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Developing People and Organizations

Therapeutic Model Development: A Practice Briefing
Patrick Tomlinson (2026)

Purpose of this Briefing

This practice briefing distils the key principles and practical steps for developing a therapeutic model in residential child care and related services. It is based on 35+ years of experience working with therapeutic models in three countries and draws on international research consensus on what works in therapeutic residential care, and other aligned services, such as foster care, and family services [1][2][3].

Target audience: Leadership teams, practitioners, commissioners, and boards considering or actively developing a therapeutic model for their organization.

Contents

1. Why Having a Therapeutic Model Matters

International research confirms that having a well-articulated therapeutic model is vitally important for achieving positive outcomes[1][2]. James (2017) states that without a clear model, nothing else is likely to matter[1]. An effective therapeutic model:

- Provides consistency of care across staff and shifts [1]
- Aligns organizational values with daily practice [1]
- Reduces confusion and mixed approaches that can harm children [1]
- Creates a strong staff culture, which leads to a strong young person culture and good outcomes [1]
- Supports treatment fidelity – delivering care as intended [3]

Definition: Therapeutic residential care involves "the planful use of a purposefully constructed, multidimensional living environment designed to enhance or provide treatment, education, socialization, support, and protection to children and youth with identified mental health or behavioural needs in partnership with their families"[1].

2. Core Elements of an Effective Therapeutic Model

Research identifies five overarching principles that should inform any therapeutic model[1][2]:

1. **Developmental focus** – Understanding trauma's impact on child development and creating conditions for recovery
2. **Relational approach** – Safe, consistent relationships are the foundation of healing
3. **Ecological perspective** – Working with the whole system (child, family, community, culture)
4. **Competency-building** – Developing skills, resilience, and positive identity
5. **Evidence-informed practice** – Grounding the model in research and evaluating outcomes

3. The Three Key Areas

A therapeutic model must address leadership, culture, and practice – in that order[1]:

- **Leadership** shapes culture
- **Culture** provides the containing structure
- **Practice** sits within that structure

A whole-system approach integrates organizational and clinical elements, ensuring all decisions are considered based on their impact on the primary task: children's development [1][4].

4. Home-Grown vs Imported Models

Research increasingly shows that **home-grown models** – developed collaboratively within an organization – tend to produce stronger ownership, authority, and sustainability than imported models [1][2].

Benefits of home-grown model development:
• Greater staff ownership and internalization of the model
• Cultural and contextual fit with the organization's history and values
• Enhanced organizational maturity through the change process
• Deeper understanding of *why* practices are done in certain ways
• Stronger treatment fidelity in implementation

When to consider adapting an existing model: If resources, leadership capacity, or organizational readiness are limited, adapting an evidence-based model may be appropriate. The key is to ensure sufficient customization and internal ownership during the adaptation process [1].

5. The Three Stages of Model Development

Model development is not a paper exercise – it is a process of organizational change that requires time, resources, and commitment [1].

Stage 1: Creation (typically 12 months)
• Assess organizational readiness (see guiding questions in Appendix)
• Establish a project team with strong leadership commitment
• Review current practice, research, and theory
• Engage in a creative, reflective process involving the whole organization
• Articulate the model on paper – purpose, values, principles, key practices
• Consider engaging an external co-creator/consultant to provide perspective and contain anxiety [1]

Key principle: The creation process must reflect the model's essence. If the model values collaboration and creativity, the development process must embody these values [1].

Stage 2: Implementation (typically 12 months)
Three essential areas of work during implementation:

1. **Training programme** – Develop in-house training based on the model; seek accreditation if possible [1]
2. **Policy alignment** – Review and revise all policies and procedures to ensure they reflect the model [1]
3. **Assessment and outcomes** – Implement tools to assess children's needs, create individual therapeutic plans, and measure progress toward outcomes [1][5]

Treatment fidelity: Implementation must ensure the model is delivered as intended. High fidelity leads to better outcomes and lower rates of problematic behaviors [3].

Stage 3: Establishment (ongoing from year 3)
- Embed a culture of continuous learning and evaluation
- Regularly review and adapt the model based on experience and evidence
- Maintain external consultation or supervision to support reflection
- Measure outcomes systematically (consider Social Return on Investment approaches) [6]
- Ensure new staff are inducted thoroughly into the model

Remember: A model is never finished – it is always evolving [1].

6. The Role of Creativity and Safe Uncertainty
Creativity is essential to effective model development [1]. The process requires:

- Openness to uncertainty and new ideas
- Willingness to question existing practices
- Tolerance for doubt and "not knowing"
- Capacity to think freely without becoming complacent or rigid [7]

Safe uncertainty (Mason, 1993) describes the optimal state for creative work – feeling secure enough to explore uncertainty without becoming paralyzed by anxiety [1]. Leadership and external consultants play a key role in containing anxiety so that individuals and teams can think effectively during the change process [1].

7. Ownership and Authority
Two critical outcomes of good model development are enhanced **ownership** and **authority** [1]:

- **Ownership** – Staff identify with the model, internalize its principles, and feel responsible for its implementation
- **Authority** – Staff feel confident and empowered to act according to the model's values and make decisions aligned with the primary task

When staff respond to situations because of their alignment with organizational values (rather than rules or fear), a strong culture exists [1]. This culture directly contributes to positive outcomes for children.

