A Training Manual to Teach Rules and Routines to Placement Students Working in a Treatment Group Home for Adolescents

By
Rebecca Newman

A thesis submitted to the School of Community Services in partial fulfillment of the requirements for the degree of Bachelor of Applied Arts in Behavioural Psychology
St. Lawrence College
Kingston, Ontario
Canada.
April, 2012

The procedures in this student training manual are meant to be used by placement under the supervision of agency staff.
Dedication

To Dad

*I thank you for all the support and love*
Abstract

Throughout the country there are many group homes serving children and youth with a variety of behavioural problems. In these group homes trained social service workers are hired to help each client meet his or her treatment needs in the most effective possible way. To enable this, new staff members must learn the routines of the house in order to provide consistency. For the group home in this study each year one to four placement students are accepted as part of the team. Full-time staff members train each student individually by example and answering questions. Frequently students are assumed to know how and when to do different tasks with minimal training because full-time staff members have responsibilities which have priority over teaching placement students new rules and routines.

To assist this transition to go smoothly in the first couple weeks of placement the student a manual was created to inform the student of the house structure and care of residents and to provide information about the setting. The manual was created by collecting information from full-time staff members, residents and literature. It is to be used as a tool for teaching the new placement students but full-time staff provides supervision and will be available to answer any questions. It is recommended that the manual be tested in the future to determine if it is effective in decreasing the stress levels of placement students, full-time staff members and to determine if placement students were able to build therapeutic rapport with residents quickly and efficiently.
Acknowledgments

I would like to thank my supervisor, Elizabeth de Grace, for being patient and supportive while completing this thesis. Also, I would like to thank Gary Bernfeld for being a second reader and providing additional guidance in the completion of this thesis.

I would also like to thank my Father, Step Mother and Aunt for giving me the encouragement to obtain my dreams and never give up. I could not have done this without each of you and I thank you very much.
# TABLE OF CONTENTS

DEDICATION .............................................................................................................ii  
ABSTRACT ...............................................................................................................iii  
ACKNOWLEDGEMENTS .........................................................................................iv  
TABLE OF CONTENTS ............................................................................................v  

CHAPTER

I. INTRODUCTION ..................................................................................................1  

II. LITERATURE REVIEW .......................................................................................3  
Manual and Video Training ...............................................................................3  
Residential Treatment .........................................................................................4  
The Importance of Religion ...............................................................................5  
   Jewish Religion ................................................................................................5  
Summary ...............................................................................................................7  

III. METHOD ...........................................................................................................9  
Participants ..........................................................................................................9  
Design ..................................................................................................................9  
Supporting Information ......................................................................................9  
Procedures ..........................................................................................................10  
Confidentiality and Informed Consent ..............................................................11  
Evaluation ...........................................................................................................11  

IV. RESULTS ........................................................................................................12  

V. DISCUSSION ....................................................................................................13  
Thesis Summary ..................................................................................................13  
Strengths .............................................................................................................13  
Limitations ..........................................................................................................14  
Multilevel Challenges ........................................................................................15  
   Client Level ......................................................................................................15  
   Program Level ................................................................................................15  
   Organizational Level ......................................................................................15  
   Societal Level ................................................................................................15  
Implications for the Behavioural Psychology Field ...........................................15  
Recommendations for Further Research ............................................................16  

REFERENCES ......................................................................................................17  

APPENDICES ......................................................................................................
Appendix A: Training Manual .............................................................................19
Chapter I: Introduction

Residential treatment centres are available to help treat children and adolescents with emotional and behavioural problems (Foltz, 2004). To help provide treatment for the residents, staff members hired must be trained to help provide support and guidance for these children. In addition to staff members, placement students may be provided to opportunity to work in the group home. To help placement students transition from school information to work place experience it may be beneficial for them to read a manual beforehand. However, there is minimal literature on the effectiveness of manual training but Moras, 1993, provides support that manuals are effective in training psychotherapists but provides additional recommendations.

The agency focused on in this study is a group home for children and youth who have a Jewish religious background. Residents may have been placed in the group home by Jewish Child and Family Services or the caregiver of the child (parents or guardian). This particular group home has both male and female children and youth ranging from 13 to 17 years old. The purpose of the group home is to be able to place the child back into his or her family home without the child exhibiting behavioural problems. The agency identifies that the problem behaviour may be a direct result from the family environment; therefore, the agency provides treatment for the family while the child is in the group home. The overall mission of the agency is to have the child and family living together in a socially acceptable manner. To fulfill the agency’s mission it provides safe and supportive treatment for the child and his or her family while mediating the problems that arise in family situations.

The children placed in this treatment group home exhibited behavioural problems which had not been responsive to out-patient services. Typically, one finds severe behaviours problems in group homes, as residential treatment settings are often needed for those clients to receive optimal treatment (Preyde, et al., 2011). Serious behaviours that are mainly present in a group home are self-injurious such as purging, cutting, hitting or biting and aggressive behaviours, such as aggression towards authority figures or peers, may also be present. (Houston, et al., 2010) This aggression may result in objects being broken or physical contact between the aggressive child and another person. In the group home being studied each of these behaviours may be present in one or more resident.

To help the child change or modify his or her behaviour, qualified staff who have obtained a degree or diploma in the human service field are hired to assist in the child’s treatment progress. The staff members provide a safe and stable environment for each child, as well as providing guidance, structures and routines to support the child’s treatment success. For the staff members to be successful in each of these areas, they need to understand the dynamics of the house. This means being able to adapt to clients’ changing personal needs and to not be morally judgmental.

In today’s society people of many ethnic backgrounds, religions and cultures live together in communities. Both staff members and clients may have different views on each of these their different views need to be respected. Staff members must not allow previous information about the client to affect his or hers opinion about the client. A therapeutic approach requires that all residents valued and accepted regardless of their behaviour and/or background. Moreover, keeping information confidential is a critical part of working in a group home as well.
At the time this thesis was written, the group home did not have specific guidelines for training new employees or placement students. Employees and students learn the routines by watching other staff members and asking questions. For busy staff members who are attending to their daily responsibilities it can be difficult to explain routines of the house to new staff members. The clients of the group home are of the Jewish faith and understanding the Jewish beliefs and practices is central to understanding the home’s routines. For an individual not associated that faith, the Jewish religion requires some study.

The intent of this thesis is to develop a manual to assist in the training of new placement students. While it may be helpful in training new full-time staff, it is not sufficient as they have additional responsibilities not required of placement students. Clients and staff members of the group home attend a summer camp. The manual is intended to cover only the period from September through June while the clients are living in the house. It is not intended to train placement students for summer camp. It is hypothesized that the entry of new placement students who review the manual will experience less stress as well as full-time staff members. It is also hypothesized that the organizational and the relationship strategies included in the manual will help new placement students to build rapport with clients more quickly and effectively.

The manual will include the following sections: treatment philosophy, Policy and Procedures, admission, Jewish religion and cultural practices, morning and afternoon routines, shift changes, office routines, house organization (e.g. utensils and dishes), daily schedules, monthly schedules, programming of activities, organizational skills, relationship building tips, communication tips and relaxation tips. Because this manual is intended for placement students only, it could not be formally evaluated as placement students start in September. However, the manual has been left with the agency to use, and possibly evaluate in the coming years.

The first part of this thesis provides an overview of the literature that supports the effectiveness of using training manuals and/or e-learning, the effectiveness of group homes for treating behavioural problems and the role of religion in treatment. The second part of the thesis describes the method used to develop the manual. The thesis contains a result section in which the manual will be discussed. A discussion of the thesis will review the strengths and limitations as well as its impacts on the field of behavioural psychology and recommendations for further research recommendations for the manual. The manual will be included in an appendix.
Chapter II: Literature Review

Manual and Video Training:

The research literature has not specifically discussed the effectiveness of training manuals for orienting placement students or full-time staff in group homes, but it has shown that training manuals can be an effective format for teaching complex interpersonal skills. For example Milene, (2009), conducted a study in which clinical psychologists were clinical supervisors. Learning how to be an effective supervisor is not necessarily part of a psychologist’s training. The author used the Evidence-Based Clinical Supervision manual for this study. One group read only the manual and a second group read the manual and attended consulting classes as well. Overall, Milene, (2009), discovered the manual to be helpful for both groups. The second group, however, found that the consulting classes were more helpful then the manual alone. Nevertheless the manual itself was effective in teaching clinical psychologists how to be effective clinical supervisor.

