Introduction

Welcome to the Residential Child and Youth Care Practitioner online certification training program. This webinar is made up of seven modules.

Module 1: Overview of the Residential Child and Youth Care Practitioner  
Module 2: Child and Adolescent Growth and Development  
Module 3: Communication  
Module 4: Life Skills Development  
Module 5: Legal and Ethical Issues in Residential Care  
Module 6: Standards of Health and Safety  
Module 7: Trauma

For each of these modules there will be a pre-test and post-test. Before we begin, let’s go over some terminology. For the purposes of this training, children and youth are referred to in several ways: youth, youths, clients, adolescents, teens, residents, kids, and children. Regarding the Residential Child and Youth Care Practitioners, they are referred to as RCYCPs, practitioners, and professionals. And finally, when the term “you” is used in these modules, the speaker is referring to you the practitioner.
Residential Child and Youth Care Practitioner (RCYCP) Training

Welcome to Module 1, Part 1 Overview of the Residential Child and Youth Care Practitioner Training.
Module 1 Objectives

This module covers material about the residential care profession. Specifically, you will learn:

1. What is residential care.
2. The history of residential care.
3. What residential care looks like currently.
4. How youth come into care.
5. Outcome goals for intervention.
6. Challenges to working with residential youth.
7. The role of the residential child and youth care practitioner, hereafter referred to as RCYCP.
8. What Individual Service Plans are.
9. Components of a therapeutic setting.
10. Positive developmental assets for youth.
11. Professional guidelines and ethical standards.
12. What burnout and compassion fatigue are as well as strategies for avoiding them.
Continuum of Care

Before we talk about residential care, let’s first discuss how communities provide care to their children and adolescents with mental health needs. The complete range of programs and services is referred to as the “continuum of care” and refers to the type and intensity of care that is needed, from least intensive to most intensive. Some services are targeted at youth of a specific age, while others are geared toward the youth’s developmental or situational need. Not all programs are available in all communities.

Click on each service or program to hear a brief description of it.
(From Maryland’s Coalition of Families for Children’s Mental Health)

Office or Clinic Outpatient services: Visits are usually 20–50 minutes. A mental health professional may do an assessment and make a diagnosis. Based on the diagnosis, ongoing individual, group, or family therapy may be recommended. If medication has been prescribed, medication is monitored during outpatient office visits. The number of visits per month depends on the child’s needs.

Early childhood mental health services: Mental health and or behavioural services are provided for young children ages birth to five years old by therapeutic preschool programs or infant and toddler programs through the local school system. Additionally, mental health consultation is
available for day-care providers who may request assistance with caring for a child with mental health or behavioural needs.

Special Education Services: Children and youth who have been determined to be “emotionally disabled” by their school system may receive intensive counselling and behavioural services in school through special education. The Individualized Education Plan (IEP) may include counselling as part of the child’s educational services.

Transition-age Youth Services: Services such as supported employment or supported education assist youth and young adults ages 16 to 24 with mental health needs to gain independence and transition to adulthood.

Psychiatric Rehabilitation Program Services (PRP): PRP is a range of services that reduce behavioural problems while promoting strength-based , age-appropriate social skills and integration of the child into the community.

Intensive Case Management: A case manager assists families in gaining access to the full range of mental health services, as well as any additional necessary medical, social, financial assistance, counselling, educational, housing, and other supports.

Home-based Treatment Services: A team of specially trained staff goes into a home and develops a treatment program to help the child and family.

Family Support Services: Services to help families care for their child, such as peer support, parent training, and/or parent support group.

Day Treatment Program: Intensive treatment that provides psychiatric services along with special education. The child usually attends five days per week.

Partial Hospitalization (Day Hospital): Provides all the services of a psychiatric hospital, but the patients go home each evening.

Emergency Crisis Services: 24-hour-per-day services for emergencies (for example, hospital emergency room, or mobile crisis team).

Respite Care Services: A child or youth with mental health or behavioural needs stays briefly away from home with specially trained individuals, or someone comes into the home to give the caregivers a break and provide the child with enhanced support.

Residential Rehabilitation Program (RRP): Supported living in the community for transition-age youth.
Therapeutic Group Home or Community Residence: This therapeutic program usually includes 6 to 10 children or adolescents per home, and may be linked with a day treatment program or specialized educational program.

Residential Treatment Center: Children or youth with serious and complex mental health needs receive intensive and comprehensive psychiatric treatment in a campus-like setting 24 hours per day on a longer-term basis.

Hospital Treatment: Children or youth receive comprehensive psychiatric treatment in a hospital. Treatment programs should be specifically designed for either children or adolescents. Length of stay is usually three to seven days. On discharge, children may attend a partial hospitalization program.

Let's turn now to an in-depth discussion of residential care:
What is Residential Care?

Residential care involves placing children and youth in out-of-home settings when their needs are not being met within the family setting. This is usually a temporary placement, although it can vary in length from short-term to long-term. Care is provided for children 24 hours per day. The term “residential care” can be applied to a variety of settings, for example, psychiatric hospital units, supervised/staffed apartments, emergency shelters, group homes, and detention centers. Within residential settings children and families are offered a variety of services, including but not limited to – education, recreation, health and nutrition, counseling and therapy, daily and pre-independent living skills, after care, reunification services, and advocacy. Residential care programs usually serve high-risk youth and are often considered to be “last resort” placements for youth who have been unsuccessful in other, less restrictive community settings.
### Types of Residential Child Care Programs

Let’s look at the different types of residential child care programs.

Click on each type of program to hear more about it.

**Alternative living units**: provide residential services for children who, because of developmental disability, require specialized living arrangements. It has 3 or fewer children and provides 24 hours of supervision.

**Emergency shelter care**: provide immediate temporary placement of a child in a residential child care program. Stays are less than 60 days.

**Group homes**: are residential facilities where youths live as a group and receive care, diagnosis, training, education, and rehabilitation.

**Mother-infant programs**: are residential child care programs that provide special services and residential care to children (anyone under the age of 21) who are mothers and their infants.

