The Restorative Healing Model: Evidenced Based Programming

George Carlson, Ph.D., LCSW-C
Senior Director of Programs

The Woodbourne Center
Goals

☐ To understand the conceptual background for the Restorative Healing Model

☐ To understand the three components of the model

- ART, CRJ and Restorative Practices, and treatment for trauma and trauma sensitive culture
Overview

- Woodbourne’s continuum of care
- The background, why are we doing this?
- Our evidenced-based, comprehensive model that addresses our client's needs
Woodbourne’s Programs

☐ Treatment Foster Care
☐ Children’s Diagnostic and Treatment Center
☐ Woodbourne School
  ■ RTC school
  ■ Day school
Woodbourne’s Programs

- Residential Treatment Center
  - Diagnostic/Assessment and Self Contained Treatment Unit
  - Sexual Trauma and Recovery Treatment Programs
  - General Residential Treatment Units
  - All RTC beds are for males
Woodbourne’s Clients
Calendar year 2008

- Received 752 referrals from all 24 Maryland jurisdictions
- Provided services to over 463 children in all programs
- Referrals come from DSS (78%), DJS (12%), CSA (4%), BCARS (3%), Local BoE (2%) and Maryland Choices (1%)
Woodbourne’s Clients
Calendar Year 2008

- Gender: 44% female, 56% male
- Clients age range: 8 to 20 years
  - Average age at admission: 13.5 years
- Racial breakdown of clients
  - 80% African-American
  - 16% White
  - 2% Biracial
  - 1% Hispanic
  - 1% Native American and “other”
The Woodbourne Treatment Model

The Woodbourne Way

Restorative Healing

ART
Skill Building
Moral Reasoning
Anger Control

CRJ
Taking Responsibility for Your Actions

Trauma Treatment
Services for Healing Harm Done to You
Why are we doing this?

- The background for the Restorative Healing Model
  - Evidenced based practices
  - The parallel process in treatment programs
  - Brain research
Why Focus on Evidence?

- We need to make sure that what we are doing offers the best possibilities for success!
Evidenced Based Practice: Multiple Factors of Implementation

Client Access and Engagement

Provider Knowledge and Skill

Evidence Based Practice

External Environment

Organizational Structure Culture

Woodbourne Center
Parallel Process: What is it and Why is it so Important in Treatment?

Adapted from Brian Farragher, the Andrus Children’s Center
What is Parallel Process?

- A complex interaction between traumatized clients, stressed staff, pressured organizations, and the social and economic environment.
Organizations and Parallel Process

- Organizations are living, growing, changing systems with their own unique biology.
- Organizations are every bit as susceptible to stress, strain and trauma as the individuals who live and work in the organization.
Organizations and Parallel Process

- When examining an organization's stress level consider an organization's history, what is currently impacting the organization, and what each person brings to the workplace.
The Organization and the Clients:

☐ Each can positively or negatively impact the other

☐ Helping children to change and grow requires change and growth in the staff and in the system
Trauma and the Brain
Research indicates that the brains of people who have been abused and neglected develop physically different from people who had good enough parenting.
CT Scans of 3 Year Olds’ Brains
Impact of Stress and Trauma

- Stress and trauma have a disruptive effect on brain development
- This sets the path for future development
- We cannot redo what has been done, but we can build supports that will improve functioning
We Developed Restorative Healing Because...

☐ We serve traumatized kids in all our programs

☐ They have shaped our practices as much, if not more than, we have shaped their lives

☐ We need to make sure that what we are doing offers the best possibilities for success
Consider the Following:

“If you don’t change your beliefs, your life will be like this forever. Is that good news?”

- Dr. Robert Anthony, Educator and writer
Who Are Our Clients?

- The facts at Woodbourne
  - Our kids live disrupted lives with histories of trauma
  - This indicates attachment problems, trust issues, difficulties communicating with and connecting to our staff, and issues with emotional regulation
We All Are Part of the Solution

- We need to manage our own stress
- We need to manage our emotions
- We all need to understand the impact of trauma and stress on clients, staff and the organization
- If we don’t manage the organizational stress it could get ugly
We All Are Part of the Solution

- Beliefs and values are not negotiable
- We need to support the systems that encourage organizational health:
  - Team meetings
  - Community and RAP meetings
  - Safety plans
  - Meetings with leadership
Trauma Treatment
Services For Healing Harm Done To You
Trauma Focused Cognitive Behavioral Therapy

Trauma-Focused Cognitive Behavioral (TF-CBT) is a psychotherapeutic intervention designed to help children, youth, and their parents overcome the negative effects of traumatic life events.
Trauma Focused Cognitive Behavioral Therapy

- TFCBT is a “level 1” evidenced based program
  - “Level 1” programs have been scientifically demonstrated to prevent youth problem behaviors or to reduce or enhance risk/protective factors using a research design of the highest quality (i.e., an experimental design and random assignment of subjects).
Trauma Focused Cognitive Behavioral Therapy

- It was developed by integrating cognitive and behavioral interventions with traditional child abuse therapies that focus on enhancement of interpersonal trust and empowerment.

