

**BASIC TRAINING FOR RESIDENTIAL  
CHILDCARE WORKERS**



### ABOUT THE AUTHOR

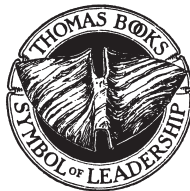
**Beverly Boone** grew up in Reading, Pennsylvania, and attended Alvernia University, becoming the first in her family to graduate from college. She attended The Pennsylvania State University as a teaching assistant in English and received a master's degree in Writing. She also became a lecturer in English at the university, teaching basic english skills to academically disadvantaged students and developing a curriculum for teaching the transfer writing course. After leaving Penn State, she moved to San Diego, which has remained her home. It was here that in 1992 she opened Milestone House, a residential treatment center for emotionally disturbed teen girls. Ms. Boone is the author of two previous books, *To Be Somebody* and *The Road Ahead*.

# BASIC TRAINING FOR RESIDENTIAL CHILDCARE WORKERS

A Practical Guide for Improving  
Service to Children

*By*

BEVERLY BOONE, MA, CGHA



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## PREFACE

*Basic Training for Residential Childcare Workers* celebrates the profession of childcare worker in residential care. Many childcare workers (and indeed their supervisors) fail to understand how important their work is. Within these pages, readers will come to recognize not only how integral to best practice the childcare worker is, but also that effectively training childcare workers is key to the success of any residential program.

Milieu therapy is the job of childcare workers. It is the most pervasive therapeutic intervention that occurs in residential care. Sadly, most childcare workers (and their supervisors) know little or nothing about milieu therapy, and as a result, little or no training about milieu therapy takes place. *Basic Training for Residential Childcare Workers* aims to change that by offering a handbook on milieu therapy for both childcare workers and residential care supervisors. After defining milieu therapy, the book examines key elements of milieu therapy: program structure, the house schedule, maintaining good boundaries, setting limits, rewarding positive behavior, and consistency. Because many of the elements of milieu therapy revolve around concepts, each element is carefully explained and examples of actual situations that may occur in the residential setting are included. Clear and specific suggestions for improving childcare practice are included throughout, so childcare workers or supervisors can immediately put lessons learned into actual practice as the need arises.

Since consistency is so important to the success of milieu therapy, effective communication becomes essential to the professional residential childcare workers. This book offers practical suggestions and examples of how childcare workers can improve their communication with coworkers on shift as well as with their supervisors. For many childcare workers, the most intimidating duties are the many written tasks they are required to complete. Each major writing task is discussed in detail, and general instruction on writing is offered to help make all on-the-job writing tasks easier and more confidently done. In addition, childcare workers must know their milieu so that they can remain consistent and resourceful in their interactions with children in care, and special suggestions are offered to increase a childcare worker's fam-

iliarity with his or her workplace and to learn to use its resources most effectively. Finally, a consistent worker is a healthy worker. The final chapter of the book discusses ways childcare workers can maintain their own well-being in a profession that can be stressful and sometimes overwhelming.

Each chapter concludes with a detailed chapter review to reinforce ideas and emphasize key points. Also included at the end of each chapter are exercises that are designed to help readers put the material covered in the chapter into actual use and practice. Overall, this book is meant to be user friendly, imparting information that can be readily absorbed, practiced, and implemented by childcare workers and their supervisors, who can use this book for training purposes. Whether you are a childcare worker or a supervisor, *Basic Training for Residential Childcare Workers* is designed to help improve outcomes for children in residential care, increase effectiveness of childcare workers, and reduce stress and burnout for staff.

B.B.

## INTRODUCTION

In 1992, I opened Milestone House, a residential treatment center for emotionally disturbed teenaged girls. With very few resources at the time, I relied heavily on the generosity of many members of our local community to get Milestone started and to keep it going through the early years. The first three to five years are difficult for any business, but I think more so for sustaining a group home. The support I got from many generous people was key to Milestone's survival.

When I started Milestone, I had no experience with residential care at all. My background was in education. I had been a lecturer in English at the Pennsylvania State University, where I began to have a special interest in learning disabilities. After moving to San Diego, I continued to work with people of all ages who had learning disabilities. Soon my colleagues and I noticed that I was especially adept at reaching the toughest of teenagers and getting them at the very least interested in learning. Translated, this meant I was assigned the students no one else wanted, but I enjoyed working with those troubled souls because I have always gravitated toward those who need the most help.

