



<<< Res Series Intro >>>

This episode is part of the “Residential Treatment Issues” series. This series focuses on various topics that are part of the treatment challenge of being a professional residential counselor, or other type of helping professional, working with kids who require special education and treatment services.

I’ve mentioned before that residential treatment is a team sport. Teamwork is absolutely essential to being able to provide a group of troubled kids with a transformational experience.

Teamwork is not only a key factor for the staff but is also a key factor for the group of kids living in a residential treatment unit. Residential treatment is a group-living experience, and the quality of that experience is going to largely depend on whether or not the staff can form a bunch of kids, all of whom are struggling with incredible life-challenges, into a real team that supports one another.

Over the years, when I’ve discussed with kids, of all ages, what they most value about their residential treatment experience there’s one answer that I hear over and over again. Now, I have friends.

Now, I have friends. What a powerful statement! If you’ve been fortunate, as I’ve been in my life, when you were a kid, you had at least one and probably a handful of kids who you thought of as being your friends. Imagine for a second having no friends. That’s the reality for far too many kids in residential treatment. It creates a desperate longing, a desperate sadness, and immerses you in one of the most primal fears of all human beings – being alone in the face of all the world’s challenges.

Add to that being removed from a family environment and sent to a residential treatment program away from all familiar adults. That’s the overwhelming reality that faces all kids entering residential treatment.

On top of that, these tend to be kids who don’t easily make friends. Many don’t have very good social skills. Many are emotionally and behaviorally unstable. Many are dealing with mental illness in themselves, or in their families. These kids are not thriving; some are barely hanging on. Some will be okay at initially making friends, but don’t act in ways that keeps friends.

So, a huge part of respectful and caring treatment has to be helping these kids make and keep friends.

Add to that dynamic, that these kids actually have a tremendous amount to offer to one another. Once kids have received some training in how to give effective feedback to one another, they can have a deeper positive impact than many adult staff. It is incredibly powerful to receive supportive and useful feedback or advice from a peer. It has an impact that is different than an adult staff person saying the exact same thing.



So, effective residential treatment very much involves taking a group of troubled kids and turning them into a team that plays together, that has fun together, that sometimes gets sad together, that cheers for one another, and that celebrates one another's achievements.

A lot of that work is done in the context of groups. There're different kinds of groups in residential treatment. Some groups are recreational in nature. These can be broken down into recreation that involves a team activity and recreation that involves parallel play activities (such as many games, watching a movie together, or to some extent even things like eating a meal together).

Other groups are more classically group therapy. These sessions are typically facilitated by a professional therapist, but it is common for residential staff to participate in these groups. Group therapy might have a general theme of social skills building; however, many group therapies will be designed around a particular treatment theme.

For example, there might be a group that is specifically focused on sexual abuse. There might be a drug and alcohol themed group. There might be a group specifically for adopted kids. There might be a narrative therapy group in which kids are supported in telling their life-story. There might be a character-building theme or really scores of different topics customized to the needs of kids of different ages and development.

There will also be groups that are akin to family meetings. These are meetings of the kids that are living together, and the staff team, designed to help them be successful in a congregate-living situation. Different programs use different terms, but I'm going to refer to these sorts of groups as House Meetings. They involve all the kids living in a specific treatment unit and the staff that will be working with them that shift.

These House Meeting groups might be led by a variety of staff. It might be a program director, a unit director, a shift supervisor, a clinician, or really any staff who facilitates these meetings. There're a lot of different topics that might be covered in a House Meeting.

Many times, House Meetings are used toward the beginning of a shift to orient the kids to the plan for the evening or for the day. These meetings might cover things like the activity plan for the shift, who's doing what chores, who's turn it is to do laundry, and all sorts of logistics involved in the next several hours.

A lot of the time these meetings will include check-in's, with each kid, where they're asked to say something about their school day or about their hopes for the rest of the shift. Sometimes these meetings are intended to help resolve conflicts among kids who are living together. And, if your program uses something like the Group Explanation structure that I've referenced in other podcasts, then these meetings might include kids receiving feedback on the impact of their problem behaviors on their peers.