- The program can be provided to children 3 to 18 years of age and their parents by trained mental health professionals in individual, family, and group sessions.
Trauma Focused Cognitive Behavioral Therapy

- TFCBT targets symptoms of posttraumatic stress disorder (PTSD), which often co-occurs with depression and behavior problems.
- The intervention also addresses issues commonly experienced by traumatized children, such as poor self-esteem, difficulty trusting others, mood instability, and self-injurious behavior, including substance use.
Protective Factors of TF-CBT

- For the individual child
  - Stress management skills
  - Affective regulation
  - Problem-solving and safety skills
  - Communication skills
  - Self-esteem
  - Interpersonal trust
Protective Factors of TF-CBT

- For the Family
  - Effective parenting skills
  - Parental support of the child
  - Stress management skills
Child Welfare Trauma Focused Training

- The Child Welfare Trauma Focused Toolkit was developed by the National Child Traumatic Stress Network
- This training curriculum is designed for child welfare workers
- We are training all our treatment foster care case workers
- This is a 12 hour curriculum
Trauma Sensitive Culture

- The children entering our programs have more complex issues than ever before.
- These issues include being victims of or witnesses to various traumatic events:
  - Including physical and sexual abuse, neglect, abandonment, domestic violence, assault, criminal victimization, death, among other issues.
A Trauma Sensitive Culture

- A culture within which it is understood that:

- Most human pathology is related to:
  - Overwhelming experiences of exposure to abusive power
  - Disabling losses
  - Disrupted attachment

These issues usually begin/occur in childhood

- Farragher, Andrus Children’s Center
A Trauma Sensitive Culture

Therefore behavior on the part of:
- Our staff
- Clients
- Families
- The system(s) in which we work

Must be understood and responded to in the context of these forces
- Farragher, Andrus Children’s Center
Trauma Sensitive Culture

- Trauma often derails the ability to form connections to others
- Trauma can deeply overwhelm someone in every aspect of the self

Sidran Institute
Trauma Sensitive Culture

- Our services must provide structures and programming to enhance containment and facilitate re-parenting for the children and adolescents in our care.
- The children in our care have been preoccupied with survival.
  - This is a critical point to remember.
Trauma Sensitive Culture

- These concepts reframe the problem:
  - Child is not sick or bad, they are injured
- Reframes the question we ask kids:
  - Not what is wrong with you, but what has happened to you?

Farragher, Andrus Children’s Center
Trauma Sensitive Culture

☐ As treatment providers for traumatized populations we need to be aware of the following when developing programs:

- Traumatized children are distractible
- All of their emotions are tinged with rage and fear
- Their behavior is an adaptation to their environment
Trauma Sensitive Culture

- Their behavior promotes survival, even if the behavior seems maladaptive to us
- All problematic behaviors are developed within the context of survival
- Deprivation leaves developmental gaps
- The children revert to the most negative context of any situation
- The children are hypersensitive to situations where they feel their survival is threatened
The MELT

- Activity designed to enhance communication between the hemispheres of the brain
  - M - Mellow Out
  - E – Exhale Deeply
  - L – Lean Back
  - T – Tranquil
Restorative Justice

- RJ recognizes that crime:
  - Is a violation of real people and their communities
  - They are hurt by crime in very real and often long lasting ways

- The underlying principal of RJ:
  - Identifying ways to repair harm caused by crime
Community Restorative Justice

- CRJ is derived from two identified needs:
  - A commitment to the needs of crime victims
    - Victims are not key stakeholders in the justice system
  - To develop an awareness of the effects of crime on the community
    - Crime damages the fabric of communities
Community Restorative Justice
Primary Focus

- The purpose is to restore to the victim what was damaged or taken.
- The offender takes responsibility and is accountable for her or his actions.
- Victims can suffer with a loss of feelings of safety and security which can traumatize and immobilize the person sometimes for years.
Restorative Practices

- The restorative practices concept has its roots in restorative justice, a way of looking at criminal justice that focuses on repairing the harm done to people and relationships rather than on punishing offenders (although restorative justice does not preclude incarceration of offenders or other sanctions).
Restorative Practices

The fundamental unifying hypothesis of restorative practices is simple: that human beings are happier, more cooperative and productive, and more likely to make positive changes in their behavior when those in positions of authority do things with them, rather than to them or for them.
Social Discipline Window

- TO
  - punitive
  - authoritarian
- WITH
  - restorative
  - authoritative

- NOT
  - neglectful
  - irresponsible
- FOR
  - permissive
  - paternalistic

- Support (encouragement, nurture)
Community Conferencing Center

- We are working in partnership with the Community Conferencing Center for training and consultation
International Institute for Restorative Practices

