association of
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Redefining Residential:
Integrating Education in Residential Interventions

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This is the 14th in a series of papers by the Association of Children's Residential Centers (ACRC) addressing critical issues facing the field of residential treatment. ACRC is the longest standing association focused exclusively on the needs of children and youth who may require a residential intervention, and their families. The purpose of the papers is to stimulate dialogue and self-examination among organizations, stakeholders, and the field.

This paper focuses on providing education for youth receiving residential interventions. Education is a fundamental human right (UN General Assembly, 1948) that does not end when behavioral, emotional, or mental health challenges begin. As a result, every residential intervention that serves children and youth must incorporate ongoing formal education in addition to the skill-building and specialized services that address each student's treatment needs. The formal education component should include high expectations for educational attainment in the context of a child's holistic growth.

Family members and youth have advocated that high-quality education, attuned instruction, and vocational planning and training become an equal or primary focus of residential interventions across the field, a laudable and achievable goal. This paper discusses the main configurations for the provision of education in residential programs, educational challenges faced by youth requiring a residential intervention, the importance of individualized and trauma-informed relational instruction, strengths-based considerations, and family involvement in helping integrate education and treatment.

EDUCATION IN RESIDENTIAL PROGRAMS

"Therapeutic residential care" is an umbrella term used to describe a wide variety of residential interventions for children and youth. (Whittaker, et al., 2016) Accordingly, the formal education component of residential interventions also varies. Emotional and behavioral supports go hand in hand with education, and while generalizations are difficult, the approach residential programs take to education can be grouped into three types of configurations.

Residential Interventions Designed as Schools- This approach centers the residential programming around the learning environment. "Youth often must apply and be selected to attend." (Lee & Barth, 2009) Some programs may have a day school option, through which students who reside in the community attend for the specialized education and return home each night. Educational needs may be the identified point of entry, but the social, emotional, behavioral, and mental health services are core to the curriculum and the living arrangements. With this structure, the school *is* the treatment environment, and treatment and educational services are fully intertwined.

Schools Integrated on a Residential Campus- Many residential programs partner with the public education system to provide a campus-based specialized public or charter school, or incorporate a licensed, accredited private school on their campus. This approach typically centers the programming

around the treatment environment, variably integrated with schooling. Given that children referred to residential treatment typically have exhibited poor performance and challenges in school functioning prior to referral, an on-site school environment can represent an opportunity to improve a child's resilience when it is a structured, safe setting with dedicated professionals who also know and understand the students' treatment goals (Gonzalez-Garcia, et al., 2017; Thompson & Smith, 1996). With this structure, the school becomes an extension of the treatment environment, and ideally treatment and educational services are highly integrated. Students may also attend mainstream classes off-campus, based on treatment progress and individualized educational goals.

Residential Interventions Partnered with Community Schools- Increasingly residential programs are linking with community supports and services to help youth sustain ongoing family and community relationships. This approach, described in previous ACRC papers and the Building Bridges Initiative (www.buildingbridges4youth.org), intentionally seeks to use the residential intervention for as short a length of stay as possible, with the locus of treatment vested in the family and community. Treatment typically occurs both in the residential center and in home and community settings. Treatment and educational plans focus on skill development with as high a degree as possible of participation in community, school, family, and extracurricular activities. Normalcy is maintained, and the ability of a child to stay in a consistent school environment adds to stability when the child transitions out of the residential environment. Information-sharing between the residential and educational staff is key (Gallagher, et al., 2004). With this structure, the treatment program partners closely with the school, and continuous communication between members of the child and family team, especially including educators and administrators, is essential to promote gains in both treatment and educational goals.

Of the various approaches to meeting the educational needs of children and youth in residential interventions, "[t]here is no research to suggest that one approach is better than the other." (Thompson & Smith, p. 222, 1996) Nevertheless, there is concern that some programs may not provide an adequate, quality curriculum to ensure that students meaningfully progress towards high school graduation, which is a key factor in long-term success. (Steyer, 2011) The inherent dynamic tension between meeting and prioritizing both treatment and educational needs means that all configurations must create a culture that prioritizes building a range of academic skills and supporting life aspirations and long-term goals necessary for a successful transition to adulthood.

