



**Redefining Residential:  
Trauma-Informed Practice: The Importance of Predictability in Residential Interventions**

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This is the sixteenth 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 these papers is to stimulate dialogue and self-examination among organizations, stakeholders, policymakers, and the field. ACRC is the longest standing association focused exclusively on the needs of young people who require therapeutic residential interventions, and their families.

There is increasing national concern about the difficulties organizations, schools and communities are encountering in responding effectively to young people struggling with severe behavioral challenges. Residential providers specifically are experiencing extreme and severe behaviors in the youth they serve, with a significant impact on safety, turnover, costs, and ability to implement and sustain trauma-informed practice.

This paper examines the importance of cultivating predictability, an essential element of healthy neurobiological development, to address these challenges within the residential program as well as with family and community. It will describe the scope and nature of the challenges being encountered in residential interventions discuss the importance of creating relational and programmatic predictability, and offer specific frameworks and strategies to consider.

**CONTEXT**

There are increasing numbers of children growing up in circumstances characterized by overwhelming stress and trauma. The landmark Adverse Childhood Experiences study found that 90% of children in the child welfare system have experienced multiple ACEs, and that 16% of the population have experienced four or more, creating elevated risk for physical and behavioral health challenges (Dong, et. al. 2004) Frequently youth experiencing significant trauma (abuse, neglect) are living in environments beset with chronic and severe stressors that often lack structure, supervision, or predictability, and that are experienced as random and chaotic. The amount of disorder in a living environment has been linked longitudinally in children and adolescents "to increased psychological distress, learned helplessness, and poor self-regulatory ability" (Chatterjee, et.al, 2015); "ACEs occur in places" (Porter, 2016).

A standard response is for child protection officials to remove children from their home. Despite the trauma of removal from the family, some children can do well when placed with kin or in foster care and can be reunited in short order when parents are provided needed services and supports. For many other children/youth however, placement in alternative living situations does not provide for positive developmental outcomes. Indeed, after months and even years of multiple

placements in foster homes, group homes, etc. – moves that exacerbate an experience of randomness and chaos – common results include poor coping skills, high-risk behaviors, suicidality, and a sense of hopelessness. These are the youth often eventually referred for residential intervention. In fact, 92% of youth in residential programs reported experiencing multiple traumatic events, compared to 77% in nonresidential services (Briggs, et. al. 2012).

For decades a preeminent public policy goal has been to reduce “congregate care” as an alternative living environment for youth in foster care or experiencing significant behavior challenges. This has been codified in the recent Family First Prevention Services Act (FFPSA) that limits federal funding for residential access for child welfare youth to Qualified Residential Treatment Programs (QRTP), as well as in several states (for example the California Short Term Residential Therapeutic Programs initiative), with requirements that many child welfare residential programs have not previously been expected to meet, e.g. more rigorous admission standards, shorter lengths of stay, and trauma-informed programming.

The intent of these policy mandates is to support the youth and family in their homes, or with relatives, and also to elevate the quality of treatment in residential programs, building on the success of many programs and communities that have successfully pursued permanency and family driven/youth guided care with positive outcomes. However, the capacity of communities and organizations is inconsistent and underdeveloped. The insufficient resources for evidence informed community prevention programs is accompanied by reduced availability of foster care and overall reduction of residential capacity. The simultaneously increasing numbers of young people manifesting significant dysregulation exacerbates the “funnel effect” through which only those with the most severe and complex situations are referred.

As a result, residential programs are experiencing the impact of responding to the needs of youth and families that in the past were often referred to other interventions – hospitals, juvenile justice, etc., concentrating into their programs the most challenging youth in the child welfare and probation systems. The behaviors are not new – self-harm, property destruction, suicidality, group AWOLs, etc. – but in the face of the “funnel effect” at times feel overwhelming.

Yet, residential interventions by their very nature have a unique opportunity to respond to the needs of these youth and their families. Residential programs can provide a structured temporary living environment that provides both predictability and controllability in which youth can learn to prosocially influence what happens to them. Staff trained to be “present, attuned, attentive, responsive” and to develop relational predictability by listening intently and being consistently non-reactive can model and teach self-regulation skills to youth, and also to parents, siblings, and community support individuals, expanding the number and repetitions of healthy relational interactions so critical to learning and growth (Perry and Ablon, 2019).