**Nonpublic residential educational facilities**: residential facility of a nonpublic school program for the placement of students with disabilities.
Programs for medically fragile children: programs for children with complex medical needs who are dependent upon medical devices, for example, mechanical ventilation or IV administration of nutrition

Programs for pregnant adolescents: a residential program that provides comprehensive prenatal care, dental care, delivery services, pediatric services, and day care arrangements for pregnant minors
Psychiatric respite care: residential programs on hospital grounds in which children discharged from inpatient psychiatric hospitalizations receive transition services in anticipation of placement in a residential treatment or community-based setting.

Residential crisis services: intensive mental health and support services that are provided to a child with a mental illness who is expecting, or is at risk of, a psychiatric crisis that would impair the child's ability to function in the community. They are designed to prevent a psychiatric inpatient admission of the child, provide an alternative to the psychiatric inpatient admission, or shorten the length of an inpatient stay.

State-operated residential educational facilities: refers to the Maryland School for the Deaf and the Maryland School for the Blind.

Secure care: a program that employs locked doors or other physical means to prevent escape by alleged or adjudicated delinquent children.

Therapeutic group homes: small, private group homes that provide residential child care, as well as access to a range of diagnostic and therapeutic mental health services for children and adolescents who have mental health disorders.
Wilderness programs: programs in which facilities and activities are related to nature as much as possible in a site that is left essentially in its natural state, and where living and program quarters and activities are integrated into the natural environment.
Video Examples

Let’s take a look at some examples of residential child care programs. Click on the links to watch some short video clips.

- San Mar Children’s Home  
  http://www.youtube.com/watch?v=SIQ8HN5lr9Y
- Discovery Ranch  
  http://www.youtube.com/watch?v=HNY1U14wjDE
- Boys Town Residential Treatment Center  
  http://www.youtube.com/watch?v=OpTrE1bYLDg
History of Residential Care

In early America children with special needs were dealt with in a manner similar to the poor. They were put in poor houses, workhouses, or sent to live with other families. Such children usually ended up in the care of individuals who were not really able to manage them. As the population of dependent children grew, new solutions were needed to address the problems.

In the early to mid-1800s, just as children were starting to be viewed as different and more fragile than adults, “orphan asylums” became the main form of residential care for children and youths. Such asylums were seen first and foremost as providing shelter, food, and clothing for dependent children. Secondarily, they were seen as a way to raise “decent, educated, and God-fearing citizens” which included teaching them obedience, respect for authority, and good morals. The quality of care in the orphan asylums varied and could even be harsh. So, while these children might have been better off in terms of shelter, food, and clothing, they seldom received the kind of love and affection that children also need.

In the late 1800s and early 1900s, residential care underwent big change, in part due to the children’s rights movement led by Jane Addams and others. On April 9, 1912 President Taft signed the U.S. Children’s Bureau into law, an organization responsible for investigating, reporting, and lobbying for children at the national, state, and local levels. Among the changes that came out of this movement was the formation of juvenile court. Rather than sending troubled youths through the adult courts, they were sent to juvenile courts where they could be
rehabilitated. Similarly, residential care of children shifted from merely providing housing to addressing their mental health and focusing on the whole person, including their social background, family history, leisure interests, and ability to function in the community.
Residential Care in the Present

Nowadays residential care aims to resocialize youth through providing positive social experiences, to reeducate them through relearning, and to redirect negative behavior through counseling, helping the youth to move to a higher level of functioning.

Current residential care approaches emphasize a strengths-based approach, where treatment recognizes the importance of family, school, and community, as well as addresses the social, linguistic, cultural, intellectual, emotional, and physical needs of every child and youth. Thus, through coordinated care at these different levels, the goal is to improve functioning at home, in school, and in the community.
The following five elements highlighted by the National Resource Center for Youth Services (NRCYS), provide the basic foundation and philosophy of a strengths-based approach to residential care for children and youth;

First, children and youth in residential care must receive services that do more than focus on problems or deficits. They need a wide range of appropriately challenging and supportive opportunities to explore, learn, and grow as individuals.

Second, children and youth in residential care and their families must be engaged and actively involved in all aspects of the services they receive. This includes assessment, goal setting, case planning, activities, program design, and program evaluation.

Third, children and youth in residential care must have opportunities to establish caring relationships in their lives. Their growth and progress occurs within the context of their relationships with staff, peers, family members, and other caring adults.

Fourth, children and youth in residential care must be served in programs that take into account environmental influences on growth and progress. Environments include physical, cultural, philosophical, and social dimensions.
Lastly, children and youth in residential care must be served in programs that collaborate and form partnerships with a number of resources. Those resources include the youth, their families, staff, other service providers, and the community.
How Youth Come into Care

The most common reasons for residential care placement include abuse, neglect, behavioral acting out, trouble with the law (e.g., underage drinking), pregnancy, family crisis, and substance abuse. Placement may also be needed due to physical and/or mental disabilities, to attention deficit disorder, to attention deficit hyperactivity disorder, or to mental illnesses such as depression, conduct disorder, anorexia nervosa, bulimia, anxiety disorders, schizophrenia, and psychosis.

Children and youth who enter residential care vary greatly in many ways and may have a complex range of needs, problems, strengths, and weaknesses, as well as function at different developmental levels. Most adolescents in residential care have psychiatric, emotional, or antisocial symptoms, and many of those youth have limited verbal skills, some intellectual deficits, minimal successes in previous activities, and a history of acting out (or extreme withdrawal). They can also be very impulsive, attention-seeking, and easily influenced by others. Many youth entering residential care come from difficult home situations with high levels of risk, including those where there may be poverty, substance abuse, mental illness, domestic violence, criminal involvement, and frequent changes in where the family lives. In module 7 you will learn more about how such traumatic family situations can impact the development of children and youth.
Goals for Intervention

Broadly speaking, the goal of residential treatment is to help each youth to function at a higher level. This includes reinforcing children’s positive beliefs in themselves, their personal control, their responsibility for their own behavior, and their strategies to adapt and cope with difficult situations so that when they return to the family they can be successful in the environment and experience trust and commitment in relationships with others.
Challenges

As an RCYCP, you will face challenges in working with residents. Oftentimes the youth who come into residential care do not want to be there at all. This can create a number of different challenges for the residential counselors and other staff members trying to help them. You may see many of the following types of behaviors:

- Lack of motivation (to change, or even to just accomplish day to day activities).
- Defiance (this might be seen in refusal to participate in activities, and unwillingness to follow rules or guidelines might be some of the ways that youth act defiant).
- Oppositional behaviors (such as passiveness, denial, constant complaining, hyperactivity, destructiveness, boisterousness, refusal to cooperate, inability to deal with give and take of relationships, and aggression).
- Overreaction to controls and expectations because they haven’t had consistent experiences with structural limits.
- And defensiveness.

