The Girls Programs Inquiry Project
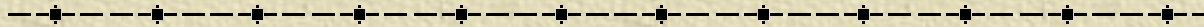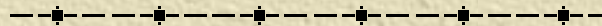
CORE GSPA-II
Findings and Recommendations

Submitted by:

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Project Summary

- GPIP as catalyst (program and system levels)

- Openness of the programs

- Commitment to critical self-analysis; commitment to the girls.

- More to be done, however, foundation will support future efforts.

National Context and Foundational Research

- Female psychological development

- Socialization

- Self-esteem (and self-efficacy*)

- Relationships and connection

- Girls' pathways through systems

- Girls' treatment/service needs

Definition of Gender Responsive (GR) Practices for Girls

…are those that intentionally allow research and knowledge on female socialization and development and girls' risks, strengths and needs to affect and guide ALL aspects of program and system design, processes, and services…

(Benedict, adapted from Maniglia)

The Five CORE Practice Areas

Benedict, 2005

*Physical and Emotional Safety

* Relational
* Strengths-based
* Trauma-informed
* Culturally Competent
* Holistic

*Balancing Support and Limit Setting, Maintaining
Healthy Boundaries, Holding Clients Accountable

Project Background

- September 2005, DCF partnered with CORE Associates to create the DCF Girls Programs Inquiry Project

  - To ensure Department taking essential steps toward GR service delivery for girls.

  - To glean important information about program-level services for girls

  - Information intended to inform programs' and the Department's current and future efforts.

Project Background

- Steppingstone Residential Treatment Program for Girls (NAFI)

- Touchstone Residential Treatment Program for Girls (NAFI)

- Journey House Residential Treatment Center for Girls (Natchaug Hospital)

Project Methodology

- Formal assessments conducted
- ©CORE Gender-specific Programming Assessment – Version II, Brief
- Instrument and process specially designed to evaluate a program/service's adherence to a GR philosophy and accompanying practices at all levels of care.
- Team format
- Relationship building with programs before, during, after
- Support
- Phase approach – exploration at three time intervals

The ©CORE GSPA-II

Eight CORE Program Components:

✱ Philosophy

✱ Facility/Environment of Care

✱ Management and Staffing

✱ Program Culture

✱ Behavior Motivation

✱ Treatment/Service/Case Planning

✱ Programming and Services
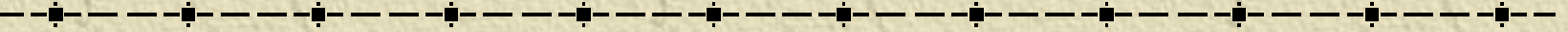
✱ Total Quality Improvement (TQI)

(Benedict, 2002)

Phase I - Sept. 2005
Lacking GR at All Levels of Service Delivery

- Struggling to provide girls with true GR services.
- Utilizing traditional models that were not specifically designed for girls.
- Girls reported high levels of frustration and disempowerment.
  - Little time to focus on developing their strengths and overcoming their challenges.
- Staff reported frustrations and lacked an awareness of how girls were experiencing services.
- Culture at each program fraught with relational aggression and girls reported feeling emotionally unsafe.
- Each program using ineffective behavior "management" system; contributing to girls not feeling safe.
- Staff had high levels of inconsistency in approaches with girls.

Phase I - Sept. 2005
Lacking GR at All Levels of Service Delivery

- Distribution of a February 2006 comprehensive report.
  - Assessment findings and recommended actions for each of the programs and Department.
  - System recommendations.
  - Function of the report to provide:
    - Blueprint for programs
    - Guide to the Department in efforts to support programs and hold them accountable to a defined standard of care for girls.
  - Programs highly receptive to recommendations in report.
  - Each began to develop implementation work plans to guide enhancement processes.

Phase II - Nov. 2006
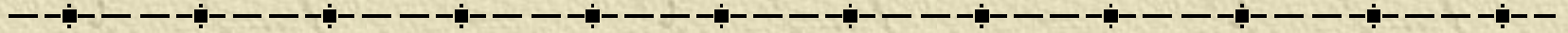## Intentional Efforts to Enhance GR

* Designed to be Implementation Review.
* Targeted data collection at second time interval.
* Purpose to evaluate programs' progress since Phase I report.
* Team approach not used.
* Three out of eight CORE GSPA-II Components targeted (Philosophy, Program Culture and Behavior Motivation).
* Programs still struggling (girls and staff reported similar levels of dissatisfaction) BUT **important improvements underway.**
* Distribution of January 2007 report of findings and recommended actions.
  * Function of report to provide programs and Department with feedback and guidance as enhancements continue.