Despite all this group work that occurs in residential treatment, it's been my experience that direct care staff typically get very little instruction or training in their role in these various meetings. When training in groups does occur, it's usually focused on how to facilitate groups,



rather than how to function in a role other than being the primary facilitator. The result is that, all too often, staff are relatively silent or passive in group meetings.

So, let's take a look at how residential counselors can be effective, and even essential, members of various types of group meetings.

I've facilitated thousands of House Meetings. The first challenge is getting a bunch of kids to sit in a circle. That sounds simple, but for many groups it really isn't easy. It is common for there to be some kids who want to position themselves outside of the circle, there'll be some kids who can't sit still, others who can't sit next to a particular peer without instigating and being disruptive, and others who seem more interested in getting negative attention and being disruptive than in being a productive member of the group. There may also be a need to rearrange furniture to facilitate all the kids and staff being able to sit in a circle.

I've run groups that aren't quite a coherent circle and it's like trying to climb a rope with one hand behind your back. So usually the first task associated with a House Meeting, and most other groups, is arranging things so that everyone is in a circle. As the facilitator I can certainly rearrange furniture myself and direct other people to do so, but it's really helpful for other staff to take the initiative to get the circle formed.

It's very difficult to facilitate a group discussion, even if it's just making some announcements, and also have to set limits on individual kids. This is a major area in which Residential Counselors can make an essential contribution.

There may be some kids who simply need an adult to be the guardrails. These kids need an occasional word to stay focused, or on track, or to stop doing something that is distracting to others. Sometimes just sitting next to an adult is enough to stabilize the behavior of some kids. So, having staff who aren't the main facilitator serve as guardrails is a super helpful role.

Sometimes keying on a particular kid goes beyond serving as a type of guardrails and is a more actively supportive role. For example, I've had kids on the proverbial hot seat doing a group explanation. These kids have to publicly take responsibility for some earlier behavior problems and receive feedback from their peers and staff team.

For some kids having an assigned staff to help them through that process is really helpful. A lot of times that will be the staff person who processed the incident with the client. Typically, in a group explanation meeting, that client has some sort of processing form that guides them through the explanation. However, some kids find it very difficult to speak under that sort of pressure and a staff person can help get them started with some guiding questions.

A classic group explanation might start out with a staff person asking the client on the hot seat to state what behaviors they need to explain. The idea is to get a simple statement of owning those behaviors without blaming others, making excuses, or a lot of emotionality. There's no therapeutic value in shame and the idea is to help kids talk about their behaviors in a way that reinforces the understanding that people are not their behaviors. Those behaviors are something



that happened, something for which they need to take responsibility, but do not define who they are.

However, some kids, depending on their developmental age, can go further and can share what feelings or thoughts were behind the problem behaviors. If the client is capable of identifying those connections, that should have been done in individual processing and the idea in the group explanation is to share that insight. This is a higher level of taking responsibility, not only for the problem behaviors, but also for the feelings and thoughts that drove those behaviors.

The next step is to talk about how they think that their behaviors impacted other people in their living group. Sometimes kids will be very accurate in this, and that presents an opportunity for a staff person to publicly praise them for their understanding. It can be very difficult to be on the hot seat in group, and it's very powerful for a kid to receive praise in that context. It shows that a negative event can be turned into a positive; or at least have a positive element to it. It reinforces the notion of learning from one's mistakes, rather than simply feeling bad about them.

That's an important distinction between an explanation and an apology. Apologies are an important social skill, and a simple "sorry" for accidents like bumping into someone helps avoid a lot of unnecessary conflicts. However, for more complex problem-behaviors, like having a tantrum as a teenager, an explanation is way more reparative than an apology. The problem with apologies is that they often times simply indicate that a kid feels bad about something they did. It's an expression of how they feel, rather than taking responsibility for how they impacted other people.

