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Skills and strategies used to manage aggression and conflict with children in residential settings

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**SKILLS AND STRATEGIES USED TO MANAGE AGGRESSION
AND CONFLICT WITH CHILDREN IN RESIDENTIAL SETTINGS**

by

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Bachelor of Arts, Child and Youth Care, Ryerson University, 2004

A major research paper
presented to Ryerson University

in partial fulfillment of the requirements for the degree of

Master of Arts
in the Program of
Early Childhood Studies

Toronto, Ontario, Canada, 2009

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SKILLS AND STRATEGIES USED TO MANAGE AGGRESSION AND CONFLICT WITH CHILDREN IN RESIDENTIAL SETTINGS

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Master of Arts
Early Childhood Studies
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Abstract

Residential settings are intended to address more serious problems which include childhood disorders, behavioural issues and emotional disturbance. Dealing with aggressive behaviours has begun to represent a multifaceted issue within residential settings indicating the need to examine the most frequently used skills and strategies of Child and Youth Workers when managing children and youth with aggressive tendencies.

It is important to implement skills and strategies that will decrease the aggressive tendencies present in children and youth however the challenge is in determining whether these approaches are productive in residential settings to manage the daily conflict and aggression that occurs.

This study is a secondary analysis of data from a study that focused on Evidence-Based Practices in Group Care. The purpose of this analysis is to examine the interventions used by Child and Youth Workers to manage aggressive behavior within residential settings and determine what role if any education plays in the reported choice of the strategies they use.

Keywords: residential settings, aggression, aggressive behavior, CYW

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Sue, Corrie, Dianne and Calvin – wonderful neighbours and even better friends – thank you for your ongoing encouragement and being there to celebrate with me the beginning and the end...

Dedication

This piece of writing is dedicated to my three most beautiful treasures
and the man who was a part of creating them...

Dearly loved and greatly missed, my best friend Eric

My initial journey began with you

You taught me how to appreciate all of life's wonders

Always reminding me not to second guess my actions

I will always hold you close in the light of the sun and the moon
where I know you are watching...

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SKILLS AND STRATEGIES USED TO MANAGE AGGRESSION AND CONFLICT WITH CHILDREN IN RESIDENTIAL SETTINGS

CHAPTER I

When children and youth cannot live with their parents and require out of home care the ideal is to have them live in a family setting, based on the assumption that their own family environment is not able to meet their needs. However, sometimes the nature of the problems and the child's behaviour are so severe that a more intrusive intervention is required. Residential settings are intended to address more serious problems which include childhood disorders, behavioural issues and emotional disturbance. Difficult behaviours have begun to represent a multifaceted issue within residential settings indicating the need to examine the most frequently used skills and strategies of Child and Youth Workers (CYW) when managing children and youth with aggressive tendencies. Much of the literature related to interventions for aggression focuses on cognitive-behavioural approaches (Knorth, Klomp, Van den Bergh, & Noom, 2007) which deal with improving social skills and building relationships. Different treatment approaches are frequently used to deal with the issues that are essential in managing aggression and include peer issues, conflict resolution, socio-emotional health and well being, and the child's ability to build healthy and trusting relationships. It is important to implement skills and strategies that will reduce aggressive tendencies (Wong, 2006) however the challenge is in determining whether the approaches recommended as evidence-based practices are productive for the children in residential settings where CYW's need to manage the daily conflict and aggression that occurs.

The purpose of this study is to examine the interventions used by CYW's to manage aggressive behavior within residential settings and determine what role if any education plays in the reported choice of the strategies they use.

The central question of this study is "What are the most frequently reported skills and strategies used by CYW's to manage aggressive behavior and conflict with children placed in residential settings?" The subsidiary question of this study is "What is the role of education in the reported choice of the strategies used by the CYWs?"

Literature Review

Preventative measures used to manage children's aggressive behaviours have been continually developed and implemented in residential settings across the country. Policies governing these strategies have been under a significant amount of examination to determine their effectiveness (Bhattacharjee, 2003). The purpose of this section is to review the literature that discusses the skills and strategies used by CYW's to manage aggression and conflict of children and youth towards staff and peers in Residential settings. Literature that describes the role of education and training has also been included though the relation between child and youth care education and its affect on practice or client outcomes remains unclear (Stuart & Sanders, 2008). Previous studies describing the experience of children and youth within residential settings are also examined. The limited research on effective skills and strategies is discussed focusing on its effectiveness in reducing aggressive tendencies.

Experiences of Children and Youth in Residential Settings

In North America, there is a significant emphasis on therapeutic, for-profit treatment of young people in residential settings (Bowie, 2005). Residential settings range from minimally invasive out of home services with limited support to a more substantial level of intervention and

assistance (Stuart & Sanders, 2008). Out of home services include foster homes, receiving homes, group homes and residential treatment centres. Foster care is designed to provide temporary care, supervision and support to children by non family members who have access to other support services. Receiving homes are short term placements that provide care to children until long term placement is determined. Group homes are community-based, home-like settings that provide basic care to a small number of young people (usually five to 10 persons). Residential treatment centres provide intensive treatment twenty- four hours a day and can usually serve more than 12 young people at a time (Barth, 2009, Berrick 1998, Libby, Coen, Price, Silverman, & Orton, 2005).

CYW's need to be sensitive to the reasons children and youth leave their families and surrounding environment (Watson, 2004). Children and youth who come into the system are among the most vulnerable children in our society (Anglin, 2002) and should be able to anticipate that their lives will improve, not leave them feeling that their safety and well-being is at risk (Snow & Finlay, 1998) by their admission to a residential setting. Children and youth who were asked about their experiences in out of home placements (Finlay, 1996) reported that it was "dehumanizing and consistent with what one might expect in a correctional environment" (p. 15) and further believed that "group homes were gateways to jail...taught kids not to care...don't give you a chance to be normal" (p.15). Addressing daily life occurrences should be the focus of residential settings whereby the adolescent can use their circumstances as a basis for development (Knorth et al., 2007) while promoting self-understanding, resiliency, relationships and receiving support and assistance from devoted CYW's (Fitzgerald, 1996). Anglin (2002) suggests that letting young people make their own choices, supporting them while they learn from their mistakes, and then providing assistance while they discover more suitable options, are crucial elements of a well functioning residential setting. He further explains that residential care should be "an

environment that is responsive rather than reactive, influencing rather than imposing controls, challenging by offering choices, demonstrating skill in reading young people's behaviour accurately, and doing things *with* rather than *to* youth" (p.115).

The literature on out of home care focuses on foster care and residential care though we are still not certain what CYW interventions are being used to create this supportive and non-reactive environment. We need to clearly understand aggression, aggression prevention and management while creating supportive environments for children and youth within residential settings.

Child and Youth Work with Children who are Aggressive

Aggression can be of a social nature and expressed through name calling, social isolation, exclusion and humiliation and transition to the more physical characteristics of hitting, kicking, threatening and swarming (Pepler, Craig, Connolly & Yuile, 2006). The most significant problem for young people in residential settings is bullying or other forms of violence from peers in the home (Barter, 2003). Aggression can be managed pro-actively or re-actively by trained CYW's through prevention or intervention within residential settings.

An environment conducive to providing treatment for emotionally disturbed children requires effective strategies for dealing with the aggressive and challenging behavior that they bring with them. Heron (2003) indicates that CYW's tend to react to crisis situations instead of using their skills to introduce preventative measures prior to the precipitation of crisis. Placing troubled young children with CYW's who lack the insight required to identify the precipitating factors of aggression is overwhelming and results in their inability to manage the behaviour. When CYW's are involved with "older and more disturbed and disruptive groups of children" (p.82) their odds of being involved in a crisis situation may increase.

It is not uncommon in Child and Youth Work and child care literature to see the core task of care being referred to as behaviour management (Shostack, 1997) which often means aggression management. Research on behaviour management training programs indicates that positive benefits result to the participants, including an increase in self-confidence. However, there is minimal information and research available on the frequency with which training is applied in the milieu or the type of skills and strategies used by CYW's in managing aggressive behaviours in the milieu.

The extent of the literature is limited. It is alarming that the more recent literature presented by Knorth et al., (2007) continues to identify the same CYW management and prevention issues identified in the study completed by Snow (1994) as well as to suggest the insufficient amount of research relating to this topic. It is imperative that CYW's are conscious of their responses so they can better manage the aggressive tendencies demonstrated within residential settings.

Attitudes and Perceptions of Child and Youth Workers in Residential Settings toward Aggressive Behaviour

CYW's who feel unprepared to manage potentially violent clients and powerless after a violent episode may refrain from engaging with children or youth when under threat in future episodes (McAdams, 1999). Such a scenario increases the possibilities of injury to CYW or children and youth. When a crisis occurs in the residential setting, the impact is not as severe if the CYW has received the appropriate training. Those with training are also more likely to approach a negative situation with appropriate professional limitations and effectiveness (McAdams, 2002). It is not necessarily the children and youth that produce a dangerous workplace but "insufficient staff/child ratios to safely handle a child's acting out, inappropriate placement of children to these residential settings, underfunding, poorly designed facilities, and

the use of untrained part-time staff members...” (Snow, 1994, p.11) which can also leave a CYW feeling vulnerable and unprepared for crisis. A lack of training and qualification for CYW’s has been responsible for the implementation of unnecessary use of physical restraint, especially when under qualified CYW’s are required to work together in teams (Day, 2000).

The use of physical restraint and interventions has created a great deal of controversy over the last decade. Before changes were made to policies, the use of physical restraint within residential settings as a “therapeutic tool” had been uncontested (Day, 2002) which could account for CYW’s actions and reactions. These reactions included their involvement in physical restraints to exercise power and control even though the child or youth did not present a threat of harm to self or others. This could be due to a lack of knowledge relating to their inexperience, social and emotional immaturity and their inability to identify the wide range of negative emotions (Day, 2000) experienced by children during a physical restraint. The absence of regular supervision to address the latter could also account for their actions and reactions. Openness in supervision “attempts to develop within staff a clearer and deeper understanding of the issues involved in residential treatment” (Pazaratz, 2000, p.44) related to managing aggressive behaviour. CYW’s wanting to maintain control may promote aggressive reactions, whereas encouraging the children and youth to make good choices may limit the incidence of explosive behaviour (Anglin, 2002).

Skills and Strategies for Managing Conflict amongst Children in Residential Settings

CYW’s in Residential settings have reported that a possible barrier to effective interventions is a lack of confidence and ability to be proactive (Stuart & Sanders, 2008). The challenge also lies in being able to determine if the implemented interventions are effective resulting in the ongoing need for research to indeed determine which treatments are being used

most frequently and successfully (Foltz, 2004). The literature indicates that managing conflict can be approached from a number of different perspectives. These include attachment, conflict resolution, successful peer relations, bullying, relationships and social-emotional health and well-being.