About the time of this realization, a friend approached me and asked me if I would consider opening a group home in a house that a friend of his owned. The house had been leased to a boys group home that had lost its license, and now the owner wanted to find someone to put a similar operation into the same location. I did not know what a group home was, but I told my friend that I would think about it. After some research, I found my entrée into the field that would consume my life for the next decades. A high percentage of those in the child welfare system were learning disabled, and many of them did not receive proper diagnosis or school assistance for their learning differences. There was my mission. I called my friend and said that I would love to open a group home at the location.

So began the odyssey of getting the home licensed and approved by our host county. I hired a consultant who was a former licensing analyst in California and got the generous guidance of a busy author and business expert

who advised me in all aspects of running a business. It took nearly a year, but soon all the pieces were in place. We had gotten our nonprofit status, submitted a program statement, received our license, and were approved for placements from our host county. On September 29, 1992, Milestone House opened its doors and welcomed its first client. I hired good people to handle the childcare work and social work duties and contracted with strong mental health providers to provide much-needed services.

I set about learning the business and experiencing with our girls the effects of abuse, neglect, and molestation on their psyches. Quickly, I became familiar with the most common psychiatric disorders found in our girls and learned the best treatment modalities under the guidance of professionals who were either working for me or had contracted with us. I read book after book, article after article. Once I got to know the child victims with whom I worked, I was unwaveringly determined not to let them down.

Of course I also focused on my area of strength: education. In a very short time, school districts recognized that I knew my stuff and was not going to rest until appropriate services were provided to any of my girls who needed them. Many a dormant workability program was dusted off and implemented, girls were placed in more or less structured environments according to need, and extracurricular activities were accessed because, of course, children in special education had a right to participate, too. My mainstreamed girls got equal attention as their progress was tracked through regular contact with their teachers. At the first sign of a problem, strategies were put in place to remedy the situation.

The backbone of the Milestone program has always been our dedicated staff of childcare workers. I have always valued our childcare workers and have looked for ways to help them to do their jobs better and reduce burnout. Childcare workers are on the front line of the therapeutic work done at Milestone and any residential treatment program. A facility can have the best social worker, the best program manager, and the best psychologist in the state, but that facility will soon fail if its childcare workers are not well-trained, effectively supervised, and appreciated for the critical work they perform.

As I searched for better ways to support our childcare workers, I recognized that there were several conceptual areas about the job of childcare worker that were difficult to train. Things like having good boundaries, the importance of following the schedule, and the benefits of rewarding good behavior were difficult for managers to adequately convey to new childcare workers in their initial training and thereafter. Furthermore, when these concepts were not adequately communicated to staff, problems resulted both for the childcare workers themselves, who might experience burnout, and for



the children in their care, who might actually be detrimentally affected by a childcare worker's unintended mistakes. I vowed that I would one day write a book to help childcare workers and managers to more effectively train and be trained. The result you hold in your hands.

Over the years, we have worked with hundreds of girls and their families, helping them through their difficult teen years and guiding them into adulthood. Many of them are doing very well and remain in touch to update us on how their lives are going. After eighteen years in business, it is humbling to realize how many lives we have affected through our work. Working in residential treatment for children is as rewarding as it is challenging. Childcare workers help some of our society's most deserving victims and help to set them on a path to a productive and fruitful life. It is my hope that this book will assist childcare workers as they approach their profession by offering them tools they can use to more effectively perform the tasks presented on the job as well as to assist them in minimizing stress and avoiding burnout. It is also my hope that my book and books like mine will help to elevate the profession of childcare worker to the level of respect it deserves. Residential care runs not on the work of administrators but on the professionalism of a staff of childcare workers. Childcare workers are and always will be the most important part of residential treatment. Well-trained and well-informed childcare workers are the key to successful residential care.



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**BASIC TRAINING FOR RESIDENTIAL  
CHILDCARE WORKERS**



## Chapter 1

### RESIDENTIAL CHILDCARE WORK: AN INTRODUCTION

The career of providing care for children in residential placement is one that can be rewarding as well as challenging. The work appeals to many because of the opportunity to make a real impact on the day-to-day life of some of our society's most at-risk and disadvantaged youngsters. Experience gained working with this population is invaluable whether a childcare worker chooses to remain in the field or move on to other areas of social services. Because of the importance of childcare work, colleges are beginning to offer courses designed specifically for childcare workers. Residential childcare work is truly growing in prestige and popularity in the workforce at large. Childcare work is varied indeed; the childcare worker can never anticipate what will happen on shift and must be prepared for everything—good times and bad. Often this aspect is interesting to those who choose to make residential childcare work their profession. After working in residential childcare, it may be hard to imagine sitting behind a desk for a living. The childcare worker would be looking for much more variety and challenges requiring thinking on one's feet.

