The Development of a Technical Assistance System for Residential Treatment Programs

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ABSTRACT: Using a technical assistance model, the authors developed a University-based program to facilitate staff development among direct care personnel in a network of community-based residential treatment programs serving emotionally disturbed children and adolescents in North Carolina. The process used and the results are described, followed by the implications of this program for child and youth services professionals.

During the late 1960s and 70s, the human services field experienced an unprecedented growth in community-based residential treatment programs as a result of the change in philosophy and attitude toward institutional services. It is conceivable that the future of the deinstitutionalization movement—as a whole—will be judged by the success or failure of these programs. The key to sustaining this community-oriented momentum is the professsionalization of the direct care staff, the married couple who usually serves as the live-in "houseparents."

All too often, however, these individuals are forced into custodial roles because of their inexperience and lack of training. The professional direct care staff should be *the* important change agent within the therapeutic milieu of the residential program. A technical assistance and training system can be the vehicle by which the necessary roles and skills necessary to function in these roles can be learned.

The development of community-based residential treatment as a therapeutic modality and the uniqueness of the role played by the direct care

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staff have created new opportunities for and challenges to traditional training organizations. The present paper focuses on the development of the Residential Training Program (RTP), a university-based technical assistance system for the staffs of community-based residential treatment programs currently operating within the North Carolina Division of Mental Health and Mental Retardation Services (DMH/MRS). More specifically, the paper will describe (a) the planning process by which the RTP was developed, and (b) the technical assistance and training model on which the project is based.

Consumers

The DMH/MRS funds thirty-one residential treatment programs located throughout the state to serve emotionally disturbed children and adolescents. These programs maintain bed capacities ranging from five to nine, representing a total capacity of approximately two hundred clients. The programs are among the range of services offered by community mental health centers in North Carolina. The staff are either employees of the locally operated mental health centers or they provide services under mental health contracts to private nonprofit agencies.

Staff

The staff vary considerably in several significant aspects; among these are previous work experiences, levels and types of educational background, and expertise regarding the care and treatment of emotionally disturbed children. The differences are particularly true of the live-in direct care staff (house parents, teaching-parents, residential counselors) whose responsibilities also vary from program to program, but usually include both residential "care" (e.g., supervision of activities, meal preparation) and treatment (e.g., group and/or individual counseling, implementation of treatment plans).

The staffing patterns, including number of staff, supervisory models, individual and team responsibilities, also differ among the programs. However, one commonality does exist: each program includes a resident married couple with the care and treatment responsibilities mentioned above. In one group of programs which employs the smallest number of staff, the resident couple works with a central administrative and training office but maintains responsibility for total implementation of the treatment program. In contrast to this pattern another staffing model includes two resident couples working shifts of alternate weeks in conjunction with a

social worker, a psychologist and an administrator. Other programs follow staffing patterns which are somewhere in between the two described, in terms of number of staff. For example, a pattern often adopted includes a resident couple, a parttime relief staff, a social worker and a part or full time administrator who usually maintains some clinical responsibilities.

Program Philosophy

The treatment programs have different philosophical orientations including behavioral, psychodynamic, and ecological. Although a number of the programs initially developed from an identifiable philosophical base, most "borrowed" concepts and techniques from various approaches and have developed an eclectic perspective and treatment scheme. Regardless of the philosophy adopted, however, it is generally agreed that the staff must be competent in certain areas if quality treatment programs are to occur; among these are individual counseling/therapy, group counseling/therapy, management of behavior, family counseling/therapy, and remedial education/tutoring. As the treatment programs have developed over the past five years, it has become clear that such competencies frequently must be built into the program through a staff development/inservice training approach because few staff members have appeared to have qualifications in all of the areas needed for successful programming. Partially, at least, this deficit results from the lack of preservice training programs to prepare individuals for this specific, demanding role.

Planning the Training Delivery System

Although personnel from the DMH/MRS had primary responsibility for conceptualizing the training project, individuals from numerous organizations representing various levels of state government and the university participated in the planning phase. Early in the planning process two basic objectives were established: (a) it was necessary that the project, from the standpoint of planning and implementation, be a statewide effort; and (b) the actual training was to be individualized and needs responsive for each residential program.

During the planning phase the federal RFP (Request for Proposal) approach was followed. The existing training resources in the state, both within and outside of the mental health community, were polled to determine desires and capabilities to develop the project. None of the existing resources indicated a desire to undertake the entire project, but

most were willing and eager to participate in some aspect. The Department of Human Resources, the DMH/MRS, the university community, the existing training resources and the staff members of the residential treatment programs jointly participated in the planning.