It is necessary for CYW's to be consistent in their approaches and ensure the efficacy of the skills and strategies being used. Pazaratz (2000) suggests a number of different skill sets for treatment approaches that are required by CYW's to effectively engage children. He provides objectives, procedures and indicators to assist CYW's in training. These include interviewing and counseling skills, parenting skills, therapeutic alliance, and therapeutic activities. He suggests that youth in residential settings have likely encountered serious dysfunction within the family resulting in a negative outlook on the rest of the world. "Attachment theory is critical in dealing with these youth. Since they develop a sense of self from their interactions with significant others, their sense of self is based upon the way they were treated and taught by their parents" (p.47). However, only 3% of residential settings actually implement an attachment based approach with their young people (Foltz, 2004). Even more effective in managing conflict with adolescents is showing an example of good practice by developing a positive and trusting relationship (Foltz, 2004, Barter, 2003) considering most of their encounters with others have left them feeling rejected or betrayed. Another strategy in dealing with the aggressive youth in residential settings is the influence of the peer group while teaching problem solving skills. Dealing with adolescents who are in conflict with others is also more likely to be successful if the treatment approach focuses directly on the behavioural issue (Knorth et al, 2007).

The notion that "Good child and youth care isn't brain surgery—it's much more

difficult” (Fewster, 2004, p.3-4) is demonstrated with every encounter during the CYW and client relationship. Through providing direct service to these children and youth, CYW’s can engage them in a therapeutic relationship while establishing treatment goals. All interactions within the therapeutic milieu are intended to be beneficial to the child while also encouraging personal growth: “...treatment is neither magical nor mechanical—it is people interacting with people” (Miskimins, 1990, p. 887).

Watson (2004) conducted a study that allowed for children and youth to express their feelings relating to personal care, safety and relationships in the residential setting. CYW’s stated they sometimes left children and youth to sort out the conflict on their own as long as it didn’t get out of hand. The outcome however was that the consistency of staff intervention was lacking and physical violence seemed to be the only behaviour to warrant a reaction from the CYW’s present. It was routine for staff to intervene in physical violence though children referred to it as “slow motion intervention” (p.45) claiming that workers did eventually stop the fight though some allowed it to continue longer then necessary.

CYW’s and children have emphasized the importance of developing relationships where young people feel they are being listened to and their views are important. CYW’s have a responsibility to listen to the experiences of children and youth and act on their recommendations for improvement. Watson (2004) conducted focus groups with children and youth which provided them with the opportunity to share their thoughts on the interaction between CYW and children/youth in residential settings as well as provide recommendations on how to improve the quality of service within residential settings. All participants were very clear that CYW’s need to focus on de-escalation practices and non aggressive methods of intervention. They felt that it was important for CYW’s to receive ongoing training relating to the understanding of young

people and why they end up in care, and further to respond in a way that makes them feel safe and secure within their environment. These participants reported that it was the CYW's responsibility to engage children and youth in building healthy and trusting relationships which in turn would help them improve their social skills. This outlook demonstrates a direct correlation to their interaction within peer groups. Children and youth need to feel a sense of belonging and the ability to form positive friendships and relations with peers will assist in improving their sense of self-esteem. This also speaks to their recommendation that CYW's should develop knowledge and skills relating to bullying which will further allow them to feel safe and protected within the residential setting. Through their recommendations it is apparent that children and youth are implying that prevention, relationships and conflict management are critical skills that need to be acquired; not just the use of physical restraint. Responding with understanding and respect does not necessarily prevent aggressive outbursts but will increase the probability that these emotional reactions can provide learning opportunities for children and youth.

The Need for Education and Professional Training when Managing Physical Aggression amongst Children/Youth in Residential Settings

Behaviour management is essential in Child and Youth Care Work. Through college/university diploma and degree programs the CYW is provided with the education necessary to explore possible antecedents that are causing the child's behavior. The practice of CYW can be described as providing therapeutic care for children and adolescents who encounter difficulties in school and/or within family and peer interactions. It is not until a CYW has become educated and developed a sense of personal safety and/or has developed into a mature practitioner that they can truly examine their relationship with the children/youth (Phelan, 2006). Enhancing the relationship between CYW and child will reinforce the existence of a positive

support network while also providing the child the ability to uncover other characteristics including strength and resiliency, which may be otherwise masked by their aggressive, acting out behaviours. Anglin (2002) states it is a “disturbing fact that those who have the most complex and demanding role in the care and treatment of traumatized children have the least and in many cases no specific training for the work” (p.113).

The literature suggests that the CYW curriculum focuses on a combination of one to one group and community work skills while lacking in the area of behaviour management and conflict resolution training (Bowie, 2004; Corney, 2004). Skills and strategies being used within the Child and Youth Worker profession appear to be more effective if the CYW has received appropriate education and participated in crisis intervention training (Nunno, Holden & Leidy, 2005) however Bell & Stark (2003) argued that crisis intervention programs along with other strategies used for managing behaviour do not “involve the young person in any real sense of participation” (p.28) therefore missing out on opportunities such as debriefing and relationship building.

Crisis intervention programs are not implemented consistently among programs and CYW practitioners. Initial recommendations from the report of the Interministerial Steering Committee (2001) in Ontario resulted in a complete review of the provinces existing policy. The Steering Committee (2001) emphasized that “training requirements must be included in contractual agreements either through licensing, funding contracts or accreditation” (pg.8). T. Bouchard (personal communication, June 11, 2008) verified that in compliance of the Steering Committee recommendations, the Ministry of Child and Youth Services reviewed the existing policy and mandated that CYW’s providing direct service in residential settings should be trained in one of four crisis intervention programs that had been endorsed by the Ministry.

Considering not all front line workers have received an education in Child and Youth Care, it can not be assured that they have received any previous crisis intervention training. The Ministry predetermined that physical intervention could only be performed by a professional trained in one of the listed intervention programs and that all new employees would be oriented to the ministry regulations within 30 days of the beginning of their employment.

The Ministry endorsed training models are all consistent in the type of content and understand that crisis recognition and intervention is the most required area of education and training in the CYW field. Each of the training models acknowledge physical intervention can be high risk and are only to be used in extreme situations where the safety of an individual is in question. Each of the training models provides hands-on learning through role modeling, role play, group discussions, experiential learning, physical and verbal skills practice (DeMasi & Boyd, 2007). There are two noted areas of difference with these models. The length of training ranges from two to five days with Therapeutic Crisis Intervention having the most structured and extensive training available. Physical interventions or restraints are implemented differently depending on which training model is being used. The number of CYW's required to correctly perform the restraint procedure differs according to the specific technique being used (DeMasi & Boyd, 2007).

The crisis intervention program referred to most often within the literature (Titus, 1989, Pazaratz, 2000) is Therapeutic Crisis Intervention (TCI) which provides those in the role of CYW with the ability to recognize the precipitating factors to aggressive behaviours. Through diminishing the aggressive behaviours, front line workers trained in this strategy can assist the child to regain self-control. It gives them the knowledge and skills to prevent and de-escalate situations in which children become aggressive and to help children when they are at their most

destructive. TCI has a consistent record of reducing the number of incidents where restraint is used on children (Ulrich, 2005). If the child is unable to control the behaviour or is at risk of injuring themselves or others, then safety becomes the immediate issue (<http://safeguards-training.net>). Therapeutic techniques and interventions include the use of active listening, role play, small group discussions and guided imagery and are demonstrated during training with CYW's to ensure they understand how to keep the child and those around them safe (Nunno, 2003). This approach builds on the CYW's therapeutic skills obtained through education and further enhances their knowledge, and attitudes to help children and adolescents regain control when behaving aggressively.

Crisis Prevention Intervention (CPI) training is comparable to TCI. This program also educates and trains those in the role of a CYW how to safely manage aggressive behaviours which may include direct harm to self or others. Methods are introduced which include strategies to resolve out of control behaviours which also empowers the acting CYW to manage threatening or difficult situations with minimal anxiety and a high level of self-confidence (<http://www.queensu.ca>).

Preventing and Managing Aggressive Behaviour (PMAB) was developed as a non-intrusive, non-threatening strategy that would allow the acting CYW to understand aggressive behaviour and identify, prevent and manage this behaviour quickly to regain control of an aggressive situation. This particular training program relates more to the use of physical interventions and teaches them how to intervene physically when the child needs hands-on assistance with regaining control of their behavior (<http://www.craigwood.on.ca>). Evaluation methods have been criticized because it is unknown whether staff actually acquired and remembered the skills being taught. Results of a study completed by Collins (1994)

demonstrated that crisis intervention contributed to a reduction in aggressive incidents by way of providing prevention skills and increasing staff confidence though other programs are known for ability to manage aggression in the absence of physical restraint.

All of these training methods provide the educated CYW with a further awareness of the behaviours displayed in children who are troubled and the understanding to respond to both their emotional and physical behaviour when they are in crisis.

Crisis intervention skills and strategies are essential within any residential setting when trying to maintain a therapeutic environment amongst children who have the ability for aggressive and out of control behaviours. The literature demonstrates that where behaviour training programs have been implemented with CYW's, these interventions have been fairly effective within the residential settings. Nunno (2006) states that those CYW's who were "more confident in their ability to manage crisis were more consistent with children" (p. 313). The actual findings that were reported from organizations after the implementation of crisis intervention training demonstrated that the Residential setting did observe a smaller number of physical restraints being used after training was completed, fewer injuries to children and staff as a result of physical restraints, and an increased understanding and skill from CYW's on how to handle crisis situations effectively (Titus, 1989).

As previously mentioned those individuals with a CYW diploma or degree and then further trained in the field to recognize the patterns of aggression will be more motivated and confident to address children and youth's behaviour while engaging in therapeutic measures that would be appropriate throughout the entire crisis. It is for this reason that CYW's would be more prepared to react when a crisis occurs (McAdams, 2002). Ongoing training for CYW's on the proper use of physical restraint and intervention would also minimize the risk of injuries to

CYW's, children and youth (Day, 2000). A study by Titus (1989) produced recommendations relating to the need for a review of physical restraint forms and summaries every six months, review of the use of house logs, ensure proper follow-up and system of accountability, immediately develop and implement a refresher course, review the staffing compliment in residential settings and review the staff turnover rate. It would appear that these recommendations were finally put into action during a study completed by Nunno, Holden & Leidy (2003) which identified that accountability and follow through subsequent to crisis intervention resulted in an increase in staff confidence, a more consistent approach to children and youth in crisis and a significant decrease in children and youth's aggressive behaviour.

In summary, while working in residential settings, those in a CYW role encounter aggressive behaviour and conflict from the children and youth on a regular basis. Ongoing education and training is imperative to provide practitioners with the tools necessary to manage these behaviours. However, despite the existing research that shows "high levels of unqualified staff" (Heron & Chakrabarti, 2002) working in residential settings, residential employers continue to hire these staff without qualifications. Use of physical restraint has resulted in the argument that the ultimate goal must be to remove restraint and place greater emphasis on de-escalation techniques. Where there are identified issues the young person should be supported with a more therapeutic approach to anger management (Watson, 2004).

The literature (Demasi & Boyd, 2007, Nunno et al, 2003, Titus, 1989) supports the need to examine how often the skills taught in mandated training programs, and college/university based pre-service education programs are actually implemented in residential settings. By doing so, CYW's should recognize what skills and strategies to introduce when managing children with aggressive tendencies that ultimately could lead to a pro-active rather than re-active intervention.