Literature also shows that manuals can be effective in parent training. Kratochwill, Elliott, Loitz, Sladeczek, & Carlson, (2003), conducted a study in which parents and teachers read a manual, and then watched videos to understand parenting training techniques. This study was broken down into two phases. Phase one was conducted over a 2 year period in which parents and teachers read a manual and implemented strategies to decrease a child’s problem behaviour. Therapists were available for questions after the manual was read but the manual was considered self-administered. The second phase of the study was 3 years long and consisted of the parents and teachers watching video tapes and implementing the techniques learned. During each phase there was a control group in which the parents and teachers did not learn any new techniques and continued using strategies that were previously learned. At the end of the study, the findings were that the training manual was more effective in decreasing problem behaviours, but before the behaviours decreased, they worsened. The behaviours may have worsened due to participants trying to implement techniques without using the proper form. This was more evident in the manual group compared to the video group. However, the participants in the video group found it was effective in teaching the techniques, but as effective as the manual.

In the Kratochwill et al., (2003), study the researchers believed that the video tape group would be more successful than the training manual group. However, the data indicated that the manual group was more successful. A possible limitation of the study is that it did not account for the learning styles of the participants, for example the parents and teachers in the study may not have been visual learners. The techniques in the video may not have been as clearly outlined as in the manual. Further research would need to be collected to fully determine which method is more effective and why.

In a large multi-site feasibility trial (Research Units on Pediatric Psychopharmacology Autism Network, 2007), researchers conducted a similar type of experiment with single parents of children diagnosed with pervasive developmental disorders. The parents read a manual which provided information on how to correct inappropriate behaviours. At the end of the study the parents reported feeling confident in being able to handle problem behaviours. They also felt that in the future, if new behaviours were to be exhibited, the skills that were learned could be used to correct those behaviours. Not only were self-report data collected but also data on each child’s problem behaviour. This data was collected from the parents participating in the study. Overall
there was a decrease in each child’s problem behaviour and participants felt the manual was an effective form of treatment.

Overall, the literature has indicated that using training manuals can be effective as a method of teaching new skills in many areas of life, whether the trainee is learning to become a more effective supervisor or a parent helping to change his or hers child’s behaviour. However, there are some limitations to the use of manuals. First, the user reviewing the manual may not understand the concepts or skills presented. A manual alone cannot provide the user with feedback regarding correct application of the material it is intended to teach.

Research has not addressed the use of manualized staff training and should do so to determine if it would be effective for placement students or new employees.

**Residential Treatment:**

Many problem behaviours are treated in residential treatment settings. These behaviours can include aggression, self-injurious behaviour, attention seeking and many more (Houston, et al., 2010). Children can also be admitted to treatment because of mental health disorders such as anorexia nervosa or bulimia nervosa, attention deficit hyperactivity disorder, obsessive compulsive disorder, anxiety disorder and so. Multiple studies have been conducted on each disorder and many others to determine the effectiveness of residential settings for children with behaviour problems or mental health problems. This research is conducted because it is very expensive to place a child in a residential setting.

For example, Brewerton and Costin (2009) conducted a study to examine the effectiveness of a residential treatment centre for people diagnosed with anorexia nervosa or bulimia nervosa. The study consisted of 231 participants who completed surveys before and after completing at least 30 days of treatment. These surveys were analyzed to determine the outcomes. Being in a treatment was found to be effective for both groups. In addition, the study showed that the longer the time one was in treatment the more effective the outcome. Participants who dropped out of treatment at or before the 3 month period were more likely to experience an elapse of the eating disorder symptoms. If the client was in treatment longer than 3 months he or she was more likely to remain free of the problem behaviours, showing that at least 3 months of treatment are critical to a positive outcome.

Residential treatment centres also provide support for children with emotional and behavioural problems. Nofle et al, (2011) monitored children with emotional and behaviour problems who were voluntarily placed in a residential treatment centre. Some children were diagnosed with mental health disorders as well. The intent of the study was to determine the approximate length of residential treatment needed to correct emotional and problem behaviours. In the study, at approximately 16 weeks, half of the children were discharged from treatment into their parents’ care or to independent living in the community. Although some children had to stay in treatment longer, eventually every child was discharged because appropriate behaviour increased and inappropriate behaviour decreased. Emotional problems also decreased. This may be because the children learned to manage their emotions appropriately.

Residential treatment centres have been shown to improve the functioning of clients with severe behavioural problems such as aggression, obsessions, compulsions, binge eating, purging
and self-harm. Page, Perrin, Tessing, Vorndran, & Edmonds, D., (2007), conducted a study which consisted of males and females aged 5 to 21 years old. Each participant was referred by a social worker, psychiatrist or other social service worker. Each participant had severe behavioural problems. The clients were placed in a stabilization unit at the beginning of the study. This unit was a locked facility to ensure the safety of the clients by not allowing them to enter the community without supervision. This house also had an in closed courtyard. After the client was deemed stabilized, not a threat to his or herself or others, participants entered the group home (open facility) whose goal was to help each client transition into the community effectively. Overall clients were in treatment for an average of 265 days. All of the participants in the study showed decreases in inappropriate behaviours and clients were transferred back into the homes of family, into the community, or transitioned into a group home that was less intrusive. The Page et. al (2007) study shows that living away from the home and having outpatient treatment can be effective.

Bettmann & Jasperson, (2009), examined the literature to determine whether or not residential treatment was effective in decreasing problem behaviours or helping to treat mental disorders. They wanted to determine if placing a child into a residential treatment setting is worthwhile. Bettman & Jasperson, (2009), found that the literature had shown that residential treatment is successful for some and not for others. The most significant finding was a youth who exhibit violent behaviour would be most successful in treatment, followed by a youth who exhibited violent behaviour in the past and then a non-violent youth. The authors did not determine if being placed in a residential treatment setting based on cultural or religious background would be more effective. This is because assignment to most group homes are based on an age group, not a specific background. Overall the authors found it difficult to determine if residential treatment settings were more effective than a home-based treatment. To determine this, more studies need to be conducted.

All studies cited had limitations. Each of these studies also had a small sample size which could have aided in the success of the research. Not one of the studies conducted a long-term follow-up to see if the behaviours occurred again. Conducting long term studies on children who are placed in group homes may help in designing better forms of treatment for behavioural problems. None of the studies look at other limiting factors such as socioeconomic status, cultural or religious backgrounds, etc.. In some children’s lives, the family home is unstable and cannot provide structures and guidelines that a child needs. This may be a contributing factor to the problem behaviour. By placing the child in a group home the guidelines and structures may help to decrease the problem behaviour. The studies did not look at different treatments across settings. This may be the reason why or why not a treatment is effective. Overall, ‘residential treatment’ is too broad a concept, as research shows that behavioural or cognitive behavioural treatments are more effective than non-behavioural approaches (Brewerton & Costin, 2009).

The Importance of Religion:

Because the group home that is the subject of this thesis is for clients of the Jewish faith it is important that staff understand basic information about the Jewish beliefs and practices and the role of faith in treatment. This investigator found that there are limited studies on how religion affects treatment in any type of setting not just group homes. However, many studies have been conducted on religion to show how it may affect a persons’ mental health in positive ways, negative ways and how to treat a client who has a strong religious background
For example, Pargament et al. (2005) wanted to determine if incorporating religion into psychotherapy was beneficial to the client. The authors commented on doctors’ opinions that religion impedes the healing process and counter it with a description of the treatment of a 20 year old girl with depression who grew up in a religious household. The participant felt that she had no connection to God. Seeking help, the participant went to a camp which had a priest, who helped her through her troubled times by explaining God’s reasonings’ and how God may have felt about the situation. Afterward the participant felt that she was reconnected to God and regained hope for her future. Paragmant et al. (2005) were able to conclude that it may be beneficial for religion to be used in psychotherapy treatment.

Although the authors discussed the reason why religion may be the cause of the problem they emphasize that it is important to focus on each person as an individual. Each person’s treatment must meet his or her individual needs. A treatment can be used but it is more effective if tailored to a person’s needs. Adding a religious aspect to a person’s treatment may be of benefit if that person has been religious. However, religion needs to be used cautiously in treatment. People have strong beliefs and using religious practices may upset the client and have a negative impact on treatment. Further research should be conducted on this topic to develop a general consensus about whether adding religion to treatment would work across every religion

**Jewish Religion:**

Because this thesis will develop a manual for placement students in a group home for Jewish residents, it was decided to review the literature on the differences in mental health between Jewish children and non-Jewish children. Pinhas et. al (2008), conducted a study on the prevalence of eating disorders among Jewish and non-Jewish adolescents. The investigators discovered that eating disorders are more prevalent among Jewish adolescents than non-Jewish adolescents. A second purpose of this study was to determine which type of Jewish faith has more of an impact on the eating disorders. The authors did not find any empirical evidence that indicated that a single denomination had any greater association with eating disorders than any other. The authors did not discuss whether eating disorders are more common in the Jewish community because of the Jewish faith itself or because of some other related factor. The results of the study suggest that further research on this topic is needed.