Phase III: June 2007
Intentional Efforts to Enhance GR

* Same approach and methods utilized in Phase I.

* Designed to delineate programs' main strengths and challenges in eight areas of the CORE GSPA-II.

* Highlight areas of progress since the Phase I Assessment Report and areas that need further attention.

* Findings - all thee programs have made important improvements, most notably in the areas of Philosophy, Program Culture and Behavior Motivation.

* Improvements having a positive impact on girls **and** staff.

Phase III

* Implementation of GR is helping programs to become more efficient overall.*

* Important work to be done, especially in the areas of behavior motivation and clinical service delivery.

* Implementation efforts up to this point have been essential prerequisites to more sophisticated GR services and approaches implementation.

* Examples

Accomplishments:
Natchaug Hosp. Journey House

* Enhanced philosophy.
* Staff more united re: practices required to maintain safety and stability (punitive orientation noted in Phase I significantly reduced)
* Increasingly distinct, GR identity relative to the larger hospital.
* Physical safety enhanced; restraints and seclusions reduced significantly.
* Management and clinical teams stable and cohesive.
* Enhanced school program.
* Organizational and programmatic commitment to GR.
* Behavior "management" system is being reworked into a behavior "motivation" system according to recommendations from Phase I.
* Girls experience services in smaller subgroups.
* Implementation of milieu groups to motivate girls; goal to create atmosphere of safety and voice.

Opportunities:
Natchaug Hosp. Journey House

* Enhance quality assurance processes.
* Ensure essential linkages with the program philosophy and expected GR practices.
* Improve understanding of, prevention of and responses to relational aggression.
* Reduce staff inconsistency.
* Enhance the structure of milieu; facilitate milieu groups using GR methods.
* Increase opportunities for girls to learn and practice "interdependent" living skills.
* Create a structured program schedule that reduces unnecessary idle time and allows girls opportunities to engage in fun and growth fostering activities.
* Enhance cultural competence.

Accomplishments:
NAFI Touchstone

* Normative approach training materials and lesson plan have been reshaped and rewritten to be more GR.

* NAFI in the process of redesigning the behavior "management" system into a GR behavior "motivation" approach that incorporates the recommendations from the Phase I Assessment Report.

* Academic services more gender responsive; staff received specialized training to work effectively with teachers and girls in the classroom.

* Girls experience services in smaller subgroups.

* New space has been created, affording staff and girls movement and diverse areas within which they can engage in a variety of concurrent activities.
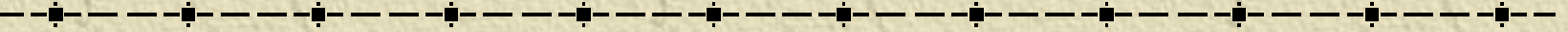
* Girls report improved relationships with staff.

Opportunities:
NAFI Touchstone

- Enhance program culture according to GR; continue efforts to ensure the enhanced normative approach is translated into practice.

- Provide staff with training and support regarding effective facilitation of groups with girls.

- Continue work to eliminate overuse of program jargon.

- Continue efforts to provide staff with new, GR skills to motivate and encourage girls and deal with girls' resistance, girls' acts of relational aggression, etc.

- Enhance clinical component according to fundamental clinical practice and GR.

- Enhance quality assurance processes; ensure essential linkages with program philosophy and expected GR practices.

- Enhance cultural competence.

Accomplishments:
NAFI Steppingstone

* The normative approach training materials and lesson plan have been reshaped and rewritten to be more GR.

* NAFI is in the process of redesigning the behavior "management" system into a GR behavior "motivation" approach that incorporates the recommendations from the Phase I Assessment Report.

* Academic services are more GR; staff receive specialized training to work effectively with teachers and girls in the classroom.

* Girls experience services in smaller subgroups.

* The community meeting process has improved significantly.

