

KEY COMPONENTS FOR A HEALTHY, EFFECTIVE YOUTH SERVICE ENVIRONMENT

Described below are suggestions for how to create and maintain a healthy, effective youth service environment in residential and detention settings.

Eighteen key components are broken down into three major areas:

- A) Organizational components
- B) Milieu Stability components
- C) Program Service components

A) ORGANIZATIONAL Components

- 1) Leadership Team Understands and Supports the Link between Clinical/ Humanistic Processes AND Safety/ Security
- 2) Hire Smart- Emphasize Positive Character Qualities
- 3) Incorporate Evidence-Based Principles that include a Strengths-Based, Relationship-Based Orientation
- 4) Provide Staff with High Quality Supervision, Support, and Training
- 5) Identify your 'Best Staff' at all levels of the organization and assign them to Positions of Influence (Empower your 'Best Staff')
- 6) Promote a Healthy Team Atmosphere

B) MILIEU STABILITY Components

- 7) Maintain Small, Manageable Numbers of Youth
- 8) Maintain a Manageable Ratio of Direct Care Staff to Youth Caseload
- 9) Get Direct Care Staff actively involved with Forming Positive Relationships with Youth
- 10) Maintain Consistency and Predictability on Living Units
- 11) Maintain a Manageable Ratio of Counselor to Youth Caseload
- 12) Place a Strong Emphasis on Positively Reinforcing youth's Stable, Prosocial Behaviors
- 13) Have a Clear Protocol for How to Stabilize and Work Effectively with 'High-Needs' Youth

C) PROGRAM SERVICE Components

- 14) Emphasis on Family and Community Supports (Ecological Model)
- 15) Create a Safe Treatment Environment
- 16) Create a Safe, Effective School Program that Closely Simulates Schools in the Community
- 17) Utilize a Holistic, Individualized Approach
- 18) Have strong 'Program Integrity'

A) ORGANIZATIONAL Components

1) Leadership Team Understands and Support the Link between Clinical/ Humanistic Processes AND Safety/ Security

- a) Leadership Team must include members with expertise in clinical practice & safety/ security.
- b) Leadership Team should include clinical representation (e.g., Clinical Director).
- c) All decisions made should consider the impact on Clinical, Humanistic Processes AND Safety/ Security, understanding that these processes go hand-in-hand.
- d) Leadership Team members must possess healthy character qualities described below in #2.
- e) Leadership must utilize their power in responsible, humble ways (e.g., keep their egos in-check and always make decisions that are based on the best interest of youth, families, staff, and the community).
- f) Leadership Team must:
 - Problem-solve in a solution-focused, proactive manner, not reactive
 - Gather all relevant information in order to make well-informed decisions
 - Include input from Subject Matter Experts (SMEs) in order to make well-informed decisions

2) Hire Smart- Emphasize Positive Character Qualities

- a) Hire staff personnel who possess healthy character qualities:

Strengths-based orientation

- Positive, Optimistic attitude
- Relationship-based orientation
- Good Boundaries
- Honesty and Integrity
- Good Emotional Regulation
- Strong Work Ethic
- Humble
- Open to learning from others
- Team player

Note: Job experience and education are not worth a lot if a staff member does not possess the above character qualities. While we can teach and develop job skills, modifying a staff member's 'character' is not so easy.

- b) Composition of Interview Panels: Ensure that all interview panels include leadership and supervisory staff who understand and strongly support the importance of the character qualities listed above.
- c) Staff Retention is critical for organizational stability. Promote staff retention with good base pay, regular pay raises, promotional opportunities, and competent, strengths-based supervision.

3) Incorporate Evidence-Based Principles that include a Strengths-Based, Relationship-Based Orientation

- a) Evidence-based practices in psychology has been defined as “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA, 2006). This three-pronged emphasis on research evidence, clinical judgment/ expertise, and individualized client needs, represents what truly is “evidence-based” and what is most effective within youth services

- b) The juvenile justice field has historically focused most of its attention on deficits and risks; however, it is essential to incorporate principles that are strengths-based and relationship-based. That is, evidence-based principles that focus on the formation of positive relationships and utilize interventions that promote hope and reinforce strengths, resources, and protective factors that not only prevent reoffending but assist youth in developing into productive, prosocial citizens within our communities (Powell, 2015).
- c) All facility staff must have a clear understanding of evidence-based foundational principles that define their facility and guide services.

HANDOUT: *Nine Evidence-Based 'PRINCIPLES' for Effective Youth Services*

HANDOUT: *Foundational Pillars for Effective Services.*

- d) Leadership Team must fully support the strengths-based, relationship-based principles—Support at all levels of the organization is essential.