They may also:
- Find RCYCPs unfair, stupid, intrusive, or threatening.
- They may feel like rules are too difficult; that they will fail and be punished – so it paralyzes them or they decide to fail and get it over with.
• They may act out physically or experience physical symptoms (e.g., stomach aches, headaches...).

Many youth have given up on themselves and so begin to look for things to confirm their own sense of worthlessness. Because many youth come from environments where they have experienced rejection by adults, humiliation by their peers, and negative labels like “failure,” “crazy,” and “not good enough”, they may fear that staff will see them in a negative way as well. Many have been physically and/or emotionally traumatized. Often they have painful feelings about themselves, believing that they are defective, inferior, and unable to change.
Role of the RCYCP

The role of the residential child and youth care practitioner is so very important. An RCYCP’s knowledge, skills, compassion, and determination help to create relationships and an environment where positive change can take place for the children, youth, and their families. The residential environment becomes their new home and family, creating a new opportunity to establish healthy relationships that likely didn’t exist before. In this new environment youth can experience warmth, trust, and connection with others, thereby promoting psychological growth. It also allows interactions that teach youth how to regulate distance and closeness, understand boundaries, identify and solve problems, share responsibilities, develop interpersonal awareness and skills, share resources and turn taking, develop independence, and improve their ability to test reality and tolerate frustration.
The effectiveness of residential treatment is first and foremost the direct result of positive connections between the staff and the youth. When these connections exist the youth develop a sense of trust and security that allows them to open themselves up for positive change. These connections are built by RCYCPs through:

Conveying caring and a willingness to work hard in the relationship especially when the youth is not making progress or is being defiant. Being positive, empathic, non-judgmental, and non-rejecting; Helping the youth to believe that they are being accepted unconditionally – whatever traits, characteristics, and values the youth has are to be respected and regarded as valuable (even if their behavior is not); Being available for the good and the bad; Engaging in discussions – not only about their challenges, but about their strengths as well – conversations that focus on things both related to their current situations as well as things that are un-related (like hobbies); Establishing good eye contact – this lets youth know that you are giving your full attention to them, as well as modeling healthy communication.

Our attitudes, values, and beliefs about young people significantly influence our interaction and therefore our success with them. By identifying strengths, providing opportunities, and giving support to them you are making a positive difference in their lives.
Role Model, Leader, Facilitator

Through engagement in activities and dialog, RCYCPs have the opportunity to model healthy skills for children in care, showing them how to function in a healthy and positive way. RCYCPs can model fairness and respect in interactions with all others (such as family members, staff, and other residents). RCYCPs can model “genuine behavior” interactions with others. That means that if you, the RC, are frustrated, or angry, or sad, you express those emotions, but it in a healthy way that provides an opportunity to feel a genuine, caring relationship. RCYCPs can model being in control of feelings and taking responsibility for one’s own behavior. That means that even when faced with negative behavior you must remain emotionally available and reassuring rather than angry, distant, punitive, offended, or holding a grudge. Finally, RCYCPs can model how to develop a positive view, how to be flexible, and how to become more aware of your own thoughts and feelings as well as those of others.
Helping Youth Manage Emotions and Behavior

Most youth in residential placement have not developed the ability to understand their own or other’s thinking processes, and have trouble respecting the boundaries of others. These problems make the development of healthy relationships challenging. Nevertheless, most youngsters can be taught the skills that are important. With the guidance of caring RCYCPs, the youth have the ability to learn to open up, share, understand feelings, accept limits, follow directions, and live successfully in a social group such as a residential facility.

In order to help children and youth work through feelings, RCYCPs work to encourage youngsters to voice their concerns, to discuss problems, to set goals, to choose activities, and so forth.

- Other ways that residential counselors can help youth to learn how to manage feelings, behaviors, and socialization is by:
  - Helping to resolve conflicts when they arise (this can mean between residents, or residents and staff, or residents and others in the community).
  - Teaching respect and fairness.
  - Helping youth understand the consequences of behavior, not just after the behavior has occurred (like after breaking rules) but potential consequences of actions before they actually engage in those actions.
• Providing supportive confrontations, feedback, acknowledgement, and/or praise. These will help improve youth’s self-understanding, communication skills, and interactions.
• Also, redirecting negative or reactive behaviors to become strengths. For example, when a youth experiences and acts out in anger, is the youth using that as a self-protection mechanism? If so, RCYCPs can empathize with youth wanting to protect themselves, and then help the youth find out how that self-protection can be accomplished in a productive and healthy way.

Assisting youth in beginning to accept themselves and give up negative self beliefs. One of the most important tasks an RCYCP can do to help shape behavior is to emphasize strengths in the youth, particularly any positive and adaptive behaviors they see the youth engage in.
Manager of Daily Tasks

Residential counselors are the managers of everyday tasks, like doing homework or chores. This allows the youth to learn to function as a contributing member of the group, as well as of society. By managing these tasks, the RCYCP is lending importance to the process, as well as creating rituals and opportunities for positive events to happen.
Developer of Structure and Ritual

The RCYCP’s job is to help promote and reinforce the structure of everyday life at the center. Remember that most of the residents have come from unhealthy and unstructured environments where they have not been able to meet their potential. Providing a stable, nurturing, and healthy living environment, where things are consistent and the youth know what to expect, is so important because it allows the residents to feel reassured and safe and to take positive risks, thereby having an opportunity to grow and experience positive change.

