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# Evidence to Practice

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WOOD'S HOMES  
SERVING CHILDREN AND THEIR FAMILIES  
SINCE 1914

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## Introduction to Wood's Homes Journal – Evidence to Practice

*Jane Matheson, CEO, Wood's Homes*

Welcome Reader... to the first edition of the *Wood's Homes Journal – Evidence to Practice*. This journal idea has been in the works for quite some time as we, the staff and volunteers at Wood's Homes in Calgary Alberta, Canada, have had a lot to say about our programs, services, results and new ideas for helping children, youth and families for many years. We have just not had the time to write it down or stop and tell our stories.

This journal will outline program ideas, results of investigative projects we have undertaken over the years, challenges we have faced related to data collection or analysis. Articles will be submitted about our clinical approaches to mental health treatment for children, youth, young adults and families and outline examples of interventions that work – examples that may be transferable

and used by others in similar milieus. We will also tell stories about things that did not work too – and the very useful lessons learned! These are just a few examples of what we plan to write about and stimulate discussion about over the coming years.

Wood's Homes is a multi-service children's mental health centre located in the province of Alberta in Western Canada. Wood's has been providing services to children and families since 1914 – changing with the changing times and sometimes, forging the path ahead. The *Wood's Homes Journal – Evidence to Practice* is a way to share our knowledge with others and invite suggestions, new ideas and challenges as well – all for the purpose of improving mental health treatment services for our clients for years to come.



# The Research Department at Wood's Homes: The Little Engine that Could

Jane Matheson, CEO, Wood's Homes

**"I think I can, I think I can."** So went the motto of the *Little Engine that Could*.

You may recall this 80 year old children's story by Wally Piper. A long train with many cars full of toys and food for children tried to find a steam engine that would pull it over a high mountain. Three larger, more powerful and rather haughty engines refuse to haul the train because it was too long, they seemed to have more important things to do and they were, frankly, above transporting toys. But then the Little Blue Engine comes along. He was designed just to work in the train yard but he volunteers for the mighty task, anyway.

As he slowly and with great determination pulls the long chain of cars over the mountain, he tells himself over and over, "I think I can, I think I can." And, lo and behold, he accomplishes his task.

The so-called "Research Department" at Wood's Homes began in about 2001. It began with dollars generated from program development – dollars enough to fund just one position. In those early days, the leader of this small department often called her charge "the little engine that could." This short description will outline seven principles that we developed and then followed as this small engine picked up steam.

## A Little Context

Wood's Homes in Calgary, AB will turn 100 in 2014. For 99 years, it has been looking after children in one way or another. First, it was a foster home when Reverend George Wood said "yes" on an Innisfail street to a man desperate for someone to care for his two children while he went to war. Then, as more children and families came to its door, Woods' Homes became an orphanage, then a group home, a treatment centre and is now a children's mental health centre.

Today, Wood's Homes helps over 20,000 people every year in one of about 35 different types of programs. About 400 staff work in Calgary, Strathmore, Canmore,

Lethbridge, Fort McMurray and Fort Smith in the NWT. Wood's has about 10 different funders and operates a well developed fee-for-service component – offering therapeutic help to very troubled children from all across the country. We are often seen as a "best kept secret" as few people truly understand the depth and breadth of our work and are often confused by how many different types of services we offer. But we know the creation of this robust continuum of services was created for a singular purpose –so we can always be there if someone needs us.

Wood's Homes never turns anyone who is asking for help away; never says no to a request for service and never gives up on kids, no matter how difficult the problem might be. That is our mantra. And it has served us well for almost 30 years.

## The Seven Principles

The idea for a "Research Department" at Wood's Homes came from **one simple question**. A board member came to me in 1997 and told me he was having trouble answering the questions of potential donors, his business cronies and friends when he told them he was connected to Wood's Homes and how great it was. They were asking – "how do they know they are great? How do they know they are successful?" I proceeded to tell him stories about this child and that parent who said how much we helped them. He shook his head and said..."these folks are business people, Jane. They want to know facts. They want proof about how their money is going to be well-used. I do not know what to tell them. Can you give me proof?"