The job of a childcare worker involves providing care and supervision to minor clients at all times. Whether your clients are latency age or teens, the requirement to provide care and supervision remains the same. The childcare worker is responsible for supervising the children in the milieu (the therapeutic environment of the home itself), making sure they remain safe and their needs are met. On a typical day the childcare worker may pick the children up at school and return them to the facility, make sure they get their afternoon snack, assist with preparation of dinner, and supervise a study period while assisting

children with their homework. Later in the evening, staff may watch television with residents, help them get prepared for school the next day, oversee bedtime hygiene routines, and enforce bedtime rules. During the course of the shift the childcare worker may be called upon to set limits or mediate disputes among residents. They may encounter an emergency situation, such as someone being absent without leave (AWOL) from the facility, and need to follow the facility's emergency protocols. On the other hand, staff may spend a good part of the evening interacting with the children, listening to the details of their day, offering advice and counsel, or just laughing, telling jokes, or having fun with the children as they all play a board game.

Although the childcare workers assume a "parental role" on shift, they are not the child's parents in any legal sense. They cannot make decisions for the children in care as they would their own children. State laws and regulations govern the decisions they are able to make. For example, as parents they might tell their own child to wait until morning to see if her minor stomach pain subsides; if a child in residential care asks to go to the emergency room for the same stomach pain, however, staff must take her. A parent-like decision is not appropriate because the childcare worker is not that child's legal guardian. Nevertheless, the childcare worker is the authority figure in charge when on shift and assumes the important responsibility of caring for the children, whether that involves setting a limit for behavior or making sure children do their homework and get to bed on time. As we will see, the structure, support and care given by the childcare worker is perhaps the most important element of residential treatment. It is the childcare workers who may have the most impact on the success or failure of the treatment of the children in their care.

Young children or teens in residential care are placed there because they have serious emotional and psychological issues. Many children in residential treatment have been tried in a variety of other settings before the high level of residential care was deemed necessary. They may have been placed with a relative (kinship care) or in foster homes with traditional foster parents. Another option that may have been tried is a foster family agency placement. In this type of setting, the foster parents are recruited and trained by the agency to foster children who have emotional problems. Different variations of lower level of care placements may have been tried several times, but each time



the placement failed due to the emotional, behavioral, and psychological difficulties these children face. A relative or foster parent simply could not handle these children. Many times even foster parents who are specifically trained to deal with serious behavior issues are unable to meet the needs of these children. Youngsters are referred to residential treatment after other less-restrictive (in terms of structure and supervision) placements have been tried and failed.

A child in residential care may have a psychiatric diagnosis such as depression, posttraumatic stress disorder (PTSD), oppositional defiant disorder, conduct disorder, bipolar disorder, or a combination of diagnoses. He or she may also have a learning disorder or a combination of learning problems that make school especially challenging and may require placement in special classes and ongoing monitoring of progress. Residential care children may have development delays that cause their behavior to be inappropriate in a variety of settings and require remediation of the delays. Often, youngsters referred for residential care have exhibited behaviors that have been a concern in previous placements and the family home setting. They may have been violent toward self, family members, foster parents, staff at other facilities, peers, or property and may have a history of running away from home and/or placement. In many cases, children in placement have been victims of molestation, abuse, neglect, and/or abandonment. Because of their many issues children in care need the supervision, care, and guidance of childcare workers and others employed by a given facility. As these children become teenagers, they may not be able to make good decisions for themselves and especially require the protection and guidance of a team of trained professionals. The childcare worker is an important member of the team of supervisors, mental health professionals, and social workers who provide and oversee the treatment of each child.

The stories of clients' lives are often very tragic and sad. They have seen more hardship in their lives than we can imagine. Their parents may have been involved with drugs or alcohol and unable to care for and protect them. Sometimes a parent's own mental illness prevented her from parenting her child. Many of the children in placement have been there for many years and have moved around from one foster home to another and later from one group home to another. Sometimes youngsters, especially teens, arrive at a new placement having