CHILDREN IN RESIDENTIAL CARE AND EDUCATION

Tore Andreassen

<table>
<thead>
<tr>
<th>Type of intervention</th>
<th>Secondary school first year or less</th>
<th>College or more</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and youth centre</td>
<td>77,1</td>
<td>3,7</td>
<td>1483</td>
</tr>
<tr>
<td>Institutions</td>
<td>77,1</td>
<td>4,1</td>
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<td>Strong foster homes</td>
<td>71,5</td>
<td>5,4</td>
<td>736</td>
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<tr>
<td>Home based interventions</td>
<td>65,9</td>
<td>6,4</td>
<td>4526</td>
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<tr>
<td>Family placements</td>
<td>56,7</td>
<td>8,7</td>
<td>904</td>
</tr>
<tr>
<td>Ordinary foster homes</td>
<td>56,7</td>
<td>9,2</td>
<td>2056</td>
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<tr>
<td>Comparison/ordinary children</td>
<td>20,4</td>
<td>39,9</td>
<td>14422</td>
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How are the outcome for children from institutions as young adults? – Use of social economical help


<table>
<thead>
<tr>
<th>Type of placement 1993–1999</th>
<th>Social help 1997–2005</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No help</td>
<td>Short term</td>
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<tr>
<td>Children and youth centres</td>
<td>15,4</td>
<td>23,4</td>
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<tr>
<td>Institutions</td>
<td>14</td>
<td>24,2</td>
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<tr>
<td>Special foster homes</td>
<td>25</td>
<td>26,3</td>
</tr>
<tr>
<td>Home based interventions</td>
<td>31,3</td>
<td>31,6</td>
</tr>
<tr>
<td>Family placement</td>
<td>33,7</td>
<td>29,5</td>
</tr>
<tr>
<td>Ordinary foster homes</td>
<td>33,3</td>
<td>27,1</td>
</tr>
<tr>
<td>All types of interventions</td>
<td>29,4</td>
<td>29,2</td>
</tr>
<tr>
<td>Normal population</td>
<td>88,3</td>
<td>8,1</td>
</tr>
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Children in residential care

- Often suffer from insufficient educational services
- Education often takes place within the residential setting together with other children in the institution

Important questions:

- Is education within residential setting a good solution?
- Are there reasons why this is not the best for the children?
- Is it maybe better if they are taught in ordinary schools?
- Is this a possibly solution?
- How could this be done?
Children from residential care often fail in academic topics

- They often get little support regarding school from institutional staff
- They often get education within residential setting instead of mainstream ordinary school
- One reason for this is their behaviour. Some of them shows a behaviour that makes it difficult to be in ordinary school. This presentation will focus on why ordinary school is the best for the children, on the behaviour as a barrier, and ways to meet this challenge.
Education for children in residential care

• Better with education within residential settings than no education. Education is important in itself.

• Better with education in ordinary mainstream school than education within the residential setting.

Why?

1. Isolation from children without problems is a riskfactor.
2. Isolation is a barrier for prosocial influence from peers.
3. Education within residential settings gives few possibilities to train prosocial behaviour in «normal» settings, and often support negative behaviour through «deviancy training».
<table>
<thead>
<tr>
<th>Major Risk Factors for problem behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The “Central Eight” Risk Factors</strong></td>
</tr>
<tr>
<td><strong>The “Big Four” Risk Factors</strong></td>
</tr>
<tr>
<td>History of antisocial behaviour</td>
</tr>
<tr>
<td>Antisocial personality pattern</td>
</tr>
<tr>
<td>Antisocial cognition</td>
</tr>
<tr>
<td>Antisocial associates / isolation from prosocial peers</td>
</tr>
<tr>
<td>Family problems</td>
</tr>
<tr>
<td>School and/or work</td>
</tr>
<tr>
<td>Leisure and/or recreation</td>
</tr>
<tr>
<td>Substance abuse</td>
</tr>
</tbody>
</table>
Important risk-factors for youth

Be in a setting that:

- Implies contact with other youth with behaviour problems
- in combination with isolation from other youth without behaviour problems.