Although studies have not been conducted on whether an eating disorder develops because of Jewish beliefs, Rosmarin et al. (2009) conducted multiple studies on the Jewish denominations and which denomination has the most impact on mental health. Orthodox Hasidic, Yeshiva Orthodox, Modern orthodox, Conservative, Reform and Reconstructionist were the denominations studied. Rosmarin et al. (2009) collected self-report data on each person’s beliefs and how strong was their connection to God. Self-report data were then collected on feelings of anxiety and depression. The results from the data indicated that Jewish people from each Orthodox denomination have a strong belief in God, which correlated with low levels of depression and anxiety. Other denominations with less strongly held beliefs showed slightly higher levels of anxiety and depression, indicating that having a stronger connection to God is advantageous to health. This study looked only at one feature of religious belief. There may be other important aspects of belief that play a part in mental health

The studies conducted by Pinhas et al. (2008) and Rosmarin et al. (2009) are interesting when considered together. Although Pinhas et al. (2008) did not find that being a member of a
particular denomination of Jewish faith predicted an eating disorder. Rosmarin et al. (2009) concluded that being an Orthodox Jew was a protective factor for depressed mood and anxiety.

Being a person of the Jewish faith may have advantages for mental health. As discussed above, Orthodox Jews have lower levels of anxiety and depression. However, religion may also have negative effects on people. Scrupulosity is a form of Obsessive-Compulsive Disorder involving obsessions about religion (Pollard, 2010). Huppert et al. (2007) focused on treating Jewish people with scrupulosity. The authors studied how the religion can be practiced in a mentally healthy way. The participants were taught how to become well-functioning religious individuals. This was done by teaching the client other daily functions that can accompany religious actions such as praying. They taught the client that he or she may leave pray at certain parts of the day and not all day. For example, a person can clean his or her house and then pray after the task is complete. Overall, by teaching the participants to combine everyday functioning (social activities, personal hygiene etc.) with the religious actions, clients were able to function in society in a socially acceptable way.

Witztum, E & Buchbinder, J. T (2001) examined three different cases in which clients were diagnosed with depression or showed anxiety-like symptoms because of religious aspects of their lives; for example one client felt that he could not attend prayer because he had lost his parents, brother and his money. He felt that God was not on his side and that he was not worthy of praying. Orthodox Jews sometimes are unwilling to accept treatment because medication must be Kosher. They may also feel that the therapist is judging them because of their practices. To prevent this from happening, therapists who were modern practicing Jews were treated the clients. These therapists understood the basic concepts of the Jewish religion and could relate to the client more easily throughout treatment. During treatment, the therapist was careful to be accepting of clients about their religion. Because they had limited knowledge of the Orthodox practices, the therapist had to learn which medication was Kosher and how to implement treatment in accordance with religious holidays. The researchers found that clients were less withdrawn because the therapist shared much of the same beliefs. Perhaps the treatment was successful because the therapists shared the same religious background as the client.

However, this study could be interpreted as reflecting the fact that religion was the casual variable in the client showing depression and/or anxiety. Further research should be conducted on mental health disorder that originate from religious practices.

The group home in this thesis does not have staff members that are Jewish. This may have some effect on the treatment for the residents. The social workers are Jewish as they work for Jewish Family and Child Services. Some of the psychologist and therapist are Jewish, but this does not mean every child in the group home gets treatment from them. If the people implementing the treatment were Jewish, it could help the resident complete treatment more quickly and effectively.

Summary:

It is evident the being placed long term in a group home is a difficult process. Being away from family, friends and not growing up in a “normal” environment may be hard for some clients to handle. It may be difficult for clients to understand why they are being placed in a residential treatment setting. These are factors that need to be considered when placing a child in a
residential setting. However, it has been shown that residential treatment is effective for children diagnosed with behavioural or emotional problems. Being in a stable environment with routines and structures, as well as intensive treatment programs, can be beneficial for clients with serious mental health problems.

Implementing a well-designed treatment program that incorporates religious practices may be optimal for Jewish clients.

To provide the structure, routines and optimal treatment in group homes, staff need to be trained effectively and efficiently. Using training manuals has been shown to be an effective in teaching individuals new, complex, jobs, and enhancing their interpersonal skills.

The intent of this thesis was to develop a training manual to be used in a group home that houses a maximum of eight children aged 13 to 18 years old. These children are of Jewish faith and practice this faith in their family home. No staff member currently working at this group home is Jewish and therefore they have to become educated about this religion. To make the learning process faster, a manual was created to explain the processes, routines, rules and religious aspects of the group home and aid staff to build their therapeutic rapport with each client.
Chapter III: Method

Participants

The training manual (Appendix A) created for this thesis is intended to be used as additional resource material by the placement students being trained in a specific group home. These students will be attending college or university. The manual is not intended to be used by new full-time staff, as the procedures for their specific shifts are different than for students.

This manual is not to be used for new clients entering the home. Although it may seem beneficial to allow new clients in the group home to read the manual to get an understanding how each shift is designed may not be effective or even distress them because of their possible learning disabilities. If a client read the training manual and was unable to understand the content, this not only would be pointless, it may be detrimental to treatment. Allowing the clients to read the manual will inform them about policies and procedures that could provoke problem behaviour (e.g. file reviews).

Design

This thesis was written during a 14 week placement, as part of the requirements of a bachelor’s degree in applied behavioural psychology. The product is a training manual to be used as supplement to asking questions and participating in the group home to learn the rules and routines of the setting. The training manual is intended to provide insight about the group home for placement students who must quickly become familiar with a complex treatment milieu. This will hopefully facilitate a comfortable orientation period for of full-time staff members and placement students alike.

The training manual should be read before entering placement or within the first week or two. This will ensure optimal learning from the start of placement. While there is no specific setting in which the manual should be read, it may be most useful to read the manual in the office during afternoon shift as this coordinates with the clients’ schedules. For example, if the student decides to read the manual during quiet hour, when the residents are in the dining room, it may become too distracting to concentrate. On the other hand, it may be beneficial to read the manual while the residents are in the same area so that the student is able to ask their opinions and experiences on some subjects (e.g. Jewish faith).

It would be beneficial to read the manual before the first supervision meeting with the agency supervisor. This will prepare the student with information and questions about the agency. Reading the manual before the initial supervision session will allow the student to demonstrate his or her progress over the first two weeks of placement to the supervisor. It will also allow the supervisor to provide constructive criticism, as well as positive feedback.

Supporting Information

The thesis provides an extensive literature review providing support for the rationale for why a training manual would be effective. However, additional information from part-time and full-time staff members, the supervisor of the house, as well as the director, was essential in preparation of this document. Information was also provided by the clients concerning the Jewish faith and also served to build rapport with them.
Staff members agreed that producing a training manual would be an effective way to assist in reducing staff member’s stresses as well as providing a new teaching resource for students. To obtain information on what should be included in the manual; conversations with staff members including the house supervisor were conducted throughout the 14 week placement. Information provided by staff included: Policy and Procedures, morning and afternoon routines, office files, ministry paperwork and information on the Jewish faith. There were no formal interviews completed with any staff member or residents; rather this information was obtained as the student worked alongside staff or during daily interactions with residents.

Additional Information on the Jewish faith was obtained when a Rabbi held a meeting with the staff team to help emphasise important Jewish holidays such as Passover and Sukkot. This meeting was not formally recorded.

After all resources were collected, the training manual was then written based on the information provided by all staff member as well as the material obtained by the literature review.

Procedure

The training manual is presented in six parts: Background information, Daily Routines, Placement Tips, Summary and References.

Part I, the Introduction, includes a rationale for the use of the training manual as well as the purpose of using it. It has a brief description of each section to provide a quick overview of the content in the training manual. The Introduction also provides detailed information on each setting in the agency which includes the residential, the psychiatric, school and camp settings. While each of these are a part of the agency, this training manual will only be used in one specific residential setting.

Part II provides background information needed to be successful on placement. This includes a basic description of the Jewish faith. This is an essential part of the training manual because the house is a group home for Jewish residents. Many religion-related rules apply to everyday things such as what, when and how to eat. This information is crucial to the success in placement. Treatment philosophy is also included in this section. It provides a perspective on how residents should be treated and how they should relate to others. It presents details of rights that the clients have and how they can make decisions in their lives.

The agency provides a comprehensive Policy and Procedure manual for each house. A new person entering the house as a staff member must read this manual within 30 days. Because students are considered staff members, they must read the Policy and Procedure manual. A brief description of this other manual is included in Part II, to highlight the important aspects of the manual that apply to placement students.

