THERAPEUTIC MODEL DEVELOPMENT INTERNATIONAL META RESEARCH 2016-2020

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META STUDIES ON MODELS FOR THERAPEUTIC RESIDENTIAL CARE (TRC)

International Meta Research Studies

These are just 3 examples,

Whittaker. J.K. et al. (2016) Therapeutic Residential Care for Children and Youth: A Consensus Statement of the International Work Group on Therapeutic Residential Care, in, *Residential Treatment for Children & Youth*, 33:2, 89-106
https://www.tandfonline.com/doi/full/10.1080/0886571X.2016.1215755

A study by 32 international experts from 12 nations
(USA), (GBR), (ESP), (AUS), (NOR), (CAN), (SP), (ITA), (IRL), (NLD), (DNK), (ISR)

International Meta Research Studies

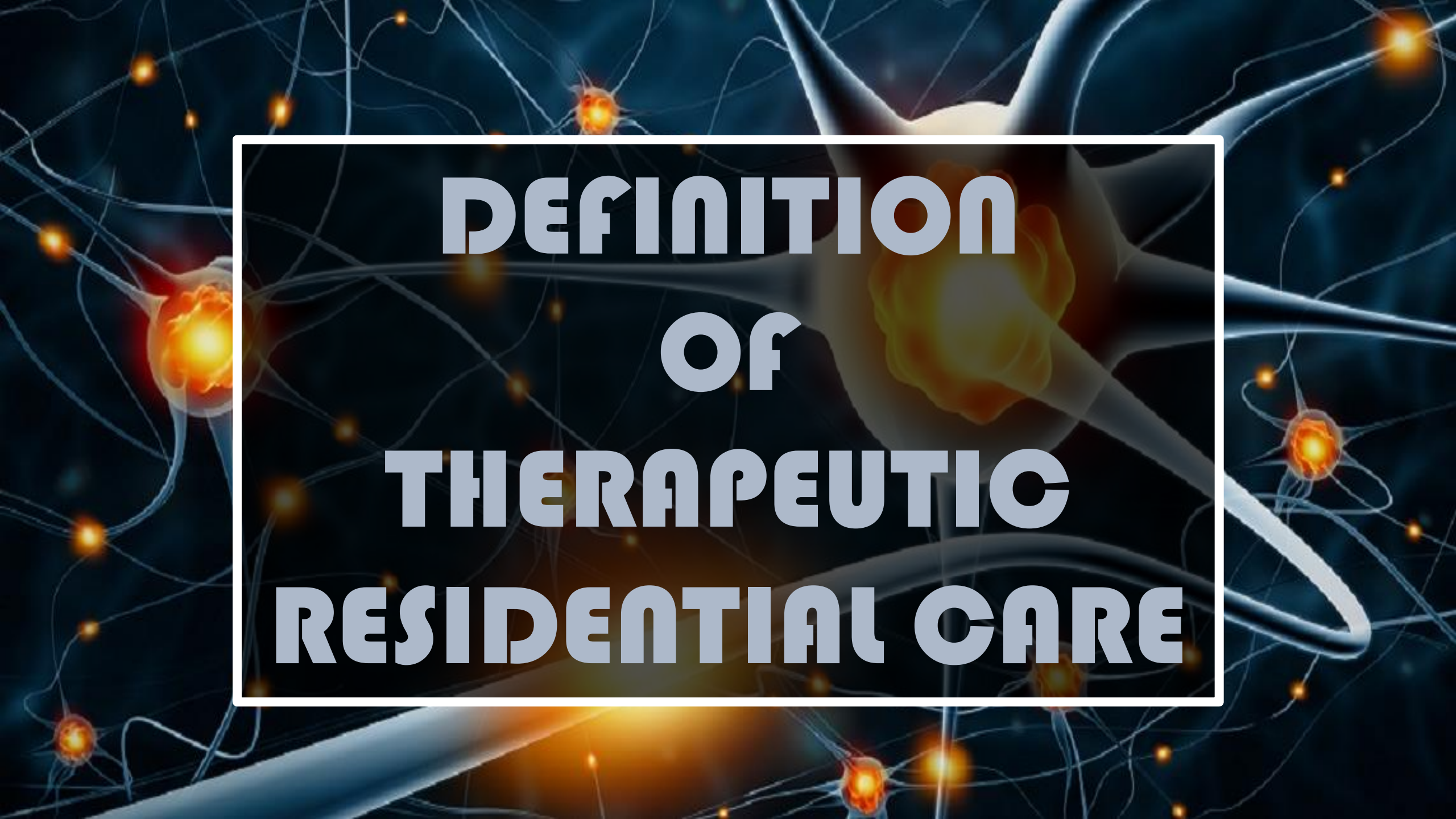
James, S. (2017) Implementing Evidence-Based Practice in Residential Care - How Far Have We Come?, in, *Residential Treatment Children and Youth*, 2017 ; 34(2): 155–175 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6510514/pdf/nihms-1507223.pdf

Over 90 papers referenced – the majority of which are research papers

International Meta Research Studies

Oranga Tamiriki (2020) *Therapeutic Residential Care: Evidence Brief*, Wellington, New Zealand: The Oranga Tamariki Evidence Centre https://orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Therapeutic-Residential-Care/Therapeutic-Residential-Care-Evidence-Brief.pdf

In total, information from 44 articles, reports or books was used to provide an overview of the evidence related to each key research question. The above databases were searched between the 4th and 8th of November 2019.


DEFINITION
OF
THERAPEUTIC
RESIDENTIAL CARE

Definition of Therapeutic Residential Care (TRC)

"The International Working Group for Therapeutic Residential Care issued a consensus statement defining this type of care:

"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 and in collaboration with a full spectrum of community based formal and informal helping resources" (Whittaker, Del Valle, & Holmes, 2014, p. 24)."
(Oranga Tamiriki, 2020, p.6)

Definition of Therapeutic Residential Care (TRC)

Whittaker et al. p.100) highlight that the terms, residential care and therapeutic residential care do not capture the immense variability between different services.

Milieu-wide Approaches (Whole System)

"Residential care program models can be described as milieu-wide approaches, specifically developed for the residential care context. They tend to be comprehensive in scope and potentially affect every aspect of practice within a residential care setting." (James, 2017, p.5-6)


KEY FINDINGS

Key Findings

"Therapeutic residential care (TRC) is an important part of the care continuum and requires effective collaboration between professionals

- While residential care for children and young people has been the topic of polarised debate, research and experience from practice show that residential care is an important part of the care continuum, necessary for a small number of the most vulnerable children with complex needs, for whom a family placement is not currently appropriate.

Key Findings

- Children in need of TRC should be able to access this care when appropriate, and not as a last resort after having experienced multiple placement breakdowns. Children assessed as needing therapeutic care, and who receive this level of care sooner, have better outcomes.

- Effective inter-professional collaboration is required to effect positive change in TRC, supported by strong communication based on mutual respect between professionals and agencies." (Oranga Tamiriki, 2020, p.6)

Family-centred Practice Makes a Difference to Overall Care Outcomes

"A review of outcomes from quasi-experimental studies of residential child and youth care found that those programmes using therapeutic behavioural methods, and with a focus on family involvement, show the most promising short-term outcomes (Knorth et al., 2008). While in residential care, children who receive visits from family were more likely to complete the residential treatment programme compared with children who had no family visits.

Family-centred Practice Makes a Difference to Overall Care Outcomes

This effect increased with the frequency of family visits (Sunseri, 2001). Children whose families attend therapy with them while in residential placement, were eight times more likely to be discharged to less restrictive settings (Stage, 1998). Because of this body of evidence, involving families in care and treatment decisions of children and young people in TRC is one of the most widely-recognised indicators of quality TRC services (Cocks, 2016; Huefner, 2018).” (Oranga Tamiriki, 2020, p.6)

Culturally Sensitive

"TRC should be tailored to the communities and cultures of the children they serve, and allow meaningful connections with families.

There are many models of care that fall under TRC with varying degrees of evidence base. However, the emerging consensus is that TRC should be tailored to the communities, cultures and social relationships of the children and families that they serve."
(Oranga Tamiriki, 2020, p.4)

The Importance of the Cultural Context

We also need to understand that child development takes place within a specific cultural context. Though there are universal patterns, some of what is ‘normal’ varies from one culture to another.

An ecological model of child development includes the child, the family, the extended family, the community and society as a whole. A wide variety of factors and the way they work together influence the culture – social, political, economic, psychological, spiritual, biological, etc.