Such a situation may influence the behaviour negatively, and reduce the probability for a positive development.
Peer culture and the Risk of iatrogenic effects of group treatment

- Influence of antisocial peers and antisocial peer cultures are important risk factors. This is known as «deviance-training»

- In residential settings an unintended consequence might be that the group might contribute to the development and maintenance of antisocial behaviour, and then to iatrogenic effects of the treatment (Dodge, Dishion and Lansford, 2006).

- The risk of negative influence from antisocial peers implies that the period of time used in residential setting should be as short as possibly, and should be linked to community services (school, leisure time).
How to work with children placed in institutions in ordinary school?

• Need for knowledge about behaviour problems in school staff (how to manage, what factors contribute both negatively and positively, and how to analyze behaviour before action is taken)

• Need for knowledge about behaviour problems in institutional staff (how to manage, what factors contribute both negatively and positively, and how to plan and support youth and school staff)

• Need for cooperation between school staff (teacher) and institutional staff
Development of behaviour problems

According to a number of researchers, antisocial behaviour develops as a result of the child’s behaviour and interaction with the social environment and the child's parents (Hollenstein, Granic, Stoolmiller, & Snyder, 2004).

Patterson and colleagues maintain that these behaviours occur in stages and that behaviours of one stage will result in certain predictable reactions from the child’s social environment, leading to further actions from the child. This is an interactional process.
During the first stage of aggressive behaviour development, family variables, such as harsh parental discipline and poor adult supervision, result in the child being "trained" to engage in aggressive behaviour. These behaviours become functional in the sense that the child may be allowed to escape from tasks when he or she acts aggressively. Also, aggressive behaviours may be positively reinforced through attention and approval, which results in maintenance of the behaviours. Children in these situations do not learn socially skillful responses to others, but they learn aggressive behaviour that results in meeting their needs.
Following this stage, children who are aggressive often find themselves rejected by their peer group and experiencing academic failure.

Having learned aggressive behaviours in early childhood, these children become rejected because they do not demonstrate the social skills that allow them to be socially competent with peers.
Patterson et al. report that children who engage in aggressive behaviours spend less time on academic tasks and have more difficulty with classroom survival skills (e.g., staying in seat, answering questions). These behaviours result in a higher incidence of academic failure.

Once children have learned aggressive behaviour and experienced peer rejection and academic failure, they are at a higher risk for developing delinquent behaviour. These children have a tendency to become involved with deviant peer groups who also engage in aggressive behaviours.
Development of behaviour problems in stages (Patterson, 1992)

1. **Basic training:** Learning to control the environments through aggressive behaviour.

2. **The environment reacts:** Difficulties in complying to the requirements from the environment. Poor performance at school. Gradually rejected from other.

3. **Deviant peers:** Seeking like-minded friends. "Trained" in negative attitudes and skills, and fail in learning of social skills.

4. **Career as antisocial adult:** Problem with relating to work, social requirements, and so on.
How problem behaviour develop through time

<table>
<thead>
<tr>
<th>Childhood</th>
<th>Early school years</th>
<th>Adolescence</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviour</td>
<td>Low schoolmotivation</td>
<td>Criminality</td>
<td>Criminality</td>
</tr>
<tr>
<td>problem</td>
<td>Weak performance</td>
<td>Alc. and substance</td>
<td>Alc. and subst</td>
</tr>
<tr>
<td>Family problem</td>
<td>Family problem</td>
<td>Low schoolmotiv.</td>
<td>Neg. network</td>
</tr>
<tr>
<td>problem</td>
<td>Negative peers</td>
<td>Weak performance</td>
<td>Low education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family problems</td>
<td>Unemployd</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Negative peers</td>
<td>Bad economy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Truancy</td>
<td>Divorce</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emotional problems</td>
<td>Family violence</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Psychiatr.prob.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Early death</td>
</tr>
</tbody>
</table>

Stattein, 2004
Characteristics of children with behaviour problems

- Difficult and demanding behaviour from early age
- Weak cognitive and social skills
- Negative parent-child relations
- Problems regarding school and peers
- Affiliation to deviant peers
Problems in school

- Poor motivation and weak skills (both social skills and academic performance)
- Often conflict with teachers
- Often negative relationship to classmates
- Often truancy from school and drop out
- Often increased contact with deviant peers (behaviour problems and/or substance abuse)
The needs of children with behaviour problems