High-quality integrated treatment and educational programming in any of these approaches do demonstrate positive progress towards attainment of high school diplomas or equivalent, and many programs also offer career and technical educational opportunities. In fact, the socio-emotional, instructional, vocational training and college preparation methods that characterize solid education across all schools, mainstream or otherwise, apply in residential interventions as well, with accommodations in place to address the unique challenges presented by those youth who need them.

EDUCATIONAL CHALLENGES

Young people who need a residential intervention have often had life experiences that have interfered with or derailed their learning. They may be impacted by the effects of complex trauma and disrupted attachment on brain development and social functioning. These can include reduced cognitive capacity, poor executive functioning, sleep disturbance, memory difficulties, anxiety, inattentiveness, language delays, and problems with self-regulation and peer relationships. In addition, some have had significant gaps in school attendance due to instability in the home, poverty, homelessness or frequent moves from one home to another. It is not unusual for them to have experienced further gaps in their education due to long suspensions, inpatient hospital stays, or even exclusion from school due to aggressive and disruptive behaviors. Some have challenges related to developmental and intellectual disabilities.

Thus, youth entering residential programs are often working through a variety of such issues at one time, particularly those related to trauma, loss, mental health, and social – emotional development. The cumulative impact of their experiences has resulted in incomplete development of critical thinking skills needed to attend to, absorb, and/or process information as well as those needed to act in alignment

with social and educational expectations. The youth's identity as a student and learner is compromised, sometimes severely. For some, this can serve as a seemingly final blow- a reinforcement of all their worst beliefs and fears about themselves.

The problem is exacerbated for young people who have been in several schools and/or residential interventions. With short lengths of stay, school placements can change and even if the youth attends school regularly they often haven't spent sufficient time to earn full credit, so their time and effort don't "count". This speaks to the need for residential providers to work with the educational system, regardless of the structural model, to find ways to award credit for time spent and work accomplished. Potential strategies include communicating clearly and precisely to the next school regarding academic progress, both generically and in specific subjects, and awarding partial credits. This can help counteract the hopelessness that some youth experience regarding education- that school and credits don't matter and that they themselves are lost causes who will never succeed. (Conn,2018)

These challenges often manifest in a default tendency- prioritizing the youth's child welfare and mental health needs over education. For example, for a young person posing risk of danger to themselves or others, ensuring safety must be the focus; education and credits become secondary. Nonetheless, it is critical to maintain an overall perspective that the need for the residential intervention and schooling are complementary and not competing for importance. Youth in residential treatment should not be denied a solid educational experience because their life experiences and/or developmental/mental health concerns may be acute. High quality education fosters the development of self-regulatory, relational, and cognitive skills, and is empowering. School offers the possibility of a supportive peer group and positive relationships with adults and authority figures with whom youth can experience a sense of acceptance and affiliation. This is true for all young people, not just those entering residential interventions, but for those in particular, school can be therapeutic, just as therapy can be instructional.

INDIVIDUALIZED INSTRUCTION

Schools for youth in residential programs typically use instructional approaches similar to those in mainstream schools, and of course some youth in residential interventions do attend school in the community. Often youth who need residential interventions are special education students, with Individualized Education Plans (IEP). These contain very specific goals and expectations that help in the development of a unique and prescriptive learning program. Students tend to benefit from these programs; a robust implementation of IEP's in residentially based classrooms ensures that learning accommodations are provided based upon the emotional, behavioral, and social needs of the students.

However, it is relatively common for children and youth to enter residential systems without an IEP or other specialized education plan (e.g. IFSP, 504 Plan) even when they do in fact experience a learning disability. Disabilities are often missed when the primary focus is on the child/youth's presenting behaviors. Assessing, or reassessing, for a learning disability is an important practice for youth entering residential interventions, creating an opportunity for increased success when they return to their home school. In fact, a potential benefit of an integrated residential educational intervention is that it affords learning specialists and teachers this opportunity for re-assessment and identification of needs and accommodations that may have been missed in the general education setting (Gardner, 2018).