The Importance of the Cultural Context

The way we create therapeutic environments needs to be culturally sensitive – so that there aren't unhelpful clashes of beliefs, values and customs. Therefore, it is most helpful if models evolve out of a culture, rather than be imported from outside of it.

Residential Care Remains an Important Part of the Care Continuum

"Ainsworth and Holden conclude that a mature child welfare system will always require some residential programmes (Ainsworth & Holden, 2018)." (Oranga Tamiriki, 2020, p.7-8)

"Therapeutic Residential Care is necessary for a small number of the most vulnerable children It has been noted that TRC serves a different population than foster care does and that it has a different purpose to standard foster care (Ainsworth & Hansen, 2015)." (Oranga Tamiriki, 2020, p.8)

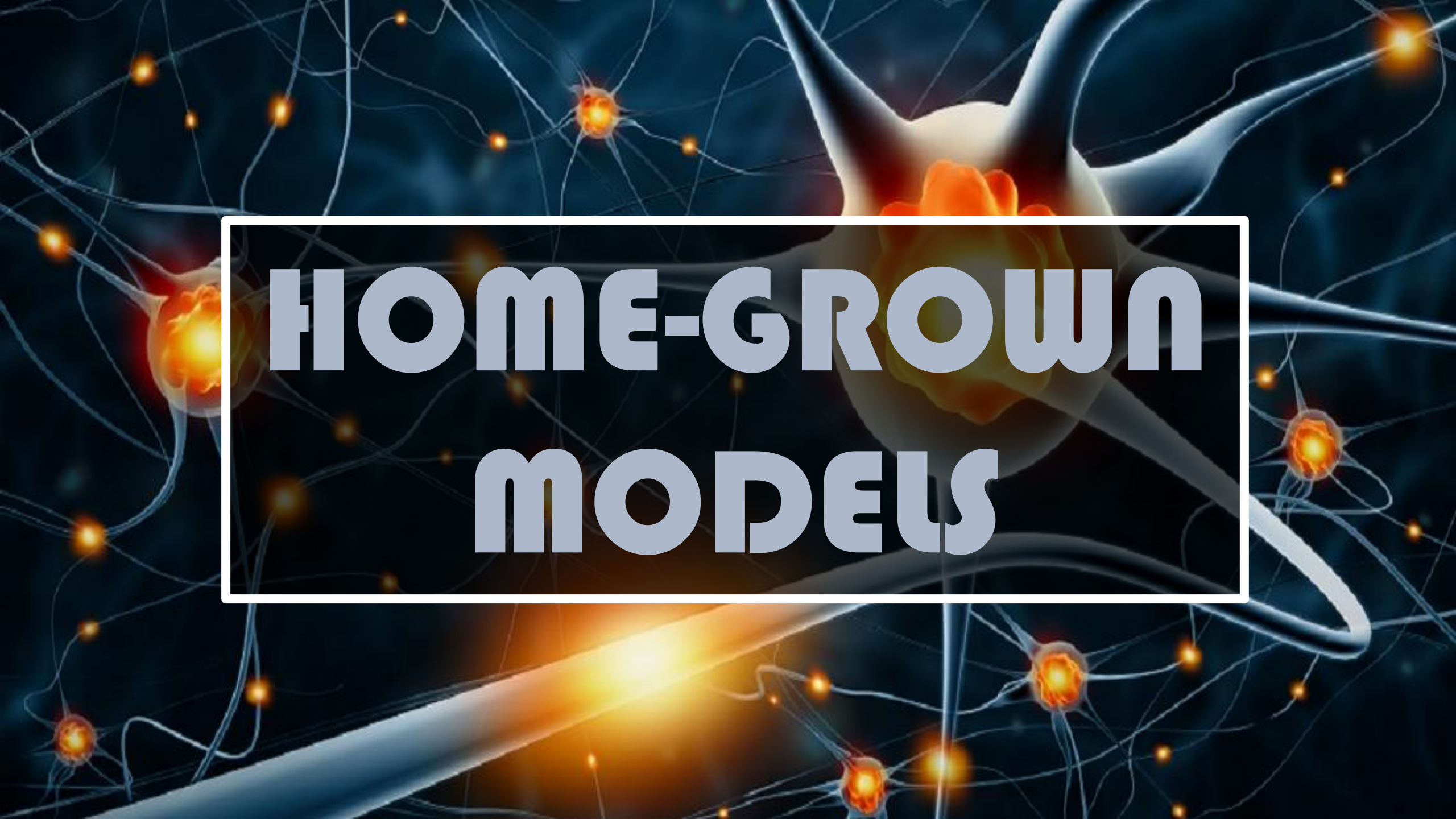
Residential Care Remains an Important Part of the Care Continuum

"The availability of therapeutic residential care is necessary for a small number of children and youth with complex needs. These children often have mental health or behavioural issues, and/or experiences of trauma including abuse and neglect. Often, these children have also experienced multiple placement breakdowns, and no alternative placement can be found for them.

These children are often not able to live with others in a family environment or attend school. Without a specialist intervention, they face poor outcomes in life including unemployment, homelessness, social isolation, crime and poverty. (Ainsworth & Holden, 2005; Whittaker et al., 2016; Whittaker, del Valle, & Holmes, 2014; Bath & Smith, 2015)." (Oranga Tamiriki, 2020, p.8)

The Need for a Model

"As such, providers may simply see no need to switch to one of the more evidence-based program models, and as pointed out earlier, to date the research base of program models is not strong enough to unequivocally recommend one program over another. More concerning are data that suggest that many residential care agencies seem to lack a well-defined and specified program model and that a majority of line staff seem to be unable to describe the overall conceptual approach or theory of change of their agency (Farmer, Seifert, Wagner, Murray & Burns, in press; Guender, 2015)." (James, 2017, p.7)


HOME-GROWN
MODELS

The Validity of Home-Grown Models

"… information on the utilization of known program models remains limited. A recent survey on the use of evidence-based practices among ACRC providers (James et al., 2015; James et al., 2017) indicated that of the many evidence-based practices being implemented by residential care agencies, very few were program models. Given the extensive structural/organizational changes that would be required to shift an existing residential care program to one of the evidence-based program models, this is perhaps not surprising.

The Validity of Home-Grown Models

It is believed that instead agencies use “home-grown” milieu-based models, which have developed over time and thus have validity within the context of an agency’s history and environmental context. These may be informed by existing models, may meet the agency’s needs for providing a general framework for their services and are, at minimum, sufficiently cogent to meet requirements for licensing and accreditation.” (James, 2017, p.7)