The goal of this research was to identify the skills and strategies most frequently used by CYW's in managing aggression in residential settings and whether or not education plays a role in their choice and implementation of each intervention.

CHAPTER II

Research Design

This study used a survey research design to examine the interventions used by CYW's to manage aggressive behavior within residential settings and determine what role if any education plays in the reported choice of the strategies they use. A secondary analysis of data collected during a survey of evidence-based practice in group care settings (Stuart & Sanders, 2008) was undertaken to address two research questions.

The central question of this study is "What are the most frequently reported skills and strategies used by CYW's to manage aggressive behavior and conflict with children placed in residential settings?" The subsidiary question of this study is "What is the role of education in the reported choice of the strategies used by the CYWs?" This section describes the methodology of the original study as well as how the secondary analysis was undertaken.

A survey on case management practices and front-line interventions in child and youth care was distributed to all residential settings in Ontario. The survey included Program Managers and front line CYW's. The purpose of the overall survey was to determine CYW's contributions to evidence based practice within residential settings and to measure the frequency of these contributions. For the purpose of this study, a secondary analysis was completed using the existing data from a sub-set of questions chosen from the original survey. The selected questions addressed the interventions being used by CYW's to prevent and manage aggression and the role of education in the reported choice of the strategies used by the CYW's.

Sampling

The sample was defined at the program level and the researchers attempted to recruit all of the agencies in the province who offer residential programs. The sample included Program

Managers of all residential programs that participated and CYW's working in those programs. The sample of the CYW's was not random because it was based on Program Manager's choice of a team leader to distribute the surveys.

The sample was obtained from the population of Residential settings for children and youth in Ontario. For the purpose of this study, foster care settings were excluded from the data collection. The Residential settings surveyed provided twenty-four hour care to children and adolescents with treatment focusing on different interventions necessary to meet their needs. Approximately 1200 surveys were mailed to 262 programs representing 94 agencies. Each package was addressed to the Program Manager who selected a team leader to distribute the surveys to the front line CYW's. The sample size for the original research project was 390 CYW's and 104 Program Managers representing a 67% (178 programs) return rate at the program level. For the purpose of this study, only the CYW respondents were included in the data analysis taking into consideration they provided direct service on the floor to children and youth with aggressive tendencies. Out of 975 CYW surveys mailed out the return rate was 390 or 40% of the respondents.

Recruitment

The Executive Director of each Residential setting was contacted by telephone and the principle researcher of the project requested permission to contact the Program Managers to provide further detail about the study. Once the Executive Director granted permission for agency participation, the names and contact information of the Program Managers were obtained. A research assistant (this author) then followed up with the Program Manager to explain the purpose and benefits of the survey and the distribution process which included choosing a team leader to recruit two to four CYW's from each program to complete the survey.

As reported in the original report by Stuart & Sanders (2008), 78% of the eligible agencies were recruited representing 262 Residential settings. A Tim Horton's gift certificate was included with each survey as an incentive for completion and follow up calls were placed to Program Managers to encourage distribution and completion of the surveys

Data Collection

Program Managers could have responsibility for multiple programs however only responded once in representing their agency. CYW respondents were defined as anyone working on the front-line within the setting being surveyed. Contents of the package, which included the surveys, consent forms and follow up instructions after completion were reviewed and explained to the Program Manager by phone and the package of survey's that h/she was responsible for were mailed directly to the Program Manager. They were instructed to contact the principle researcher, whose contact information was provided, if there were any questions relating to the project. They were encouraged to complete and return the survey within two weeks of receiving it. The research assistant followed up with each Program Manager two weeks after they received their packages to provide them with a reminder which allowed us to maximize the response rate. Participants were provided with a stamped addressed envelope to return the survey by mail.

Instrumentation

The original survey was a self-report questionnaire with a variety of questions relating to the respondent and their experience with practices in residential settings. The CYW survey consisted of three sections. As detailed in the original study by Stuart & Sanders (2008) Section one: *The Organizational Context* presented questions relating to the "respondent's background, educational and front line experience" (p 22). Section two: *Case Management Practices* assessed the "frequency of best practices in case management" (p.22). Section three: *Identifying*

the Interventions of CYC Practitioners “detailed the practices and interventions of front line CYC practitioners as linked to theoretical and empirical literature” (p.22). The survey took approximately a half hour to complete.

This researcher chose a sub set of questions from the survey that were applicable to the research questions presented in this study. One question was taken from Section One which asked the respondent specifically about their educational background. I was interested in the question that distinguished the CYW educated group from the non-CYW educated group. This in turn would respond to the subsidiary question in this study relating to the role of education in the reported choice of strategies used by CYW’s to manage aggressive behaviour. Section Two asked about Case Management within the residential settings. I was interested in questions that determined the frequency of CYW’s use of practice guidelines during plan of care meetings that would address the management of aggressive behaviour. Section Three addressed techniques that could prevent or manage incidents of aggression. I was interested in questions that were again based on the CYW’s management of conflict and aggression, bullying, relationships, peer interactions between children and youth and their social-emotional health and well being.

In section three questions were grouped into categories to respond to the main question being asked “What are the most frequently reported skills and strategies used by CYW’s to manage aggressive behavior and conflict with children placed in residential settings?” In the case of relationships, there were a set of questions that described strategies for bullying but did not deal specifically with conflict. The assumption based on the literature is that relationships are essential for success. The questions selected also asked about what the CYW practitioners ‘DID’ with children and youth in the residence which, based on the literature, demonstrated strategies used for building healthy and trusting relationships. In order to address the reported

choice of strategies relating to aggression, CYW's were asked to report on how they managed conflict within the Residential setting. There were two questions highly similar to one another which could function as a reliability assessment for the responses. In order to determine the interventions being used to assist their clients, CYW's were asked to specify if they follow practice guidelines for how to manage bullying within their clients surrounding environment. CYW's were also asked to indicate which of the techniques they used to teach the child how to treat other children and adults with care and respect.

These questions included an overall focus on the use of relationships, the need for socio-emotional well-being, managing bullying, increasing peer interactions, developing plan of cares, and teaching conflict management to manage aggressive behaviour and conflict with children placed in residential settings. The specific questions are identified in Appendix A. Each question uses a four point likert scale to assess the frequency of use of the chosen technique.

Data Analysis

The responses for each returned survey were entered into an Access database, and then exported to the Statistical Package for the Social Sciences (SPSS) for analysis. Concerning the first research question relating to the strategies being used by CYW's to manage conflict and aggression, I calculated the mean response for each selected question in section three and rank ordered the questions to identify the most frequently used skills and strategies in the milieu. I selected the top five most frequently used skills and strategies that were reported by the CYW respondents to identify which of these interventions are most often applied to the prevention and management of aggression in residential settings. In addition to calculating the mean I examined the frequency distribution of the responses to each question. The questions about interactions with children in the Residential setting (section three) were grouped (during the survey design)

into six categories. These categories included techniques used to manage aggressive behaviour, use of CYW practice guidelines when managing bullying, techniques used to teach care and respect, as well as techniques used to teach socio-emotional health and well-being. The final categories included techniques used to build healthy, trusting relationships and CYW's involvement in facilitating and encouraging peer relationships.

For the conflict resolution questions I calculated the percentage of responses in each of the categories (rarely, sometimes, frequently, usually), for each question. I repeated this analysis for each group of questions in Section three which were associated with use of relationships, the need for socio-emotional well-being, managing bullying, increasing peer interactions and developing plan of cares. While the questions in Section three addressed moment to moment interventions, Section two of the survey included a question about which planned techniques that CYW's would record on the plan of care to specify the nature of intervention and treatment methods used by everyone working with the child. A similar analysis to section three questions was conducted to determine how frequently the various intervention models that related to management of aggression were recorded. The frequency distribution of the responses for all the selected questions in section two and in section three are presented in the results, grouped by the overall category.

Concerning the second research question which addressed the role of education and experience in the choice of strategies within residential settings, the participants were separated into two groups. Group one was the CYW educated group and group two was the non-CYW educated group which included general B.A., other human service diplomas, and M.A. education as well as those who had not completed post secondary education. I conducted a chi square test for each question in section two and section three in order to assess whether the CYW educated

group vs. the non-CYW educated group implemented skills and strategies to manage aggressive behaviour with equal frequency. The initial hypotheses were:

- 1) The CYW educated group will more frequently report the use of specific techniques to manage aggressive behaviour.
- 2) The CYW educated group will more frequently report using practice guidelines for managing the behaviour of a child being bullied within their surrounding environment.
- 3) The CYW educated group will more frequently report specific techniques to teach clients how to improve and manage their socio-emotional health and well-being.
- 4) The CYW educated group will more frequently report the use of specific techniques to build healthy, trusting relationships with their clients.
- 5) The CYW educated group will more frequently report their involvement in facilitating and encouraging peer relationships.
- 6) The CYW educated group will more frequently report the use of interventions or treatment models being implemented in client plan of cares.

Ethical Considerations

Participants were notified with a letter included in their survey package about the steps taken to ensure confidentiality and who would have ownership of the resulting data and conclusions. Each survey and consent form was coded with a label that allowed the researcher to distinguish which program the survey was distributed to and therefore also determine through the use of the code label which surveys had not been returned. This was required solely for the purpose of follow-up calls where necessary to increase the rate of return. The participants were notified of this through a series of phone calls which encouraged their participation and within a letter detailing the entire research study process. Respondents completed the consent form and returned it to the research team in a separate envelope where it was then sorted accordingly.

Since the surveys were returned anonymously the threat to confidentiality was related to the recruitment strategies used to improve the response rate for the survey. There was also an

ethical risk of undue pressure at the agency level though the researcher had emphasized to the Program Manager that voluntary participation and anonymity are key principles for ensuring accurate representation of the data. This study was approved by the Research Ethics Board at Ryerson University. Please refer to Appendix B to view a copy of the consent form.

CHAPTER III

Research Results

This section reports the results of the secondary analysis designed to answer the following questions: “What are the most frequently used skills and strategies used by CYW’s to manage aggressive behavior and conflict with children placed in residential settings?” and “What is the role of education in the reported choice of the strategies used by the CYWs?”

The results are based on the CYW’s responses to the sub set of questions selected from the original research survey. This section presents the results in chart and text format and reports the most frequently used skills and strategies of CYW’s in the residential setting based on groups of questions that represent conflict resolution, use of relationships, the need for socio-emotional well-being, managing bullying, facilitating peer interactions and developing plan of cares. The results also report the differences between two groups of CYW’s; those with CYW education and those with more general education in the implementation of these skills and strategies.

Strategies and Interventions used to Manage Conflict in Residential Settings

To answer the first research question “What are the most frequently reported skills and strategies used by CYW’s to manage aggressive behavior and conflict with children placed in residential settings?” the average responses of the total group of CYW respondents to the survey questions selected were sorted from highest to lowest. Table 1 identifies the top five strategies from all questions selected from section three, based on the mean frequency with which these interventions are used by all participants. The intervention “talking to build relationships” ($m=3.92$) was the most frequently used skill/strategy. The second most frequently used skill/strategy was “teaching the child to care and respect through modeling healthy relationships”

(m=3.81) followed by acknowledging accomplishments to build relationships between CYW's and clients.

