Towards A Residential Treatment Programme for Emotionally Disturbed Children

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The idea that children whose parents are unable or unwilling to care for them within the familial home should be cared for by the state or voluntary organisation, in small groups by adults who share their lives with the children, has gained considerable currency in the last two decades. (Ainsworth and Fulcher, 1981). However, although now widely accepted in principle, a uniform implementation of group care for children has been slow due to a number of factors.

The emergence of the family group home as the preferred style of residential care has not resolved al the issues. Hansen and Ainsworth (1983) point to the positive features of family life which enhance psychosocial features of family life which enhance psychosocial development, but also warn that a cottage home differs from a normal family home in a number of significant ways. These include the absence of blood ties between the children and their caretakers, the home is not owned by the "family" group, and that the composition of the "family" may change from time to time, either through new caretakers being employed, or various children coming or going.

Oakley (1984) echoes these views, saying that having set up a family model, the expectations are that the residents will automatically behave as a family. These authors also stress that child workers need both the understanding and the skills necessary to work with other people's troubled children, which means an active in-service training programme and ongoing supervision on the part of the employing organisation.

In the area of providing therapeutic help for these children, Whittaker (1981) makes the point that there is a continuing lack of any overall theory of residential treatment. He states; "Exactly how one identifies all the powerful forces in a group living situation and redirects them towards therapeutic goals – in essence creating a therapeutic milieu – is a question for which we still have no definite answer." In his review of the major approaches to residential treatment it is apparent that the treatment of choice is often dictated by the professional worker's own theoretical orientation rather than a more objective appraisal of such factors as the type of child in residential care, the average length of stay in a cottage home, and the potential for cottage parents or residential staff to contribute towards treatment goals. By far the two strongest influences in Whittaker's view are firstly, the psychoanalytic school of thought and the child guidance movement, and secondly, behavioural approaches in residential treatment.

A major issue surrounding the first of these is that it tends to focus almost exclusively on the child as an individual and uses concepts that offer little practical help to the children care worker attempting to deal with the worker attempting to deal with the child in a residential setting. Traditionally here, treatment took place in a carefully structured therapy session with a professional psychotherapist. Cottage staff and other institutional personnel were viewed as important supportive figures, but not as primary therapeutic agents. Thus therapeutic intervention took place outside and separate from the child's living environment, by a therapist both physically and experientially removed from the child's natural life milieu.

Behavioural approaches have a number of strengths including providing an explicit and systematic means for teaching alternative behaviour to troubled children. It is thus easily understood by residential staff, which increases the probability of consistency in treatment between different staff members. This together with the principle that behaviour is largely controlled by the environment, and is either strengthened, maintained or diminished by its immediate effects on the environment, means that it is an ideal approach to use in the child's natural life milieu. By helping child care professionals focus on the specific behaviours that are causing problems, specific strategies for dealing with them can be devised and evaluated, as goals can be clearly specified in advance.

While the behavioural approach has played a prominent role in milieu treatment for troubled children, some problems remain. For instance, by focusing almost exclusively on behaviour albeit within the environmental context, behaviourism runs the risk of failing to grapple with the multitude of inter-personal variables continually at play in a residential setting. These operate around the clock and are often subtle and complex. It was partly ths issue which prompted an examination of how the events of daily living in a therapeutic residence – the rules, routines, games and personal encounters – could be used

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to teach children something about the reasonable limits of their present behaviour, while at the same time providing them with opportunities for growth and change. (Trieschman, Whittaker and Brendtro, 1969). These authors believed that because children learn in different ways, the milieu must ideally incorporate many different teaching formats that accommodate to the different styles of learning. Thus, the child care counsellors who work with the children can well be the major agents of therapy, and the therapeutic milieu should not merely help children gain insight or manage their behaviour, but should help them build competence and confidence in a wide range of areas.

This view, while having its difficulties in practical application, combines a structured behavioural framework with the constructive use of the front line staff, while retaining a view of children as individuals who grow and develop according to their own needs.

Characteristic of Children in Residential Care

A high proportion of the children in residential care come from disruptive family backgrounds and have a history of inconsistent parenting. Some have experienced a number of placements previous to the current home, and most have suffered the loss of at least one significant adult in their lives. Such early developmental experiences often result in children with both emotional and psychosocial delays, and in these areas show many of the characteristics of abused and neglected children. Such features as increased aggressiveness (Reidy, 1977; Kindard, 1980), poorer self concept and increased difficulties in socialising with their peer group (Kinard, 1980), lack of trust (Kempe and Kempe, 1978), as well as intellectual and speech delays (Elmer and Gregg, 1967), have all been reported. On follow up, Kent (1976), found that intervention which altered – e.g. through placement – the abusing or neglect environment produced changes, but noted that some developmental lags remained, specifically in the areas of psychosocial functioning. He suggests that foster placements, for example cannot alone be expected to resolve the problems of these children, and that both they and their families, if they are eventually to return there, need therapeutic intervention.

The present authors have noted similar characteristics amongst children in residential care in the Anglican Child Welfare Services. These children often present as sad and distant at first, but can then quickly relate in an overfamiliar and sometimes indiscriminate way, especially with adults. They tend to have little insight into their feelings, which are often confused; nor do they have the objectivity about their behaviour that is expected of a child of their particular age. The consequences can be a pattern of seemingly erratic and impulsive behaviour that many adults find very difficult to deal with. Comments about these children include the fact that they are hard to reason with and that they don't seem to learn from their mistakes.