Well, I could not. So we started asking each program – What does success look like in your program? How do you know you are successful?

This is a harder question than one thinks. It was a challenging exercise – getting a group of senior people to think about what was actually possible to achieve – as a product – in the program's allotted time frame – and have

some measure of success. Let alone, possibly finding out we were not doing anything good!

Once we had the idea, we started **small and simple and were patient and persistent**. In a way, Wood's Homes and its many programs was a kind of Petri dish for research experimentation. We decided we should just collect data about things that people were worried about or talked about with great drama all the time. Why not? We were worried about these things, why they were happening and how to stop some of them...things like: the number of incidents of violence in each program over a week; the number of times kids tried to self-harm or attempted suicide; the number of restraints that occurred; the types of complaints we fielded. We created a spreadsheet and the staff collected the number incidents by hand. Each week at a large managers meeting, everyone brought their results.

There was resistance at first but gradually and patiently people were encouraged; persistent messages about the importance of understanding success were reiterated and the power of peer pressure won out...you did not want to be the only one with your sheet not completed!

In those early weeks, I am sure that some people just filled those sheets in willy-nilly with false data so they did not get in trouble. But in the end, the power of curiosity and being able to compare your program with others in the room won out. Some of the measures we created in those early days have stood the test of time – we collect that same information today and use it to determine problems, hot spots and new strategies. In fact, this simple data collection process is the basis of many funder outcome measurement tools now too.

We also used **real examples** to show how data could help with decision-making; with needed changes; with rationales for continuing to do something that appeared not to be working. We compared the results of our collections for some programs with other like programs. We combined data and presented the whole rather than just the sum of its parts and watched the reaction. People were interested, excited and often amazed by this aggregate data that included them and began to see activities and results as bigger than themselves and their own impressions.

We used **failures as opportunities**. For example, one program consistently had poor outcomes. In fact,

the pre/post measure we were using – the Child and Family Assessment Scale (CAFAS) showed that young people living in this program were actually getting worse! This went on for about three years. These results hung heavy over the staff and the manager. They tried doing things differently. They blamed the child welfare system for sending them very difficult kids. They lamented high turnover.

We decided to close the program because we felt it was just not right to run a program that is not helping children and families improve. We moved the children to other programs, told the funder and asked for a 6-month window to review the program and determine what needed to change. They agreed and were happy to be involved in the decision-making.

The program clinician and manager reviewed the files of every young person admitted to the program over a five-year period and on a spreadsheet noted the answers to a whole raft of questions – age, gender, family, presenting problems, numbers of times incarcerated, etc. This was a simple form of content analysis that uncovered patterns never seen before – information that helped us shape a new model.

We reopened the program less than 6 months later using the results of this data collection and this year (for example) the program recorded major change on the CAFAS scale for 40% of 19 young people.

Out of failure came learning about the power of data and making a change for the better.

We also learned that the people who observe the behaviours of children, answer the phone calls, talk with the neighbours and parents, talk a kid out of a tree or listen to their worries...our front-line staff – these are the people who want to know if what they are doing works. Thus, these are the people who need to be involved with data collection and buy into the desire to know early on – this engagement transcends complaints about paperwork. **So, we engaged our front-line workers right from the very beginning.** With this groups' engagement, the fidelity of the data is not so compromised and adjustment or emphasis of particular interventions becomes even more possible.

We also decided early on to **share our information** with others and find organizations with whom we could

benchmark some of these results. This latter plan has been harder to implement than we thought as this idea does not seem to be front and centre in everyone's mind!

And finally, we make it a point to **learn from others**, especially our clients and the young research assistants we hire who know way more than we do. We are always on the lookout for innovative ideas that are ripe for development!

With these seven simple foundational principles, the Research Department at Wood's Homes was created and for the past 12 years has been growing and changing, developing more expertise and discovering new ways of looking at both progress and set-backs that have been helpful to program and staff development.