Sometimes kids will identify that they ruined other kids' activities or scared others and kids in the group might dispute that and say that they weren't really affected. That presents a role for a staff person to do some reframing. The idea is to make this a learning experience. That might involve pointing out that the group is being very generous and hopefully the kid in the hot seat can appreciate that. It might involve restating how the kid in the hot seat's behaviors impacted others in a less dramatic fashion. Or it might be explaining how the problem-behaviors impacted staff members rather than how it impacted peers. The idea is that kids should be accountable for their problem behaviors to their living group and to their staff team.

One size doesn't fit all, and it may be that a group explanation wraps up at this point. However, for kids who are developmentally more sophisticated, after discussing how the problem behaviors impacted the living group, the next step is to discuss what the client in hot seat will try to do differently next time a similar situation arises.

There may also be some specific relationship repair or restitution that is to be performed, and that can also be part of the group explanation. Ideally, all of this is combined with the kids in the group giving construction feedback to child or youth giving the explanation. That doesn't just happen and it's an important role for staff, other than the main facilitator, to model how to give feedback, to praise other kids giving feedback in a helpful way, and sometimes to reframe how a kid gives feedback so that it is constructive.



It's not uncommon that some kids need to leave any group meeting. They're so disruptive to the group process that it takes away any benefit of the group from the other kids. So another role for a staff person who is not the main facilitator is to direct some kids to leave the group, typically going with them to try and get the kid centered enough to rejoin the group. It's really helpful to have this role established ahead of time. In other words, if I'm facilitating a group meeting, I'll talk to one or two staff before the group starts and identify that I want them to take point on handling any kids who should be directed to leave the group.

Typically, the goal is to get the kid centered enough to rejoin the group as quickly as possible. However, realistically that's not always going to happen, and it may be that the staff person who leaves with the disruptive kid has to continue to work individually with that client.

A group explanation or a full House Meeting might take five to twenty minutes. However, some extremely brief groups can be useful as pattern interrupts or opportunities for pre-teaching. It's a useful skill for all staff to be able to get kids to quickly circle up for a brief announcement, for a team re-set, or simply to reinforce the feeling of teamwork. This team huddle happens all the time in sports and it's really no different in residential treatment. It can interrupt a group of kids starting to go too far with some sort of negativity, it can be a brief celebration of some group achievement, it can be a simple announcement of some change or some upcoming event.

Especially in recreation activities there's some additional, therapeutically very important, roles for staff to take. In terms of the benefits of co-regulation, it's generally best for staff to actively participate in activities with the kids. For some things, like eating meals together, that's physically simple to do. However, there might be some activities that the kids do that a staff person just can't keep up with. For example, there might be a group of teenagers playing basketball at a level that is just beyond the abilities of some staff people. So, how do you become part of the game-play, how do you co-regulate, rather than simply being an observer? You want the kids to experience you as part of their play, not as some sort of prison guard.

One role is to be a cheerleader. To actively yell and applaud and admire the kids' abilities is a great way to become part of the play.

Another role is to be the referee. Many games, especially any fast-moving activities, will greatly benefit from active refereeing. Even more than most kids, clients in residential treatment might need adult intervention to prevent conflicts that ruin game play.

Another role is to be a coach. This is a bit of a combination of cheerleader, referee, and teacher. This role requires that you have some knowledge of the game or activity, but don't just think about team sports. You can be an effective coach in how to play checkers, how to build with Legos, how to play Dungeons & Dragons, or for all sorts of activities such as cooking or cleaning. Some of these activities might be more individual than group, but how you set that up depends on the development of your clients.

Yet another role, one of my personal favorites, is to be the play-by-play announcer. That's where you narrate the game. "Jonny passes the ball to Tim, Tim fakes a pass and takes the shot, rebound, Eric on the fast break, scores!" It's a type of cheerleading, in terms of the enthusiasm,



and I'll often times combine that role with refereeing and coaching. The point is that it makes me an active part of the game play. Done well, it makes it more fun for the kids.