TABLE 1

Top five skills and strategies implemented in residential settings

Descriptive	Category	Mean	Standard Deviation
Talking to build relationships	Relationships	3.92	.286
Teach child to care and respect through modeling	Socio-emotional well-being	3.81	.497
Acknowledge accomplishments to build relationships	Relationships	3.78	.503
Practice guidelines for residential setting Bullying	Bullying	3.77	.583
Main focus of work is to develop caring and supportive relationship	Socio-emotional well-being	3.75	.560

Raw data is summarized in Appendix C for all questions used in this analysis. The results presented below are grouped into five categories and the percentage of participants who reported frequently using that approach is described for two groups of participants: Those with specific education in Child and Youth Care and those with more generalist education (at any level).

Specific Techniques used to Manage Aggressive Behaviour

In order to address the reported choice of strategies relating to aggression, CYW's were asked to report on how they deal with conflict management and manage aggressive behaviour within the Residential setting. As described in Figure 1, there were a number of specific techniques used to achieve this. The question that asked "When peer conflict occurs in the home, under your supervision, you..." included several choices. Of the five choices, making use of the conflict to teach problem solving skills had the greatest number of 'frequently used' responses. Of the CYW educated group, 66.3% reported frequently using this technique compared to 59% of the non-CYW educated group. The option with the next highest percentage of workers was 'stop the argument' which 47.3% of the CYW educated group reported using frequently compared to 46.8% who were non-CYW educated. Of the CYW educated group, 17.4% reported that they would frequently use roleplay compared to 14.1% who were non-CYW educated. Of the CYW educated group, 17% reported that they would 'frequently' assign a consequence compared to 19.5% who were non-CYW educated. Finally, of the CYW educated group, 7% reported that they would frequently 'let the children work it out themselves' compared to 11% who were non-CYW educated. There were no significant differences between the CYW educated group and non-CYW educated group. The hypothesis that the CYW educated group will more frequently report the use of specific techniques to manage aggressive behaviour is rejected.

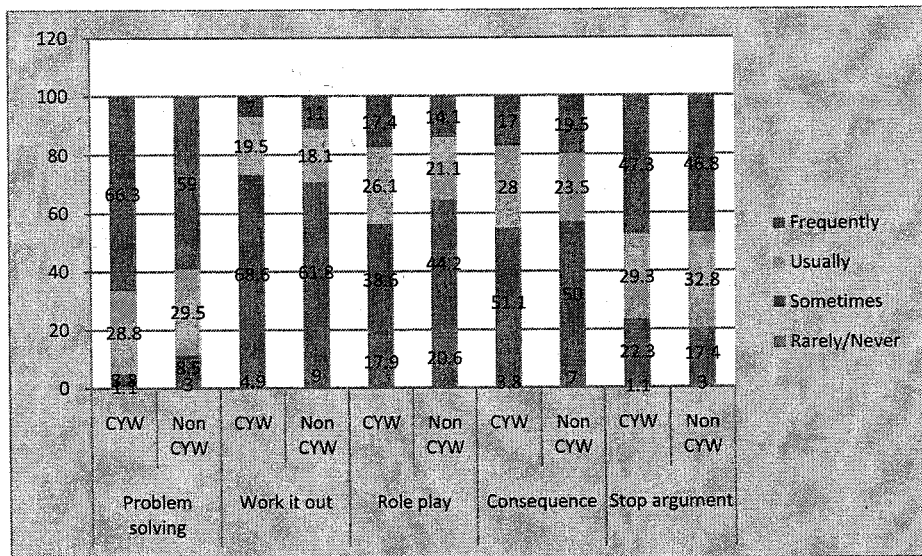


Figure 1: Specific techniques used to manage aggression

Use of Child and Youth Worker Practice Guidelines when Managing Bullying

It is important for CYW's to be supportive of the children and youth in their care. In order to determine the interventions being used to assist their clients, CYW's were asked to specify if they follow practice guidelines for how to manage bullying within their clients surrounding environment. As described in Figure 2, 88.7% of the CYW educated group reported that they frequently used practice guidelines to manage bullying within the residence compared to 77.2% of those who were non-CYW educated. Practice guidelines in the school were used by fewer workers, but still reported to be frequently used by 74.7% of the CYW educated respondents compared to 65% of the non-CYW educated respondents. Finally, 72.4% of the CYW educated respondents reported using practice guidelines in the community compared to 69.4% of the non-CYW educated respondents. In the residence, there was a significant difference between the CYW educated vs. non-CYW educated respondents, $\chi^2 (3, n=388) = 10.70, p \leq .013$. Similarly, in the school setting there was a significant difference between the CYW educated vs.

non-CYW educated respondents, $\chi^2 (3, n=386) = 10.04, p \leq .018$ and in the community there was a significant difference between the CYW educated vs. non-CYW educated respondents, $\chi^2 (3, n=387) = 8.70, p \leq .033$. The hypotheses that the **CYW educated group will more frequently report using practice guidelines for managing the behaviour of a child being bullied within their surrounding environment is accepted.**

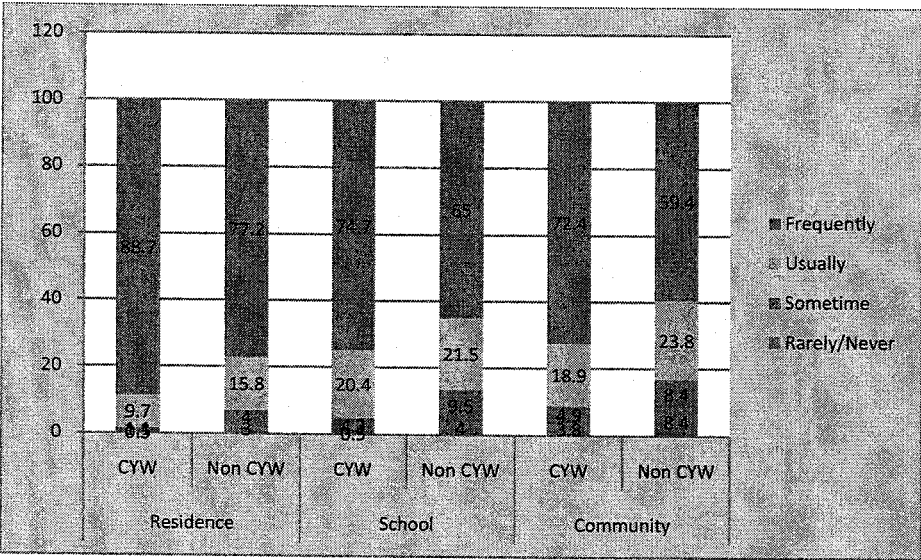


Figure 2: Do CYW’s follow practice guidelines on how to manage bullying?

Techniques Used to Improve and Manage Socio-emotional Health and Well-being

The literature demonstrates that children and youth who have the ability to be caring and respectful of those in their surrounding environment are more successful in building healthy, trusting relationships and subsequently dealing with their aggressive tendencies. CYW’s were asked to indicate which of the following techniques they used to teach the child how to treat other children and adults with care and respect. All of the following techniques are reported as being frequently used by a high percentage of respondents regardless of educational background. As demonstrated in Figure 3, 69.4% of CYW educated respondents stated that they frequently

used direct instruction when teaching clients to improve and manage socio-emotional health and well-being compared to 59.3% of non-CYW educated respondents. There was a significant difference between the two groups in relation to providing direct instruction to improve and manage socio-emotional health and well-being, $\chi^2 (3, n=374) = 7.88, p \leq .048$. The implementation of coaching as a technique in this situation was used less but still reported to be frequently used by 68.9% of CYW educated respondents compared to 62.8% of non-CYW educated respondents. The development of a caring and supportive relationship was reported as being frequently used by 65.2% of the CYW educated respondents and 65% of non-CYW educated respondents. When asked about CYW's making use of community recreational resources to improve the behaviour and social skills of children/youth, 62.9% of the CYW educated respondents reported using this technique frequently compared to 60.1% of non-CYW educated respondents. Modeling was reported as being frequently used by 47.1% of CYW educated respondents compared to 45% of non-CYW educated respondents. The hypothesis that **the CYW educated group will more frequently report specific techniques to teach clients how to improve and manage their socio-emotional health and well-being is accepted in relation to one of the presented techniques.**

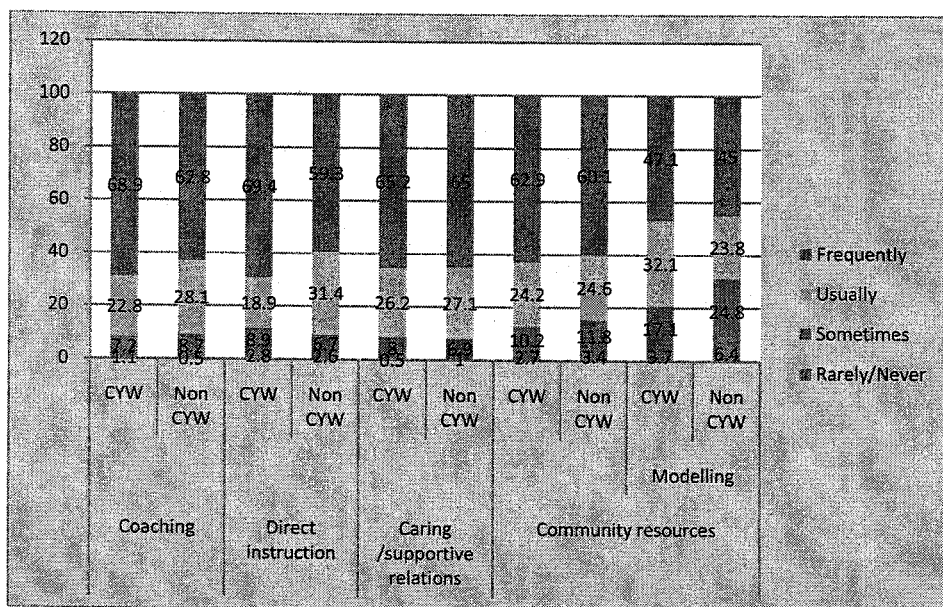


Figure 3: Specific Techniques used to improve and manage socio-emotional health and well-being

Specific Techniques used to Build Healthy, Trusting Relationships

It has been determined in the literature that the outcome of trusting relationships between CYW's and children and youth is the ability for workers to better manage aggression and conflict in residential settings (Watson, 2004). CYW's were asked to respond to a series of questions about the variety of activities used to build relationships with their clients. As described in Figure 4, 95.7% of CYW educated respondents reported that they frequently used conversations as the principal activity in building relationships between CYW's and clients compared to 90% of non-CYW educated respondents. Acknowledging special accomplishments were used less but still reported to be frequently used by 80.7% of the CYW educated respondents followed very closely by 80.6% of non-CYW educated respondents. Going on outings was reported as being frequently used by 75% of CYW educated respondents again followed closely by 75.8% of non-CYW educated respondents. The use of restraints to build relationships was reported as being frequently used by only 11.1% of CYW educated

respondents and 18.4% of non-CYW educated respondents. There were no significant differences between the CYW educated group and non-CYW educated group. The hypotheses that the **CYW educated worker will more frequently report the use of specific techniques to build healthy, trusting relationships with their clients** was rejected.