The Validity of Home-Grown Models

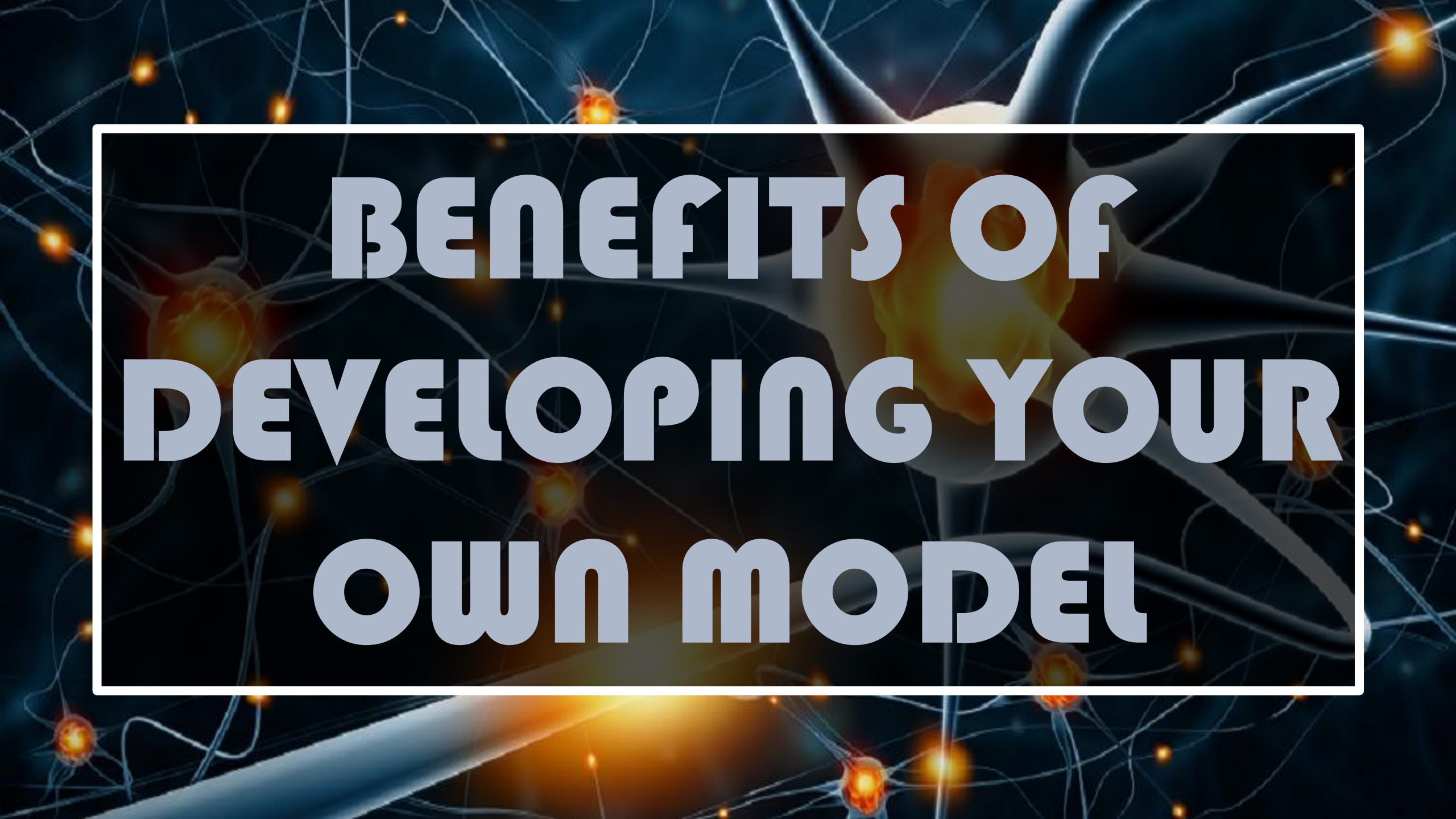
"In the already mentioned Special Issue on residential care in the Journal of Emotional and Behavioral Disorders, Lee and McMillen (2017) recommended the development, specification and careful evaluation of "home-grown" programs as a viable alternative for residential care agencies that cannot or do not want to shift to one of the existing evidence-based program models but want to develop an overall evidence-based approach to their program." (James, 2017, p.7-8)

The Validity of Home-Grown Models

"Lee and McMillen's recent article opened the possibility of different avenues toward evidence-based practice that may be more fitting for the residential care context than the transportation of 'packaged models' into agencies. These avenues should be explored." (James, 2017, p.12)

Inconclusive Evidence on Effectiveness of Evidence-Based Models

"It needs to be stated clearly that from a scientific standpoint, definitive conclusions about the effectiveness of evidence-based treatments in residential care in comparison to 'usual care' services cannot be drawn at this point."
(James, 2017, p.9)


BENEFITS OF
DEVELOPING YOUR
OWN MODEL

Develop your own v Import a Model

Patrick Tomlinson worked in organizations from 1985-2007 that created outstanding home-grown models. Patrick Tomlinson Associates was founded in 2008 and has worked with organizations to continue this process. Organizations have been assisted to do this in several countries. Six unique therapeutic models have been co-created and several others are in progress.

Drawing upon vast research-informed evidence we know that effective approaches are those that incorporate and successfully implement the most relevant practices.

There are several reasons why creating your unique model can be so important.

1. Creativity – people and organizations are at their most productive and resilient when creativity is strong. In the case of trauma, creativity and imagination are key factors in recovery.

Whatever we create in the organizations culture has a great potential to be reflected in the work with young people. Therefore, if the organization is immersed in a creative process this has excellent benefits. Creativity is tied up in being original and unique – which is also a vital part of the recovery process.

2. Ownership – is literal and metaphorical. The intellectual property of the model is owned by the organization. It is an asset and valuable. There are no ongoing licensing fees to pay. However, ownership is a much broader concept. The work involved in the creative process results in a great sense of, ‘this is ours we made this’.

This sense of ownership is also central to the therapeutic task. People feel connected and take ownership. It contributes to a culture where ownership and responsibility are in the centre. This is also vital for the development of children and young people.

2. Ownership - Having ownership makes a big difference. The model belongs to the organization. This helps improve a sense of security which is especially important in a field of work, which has so much uncertainty and vulnerability. Ownership is so important that one organization I worked with made it one of their core values.

3. Integration – Organizations, where all the different parts work together well, are most likely to achieve positive outcomes. In services for traumatized children and young people, this provides a model that is often the opposite of their experiences in families.

In any field, an integrated organization is likely to achieve good results. In therapeutic services for children, integration is directly relevant to the task. Creating a therapeutic model can be a way of helping to integrate the organization.

4. Learning from Experience –The model creation process is a great way of learning. This is also so important to the therapeutic task. The nature of childhood trauma is that life becomes fearful.

The children need positive new experiences. These are provided most effectively when the people around them are creative, evolving, and growing. When the adults in the organization are emersed in a creative task it has a powerful effect on the culture and young people.

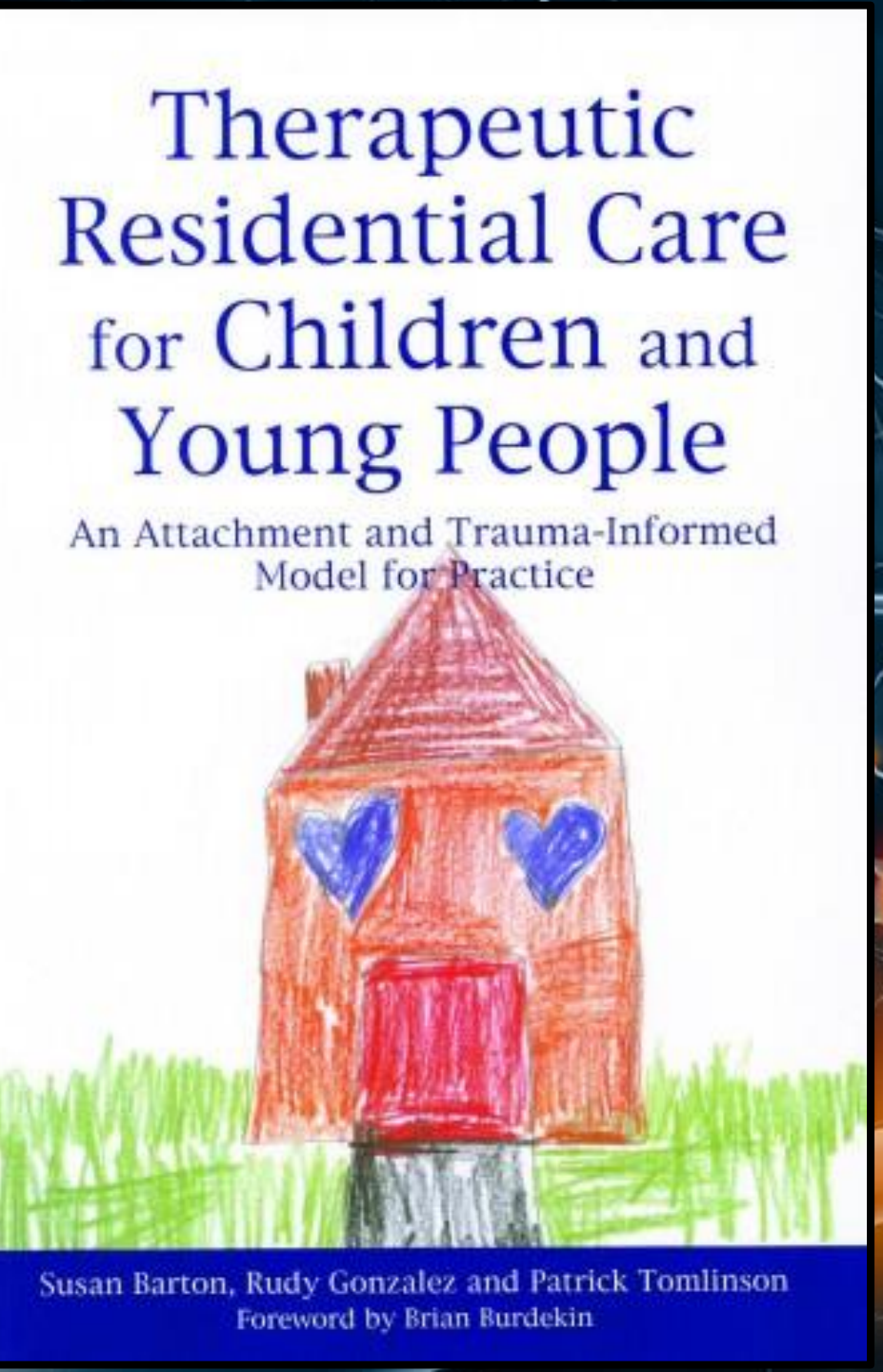
4. Learning from Experience – Strong organizations and people are ones who learn from experience, or as John Dewey (1910, 1933, p.78, cited in Beard & Wilson, 2013, p.28) said,

‘We do not learn from experience … we learn from reflecting on experience’.