Part III of the manual gives the entire shift structure and organization of the house. This includes a step-by-step description of the shifts. Students do not complete an overnight shift so that information is not included. This section provides information on routines that may seem overly detailed, but if not completed properly, can cause disruption to aspects of daily life in the group home. This section is the most important part of the manual as it includes everyday tasks that need to be completed and has the structure of the shift times included.
Part IV provides additional information for students to be successful while completing their placement. This includes tips for organizational and communication skills. Working in a group home with eight full-time staff members can become overwhelming when trying to pass on information. Being able to communicate effectively should facilitate their success. Part IV includes information on starting and continuing a conversation. As well, it provides advice about facial expressions and body language. The final part of this section discusses relaxation techniques for the student. Working in the group home can be tiring mentally and physically not only because the clients have severe behavioural problems, but because of the very nature of shift work. Learning how to reduce stress and get optimal amounts of sleep will help to prevent burn out. Section V presents references.

Confidentiality and Informed Consent

This manual will be used for placement students entering the group home. Informed consent was not needed at the time the training manual was written. However, if the agency would like to collect data in the future to determine if the manual is effective, it would have to obtain consent to collect and use the data. It would also be the responsibility of the agency to keep names confidential.

Evaluation

The agency only accepts placement students at the beginning of September. The manual was created during a 14 week placement. Time constraints made it very impossible to write the training manual and evaluate it as it was not completed until the end of the 14 week period. Also, there were no new students entering the placement upon whom to test it.

Future evaluation will by the choice of the agency. As noted above, if the agency chooses to evaluate the manual’s effectiveness, it will be their responsibility to obtain consent, determine the process of conducting research as well as how to evaluate the data.
Chapter IV: Results

The intent of this thesis was to develop a training manual to help placement students learn rules and routines of the group home more efficiently alongside full-time staff members. The training manual also provide educational tips on how to stay organized, build rapport with clients and understand the Jewish religion. It is designed to be read before entering the group home, but it is understood that this may not be practical therefore it can be read within the first two weeks of placement. The manual is not intended for full-time, part-time or fill-in staff members to use because responsibilities of these staff members differ from placement students. However, full-time, part-time and fill-in staff members may use it as a quick reference guide on the topics it covers.

The time frame that the manual was created in did not allow for it to be tested. Staff members at the group home may test the manual. If the agency wishes to test the manual they may want to have control group. The agency usually has more than one placement student per school year and it would be beneficial to see which student was able to learn to routines faster with either the manual or by modeling. Questionnaires may be used to determine if the students felt the manual helped them. Residents may also complete questionnaires regarding the structures followed by placement students.
Chapter IV: Discussion

Thesis Summary

This thesis was created to assist in lowering the stress levels of full-time staff members and new placement students while working in the group home. It was also hypothesized that it will help the placement students build therapeutic rapport with residents efficiently and effectively. A manual was created based on the literature that supports manuals for effectively training people for completing a task (Kratochwill, et al., 2003).

The manual was created to assist placement students learning experience while working in a treatment group home for children aged 13 to 17 years of age. The children in the group home are of Jewish faith. This thesis provides support for children being placed in residential treatment settings (Bettmann, & Jasperson, 2009) as well as literature on clients receiving treatment that incorporates religion into the intervention plan (Rosmarin, 2009). Through research presented in this thesis it was decided that the optimal form of building a relationship with new residents while reducing stress levels of both placement students and full-time staff members that a manual would be created.

The manual focuses on the agency information, background information about the group home, daily routines and placement tips. Each of these topics was chosen due to lack of information concerning each subject. By providing additional information about each of these topics placement students will be able to adjust to the rules and routines of the group home with minimal questions and supervision. This will help lower the stress levels of both placement students and full-time staff as placement students will have a general idea of the concepts and full-time staff members can attend to responsibilities that have greater priority.

Strengths

The main strength of this manual is its purpose of decreasing the stress levels of placement students when they first enter the group home. Being overwhelmed and nervous when starting a job is a normal reaction. This manual was created to inform new students what is expected of them and what they should expect during placement. If each placement student knows what is expected, he or she should be able to transition into the routines smoothly with minimal questions. This would also help provide optimal treatment for the residents. A new student entering the group home with the knowledge of how the home is run, would show confidence to the residents and thus aid in forming a positive relationship with the residents. The student would not have to ask the residents questions such as why the dishes go in one place and not another.

By providing students with a manual that outlines basic information about the Jewish faith, the students should enter the group home with an understanding of the different practices that take place throughout the house. It would also provide full-time staff members the opportunity to complete responsibilities without having to teach a placement student the entire background of every tradition in the Jewish faith.

The manual gives a description of the agency as a whole and not just the one specific group home. This would provide students with background knowledge about the agency and they way in which the agency chooses to provide treatment for youths and should thereby enable
greater understanding of the treatment process. The manual provides a detailed description of the shifts, the floor plan of the house and basic rules which students must follow to ensure safety in the house. By providing this information to placement students before entering the group home it should allow them accept new tasks without hesitation, ask informed questions and allow them to consider the information or views that have been formed surrounding a topic. It would allow students to be more productive during the first couple weeks of placement.

Another strength of the manual is that it would allow full-time staff members to complete responsibilities without having to constantly monitor a placement student. It would assist an easy transition between shifts. The fact that the manual details the responsibilities a student is not to complete should prevent incidents from occurring that could negatively affect the student, residents, full-time staff members and the agency and therefore avoid liability.

Overall the manual is intended to lower the stress level of students entering the group home and of the full-time staff members. It could also lower the residents’ stress levels by ensuring that they will not be confused or disrupted by changes in the routines or incorrect preparation for meals.

Limitations

The main limitation is that the effectiveness of the manual could not be tested. This was due to time constraints. The agency accepts students in September and the manual was not completed until the end of April. The agency would have to test the manual when new placement students arrive in September. Because there were no data collected evaluating the manual, it was not possible to determine whether the manual is effective in lowering the stress levels of students and staff members when new students arrive on placement. Because no data were collected the manual, it was not revised.

Although this manual for placement students may have many advantages, it also has limitations. The manual only provides a brief description of the agency and its’ treatment philosophy. To get a full understanding of the agency the student would need to have completed a placement opportunity in each setting including working in the main office working with the paper work that is completed each day. This manual has a detailed description for only one group home in the agency although is could be expanded for others.

Even though there is a detailed description of the group home, it does not include the processes that take place that allow a reflect how a child comes to be a resident in that specific group home.

This manual does not outline all of the many different tasks that placement students may be asked to complete. This is because duties are consistently changing and may not be the same from day to day. When working with youths, unpredictable circumstances happen and schedules and routines need to be changed. The manual does not outline when a situation like this may occur and how it is to be handled, because every situation is different. For example, if a client is not feeling well, it is up to the discretion of the full-time staff members and the supervisor of the house whether or not the child may participate in an activity or if medical attention should be sought. In such a situation a student might be expected to take on additional duties caused by a change in the routine.
When to read the manual is problematic. It would be most beneficial for the student to read the manual before entering the placement so that he or she has an understanding of how the group home is operated but the Policy and Procedure manual of the agency must be read within the first 30 days of placement. To help reduce the amount of reading at the beginning of placement, it would be beneficial to allow students to take the training manual home to read or to receive it at the time they are accepted into the placement.

**Multilevel Challenges to Service Implementation**

**Client Level:** The intent of creating training manual for placement students is to lower their stress levels while completing a work experience. However, every person is different and the manual may not be effective for all. There are multiple learning styles which can effect whether or not a person will learn from a training manual. This training manual created is in written paragraphs with minimal lists and no charts. For a person that is visual learner it may be difficult for them to understand the information being covered.

**Program Level:** The training manual is beneficial to placement students to help them understand the rules and routines before entering the placement. However, students may still have questions about the manual. Staff may feel that the student should know the answers to the questions or they may be completing different responsibilities that would prevent them from answering the questions. The manual should not be viewed as the only resource students have to learn the routines and rules of the group home. Staff members are responsible for supervising and providing support to placement students.

**Organizational Level:** The agency as a whole decides which policies and procedures are to be carried out and in which order. In the group home, the staff members, supervisors, director and psychiatrists decide together the best form of treatment for each resident in the home. During this process, some best practices may not be included due to time and cost constraints. The agency as a whole must also decide which activities residents are to participate in. The agency also decides which responsibilities will be completed first before moving to another. Because the agency decides which responsibilities are to be completed first, placement students may not have the opportunity to read the training manual as soon as they should. This could affect a students’ placement.

**Societal Level:** Because this is a training manual that provides basic information about the Jewish faith and provides tips on organizational skills, building therapeutic rapport and communicational skills, much of the content could be generalized throughout a persons’ life and to different settings such as schools or hospitals. However, not all of its content could be generalizable. For example, the manual does not outline the summer camp setting and would not meet the needs of students placed there. This manual would not be useful within the agency’s other group homes. An example is the Re-entry house that is in a rural setting and has its own school for its residents. However, the manual does provide general insight on aspects of working with youths.