The challenge, whether guided by a specialized educational plan or not, is to provide individualized education in a manner that engages and stimulates interest, is based upon healthy relationships with instructors, and is fully integrated with the provision of mental and behavioral health services. Attention to various learning and processing styles offers guidance for creating attuned instructional approaches. (Gardner, 2011) Exclusively didactic lessons can be complemented by more comprehensive concept-based curricula, with activities and ancillary modules to differentially meet the needs of visual, auditory, and kinesthetic learners. Offering students sensory supports can enhance their ability to regulate their emotions when anxious or reactive to the expectations of their learning plan. IT options enable conceptual expansion to learners with processing disorders, potentially transforming road blocks into bumps in the road (Pisha, 2003). Voice to text software and word predictor programs can open up a

world of opportunities for students across all content areas. These tools are valuable because diverse learners are more of the norm instead of the exception for those receiving residential interventions.

Yet, all of these curricular options and enhancements– as essential as they are – often by themselves cannot meet the unique needs presented by students in residential programs, who typically require something more. Having a well- defined and creative curriculum certainly is one aspect of a strong residential school – but, it's not the only one. If strong curricula were the only factor that guaranteed student success, then many students would not require special education and even fewer would be enrolled in residential programs.

THE CENTRAL ROLE OF RELATIONSHIPS

One of the core elements of a successful educational, therapeutic, and developmental experience is that it be relational (Perry, 2012). Residential interventions typically seek to develop and use therapeutic relationships to generate change, but relationships are as critical to the academic process for children experiencing a residential intervention as a strong curriculum, varied teaching approaches and instructional technology. Relationships are an academic and learning catalyst.

Relationship development in the classroom is facilitated by implementing four key practice principles:

- Creating a structured and predictable environment by establishing rituals and routine
- Increasing teacher capacity to manage, and self-manage, intense emotions
- Improving teacher-youth attunement so that the teacher is able to respond to the youth's affect, rather than react to the behavioral manifestation
- Increasing praise of personal capabilities to facilitate the child's ability to identify with competencies rather than deficits. (ARC, www.traumacenter.org)

While these principles are applicable in all educational settings, in residential interventions they offer a powerful, relational, integrated therapeutic-educational experience. Full inclusion of the teachers as members of the Child and Family Team, whether the school is on-campus or in the community, helps to expand and enrich the relational foundation and amplify the potential positive impact of the school. For programs in which the school is co-located with the residential services, expecting that teachers spend time with students that is not exclusively instructional can facilitate relationship development.

This integration is not without complications. Often such coordination among and between teaching and clinical faculty can lead to unclear boundaries. Teachers may be therapeutic, and full members of the treatment team, but does this turn teachers into therapists or counselors? And, are there reciprocal expectations for treatment staff to spend instructional time in the classrooms with the students? The differential roles are important. The teachers' responsibility is for assessment, learning goals, and knowledge acquisition. The clinical staff role- therapists and front-line staff alike- is to interact in keeping with the treatment plan to help youth develop behavioral and cognitive skills. Youth benefit when treatment staff are connected and present at school activities, but not with the expectation that they are replacing teachers, parents, friends, or community partners. As in all schools, students are more likely to experience success when boundaries are clearly defined, enabling adults to work together in concert.

This involves some degree of cross training. Teachers have often not received training in trauma informed practice or mental health issues, nor treatment staff in educational methods. Some agencies attempt to bridge this gap by involving all staff- classroom and treatment alike- in training and planning activities. This best practice creates educational settings in which treatment staff assist the teacher in creating a predictable learning environment and students experience supportive and positive relationships with adults and peers. As in all educational settings, youth learn better when the relational environment is safe, fear of learning is reduced, and progress is measured by the child's increased curiosity and participation in their own learning.

STRENGTHS BASED EDUCATION

Given the nature of the population it is important to use strengths-based approaches that are attuned to the students being educated. These considerations are broadly applicable across all school settings, yielding an obligation for residential programs to use them in their classrooms as well.

Strengths-Based Mindset- A strengths-based learning approach can be summed up by the phrase used by one trauma-informed model: "kids do well if they can, and if they're not doing well we need to figure out why so we can help." (Collaborative Problem Solving; www.thinkkids.org) This mindset, also reflected in other models, is consonant with the neuroscience that explains the negative impact of overwhelming stress and trauma on the brain as it develops through childhood. The statement is foundational to supporting students from a place of empathy (Shevrin, 2014), generating a mindset that helps teachers shift from saying "that student won't learn" to "that student hasn't mastered that skill yet".