## Perspectives on Outcomes: An Interview with Doug Rogan, Board Member for Wood's Homes

*Daniela Navia, Research Assistant and Doug Rogan, Board Member*

This article will be part of a recurring segment in this journal seeking to obtain the perspectives of stakeholders involved in the process of applied research. This issue's segment focuses on Doug Rogan, a long-time board member at Wood's Homes. Doug Rogan is an accomplished geological engineer who has been involved in many community organizations throughout his career including the Calgary Academy, Renfrew Educational Services, Mount Royal College, among others. His involvement at Wood's Homes extends more than two decades, and throughout his time in the agency he has developed a nuanced perspective on the importance of research and outcome-guided practice. The following interview sheds light on his role in the evolution of program evaluation and knowledge dissemination at Wood's Homes. He delves into the process of implementing change through research and his vision for utilizing research in practice.

**Q: Can you tell me about how you first became involved with Wood's Homes?**

I have been around here a very long time, almost to my embarrassment. I am not a believer that board members should have lifetime appointments, but I am turning into one of that nature. I became involved in about 1990, '91, with a couple guys that I knew out of the oil business. Wood's said to us "we have got a program," we said "we can try and resource this." That is when I joined the Wood's board. I have been here ever since through a whole bunch of generations.

**Q: How would you describe that experience?**

The involvement has been hugely personally rewarding because it introduced me into a whole new sophisticated area that I knew nothing about: children and family men-

tal health issues. Wood's deals with some of the most difficult young people. But as I am fond of lecturing outsiders, they are just young people. They are people with some nasty baggage but they are just kids.

Another principal payoff, whether it is at Wood's or Calgary Academy, is always the interesting people you meet. That has been my experience in a whole variety of agencies, working with these incredibly creative, innovative people. Not that you do not find that in business, obviously you do, but in a totally different fashion.

One of the real attributes that I have experienced of Wood's is how the governance structure has evolved. We maximize the value of volunteer board members for their advice or experience or knowledge without them getting tangled into management of the place. It is so critical for it to be that way. I can tell you it has not always been that way. In my life in business, I wish that more of the corporate world had that kind of smooth interfacing that Wood's has developed. But too often it is just the opposite. Either you get boards that are intrusive or you get management that does not listen and as a result the system does not function smoothly.

**Q: For which groups involved with Wood's Homes is research and evaluation most important or valuable? How?**

On the Strategic Initiatives Committee, one of our key issues is external advocacy with the provincial government, talking to MLAs, members of the municipality, councillors, all of the people that are in one way or another going to affect our future. If we approach the provincial government for support, they have got to understand what we are trying to do and they have to be confident that we know how to measure that and that we are prepared to make tough choices. In addition to those groups there are other mental health groups, hospitals, Region 3. All of these groups need to understand that Wood's is constantly working to measure outcomes and see where we are getting the job done. We are trying to use both quantitative and qualitative determinants to improve services in creative and innovative ways.

Internally, the governing board is always interested in tracking how we are doing. Our Directors report routinely

to the board on any number of things, from staff turnover to client outcomes. All of those outcome measures are critical to the board in making their choices. These outcomes allow the board to make sophisticated decisions, usually on the recommendation of the Chief Executive, related to program support, program additions or in some cases program terminations.

One of the big outcome collaborations that occur is with the University. They really understand the need for having outcome measures and they define it in many respects as forms of continuing research. The converse side of that to me is that they get stuck in that too often. They do research for research's sake. We are taking what they are doing and putting it to work here.

**Q: Can you tell me more about how external groups have responded in the past when presented with our outcomes approach and results?**

For some third parties, intuitively their initial response was "you cannot measure these things. They are too soft. How do you know that this specific program changes lives?" We describe to them some of the approaches that we apply and how we interpret that information. Those are firstly treated with interest and skepticism. But almost invariably when presented with really strong justification for sound applied research people will say "absolutely, that is something we must do." Because there are both financial and outcome measurement reasons that this is due and overdue. A lot of people will say "not only should we be doing this, but we should have been doing it a long time ago."

