caring. The behaviors of the residents during this time should not be viewed as an accurate account of the child's true behaviors.

Peer Helper Program

Two residents from each building have been chosen to help you transition new residents into the agency structure.

Role of Peer Helper:

1. Help ease transition of new resident into cottage.
2. Meet with the new residents and be available to them for the first 24 hours of their stay.
3. Provide support by providing information, helping them to and from program, meals etc...
4. Provide an emotional support, be a good listener.

Benefits of the Program:

** These benefits can be for both the peer helper and the new resident entering the agency.

1. Enhance personal growth
2. Develop self-confidence
3. Improve communication and listening skills
4. Develop social skills

Child Care Worker's Role

1. Introduce yourself to the resident and their family
2. Help the resident unpack the car and their room
3. Make yourself available for questions
4. Check in with the resident and their family every 10 to 15 minutes
5. Make sure the parents have received an Agency Fact sheet
6. Introduce the Peer Helper
7. Offer to provide a tour of the campus and the building
8. Discuss relevant rules
9. Explain schedule for day/evening- verbally and where to find it written
10. Complete initial clothing req. inventory

Our Goal is to Increase Contact and Improve our Connections!

Appendix I:

Peer Helper Training Guide

Peer Helper Training

Flipchart	Content
1	Peer Helpers
2	**Remember your First Day?** Lonely Hostile Who Will I Trust? No big deal Threatened Depressed Scared Will I be safe? Angry
3	**Your Job as a Peer Helper** 1. Help ease some of those initial feelings 2. Help them feel safe 3. Be Supportive A. Emotionally - Explain your role - Be there for them - Be a good listener B. Structurally - Provide Information - Help them to program dinner, group etc... - Give a tour - Introduce them to others
4	**Avoid:** Staff Bashing Borrowing Stuff Other Resident Bashing **Important to Remember:** Your role is **Confidential**!!! If any questions arise: Ask staff, or Program Coordinators. Remember to fill out the New Resident Checklist with staff