Becoming a learning organization is central to establishing a culture that is always developing, adapting, and progressing.

5. Cultural Sensitivity - How these principles are implemented in practice needs to reflect the local culture. There will also be some aspects of a model that are unique to a specific culture.

Models must be culturally sensitive. They must be grounded in cultural values, language and belief systems.



Example of a Home-Grown Model - The Lighthouse Model

"In Australia, the most clearly articulated model of Therapeutic Residential Care is that offered by the Lighthouse Foundation (Ainsworth 2012; Barton, Gonzalez and Tomlinson 2012) that owes much to the Cotswold Community in the UK."

Thoburn & Ainsworth, in, Therapeutic Residential Care for Children: Developing Evidence-Based International Practice (2015)

Transformation of Young People's Lives

"The Lighthouse model works with youth from 15-22 years of age. There are four young people in a house and the length of stay ranges from 18 to 24 months (McNamara, 2015). While there is no formal evaluation of the programme, a Social Return on Investment Analysis concluded that the programme leads to a holistic transformation of young people's lives, the changes are sustainable and the investment into the programme generates significant social returns."
http://lighthouseinstitute.org.au/wp-content/uploads/sites/2/2013/09/sroireport.pdf
(Oranga Tamiriki, 2020, p.31)

The Lighthouse Model - Key Findings

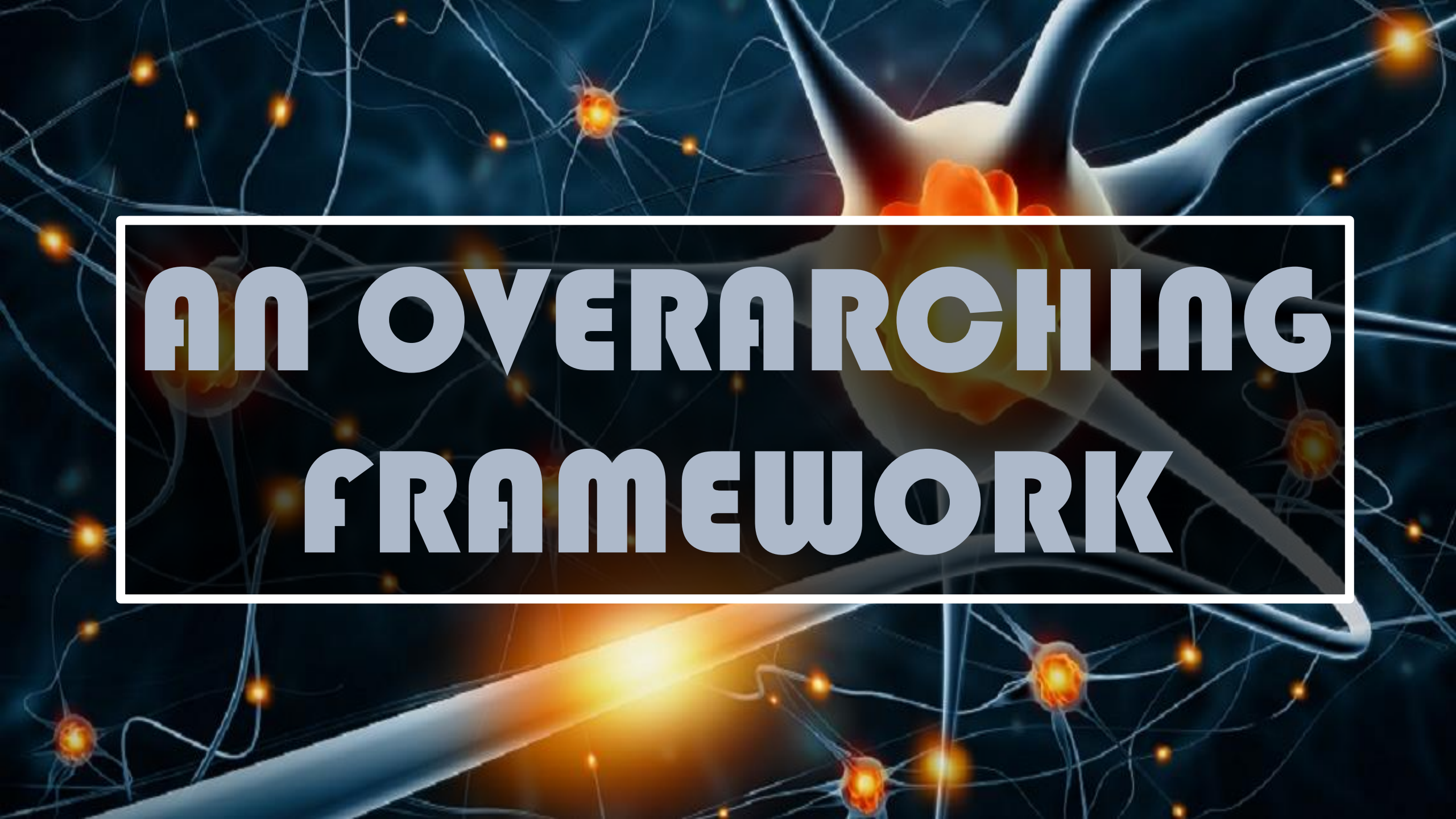
"• The SROI analysis confirmed that the Lighthouse Foundation's (LHF) intensive support model leads to a holistic transformation of young people's lives.

• The changes experienced by young people at LHF are sustainable and result in permanent exit from homelessness for 8 out of 10 young people that complete the program.

• The investment into LHF generates significant social returns for all stakeholders, including young people and the government.

• An investment of $14m into LHF over 5 years (2007-11) created $170m of present value, resulting in an SROI ratio of 12-1."

http://lighthouseinstitute.org.au/wp-content/uploads/sites/2/2013/09/sroireport.pdf


AN OVERARCHING
FRAMEWORK

An Overarching Framework for TRC

"TRC looks to move away from model-based delivery, to overarching principles of care that can be applied to any socio-political context. With much variation in the way that TRC is delivered, and acknowledgement that variation in treatment models is unavoidable due to differing cultural and political contexts across care systems, the development of TRC looks to establish guiding principles in practice, and to examine current practices to determine the essential elements of therapeutic care." (Oranga Tamiriki, 2020, p.33)

Principles of Therapeutic Care

"And as stated, the research on the models is too uneven to draw definitive conclusions about effectiveness. However, in our view the research literature on risk and protective factors for a positive development of children's mental health is sufficiently strong to advocate for a number of features in (therapeutic) residential care program models. (James, 2017; Pecora & English, 2016)." (James, 2017, p.7)

Consensus About the Effective Elements

"There is limited research into practice elements of this type of care. Currently, there are several treatment models used internationally under an umbrella of TRC, with varying practices. There is emerging consensus about the effective elements of TRC, including a shared understanding of young people's (often trauma-related) history and needs; placement based on shared needs; therapeutic input tailored to needs; best possible connection to family, community, and culture; and prioritising relationship-based work." (Oranga Tamariki, 2020, p.6)

The Common Elements Approach

"Finally, the common elements approach has been suggested as a more fitting model for residential care (Barth, Kolivoski, Lindsey, Lee & Collins, 2014; Chorpita et al., 2005; Lee & McMillen, 2017). It is more flexible than standard manualized treatments, minimizes training demands, allows for greater individualization, and follows "a modularized approach to delivering the practice elements" (Lee & McMillen, 2017, p.20)."
(James, 2017, p.9)

Overarching Effective Elements

"There are overarching effective elements of TRC, including a shared understanding of young people's history and needs; placement based on shared needs; therapeutic input tailored to needs; connection to family, community, and culture; and prioritising relationship-based work; through comprehensive assessment and ongoing monitoring of policies and practice."
(Oranga Tamiriki, 2020, p.33)

