



association of  
**CHILDREN'S**  
RESIDENTIAL CENTERS

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## **Redefining Residential: Trauma Informed Practice: Moving Away from Point and Level Systems**

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

Young people are most often referred for a residential intervention due to concerns about their behavior and safety in home and community settings. Thus, a prime focus of residential programs has always been on "behavior management" in the day to day life in the milieu. While differing approaches have been developed, a common strategy has been the use of point and level systems (P&L). These have been seen as providing motivation for the youth to meet the behavioral expectations of the program through specified rewards and consequences.

Targeted operant approaches with individualized reinforcement systems within a relational framework can be useful for much of the children and youth population. However, a growing body of research in the neuroscience along with both clinical and lived experience is demonstrating that prescriptive point and level systems applied universally to a group do not typically result in enduring behavior change for the 10-20% of youth with serious behavior challenges (Ablon, 2018). Additionally, youth raise objections to what they consider arbitrary decisions regarding their status and privileges, and families object to behavior management approaches that don't transfer readily into their homes.

The Family First Prevention Services Act (FFPSA) connects to this issue. The law limits out-of-home care reimbursement to certain specified settings, including Qualified Residential Treatment Programs (QRTPs) that provide treatment for youth with assessed need and provide trauma-informed programming, which by definition offers individualized responses not characteristic of prescriptive P&L.

This paper summarizes issues and concerns related to universal prescriptive P&L systems. It distinguishes between individualized operant and universal P&L approaches, reexamines the rationale for P&L, discusses the potential impacts of P&L on relationship development, reviews trauma-informed care and implementation frameworks, and addresses the organizational decisions and mindset challenges pointed to by the science. Youth and family perspectives are included throughout the paper.

### **DISTINGUISHING OPERANT SYSTEMS**

Operant approaches- interventions that use reinforcing and/or punishing responses to behavior in order to generate behavior change-began to be introduced in psychiatric hospitals, prisons and residential treatment concurrent with BF Skinner's work on operant conditioning (Mohr, 2004). In residential programs this has often taken the form of behavior management (P&L) systems through which youth earn points (or tokens of some sort) which add up to levels that determine their privileges, universally applied to all youth in the program. These prescriptive and proscriptive systems in essence become a "one-size fits all response" to behavior across the milieu. It is important to distinguish these from operant

interventions that are individualized, flexible and customized, based on a comprehensive assessment of the youth and family's strengths and needs, culture, and skill development

The literature cites programs that have demonstrated evidence of effectiveness with operant interventions with elements of P&L, particularly within the context of a relational, family-style, comprehensive approach to healing and individualized skill acquisition (Gross, et. al. 2015). Such programs are distinct from those that implement P&L universally as a motivational methodology, also discussed in the literature, as a focus on "control that backfires" (Van der Ven, 2009). These universal prescriptive P&L systems are the focus of this paper.

## **REEXAMINING THE RATIONALE; FOLLOWING THE SCIENCE**

While there isn't a strong evidence base comparing P&L with alternative relational approaches and models that have been developed over the years, the scientific research provides important perspectives. P&L systems can teach basic skills, provide external motivation, and yield immediate compliance (<http://www.ncbi.nlm.nih.gov/pubmed/19290721>), but they "react to behavior rather than respond to needs" (Brendtro, 2004), and don't yield long term enduring outcomes. Emphasis becomes placed on negative consequences for challenging behaviors rather than the shaping of pro-social behaviors through the use of carefully managed reinforcement schedules.

Despite these concerns some residential programs have been reluctant to shift. The rationale often given is that P&L systems: 1) provide motivation to the youth to change their behavior and develop skills through the reinforcement provided by rewards and consequences; 2) provide consistency between direct care staff implementing treatment and environmental expectations, and can be trained with fidelity to the intervention strategy; 3) offer easier decision making for direct care staff in implementing the behavioral component of treatment plans; 4) are less costly compared to an evidence based model; and 5) can address mixed populations and acuity in the same milieu with uniform responses to behavior. Advances in social learning and behavior science research, key neuroscientific principles, and practical considerations call this rationale for universal prescriptive P&L into question.