After people hear and talk about outcomes they become believers and demand to see outcomes. In my experience they are also really receptive to bad news. They want to know all of the news, not just hear that you are doing good work. The credibility of applied research is rising all the time. I think it is a mistake for many of the social agencies not to be paying more attention. Because there are still too many well meaning and well intended agencies that continue with the attitude "we know these things, trust us we are getting the job done." That is not enough anymore.



**Q: How do you think research and evaluation can be a catalyst for change at Wood's Homes or outside the agency?**

I think one example is Eastside Family Centre. When it was established by Phil Perry and Arnie Slive, it was regarded as almost heresy in the psychiatric business. "What are you talking about, walk-in therapy, walk-in psychiatric care? That is outrageous, you cannot do that." They said "what we are doing is not working very well. How can we do it better? How does research apply there?" The research was all negative. It said that people who have a crisis on their hands do not have two weeks to wait for somebody to help them, the crisis is this moment. Based on the evidence they created a new program that provided services in a very different way. Here we are 20 years later with a program that is being replicated in many other places and is growing all of the time.

With the Fee for Service Committee,<sup>1</sup> one of the big issues is that we would bring a child, get them stabilized, get their life organized and then ship them home. And I am talking usually about Aboriginal people. They are successful here, I am proud of what we manage to do to get some of these young people settled. But we have too many treatment failures once they return to their community. That led us into asking how we should then initiate an aftercare program and extend what we do back into that home community. That is a work in progress. We have a lot to learn and there are a lot of bitter lessons still taking place there.

**Q: If you had a few key research questions that you think Wood's Homes should be asking, what would they be?**

I think the main one is how we measure long-term success. If I was a third party and I was hearing all of this talk about how you measure outcomes, I would land on that one with a ton of bricks. That one is really a conundrum. You can tell me that you have done the job as far as you can measure when you were last involved with that family but where are they three or four years later? Does it mat-

<sup>1</sup> The Fee for Service Committee at Wood's Homes oversees placement of youth in residential treatment through contracts with child welfare jurisdictions across Canada.

ter? I tend to think it matters. If things have not worked out, what else could we have done, or what could we have done differently? If we are seeing consistent problems of a similar nature, then something is really off the rails. I am very confident in how we measure short-term success, but long term is another matter entirely.

I also worry that the academic outcomes could be sharpened quite a bit. The nature of education, particularly with the young people we have in our system is particularly unique. We need to understand how to best educate young people with particularly special mental health needs. It is not unique to have a young person in one of our programs, in Grade 8 reading at a Grade 3 level. In many cases there may be mental health issues, but in many cases they have not been given the opportunity to advance. If it is not done carefully and with creative imagination you wind up saying, "our job is to take a kid in Grade 9 and prepare him to graduate for Grade 12." For too many of our young people that does not fit who they are or where they can go in life. So, how do we give them the tools, basic skills that will allow them to succeed in life without pretending that the only way you can be successful is to get your Grade 12 certificate? It is not that simple. This is an area where we can do a lot more effective work. It is not as though it is not happening; we just have to keep escalating that process.

And finally, I am uncertain around diversity. Around 25% of people living in Canada were not born in Canada, much less born in Calgary. Are we serving enough of the immigrant populations to be sure that we are having some value to their needs? I think we could be doing more qualitative research by opening more discussions with different ethnic groups and asking them "what do you think we could do differently? How could we be more effective when working with certain populations?" You cannot always uphold the standards of western cultures.

**Q: What do you think will be the future of research at Wood's Homes?**

If there is one department we have got to build, it has got to be that one. And that leads to our commitment to establishing a chair for applied research in collaboration with the university. We need to become more aggressive in publishing. We have got to be talking to people more, sharing what we have learned.



# The Journey Towards Becoming a No-Restraint Organization

*Jennifer Newman, Data Analyst and Bjorn Johansson, Director*

## Introduction

In 2002, the Chief Executive Officer of Wood's Homes, set in motion an initiative designed to reduce, and eventually eliminate, the use of physical restraint in programs serving children and youth at Wood's. Restraints, in this case, refer to physical restraints and not to chemical or mechanical restraints. Reducing the use of restraints in the agency was a complex process and continued over the following decade. Youth in residential and specialized programs present with a range of exceedingly difficult and challenging behaviours. Reaching out and holding someone who is putting their safety or the safety of others in jeopardy is frequently an automatic response. The notion of providing services without the possibility of using restraints to manage out-of-control behaviour was a novel concept for many staff. This article reports on an overview of the empirical research literature on restraints, and highlights key points in the journey towards becoming a no-restraint organization.