**Implication for the Behavioural Psychology Field**

Many people are nervous or anxious when they start a new job or placement because they do not know what is expected of them during the first week of employment. They may have
different coping techniques varying effectiveness for such situations. Some people would seek help to prevent this nervousness from occurring.

If this manual were found to be effective in helping placement students transition into the work experience, its development could have implications for other similar situations. For example, it would be useful for employees who are nervous about starting a new job to have some manualized training outlining what is expected of them and what they are expected to do on the first day of work.

This manual may have the potential to determine if using a training manual is an effective format for teaching a person new rules, routines and treatment philosophy. This could be contribute to psychology as an example for manuals that define the different types of treatment and the specific manner in which they are delivered.

Recommendations for Further Research

This manual could not be tested due to time restraints. It is recommended that the manual be tested for its effectiveness in lowering the stress of placement students and full-time staff members. Self-report data should be collected from the staff team and students on this variable. Residents and staff could also contribute ratings on the effectiveness of the students’ performance of routines. The frequency of questions asked by students could also be included. Finally, survey data should be collected from current staff to offer systematic quantitative and qualitative feedback on the adequacy and utility of the manual. Later, similar feedback could be offered by future placement students.

If there are any recommendations that participants and staff members feel are important, then these changes could be made as the manual will affect both groups.
References


Appendix A: A Training Manual for Placement Students While Working in a Treatment Group Home
A Training Manual for Placement Students While Working in a Treatment Group Home

Developed by Rebecca Newman

Bachelor of Applied Arts in Behavioural Psychology

St. Lawrence College

2013
# TABLE OF CONTENTS

**Part I:**

**Introduction** ........................................................................................................... 24
Purpose of the Manual and Rationale ................................................................. 24
Description of Content ............................................................................................ 24
Description of Agency .............................................................................................. 25
   The Units ................................................................................................................. 25
   Residential Homes ................................................................................................. 25
   School ...................................................................................................................... 26
   Summer Camp ........................................................................................................ 26

**Part II:**

**Background Information** .................................................................................... 28
Jewish Religion ......................................................................................................... 28
Treatment Philosophy .............................................................................................. 30
Brief Description of Policy and Procedures ......................................................... 30

**Part III:**

**Daily Routines** .................................................................................................... 34
House Organization ................................................................................................. 34
Morning Routines .................................................................................................... 35
Afternoon Routines ................................................................................................. 38

**Part IV:**

**Placement Tips** .................................................................................................. 41
Organizational Tips ................................................................................................. 41
Communication Skills ............................................................................................ 41
Relaxation Tips ......................................................................................................... 43
Building Therapeutic Rapport .................................................................................. 44
Part V:
Summary........................................................................................................47
References....................................................................................................48
Part I
Introduction
Introduction

Purpose of the Manual and Rationale

The agency is in an urban central area. It has a main office which has its’ own medical doctors, psychiatrists, counselors, pharmacists and social workers from Jewish Child and Family Services and Children’s Aid Society. The main office has the acute psychiatric care and transitional care units. The agency also has five group homes. More detail is provides throughout the manual about each unit and group home. However, for this specific group home only Jewish residents are accepted. This group home is specific to the Jewish community because it is partly funded by Jewish Child and Family Services.

This manual was created to provide support for placement students entering the agency. It will help guide them through the process of each shift and what is expected of them. It will provide insight on the Jewish faith as the group home practices the religion every day. The manual will help to assist new students to stay organized, relaxed, communicate effectively and build therapeutic rapport with each client. It will help to relieve stress on students and full-time staff members as their responsibilities are outlined clearly. It will allow the residents a more effective treatment outcome. It will also provide the student with a successful placement.

Description of Content

Chapter II:

Provides a brief description of the Jewish religion as well as the agency’s treatment philosophy which reflects the Jewish faith. This chapter outlines a brief description of the Policy and Procedures manual provided by the agency.

Chapter III:

Provides a detailed description of what is expected during morning and afternoon shifts, including shift change. A description of the floor plan of the house is provided as well.

Chapter IV:

Gives tips on organization when completing tasks at placement and assigned school work. It also provides information on communicating with the agency supervisor as well as the entire staff team, learning to stay relaxed when in a stressful situation and building effective therapeutic rapport with each resident.

Chapter V:

Provides a brief summary of the manual as well as references.
Description of the Agency

The Units

The acute care unit is for children who need immediate attention because they are a threat to themselves or others. The unit is locked at all times. Children do not have access to go outside. Most children are on an Individualised Plan (IP) which is put in place to protect the child plus the children around him. An IP consists of the child participating in activities alone such as eating, playing games or watching T.V. This unit contains 10 beds. During each shift there can be four to eight people working plus a nurse working at all times. The transitional care unit is similar but it is for children transitioning into a residential setting or back to their home. Children on this unit are more stable and are almost ready to be transitioned. Being transitioned means having visits with the home for a couple hours a day moving up to an entire day then completely moving into the new home. This unit allows children to have privileges which allow them to go into the community with a staff member. They may also participate in activities as a group. This unit also contains 10 beds and the staff member ratio is the same as the acute care unit. Because the two units are in the same building and are one floor apart they often share staff and will call each other for staff support.

Residential Homes

The agency has five group homes. One of the five group homes is comprised of three cabins to give a total of seven sites. Four of the group homes are located closely to one another while the cabins of the fifth are located in a rural area. This home is called Re-Entry and is for children who were demitted from the agency but need to be readmitted. It is also a home for children with high needs as it is in a secluded area. These residents may be aggressive towards each other and/or, more likely to run away from the group home. They attend a school that is specifically for the residents. It provides the residents with the optimal learning experience and the opportunity to learn positive social skills. The other four residential homes are located in an urban centre. One home is for Jewish children and the other three house children that are able to live in a group home setting and receive treatment. The rationale for having a group home is specifically for Jewish children is because of the different faith rituals they practice such as being Kosher. This home is partially funded by Jewish Child and Family Services to provide Jewish children in the community the opportunity to receive treatment while still being able to practice their faith. Each of these homes contains eight beds. Children in the group homes are not confined to the site which means that they can be absent without leave. For this reason children in the residential settings must sufficiently stable to reduce the risk that they will walk away or fail to return.

During a shift only two staff members are on duty. There are no nurses available in the homes. If extra support is needed in a home the staff will call a nearby group home to help. If
they are unavailable staff from the main office will be informed and asked to assist in the situation.

The Schools

The agency collaborates with three schools in the local school board. Each of the schools has a specific classroom for the agency residents only. In each classroom there is a teacher plus Child and Youth Workers (CYW). Each CYW cares for four children while they are in the classroom. The number of children in the classroom will determine the number of CYW’s needed.

Summer Camp

The children living in the group homes go to a summer camp for the entire months of July and August. Family members will visit them once a month. Treatment for the residents during the summer months is different compared to when they are in school. There are no treatment meetings but rather, treatment takes place through learning activities and team building.

This manual is only intended for use at the Jewish group home and not the other group homes or for the camp as they may have other rules.
Part II

Background Information
Background Information

Jewish Religion

There are many denominations of the Jewish faith including Orthodox, Conservative and Reform. Residents of the group home may belong to any of these denominations. Understanding the sensitivities and the needs of this faith is an important part of working in the agency.

The Jews (Judaism) became a nation when they received the Torah from God through Moses. Jews see themselves as a holy nation. There are 13 principles of faith.

1. God Exists
2. God is one and unique
3. God is incorporeal
4. God is eternal
5. Prayer is to be directed to God alone and to no other
6. The words of the prophets are true
7. Moses' prophecies are true, and Moses was the greatest of the prophets
8. The Written Torah (first 5 books of the Bible) and Oral Torah (teachings now contained in the Talmud and other writings) were given to Moses
9. There will be no other Torah
10. God knows the thoughts and deeds of men
11. God will reward the good and punish the wicked
12. The Messiah will come
13. The dead will be resurrected

There are no strong beliefs outside of these core principles. Jews believe these principles are what they are to follow and do not put much emphasis on details. Judaism focuses on the relationship between God, mankind and Israel. (Rich, 2011)

Rich, (2011), explains the differences between the different denominations of the Jewish faith. They are referred to as movements. Orthodoxy consists of three different movements. Halakhah is Jewish law. Jewish law means to follow rules given by the bible, Rabbis and customs. The movement Chasidim is comprised of the Jewish people who dress in specific clothes. It is often referred to as the ultra-orthodox by the media. The final movement is Yeshivish. Yeshivish is not modern or orthodox but takes from both movements. These movements believe the Torah was passed down from God and they will follow the Torah. Reform Jews believe that the Torah was not written by God and they follow the biblical theories. They believe the bible was written through multiple sources. They still follow the 13 principles. Conservative Judaism was formed as a result of that conflict between Orthodoxy and Reformed. They believe in the old scripters that the Torah was written and passed down from God but they
also believe parts of the bible. Reconstructionist Judaism believes that Judaism is a religious civilization that is evolving consistently. Each of these movements believes in the praying at synagogues. However, worship is different in each denomination, mainly due to the length of the prayer.