Research on motivation has identified primary intrinsic motivational drives; autonomy, competence, and relatedness (Kusurkar, et al 2011). P&L approaches can compromise these. They inherently suggest that the youth needs external sanctions and rewards to meet behavioral expectations- that they don't have the competence on their own. They remove a sense of autonomy, and they substitute the P&L system for interpersonal relatedness as the focus of interactions.

*P&L systems don't help us develop self-awareness of internal motivators or how to recognize the feeling of having accomplished something in our own right, rather than for earning a reward.  
(Lacy, Young Adult)*

Social learning theory informs us that reinforcement is most successful when delivered as soon as possible after the desired behavior and that reinforcement can be sustained over time and across settings- if the environments are similar (Mohr, et al. 2009). Many P&L systems reward points and/or alter levels on the basis of behavior that may have occurred several hours or longer prior to the reinforcement, and the residential milieu is very different from the youth's home and community. Thus, both reinforcement of desired behavior and potential skill development are compromised.

*After my daughter came home from residential she would ask "where we are going today?" My answer was "nowhere, we're staying home". She had become accustomed to "outings" for good behavior, which as a parent weren't reasonable to do on a daily basis. (Chris, Parent)*

The neuroscientific principle of specificity- that skills are learned in real life situations that require the skill (Perry,2006) -is not implemented by P&L systems. For example, a typical schedule of daily routines requires youth to effectively respond to multiple transitions each day: bedtime, going to school, hygiene, homework, etc. Points and levels that require compliance in these areas become the topic of conversation between staff and youth, the real-life skills needed at the time often becoming secondary or lost in the stress of the exchange. More practically, P&L removes privileges, which means denying opportunities-for recreational activities, time at home, volunteering, etc.- that enable youth to practice

self-regulation, problem-solving and relational skills in real life situations. This categorically deprives the young people of the chance to practice the very skills they need to develop.

*I came from a restrictive setting and went to college where there were no restrictions whatsoever. That transition was a nightmare. I had no independent living skills, no social skills, was way too cautious when it came to dating, and it took two years to adjust. (Michael, Youth)*

These problems are exacerbated by the challenges of staff decision making and consistency. Staff in residential interventions are subject to challenging situations throughout their day that can be triggering, compromising their judgment and complicating their decision-making. Such situations occur frequently in response to P&L, reflected in the youths' explosive, complaining, and/or pleading reactions, and staff are apt to break consistency due to their own internal responses. Consistency is also compromised by the staff shift changes throughout the day and week, undermining the reinforcement system.

*As a family member I witnessed the impact of youth "earning" a reward but then not able to receive that reward because of the program's inability to follow through. I've heard youth say, 'we earned this and now we can't because there isn't enough staff'. The "reward" for being compliant shouldn't be dependent on someone else's ability to follow through. (Ron, Parent)*

Mixed populations add to the challenges. Creating uniform, "one size fits all", responses for youth of varied and diverse backgrounds, needs and behaviors— even if they have the same diagnosis, age or gender—compromises the provision of individualized treatment. Youth report feeling as if P&L systems make them feel like they are being approached as objects and are "done to", rather than supported in their development. The unintended result is that they learn to conform without increasing their abilities to make decisions for themselves and become resources in their own lives (Loftquist, 1989). Youth request an individualized approach, one that increases normalcy and social connection, offers positive youth development opportunities, and teaches them how to access concrete support in real time (Boel-Studt, S., Tobia, Browne, C. H., Notkin, S., Schneider-Munoz, A. & Zimmerman, F. 2015).

*When my daughter entered residential, she was unable to meet the daily requirements because of her psychosis and needed individualized expectations to meet her needs at any particular time. A level system would not have worked for her, in her mental state. (Sandy, Parent)*

These limitations stand to increase cost, as inconsistencies, recurring behavior problems, insufficient skill development, and resistant reactions to P&L can cause frustration for youth and staff alike, leading to greater frequency of incidents, injuries, and staff turnover (Lebel, 2005).