4) Provide Staff with High Quality Supervision, Support, and Training

Supervision:

- a) Maintain a manageable ratio of Supervisor to Supervisee caseload. When the quantity of supervisees (per supervisor) goes too high, the quality of supervision goes down.
- b) High-quality supervision includes an emphasis on...
- Supervisee's strengths
 - In vivo modeling, shadowing, coaching and support
 - Helping supervisees learn from their mistakes (don't expect perfection, but DO expect responsiveness to feedback)
 - Supervisee's professional/ career development
 - Supervisee's self-care and how to prevent burnout

HANDOUT: *Preventing Burnout in Human Services Work*

- Clear, consistent expectations for supervisees
- Quality Assurance checks of supervisee's work duties
- Holding supervisee's accountable with the use of progressive discipline and thorough documentation. When supervisees display egregious behaviors and/or are not responsive to constructive feedback about their poor job performance, it must be directly addressed. When problematic staff members are not held accountable, it can be psychologically toxic to the work environment.

HANDOUT: *Guidelines for Effective, STRENGTHS-BASED Supervisors*

Training:

- c) Ensure that trainings are very relevant, applied (how to), and concise. Include readers-digest/ cheat sheets to emphasize main points.
- d) Train all staff on the many reasons for Hope and Optimism regarding the youth we serve (e.g., Maturation of the prefrontal cortex; Neuroplasticity; Low lifetime prevalence rate for antisocial acts; Resilience; Post-traumatic growth, etc.).

5) Identify your 'Best Staff' at all levels of the organization and assign them to Positions of Influence (Empower your 'Best Staff').

- a) 'Best Staff' are those who possess healthy character qualities listed in #2; who get along well with youth and staff; and who demonstrate competence on the job (e.g., Direct care staff who have the capacity to keep a unit safe, stable, and happy; Counselors who have the ability to make therapeutic connections and stabilize 'high needs' youth).
- b) Assign identified 'best staff' to FTO (Field Training Orientation) positions. Require 'new hires' to shadow these FTO staff as part of their initial orientation (so they can learn by directly observing these identified competent staff). Then have the FTO staff shadow the 'new hires' in order to provide support and feedback.
- c) Assign 'best staff' to 'Champion' important components of your youth service programming (e.g., family services; trauma-responsive services; restorative community justice; QA of documentation; etc.).
Note: This approach of assigning specific staff to champion critical components of your program is an effective method for avoiding the "Diffusion of Responsibility problem", in which no one takes ownership resulting in poorly run services.
- d) Regularly seek out feedback from competent staff members regarding ideas for ongoing improvements. Empower staff to generate solutions to help address facility issues.
- e) Help ALL staff with their professional development. Have conversations about their career goals and what skills they need in order to advance.

6) Promote a Healthy Team Atmosphere

- a) Utilize EAC (Employee Advisory Committee) functions to boost staff morale (e.g., cookouts; candy grams; gift card recognition awards)
- b) Set up 'Employee of the Month' process
- c) Provide a billboard for staff to post positive feedback about each other and share the comments via facility-wide e-mails.
- d) Provide ongoing staff development/ training opportunities.
- e) Ensure that all staff members are held to the same standard/expectations. Don't play favorites.
Inequality in workload/expectations can breed discontent among staff members.
- f) Give a rationale for changes that impact staff, especially when the Leadership Team has to make decisions independently.
- g) Have a standing agenda item in team meetings entitled, "Positives". Begin team meetings by having staff share what is going well. Positively recognize and thank staff (and programs) who are excelling.
- h) Train all staff on the influence of non-verbal behaviors and emotional contagion for promoting a positive work environment.

B) MILIEU STABILITY Components

Physical and Psychological Safety within facilities is the number one priority.

7) Maintain Small, Manageable Numbers of Youth

- a) Small numbers of youth on living units, in classrooms, in treatment groups, etc. creates a safer environment (physically and psychologically). Overcrowding leads to many negative outcomes.

8) Maintain a Manageable Ratio of Direct Care Staff to Youth Caseloads

- a) High number of staff (per youth) allows direct care staff/ teachers/ security staff to better monitor and provide a high frequency of contact with youth, which is essential for safety/ security and positive relationship development.

9) Get Direct Care Staff actively involved with Forming Positive Relationships with Youth

- a) Assign direct care staff to 2-3 youth from their primary unit who they meet with weekly for brief one-on-one sessions to provide general support ('Life Guide' process)
- b) Increase staff coverage on units (as needed) in order to free up direct care staff to conduct one-on-one sessions with youth.
- c) Conduct brief check-ins with youth whenever possible (e.g., when waking them up in the morning; during free time; at bedtime).

10) Maintain Consistency and Predictability on Living Units

- a) Provide clear, consistent rules and expectations that are fair
- b) Provide a structured, well-organized environment with set routines. Predictability = Safety
- c) Provide youth with a rationale for expectations, limits, and consequences, including how it will benefit their healthy development and success in the future.
- d) Respond to youth's disruptive behaviors in a fair and consistent manner (with logical consequences).
- e) Assign staff to a 'primary' living unit in order to facilitate consistency and positive relationships.
- f) Encourage regular communication between staff from different shifts (e.g., via e-mail updates; shift change meetings). Provide a shift summary at the conclusion of each shift week, which can be shared with the staff covering the other half of the week.
- g) Have unit supervisors and counselors communicate info across shifts to enhance consistency throughout the week.

11) Maintain a Manageable Ratio of Counselor to Youth Caseloads

- a) Caseloads must be small so Counselors can provide a high frequency of contact with youth/ families and provide the necessary case management and transition services.
- b) Ensure that counselors have availability and opportunity (within their work schedule) to provide frequent and consistent clinical services. Keep paperwork requirements at a reasonable level.