## Literature Review

The use of physical restraints as a form of intervention within residential treatment has been highly debated in the practice and research literature (Day, 2002; Fogt et al., 2008). While there is relative merit to both sides of the debate, consensus has never been achieved. The literature highlights the paucity of rigorous empirical research examining the use of restraints in residential settings (Crosland et al., 2008; Day, 2002; Fogt et al., 2008).

Advocates for using physical restraint suggest that this intervention can prevent injury and property damage and may lead to positive clinical outcomes such as development of further self-control and coping skills (Day, 2002; Ziegler, 2004; Ziegler & Silver, 2004). It has been proposed that physical touch can be very therapeutic, can reassure a child that they are safe, and can lead to emotional availability (Ziegler, 2004). Furthermore, proponents of

restraints state that there is no research that supports the elimination of restraints from mental health settings when used correctly by highly trained staff and that research does indeed support the use of physical restraints when used properly (Ziegler, 2004; Ziegler & Silver, 2004). A review of the literature determined that the number of statements in favour of restraints outnumbered the number against restraints by almost 2:1, which indicates that there is considerable support for the use of restraints as a viable treatment intervention (Day, 2002).

Other research suggests that using restraints in a residential setting can have harmful physical and psychological effects on both children and staff and that there is no reliable evidence supporting the claim that restraints lead to positive outcomes (Crosland et al., 2008; Day, Daffern, & Simmons, 2010; Day, 2002; LeBel, Huckshorn, & Caldwell, 2010; Lieberman, 2003; Steckley, 2010). Furthermore, many theoretical positions used to support the use of restraints are unsubstantiated and are based on outdated or misapplied paradigms that would benefit from updated research (Day, 2002). Restraints can: lead to physical harm (even death); result in emotional harm such as humiliation and demoralization; traumatize or re-traumatize both clients and staff; be used for discipline, coercion and convenience; and lead to further aggression and property damage (Day et al., 2010; Kirkwood, 2003; LeBel et al., 2010; Miller, Hunt, & Georges, 2006; Steckley, 2010; Weiss et al., 1998). Furthermore, restraints can leave staff and their organizations vulnerable to allegations that inappropriate control was used and investigations may occur (Steckley & Kendrick, 2008). Studies suggest that reducing the occurrence of restraints actually leads to positive outcomes in residential settings, such as fewer injuries, less staff turnover, higher staff satisfaction, shorter client lengths of stay, sustained client success in the community after discharge, and cost savings (Kirkwood, 2003; LeBel et al., 2010; Miller et al., 2006). Several studies

have found that youth who were interviewed after being restrained described it as negative, unproductive, embarrassing, and often resulted in increased anger (Crosland et al., 2008; Steckley, 2010; Steckley & Kendrick, 2008). Moreover, staff describe feelings of guilt, defeat, and distress after administering a physical restraint (Steckley, 2010; Steckley & Kendrick, 2008).

As a result of the growing consensus that physical restraints are an outdated and largely inappropriate form of interventions in residential settings, agencies across North America are beginning to rethink and reduce the use of physical restraint (Bailey, Mrock, & Davis, 2004; Day et al., 2010; Fogt et al., 2008; Lieberman, 2003). While some organizations call for the complete elimination of physical restraints in all situations (Lieberman, 2003), most residential care policies and procedures currently support the use of restraints when the client in question is in danger or is putting others in danger and all other interventions have been exhausted (i.e. restraints should only be used as a last resort). Furthermore, restraints should only be performed by highly trained staff within the shortest amount of time possible (Day et al., 2010; Steckley & Kendrick, 2008).