## **RELATIONSHIP IMPACTS**

Probably the most significant concern about P&L is the potential cost to relationship development. The neuroscience points to key principles: that relationship is essential to learning, skill acquisition, and prosocial behaviors and that people attach, learn, and demonstrate prosocial behavior when they have a felt sense of relational safety (Flores, 2017). P&L systems that position staff and caregivers to arbitrarily reward and punish based on observable behavior interfere with relationship development and the felt sense of interpersonal safety. The system tends to become the "currency of exchange" in lieu of relationship, mitigating against learning, skill acquisition, and prosocial behavior.

Some fundamental principles of brain science shed light on why. Our nervous systems are constantly scanning the environment and others to determine whether they are safe, dangerous, or life threatening (Porges, 2003). Accumulated experiences of overwhelming stress and trauma shape the moment to moment assessment of safety and danger, sensitizing the stress response and skewing it toward sensing danger, even in response to relatively innocuous stimuli. Power differentials activate the stress response system and can trigger fight, flight, freeze responses (Perry, 2009). They are always present between staff and clients but can be exacerbated by a P&L system, that is effectively "in the face" of clients in interactions throughout the day. Additionally, a loss of level or privileges or anticipated rewards is typically experienced as punishment and is inherently threatening, potentially triggering significant dysregulation and resultant behavioral explosions or implosions.

*For many youth in residential trust is an issue. Believing in an adult can be an issue. With P&L, youth are again subjected to disappointment, and difficulties believing in adults. (Lisa, Parent)*

In programs that don't use P&L, staff frequently appreciate the opportunity to work with the youth relationally. One Executive Director noted:

*My staff reported not having to work within P&L but rather a relational approach is a key reason for staying in a job that is demanding and difficult at times. They want to feel like nurturers not wardens. (Pete Myers, 2019)*

## **TRAUMA-INFORMED FRAMEWORKS FOR PROGRAMMING**

Organizations and their staff struggle with how to respond to the increasing knowledge of the inappropriateness of prescriptive universal P&L for the population most often referred for residential intervention. There is no simple answer, but the knowledge base is growing about frameworks and approaches that apply the science at the organizational and practice level.

An understanding of trauma-informed care (TIC) provides an organizational starting point, applicable for all organizations and required by FFPSA for QRTP's: "...a trauma-informed treatment model designed to address the needs, including the clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances..." (Bi-Partisan Budget Agreement Act). A trauma informed model will be collaborative, supportive, relationship-focused, and sensitive to Individual triggers, avoiding coercive behavioral approaches in favor of "...opportunity to affirm and build positive working relationships..." (Trieschman, Whittaker, Brendtro 1969), with a range of intervention strategies focused on emotion regulation, sensorimotor techniques, expressive therapies, dyadic therapies, and family engagement (Pecora and English, 2016). The five overarching characteristics of a system with these characteristics- Safety, Trustworthiness, Choice, Collaboration and Empowerment (Fallot, 2009) - are all subject to being compromised by P&L systems.

Implementing trauma-informed care is a significant organizational decision. It typically involves transformation of the organization's culture, policies, procedures, training regimes, and treatment approach. A key determinant to assess when moving in this direction is the organization's readiness- the residential intervention's philosophy and theory of change, as well as its alignment with the latest evidence and research. The decision making is not easy, as it often entails a shift away from a long and tightly held approach. Even more difficult is the process itself, involving key implementation drivers- Board and executive leadership education and buy-in, comprehensive staff training, choosing or designing a practice model and interactional approaches, identifying staff champions, involving staff at all levels as well as youth and families in decision making, providing ongoing coaching, and establishing metrics to measure and assess change (National Implementation Research Network, 2016). In short it is an operational challenge that needs to be carefully thought out, requiring shifting of resources as well as identifying new ones.