- We are also working in partnership with the IIRP for training and consultation
How is Woodbourne Implementing CRJ and Restorative Practices

- Community and Daily RAP circles
- Restorative Dialogues using restorative questions
- Two types of restorative conferences
  - Mediation conferences for internal disputes and conflicts
  - Community restorative conferences involving members of the greater community
RAP Circles

- Daily or weekly groups to discuss and process the events of the day
  - RTC has daily rap twice per day and community rap once or twice per week
  - CDTC has community rap twice per day
- Staff is trained in the RAP model and leads the discussion
  - Community Conferencing Center trains our staff
Restorative Dialogue

- Each person involved in a conflict meets individually with the trained facilitator or their therapist
  - This approach is used when either one or both of the participants is unable or unwilling to utilize a restorative conference
  - The restorative questions are asked and openly discussed
Restorative Dialogue Using The Restorative Questions

- What happened?
- What were you thinking at the time?
- What have you thought about since?
- Who has been affected by what you have done? In what way?
- What do you think you need to do to make things right?
Restorative Dialogue Using The Restorative Questions

- What did you think when you realized what had happened?
- What impact has this incident had on you and others?
- What has been the hardest thing for you?
- What do you think needs to happen to make things right?
Mediation Conferences for Internal Disputes

- These are treatment team driven
- There will be a pre-meeting individually with the parties involved with a trained staff facilitator
- There will be a meeting between the parties with the facilitator and a person to support the resident
- There will be a presentation and amends to the entire unit
Community Restorative Conferences

- These are treatment team driven
- These meetings will be facilitated by staff trained and certified as a community conferencing facilitator by the Community Conferencing Center
- These conferences will involve community members and family that the Woodbourne client offended in the community
Aggression Replacement Training

- Developed and researched with multi-problem, delinquent youth in youth correctional facilities in Northeast U.S.
- Arnold Goldstein and Barry Glick (1988) and later in collaboration with John Gibbs (1998)
Aggression Replacement Training

- ART is a “level 2” evidenced based program
  - “Level 2” programs have been scientifically demonstrated to prevent youth problem behaviors or to reduce or enhance risk/protective factors using either an experimental or a research design with a comparison group, with the evidence suggesting program effectiveness.
Aggression Replacement Training

- Aggression Replacement Training (ART) is a multimodal psychoeducational intervention designed to alter the behavior of chronically aggressive adolescents and young children. The goal of ART is to improve social skill competence, anger control, and moral reasoning.
Aggression Replacement Training
Theoretical basis

☐ Social learning analysis of aggression (Bandura, 1973)
☐ Stress inoculation training (Meichenbaum, Novaco, & Feindler)
☐ Moral development paradigm (Kohlberg, 1968)
Aggression Replacement Training: The Fourteen Character Traits

- Honesty
- Respect
- Responsibility
- Self-Esteem
- Patience
- Caring
- Humanity
- Service
- Goal Setting
- Cooperation
- Perseverance
- Courage
- Integrity
- Self Control
Aggression Replacement Training
What Happens?

- There are curriculum based modules.
- Comprises three components:
  - Skill Building
    - Behavioral component
  - Anger Control Training
    - Emotional component
  - Moral Reasoning Training
    - Cognitive component
Skill Streaming:

The behavioral component

- Interpersonal skills training
- Skill-streaming uses modeling, role-playing, performance feedback, and transfer training to teach pro-social skills.
- Teach the student what to do, such as;
  - Making a complaint
  - Keeping out of fights
Anger control training:
The emotional component

- In anger-control training, participants bring to each session one or more descriptions of recent anger-arousing experiences (hassles), and over the duration of the program they are trained in how to respond to their hassles.
- Coaches students in identifying the causes, cues, and consequences of anger and aggressive responses.
Aggression Replacement Training

- Moral reasoning training: The cognitive component
  - Values based training
  - Training in moral reasoning is designed to enhance youths’ sense of fairness and justice regarding the needs and rights of others and to train youths to imagine the perspectives of others when they confront various moral problem situations.
The Restorative Healing Model Promotes:

- Enhanced connections with our clients and their families
- Deeper staff-client understanding and relationships
- Less violent behavior
- Less coercive behavioral control measures
- A deeper, more complex understanding of our clients and their life situations
The Restorative Healing Model Promotes:

- Higher expectations of our clients and staff
- Linkage of rights and responsibilities
- Earlier identification and managing of controlling, abusive and violent behavior
- An understanding of reactive behavior
The Restorative Healing Model Promotes:

- Less punitive and judgmental responses by our staff and foster parents
- Clear and consistent boundaries
- Less victim blaming
- Better ability to articulate goals and to create strategies for change
The Restorative Healing Model at The Woodbourne Center

☐ Thank You for Your Time and Attention