In view of the diversified nature of the residential treatment programs, the potential problem existed of delivering technical assistance statewide and also meeting the needs of each individual program. How could all of the programs representing various levels of training needs have those needs accommodated? Variations in levels of sophistication as well as treatment approaches had to be faced. Two well established training sites existed within the DMH/MRS, one adhering to a behavioral model and the other to an ecological/re-education concept. The university had other professional training resources. Together, these offered substantial training resources for the initial conceptualization of a total training delivery system.

A University-Based Project

The decision to base the project in a university setting was made after consideration of the following: (a) the funding restrictions of the mechanism (Title XX training funds) on the state system versus the university system; (b) the need for the university system to broaden its training endeavors into inservice areas; (c) the need for the university system to gain a perspective on training needs in order to begin developing appropriate preservice educational programs and; (4) the need to insure the confidentiality of training needs data generated through the individualized, needs responsive process.

Traditionally, one role of higher education has been the provision of preservice training for professionals in human service delivery systems. It is becoming increasingly clear that higher education also has an important role to play in the development of continuing education curricula through field-based programs for professionals after they are employed. The decision was made, therefore, to house the project within a university setting because of the available training resources and because of the emerging field-based mission of the university.

Entrance into existing service delivery systems (i.e., the residential treatment programs) and, at the same time, maintaining effective professional effort raised many process questions and posed ethical issues involving, for example, the trainer/consumer relationship and the confidentiality of information. Stated differently—to what organization would the technical assistance system be accountable? to the funding agency? to the consumers? to the parent organization (the mental health system)? Who could have access to the information gathered during the development of

the training needs? It became obvious during the planning process that these would be ongoing considerations. Placement of the project in the university outside the service delivery system appeared to offer the best organizational structure in which to deal with these issues.

Technical Assistance and Training Model

This "model" of training delivery borrows heavily from the technical assistance and consultation process. These procedures are described in an extensive literature (Rogers, 1962; Hagerstrand, 1967; Caplan, 1970; Argyris, 1970; Havelock, 1973; Shrier & Lorman, 1973; Bennis, Benne & Chin, 1975) which identifies the specifics of this process. "Technical Assistance" is a term which has, during the past few years, become part of the standard vocabulary in the field of special education. Gallagher has defined technical assistance as "help from an outside agency designed to improve the competence of educational service delivery personnel by increasing their management, organizational or program skills, and/or their available information, relative to their multiple tasks of education service delivery to students" (Gallagher, 1976). Richman defines it as "a process of transferring specialized knowledge, skills, and technologies from one system (the TA or resource system) to another (the client or work system...)" (Richman, 1976). One of the most important premises upon which the approach is based is that planning occurs prior to "doing" and that the development of systematic procedures for planning will increase the likelihood that an organization will achieve its goals.

Although the term "technical assistance" is a part of the space-age vocabulary, the TA concept and the processes it encompasses are not new. The Marshall Plan, an effort on the part of the United States to assist the countries of Western Europe after World War II, Truman's Point IV program intended to provide assistance from the United States to less "developed" countries as well as a similar undertaking by the United Nations are all historical examples of the use of technical assistance (Richman, 1976). The concept is also being utilized in fields such as Psychology, with the psychotherapy process being seen as an attempt to provide help to those who have identified the need for that assistance. Agriculture, in which TA takes the form of field or county agents and agriculture extension efforts, as well as in industry in which there are often attempts to effect organizational change by changing the individuals belonging to these organizations (Gallagher, 1976). Thus the TA concept is neither new nor the exclusive property of any particular field.

Over the last several years, the TA approach has also been utilized extensively in human service systems. At the Frank Porter Graham Child Development Center of the University of North Carolina, three TA systems have evolved within recent years: The Technical Assistance Development System (TADS), which works on a nationwide basis with handicapped children's First Chance projects; the Developmental Disabilities Technical Assistance System (DD/TAS), which provides TA to the 56 state and territorial Developmental Disabilities councils and the Day Care Training and Technical Assistance System (DCTATS), which offers assistance to the North Carolina Preschool Day Treatment Projects. The project being described in this paper (i.e., the Residential Training Program) has adopted the basic model employed by these systems. Although the organizations described differ in their client-group and workscope, the TA model employed in all of them is basically the same.

The basic technical assistance processes utilized in these programs involves some variation of five, sequential interconnected phases identified in Figure 1.

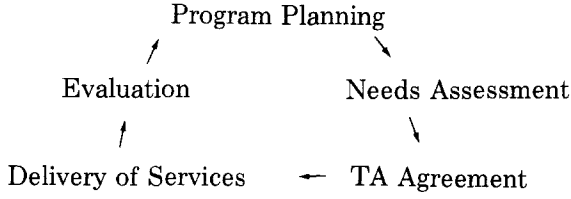

Figure 1. The Technical Assistance Cycle.