In this specific group home the residents eat Kosher. This means they cannot have pork and many other types of food. However, it is thought that the pig is an unclean animal and cannot be eaten safely. The food they can consume needs to be labelled with a capital letter K, COR, U to considered being Kosher. The label on the food or drink item may be on the back or front of the object depending on the manufacturer of the product. When something is Kosher it means the food comes from Kosher animals and have been blessed and prepared under rabbinical supervision so that it is safe to eat (Rich, 2011). Nor can observant Jews eat any type of animal that has a shell on it. These animals are considered unclean or non-Kosher.

When eating Kosher, meat and dairy food must be separated. If a meal includes meat it must not be accompanied by dairy products such as milk, butter or cream based salad dressing. Food items may have PARVE written on them. This means they are neither dairy nor meat and may be eaten with both. You may have them at both. The same rules apply when eating dairy food. No meat is allowed to be eaten. Some people believe that you must wait 8 hours in between having a meat meal and a dairy meal. In the group home this rule is not followed.

On Friday night and Saturday it is Shabbat. This is when Jewish people are supposed to rest, so that they cannot do any work of any kind. For example, they cannot spend any money or use any electronics. On both nights two candles should be lit at least 18 minutes before sundown. This is to “represent the dual commandments to remember and keep to the Sabbath” (Rich, 2011). During dinner a prayer is read to bless the bread and wine. The wine symbolizes grapes and the bread symbolizes food that was given from God. However in the group home wine is not drunk but a juice called Kadem. This is a grape juice to symbolize the wine. The bread that is eaten along with the wine is called Challah.

Many Jewish people attend synagogue on Sundays but not the residents of the group home. If a resident would like to attend then a plan would be made to facilitate this. There is a dress code for synagogue. Males wear dress pants and a dress shirt while the women wear a long skirt or dress.

Each holiday is celebrated in the house. However, this manual does not describe each holiday as the house has a book that outlines every holiday that is celebrated and what is done on those days.
Treatment Philosophy

The treatment philosophy of the agency is that it is not the child in treatment that needs help but the family as a whole. The entire agency firmly believes in their treatment philosophy. They believe the residents have the right to advocate for themselves and they will assist residents to do so if they are being treated unfairly or if they have any concerns about their treatment. Each child has the right to a stable and safe environment. Every child has the right to be fed each day, provided with hygiene tools and have a bedroom with ample amount of space to hold his or her items. Each child is provided with clothing that is appropriate for his or her age and the corresponding weather. Every child must attend school every day. He or she has the right to have annual medical check-ups as well as eye tests and teeth cleaning every six months.

The residents are to be treated with respect because they are human. In turn the residents are to treat staff with respect. Everything that a staff member knows about a child’s history must be kept confidential outside of the group home. If a resident provides information about anything that gives an indication that he or she may harm him or herself this is to be reported immediately so that resident can get the attention he or she needs.

Overall the agency has as its goal assisting children to grow in to socially functioning adults by helping them adapt to stress, anxiety, depression and anything else that life has.

Policy and Procedures

The agency provides a Policy and Procedure manual for all staff members including placement students to read within the first 30 days of employment. One of the most important sections of this manual is keeping confidentiality.

Sharing a client’s file with another person is unethical. It is providing a person with information that is of no benefit to the person or the client. Each client is entitled to his or her privacy. Sharing information about the client can be harmful for him or her. The client may get
embarrassed about a past situation which may affect his or her treatment. Keeping information confidential is protecting the family of the client. For example if a client had murdered a person in the past and neighbors or friends had found out about the murder the neighbors or friends may be more likely to harass the family of the client putting them in danger. Keeping information confidential is to protect the worker from facing legal action from the client or family.

This manual is over 400 pages long and contains a lot of information that does not apply to students. There are many parts that do apply though. Some of the most important part is as follows:

- Students are not to enter the medication closet. They are also not allowed to touch the medication.
- Students are not allowed to count the float of money but they can count the residents allowances.
- Students have a specific set of keys and cannot have keys to the medication closet.
- Students cannot drive the house van.
- When residents are on phone calls students or staff members cannot be in the room. The residents are entitled to private phone calls unless the resident states that the staff member or student can be present in the room.
- Students cannot be in the house alone with a resident. If a resident comes back to the house and a student is alone the student need to tell the resident to wait on the front porch until a full-time staff member returns to the house.

This is not the entire list of responsibilities not to be performed by students but is a brief outline the important situations that students should not be placed in. The Policy and Procedure manual outlines more scenarios. Overall, there are not many things a student cannot do that a full-time staff member can do. The above list is intended to protect the resident, student and the agency. If any of these incidents were to occur there could be a lawsuit and liability problem.

There are also many procedures that must be followed by students. A fire walk must be completed on the first day of placement. This is a walkthrough the house to know where the fire exits are. The food safe handling manual as well as the first aid book must be read within the first 30 days of employment to comply ministry standards. If an incident occurs with a resident an incident report or serious occurrence report must be filed. These forms outline who was involved as well as a detailed description of what happened. This is to ensure the safety of the resident, employee and the agency. These standards are set in place by the ministry.

Many people get sick with the flu, colds, allergies and other illnesses throughout the year. When working in a group home a shift is planned eight hours beforehand. If someone calls in sick two hours before the shift is about to start then it can be very difficult for staff members to find people to complete the tasks that had been assigned to the person calling in sick. Therefore if it is at all possible, student staff should notify the home at least eight hours before a shift to
allow for a new plan to be made. However, it is understandable that people cannot control when they get sick. If someone calls in sick a doctor’s note is needed before returning to work. This is to prevent the sickness from spreading to the other staff members and the residents.

The Policy and Procedure manual has much more information about the agency. It includes contracting for full-time staff members, admissions into the agency, how a resident can discharge him or herself and much more. However, much of the manual does not apply to students. This student manual attempts to highlight information that is essential for students on placement.
Part III

Daily Routines
Daily Routines

House Organization

The house has four floors. The main floor has a living room that is used mainly for Kids Meeting and Wednesday Meeting days. Sometimes the residents will go into the room to use the computer. On this floor there is the front fireplace where Friday and Saturday Shabbat prayers take place. The dining room is where each meal is eaten and where quiet hour is completed.

The kitchen and backrooms are the most difficult to understand. Because it is a Jewish household the food must be Kosher. Plates, bowls, utensils, pots, pans and serving platters must be kept separated into two sections. One is for meat meals and one for dairy meals. Meat dishware is a brown colour while dairy dishware is white. Cups are not separated into meat and dairy. On the fridge is a menu posted which outlines what will be eaten for each meal. This must be followed as it has to be ministry approved. The space underneath the sink is where all of the soap is stored and is locked because of ministry standards.

The backroom has many different cupboards with labels. Each section of the cupboard is labeled with a day of the week. The food that is on the menu for that day needs to be in the cupboard in the correct place. The backroom is where all the sharp objects such as knives are stored in two drawers one each for meat and dairy. There is a cupboard to the left which contains special food like extra treats and candies are kept locked up. There is also a bulletin board that has the schedule of staff working each shift for the week as well as telephone numbers that the residents may need. It also contains the complaint policy.

The back entrance has all of the garbage including the compost and recycling. There is a door which needs to be locked at all times. The front door also must be kept locked.

The second floor has four bedrooms, a bathroom and a linen closet. Three of the bedrooms have residents living in them. Two of these rooms are shared while one is a single room. The fourth bedroom is the office.

The office can become quite confusing. There are two boards. Each board contains information about doctors’ appointments, important phone numbers, schedule, incident report procedures, serious occurrence report procedures, up-coming events and the residents’ appointment lists. Each of these is important to have readily available. The room also has a medication closet. Students are not allowed to go into the medication closet because of ministry standards and usually the school policy is that students do not touch medication for liability reasons. This closet contains a first aid kit, resident’s personal items, and resident binders. These binders provide background information on each child. They also contain new information obtained from psychology assessments. Students are encouraged to read these binders after they
have begun to form a relationship with the resident so that learning about previous information will not interfere with building a relationship with the resident.

The office has two filing cabinets that contain the forms that may need to be filled out. These are in alphabetical order to make it easy. Above the filing cabinets is a book shelf which contains binders for each child, Policy and Procedures, fire drills, first aid, Kids Meeting and House Checks. Logs are to be filled out after each shift. A log for each child is kept that includes a brief walkthrough of the child’s morning or night. Logs are kept to monitor residents’ behaviour and to determine if different approaches to treatment are needed. Once they are filled out they are placed into each child’s binder. A medication binder is on this shelf as well but this binder does not concern students as students cannot touch medications.

