KEY COMPONENTS FOR HEALTHY, EFFECTIVE YOUTH SERVICES

Described below are suggestions for how to create and maintain Healthy, Effective Youth Services/ Juvenile Justice services in residential and detention settings, as well as in community-based agencies.

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) Evidence-Based Principles include Strengths-Based and Relationship-Based emphasis
2) Collaborative, Knowledgeable Leadership Team that understands the importance of both Clinical/ Humanistic processes AND Safety/ Security
3) Hire Smart- Emphasize Positive Character Qualities
4) High Quality Supervision, Training, and Support for Staff
5) Empower your 'Best Staff'- Identify 'Best Staff' at all levels of the organization and assign them to Positions of Influence
6) Promote a Healthy TEAM Atmosphere

B) MILIEU STABILITY Components

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

C) PROGRAM SERVICE Components

14) Ecological Model- Emphasis on Family and Community Supports
15) Safe Treatment/ Work Environment
16) Program Integrity
17) Holistic, Individualized Services
18) Safe, Effective School Program that Closely Simulates Schools in the Community

A) ORGANIZATIONAL Components: Healthy, Effective Youth Services requires Organizational Buy-in from the very Top

1) **Evidence-Based Principles include Strengths-Based and Relationship-Based emphasis**

   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 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 the facility/agency 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.

2) **Collaborative, Knowledgeable Leadership Team that understands the importance of both Clinical/ Humanistic processes AND Safety/ Security**

   a) Leadership Team must include members with expertise in Clinical Practice (e.g., Clinical Director)

   b) Leadership Team should include members with expertise in Safety/ Security

   c) Leadership Team must make Collaborative, Well-Informed decisions:

   - Gather all relevant information from 'people in the know' including those knowledgeable & experienced in clinical practices, safety/security practices, direct care practices, etc.
   - Exploration of Identified Problems must be addressed in a Solution-Focused, Proactive manner

   d) All decisions made should consider the impact on Clinical, Humanistic Processes AND Safety/ Security, understanding that these processes go hand-in-hand.

   e) Leadership Team members should possess healthy character qualities described below in #3.

   f) Leadership must utilize their power in Humble, Empowering ways (e.g., keep their egos in-check and always make decisions that are in the best interest of youth, families, staff, and the community).

3) **Hire Smart- Emphasize Positive Character Qualities**

   a) <u>Hire staff who possess positive, prosocial character qualities</u>:

   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) <u>Composition of Interview Panels</u>: Ensure that all interview panels include leadership and supervisory staff who understand and strongly support the importance of the character qualities listed above.

c) <u>Staff Retention</u> is critical for organizational stability. Promote staff retention with good base pay, regular pay raises, promotional opportunities, and competent, strengths-based supervision.

4) High Quality Supervision, Training, and Support for Staff

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**
- **Skill development**
- Helping supervisees **learn from their mistakes** (don't expect perfection, but DO expect responsiveness to feedback)
- Supervisee's **professional/ career exploration & development**
- Supervisee's **self-care**
- **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 truly relevant, applied (how to), and concise (Readers-Digest trainings). Include 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 delinquent acts; Resilience; Post-traumatic growth, etc.).

Support:

e) Talk with Staff with Personal and Professional strategies for how to Prevent Burnout
  HANDOUT: *Preventing Burnout in Human Services Work*

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

a) 'Best Staff' are those who **possess healthy character qualities** listed in #3; 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 can 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', to provide support and feedback.

c) Assign 'best staff' to *'Champion'* **important components of your youth service programming** (e.g., family services; adversity/trauma-responsive services; restorative justice; QA of documentation; suicide prevention services, 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) Provide ongoing **staff development/ training opportunities.**

b) Train all staff on the **influence of non-verbal behaviors and emotional contagion** for promoting a positive work environment.

c) 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.

d) 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.

e) Give a **rationale for changes** that impact staff, especially when Leadership has to make a decision independently.

f) Utilize EAC (Employee Advisory Committee) functions to boost staff morale (e.g., cookouts; candy grams; gift card recognition awards; positive facility emails)

g) Set up **'Employee of the Month'** process.

h) Have EAP **therapy services available for staff**

B) MILIEU STABILITY Components: Healthy, Effective Youth Service Living Units require Physical/ Psychological Safety and Stability

7) 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) 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) 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) 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) 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) 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 Resilience (Powell et al., 2020).

> 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) 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: Healthy, Effective Youth Services requires Holistic, Evidence-Based Treatment Services

14) Ecological Model- Emphasis on Family and Community Supports

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 Multi-Disciplinary Team (MDT) staffings, visits, school, treatment sessions, etc.

d) Maintain a focus on Transition Services—Promote life skills and resources that will help youth successfully transition back or successfully remain in the community.

15) Safe Treatment/ Work Environment

a) Place an emphasis on meeting youths' **Basic Human Needs** (physiological, safety, social, and competency needs).

b) Be cautious about what service modalities you utilize with clients and staff. Utilize individual and family services to address sensitive topics, while group services be 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 and Clients

HANDOUT: *Thinking About Self-Care*

16) 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 occurring when scheduled. Protect the allotted time for clinical services

c) Ensure that daily programming on the unit, in the agency, and in school is occurring as scheduled

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.

17) Holistic, Individualized Services

a) Human behavior is complex and influenced by multiple factors (**Biopsychosocial**- biological, psychological, and socio-cultural factors) at multiple levels (individual, family and community level). Therefore, 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) 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).

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.

Powell, K. M., Rahm-Knigge, R. L., & Conner, B. T. (2021). Resilience Protective Factors Checklist (RPFC): Buffering Childhood Adversity and Promoting Positive Outcomes. *Psychological Reports, 124(4), 1437-1461*. doi.org/10.1177/0033294120950288.

Note: Most of the information & handouts cited in this document can be found in my book, ***A Strengths-Based Approach for Intervention with At-Risk Youth*** and/or at **www.kevinpowellphd.com** under the Resource tab