To fully understand the TA model, it is necessary to examine each aspect of the cycle.

Program Planning

The success of the TA process is greatly dependent on this initial phase. The client must first be able to describe plans in each of its program areas as well as to determine the most important aspects of the program so as to be able to adequately project its TA needs for the coming year. (Goin, 1975). There are several definite advantages to an organization's participation in the planning process. Clearly articulated plans aid a staff in understanding the purposes and direction of an organization, and hence reduce anxiety that might be caused by a lack of clarity concerning goals and directions.

Planning also facilitates decision making and information gained from the process may be used to inform others as to what the project actually expects from its endeavors. A good plan is a necessary condition for a good program evaluation. An organization must also be able to specify its plans in each program area in order to establish priorities and allocate resources.

Needs Assessment

The second phase of the TA process is the needs assessment. In order to accurately assess the needs of an organization, one must first be aware of its goals, the means necessary to achieve them, the available resources and the values of the organization. The needs assessment process is intended to identify the procedures, resources, and tools required to aid an organization in attaining its goals. It is at this point in the TA process that the problems and needs that are likely to occur can be identified. The needs assessment serves several purposes. The process enables the TA agency to begin the development of a personal relationship with the staff of its client organization. Through assessment, the need for technical assistance and future program planning can be determined. Assessment also provides an opportunity for prioritizing needs.

There are several characteristics of the needs asessment that are almost endemic to the process and are of consequence to the outcome. These include, but are not limited to, the following:

1. Needs assessment occurs after general program planning decisions have been made.
2. Specific and immediate help to the client whose needs are being assessed is implied.
3. It asks 'what are the client's needs' rather than attempting to "sell" any particular approach or point of view.
4. It provides the client with an opportunity to systematically review his total operation.
5. The procedure often helps an administrator or program staff become aware of hidden resources.
6. It identifies a program's needs for technical assistance (Black, 1976).

The Technical Assistance Agreement

Following the needs assessment and a client-determined prioritized listing of program needs for the coming year, the TA agreement is written. This plan, the result of a collaborative problem solving effort by the TA

system and the client, specifies the client's needs, the technical assistance objectives, the activities of both the TA system and the clients, a schedule for the delivery of services and how the activities are to be evaluated. The advantages of a written agreement are several. It is intended as an instrument for accountability. As the person conducting the needs assessment is rarely the individual delivering the training, a written communication that can be read and understood by others is crucial for efficient and effective delivery of services. As the agreement specifies in detail the services to be delivered as well as timelines for those services, there can be little uncertainty about whether or not the activities were carried out or when delivery is complete. The agreement also assists the TA agency in the evaluation of their services and aids the system in determining whether or not what was promised actually occurred. Inherent in the notion of the agreement is a flexibility to change if over the course of the year any of the needs of the client change (Wiegerink & Bruninghaus, 1976).

Thus the TA agreement functions as an instrument for clear communication between the two parties. It provides a detailed analysis of the services to be delivered, and the responsibility of each party with regard to the delivery of those services.

Delivery of Services

The assistance may be delivered in various forms, depending on the resources of the TA agency. Among the types of services offered by TA systems are on-site consultation (training), print materials, courses, review and critique of client-produced material, workshops and small-group meetings, project visitation and telephone consultation. The impact of the services might be categorized in the following manner:

1. *Knowledge and awareness*—as a result of the assistance, the client has new information to use in planning and implementing its program.
2. *Skill development*—the client now has the ability to do something (e.g., write a behavioral prescription, provide emotional support for parents).
3. *Product development*—the client, as a result of the training, has a product for its use (e.g., a slide program, a staff development plan).
4. *Decision/change*—the client is able to make a decision about some program component (e.g., select a treatment philosophy).

Evaluation

The final step in the TA cycle is evaluation which provides the TA agency with information on the merit of the plans and processes which were

implemented or any products resulting from the assistance activities. Evaluation produces information not only with regard to the outcome of services, but also with respect to goals, objectives and strategies. Through the evaluation process, the TA agency is able to assess the services provided its clients as the clients are asked to "feedback" to the system information regarding the effectiveness of those services, as well as responses indicating satisfaction with the services received. This information allows the agency to refine and revise not only the services, but also the manner in which they are provided to the client. Once evaluation is complete, another needs assessment can occur and the TA cycle begins again (Goin, 1975).

Technical Assistance/Training Content and Delivery

The needs assessment process consisted of a two day, on-site visit by an RTP staff member in each residential program. The objectives of the first day were to initiate the development of a "trust relationship" and to observe the program. The objective of the second day was to prioritize the needs of the program which was accomplished by the administration of an instrument specifically designed for this purpose and through discussions with the staff. (This was accomplished in conjunction with the reading of any program documents sent to the assessor prior to the visit.)