Additionally, RCYCPs develop structure and ritual by:
- Maintaining a positive and harmonious atmosphere that provides for resident’s physical well-being and emotional needs.
- Enforcing and helping youth to conform to rules, schedule, programming, and transitions.
- Setting behavioral limits which provide structure to the youth and help youth understand the consequences of their behavior.
- Using discipline and consequences judiciously as a way to shape behavior and strengthen, rather than weaken attachment bonds between RCYCP and youths.
- Actively working to diminish negativity, foul language, and glorification of violence, drugs, coercive interactions, and bullying.
- Structuring the environment so that meaningful exchanges among RCYCPs, staff, and residents can exist.
• Consistently reinforcing rules and limits so that youth know what to expect and have a sense of predictability.
• And developing rituals that strengthen social bonds and mark the importance of life transitions, such as birthdays, holidays, special events, as well as the coming and going of residents.
Advocate

As an RCYCP, you are an advocate as well, especially early on in a resident’s stay. Initially it may be your responsibility as an RCYCP to act as the voice for the young people with others (other group members, staff, peers, family, community, school) to ensure their needs are understood and being met, so that eventually you can assist them as they speak for themselves.
Engagement of Child as Partner

RCYCPs involve youths in the decision-making and treatment plan goals. This process of including the youths is beneficial because it:
- Empowers the youngsters
- Allows youngsters to take responsibility for their successes
- And helps to avoid power struggles over their treatment.
Implementation of Therapeutic Interventions

As a residential counselor, your job is important and varied. Within the broader context of daily activities, RCYCPs’ duties will include, among many other things, the following:

- Re-directing youths’ negative behaviors
- Helping to enhance youths’ strengths while minimizing their weaknesses
- Correcting youths’ distorted thinking (for example, “If I open up to people and show them vulnerability they will hurt me.”)
- Modifying youths’ maladaptive behaviors (for example, helping youth stand up for themselves in a socially competent and healthy way while minimizing aggression)
- Identifying thoughts and feelings and how those influence behavior (for example, the thought “everybody is out to get me” causes anger, anxiety, and feelings of hopelessness and in turn withdrawal behaviors like not wanting to participate)
- Helping youth to process their feelings (for example, helping them to figure out what they are thinking and feeling)
- Helping youth think about their past, present, and future
- Eliminating negative thoughts (for example, “I am not good enough,” and “I will not succeed”)
- And following the service plans set up for the youth in care, including making documentation (daily notes) on each youngster’s behaviors as they relate to the plan.
Skills for the RCYCP

In the following modules you will learn content in the following related areas

Click on the following skills to hear their descriptions:

Communication Skills: In order for RCYCPs to be effective with children and youth it is necessary to have strong communication skills. Specifically, RCYCPs must have good verbal skills, be able to use language effectively, and be able to understanding the feelings and meanings behind others’ language in order to be effective problem solvers.

Cultural Competence: It is important for RCYCPs to respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, sexual orientation, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities, and protects and preserves the dignity of each.

Child and Adolescent Growth and Development: RCYCPs need to understand the physical, emotional, cognitive, and social changes that occur at the different developmental levels of the youth they are working with, as well as moral and spiritual development. This understanding is key to creating treatment plans that are appropriate to the developmental level of each youth.
Life Skills Development: This is one of the most important learning areas for residential youth. RCYCPs need to know how to help youth with independent living skills, activities of daily living, job attainment skills, developmentally appropriate activities and recreation, as well motivation techniques and discipline.

Legal and Ethical Issues: It is critical for RCYCPs to know about child abuse and neglect: recognizing it, reporting requirements, and issues of confidentiality

Health and Safety: As an RCYCP you will need to know universal precautions and infection control procedures, health and safety issues including disaster safety, fire drills, life threatening situations, house cleaning methods, healthy food preparation, childhood illnesses, medications, and crisis management.

Trauma: As an RCYCP you will encounter many children and youth who have experienced abuse and neglect. In this training you will learn about the trauma associated with family violence and how it affects children and youth.

You will learn about all of these topics in the following modules.
Life as an RCYCP

Now that you know a little about your role as an RCYCP, let’s watch a short clip of a young woman discussing her experience as an RCYCP.

http://www.youtube.com/watch?v=cx8YTeTaR4E
Congratulations! You have completed Part 1 of the RCYCP Module 1 Training. Please use the navigation below to open the next section of the training.
Residential Child and Youth Care Practitioner Training

Welcome to Module 1, Part 2 of the Residential Child and Youth Care Practitioner Training.
Individual Service Plans/Treatment Plans

In residential care the Individual Service Plan (also sometimes referred to as the Treatment Plan) is essential to casework. The Individual Service Plan is typically based on assessment information of the youth and their family and is tailored to the individual and family specifically. This plan is completed within 30 days of admission and includes the following:

• An evaluation.
• A behavior plan if it is appropriate.
• Measurable outcomes with time frames for goal achievement.
• Implementation dates and strategies.
• The individual who will support, implement, and monitor.
• Documentation indicating that the child, child’s advocates, guardian, and family (when appropriate) have been involved in, informed of, and agree with the plan. (This is often referred to as “informed consent.”).

The Individual Service plan also includes:

• A plan for education, including special education and related services.
• An identification of family relationships and the status of those relationships.
• A plan for health care, life skills development, personal, emotional, and social development.
• A plan for recreation, vocational training, and other areas that are seen as appropriate for the identified youth.
• The plan is reviewed and updated at least every 90 days. When circumstances change in some way that affects the youth or his/her plan, the plan is modified accordingly. As each youth makes progress toward the goals in his/her plan, that progress is documented in the Individual Service Plan, as well as an estimate about how long the individual is likely to need residential care.
INDIVIDUALIZED TREATMENT PLAN

Client’s First, Middle, and Last Name:
Date of Treatment Plan Review Meeting:
Child’s residential unit: Genesis House
Date of Birth:
Child’s legal guardian and, if applicable, custodian – name and relationship, or name of agency:
Date of Admission to this Level of Care:

BIO-PSYCHOSOCIAL SUMMARY:
STRENGTHS, CLIENT EXPECTATIONS, AND SUPPORTS:
OVERALL REPORT OF PROGRESS/ COURSE OF TREATMENT AND RECOMMENDATIONS:
As this is the 72 HR ITP based on history, there are no progress updates or recommendations to share.
The following assessments were used to formulate the treatment plan:
- Psychiatric Evaluation
- Initial Screening and Assessment
- Activity Assessment
- Physical health Assessment
- Physical Examination
- Behavior Management Assessment

Other: referral material.
Treatment Plan Example cont.