Overarching Effective Elements

"Common features and quality standards for Therapeutic Residential Care Building on the basis of the international consensus statement (see Introduction), studies of the effectiveness of current TRC models and practices, and a public/private partnership involving providers, lead agencies, research leaders and state agencies, the development of quality standards for TRC (Daly et al., 2018) aims to improve the quality of individual TRC programmes."
(Oranga Tamiriki, 2020, p.33)

Overarching Effective Elements

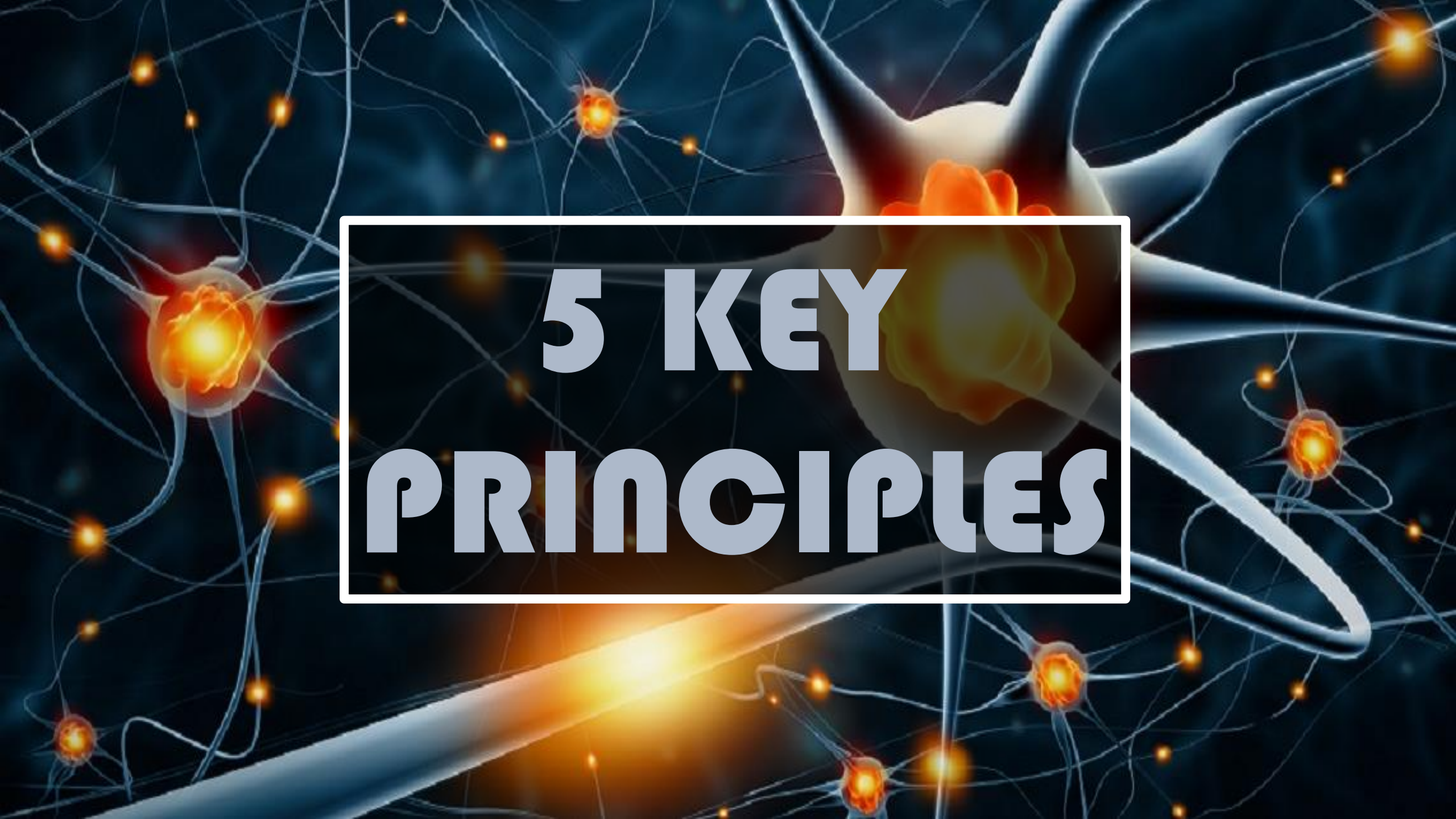
"In their recent review, Bath and Smith (2015) identified core therapeutic imperatives for working with traumatised children in therapeutic residential care services and implications for practice:

- Safety
- Healthy connections
- Adaptive coping

(Oranga Tamiriki, 2020, p.35)

Practice Principles

"In 2014, Whittaker and colleagues' book on Therapeutic Residential Care was published and constituted an international effort to bring greater conceptual clarity to residential care practice with a treatment orientation and to develop the evidence-base of therapeutic residential care. This was followed by a Consensus Statement of the International Work Group on Therapeutic Residential care (Whittaker et al., 2016). The Statement summarized ongoing efforts to bring conceptual clarity to 'residential care' and explicated principles for the continued role of therapeutic residential care within an international context."
(James, 2017, p.5)


5 KEY
PRINCIPLES

5 Principles of Therapeutic Care

1. Do no harm – Safety First
2. Partnership with families
3. Anchored in communities, culture and web of social relationships
4. Learning through living in the context of deeply personal, human relationships
5. Use evidence-based models with effective strategies for practice. Clear in procedures, structures, and protocols

(Whittaker, et al., 2016)

1. Do No Harm – Safety First

"We are acutely mindful that the first principle undergirding therapeutic residential care must be primum non nocere'': to first, do no harm. Thus, our strong consensus is that "Safety First'' be the guiding principle in the design and implementation of all TRC programs." (Whittaker, et al., 2016, p.96)

2. Partnership with Families

"Our vision of therapeutic residential care is integrally linked with the spirit of partnership between the families we seek to serve and our total staff complement—whether as social pedagogues, child or youth care workers, family teachers, or mental health professionals. Thus a hallmark of TRC programs—in whatever particular cultural expression they assume—is to strive constantly to forge and maintain strong and vital family linkages." (Whittaker, et al., 2016, p.96)

3. Anchored in Communities, Culture and Web of Social Relationships

"Our view of therapeutic residential care is one in which services are fully anchored in the communities, cultures, and web of social relationships that define and inform the children and families we serve. We view TRC programs not as isolated and self-contained islands, but in every sense as contextually grounded." (Whittaker, et al., 2016, p.97)

4. Learning Through Living in The Context of Deeply Personal, Human Relationships

"We view therapeutic residential care as something more than simply a platform for collecting evidence-based interventions or promising techniques or strategies. TRC is at its core informed by a culture that stresses learning through living and where the heart of teaching occurs in a series of deeply personal, human relationships."
(Whittaker, et al., 2016, p.97)

5. Use Evidence-Based Models with Effective Strategies for Practice. Clear in Procedures, Structures, and Protocols

"We view an ultimate epistemological goal for therapeutic residential care as the identification of a group of evidence-based models or strategies for practice that are effective in achieving desired outcomes for youth and families, replicable from one site to another, and scalable, i.e., sufficiently clear in procedures, structures, and protocols to provide for full access to service in a given locality, region, or jurisdiction."
(Whittaker, et al., 2016, p.98)


OTHER
IMPORTANT
ELEMENTS

CARE Model Principles

"Based on the influential Children and Residential Experiences (CARE) model, Holden and Sellers outline six evidence-informed principles that are key to providing living environments that are developmentally enriching, responsive, and stimulating for children and young people in care. TRC settings should be:

CARE Model Principles

- relationship based (modelling positive relationships between adults and children)
- trauma-informed (acknowledging trauma histories and their impact on clients)
- developmentally focused (providing opportunities for developmental experiences)
- family involved (adapting to families' cultural norms and beliefs)

CARE Model Principles

- competence centred (providing opportunities to practice problem solving, coping skills etc.)
- ecologically oriented (adapting the physical and social environment to support growth)

Implementation of these CARE principles in 11 residences in New York was found to significantly reduce rates of behavioural aggression toward staff, peers, property destruction and absconding (Izzo et al., 2016).” (Oranga Tamiriki, 2020, p.14)

Tailored to Children's Needs

"• The outcomes for children in TRC should fall within broad categories of safety, happiness, stability and development. The outcomes should be set specifically for individual children and be measurable, achievable and relevant.