The third floor has two bedrooms and a bathroom. One of the rooms is a single room and the other is a double. There is also a storage compartment that needs to be locked at all times. Also a fire exit on this floor is locked.

The basement is where the T.V and board games are located. The basement is mainly used on Mondays and weekends for T.V and movie nights. There is a fire exit which needs to be locked. The fridge that contains extra food and the freezer are in the basement. These are both locked. The laundry room is located in the basement as well. Ministry standards require that the laundry soap is locked at all times.

The house has a van which is driven by full-time staff members. Drivers need to have a F class license to drive the van as it acts like a school bus because of the number of people it can carry.

Overall the house is straight forward. Being able to navigate through the kitchen is the most difficult. Learning that it takes patience to master every single detail is the key to being successful in this placement.

**Morning Shift**

Morning shift starts at 7:00 AM and finishes at 4:00 PM. While the shift does not start until 7 AM, it is expected that students be at the group home by 6:45 AM to participate in Shift Change. During Shift Change the staff member who completed the overnight shift will explain how each child’s night was. During this time the student will be informed of his or her tasks for the day. Remember to always look at the shift change sheet when starting a shift. The shift change sheet will describe in time increments what activity is to be completed and by which staff member. This sheet also contains duties outside of the time slots that may be completed. For example, it may say that a specific staff member must buy a certain item before the end of the shift. Before leaving to complete an assigned task the student must make sure her or she has a set of student keys. These and a phone are to be kept with the student at all times. In the mornings,
staff members are assigned to a floor where they will cue the residents to get ready for school on time. This is also the time to help residents complete morning chores.

Morning chores consist of Bathroom Chore. Each day residents rotate completion of the Bathroom Chore. This means cleaning the sink, mirror and emptying the garbage and placing a new bag into it. Each child is assigned to Table Set and Laundry for a specific day. The resident needs to start his or her laundry before leaving for school. Students or staff may accompany the resident to unlock the soap cabinet.

Once morning chores are complete, staff members and residents move to the first floor to have breakfast at 7:30 AM. On the table are always three different types of cereal, milk, water and apple or orange juice. For preparing a meal there is a menu that is located on the fridge. Going to the specific date will tell staff what is to be on the table for breakfast. Anything that is served for breakfast must go into a serving dish, for example if having pancakes the syrup must go into a separate pouring dish. When food is placed on the table it must have a serving utensil such as tongs or a spoon. Once everything is on the table the resident that has been assigned to Table Set and Laundry will sit at the head of the table and call a moment. To call a moment means to be silent for approximately 30 seconds to appreciate the food and the moment you are in. Once the moment has been called and the residents are waiting to eat staff members or a student may serve only the residents. Residents can pour themselves a drink. Residents are not to place food on their plates to ensure there is enough food for everyone. However if there are leftovers and a child asks for a second helping this may be granted if there are multiple portions left or if other people sitting at the table do not want any more.

Once everyone has finished breakfast at 7:45 AM the person sitting at the head of the table will take the chores chart which has each residents name and the chore he or she will be completing after that meal. The chores are Table, Dishwasher, Dishes, Dish Dry, Counters, Floors One and Floors Two, and Table Set. A staff member will say “clear” and everyone clears his or her own dishes and place mat.

Table is clearing the entire table of dishes, place mats or jugs. This chore also includes putting any food left over in the appropriate space such as the fridge or back room. This food must be covered properly. Dishwasher consists of loading every person’s plate, utensils and cups in to the dishwasher. Dishes require the resident to hand wash dishes that do not fit into the dishwasher. When a resident is assigned to Dish Dry the person must dry the hand washed dishes and place them back into the right spots. Counters consist of using an all-purpose spray to wash the counters once all of the dishes have been placed into the dishwasher and/or have been hand washed. Floor One is sweeping and mopping the kitchen. Floor Two is sweeping and mopping the dining room. Table Set requires the person to set the table for snack. This includes a place matt that is either a meat or dairy place matt and meat or dairy dishes and utensils. A cup is to be placed at each setting with a napkin folded in the cup.
Once each of these chores is completed, the residents may go to their rooms to get things for school. Some residents will be responsible for getting themselves to school while others will be driven or accompanied by a staff member or student.

After each resident has left for school at 8:30 AM it is time to do errands and complete miscellaneous tasks. If the student must take the resident to school he or she will continue his or her tasks when back in the house. Monday, Tuesday, Thursday and Friday are the days that are not set in stone. Students may do grocery shopping or buy other needed items for the house. Morning shift tasks include preparing snack for 4:00 PM and making sure the dishwasher is empty for the afternoon shift. Students may not have many assigned tasks and must find a way to stay occupied. Day shift is the perfect time to read the agency’s Policy and Procedure manual (needs to be read within the first 30 days of placement). If the first week of placement is day shift it is also a great opportunity to watch the fire and safety video which must be watched on the first day.

Full-time staff may also place a student on an Office Run. This requires the student to take paper work that needs to be filed to the office. The supervisor of the group home will then file the necessary items.

Wednesday is meeting day for the house when each staff member, the supervisor, the director and the psychiatrist attends. At this meeting full-time staff members’ areas include:

- Food needs
- Schedule
- Up-coming events
- Maintenance
- Hours
- Clothing needs

Each full-time staff member is assigned one of these areas and will discuss the progress. This, however, does not affect students as these areas are not a part of a student’s responsibilities. During this meeting progress about placement students is discussed as well. Each resident has a Plan of Care (POC). Every week the POC of one child is discussed and updated. The meeting runs from 10:30 AM until 3:00 PM.

Each day at 3:00 PM including Wednesdays it is Shift Change. When the residents come back to the house they are to be in their rooms until snack time at 4:00 PM. During this time morning staff will pass on any new information to the next staff members working. The plan for who is completing which task during the evening is discussed.

Usually when a student is on morning shift he or she will wait in the hallway with the residents during Shift Change as the door needs to be shut to discuss private information. The door cannot be shut unless a staff member is in the hallway. This is when Logs can be completed on each resident. Once Shift Change is over at 4:00 PM the morning shift is officially complete.
Afternoon Shift

The afternoon shift starts at 3:00 PM and ends at 11:00 PM. Once the shift starts the student goes to the office the same as the morning shift to ask immediately if House Checks or Sharps have been completed. House Checks are making sure each floor has the exit sign lit up, the emergency door is locked, each child’s room is clean and items are placed away properly and items in the kitchen are locked as required. Sharps is counting the objects in the sharps drawers and making sure each item is accounted for. If an item is not accounted for or if something is not right when completing House Checks, the student must notify a full-time staff member immediately. At 3:30 PM is Shift Change time when morning staff will inform afternoon staff of any behaviours that occurred in the morning or during the previous evening.

At 4:00 PM each person moves to the second floor to have snack. During snack only milk and water are allowed on the table. Juice is only served at dinner and breakfast. When each item is on the table the resident on Table Set will call a moment and snack will begin. During snack the person completing the overnight will explain the plan for the evening to everyone. Once snack is over at 4:15 PM the person on Table Set will read chores which are the same as morning chores. Each resident will complete his or her chore. After the chore is complete he or she will make a lunch for the next day. The only day a lunch is not made is on Friday as the residents may be in the house and a lunch is planned in advance for them. Once lunches are made a staff member must approve the lunch. A healthy lunch consists of a sandwich or soup, granola bar or other snack, a juice box and a piece of fruit. Some residents make ask to take another snack which is fine as long as it is approved by a staff member.

After everyone has made lunches it is Quiet Hour time. Quiet Hour lasts from 4:30 PM until 5:20 PM. This is when the residents will complete homework. If they have no homework they are to read a book until 5:00 PM at which time they may then play a board game or cards with a staff member. Some residents have privileges which allow them to be in their rooms if they please during Quiet Hour. This is called Independent Homework. These students usually complete the homework during the designated time but do not sit at the dining room table as the other residents do.

At 5:20 PM each resident will help to set the table with a place mat for either dairy or meat. Again it will include a plate, bowl, cup, fork, knife and spoon. The cup will have a napkin in it as well. At dinner is a main dish, a salad and a vegetable. Once everything is on the table that is listed on the menu every one sits down and the person on Table Set will call a moment. Once the Moment is over staff serve the residents food and dinner is until 6:00 PM.

On Wednesday the schedule is changed due to Meeting Day. Quiet Hour is not until after snack this is when Kids Meeting occurs because the supervisor and director are present. This meeting last until 5:30 PM and dinner is then served. Students rarely attend Kids’ Meeting on Wednesday due to the large number of people in the house and the large amount of food that
needs to be prepared. Therefore, on Wednesday during Quiet Hour students will be preparing dinner and setting the table. Quiet Hour is then after dinner.