Problems Not Addressed

Problems identified by assessments that will not be addressed in the Treatment Plan: n/a

Reason for deferring problems: n/a

Discharge/Aftercare Plan

Estimated Date for Transition from this Level of Care:

Next Anticipated Treatment Placement (Living Arrangement):

TBD through diagnostic assessment process

Individualized Crisis Management Plan (ICMP)

Please see separate ICMP document

Current Diagnosis

Current Medication

Diagnosis provided at admission

Medication/Allergy comments:

Axis I

Axis II

Axis III

Axis IV

Axis V
## Treatment Plan Example cont.

**DATA/GRAPHS SHOWING PROGRESS IN TREATMENT** - This page is not applicable for the 72 hour ITP

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<td>Physical Restraint</td>
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<td>Removal (non-suite)</td>
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<td>Grounding</td>
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<td>Quiet Activities Restrictions</td>
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**TREATMENT AREA #1:**

**GOAL:**

**Objectives:**
1.

Objectives expected to be accomplished by: (90th day)

**STRATEGIES**

**Strategy #1:** Milieu treatment through unit programming and behavior modification, supported by child's ICMP
- Focusing On: Helping child express feelings in a prosocial manner. Teaching and practicing positive coping skills. Use of rewards and consequences to encourage positive choices.
- Staff Responsible: Residential Treatment Counselors

**Strategy #2:** Individual therapy
- Focusing On: Exploring child's past life experiences and connections between thoughts, feelings and actions. Encouraging safe expression of emotions.
- Staff Responsible: Therapist

**Strategy #3:** Group/SURF activities (meetings, team building, unit recreation)
- Focusing On: Developing Safety, Unity, Respect and Fun through structured activities.
- Staff Responsible: Residential Treatment Counselors, Therapist

**Strategy #4:** Psychotropic Medication and ongoing psychiatric evaluation
- Focusing On: Reducing symptoms and increasing self control
- Staff Responsible: Psychiatrist/Health Services staff

**SUMMARY OF OVERALL PROGRESS SINCE LAST TREATMENT TEAM REVIEW:**
TREATMENT AREA #2: (History of past Trauma etc.)

GOAL:
Objectives expected to be accomplished by: (90th day)

Objectives:

STRATEGIES
Strategy #1: Individual Therapy
How Often: weekly
Focusing On: Past trauma and resulting behaviors and self-esteem issues
Staff Responsible: Therapist

Strategy #2: Milieu Treatment
How Often: Daily
Focusing On: Corrective experiences with caring adults, healthy coping skills
Staff Responsible: Residential Treatment Counselors

SUMMARY OF OVERALL PROGRESS SINCE LAST TREATMENT TEAM REVIEW:
Treatment Area #3: Appropriate Educational Placement

GOAL: To ensure child’s needs are being recognized and met through appropriate school placement and services

Objectives expected to be accomplished by (60th day)

Objectives:
1. Educational Assessment to be completed as needed
2. Initial/Updated psychological testing to be completed as needed
3. Identification of and enrollment in the least restrictive educational environment possible
4. Ongoing communication between child/ family, guardians, staff and school personnel
5. Collaboration with discharge placement to ensure smooth transition to receiving school upon discharge

STRATEGIES

Strategy #1: Educational Assessment
How Often: By 60th day of placement
Focusing On: Assessing current level of academic functioning and identification of needs
Staff Responsible: Jane Smith and school personnel

Strategy #2: Psychological Evaluation
How Often: By 60th day of placement
Focusing On: Assessing current level of cognitive functioning and identification of needs
Staff Responsible: Psychologist

Strategy #3: Ongoing collaboration with school regarding current placement and future placement upon discharge
How Often: Ongoing
Focusing On: Current and future educational needs
Staff Responsible: guardian/team members/school personnel

SUMMARY OF OVERALL PROGRESS SINCE LAST TREATMENT TEAM REVIEW:
## Treatment Area #4: Wellness

**GOAL:** To ensure opportunity for the child’s further development of a healthy mind, body and spirit 

Objectives expected to be accomplished by (100th day):

1. Child will present with age/developmentally appropriate daily living skills including self-care/hygiene, healthy eating habits and regular physical activity
2. Identification of and engagement in activities child enjoys and shows potential for
3. Spiritual Development
4. Cultural awareness
5. Medical care/consultation

### STRATEGIES

<table>
<thead>
<tr>
<th>Strategy #1</th>
<th>Milieu Treatment</th>
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<tr>
<td>How Often</td>
<td>Daily</td>
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<tr>
<td>Focusing On</td>
<td>Developing interest in skills for self care and recreational activities</td>
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<tr>
<td>Staff Responsible</td>
<td>Residential Treatment Counselors</td>
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<tr>
<th>Strategy #2</th>
<th>Participation in Arts and Recreation activities, as well as recreational assessment</th>
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<tr>
<td>How Often</td>
<td>Ongoing</td>
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<tr>
<td>Focusing On</td>
<td>Identification and development of interests and skills</td>
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<tr>
<td>Staff Responsible</td>
<td>Trisha Ey, Mary Lee Saarback, Residential Treatment Counselors</td>
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<th>Strategy #3</th>
<th>Medical Care</th>
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<tr>
<td>How Often</td>
<td>Ongoing</td>
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<tr>
<td>Focusing On</td>
<td>Maintaining good health and resolving medical issues</td>
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<td>Staff Responsible</td>
<td>Pediatricians</td>
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**SUMMARY OF OVERALL PROGRESS SINCE LAST TREATMENT TEAM REVIEW:**
Treatment Area #5: Family Participation in Treatment