• The length of time spent in TRC should reflect the individual needs of each child. A longer period of time might be required, considering the severity of problems that these children experience.

• Treatment fidelity and development of therapeutic rapport are key facilitators of good mental health outcomes for children and young people in TRC." (Oranga Tamiriki, 2020, p.4-5)

Living Environments Should be Developmentally Enriching, Responsive, and Therapeutic

"• Living environments in residences have a large impact on the effectiveness and safety of TRC.

As such, living environments in residences should be developmentally enriching, responsive, and therapeutic for children and young people in care.

Living Environments Should be Developmentally Enriching, Responsive, and Therapeutic

- Trauma-informed environments and models of care in TRC also help to prevent rates of absconding and violent behaviour.

- There is evidence supporting small groups as appropriate for TRC, however there is no agreement on exact group size, and practice varies across services and jurisdictions."
(Oranga Tamiriki, 2020, p.5)

Living Environment is a Vital Component of Effective and Safe TRC

"The environment in which children and young people in TRC live and spend most of their time is a key contributor to the effectiveness and outcomes of care. To maximise gains from direct individual or group therapy, the living environment outside of these sessions should be warm, nurturing, and provide opportunities for social learning and modelling (Ainsworth & Hansen, 2018; Holden & Sellers, 2019; Hussein & Cameron, 2014; McLoughlin & Gonzalez, 2014)." (Oranga Tamiriki, 2020, p.14)

Living Environment is a Vital Component of Effective and Safe TRC

"Elements of the physical environment in small group homes used for TRC must be taken into consideration as they can positively contribute to children's experience (Adapted from Verso Consulting, 2016):

- Purpose-built/adapted premises that allow for private spaces
- Space for indoor recreation activities
- Design that assists with the development of personal responsibility and hygiene practices"

Living Environment is a Vital Component of Effective and Safe TRC

"• Opportunity for young people to personalise their bedroom, and collaboratively personalise
• shared areas
• Spaces for residents to safely withdraw, including sensory rooms (note there is a difference
• between elected withdrawal from a situation by a young person, compared to enforced restraint or seclusion
•A place, where staff can observe, neither intruding, nor being isolated." (Oranga Tamiriki, 2020, p.15)

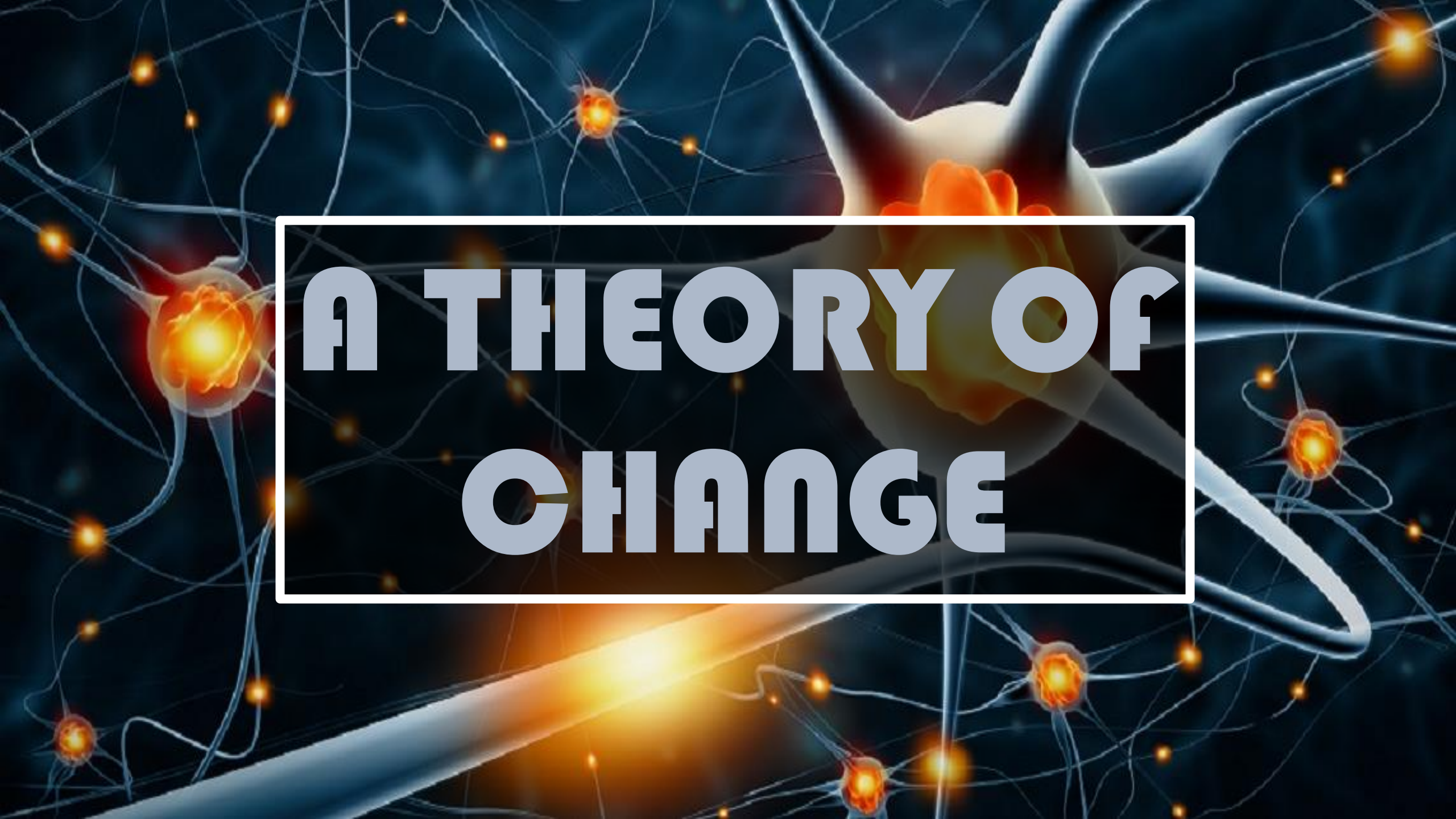
Positive Peer Culture

"The Positive Peer Culture (PPC) model was developed to tackle negative peer pressure among troubled youth. It is grounded in theories of social psychology and emphasises social context as a key determinant of thoughts and behaviours. As such, PPC aims to build a positive peer culture, which reinforces mutual responsibility, pro-social attitudes, development of trust and respect, and positive involvement in the community."
(Oranga Tamiriki, 2020, p.29)

The Importance of Training

"Staff should be trained in the use of practical tools for responding to the emotional and behavioural needs of children and young people in Therapeutic Residential Care.

Ensuring that staff are appropriately trained is consistently found to be an important factor of TRC effectiveness and responsiveness (McLean, 2016). This often includes psychoeducation on the impact of trauma on the behaviour and functioning of children and young people (Bryson et al., 2017)."
(Oranga Tamiriki, 2020, p.13)


A THEORY OF
CHANGE

Working with Theories of Change Rather than a Particular Model

"What is said to underlie models or programmes of TRC, what makes them therapeutic, is the willingness to work purposefully and strategically with "theories of change" for the positive development of children in care who have significant difficulties (Jakobsen, 2014).

Building in this principle of working with theories of change, as opposed to a particular model, will allow for greater flexibility in the delivery of TRC, and greater capacity to cater for the uniqueness of each child for whom TRC is intended." (Oranga Tamiriki, 2020, p.33)

Process of Change, Model Development, and Implementation

Model development must take place alongside processes that look at and work on the issues of change.

The importance of strong leadership cannot be underestimated.

Model Development Should be an Inclusive Process

"Explicit inclusion of direct care staff in the training and implementation activities of a program model or specific evidence-based intervention is believed to enhance commitment and buy-in and positively affect retention. In the absence of a stable workforce, the implementation of evidence-based treatments is likely to be unsuccessful."
(James, 2017, p.11)

A Clear Model & Strong Leadership

Having a model and strong leadership are associated with positive outcomes for clients. Conversely, not having a clear model, ethos, or philosophy is often a factor in poor outcomes, bad practice, and negative outcomes. (Clough et al., 2006)

Clarity of Purpose, Culture & Leadership

Clough et al. (2006) found through their research into what works in residential care, that positive outcomes for children are linked to a strong children's culture, which in turn is linked to a strong staff culture.

STRONG CULTURE

Strong Staff Culture → Strong Young Person Culture → Positive Outcomes
(Clough, et al., 2006, p.42)

Strong culture is said to exist when staff respond to situations because of their alignment to organisational values.