Opportunities:
NAFI Steppingstone

- Enhance program culture according to GR; continue efforts to ensure enhanced normative approach is translated into practice.
- Clarify Steppingstone's role in larger system of care for girls.
- Enhance staff consistency regarding work with girls and application of GR interventions; improve management "on the floor" presence and staff supervision and support accordingly.
- Enhance clinical services according to GR principles; clarify group offerings; implement groups specifically devoted to trauma recovery.
- Reduce unnecessary practices that create an institutional feel and do not enhance the safety of the program (e.g., unnecessary radio use).
- Enhance quality assurance processes; ensure essential linkages with the program philosophy and expected GR practices.
- Enhance cultural competence.

Summary of Strengths and Opportunities

Strengths

- Participation
- Commitment
- Creativity
- Philosophy
- Culture
- Behavior Motivation

Opportunities

- Complete
- Remaining Components
- Clinical redesign
- Fundamental programming and basic GR
- "Intentionality"

Survey Data:
Phases I, II and III

Composite	Sub-scale Averages	Phase I Sept. 2005	Phase II Nov. 2006	Phase III June 2007	Proportional Change 1 to 3
	Physical Safety	3.4	3.9	4.0	15%
	Emotional Safety	2.7	2.7	2.8	5%
	Learning	2.4	2.7	3.2	37%
	Voice	2.4	2.9	3.4	39%
	Behavior Management	1.8	2.3	2.8	52%
	Culture	2.7	2.8	3.2	19%
	Staff	2.4	2.6	3.4	39%
	Programming	2.7	1.5	2.6	-6%

Conclusion

* Each of the three programs has made a tremendous amount of progress since Phase I of this project.

* Recommended that all programs continue to maximize any opportunity to allow voices and experiences of girls and staff to guide ongoing efforts to implement GR and explore effectiveness of new approaches.

* Measure and address persistence of challenges noted in all three reports and establish concrete mechanisms that will allow staff and girls to "flag" for problems and inconsistencies.

Conclusion

* Implementation and/or enhancement of fundamental programming elements and basic GR.

* Areas naturally emphasized as part of brief assessment process and as part of a cumulative process of GR program development (more sophisticated implementation of GR in all areas is more achievable when fundamentals are in place).

* Exploring programs for GR inevitably reveals strengths and challenges regarding fundamental programs areas (e.g., staff communication, staff cohesion and consistency, structure of the milieu and program schedule).

* While the GPIP has necessarily focused on such fundamentals as well as basic exploration of GR all programs is encouraged to continue to explore opportunities for a sophisticated, high level of intentional GR implementation within each CORE GSPA-II component.

Conclusion

* Embark on intentional and comprehensive effort to enhance clinical component - philosophy and practice.

    * Explore GR clinical services as defined by the Five CORE Practice Areas

    * Identify traditional and nontraditional vehicles for treatment (e.g., the program culture and processes as vehicles for treatment, informal staff and peer interactions and activities as vehicles for treatment).

    * Allow girls to guide enhancements to the clinical component and continue to challenge staff at all levels to adopt a language and approach that emphasizes empowerment, survival and recovery and rebuilding processes that are essential for girls.

Conclusion

* DCF, NAFI and Natchaug continue to attend to findings and recommendations in the Phase I, II and III reports.

* Ensure new models considered in context of research (e.g., cognitive behavior models, balanced and restorative justice models, positive peer culture models, trauma models).

* Department:

  * Continue efforts to clarify specific role of each girls program in larger system of care (accounting for levels of secure and non secure beds that may be needed, etc.).

  * Consider cross bureau training in GR and accompanying planning for GR at all levels of the Department (see the Girls Plan)

  * Take specific steps to define and enhance GR clinical practice.

Questions

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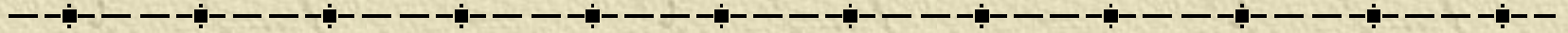
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Pioneering Practices

- National Efforts
- Local Efforts

Context

- Definition of GR

- Foundational Research and Pioneering Practices

- Evidence Based Practice and GR Practice

- The Emerging Evidence Base for GR Practice

- GR and Clinical Practice

- GR at the Individual and Milieu Levels

- Interrelated Processes: Documentation, Practice, Actual Experiences

- Note on Brief Assessment

GR makes programs better

Tying philosophy to TQI