GOAL: Child will have satisfying relationships with family members who can be a consistent and nurturing presence

Objectives expected to be accomplished by: (90th day)

Objectives:
1. Identification of appropriate level of involvement by family members, per guardian, court order and clinical assessment.
2. Regular involvement of family members in all aspects of child's treatment (i.e. visitation, calls, attendance at team meetings, family therapy) as legally and clinically appropriate.
3. Involvement of other community supports as appropriate (CASA, SVC Mentor)

STRATEGIES
Strategy #1:
How Often: Focusing on: development/maintaining positive connections
Staff Responsible: Visits to be scheduled through unit therapist

SUMMARY OF OVERALL PROGRESS SINCE LAST TREATMENT TEAM REVIEW:

Information gathered/report written by: ________________________________
Name, License, Title
Behavior Plan

When a youth has behavioral challenges, a behavior plan is developed and included in the Individual Service Plan. It is developed by a team that may include doctors, human service professionals, or professional counselors and is based on an assessment of each challenging behavior that is identified for the youth in question. The behavior plan specifies the behavioral objective for the child, a description of the adaptive skills to be learned, who is responsible for monitoring the behavior plan, as well as the treatment techniques that will be used with the youth.
Behavior Plan Example

Let’s take a look at an example of a behavior plan.
Behavior Plan Example (cont.)

Adaptive Alternatives:
- Teach John to use appropriate words, actions, etc. “I am upset I can’t....” “When can I have ...?” “I need help with.....” “I need a break,” etc.
- Teach John to use alternative strategies to express frustration: use a journal, go to room to vent; yoga, go for a walk, take deep breaths, etc.
- Use visual supports such as pictures, written schedule, choice cards, etc., to make choices to prevent him from not becoming frustrated.
- Model using functional communication and problem solving skills throughout the day (e.g., when adult is frustrated verbally reminds adult proper steps you might take, such as when driving in bad traffic: “It’s so frustrating when I get cut off, I am going to take deep breaths to feel calm.”)

Reinforcement:
- John will obtain verbal praise for following directions/instructions, using calming techniques, asking for a break or space, or using the appropriate alternative behavior (spontaneously or given instructions and full model) throughout the day.
- John will obtain attention from staff or access to preferred toys/activities for following staff directions/instructions, using calming techniques, and exhibiting the appropriate alternative behavior (spontaneously or given instructions and full model) throughout the day.
Behavior Plan Example (cont.)

Immediate Consequences:
1. If John exhibits name calling or inappropriate word use behavior, the staff should calmly state, “I can see you are frustrated by ______, you can say ___.” while not providing further attention through verbal direction, interaction, or eye contact.
2. John’s residential care staff should model the appropriate alternative (e.g., asking for help, a break) before having him return to the original activity/situation.
3. If John continues to exhibit name calling or inappropriate word use behaviors to avoid interaction or obtain attention, ignore the behavior and separate self if necessary and do not provide any additional attention. If name calling or inappropriate word use behaviors continue when brought back to original activity, redirect him to his room or a neutral place for a calm down period. If behaviors are occurring outside of the residence after the initial redirection and modeling, immediately leave the situation and go to car, residence, etc., without providing additional attention.
Therapeutic Setting

Residential child and youth care practitioners can contribute to providing a therapeutic environment for children and youth by following these basic principles and practices:

Click on each to hear a description.

Therapeutic Setting: making the patterns and conditions of everyday residential life as close as possible to those that are the normal patterns of mainstream society.

Individualization: taking into account the individualized needs of residents (psychological, physical, developmental, and so forth).

Acceptance: accepting and respecting the individuals as they are, complete with their strengths and their weaknesses.

Purposeful Expression of Feelings: recognition of a wide range of feelings, by the individuals, with opportunities to safely express those feelings.

Self-Determination: active participation of youth in the treatment plan process – including the right to make decisions.
Positive Developmental Characteristics for Youth

By creating a therapeutic environment, RCYCPs are building skills that help young people make wise decisions, choose positive paths, and grow up as competent, caring, and responsible adults. In order to make this happen RCYCPs:

- Offer support: young people need to experience environments with support, care, and love from families and others.
- Empower youth: young people must feel safe, secure, and valued, and able to contribute to others and their community.
- Set boundaries and expectations: young people need to know what is expected of them, what is okay and not okay in terms of behavior.
- Teach constructive use of time: young people need constructive, enriching opportunities for growth in their lives, balanced with quality time at home.
- Foster commitment to learning: young people need a lifelong commitment to education and learning.
- Foster the development of positive values: youth need to develop strong values that guide their actions.
- Teach social competencies: young people need skills and knowledge to make positive choices, build strong relationships, and succeed in life.
- Facilitate the development of a positive identity: young people need a sense of their own power, purpose, worth, and promise.
Ethics

Working with children and adolescents in residential care is both a privilege and a responsibility. It is a privilege because you have the opportunity to make a significant difference in the lives of these youth, and a responsibility because you are entrusted to safeguard the health and well-being of a unique and vulnerable group of kids. They have little power over their lives, and few skills for protecting and caring for themselves. As adults, you have the power to do great good, or in some unfortunate cases, great harm. Because of this power differential, and the complexity of the role of caregiver to this population, ethical guidelines are in place to protect both the youth, as well as you and the other professionals who care for them.

In following the ethical guidelines set out for you, you will know what is appropriate and expected behavior of you in your role as a residential child and youth care practitioner. You will also have an understanding of the values and beliefs that are considered worthwhile and important in the field of residential care.

We are going to discuss 2 sets of guidelines that you, as a residential counselor, need to know. The first is specific to Maryland regulations and your role as a residential child and youth care practitioner at your specific site. The second set of guidelines is broader and applies to the field of residential child and youth care in general.
The Code of Maryland Regulations (COMAR) Code of Ethics

COMAR is the Code of Maryland Regulations and includes a code of ethics that applies to certified residential and child care program administrators, as well as certified residential child and youth care practitioners. As an RCYCP you are required to uphold this code of ethics, as well as report any violations of this code to the Board for Certification of Residential Child Care Program Professionals at 4201 Patterson Ave., Baltimore, MD 21215 - 2299.