I like to teach residential staff a concept known as therapeutic error. If you've ever played basketball with toddlers than you likely have instinctively used therapeutic error. That's where you let the kid steal the ball from you, you allow them to take their time and get a shot at the basketball, or you purposefully miss your own shot. People instinctively understand that it'd be pretty weird for an adult to simply physically dominate a toddler in playing together.

However, when those kids are adult-sized teenagers it can become a bit foggier. I've seen many staff, admittedly most often highly athletic men in their twenties, who play full out against the kids. If the kids are close to the adults' abilities then that's fine. However, a lot of the time that's simply not going to be the case. Many kids in residential treatment haven't had the opportunity to fully develop their athletic skills, or they may have low muscle tone, or struggle with motor planning, or simply lack confidence. In those cases, the athletic staff person should be utilizing therapeutic error, the same way they instinctively would if they were playing against a young kid.

I worked in one program where we would sometimes remind some staff about "TE". For the kids "TE" stood for "team effort", but for the staff there was an understanding that "TE" was a reminder to use "therapeutic error."

Unless the game playing abilities of the kids are close to those of the adult staff, the staff have to be playing a different game than the kids. What I mean by that is that the kids might be playing soccer with an intention to score as many goals as possible while preventing the staff from scoring. However, the staff people are playing a different game. Their game is to see how much they can build up the confidence of the kids, how much they can facilitate the kids having a fun experience, and how much they can help the kids develop, physically and socially.

As I mentioned earlier, some groups are going to be group therapy sessions, led by a clinician. Certainly, different clinicians might have different roles in mind for residential staff, and the most important thing is to discuss that together. However, I can certainly share what I look for from staff in group therapy.

In many ways it's similar to a House Meeting, but probably even more helpful to have someone else being the main limit setter, so that I, as the clinician, can be a more effective facilitator. Where the role becomes a bit different is in terms of self-disclosure. I have facilitated drug and alcohol treatment sessions in which staff participants were trained in self-disclosure. Sharing their stories of addiction and recovery were very powerful. However, unless you've been trained in the therapeutic use of self-disclosure, in general I discourage staff from doing that.

I know I've had staff in sexual abuse themed groups who themselves are survivors of abuse. I speak with staff ahead of time and give them a choice about participating in these sorts of theme group therapies. The group is not for them to process their own issues. Some of that may happen, and that's a kind of gravy, but the focus has to be on the child and youth clients.



Perhaps it'd be helpful to talk a little bit about some of the differences between therapy and counseling. As a therapist, my role is sometimes to bring forward a client's pain. That's done by getting into the "why" of their situations and bringing forward aspects of their past that might require some grieving.

As a counselor, the focus is much more on the present. The focus is on how to tolerate psychological pain in a way that it doesn't overwhelm your present and drag down your future. Thus, it looks much more at "how" than "why." How do your emotions impact your present-day behavior choices? How do you cope with pain from your past so that it doesn't overwhelm your present or determine your future.

Rather than helping clients to get in touch with their feelings, it's more likely to focus on how to get some emotional distance from your pain. There's clearly an overlap between therapy and counseling, but I hope I'm giving you the flavor of an important difference.

In a group therapy session, when I'm the facilitating therapist, I look to the counselors in the room to help the clients tolerate the pain that I'm bringing up. Some of that is done through co-regulation. By sitting up, by clearly paying attention, by having relaxed muscles and breathing, counselors help the clients benefit from the group therapy discussions. Some of that is done with praise, with a caring comment, or a simple thumbs up. The counselor's role is to help the clients feel strong enough to allow the therapist to help them get in touch with their grief, without becoming overwhelmed.

Being effective in group therapy is at least as much of an art as it is a science. One thing you'll learn is that there is a very active role for residential staff in all group sessions and meetings. Sometimes that's subtle and might be more about co-regulating and modeling. Other times it will be very obvious and involve setting limits, removing kids from group, and helping kids to tolerate difficult groups. It's a new role for a lot of staff and you'll get better at it with experience and with feedback.