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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.
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=5lQ8HN5Lr9Y](http://www.youtube.com/watch?v=5lQ8HN5Lr9Y)
- Discovery Ranch  
  [http://www.youtube.com/watch?v=HNY1U14wjDE](http://www.youtube.com/watch?v=HNY1U14wjDE)
- Boys Town Residential Treatment Center  
  [http://www.youtube.com/watch?v=OpTrE1bYLDg](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.
Nurturer

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 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.
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.