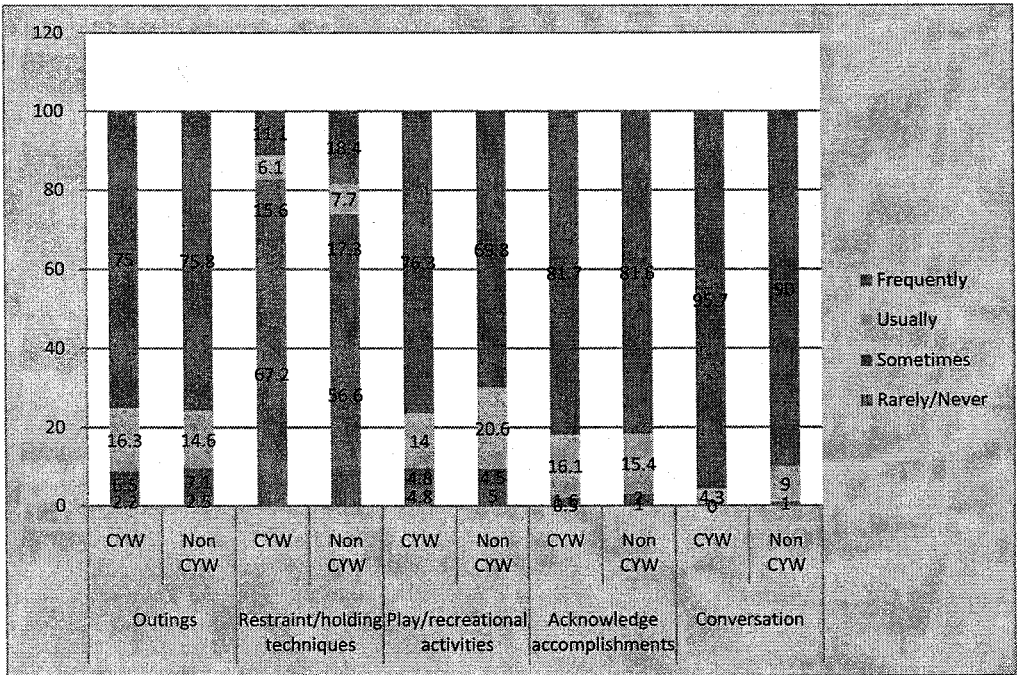


Figure 4: Specific techniques used to build healthy, trusting relationship

Child and Youth Worker’s Involvement in Facilitating and Encouraging Peer Relationships

It is necessary for the CYW to demonstrate appropriate skills and strategies to manage aggressive behaviour within residential settings before they can expect to facilitate and encourage further positive relationships amongst the children and youth in their care. CYW’s were asked to respond to three questions that would describe their involvement in facilitating and encouraging peer relationships. There were no significant differences based on education for these three questions. As described in Figure 5, 56.8% of CYW educated respondents stated that

they frequently used an active disruption of negative situations to facilitate and encourage peer relationships compared to 47.3% of non-CYW educated respondents. Coaching the child on how to behave in the classroom was used less but still reported to be frequently used by 39.9% of the CYW educated respondents compared to 37% of the non-CYW educated respondents. This was closely followed by 39% of the CYW educated respondents who reported frequently using role play to encourage peer interaction compared to 31% of non-CYW educated respondents. There were no significant differences noted in their responses discussing their involvement in facilitating and encouraging peer relationships. The hypotheses that the **CYW educated group will more frequently report their involvement in facilitating and encouraging peer relationships is rejected.**

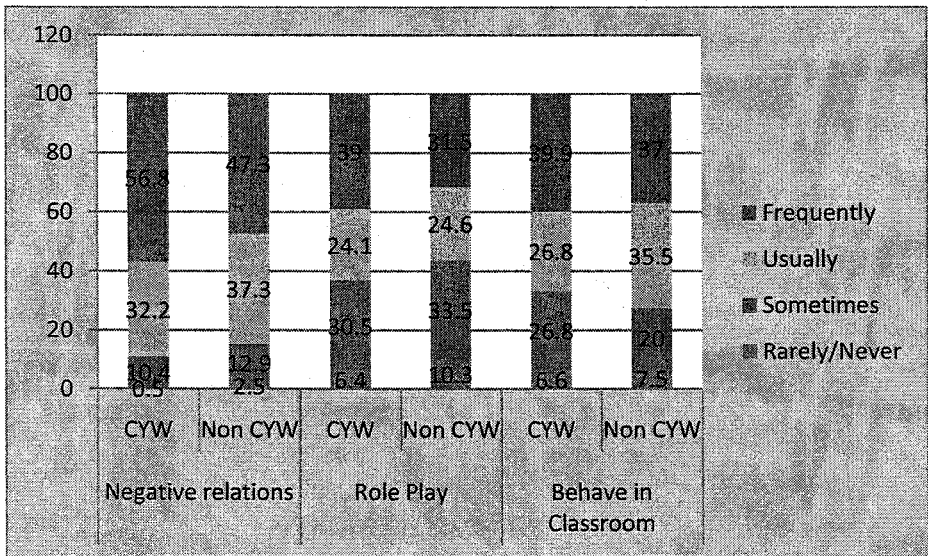


Figure 5: CYW’s involvement in facilitating and encouraging peer relationships

Types of Interventions and Treatment Models used in Client Plan of Care

CYW's were asked a series of questions that would specify what type of interventions or treatment models were being incorporated into their clients plan of cares. As described in Figure 6, 78.9% of CYW educated respondents stated that they frequently used de-escalation techniques to reduce harmful behaviour when implementing plan of cares compared to 69.1% of non-CYW educated respondents. Individual sessions were reported to be frequently used by 53.6% of CYW educated respondents compared to 49.5% of non-CYW educated respondents. Further described in Figure 6, 0% of CYW educated and non-CYW educated groups reported frequently using behavioural interventions such as planned ignoring and time outs, instead 81.8% of CYW educated respondents reported 'sometimes' using them and 77.2% of non-CYW educated respondents reported 'sometimes' using these strategies. There were no significant differences based on education reported by the CYW educated and non-CYW educated respondent. The hypotheses that the **CYW educated group will more frequently report the use of interventions or treatment models being implemented in client plan of cares is rejected.**

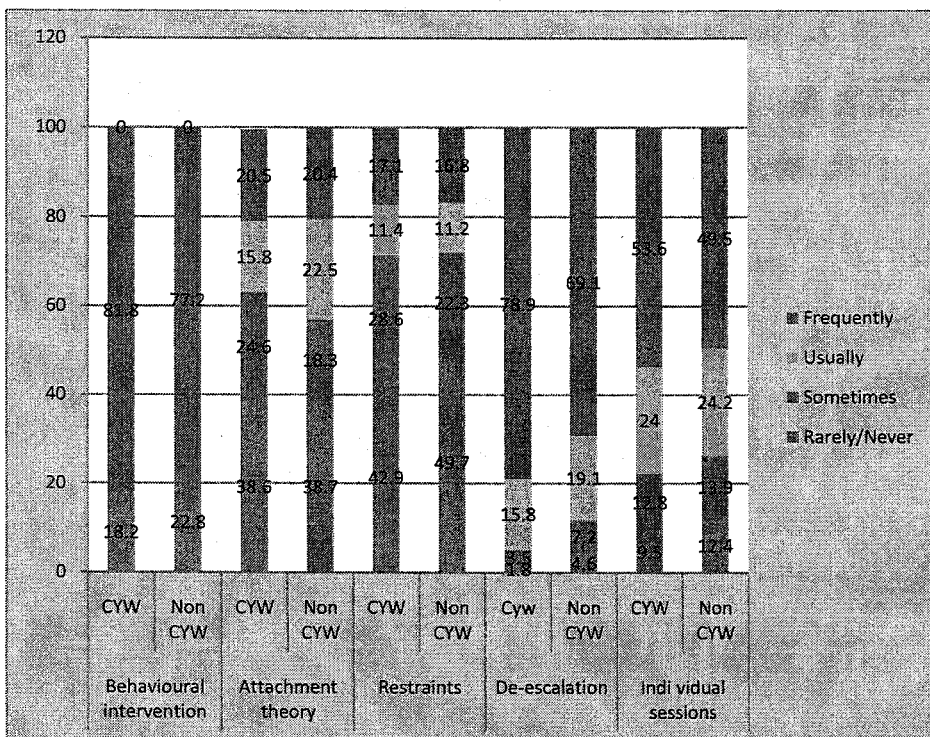


Figure 6: Interventions or treatment models incorporated into plans of care

CHAPTER IV

Discussion and Recommendations

The purpose of this study was to examine the interventions used by CYW's to manage aggressive behavior within residential settings and to determine what role if any education plays in the reported choice of the strategies they use. Overall the results of the survey indicated that some techniques related to preventing and managing aggression were clearly preferred by the majority of the respondents, regardless of educational background. These included the use of conversation to build relationships, acknowledging accomplishments, participating in community outings and teaching problem solving skills to manage aggression. The results also showed significant differences associated with the type of educational preparation available to CYW's which affected their choice of intervention and the literature suggested was imperative in the management of aggression and conflict with children and youth in residential settings. These included teaching the child to care and respect through modeling and the use of practice guidelines to address bullying.

This section of the report will discuss the key factors and explain the results of the study that I believe are of importance to the CYW field. The significant differences based on educational preparation will be discussed and explained. Further discussed will be the limitations of the research and the implications for further research.

The literature suggested that education was a key factor in determining the ability of the CYW to acknowledge precipitating factors and manage the outcome of subsequent issues (Watson, 2004). The results of this study confirmed this to be true in situations that required more than a common sense approach to the management of children's aggressive tendencies.

Table 1 clearly indicates that facilitating peer relationships and managing social emotional health and well-being were clearly preferred by all respondents as methods of working with the children in residential care. These preferences were not affected by educational background. Though there was not a clear indication that there were significant differences associated with the type of educational preparation received by the CYW's in relation to the use of conversation to build relationships and use of restraints, teaching problem solving and conflict management, use of de-escalation techniques, use of planned ignoring, rewards for good behaviour and time-out techniques. The types of interventions that CYW's plan to implement are often quite different from what is actually implemented on the floor. The National Collaboration for Youth (NCY) task force created a list of competencies which they believed every front line worker should possess when choosing to work with children and adolescents and then confirmed that these competencies could only be attained through proper education (Astroth, Garza & Taylor, 2004). These skills included the need to understand and apply child and adolescent development principles, communicate and develop positive relationships with children and youth, identify potential risk factors (in a program environment) and take measures to reduce those risks; all these skills, exclusive of the child development principle, have been presented within this study and are required when implementing previously stated interventions to manage children with aggression in residential settings.