12) Place a Strong Emphasis on Positively Reinforcing youth's Stable, Prosocial Behaviors

- a) Positively Reinforce youth's strengths and prosocial, stable behaviors
- b) Emphasize the identification and promotion of Protective Factors associated with Resiliency. Refer to
HANDOUT: *Resilience Protective Factors Checklist (RPFC-CLIN): Resilient Youth, Parents, & Others*
- c) Explore exceptions to youths' problems (solution-focused emphasis)
- d) Provide youth with much more attention when they are exhibiting positive behaviors (as opposed to problem behaviors). Be careful not to reinforce a youth's chronic victim-stance and crisis behaviors.
- e) Assist youth in developing their prosocial life skills, including Self-Care Skills, Stress Management/ Emotional Regulation Skills, Social Skills, and Independent Living Skills.

13) Have a Clear Protocol for How to Stabilize and Work Effectively with 'High-Needs' Youth

HANDOUT: *Steps for Stabilizing 'High-Needs' Youth*

HANDOUT: *Position Paper: The importance of Clinically-Informed, Well-Regulated & Monitored, Seclusion-Based Interventions (Temporary Removal from Community-TRC)*

C) PROGRAM SERVICE Components

14) Emphasis on Family and Community Supports (Ecological Model)

- a) All the youth we serve will be back in the community one day, therefore it is critical to help youth forge healthy relationships and connections with family and community supports/ resources.
- b) Identify and engage healthy, stable caregivers and community supports.

HANDOUT: *Engaging Caregivers in Youth Services*

- c) Encourage active family participation in MDT staffings, visits, school, treatment sessions, etc.
- d) Maintain a focus on Transition Services—Promote skills and resources that will help youth successfully transition back into the community.

15) Create a Safe Treatment Environment

- a) Place an emphasis on meeting youths' Basic Human Needs (physiological, safety, social, and competency needs).
- b) Utilize individual and family therapy to address sensitive topics; while group counseling is used for psychoeducation and skills development. There are many reasons to use caution regarding group work (Powell, 2017).
- c) Educate staff about the high prevalence of Adverse Childhood Experiences (ACE) and promote an atmosphere that is Adversity-Responsive and Resilience-Enhancing (trauma-informed).
- d) Educate staff about Resiliency and Post-Traumatic Growth
- e) Place an Emphasis on Self-Care for Staff

HANDOUT: *Thinking About Self-Care*

16) Create a Safe, Effective School Program that Closely Simulates Schools in the Community

- a) Maintain a manageable ratio of Teacher to Students in the classroom.
- b) Set up a school schedule that provides opportunities to take a variety of classes and work with a variety of teachers.
- c) Provide co-ed classes (with a 3-foot rule).
- d) Provide access to a good Library.
- e) Offer after-school extra-curricular activities (e.g., telescope club; photography club; journalism- school newspaper club; chess club; running club).
- f) Utilize multi-sensory teaching methods (e.g., use smartboards; computers; hands-on activities)
- g) Maintain staff presence in the school area and in the classroom as needed. Physical and psychological safety in the school is essential.
- h) Establish a strong partnership between the school staff, and security & counseling staff. Encourage and provide opportunities for teachers to attend staffings and trainings with other facility staff (integrated approach).

17) Utilize a Holistic, Individualized Approach

- a) Human behavior is complex and influenced by multiple factors (biological, psychological, and socio-cultural factors) at multiple levels (individual, family and community level). Therefore, in order to be most effective youth services must utilize a Holistic, Individualized approach.
- b) No two youth (or families) are exactly alike therefore youth services must assess and treat the individualized needs.
- c) Target not only a youth's problems but also their strengths and exceptions to problems (solution-focused).
- d) Collaborate with youth in the identification and development of their prosocial life goals (approach goals).

18) Have strong 'Program Integrity'

- a) Create a well-organized, structured program. Do what you say you will do.
- b) Ensure that scheduled individual, family, and group treatment sessions are actually occurring when they are supposed to. Protect the allotted time for clinical services
- c) Ensure that daily programming on the unit and in school is actually occurring
- d) Provide regular, ongoing Supervision for staff (refer to component #4)
- e) Provide regular, ongoing Training for staff (refer to component #4)
- f) Designate specific staff to regularly conduct Quality Assurance Checks (internal audits) to ensure that the program is doing what it says it is doing.

References

- American Psychological Association (APA), Presidential Task Force on Evidence-Based Practice (2006). Evidence-based practice in psychology. *American Psychologist*, 61(4), 271–285.
- Powell, K. M. (2015). *A Strengths-Based Approach for Intervention with At-Risk Youth*. Champaign, IL: Research Press.
- Powell, K. M. (2017). Engaging adolescents and families: In S. Righthand & W. Murphy (Eds.), *The safer society handbook of assessment and treatment and adolescents who have sexually offended* (pp. 215-250). Brandon, VT: Safer Society Press.

Note: Most of the handouts cited in this document can be found at www.kevinpowellphd.com under the Resource tab