8. The External Co-Creator Role
Collaborating with an external consultant or co-creator can bring significant benefits [1]:

- Provides an outside perspective – helps "see the wood through the trees"
- Contains anxiety during the change process
- Offers expertise in leadership, organizational culture, and therapeutic practice
- Supports safe uncertainty and creative thinking
- Helps maintain focus on the primary task

Requirements for the external role: Must be experienced in therapeutic work, organizational development, and leadership; able to establish a safe, collaborative relationship; and skilled in consulting to anxious systems undergoing change [1].

9. Readiness for Model Development: Key Questions

Before beginning model development, leadership teams should consider [1]:

1. Do we have strong, stable leadership committed to a multi-year process?
2. Is our organization's culture open to reflection, learning, and change?
3. Do we have sufficient resources (time, money, expertise) for the work?
4. Are we facing other major changes that might compete for attention?
5. Do staff feel safe enough to engage in honest review and creativity?
6. Is there clarity about our primary task and the outcomes we seek?
7. Are we willing to align all aspects of the organization (policies, training, finances, routines) with the model?

If the answer to several questions is "no," focus first on building leadership capacity, stabilizing the organization, and creating conditions for safe reflection.

10. Key Implementation Tools

To ensure the model becomes embedded in practice, develop:

Tool	Purpose
Outcomes framework	Define specific, measurable outcomes for children's recovery and development (e.g., SACCS 24 Outcomes) [5]
Assessment process	Tools to assess children's needs, developmental stage, and progress (e.g., Needs Assessment, spider diagrams)[1][5]
Training curriculum	In-house training programme based on the model, ideally accredited [1]
Policy alignment review	Systematic review of all policies to ensure consistency with model values [1]

Supervision structure	Regular reflective supervision aligned with model principles [1]
Evaluation methods	Outcome measures, feedback loops, and continuous improvement processes [6]

Table 1: Essential tools for model implementation

11. Common Pitfalls to Avoid

- **Paper-only models** – Creating a document without genuine organizational engagement and culture change [1]
- **Rushing the process** – Not allowing time for people to internalize and process changes [1]
- **Top-down imposition** – Failing to involve staff at all levels in the creative process [1]
- **Mixed approaches** – Allowing inconsistent practice based on individual staff preferences rather than the model [1]
- **Ignoring the whole system** – Focusing only on direct work with children while neglecting leadership, culture, and organizational structures [1][4]
- **No evaluation** – Failing to measure outcomes or adapt the model based on evidence [6]
- **Neglecting training** – Not investing in ongoing staff development aligned with the model [1]

12. Final Thoughts: Modelling the Model

The way a model is created and implemented must reflect its core values [8]. If your model values:

- *Relationships* – Build collaborative, respectful relationships during development
- *Safety* – Create psychological safety for staff to question and explore
- *Creativity* – Make space for creative thinking and new ideas
- *Learning* – Establish a culture of inquiry, reflection, and continuous improvement

Senior leadership has particular responsibility for "setting the tone" and "modelling the model"[8]. The culture you create during development will shape the culture of care for children.

13. Next Steps

If your organization is considering therapeutic model development:

1. Assess readiness using the guiding questions above

2. Secure leadership commitment for a 2–3-year process
3. Allocate resources (staff time, external consultation, training budget)
4. Establish a project team with diverse representation
5. Review the evidence base and visit organizations with strong models
6. Consider engaging an external co-creator or consultant
7. Begin the creative process with a whole-organization approach

For further information or consultation on therapeutic model development, contact Patrick Tomlinson Associates.

14. References

[1] Tomlinson, P. (2022). Therapeutic Model Development: Creativity, Ownership, and Authority. Patrick Tomlinson Associates.

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[5] Tomlinson, P. (2004). *Therapeutic Approaches in Work with Traumatized Children and Young People: Theory and Practice*. Jessica Kingsley Publishers.

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[8] Treisman, K. (2021). *A Treasure Box for Creating Trauma-Informed Organizations* (Vol. 2). Jessica Kingsley Publishers.

Patrick Tomlinson Brief Bio: The primary goal of Patrick's work is the development of people and organizations. Throughout his career, he has identified development as the driving force related to positive outcomes for everyone, service users, professionals, and organizations.

His experience spans from 1985 in the field of trauma and attachment-informed services. He began as a residential care worker in a therapeutic community for young people and has experience as a team leader, senior manager, Director, CEO, consultant, and mentor. He is the author/co-author/editor of numerous papers and books. He is a qualified clinician, strategic leader, and manager. Working in several countries, Patrick has helped develop therapeutic models that have gained national and international recognition. In 2008, he created Patrick Tomlinson Associates to provide services focused on development for people and organizations. The following services are provided,

- Therapeutic Model Development
- Developmental Mentoring, Consultancy, & Clinical Supervision
- Character Assessment & Selection Tool (CAST): for Personal & Professional Development, & Staff Selection
- Non-Executive Director

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