For the purposes of this training, you will receive a general overview and summary of the code, however, you may click on the website below to read the official document in its entirety.

http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.57.05.*
General Conduct

The following information is from the COMAR regulations:

The primary concern of the RCYCP should be the welfare of the children and youth that are in the residential program.

The RCYCP should:

- Function with discretion and integrity in relationships with other health professionals.
- Carry out all duties with honesty, integrity, self-respect, and fairness.
- Report any unethical conduct by another RCYCP or administrator to the Board.
- Inform the Board if someone is mis-representing him/herself as being certified when s/he is not.
General Conduct

The RCYCP may not:

- Participate in, or condone, dishonest behavior of any kind.
- Misrepresent his/her professional qualifications or experience.
- Exploit a relationship with a client for personal gain.
- Engage in solicitation that amounts to fraud, intimidation, or undue influence.
- Practice, condone, or facilitate discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, disability, or other preference or personal characteristic, condition or status.
- Engage or participate in an action that violates or diminishes the civil or legal rights of a client.
- Share information given to you in confidence by a client without his/her express permission unless it involves danger to self or another individual, or for a compelling professional reason.
- Enter into a nonprofessional, social, or dual relationship with a client, or an individual that has a close personal relationship with a client.
With regard to documentation in the client’s record, it should:
• Be legible
• Reflect the services provided
• Protect the client’s privacy
• Be done in a timely manner
• Be accessible in the manner necessary by the law
Sexual Misconduct

With regard to sexual misconduct, the RCYCP may not engage in sexual misconduct with a client or a supervisee. Sexual misconduct includes, but is not limited to:

- Inappropriate sexual language.
- Sexual exploitation.
- Sexual harassment.
- Sexual behavior.
- Therapeutic deception (suggesting that sexual contact, activity, or disclosure is part of the client’s therapy or treatment).

The RCYCP may not engage in either consensual or forced sexual behavior with:

- A client.
- A supervisee.
- An individual with whom the client has a close personal relationship if there is risk of exploitation or potential harm to the client.

With regard to sexual harassment, the RCYCP:

- May not sexually harass a client or supervisee.
- If sexually harassed by a client, the RCYCP must seek professional consultation with another licensed health professional, as well as document it in the client’s record.
Physical Contact

If the RCYCP must have physical contact with a client as part of an accepted component of treatment, it must be documented in the client’s record with the following:

• An assessment of the client.
• A written rationale for the use of the specific treatment for the client.
• A copy of the informed consent that is signed by the client and a licensed health care professional which addresses:
  ◦ The risks and benefits of the treatment modality.
  ◦ The objective or objectives and intended outcome or outcomes of the proposed treatment.
  ◦ Available alternative interventions, and . . .
  ◦ A description of the physical contact which may reasonably be anticipated by the client during the course of treatment.
Sanctions

An RCYCP is subject to sanctions if s/he has engaged in sexual misconduct with a client or supervisee or has engaged in sexual behavior that would be considered unethical or unprofessional according to the professional standards of conduct, which include but are not limited to:

- Sexual behavior or knowledge of sexual behavior with a client.
- Solicitation of a sexual relationship with a client.
- Sexual advances, requesting sexual favors or both.
- A verbal comment of a sexual nature.
- Physical contact of a sexual nature.
- Discussion of unnecessary sexual matters.
- Direct or indirect observation of a client while the client is undressing or dressing.
- Taking photographs of a client for a sexual purpose.
- Sexual harassment of staff, students, or volunteers.
- Sexual contact with a client.
- Offering to provide services or goods in exchange for sexual favors.

or

- Offering to provide services or goods in exchange for sexual favors.
An RCYCP is also subject to sanctions for violating any provisions of the:
- Law pertaining to the profession of residential child and youth care.
- Regulations of the Board that pertain to RCYCPs.

Or if an RCYCP:
- Is professionally, physically, or mentally incompetent to act as an RCYCP.
- Has practiced fraud, deceit, or misrepresentation in the capacity of being an RCYCP.
- Has wrongfully transferred or surrendered his/her certificate card to any other individual.
- Has used fraudulent, misleading, or deceptive advertising.
- Has endangered or allowed the endangerment of the safety, health, and life of any client.
- Has willfully permitted unauthorized disclosure of information relating to a client’s record.
- Has discriminated against clients, employees, or staff on the basis of race, religion, color, national origin, disability, gender, sexual orientation, or any other area that Board deems inappropriate or has practiced as an RCYCP without a certificate.
- For additional information on sanctions, re-hearings, and appeals, please visit the website and read through the COMAR regulations.
Standards for Practice of North American Child and Youth Care Professionals

“Everything you do as a youth care professional has the potential to be therapeutic or exploitive. How you wake residents up in the morning or assist them in getting to sleep at night, how you listen as they talk about their home visits, all have the potential to be helpful or hurtful” (NCJRS, p.24).

In addition to following the ethical guidelines that are specific to RCYCPs in Maryland, you should be familiar with the Standards for Practice of North American Child and Youth Care Professionals. This code was written by professionals in the field to convey the highest standards of care for children and young people.

In this webinar you will get an overview of these standards. You may click on the link below to see the complete document:


Click on the boxes to hear the standards.

Responsibility to the client: Above all else, do not harm the child, youth, or family. That means not being disrespectful, degrading, dangerous, exploitive, intimidating, psychologically damaging or physically harmful to clients. This includes maintaining proper boundaries between yourself and your clients – a relationship that is professional, respectful, and appropriate. Sexual
intimacy with a client or the family member of a client is unethical. You respect the privacy of clients and keep information confidential unless otherwise specified. It also means ensuring that you are sensitive and non-discriminatory toward clients. Your professional responsibility is to the client and you should always be advocating for the client’s best interest. Finally, in your responsibility toward clients and families, you must recognize and respect the differences in the life circumstances of clients and their families, as well as the differences in the needs of the clients and their families.