### **RELATIONAL PREDICTABILITY**

Residential programs have historically been designed as a structured, predictable and controlled living environment for youth who have struggled at home, school, and in the community, and about whom their parents and community are worried. Paradoxically, some of the very structures frequently implemented in residential programs and in systems to create predictability often have the unintended consequence of creating dysregulation and unpredictability (Lieberman, et. al. 2019), When this occurs safety and/or predictability are not reliably available and with the highly concentrated interactions in residential programs the mirroring response, more pronounced in distress (Lamm & Majdandzi, 2015), creates a strong exacerbating contagion effect.

The importance of predictability is highlighted by other principles of brain science. When stress is moderate, predictable and controlled, it generates learning and resilience, and conversely, when unpredictable, prolonged, and experienced as severe it creates dysregulation (Perry, 2006, 2009). The science informs us that repetition builds connections in the brain that increase the brain's capacity to learn new skills and navigate complex situations, that we need to be regulated to relate and to engage the thinking part of our brain, and that we seek safety in and are pulled toward relationships (Perry, 2006; Perry and Ablon, 2019). We also know that a primary biological drive is to anticipate, integrate, and control our own experience in the world (Bleiberg, 2012), and that inability to do so generates anxiety and dysregulation.

The science thus points to the importance of establishing predictable, reliably regulating and relational experiences that afford a degree of control and volition for the youth and family. For youth struggling with dysregulation, the calming, predictable actions of the adult over time can be "borrowed" by the child, ultimately becoming acquired and internalized as their own skill (Cozolino, 2006). Given the volume of interactions in a residential intervention, including youth, staff, families, community and system individuals, it is essential that caregiving adults accentuate their efforts to convey calm and provide support, through intentional and proactive interactions.

Evidence based practices (EBP), traditional talk therapy and psychotropic medications, common in residential programs, often are insufficient in creating this type of environment. At best, medications have demonstrated short-term effectiveness in reducing some symptoms, some of the time, for some of the people...they do not offer anything close to a cure (Insel, 2015).

Individual psychotherapy is limited- when youth are poorly regulated, they are less able to access the thinking and processing part of their brain and to benefit from cognitive approaches (Perry and Ablon, 2019). Implementing EBP's can present dilemmas that confound predictability in a residential program, as these practices have not been studied in residential programs and may not fit within the overall program context and/or require adaptations (James, 2020).

Where a residential intervention has maximum potential impact is in creating relational predictability in its culture and practice approach and teaching the youth and families how to use the skills and strategies they're learning at home and in the community. This supports the effectiveness of therapy and EBP's and broadens the concept of "milieu" to the overall interpersonal environment- in the program, at home, and in the community, creating a transformational experience in which "learning through living" occurs (Whittaker, et. al, 2016, p. 97). The challenge is in establishing structures, routines and predictable responses that are not in themselves dysregulating (Lieberman, et. al 2019), and in supporting and enhancing the relational capacity of staff and all involved in the life of the youth.

### **TRAUMA-INFORMED PROGRAMMATIC PREDICTABILITY**

Pre-conditions for effectively establishing predictability involve identifying, implementing and upholding norms, values, and practices aligned with trauma-informed care and with relationships-safety, trustworthiness, collaboration, empowerment, choice, cultural competence (Fallot and Harris; 2009). Ideally developed in collaboration with the staff, youth and families, these provide a touchpoint, and through repetition become "how we do things" in day to day life. For example, staff or parents can remind youth "we try to resolve our conflicts through collaboratively talking about them". In keeping with the Common Factors of what works in therapy (Wampold, 2015), it is essential for staff to "walk the talk"- to themselves act in accordance with the espoused values.

Beyond the cultural framework, specific trauma-informed strategies that create programmatic predictability are increasingly being implemented by residential programs.

**Youth-guided practices-** Youth guided approaches involve the youth directly in creating predictable routines, structures, and approaches. When youth have a direct and meaningful voice in what occurs within the program, they experience a degree of control over decisions and occurrences that impact their lives. Programs can establish predictable practices for engaging the youth, for example: routine community-living type groups, with set agendas, and clearly defined roles for youth leadership; engaging youth as partners in hiring and quality improvement activities; involving youth in their home community; hiring staff with lived experience and trained as peer support specialists (Bansile, 2020). The process of collaborative, repetitive and patterned opportunities to dialogue with peers and authority figures fostered by such practices strengthens emotional and self-regulation skills (Ablon and Pollastri, 2018) and facilitates relationship development. This supports less coercive interactions and collaboratively designed opportunities for access to aspects of youth culture. Youth engagement and empowerment establishes a culture that young people can experience as regulating and controllable (Lieberman, et. al, 2020).