The median number of needs expressed by each staff was six with a range of two to twelve per residential treatment program. A prioritization of the nine categories of needs is provided below:

1. Family Services
2. Treatment Procedures
    a. Group Dynamics/Group Counseling
    b. Management of the Behavior of Residents
    c. Affective Curriculum
    d. Crisis Management
    e. Counseling
    f. Individual treatment
    g. Parent Effectiveness Training
    h. Psychotherapeutic Skills
3. Development of a Staff Development Plan for the Organization
4. Program Evaluation
5. Information/Knowledge of the Treatment of Emotionally Disturbed Adolescents
6. Recruitment of Group Home Direct Care Staff
7. Assessment of Child Progress

8. Personal Growth and Assertiveness
9. Development of a Treatment Philosophy

The specific technical assistance request often varied from staff to staff. For example, within the category of family services, a staff sometimes requested assistance in conceptualizing/designing their family services component; whereas, another staff requested skills development in a specific aspect (i.e., family counseling, dealing with separation, etc.) of a family services component already in place. Another example pertains to an often requested need in the category of treatment procedures such as group dynamics/group counseling. A proportion of the personnel requested training in staff communication skills as a prelude to skills development in group counseling techniques. In contrast, other personnel requested skills development in a specific counseling technique, such as life space interviewing.

The format of training delivery depended on the idiosyncrasies of the staffs. In most instances, the direct care staff experienced extreme difficulty in leaving the programs for training because of their supervisory responsibilities. To complicate this problem, inadequate funding often existed for the hiring of relief staff. For these reasons on the job training seminars were held to meet their needs. When several residential staffs indicated the same need, group workshops were held whenever feasible, particularly when the target group consisted of trainees (directors and social workers) who were able to assemble in a central location for training.

Discussion

The purpose of this section is to synthesize the information presented in this paper with an emphasis on the implications for child and youth services professionals.

For the establishment of a *quality* residential treatment effort, a *quality* staff development/training component must exist. (The TA process is not the only method by which this objective can be accomplished; it is one of several methods.) Staff training and technical assistance are important to the development of any human services endeavor, but the training deficits that exist in community-based residential treatment programs are greater when compared to the other more traditional treatment modalities. Four primary reasons exist for what is recognized more and more as a significant gap between residential staff needs and the availability of both funding and training resources, uniquely suited to these personnel, to meet these needs:

1. Community-based residential treatment is a relatively new treatment modality and little is generally known about staff needs.

2. When community-based residential treatment efforts have been developed conceptually, the need for allocation of training resources has been woefully underestimated.
3. University based preservice educational programs (BA level) for the direct care staff are nearly nonexistent.
4. Once the staff member(s) is employed the resources and/or the actual training are not available for the development of a comprehensive staff development "package" geared to the needs of community-based residential treatment. (This is particularly apparent for the married couple or residential counselors who usually serve as direct care staff.)

The deinstitutionalization phenomenon in child and youth services may some day be judged by the success or failure of community-based residential treatment. The *key* to this community-based movement is the professionalization of the direct care staff position. Too often these individuals are depicted as "baby sitters" rather than professionals who should be the most important "cog" in the treatment machinery. As discussed earlier, these individuals are often inexperienced and untrained for the roles they are hired to play. Technical assistance/training is the vehicle by which the necessary roles and the skills necessary to function in these roles can be learned.

Unfortunately, the significant training deficits of the direct care staff are not generally recognized by the decision makers who allocate resources for programs (i.e., state agency personnel, legislators, private agency boards) as well as the decision makers who hire and supervise (i.e., administrators, private agency boards) these personnel. How can the training deficits in an already existing individual program or network of programs be alleviated? The TA process described in this paper offers a mechanism by which the needs of the direct care staff, as well as the organization as a whole, may be met.

Because of the relative small size of the organization, the often misunderstood nature of its activities and the uniqueness of its needs, the staffs (especially the direct care staff) of community residential programs often feel very isolated, removed from other professionals. A TA system offers the process by which a support system can be developed. This is not necessarily a primary objective of technical assistance but may be a byproduct which develops when the staffs from the various programs come together in training activities, planning sessions, etc.

Finally, *planning* is the key to the TA process at two points in time. The first point is the initial planning stage which was reiterated in the first part of the paper. The importance of involving *all* the important decision makers in the planning of the system cannot be overstated. The second point concerns the actual implementation of the TA model itself. TA is

essentially a planning process which demands ongoing collaboration between the TA staff and the residential treatment staff.

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