This study addressed the role of CYW specific education and the results again did not indicate a significant difference between these two groups (CYW educated vs. non-CYW educated) relating to the reported use of physical restraint. Day, (2000) suggests that CYW's lacking appropriate training may demonstrate an inability to acknowledge the emotional crisis experienced by children during a physical restraint. Though the CYW curriculum teaches from

the standard training curriculum and crisis intervention training is mandated by the province, the actual approach to each crisis situation could differ based on the CYW's understanding of how to engage with the children and youth while encouraging them to make good choices. The CYW enrolled in a three year college program will receive additional coursework about engaging and relating to children which supports the use of alternative strategies and improved self control.

There were no significant differences between the CYW educated and non-CYW educated group relating to conflict resolution techniques which included respondents letting the children "work it out themselves" and "assigning a consequence" (See figure 1). It is possible in these strategies that it is left up to the children and youth to manage the aggressive behaviour therefore the education of the worker is irrelevant. The CYW educated group would be more likely to use conflict to actively teach problem solving and conflict management skills since these are active interventions that are relevant to and taught in the group work curriculum. There were no significant differences between the CYW educated group and non-CYW educated group relating to their use of outings, play and/or recreational activities, acknowledging special accomplishments, or 1:1 sessions for building relationships. These strategies could be seen as techniques that we engage in on a daily basis where extensive education to learn them is not required. It is a relatively easy task to hang out at the park, play a game of cards or enjoy an ice cream however is the non-CYW educated actually engaging with the child and building relationships which will assist in managing the aggression and conflict in the residential setting? The literature suggests (Watson, 2004, Anglin, 2002) that these techniques which include engagement, developing relationships and conflict resolution require extensive training and education when addressing children and youth with aggressive tendencies. The results proved that 78.9% of CYW educated respondents reported more frequent use of de-escalation

techniques to reduce harmful behaviour when implementing plan of cares compared to 69.1% of non-CYW educated respondents. Watson's (2004) study supported this idea that CYW educated individuals are more likely to focus on de-escalation practices and non aggressive methods of intervention compared to the unsophisticated skills often implemented by the non-CYW educated group. The respondents in Watson's study also implied that CYW's should develop knowledge and skills relating to bullying which will further allow them to feel safe and protected within the residential setting. Furthermore, the results of this study indicated that there were significant differences in relation to bullying and that CYW educated people more frequently follow the necessary protocols related to bullying.

The outcome of this research study provided further support to the existing literature relating to the skills and strategies most frequently used by CYW's to manage aggression in residential settings. Many of the questions asked within the survey related to general strategies being used to manage aggression and conflict by CYW's in the residential settings however what is important to recognize is how these strategies relate to basic training and pre-requisite skills for conflict management.

The literature discusses the need for relationships to be present between CYW's, children and youth before being able to achieve the maximum success in any area of the child's life (Watson, 2004). The main point of this section is that the literature recognizes the need for relationships with children and youth and how those relationships are used in the work that CYW's do. The results of the survey indicate that CYW's prefer to use relationship-based techniques even in the management of conflict. The results in Table 1 show that of the five most frequently used strategies, two of the five include the concept of relationships.

The literature review identified that even though attachment theory is critical in dealing with children and youth (Pazaratz, 2000) only 3% of residential facilities are actually using it (Foltz,

2004). It is my assumption that many youth residential programs rely on adaptations of behaviour modification programs which are quick and effective for attaining power and control of aggressive behaviour, thus not providing the opportunity to build healthy and trusting relationships which are required when using attachment theory. Many residential jobs are simply a stepping stone in one's career. This often results in high staff turnover and does not provide the consistency between staff and resident that is necessary for attachment to occur. This may be an issue managed at the agency level however I believe that one who chooses to become CYW educated will more likely demonstrate loyalty and commitment to their chosen discipline, and will therefore be more likely to adopt attachment theory as part of their existing framework.

The theme of relationships is often present in other frequently used strategies. When teaching conflict resolution, 66.3% of the CYW educated respondents reported frequently using problem solving skills with the client during conflict compared to 59% of the non-CYW educated group. This teaching method would require interaction and a relationship between the CYW and client to maximize their learning potential, in comparison to the other strategies which include "peers working it out themselves" and "assigning consequences" which more of the non-CYW educated group reported using frequently. In these strategies, limited interaction is required between CYW and client therefore limiting opportunities for relationship building or for using relationship to support the teaching of problem solving skills during conflict. Among the techniques used to improve and manage socio-emotional health and well-being, 69.4% of CYW educated respondents (n=125) stated that they frequently used direct instruction when teaching clients to improve and manage socio-emotional health and well-being compared to 59.3% of non-CYW educated respondents (n=115). When building healthy and trusting relationships, 95.7% of CYW educated respondents compared to 90% of non-CYW educated respondents indicated that the use of conversation was frequently used, again suggesting the importance of

interaction between CYW and client. Both of the aforementioned techniques had notably higher responses amongst the CYW educated group though they were non-significant.

The non-significant results could be explained by the instrument design, which only asked basic questions detailing the practices and interventions of front line CYC practitioners. The use of questions that were more specific to the types of interventions used could have resulted in responses that would have supported my hypotheses. Among the CYW educated respondents 56.8% frequently chose to actively disrupt negative relationships compared to 47.3% of non-CYW educated respondents. The results further indicated that 78.9% of the CYW educated respondents reported more frequently using de-escalation techniques to reduce harmful behaviour as a treatment model or intervention included in plans of cares compared to 69.1% of non-CYW educated respondents. These figures again show the importance of interaction and engagement between CYW and children and youth.

This study has further demonstrated the importance of combining overall education and professional training once the practitioner enters the Child and Youth Care field. The value of CYW specific education in managing aggressive behaviour is further supported by Day's (2000) suggestion that education and training for CYW's on the proper use of physical restraint and intervention would minimize the risk of injuries to CYW's, children and youth.

Limitations of the Study

Limitations to the study include the fact that it was a self-report questionnaire. As a result, this study does not assess the effectiveness of their skills and strategies, just what CYW's believe they were using to prevent and manage aggression within the residential setting. The CYW's may have also been reporting based on the desire to portray themselves as effective practitioners. There were no survey questions regarding when or where the CYW education

occurred, therefore experience, type of employment, and length of time since graduation are all confounding the results. The study also does not clearly distinguish the difference between education and training, since the survey did not ask about the specifics of behaviour management training undertaken by the workers.

The survey required a 52% return rate and received 67% which allowed us to continue with an acceptable analysis of the data, therefore allowing this researcher to perform a secondary analysis of the original study.

As per the original research study by Stuart & Sanders (2008), the methodology “limits the ability to generalize the results because non-probability sampling techniques were used, however since the sampling frame included the total population of group care programs and the response rate was high, the results should be taken to represent group care programs in the province of Ontario with 95% confidence and a 5% margin of error” (p.24).

The fact that this secondary analysis focused on individuals and not programs was also a limitation. Some individual programs had a 100% return rate from CYW’s while others had 0% and the overall practitioner return rate was 40%. It would be difficult to generalize these findings to individuals because it is unclear if the respondents were reporting on their individual practice and beliefs or reporting on the philosophy of the particular program that employed them. In addition to this the respondent may have a different understanding of the question being presented and the language being used therefore providing inaccurate accounts of their experiences.

The non-random selection used to recruit respondents was also a limitation. It is unknown what assumptions the Program Manager used to chose the team leader to distribute the

surveys. There was also the possibility of bias if the Program Managers did not follow through with the instructions and distributed the surveys on their own.

There was a chance of a response set because the survey was not constructed with reverse order questions. This could misconstrue the validity of responses due to the participant's tendency to agree with every question in a series rather than carefully thinking through the answer to each question (Neuman, 2006).

The secondary analysis method was beneficial in this study because data was readily available of the data and there was a correlation between the research objectives (Kiecolt & Nathan, 1985). It was also useful to exclusively examine the areas relating to my research questions concerning the frequency of the skills and strategies' being used by CYW's to manage aggression and the subsequent role of education in the reported strategies.

Suggestions for Further Research

This study has added to the limited amount of research conducted on the skills and strategies' being used in residential settings by CYW's to manage conflict and aggression amongst children and youth. However the likelihood of children's aggressive tendencies being reduced is dependent on the successful implementation of behavioural interventions, not necessarily how frequently a technique is applied. The key factor seems to be that only when these skills and strategies are implemented within settings where the focus is meeting the needs of the children; and the CYW's have a thorough understanding of the aggression and conflict demonstrated by children and youth will there be a more positive and successful outcome.

The results have identified the skills and strategies most frequently used by CYW's to manage aggression and conflict in the residential setting. What remains a question however are the outcomes relating to the children and youth's behaviours? Are these skills and strategies

effective? Is the implementation of such strategies occurring on a consistent basis within the residential settings? Are CYW's introducing best practice guidelines when implementing their chosen approach? Do they have a clear understanding of the outcomes for children and youth in the Residential setting? Of benefit to the CYW field would be to ask the question "What is the effectiveness of the reported skills and strategies presently being implemented within residential settings?"

The role of the CYW is critical (Davids, Laffey & Cardin, 1969) yet there is limited research that describes the roles and responsibilities of a CYW or the characteristics that are required to encourage the best possible treatment outcomes (Moses, 2000) and intervention strategies. In their work with vulnerable children and youth, little is documented about the CYW's experience in crisis situations or how the therapeutic environment is understood during crisis situations. The original survey (Stuart & Sanders, 2008) contributed to the research by assessing the frequency of certain responses from a CYW perspective. Further research could assess the impact of children's aggression on both experienced and inexperienced CYW's. The need for ongoing training of CYW's and whether this plays a role in their response to children and youth's aggressive behavior could also be determined. The effectiveness of Conflict management and CPI/PMAB training programs in addition to their ability to meet the needs of children and youth during crisis situations has been evaluated and allowed for the implementation of a standardized program that all members of the profession could be trained in equally. However, whether the training affects the outcome of the children and youth's behaviour is not clear. I would also suggest that further exploration of implemented skills and strategies used by CYW's and their significance in the management of aggressive behaviour in Ontario is necessary.

Conclusion

After 20 years of experience in the CYW field, many of those years as a front-line practitioner with a CYW diploma, I was very interested in the role of education relating to the chosen strategies of CYW's for managing aggression in the residential setting. It became apparent to me after I obtained my B.A. (CYC) and transitioned out of residential care into private practice where I was consulting with residential programs, that the relationships between the CYW, children and youth in residential settings often appear to be very superficial. The CYW reacts to aggression with a need to simply control the undesirable behaviour without taking the time to discover the underlying issues that may be present. I believe it is necessary to be more insightful and understanding of the issues that arise for children and youth when they are removed from their homes and then placed in residential settings.

This research study has allowed me to increase my understanding of the literature and become more critical in terms of my professional thinking. More importantly, through my research I have discovered the need to show the connection between the CYW educated group and positive children and youth outcomes. The CYW may be the child and youth's first encounter with a healthy relationship and without question should therefore be a positive one. As stated earlier in this paper, children and youth who come into the system are among the most vulnerable children in our society (Anglin, 2002) and should be able to anticipate that their lives will improve, not leave them feeling that their safety and well-being is at risk (Snow & Finlay, 1998) by their admission to a residential setting.