**Family Driven Care-** Predictably involving the family or identified caregiving resource in all aspects of the residential intervention has similar impacts. It creates a structure within which the youth and family can feel safe enough to develop new interactive patterns. The process of patterned, repetitive, and relational engagement generates opportunities for new skill development for the whole family and creates a culture of collaboration. Working with parents to help them learn about and understand sensory integration strategies that apply to themselves and their child/youth can help families learn to regulate/relate/reason (Gardner, 2020).

**Equity, diversity, and inclusion-** Organizational implementation of practices that support and promote the cultural competence needed to ensure equity, diversity, and inclusion will create predictable interactions characterized by cultural humility- the practice of being self-reflective, other-oriented, and offering power-attenuating openness to clients as multicultural beings. (Ajmera, et al. 2020). This will reduce dysregulating stress arousal responses and enhance the culture of empowerment, voice, and choice.

**Daily Routines and Rituals-** Residential programs are accustomed to establishing routines and structures. Careful consideration of the potential of dysregulation that some practices may present to the individuals and the group is critical. Integrating regulating interventions into transitions, which inherently carry a high degree of novelty and distraction, allow the youth to feel safe and more organized. Involving the youth in creating and revising the routines creates a collaborative and empowering culture that fosters healthy relationship building skills. Incorporating rituals such as graduations, birthdays, celebrations with family and community, etc. supports predictability.

**Sensory strategies-** Sensory rich and bodily oriented experiences built into the daily routine and physical environment are regulating mechanisms and become proactively available for prevention and crisis de-escalation purposes. Consultation from an occupational therapist can create strategies able to be used in the program and in the home and community.

**Individual Planning** – Working with youth and family members collaboratively to identify their preferred regulating strategies, as part of youth-guided and family driven care, supports predictable preventive approaches for individual youth. Youth and families can work with staff to develop regulation scales and sensory diets, for predictable in-the-moment regulation tools that can be used in the program, at home and in the community. Youth, families and staff can be helped to learn the neurophysiological signals (e.g. breathing, facial cues, nervous mannerisms) that the pacing and timing of interventions are too fast, too slow, etc. (Lieberman, et. al, 2020)

**Relational Interactions-** Reflective listening, appreciative inquiry, empathy and in general the tools of active listening are co-regulating. Indeed, “it has been suggested that we are able to understand and share the emotions of others by (partially) processing them with our very own emotion system” (Lamm & Majdandzi, 2015, p. 16). This mirroring process is mutual between adults and youth. Calm can be contagious, as well as chaos. With ongoing training and practice, regulating interpersonal approaches can come to characterize the interactive life of a residential intervention, whether in the program, with the family, or in the community. They can be taught to staff, parents and community members to help reduce the incidence of power struggles.

**Expectations-**It is important that staff work with the family, community partners and the youth to create consistency in the expectations in the program, at home, and in the community. This will provide predictability and coherence that enables the youth to anticipate and integrate the details of their plan throughout the residential intervention.

Creating predictability through such strategies in collaboration with the youth and family will help identify what is calming (improving regulation capacity as one becomes more hyper aroused), alerting (uplifting or more intense when one begins to lose attention) or bothersome (overwhelming, not helpful or safe, dysregulating) – and when to predictably use each strategy (Champagne, 2011). This will enable adults to help youth learn to buffer the stress of the inevitable unpredictability that life presents and create trauma-informed interventions in which predictability is based on individual characteristics rather than universal prescriptive structures.

## **ORGANIZATIONAL IMPLICATIONS AND PROCESSES**

Predictable relational and programmatic practices are driven by the values of the organization, which must guide the moment-to-moment interactions across and between staff, as well as those between the staff, youth, and family members. It is critical to recognize and attend to the parallel process in the organization-predictably implementing the values in policies, procedures, administrative practices and decision making. Establishing a culture, programming, and set of predictable strategies that are taught to all individuals involved in the residential intervention can help programs address the challenges being faced in the rapidly changing residential context. and set a foundation for reducing inconsistencies within the broader system.

## **CONCLUSION**

ACRC encourages its members and the field to build on the unique strengths and capacities inherent in residential interventions to create the type of predictability that is aligned with the science and evidence, and that will help youth and families learn how to regulate, relate, and reason. A wealth of resources regarding youth guided, family driven, and culturally and linguistically competent care is available in previous ACRC papers, on the Building Bridges Initiative (BBI) website: [www.buildingbridges4youth.org](http://www.buildingbridges4youth.org), as well as in two recent books: *Residential Interventions for Children, Adolescents, and Families: A Best Practice Guide*, and *Residential Transformation: Practical Strategies and Future Directions*.