Other features of importance include:–

1. Their level of emotional immaturity means that they are still essentially egocentric. They tend to be outward looking, seeing others as doing things to them, and they have not yet begun to grasp an understanding of the reciprocal nature of social interactions. Thus, after yet another tussle in the school playground, where there are fewer adult (imposed) guidelines, and more peer (negotiated) rules, the teacher's version often is; "This child can't get on with other children. He is constantly annoying them and can't wait his turn or abide by the rules". The child's version however, often is; "The other children pick on me and won't let me play with them". A solution to the resultant ostracism by his peers is a gravitation towards younger children whose social maturity more nearly matches his.

2. The experience of an insecure past and a future that is often uncertain, result in a tendency to live more day by day, taking what they can for the present and finding it hard to delay gratification. They are often seen as takers and find it hard to share, especially amongst their peers. There is often frequent and intense rivalry with other children over issues that adults see as trivial, e.g. who has had more biscuits or a bigger piece of cake. This type of behaviour, plus their attempts to meet often considerable emotional needs through constant demands for attention, can be both irritating and emotionally draining on the adult caretakers.

3. Where there is a lack of basic trust in adults as dependable and caring, the child can often exhibit a strong need to control. This is played out in constant oppositional battles, limit testing and in behaviour that is usually labelled as "naughty" or "disobedient". The resulting negative feedback received by the child can further reinforce his feelings of worthlessness and his view of adults as punishing and rejecting. Of course, emotional and social growth is greatly restricted in such a situation, so the child tends to remain at a delayed level of psychosocial functioning. He fails to learn that his behaviour has consequences, so never learns to think ahead and make appropriate choices. Instead, his behaviour remains impulsive and governed by the immediate satisfaction of needs. The continuing "naughty" behaviour results in further confrontations and general frustrations on all sides.

Treatment Approaches

The basic approach to treatment in this Service is based on a behavioural framework, as this is felt to have benefits both for the staff and the children. Firstly, through its explicitly defined relationship between behaviour and consequences, it enables cottage staff to maintain a consistent stable environment for children whose backgrounds have often lacked such stability. However, it not only provides a general framework for the day-to-day running of the cottage, but it also enables individial programmes to be tailored, where necessary, to each individual child. Thus when used correctly, such an approach can promote social learning and emotional growth, which is necessary for healthy development.

The social expectations placed on adults, and to varying degrees, children, depending upon their age and stage of psychosocial development, is that they be self-regulating or "responsible" in their behaviour. This self-regulating aspect of behavoiur as opposed to behaviour maintained by external supervision, is fostered by a combination of social reinforcers from the significant adults, plus a developing sense of self as a valued or "good" person.

This gradual transition from behaviour that must be continually supervised by others, as in the pre-school years, to internally self-maintained behaviour is a major feature of childhood development. It is both complex and fragile, and any disruption to the social learning process, especially in the early years, can result in the emergence of behaviour problems and developmental delays, the social consequences of which can affect the child's developing sense of self. Thus any treatment approach must not only focus on external behaviour, but also contain an understanding of how this translates into the child's inner emotional world.

Having said that, however, it is the child's behaviour which is first noticed. It is also the medium through which the child attempts to relate to others and generally operate in his environment. An initial emphasis on behaviour, while not ignoring the child's emotional level functioning, is thus often the safest and easiest place to start.

Firstly, we are mindful of the evidence presented by Rowe and Lambert (1973) which suggests that once a child has been

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in care for six months, his chance of returning home to his natural family reduces to 1 in 4. After two years in care the chance of returning home is minimal. This places somewhat of a time constraint on how long a child can be safely place in a cottage home without him becoming "institutionalised", and all the difficulties this presents for successfully returning home, or a successful fostering. It is also felt that simply placing the child in a cottage home in the hope that he will "settle down" or even be able to begin to discuss his problems is not sufficient. Manpy of the children in the cottage population lack insights into their behaviour, and some are actively defending against unpleasant and worrying thoughts and feelings. In such instances spontaneous long-term changes are not assured, and an "insight-oriented" approach of the counselling or play-therapy type can be actively threatening and not what is required as a front line treatment strategy.

Secondly, much behaviour, especially specific responses to stressful situations have usually developed – or been learned – against a background of variable and inconsistent handling. These behaviours, while often gaining the child some attention or temporary respite from stress, are usually seen as undesirable, and contribute towards the child becoming involved in further conflicts. The pattern of behaviour can easily become entrenched, and prevents the child from learning more appropriate and socially rewarding behaviour.

Time away from people and events that cause the child distress is useful if used constructively to equip the child with strategies to cope. It is therefore important to use the time in residential care to help these children develop the necessary social skills and behaviours that will enable them to start gaining approval and support from the significant adults in their lives. These social skills include an understanding of the reciprocal nature of social interactions, the idea of consequences so that appropriate choices can be made, as well as help to develop internal controls so that their behaviour becomes increasingly self-maintained.

Initially, the staff must act as the child's controllers. This is important as our experience leads us to believe that children will not begin to control themselves unless they are confident that the adults can. Staff then become important social reinforcers and can guide the child's progress towards more mature and age-appropriate behaviours. Once a child has begun to learn that he does have some control over his behaviour and its consequences, has begun to be rewarded and acknowledged as a valued person, and as feelings of helplessness and displacement are lessened, opportunities to talk through problems, coupled with a counselling approach directed at the emotional level becomes valuable and further enhances the general growth and development of the child.

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