The practitioner responses demonstrated that education and training plays a significant role in the implementation of appropriate interventions to manage aggression in residential settings. I would like to believe that all practitioners are conducting high-quality child and youth

care however the literature (Watson, 2004) provides children's statements which contradict this belief. This should demonstrate to the field of CYW the importance of being able to measure the effectiveness of the skills and strategies being used to manage aggression with children and youth in the front line position of residential settings. Further, is the need for ongoing education and training to provide CYW's with the skills necessary to feel empowered and to provide the best possible service to the young people they are responsible for.

APPENDIX A

Survey Questions Chosen for Secondary Analysis

Section 1 – The Organizational Context

4. Do you have a CYW diploma? Yes ☐ No ☐

Section 3 - Identifying the Interventions of CYC Practitioners

These questions were grouped together according to the hypotheses statements:

4 – Frequently 3-Usually 2- Sometimes 1- Rarely/Never

1) Managing Aggressive Behaviour

44.	When peer conflict occurs in the home, under your supervision, (Record the appropriate number beside the activity) You:	4	3	2	1
	Stop the argument?	4	3	2	1
	Make use of the conflict to teach problem solving skills?	4	3	2	1
	Let the children work it out themselves?	4	3	2	1
	Use <i>role play</i> to teach the children how to cope?	4	3	2	1
	Assign a consequence?	4	3	2	1

2) Practice Guidelines on How to Manage Bullying

4.	When a child in the home is bullied (physically or emotionally threatened) by another child <i>in the community</i> , CYW's follow practice guidelines for how to manage this.	4	3	2	1
10.	When a child in the home is bullied (physically or emotionally threatened) by another child <i>in the home</i> , CYW's follow practice guidelines for how to manage this.	4	3	2	1
64.	When a child in the home is bullied (physically or emotionally threatened) by another child <i>in the school</i> , CYW's follow practice guidelines for how to manage this.	4	3	2	1

3) Improve and Manage Social Emotional Health and Well-being

51.	You use the following techniques in order to teach the child to treat other children and adults with care and respect? (Record the appropriate number beside the activity) through modeling? coaching?	4	3	2	1
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	direct instruction?				
73.	CYW's make use of community recreational resources to improve the behaviour and social skills of children/youth.	4	3	2	1
80.	CYW's have designated one-on-one time with a child(ren) to model good quality social relationships	4	3	2	1

4) Build Healthy, Trusting Relationships

39.	Which of the following activities do you use to build a relationship: (Record the appropriate number beside the activity)	4	3	2	1
	Taking the child on outings?	4	3	2	1
	Having conversations with the child?	4	3	2	1
	Using restraint or holding techniques?	4	3	2	1
	Play and/or recreational activities?	4	3	2	1
	Acknowledging special accomplishments?	4	3	2	1

5) Facilitating and Encouraging Peer Relationships

45.	CYW's coach the child on how to act in the classroom so as to be accepted by his/her peers and the school authority figures?	4	3	2	1
65.	CYW's actively disrupt negative peer relationships within the home as a therapeutic strategy?	4	3	2	1
76.	CYW's use <i>role play</i> to teach children how to interact with peers.	4	3	2	1

Section 2 – Case Management Practices –

4 – Frequently 3-Usually 2- Sometimes 1- Rarely/Never

6) Interventions or treatment models incorporated into plans of care

17	You and/or the other CYW's in the program incorporate these interventions or treatment models in your plans of care:				
A	Individual sessions with the child	4	3	2	1
	If yes, specify what model or approach you used (for example <i>cognitive behavioural therapy</i> , relationship oriented psychotherapy, SNAP)				
D	Behavioural programs or interventions to deal with behaviour problems	4	3	2	1

	If yes, describe some of the techniques you used (for example, planned ignoring, rewards for good behaviour, time out)				
I	Applying attachment theory to build secure relationship between the child and the current caregivers	4	3	2	1
	If yes, describe some of the techniques used				
L	Use of restraints	4	3	2	1
	For what purpose and what model				
M	De-escalation techniques to reduce potential for harmful for behaviour	4	3	2	1
	Please describe any other treatment approach or intervention that you use which is not on this list				

APPENDIX B

Ryerson University Consent Agreement for Child and Youth Care Practitioners

Study Title: "Child and Youth Care Practitioners Contributions to Evidence-based Practice in Group Care"

You are being asked to participate in a research study. Before you give your consent to be a volunteer, it is important that you read the following information and ask as many questions as necessary to be sure you understand what you will be asked to do.

Investigators

Carol Stuart, Ph.D, School of Child and Youth Care, Ryerson University
Larry Saunders, Ph.D, Ontario Association of Residences Treating Youth (OARTY)
Maria Gurevich, Ph.D. Psychology, Ryerson University
Robert Fulton, MSW, Ontario Association of Residences Treating Youth (OARTY)
Tina Kroll, CYW, B.A.C.Y.C., MAECS (in progress), Child and Youth Care, Ryerson University, Research Assistant.

Purpose of the Study

The survey you are being asked to complete is designed to collect information about what Child and Youth Care practitioners do within their work in residential care settings. The researchers are hoping to identify those practices that are linked to evidence-based practice/treatment and leading to positive outcomes for clients within the residential care system.

The survey is being distributed in two formats to all group care settings in the province within the child welfare, children's mental health, and private sector. The first format is for program managers and one per group care setting will complete the survey. The second format is for CYC practitioners and your program manager has selected you as one of 3-4 representatives from your group home or residential setting.

Description of the Study

The survey can be completed at your place or work or at home and returned in the stamped envelop provided. We expect it will require about 1 hour of your time. A sub-group of participants will be invited to attend a symposium to review the results. You may be invited at a latter time to participate in this.

The survey you will be completing will include questions which require you to check off the statement that most closely applies to you/your work, questions that require a yes or no answer, and questions where you will rate your position/ knowledge based on a scale of four possible responses (ie/ strongly disagree, disagree, neutral, agree, strongly agree). You will be completing the survey based on your knowledge about the roles and responsibilities of yourself and others in your position within the group care facility you work at. Please focus on your specific setting and your "typical" work as a child and youth care practitioner.

What is Experimental in the Study

This is not an experimental study rather it is an exploratory study.

Risks or Discomforts

The only risk associated with participation in this process is the stress related to taking the time to understand the questions and fill out the survey. Some people may find this to resemble a “testing” situation, which may bring some discomfort. If this is the case, please let the researchers know so that accommodations can be made for you to feel more comfortable.

Benefits of the Study

The contributions of this work to the field of Child and Youth Care will be significant. To date, little research has been done which inquires about group care settings regarding EBP/T’s. Thus far there is little information about the contributions made by CYC practitioners in their daily interactions with children and youth in group care environments towards positive outcomes for the clients. Similarly, no “evidence” exists that supports the importance of the daily interactions between practitioners and the child/youth in residential settings. This study would begin the process of creating this evidence by identifying the practices of agencies and of Child and Youth Care practitioners in these settings and linking them to those practices and treatments which are supported by an evidence base.

Alternative Methods of Treatments

N/A

Confidentiality

The survey does NOT ask you to provide any personal or identifying information about yourself or your workplace. Survey data will be collected anonymously and therefore ensure the confidentiality of the results for you, the participant and for your group care setting. The program manager who gave you the survey knows who you are but you are not under any obligation to provide him/her with a copy of the survey or to complete the survey when he/she is present. Your participation in the study is entirely voluntary. Your consent form will be stored separately from the data that you provide and the only reason that we are collecting your specific information is so that we can follow up and provide you with the results of the study. Only the researchers listed above will have access to the data you provide in your survey responses and the raw data will be destroyed upon completion of the project. Aggregate data will be kept for a 5 year period and used for publications and conference presentations. Results will only be reported according to the sector that your facility is in (i.e. children’s mental health, child welfare, and private sector). There will be no reporting of results by individual facility or agency.

Costs and/or Compensation for Participation

We are offering a Tim Horton’s certificate as a thank you for participating in the study. You have already received this certificate and you may use it regardless of whether you complete the survey or not. We thank you for considering participation and we hope that you will complete the survey and mail it back.

Compensation for Injury

It is unlikely that participation in this project will result in harm to participants. If any complications arise, we will assist you in obtaining appropriate attention. If you need treatment or hospitalization as a result of being in this study, you are responsible for payment of the cost

for that care. If you have insurance, you may bill your insurance company. You will have to pay any costs not covered by your insurance. Ryerson University will not pay for any care, lost wages, or provide other financial compensation.

Voluntary Nature of Participation

Participation in this study is voluntary. Your choice of whether or not to participate will not influence your future relations with Ryerson University, OARTY, OACAS, CMHO or Bartimaeus Inc. (partners in the project). If you decide to participate, you are free to withdraw your consent and to stop your participation at any time without penalty or loss of benefits to which you are allowed. At any particular point in the study, you may refuse to answer any particular question or stop participation altogether.

Questions about the Study

If you have any questions about the research, please ask. If you have questions later about the research, you may contact:

Carol Stuart, Ph.D. Lead Investigator
Director and Associate Professor
School of Child and Youth Care
Ryerson University
350 Victoria St.
Toronto, Ont. M5B 2K3
Phone 416-979-5000 ext 6203

Agreement

Your signature below indicates that you have read the information in this agreement and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree to be in the study and have been told that you can change your mind and withdraw your consent to participate at any time. You should keep a copy of this agreement.

You have been told that by signing this consent agreement you are not giving up any of your legal rights.

Name of Participant (please print)

Signature of Participant

Date

Contact information: Complete only if you are interested in receiving the results of the study or participating in the symposium at a later date.