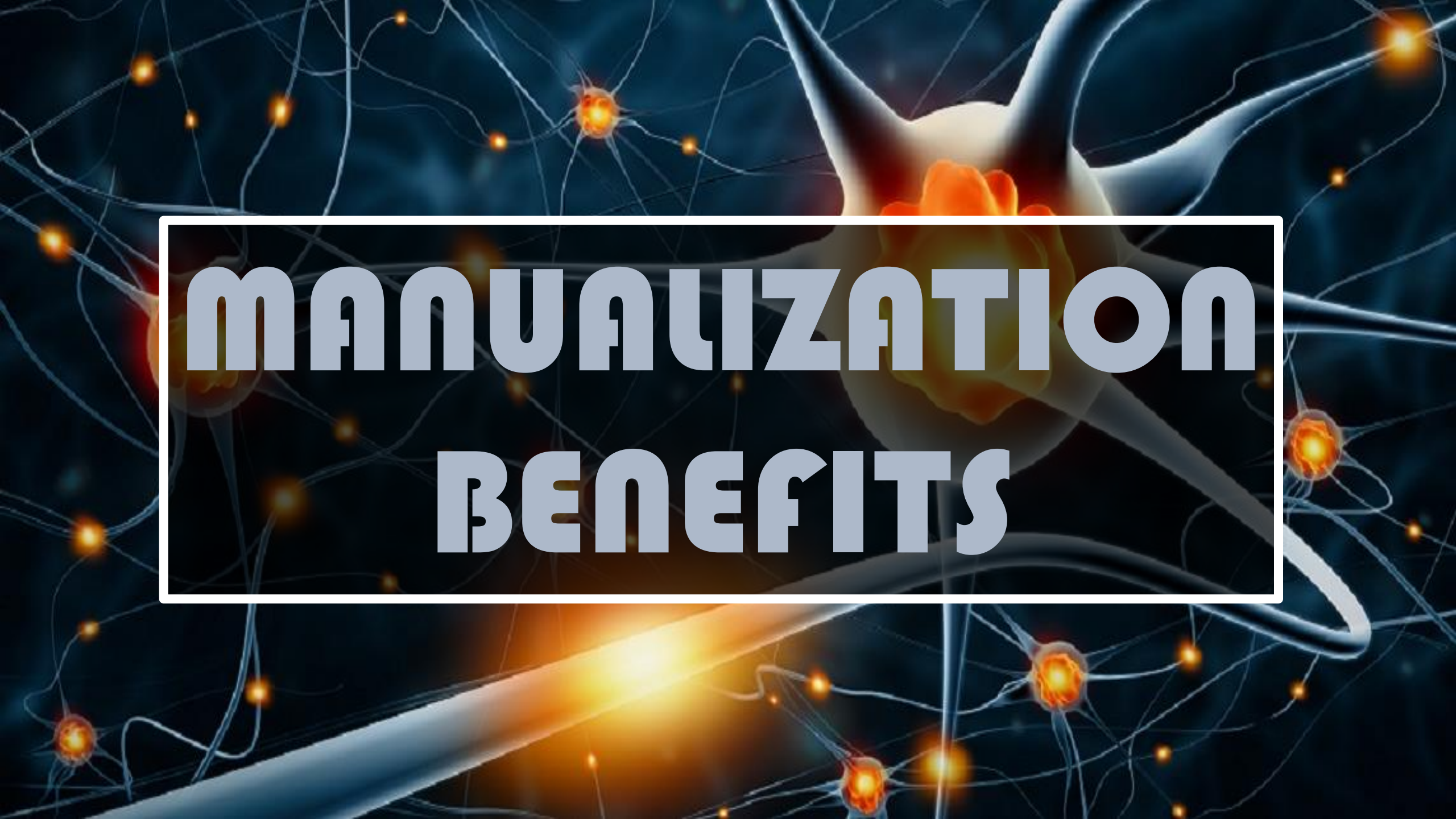

TREATMENT
FIDELITY

Treatment Fidelity

"Treatment fidelity refers to the extent to which treatment and care is implemented as intended. This includes adherence to, and implementation of, the key aspects and components of treatment design, and the delivery of treatment through skilled and appropriately-trained professionals (Duppong Hurley et al., 2017).

Treatment Fidelity

Previous research has found that treatment delivered within a TRC context is more effective, and client satisfaction higher, where there is high treatment fidelity (Duppong Hurley et al., 2017). Where treatment was delivered as intended, children and young people in TRC exhibited lower rates of internalising and externalising behaviours while in care.” (Oranga Tamiriki, 2020, p.9)

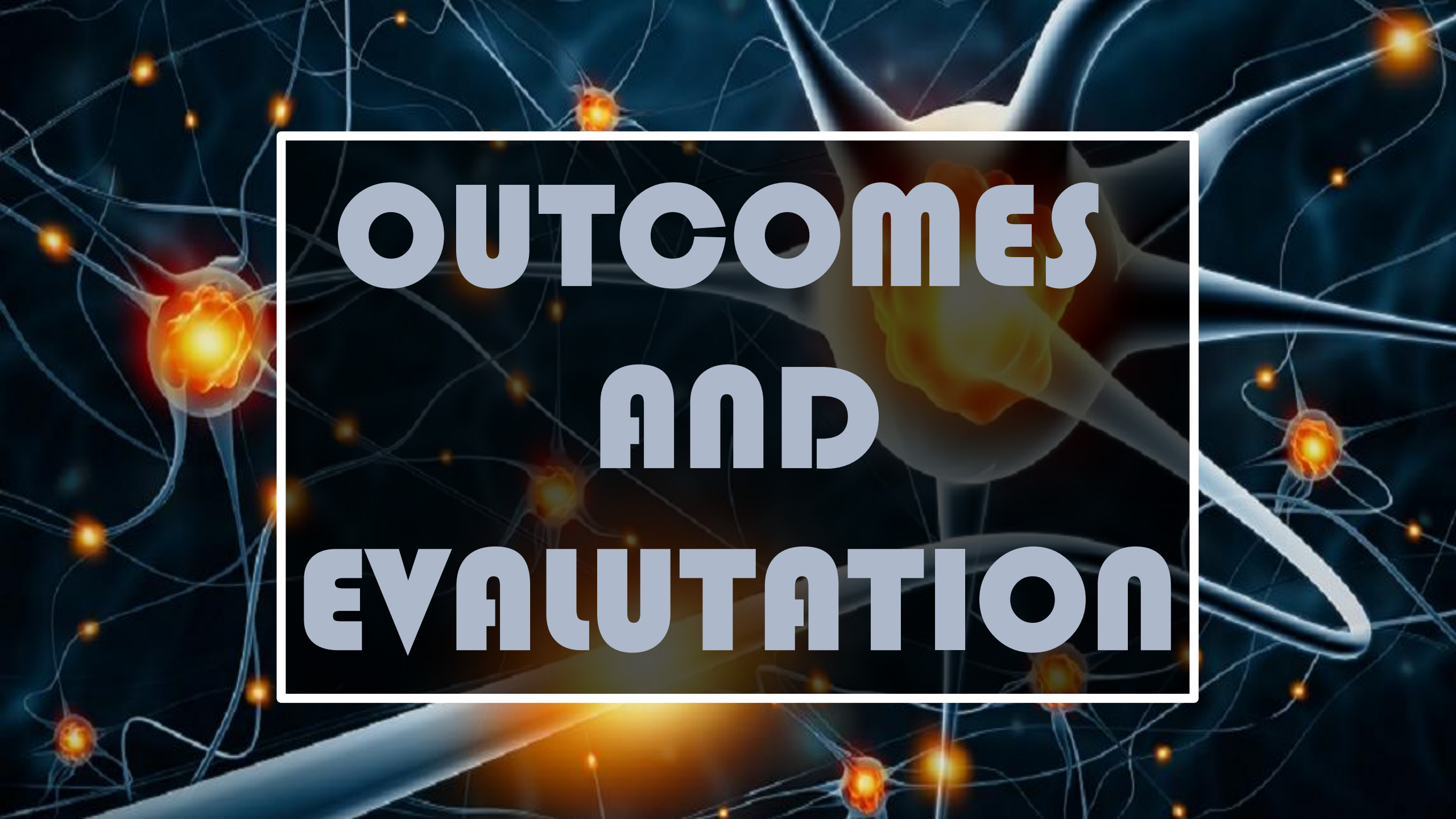

MANUALIZATION
BENEFITS

Manualization Benefits

"An important next step should be the manualization of your model. Many agencies already use manuals to guide part of their practice, but manualization is often resisted by the practice community for fear that it will undermine client-centered care and that it would stifle the 'creative' part of relational work with clients. Some have critically described it as a 'paint by numbers' approach (e.g., Silverman, 1996).

