What Works:
Lessons learned from implementing, sustaining, and evaluating the CARE Model

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Mission: To improve the quality of out-of-home care
Integrating Research Into Practice

Research Informed Practice Principles

CARE Program model
TCI System

Local Evaluation Data Informs Agency Practice

Scientific Evaluation of Outcomes
Restraint Incidents (TCI & Sanctuary)

Time Line

- Major TCI Training Push Begins
- Data Shared with Staff Consistently
  - Goal to reduce restraint articulated
- Revised TCI Curriculum Training
- Programme Model Begins
- Full Staff Trauma Training Begins

Farragher (2007)

Graph showing the number of restraint incidents from May-99 to Jul-03, with key events and milestones marked along the timeline.
Selected Relevant Research

• Developmental relationships
• Effects of trauma
• Resiliency
In order to develop normally, a child requires progressively more complex joint activity with one or more adults who have an irrational emotional relationship with the child. Somebody's got to be crazy about that kid. That's number one. First, last and always.

— Urie Bronfenbrenner —

AZ Quotes
Who influenced me in the past?

• Who positively impacted me in the past?
• What memories, thoughts, feelings are still with me today?
• How does that guide me, inspire me, comfort me?
• How has that enriched my life?
Criteria of Developmental Relationships

• Connection/attachment
• Reciprocity/give and take
• Opportunity to grow/progressive complexity
• Participation/inclusion

The active ingredient of effective interventions.

—Li & Julian (2012)
Complex Trauma

• Multiple, chronic, and prolonged
• Developmentally adverse events
• Interpersonal in nature
• Early life onset
• Examples
  – Community violence
  – Chronic neglect
  – Physical abuse
  – Sexual abuse
Complex Trauma: Treatment Implications

- Safety Work
- Skills Building
- Integration With Social Network
- Meaning Making Therapy

—Dr. William Coman
Resiliency Is

The ability to succeed in spite of adversity or trauma.
Elements for Resilience

• Supportive and caring relationships
  – Collective developmental experiences

• Adaptive skill building
  – Ability to plan, regulate emotions and behavior, adapt to changing circumstances

• Positive experiences
  – Face new challenges
When you plant lettuce and it doesn’t grow well, you don’t blame the lettuce.

Thich Nhat Hahn, Vietnamese Buddhist Monk
Helping Every Child & Staff Have a Good Day

- Rhythmicity in programming and interactions
- Developmental relationships
- Developmental experiences
- Collective efficacy
- Sense of normality
Core Concepts Guiding Quality Therapeutic Residential Services

• Best Interest of the Child
  – UN Rights of the child (1990)

• Evidence Informed Program Model (Theory of Change)
  – Lee & Barth (2011)

• Struggle for Congruence
  – Anglin (2002)

  —Holden, Anglin, Nunno, & Izzo (2014)
Why A Model?

- Theoretical Knowledge
- Empirical Knowledge
- Personal Knowledge
- Procedural Knowledge
- Practice Knowledge

Professional decisions

(Drury-Hudson, 1997)
Children And Residential Experiences

by Martha J. Holden
CARE is

a principled-based program model designed to guide residential child care staff’s practice and interactions with children in order to create the conditions for change in children’s lives.
CARE Principles

- Relationship based
- Developmentally focused
- Family involved
- Competence centered
- Trauma informed
- Ecologically oriented
Children And Residential Experiences Theory of Change

Intervention

Personnel Training
Organizational Technical Assistance
Exposure to Concepts and Principles

Staff Outcomes

Staff Knowledge, Beliefs, and Motivations

Understanding of practice principles
Familiarity with strengths and skills

Staff Practices

Create opportunities for building self efficacy and self confidence
Strengthen child’s relationships with staff and peers/Improve child’s relational skills
Adjust expectations to children’s developmental level
Incorporate families into service planning
Recognize and respond appropriately to child’s trauma-based behavior
Enrich the physical and social environment to create a therapeutic milieu

Confidence Willingness Motivation
...to apply principles and strategies

Consultation regarding implementation of CARE practice Feedback from observations and survey results

Organizational Outcomes

Organizational factors that reinforce agency application of CARE principles:
–Policies and practices that support innovations
–Climate
–Culture
–Congruence
–Data-based decision making

Child Outcomes

Child Experiences and Perceptions

Children... Experience success on challenging tasks
Trust and feel securely attached to care workers
Feel valued, higher self-worth
Feel connected to others
Feel greater connectedness to others (family, peers, staff)

Child Wellbeing

Social and Emotional Adjustment

Improved Self Concept, Self Efficacy, Self Esteem

Behavior

5
Your Theory of Change

What is your theory of change (TOC) that guides your decisions and interactions in helping children and families?