• Learn new skills (anger management and social skills as alternative to negative behaviour)

• Educational support

• Experience that threats or violence does not pay

• Experience that positive behaviour pay

• To be in contact with prosocial peers
Three types of school-based interventions

1. School- and classroom centered interventions

2. Student centered interventions

3. Multicentered interventions
1. School- and classroom centered interventions

- Action plans for how this school work with behaviour problems

- Common and positive formulated rules, and consequent reactions of rule violations

- Proactive and relational leading of classroom education, plans for co-operation with students
2. Student centered interventions

- Special academic support if needed

- Programs for social skills training (like Aggression Replacement Training (ART) or other)

- Systematic responding on positive and negative behaviour

- Systematic analysis of behaviour before planning an intervention. Functional Behaviour Analysis (FAB) is useful for this purpose.
Aggression Replacement Training

• **Skillstreaming** – behavioural component  
  • Interpersonal skills training  
    • 60 skills for late elementary and middle school children  
    • 50 skills for adolescents  
    • teaches juveniles what to do

• **Anger control training** – emotional component  
  • Affective skills training  
    • coaches juveniles in identifying the causes, cues and consequences of anger and aggressive responding  
    • teaches juveniles to use pro-social alternatives

• **Moral reasoning training** – cognitive component  
  • Values based training  
    • through the discussion/debate of relevant moral dilemmas juveniles are guided to adopt more mature and pro-social moral judgements  
    • immature moral reasoning is subjected to challenges by trainers and group members
## Practical vs Comprehensive FBA

<table>
<thead>
<tr>
<th>For:</th>
<th>Practical FBA</th>
<th>Comprehensive FBA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students with <strong>mild to moderate</strong> problem behaviours (behaviours that are <strong>NOT dangerous</strong> or occurring in many settings)</td>
<td>Students with <strong>moderate to severe</strong> behavioural problems; may be <strong>dangerous and/or occurring in many settings</strong></td>
<td></td>
</tr>
<tr>
<td>What:</td>
<td>Relatively <strong>simple</strong> and <strong>efficient</strong> process to guide behaviour support planning</td>
<td><strong>Time-intensive</strong> process that also involves archival records review, family-centered planning, and collaboration with agencies outside of school</td>
</tr>
<tr>
<td>Conducted by whom:</td>
<td>School-based personnel (e.g., <strong>teachers, counselors, administrators</strong>)</td>
<td>Professionals trained to conduct functional assessments with students with severe problem behaviours (e.g., school psychologists, behaviour specialists)</td>
</tr>
</tbody>
</table>
Practical FBA process

Define behaviour in observable & measurable terms
Ask about behaviour by interviewing staff & student
   - specify routines where & when behaviours occur
   - summarize where, when, & why behaviours occur
See the behaviour
   - observe the behaviour during routines specified
   - observe to verify summary from interviews
Hypothesize: a final summary of where, when & why behaviours occur
ABC’s of Understanding Why students engage in problem behaviour:
Finding out the Pay-off or Function of Behaviour

A = Antecedent(s). Find out the events that occur right before the behaviour.
  – Allows you to predict: Where (During routine)? & When (Trigger event)?

B = Behaviour. Find out what is the observable problem behaviour?

C = OutCome/Consequence. Find out what happens after the behaviour occurs? WHY?

A ➔ B ➔ C
Despite the ABC concept, the behaviour (B) is our starting point!

**Antecedent/Trigger:**
When _____ happens....

**Behaviour:**
The student does (what)___

**Consequence/OutCome**
..because (why) ______
Defining Observable Problem Behaviours

• Definitions of behaviours need to be:
  – Observable: The behaviour is an action that can be seen.
  – Measurable: The behaviour can be counted or timed.
  – Defined so clearly that a person unfamiliar with the student could recognize the behaviour without any doubts!
Competing pathways

Setting events

Triggering antecedents

Problem behaviour

Desired alternative

Maintaining consequences

Behaviour support planning

Setting events manipulations

Neutralize/eliminate setting events

Antecedents manipulations

Add relevant and remove irrelevant triggers

Behaviour teaching

Teach alternative behaviour

Consequence modification

Add effective and remove ineffective reinforcers
3. Multicentered interventions

- Broad-spectred interventions that target several risk factors

- Multisystemic interventions that target student, school, home and friends

- Multisystemic Therapy (MST) is an example of multicentered interventions
How could the institutional staff support the school and how could they work together regarding school?
Residential / institution