The Building Bridges Initiative (BBI) framework and the Six Core Strategies© offer actionable approaches to residential intervention programming that implement trauma informed care. The Six Core Strategies© identify organizational strategies that move an agency toward transformation ([www.nasmhpd.org](http://www.nasmhpd.org)). Focused on restraint and seclusion reduction they also by extension can help an organization move away from P&L systems. BBI provides a compendium of practices a residential program can choose from to become family driven, youth-guided, culturally and linguistically competent, linked with community, and quality improvement/outcome focused. ([www.buildingbridges4youth.org](http://www.buildingbridges4youth.org))

*The implementation of BBI and the Six Core Strategies opens the door for youth voice and family driven care which will hopefully lead to empowerment and internal rewards that will last a life time. It is crucial that youth and families are valued by the program and more importantly that they learn to value themselves, and that their voice matters. (Sandy, Parent)*

Young people recommend trauma-informed frameworks, including promoting a normalcy approach, which allows continued activities such as calls with friends, sports, extracurricular activities, etc. (National Foster Youth and Alumni Policy Council, 2016). Additionally, a recent research brief (Pecora

and English, 2016) provides an exhaustive description of residential practice models and information about the importance of trauma-informed, relational approaches in residential interventions.

## **DECISIONS AND MINDSET CHALLENGES**

The imperative to implement trauma-informed care, from the science and the expectations of policymakers, family members and youth, creates a challenge for residential organizations. It is clear that prescriptive universal P&L systems are not trauma informed. However, that doesn't mean individualized operant approaches are not going to be effective; as noted previously some operant systems ensconced within a relational family framework have shown evidence of effectiveness. Assessment of the alignment of the organization's treatment philosophy, interventions and culture with the science is critical to promoting normalcy and resilience within a relational practice model.

When careful assessment and planning yields a decision to move away from an established P&L, staff may struggle with learning to do things differently, perceived loss of power and/or authority, and concerns that without P&L youth will not be motivated or learn. Training, coaching, and dialogue helps staff learn about the science that explains dysregulated behavior and why relational approaches are effective. Shifting to a positive youth development mindset can assist in engaging young people as resources in their own lives and promoting positive interactions among youth and staff. Data is valuable, both the evidence associated with relational practice models and internal data related to behavior. Critical is to sequence the process- not just replace one approach with another- and to "walk the talk"- opening the space for disagreement and for staff to be heard and validated.

*I would encourage providers to look at meeting their staff where they are at. Each staff member is an individual too and they have strengths and needs. Education, coaching, supervision, etc. is key to maintaining a healthy environment. You cannot assume that every staff has the same understanding of P&L, trauma informed care, youth and family voice and choice, etc. As with families and youth, ask the staff, allow staff voice and hear them. (Sandy, Parent)*

## **CONCLUSION**

Operant approaches and P&L systems were a response to the latest science when originally implemented in the early days of residential treatment. While operant approaches can be effective for youth with sufficient neurocognitive skill when used within a relational framework, universal prescriptive P&L as a one size fits all behavior intervention is not scientifically appropriate or trauma-informed, and is actually becoming obsolete. Treatment, healing, skill-development, learning, and goals must be individualized to maximize growth for the youth and family. Behavior management systems designed to motivate without relationship and individualization tend to be or become coercive and punitive.

Organizations deciding to move away from P&L face a significant challenge, but one that many agencies report has yielded significant improvement in reducing power struggles, increasing safety, reducing cost and achieving greater continuity with home and community. Moving away requires a hard look at the organization, remembering that universal prescriptive P&L is not neurodevelopmentally appropriate, and avoiding the tendency to simply receive trauma informed care training without other changes.

ACRC urges providers of residential interventions to follow the science and planfully move away from universal and prescriptive P&L systems toward relational trauma-responsive approaches. The youth and families served deserve no less. Please contact ACRC for further information and resources regarding how ACRC members have effectively implemented strategies discussed in this paper.

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