At 6:00 PM chores are read and “clear” is said by the overnight staff member. Once chores are complete on a regular day it is Kids Meeting from 6:30PM until 7:00 PM. Students do not host Kids Meeting but are welcome to give their input on a situation. During Kids Meeting issues with each resident are discussed. This can be a house issue the child has or it can be a personal problem he or she is experiencing. The point of kids meeting is to allow peers to help each other out in a time of need.

Once Kids Meeting is over there is an activity. Activities include going for a power walk, working out at the gym, going swimming, going grocery shopping, ice skating and many more if planned for that month. This activity starts shortly after Kids Meeting and ends around 8:55 PM. At 9:00PM it is evening snack. This is the same routine as afternoon snack. Once snack is over at 9:15PM a new set of chores is read. This chore list looks similar to the morning and dinner list but it is not.

The Dining Room chore consists of clearing the table of items from snack and setting the table for breakfast in the morning. Being assigned to the Kitchen means the resident must load the dishwasher and hand wash dishes if needed as well as place them back in the proper spaces once cleaned and dried. The Backroom and Garbage chore requires the resident to empty the garbage, recycling and compost. When the garbage is being picked up the next morning this resident must also take the garbage, recycling and compost to the curb. The Dining Room chore is just making sure the dining room is tidy and nothing is left behind. When a resident is assigned to Washrooms he or she must clean the sink, mirror and empty the garbage on each floor. The Basement chore consist of making the basement tidy as well as the laundry room. The final chore at the end of the night is the Oversee. The person responsible must make sure each resident has completed his or her chore.

Once the chores are complete bedtime is at 9:30PM for residents 12 and under. Residents 13 and older have a bedtime of 10:00PM. However, some residents that have earned bedtime privileges and can go to sleep at 11:00 PM. Once the residents have brushed their teeth and have gotten into bed it is time to complete House Checks and Sharps once again. Logs are the last thing on the list. Logs explain how a child’s day went with a brief description of what they actually did during the day. At 11:00 PM the shift is over.
Part IV
Placement Tips
Placement Tips

Organizational Tips

Attending placement while completing school work can be difficult to accomplish. This is especially hard when working shift work. Staying organized can help to minimize the stress. Designating time to complete school work before or after placement is the best option. The hard part is making sure to take the time to complete it. Usually if it does not get complete stress levels rise. Just as a group home sticks to routines making personal routines is beneficial.

While working on day shift some days may be slow and students may not have many tasks to complete. If this is the case ask in advance if the shift is busy. If it is not busy bring school work to work on. This way you are not wasting time.

While working in the group home staying organized is a key component to running a shift. Students do not make the shift change sheet therefore it is their responsibility to read the sheet to make sure their tasks are understood. Sometimes plans do get changed and making sure the right things get completed is essential. Following the schedule is important not only for the staff working but also for the residents in treatment. This ensures the stability for each child which needs to be in his or her life.

Communication Skills

Working in a group home with a supervisor, eight full-time staff, and 8 different fill-in staff can sometimes be overwhelming. Sometimes information passed on can become skewed and not mean what it was intended to mean. Communication with your supervisor can become difficult if you are not working on the same shift. Weekly or bi-weekly supervisions will help the
communication barrier but it is also important to communicate with other full-time staff because they may be able to assist you with a question or point you in the right direction. It is also important to communicate with the residents.

Being able to cue the residents as well as inform each child of the activity he or she needs to be completing at the time is important. If there is no communication with the residents then there will be no therapeutic rapport established. There will also be no boundaries set. This can make the experience difficult as the residents will not respond to student’s instructions. Building communication with them will allow for a healthy relationship.

Communication with the school supervisor is a key point. The school assigns the supervisor to oversee and evaluate the student’s placement. This person is there to provide support and guidance for the student to ensure a successful placement. Making sure the school supervisor is in contact with the agency will provide the best support. This will help staff members understand what school work needs to be completed and what each agency supervisor must do for placement students to be successful. It is difficult to coordinate dates for evaluations especially when shifts must be accommodated but with good communication these meetings can be arranged.

A big part of being able to communicate is how people communicate. Communication is through words, facial expressions and body language. When speaking to a person there needs to be a tone of respect in the voice. Having a rude tone, being quiet or being loud when it is not appropriate can set first impressions in a negative way. Being respectful and positive is the best way to communicate. This will show staff members confidence and that the job is taken seriously. This will also show residents that being appropriate can still mean having fun. It will show a sense of respect for them as well.

Body language and appearance play a major role in working in a group home. Many residents can read body language without difficulty. They can also tell when a person looks unprofessional. When working in a group home having positive body language is the best way to show a person he or she can approach you. Body language can also be used to cue a resident. If he or she is doing something wrong and instead of verbally cueing him or her when other residents are in the area a simple hand gesture or crossing of the arms will let the resident know that a behaviour needs to stop. It is the same when a child is doing something good, a simple smile or high five works as praise.

Facial expressions can be the hardest thing for a person to manage. Many people have a blank facial expression that looks like they are mad but really they are not showing an expression. A student must be able to self-identify if this is the type of expression he or she has. Being able to change this expression will help to have stronger connections with people. People will be willing to address you without fear of getting a negative response.
Wearing the appropriate clothing explains a lot about people’s attitudes. A group home is all about promoting self-esteem, self-awareness and being positive. A staff member wearing ripped clothing and having dirty hair does not send a positive message to the residents. However, working in this setting and over dressing can be a bad thing as well especially for residents who did not have a lot of expensive items while living at home. Dressing in casual clothes is the best uniform for work. Wearing jeans, a t-shirt or sweater and running shoes is the most comfortable, acceptable and sets an example.

However, there is an exception to this rule about clothing. On Meeting Day business casual clothes must be worn because meetings with the director, psychiatrists and parents are formal events and participants must look business-like. Depending on what is going on during the day shift, for example, certain appointments, business casual clothes may need to be worn to represent the agency in a positive manner.

Relaxation Techniques

During the first week of placement it can be stressful not knowing the routines and the people that are working in the setting. Having a large amount of homework while on a full-time placement can be stressful as well. Students need ways of dealing with the stress.

The agency teaches a course called Therapeutic Crisis Intervention. In this course staff members and placement students are taught how to deescalate situations by using words and body language. If the situation does not deescalate then the child may be placed in a restraint. But before learning any of these techniques participants are taught self-talk strategies. These help a person stay relaxed and calm in a situation. Self-talk can include telling yourself that the situation is not your fault and you will get through it. Learning to tell yourself that you can handle the situation in front of you will help you to relax through the situation.
Dealing with stress outside of placement can be difficult. Many people have multiple ways of dealing with this stress.

- Shopping
- Stress balls
- Taking a bath
- Deep breathing
- Exercising
- Eating healthy
- Taking scheduled breaks
- Getting enough sleep

Exercising may be the most beneficial form of dealing with stress. While a person exercises it lowers stress levels but also allows the person to stay in shape and maintain a healthy lifestyle. More specifically, yoga has shown greater effects in reducing stress (Bonura & Pargman, 2009). Finding which relaxation technique that works for you is the best way to stay relaxed and stress free while completing a placement.

Building Therapeutic Rapport

Building a relationship with a teenager can be challenging. This can be more difficult when working with children in a group home who have been placed there because of circumstances out of their control. They can have many personal issues which may deter them from wanting to establish the relationship. Some steps to help build a relationship with the residents are:

1. Presenting oneself as confident: Being confident shows the resident that you are aware of your surroundings and the boundaries that cannot be crossed. This will show residents to take you seriously. By being confident you act as a role model to show the residents they too can become confident.
2. Relate to the resident: Being able to relate to the resident will allow for a smooth conversation. Instead of discussing things you are interested in, ask the resident what he or she is interested in and try to make a connection to it. If a client is disclosing
information that may be upsetting listen to him or her without becoming judgemental. Relating to the client in this situation may be a positive way to establish a relationship.

3. Listening: Being a good listener is a key point when working with teenagers. Teenagers want to talk and be heard constantly. Being able to listen to them will show that you respect them as people.

4. Tone: When talking to a resident being positive is best way to help them through treatment. Talking to them with respect allows the relationship to grow stronger.

These tips could be used when building a relationship with a resident however; many people have their own comfortable and natural ways of building relationships. Building a relationship is not the same for each client. Every child is different and this means that techniques used may need to be changed depending on each child.
Part V
Summary
Summary

Overall, this manual is intended to help new placement students to be successful. It is a short and easy to read. It covers the basic principles of the Jewish faith, background information about the agency, detailed information about the different shifts students will work and placement tips including organizational skills, building therapeutic rapport and being able to communicate effectively. The information highlighted in this manual will help to provide students with the most successful placement experience. The whole purpose of placement is to gain experience in the work force and to enjoy the work experience.
References