<table>
<thead>
<tr>
<th>Inntake</th>
<th>Treatment</th>
<th>Transition</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation</td>
<td>Motivation</td>
<td>Prepare re-entry</td>
<td>Family support</td>
</tr>
<tr>
<td>Assesment</td>
<td>Focused Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Structure</td>
<td>Treatment climate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Duration of residential stay:
about 6 months (not fixed)

Duration of aftercare:
about 4-5 months (not fixed)

Focus of treatment

- Juvenile
- School
- Peers
- Family
Organizational model of each MultifunC-unit

Leader

- Assessment and Planning team
- Mileu therapy team
- Educational/Pedagogical team
- Family- and follow up team

For each juvenile there will be Treatment teams across all teams including one or several staff from each team.
Support to school

- The educational team plan how to intervene regarding school and gives support to teachers both regarding behaviour and academic questions.

- Daily or later weekly report/contact between the educational team and the teacher.

- The milieu-team support the youth.

- The youth is rewarded for success.
Each MultifunC-unit inform the school about the treatment modell in MultifunC

Seek to establish general routines for co-operation (how to manage and react to situations that may appear, and sharing information)

Both the MultifunC-staff and the school staff need to be seen as equally parts in the co-operation, but the institutional staff should always respect the teachers needs.
Co-operation regarding specific youth

- Pedagogical team inform the school in advance when a new youth arrives
- Former problems in school are discussed together with the youth and the teacher with focus on how to avoid this to happen again
- Focus both on behavioural and academic questions
- Establish concrete routines for co-operation working with this youth
How to facilitate learning

Strategies if behaviour problems occur

Routines for continuous contact and evaluation of the youth's function at school (daily, weekly? By phone, e-mail, meeting?)
Contact between institution and school

- Frequency of contact is discussed between teacher and staff, but the best is more frequent contact in the beginning and then less frequent.

- The form of contact and the time for such contact is decided by the teacher (phone, meeting, other).

- Focus is checklist and what's working or not working good, and how to meet problems.
The first week at school

Concrete goals for the first week:

- Behaviour, meet at time, attendance at all lessons, etc.). Decided together with teacher – what is most important?
- Plan strategies for each day the first week (How to succeed? *What could go wrong?*). If necessary staff from the institution may follow the youth to school.
- Develope a simple checklist to evaluate
- Involvement of the youth in how to succeed
- After the first week is evaluated, there is made a plan based on success or problems. Problems from earlier school does not neccessary continue.

- Goals are developed on short term and long term (What to focus on first, what should be next weeks focus, what should be goals the next month?)

- Analyses of problems and sustaining factors

- Developing strategies to reach the goals, including what the youth should do, how he or she should be met, what could be barriers to succeed, and building a re-inforcement system (reward for the youth if he or she succeeds). This is regulated from the institution.
The institutional work with the youth

- Describe problem behaviour if there is one
- Make analyses of the problem (what makes the problem?)
- Planning intervention together with youth and teacher
- Implement the intervention
- Evaluating the intervention together with youth and school
- Planning new interventions
Interventions

- Skills training (ex. anger management, homework help, etc.). All MultifunC-units include **Aggression Replacement Training**

- Support to the youth to be at time, and discussions about behaviour in situations that may be difficult

- Establish rewarding systems to reinforce positive behaviour in school
One important question is about the other children in school, those without behaviour problems.

Does youth with behaviour problems influence them negatively?

Yes, it could disturb their education for a short while, but it does not make them conduct disordered youth!
How does MultifunC succeed regarding school?

- The most of the youth are in ordinary schools.
- Some of them are not able to get educated in ordinary schools from the beginning. Then they get educated within residential setting, with clearly goal of be transferred to ordinary schools.
- Some youth (about 20%) does not succeed.
How is the co-operation with schools

- In the beginning the schools did not want to receive the youth from the institutions

- **Now:** The co-operation works nice, and the schools experience that they does not just receive problem youth, they also get support

- This support influences also the schools work with other problem children in school, children that is not living in institutions.
Thank you for your time!