Manualization Benefits

Yet the process of actually manualizing a program model can lead to greater clarity about the flow and the elements of an already implicit program model and can point to important conceptual gaps. Developing a manual is important in the dissemination of the model, i.e., the training of staff, and it is a necessary step for evaluative work (e.g., Addis & Cardemil, 2005).”
(James, 2017, p.10)


OUTCOMES
AND
EVALUTATION

Building an Evaluation and Research Infrastructure

"Evidence-based practice inherently involves systematic evaluation throughout the practice process. It is the final step in the evidence-based practice process (Thyer, 2004) and is supposed to lead to refinement in practice with the goal of improving outcomes over time. One could argue that without evaluation there is no evidence-based practice.

Building an Evaluation and Research Infrastructure

Some agencies may have sufficient resources to build their own research and evaluation unit; others may have to partner with local universities or external evaluation/research teams (also see Thompson et al., 2017). Such partnerships can be highly fruitful and are an explicit way of closing the research to practice gap." (James, 2017, p.12)

Outcomes Should be Needs-Based and Properly Assessed

"In TRC with children and young people, experts are looking to achieve outcomes that can be identified by the children as positive. In this process, there needs to be a considerable emphasis on high-quality assessment, clear arrangements for support, good communication between mental health professionals and support staff and consultation with young people about their treatment. Assessment needs to also measure where a person is currently situated in their progress towards desired outcomes (Barton et al., 2012)." (Oranga Tamiriki, 2020, p.9)

Outcomes for any Child can Vary Widely

"It is important to note that there can be complexity with measuring success in TRC. Goals and outcomes for any one child can vary widely, from just being alive, to completing school studies; both are positive outcomes and worthy of celebration. With this in mind, measuring success in a TRC placement must have perspective on what success might mean for different children (Barton et al., 2012)." (Oranga Tamiriki, 2020, p.9)

Safety, Happiness, and Development

"Some researchers suggest three broad outcomes categories for children in TRC: safety, happiness and development. These outcomes should be set specifically for individual children and be measurable, achievable and relevant. Also, when measuring outcomes it is important to consider whether the outcomes are achieved equally by different groups receiving the same service, e.g., different gender and ethnic groups. It is also important to balance the focus on high-quality processes in therapeutic care with a focus on outcomes (Barton et al., 2012)."
(Oranga Tamiriki, 2020, p.9)

Assessments & Outcomes

"John Lyons' extensive work on evidence-based assessments and outcome-oriented practice in residential care settings further highlighted the benefits of a data-driven approach for residential care (e.g., Lyons, McCulloch & Romansky, 2006; Lyons, Woltman, Martinovich & Hancock, 2009)." (James, 2017, p.5)


READINESS FOR
MODEL
DEVELOPMENT

Readiness for Model Development
Take a Critical Look at your Program Model

"A sound program model is the necessary foundation or umbrella for effective residential care practice, and without it nothing else will likely matter. It constitutes 'the other 23 hours' (Trieschman, Whittaker & Brendtro, 1969) of the therapeutic milieu, in which development occurs and therapeutic relationships develop (Duppong Hurley, Lambert, Gross, Thompson Farmer, 2017).

Readiness for Model Development Guiding Questions

- When did your program model develop?
- What are the theories that are guiding your agency's approach?
- What is your theory of change?
- What implications does your overall model have for staff, for children and their families?
- How explicit is your program model in the day-to-day work of your agency?

Readiness for Model Development Guiding Questions

- Do all staff (residential care staff included) understand the model?
- Who is responsible for the integrity of the model?
- How does the model change between the levels of care?
- Has the model changed over time?
- Are you satisfied with the elements and the outcomes of your program model?"

(James, 2017, p.10)

Assessing Readiness for the Implementation of (Multiple) Evidence-Based Treatments

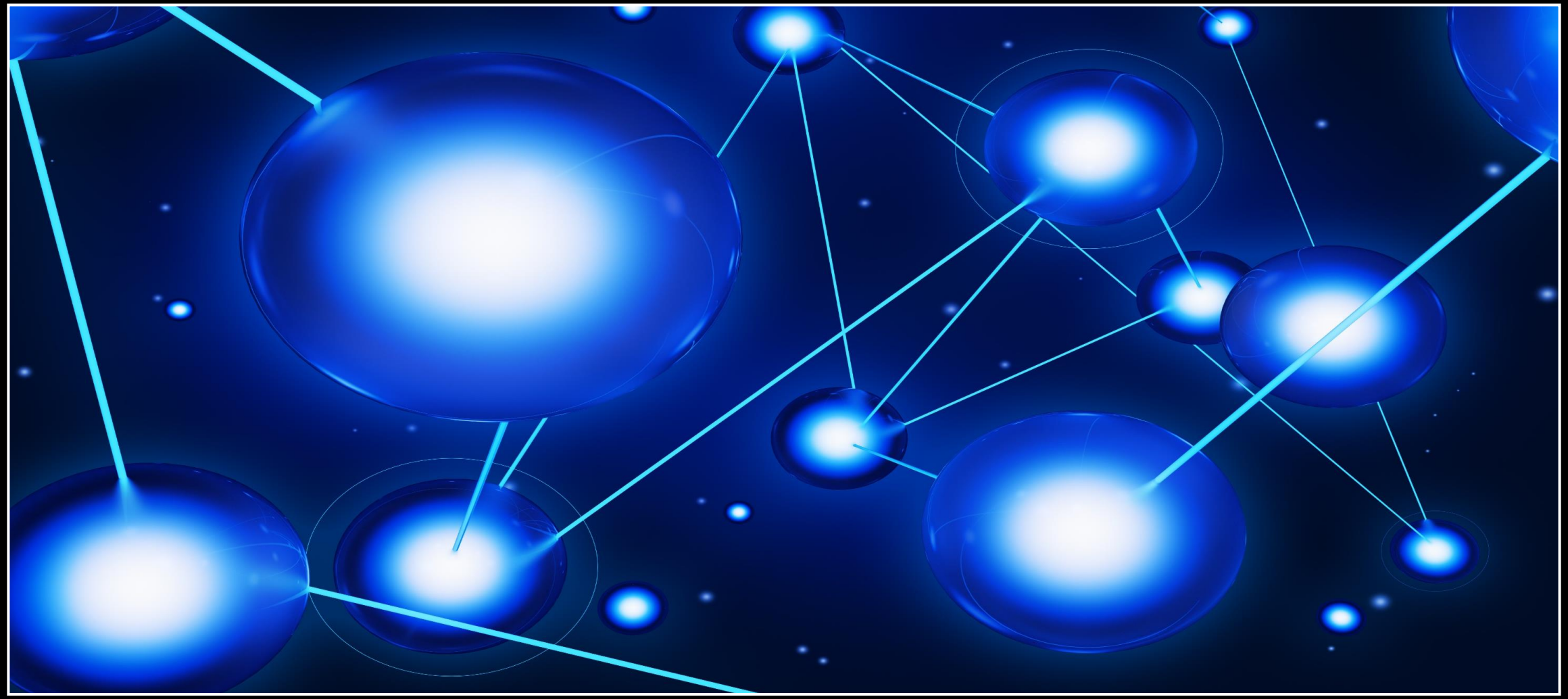
"Questions to be addressed during this phase include:

- What is the primary reason your agency wants to adopt a specific evidence-based model/treatment?
- What are your agency's short- and long-term goals? Who is your client population?
- Which evidence-based model/treatment is being considered and how does it fit you're your agency's client population and its stated goals?
- How stable is your agency? Where is your agency developmentally (e.g., Is it a new or established agency? Has it recently gone through significant changes or even turmoil?

Assessing Readiness for the Implementation of (Multiple) Evidence-Based Treatments

- Who is the initiator of this effort? Is there leadership support and buy-in? Is there buy-in from all/most staff?
- How would you describe your agency's working climate?
- How committed is the agency to implementing the EBP?
- Does your agency have the resources (personnel, contextual, financial) to implement the EBP?

If an agency does not meet criteria for readiness, it might be better to delay implementation efforts."
(James, 2017, p.10)



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