Structured Framework-As important as is this mindset, a structured framework for strengths-based instruction is critical. There are several available frameworks. For example, the Universal Design for Learning (UDL) provides a research-based blueprint that applies relevant neuroscience for creating instructional goals, methods, materials, and assessments that work for everyone--not a single, one-size-fits-all solution but rather flexible approaches that can be customized and adjusted for individual skills, needs, and interests. (www.udlcenter.org) In addressing the what, how and why of learning it can be particularly useful for young people who need a residential intervention.

Group- Group based learning exposes young people to the social-emotional skills they are expected to develop and generalize. Seven principles that underpin a strengths-based approach to group work are universally applicable- in mainstream school settings as well as for youth in residential interventions.
1.Focus on strengths, abilities & potential rather than problems, deficits & pathologies.
2.*Recognize the strengths and expertise of participants: Everyone is a teacher and a learner.*
3.*Actively involve participants in decisions about the purpose, content and processes of the class, to the degree feasible.*
4.Focus on the whole person and recognize their development and social context, rather than focusing on the "broken" part of students.
5.Use language that is strengths-based, non-judgmental, inclusive and future oriented.
6.*Encourage experiences where students can be successful. Working in classroom groups can provide people with a range of opportunities to be successful. Create safe, supportive environments, in which students can try new skills, activities or behaviors without ridicule.*
7.Recognize complexity and have a commitment to social justice. (Stuart, 2016)

Computerized- In the 21st century, technology has certainly played a significant role in pushing learning and acquisition to new heights. In some instances, it has brought important questions regarding the differential impact of learning primarily through a teacher or through taking online classes. There are some residential programs that have online school as the only option; students sit in a classroom for hours in front of a computer and work on online classes to earn credits. However, this can compromise the relationship development that is so vital to learning, and in fact many youth receiving a residential intervention do not learn well just being put in front of a computer, preferring to work with an instructor for at least part of their education (Conn, 2018).

Nonetheless technology can be extremely helpful in providing strengths-based accommodations and has opened new arenas of study that were previously not included in elementary or secondary educational plans. 21st century schools regularly offer coursework in coding, design, and digital imaging. Many youth may excel precisely in this field, which can be a natural fit for students with communication disorders and/or who struggle with various aspects of reading social cues and interaction (Faulkner and Latham, 2016). It is also a burgeoning field of post-secondary study and employment.

FAMILY AND YOUTH INVOLVEMENT
Best practice in residential interventions is that the services and supports be family-driven and youth-guided, as has been discussed in previous ACRC papers. This includes the youth's education. Residential programs have an obligation to promote the parents and youth as leaders in the educational process as they do in the treatment process. This involves adopting the paradigm-shifting mindset that supports parents as active experts and advocates regarding their child. It is commensurately important to provide access to training on IFSP/IEP/504 plans that covers how placement changes can affect the

services their child/youth receives, as well as on the intricacies of ensuring that credits or partial credits are awarded for the education received during the residential intervention.

While parent teacher collaboration is important, one vital player is often left out: the student. When a young person isn't included in conversations about their education, they are unable to receive important information that significantly affects them or to provide input, depriving them of a sense of agency. It is imperative that we prepare youth for what lies ahead by setting realistic expectations, including the possibility of falling behind their peers and attending school longer to graduate or receive their GED.

The interaction between parental figures, youth and educators around academic achievement helps young people grow and develop, and is normative. Regardless of which type of school program accompanies a residential intervention, the best opportunities for success are when there is a collaborative and engaged relationship between the youth, parents, school, and program.

CONCLUSION

Education is central to the development of every young person and must be an intentional, thoughtful, indispensable component of any residential intervention – whether that education occurs by design in a specialized residential school, on the grounds of a comprehensive residential campus, or in partnership with educators and community schools. Regardless of setting it is critical to employ educational approaches that implement the most recent scientific research and evidence.

ACRC urges its members and the field to prioritize education equally with treatment and to ensure that educational practices are of the highest quality. It is not only a basic right for the youth, it is also necessary for them to achieve long term positive outcomes.

More information regarding exemplar residential educational programs, ACRC, or previous papers is available by contacting ACRC or at www.togetherthevoice.org.

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