For more information, please contact: [info@togetherthevoice.org](mailto:info@togetherthevoice.org)

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## References:

- Ablon, S., & Pollastri, A. (2018) *The School Discipline Fix*. New York, New York. W.W.Norton and Company
- Ajmera, T., Collins, J., Henderson-Smith, L., Coggins, C., and Blau, G. (2020) Advancing Equity, Diversity and Inclusion in Residential Interventions. In *Residential Transformation: Practical Strategies and Future Directions*. London, U.K.:Routledge
- Bansile, Desiree. (2020) Personal communication. February 28, 2020.
- Bleiberg, Efrain (2012). *Attachment and the Adolescent Brain: Promoting Thoughtfulness for Youth*, Association of Children's Residential Centers, 56 th Annual Conference, New Orleans, Louisiana
- Briggs, E.C., Greeson, J.K.P., Layne, C.m., Fairbank, J.A., Knoverik, A.M., & Pynoos, R.S.(2012) Trauma Exposure, Psychosocial Functioning, and Treatment Needs of Youth in Residential Care: Preliminary Findings from the NCTSN Core Data Set. *Journal of Child & Adolescent Trauma*, 5:1-15
- Champagne, T. (2011). *Sensory modulation & environment: Essential elements of occupation* (3rd ed. Rev.). Sydney, Australia: Pearson Assessment.
- Chatterjee, A., Gillman, M. & Wong, M. (2015) Chaos, Hubbub, and Order Scale and Health Risk Behaviors in Adolescents in Los Angeles. *The Journal of Pediatrics*, 167. 1415-21
- Cozolino, L. (2014). *The Neuroscience of Human Relationships: Attachment and the Developing Social Brain*. W.W. Norton Publishing.
- Dong, M., Anda, R., Felitti, V., Dube, S., Williamson, D., Thompson, T, Loo, C., Giles, W. (2004) The interrelatedness of multiple forms of child abuse, neglect, and household dysfunction. *Child Abuse & Neglect*. 28, 771-784
- Fallot, R.D. Harris. M. (2009) *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol*. Community Connections; Washington, D.C.
- Gardner, Jammie. (2020) Personal communication, February 26, 2020
- Insel, T. (2015) from the film, *Letters from Generation Rx* by Kevin P. Miller. Kola films.
- James, S., Thompson, R. W., & Ringle, J. L. (2017). The implementation of evidence-based practices in residential care: Outcomes, processes, and barriers. *Journal of Emotional and Behavioral Disorders*, 25(1), 4-18. DOI: 10.1177/1063426616687083.
- James, S. with Burk, L. K. (2020) Evidence-Informed Residential Programs and Practices for Youth and Families. In *Transforming Residential Interventions: Practical Strategies and Future Directions*. London, U.K.: Routledge.
- Lamm, C. & Majdandzi, J. (2015). The Role of Shared Neural Activations, Mirror Neurons, and Morality in Empathy – A Critical Comment. *Neuroscience Research*, 90. 15-24.
- Lieberman, R.E., Sackley, W. Polan, K., Rieger, P. (2019) *Redefining Residential: Trauma Informed Practice: Moving Away from Point and Level Systems*. Association of Children's Residential Centers.
- Lieberman, R.E., Champagne, T., Wang, E.Y., Rushlo, K. (2020) Understanding and Applying a Neurodevelopmental Approach in Residential Interventions. In *Residential Transformation: Practical Strategies and Future Directions*. London, U.K.:Routledge
- Perry, B.D. (2006) The Neurosequential Model of Therapeutics: Applying principles of neuroscience to clinical work with traumatized and maltreated children In N. Boyd Webb (Ed.) *Working with Traumatized Youth in Child Welfare* (p. 22-52). New York: The Guilford Press.
- Perry, B. D. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. *Journal of Loss and Trauma*, 14,240-255.
- Perry, B.D., Ablon S. (2019). Trauma Informed Care: The Impact of Trauma on Brain Development and What to do About It. Association of Children's Residential Centers. 63<sup>rd</sup> Annual Conference, New Orleans, Louisiana.
- Porter, Laura. (2016) Guiding NEAR. Workshop presented for Southern Oregon Success. Medford, Oregon.
- Wampold, B. (2015). How important are the common factors in psychotherapy? An update. *World Psychiatry*, 14(3). 270-277.
- Whittaker, J. K., Holmes, L., del Valle, J. F., Ainsworth, F., Andreasson, T., Anglin, J. Zeira, A. (2016). Therapeutic residential care for children and youth: a consensus statement of the International Work Group on Therapeutic Residential Care. *Residential Treatment for Children and Youth*, 33(2), 89-106. DOI: 10.1080/0886571X.2016.1215755.