What is your agency’s theory of change?
Your Theory of Change or Program Model

Organisational supports → Staff practices → Child outcomes

Interventions → Staff knowledge and Beliefs → Staff Practice → Child experiences → Child Outcomes
Agency Theory of Change

- What implications does your agency’s model (TOC) have for staff, children, and families?
- How does your agency’s model affect your day-to-day work?
- Do all staff understand the agency’s model (TOC)?
Core Challenge for Agencies

Struggle for congruence throughout the agency in serving the best interests of the children

-Anglin (2002)
How do we get from here to there?

System Change:
We can’t wait for miracles!

The Change Process

Community Wide Strategy

Implementation Plan
THEN A MIRACLE OCCURS

GOOD WORK,
BUT I THINK WE NEED JUST A LITTLE MORE DETAIL RIGHT HERE!
Phases of the Implementation Process

Preplanning
Start Up
Initial Implementation
Full Operation
Sustainability
Implementation Assumptions

- Relationships are foundational
- Leadership buy in
- Partnership
- Build on strengths
- Many right ways
Relationship is foundational

- Relationship between the Cornell team and the organization provides the foundation for CARE implementation
  - respectful interactions
  - open and reflective dialogue
  - flexibility
Leadership buy-in

- Agency driven intervention
- We don’t tell agencies what they should/should not do
- Leadership of the organization is in charge of the implementation
  - How/when to act with our input
Partnership

- CARE implementers are facilitators assisting organizations
  - realign/reallocate resources and priorities
  - develop an organizational climate and culture to support the CARE principles.
Build on Strengths

• Do not assume that the organization is in trouble or needs fixing
• Task is not to ‘fix’ the organization, but to assist them in implementing the CARE principles
Many Right Ways

- Every agency will implement CARE in a slightly different manner based on their mission, clients, and primary tasks.
The Co-creation Process

• The agency is the locus of learning
• 3-4 year implementation agreement
• CARE principles are applied
• Quality assurance activities based on continued self-assessment (reflective practice)
• Training and technical assistance
• Data informed decision-making
Key Organizational Process

- Reflective supervision and reflective practice
- Data-informed decision-making
- Participatory management strategies
**CARE Measurement Roadmap**

**Intervention**
- Personnel Training
- Exposure to concepts & principles
- Practice recommendations
- Modeling and role-play of strategies and skills

**Care-Provider Outcomes**
- Childcare beliefs
  - Understand principles
- Motivation to apply principles and strategies
- CARE consistent practices

**Child Outcomes**
- Child experience
  - Quality interaction with staff
- Child behavior
- Social & emotional well-being

**Organizational and Social Environment**
- Culture, Working Climate and Morale

**Consultation**
- Implementation Support, Troubleshooting, Reflection, Data-Based Feedback
CEBC Scientific Rating Scale

Well-Supported  Supported  Promising Evidence

2+ RCTs with 12mo follow-up  RCT with 6mo follow-up  Quasi-Experiment

Weight of evidence shows benefit  Weight of evidence shows benefit  Weight of evidence shows benefit

No evidence of harm  No evidence of harm  No evidence of harm

Written specification  Written specification  Written specification

Sound assessment  Sound assessment  Sound assessment
CEBC Scientific Rating

Scientific Rating =3 (Promising Research Evidence) and High Relevance


Interrupted Time Series Study

Behavioral incidents declined during CARE

Youth Attachment

Before CARE | CARE Training & TA

Cohort 2

Cohort 1

Youth-Adult Interaction Quality

12 mo Pre | Baseline | 12 mo | 24 mo | 36 mo
Incidents and Relationship Quality

- Incidents
- Youth Perceptions

![Graph showing Incidents and YPS scores over time with CARE Training & TA highlighted.]
Interrupted Time Series (ITS)  
Agency study - administrative data

Restraint Rates  
Psychototropic Medication Rate

Martin, Butcher & Nunno (2017)
What Works

• Maintaining a positive organizational culture
• Providing strong leadership communicating a clear vision
• Building developmental relationships
• Committing to reflective practice at all levels of the organization
• Developing a competent and skilled workforce
• Creating a community of practice
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