Responsibility for Self: As an RCYCP you are responsible for maintaining the highest standards of professional conduct. You take responsibility for your professional knowledge and abilities. That means that you maintain your competency – getting training, education, supervision, experience, and guidance as needed. You must be aware of your own values and their implication for practice. It also means that you maintain your physical and emotional well-being so that you are the best professional that you can be.

Responsibility to the Employing Organization: As an RCYCP you have made a commitment to help the youth with whom you work. You have also made a commitments to the organization that hired you, and as such, you must respect those commitments. As an employee you must treat colleagues with respect, courtesy, fairness, and good faith. And while your colleague’s clients are not your own, it goes without saying that you must relate to the clients of colleagues with professional consideration as well.

Responsibility to the Profession: As an RCYCP your responsibility to the profession requires you to practice ethically, such that you are guided in your professional practice by these standards, as well as those set out by COMAR. In addition to your own professionalism, your responsibility to the profession means that you report ethical violations by others when you are aware of them. It also means collaborating with colleagues to provide the best possible outcomes for the youth with whom you work.

Responsibility to Society: As an RCYCP you have a responsibility to society on a broader level by promoting understanding and facilitating acceptance of diversity in society. You give back to society in other ways as well, for example, by demonstrating the standards of this Code with students and volunteers.
Your job as an RCYCP can be extremely rewarding. Like all jobs, however, it can have its challenges as well. In particular, professionals in this field can experience what are known as Job Burnout and Compassion Fatigue. In order to take care of yourself, to keep your job as fulfilling as possible, and to continue to be a successful professional, it is important that you understand what these two conditions are, recognize their symptoms, and learn strategies to avoid or minimize their effects.

Job burnout can happen when someone experiences long-term emotional and interpersonal stress on the job. Burnout can lead to complete exhaustion that is physical, mental, and/or emotional. There are many causes of burnout, and they often occur in human service jobs where there are high emotional demands and a challenging work pace. Burnout is not considered a sign of personal weakness or bad attitude, but more due to the situation. The demands of this work are very high.
Key Characteristics of Burnout

The key characteristics of burnout include:

• Overwhelming exhaustion – feeling emotionally drained and used up, lacking energy to face another day or another person in need.
• Feelings of frustration, anger, and/or cynicism, along with negative or unusually detached response to other people
• Finally, burnout includes a sense of ineffectiveness and failure on the job, along with a loss of professional idealism and passion
Consequences of Burnout

There are many costs and consequences of burnout. People with burnout experience job withdrawal, including decreased commitment, job dissatisfaction, turnover, and absenteeism. Understandably there is a deterioration in the quality of care and services provided to clients.

People with burnout also experience impaired health, including:
- Problems with thinking such as confusion, impaired judgment and decision-making, forgetfulness, decreased ability to identify alternatives, prioritize tasks, and evaluate one’s own performance
- There are also problems with mood such as emotional exhaustion, loss of sense of personal accomplishment and merit, depersonalization and alienation, depression, and easy excitability, anger, and irritability
Other problems include:
- Problems with somatic functioning such as lower energy level, change in appetite and sleeping, gastrointestinal problems, imagined ailments, and fatigue
- And problems with behavioral functioning such as increased or decreased activity level, extreme fatigue, excessive isolation from co-workers, family, and clients; disorganization, misplacing of items, and impaired competence on the job
Compassion Fatigue

Burnout and Compassion Fatigue are closely related, but not the same. Burnout tends to reflect the physical, mental, and emotional exhaustion from work environment stressors. Compassion Fatigue, on the other hand, is more about relational stress, resulting from giving high levels of energy and compassion over a prolonged period of time to those who are suffering. When we have difficulty helping the suffering of others we feel guilt, hopelessness, distress, and those take a toll on us emotionally.
Key Characteristics of Compassion Fatigue

The key characteristics of compassion fatigue include:

- Feelings of hopelessness.
- Constant stress and anxiety.
- A pervasive negative attitude.
- Decrease in the pleasure of activities that one used to enjoy.
- Decreased productivity.
- Inability to focus.
- Feeling professionally ineffective and incompetent and . . .
- Emotional numbness or avoidance.
Strategies for Avoiding Burnout and Compassion Fatigue

So how do you avoid burnout and compassion fatigue? Here are some strategies to try:

Change your work patterns by:
- Slowing down your pace of work.
- Taking regular breaks from work.
- Avoiding overtime.
- Finding balance between work and life.

You can also develop preventive coping skills by:
- Learning to change thought patterns (for example, you can reduce expectations, reinterpret the meaning of people’s behavior, clarify your values, imagine new goals and next steps) or by . . .
- Sharing or venting your emotional feelings.
- Managing your time, and resolving conflicts.
- Be sure to utilize social resources such as . . .
- Getting professional support from colleagues.
- Getting effective guidance and support from supervisors and . . .
- Getting personal support from family and friends.
You may also help to prevent burnout and compassion fatigue by developing a relaxed lifestyle. You can:

- Use relaxation techniques such as biofeedback, meditation, massages, hot baths, yoga.
- You can engage in hobbies and . . .
- Develop positive interests in non-work related activities.
- You can also make improvements in health through.
  - Nutrition.
  - Exercise and . . .
  - Sleep.

You may also engage in self-analysis by:

- Developing a better understanding of your own personality, needs, and motives.
- Therapy can be very helpful for this.
- Or by reducing your internal stressors . . .
- Articulating your own spiritual-philosophical values and ethics and . . .
- Considering how your personal ideals and aspirations interact with job conditions in the workplace.

Finally, you can identify and eliminate or modify work stressors.

It is important that if you recognize signs or symptoms of either burnout or compassion fatigue in yourself, you use the resources that are available to you at work to help you deal with them appropriately.
References

- Code of Ethics (Standards for North American Child and Youth Care Professionals)
- COMAR Regulations
References


NRCYS (2005). Residential child and youth care professional curriculum. The University of Oklahoma OUTREACH.


Congratulations! You have completed the RCYCP Module 1 training. Please use the navigation below to complete the post-test.