Phone:

Email:

Address:

Appendix C – Raw Data

1) Managing Aggressive Behaviour

44.	When peer conflict occurs in the home, under your supervision you:					
		Frequently	Usually	Sometimes	Rarely/Never	Total
	Stop the argument?	181	120	76	8	385
	Make use of the conflict to teach problem solving skills?	240	112	24	8	384
	Let the children work it out themselves?	35	72	250	27	384
	Use <i>role play</i> to teach the children how to cope?	60	90	159	74	383
	Assign a consequence?	70	98	193	21	382

2) Practice Guidelines on How to Manage Bullying

		Frequently	Usually	Sometimes	Rarely/Never	Total
4.	When a child in the home is bullied (physically or emotionally threatened) by another child <i>in the community</i> , CYW's follow practice guidelines for how to manage this.	254	83	26	24	387
10.	When a child in the home is bullied (physically or emotionally threatened) by another child <i>in the home</i> , CYW's follow practice guidelines for how to manage this.	321	50	10	7	388
64.	When a child in the home is bullied (physically or emotionally threatened) by another child <i>in the school</i> , CYW's follow practice guidelines for how to manage this.	269	81	27	9	386

3) Improve and Manage Social Emotional Health and Well-being

		Frequently	Usually	Sometimes	Rarely/Never	Total
51.	You use the following techniques in order to teach the child to treat other children and adults with care and respect? (Record the appropriate number beside the activity)					
	through modeling?	318	48	8	3	377
	coaching?	247	96	30	3	376
	direct instruction?	240	95	29	10	374
73.	CYW's make use of community recreational resources to improve the behaviour and social skills of children/youth.	239	95	43	12	389
80.	CYW's have designated one-on-one time with a child(ren) to model good quality social relationships	219	90	64	15	388

4) Build Healthy, Trusting Relationships

39. Which of the following activities do you use to build a relationship:					
	Frequently	Usually	Sometimes	Rarely/Never	Total
Taking the child on outings?	288	59	26	9	382
Having conversations with the child?	360	26	2	0	388
Using restraint or holding techniques?	56	26	62	232	376
Play and/or recreational activities?	281	67	18	19	385
Acknowledging special accomplishments?	316	61	7	3	387

5) Facilitating and Encouraging Peer Relationships

	Frequently	Usually	Sometimes	Rarely/Never	Total
45. CYW's coach the child on how to act in the classroom so as to be accepted by his/her peers and the school authority figures?	147	120	89	27	383
65. CYWs actively disrupt negative peer relationships within the home as a therapeutic strategy?	199	134	45	6	384
76. CYWs use <i>role play</i> to teach children how to interact with peers.	137	95	125	33	390

Section 2 – Case Management Practices

6) Interventions or treatment models incorporated into plans of care

	Frequently	Usually	Sometimes	Rarely/Never	Total
17. You and/or the other CYWs in the program incorporate these interventions or treatment models in your plans of care:					
A Individual sessions with the child	192	90	50	41	373
D Behavioural programs or interventions to deal with behaviour problems	257	77	20	18	372
I Applying attachment theory to build secure relationship between the child and the current caregivers	74	70	77	140	362
L Use of restraints	63	42	94	173	372
M De-escalation techniques to reduce potential for harmful for behaviour	269	64	20	12	365

References

- Anglin J. (2002) Responding to Pain and Pain-Based Behaviour. *Child and Youth Services*, 24(1), 107-121.
- Astroth, K., Garza, P. & Taylor, B. (2004) Getting Down to Business: Defining Competencies for Entry-level Youth Workers. *New Directions for Youth Development*, 104, 25-37.
- Barter, C. (2003). Young People in Residential Care Talk about Peer Violence. *Scottish Journal of Residential Care*, 2(2), 39-50.
- Barth, R., Greeson, J., Zlotnik, S. & Chintapalli, L. (2009) Evidence-based Practice for Youth in Supervised Out-of-Home Care: A Framework for Development, Definition, and Evaluation. *Journal of Evidence - Based Social Work*, 6(2), 147-175.
- Bell, L & Stark, C. (2001) Measuring Competence in Physical Restraint Skills in Residential Child Care, *Social Work Research Findings No. 21*, The Scottish Office.
- Berrick, J., (1998) When Children Cannot Remain Home: Foster Family Care and Kinship Care. *The Future of Children*, 8 (1), 72-87.
- Bhattacharjee, K. (2003). The Ontario Safe Schools Act: School Discipline and Discrimination. Ontario Human Rights Commission. Retrieved from http://www.ohrc.on.ca/en/resources/discussion_consultation/SafeSchoolsConsultRepENG/pdf from on February 12, 2008.
- Bowie, V. (2005). Youthwork Education: A View from Down Under. *Child and Youth Care Forum* , 34 (4), 279-302.
- Collins, J. (1994). Nurses' Attitudes towards Aggressive Behaviour, Following Attendance at 'The Prevention and Management of Aggressive Behaviour Programme', *Journal of Advanced Nursing*. 20, 117-131.
- Craigwood Treatment Centre. Retrieved from <http://www.craigwood.on.ca/training/pmab.htm> on February 12, 2008.
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative , and mixed methods approaches*. London: Sage Publications.
- Creswell, J. W. (2005). *Educational research: Planning, conducting and evaluating quantitative and qualitative research*. New Jersey: Pearson Prentice Hall.
- Davids, A., Laffey, J. & Cardin, P. (1969). Intellectual and Personality Factors in Effective Child Care Workers. *American Journal of Orthopsychiatry*, 39(1). 68-76

- Day, D. (2000). A review of the literature on restraints and seclusion with children and youth: Toward the development of a perspective in practice. *Intersectoral/Interministerial Steering Committee on Behaviour Management Interventions for Children and Youth in Residential and Hospital Settings*: Toronto, Ontario
- Day, D. (2002). Examining the Therapeutic Utility of Restraints and Seclusion with Children and Youth: The Role of Theory and Research in Practice. *American Journal of Orthopsychiatry*, 72(2), 266-278.
- Demasi, M., & Boyd, D. (2007). Behaviour support and management: Coordinated standards for children's systems of care. *Committee on Restraint and Crisis Intervention Techniques*.
- Dillman, D. A. (2000). *Mail and internet surveys: The tailored design method*. New York: J. Wiley.
- Fewster, G. (2004). Editorial, *Relational Child & Youth Care Practice*, 17(3), 3-4.
- Finlay, J. (1996). Crossover kids: Care to custody. *Office of Child and Family Service Advocacy*, 1-22.
- Fitzgerald, M. (1996). On-the-spot Counselling with Residential Youth: Opportunities for Therapeutic Intervention. *Journal of Child and Youth Care*, 10(4), 9-17.
- Foltz., R. (2004). The Efficacy of Residential Treatment: An Overview of the Evidence. *Residential Treatment for Children and Youth*, 22(2), 1-17.
- Heron, G. & Chakrabarti, M.(2002). Examining the Perceptions and Attitudes of Staff Working in Community Based Children's Homes. *Qualitative Social Work*, 1 (3), 341-358.
- Heron, G. & Chakrabarti, M. (2003). Exploring the Perceptions of Staff Towards Children and Young People Living in Community-Based Children's Homes. *Journal of Social Work*, 3 (1), 81-98.
- Intersectoral/Interministerial Steering Committee. (2001). *Behavioural management interventions for children and youth in residential and hospital settings*. Toronto.
- Kiecolt, J. & Nathan, L. (1985). Secondary Analysis of Survey Data. *Quantitative Applications in the Social Sciences*, 53(12).
- Knorth, E., Klomp, M., Van den Bergh, P., Noom, M., (2007). Aggressive Adolescents in Residential Care: A Selective Review of Treatment Requirement and Models. *Adolescence*, 42(167), 462-485.
- Libby, A. M., Coen, A.S., Price, D.A., Silverman, K., & Orton, H.D. (2005). Inside the Black Box: What Constitutes a Day in a Residential Treatment Centre? *Journal of Social Welfare*, 14, 176-183.

- McAdams, C. (1999). A Conceptual Framework for Understanding Client Violence. *Child and Youth Care Forum* , 28 (5), 307-338.
- McAdams, C. (2002). Trends in the Occurrence of Reactive and Proactive Aggression Among Children and Adolescents: Implications for Preparation and Practice in Child and Youth Care. *Child and Youth Care Forum* , 31 (2), 89-109.
- Miskimins, R. (1990). A Theoretical Model for the Practice of Residential Treatment. *Adolescence*, Winter; 25(100), 867-890.
- Moses, T. (2000). Why People Choose to be Residential Child Care Workers, *Child & Youth Care Forum*, 29(2), 113-126.
- Myeroff, R., Mertlich, G., & Gross, J. (1999). Comparative Effectiveness of Holding Therapy with Aggressive Children. *Child Psychiatry and Human Development*, 29(4), 303-313.
- Neuman, W. L. (2006). *Social research methods: Qualitative and quantitative approaches* (6th ed.). Boston: Pearson Education Inc.
- Nunno, M. H., Holden, M. & Leidy, B. (2003). Evaluating and Monitoring the Impact of a Crisis Intervention System on a Residential Child Care Facility. *Children and Youth Services Review*. 25 (4), 295-315.
- Nunno, M. H., Holden, M. & Tollar, A. (2006). Learning from Tragedy: A Survey of Child and Adolescent Restraint Fatalities. *Child Abuse & Neglect* , 30, 1333-1342.
- Pazaratz, D. (2000), Training Youth Workers in Residential Treatment, *Residential Treatment for Child and Youth*, 18(1), 44.
- Pepler, D., Craig, W., Connolly, J. & Yuile, A. (2006). A Developmental Perspective on Bullying, *Aggressive Behaviour*, 32(4), 376-384.
- Phelan, J. (2006). Child and Youth Care Education: The Creation of Articulate Practitioners. *Child and Youth Care Forum* , 34 (5), 347-355.
- Queens University. Retrieved on February 12, 2008 from <http://www.queensu.ca/security/nonviolent.html>
- Punch, K. (2000). *Developing effective research proposals*. London: Sage Publications.
- Safeguards-Training. Retrieved on June 2, 2008 from <http://safeguards-training.net/Courses/Detail.aspx?id=10>
- Shostack, A. L. (1997). *Group homes for teenagers: A practical guide*. Washington, DC: Child Welfare League of America.

- Sourander, A., Ellila, H., Valimaki, M., & Piha, J. (2002). Use of Holding, Restraints, Seclusion and Time-out in Child and Adolescent Psychiatric In-patient Treatment. *European Child and Adolescent Psychiatry*, 11(4), 162-167.
- Snow, K. (1994). "Aggression: Just Part of the Job?" The Psychological Impact of Aggression on Child and Youth Workers. *Journal of Child and Youth Care*, 9 (4), 11-30.
- Snow, K., & Finlay, J. (1998). Voices from within: Youth speak out. *Toronto: Office of the Child and Family Service Advocacy*. Queen's Printer for Ontario.
- Stock, B. (1988). One Child Care Worker's Approach to Resistance in Adolescents. *Journal of Child and Youth Care*, 3 (4), 37-43.
- Stuart C., & Sanders, L. (2008). Child and Youth Care Practitioners Contributions to Evidence-based Practice in Group Care. Toronto: Ryerson University
- Titus, R. (1989). Therapeutic Crisis Intervention Training at Kinark Child and Family Services: Assessing it's Impact. *Journal of Child and Youth Care*, 4 (3), 61-70.
- Ulrich, C. (2005). A Crisis-Prevention Program for Residential Child Care, *Human Ecology*, 32(2). 13.
- Waterhouse, R. (2000) Lost in care: Report on the tribunal of inquiry into the abuse of children in care in the former county council areas of Gwynedd and Clwyd since 1974. London: Stationery Office.
- Watson, D. (2004). Let's Face It!: Young People Tell Us How It Is. *Scottish Journal of Residential Care*, 3(1), 47-59.
- Wong, S. E. (1999). Treatment of Antisocial Behaviour in Adolescent Inpatients: Behavioural Changes and Client Satisfaction. *Research in Social Work Practice*, 9(1), 25-44.
- Wong, S.E. (2006). Assessment of Behavior Management and Behavioral Interventions in State Child Welfare Facilities, *Residential Treatment of Children & Youth*, 23(3-4), 105-117.