### The Catalyst for Change

The impetus for change in the restraint philosophy at Wood's Homes was three fold. First, in 2002 there was a total of 394 restraints in 11 residential programs, 1 learning centre program and 20 foster homes at Wood's. As well, investigations into restraint incidents found that it was difficult to pinpoint exactly what had happened and this left room for misinterpretation and the potential for staff to be accused of wrongdoing. Finally, an article called by Scott Kirkwood on the practice of restraint made a compelling argument for a philosophical change in organizations that are employing too many restraints and proposed that creative strategies which relinquish the need for control, and instead focus on understanding behaviours, are critical in reducing restraints.

### The Power of a Pilot Project

Based on this evidence, Dr. Jane Matheson, the CEO of Wood's Homes, made the decision to begin the philosophical shift towards becoming a "no restraint" organization and to conduct a year-long pilot test to determine

the feasibility of this decision. One residential treatment program, the Exceptional Needs Program (ENP), was selected for this pilot. ENP had experienced 75 restraints in 2002, as well as a high number of noteworthy reports on severe acting-out behaviour that averaged 40–50 incidents per month. At the time, this program had eight beds for youth between the ages of 12 and 17, and the length of treatment ranged from three to six months. Young people were referred to the ENP for serious mental health issues and were unable to manage in their homes or in a community school. Treatment was a blend of weekday residential and weekend at-home living. ENP employed 10 full-time front-line staff as well as one team leader (TL), a therapist, and clinicians. The team leader of ENP was asked to consider participation in this initial experiment and was excited and optimistic about the new initiative. As this initiative was rolled out, it was agreed that this experiment would have a low-profile within the larger organization.

When the idea of being a no-restraint program was voiced to the front-line staff at ENP, they were initially very reluctant. There was some concern that it might be impossible to manage extreme behaviours of youth, and that increased violence might be directed towards staff and other youth. The team leader assured the staff group that they would be supported every step of the way and this leader spent increased time on the floor, modeling expectations and creativity when managing behaviours. Staff were supported and encouraged to try a broad range of new interventions with the exception of restraints. The program team leader intervened with youth when he felt that the intervention could serve as a teachable moment for all staff. All incidents of violence and severe acting out were debriefed by the team, and all staff members brainstormed ideas about other options for intervention. With time, the number of severe acting out incidents decreased, although the number of running incidents increased as youth used this time to cool off. During the one-year pilot test, there was a marked decrease in the number of restraints from a total of 75 in 2002 to 7 restraints for 2003. Almost all of the 7 restraints were specific to one young person presenting with extremely severe psychiatric issues.

Several other things happened during the initial year of the pilot test at ENP that may have been related to the

shift in philosophy and practice. There was a reduction in staff turnover, outcomes related to youth behaviour improved, and other programs became increasingly intrigued and interested with the shift in practice at ENP. Staff were interested in transferring to ENP and others asked numerous questions about how the process had been so successful.

### Continuation of the Journey

In November 2003, Wood's senior managers, consisting of approximately 20 leaders, focused on addressing concerns related to a no-restraint philosophy at Wood's Homes in an effort to come to consensus. The team leader from ENP discussed the experiences from the previous year and provided advice to other senior management staff about how to implement the new policy in their respective programs and support their staff through creative and innovative approaches. Despite these efforts, there were still some managers who were opposed to the idea. This was a normal stage of the process of change for organizational culture (Bailey et al., 2004).

The senior management group eventually reached consensus on adopting a no-restraints philosophy, however, the formal policy was not finalized until months afterwards. This shift resulted in a number of activities designed to support this position. First, there were many discussions regarding the power and importance of regular supervision of staff during the process of change. As well, every restraint was reviewed by Wood's CEO and a Risk Officer and this allowed a critical analysis of the events leading up to the restraint and alternative options that might have been utilized. Furthermore, a new curriculum was developed for Positive Behaviour training that included restraint training. It was adapted from a successful format used with autistic children who are very sensitive to touch and others taking control. This was in line with research, which suggested that training staff on how to use proactive behavioural approaches can reduce the use of restrictive procedures such as restraints (Crosland et al., 2008; Forster et al., 1999; Miller et al., 2006). During this time, the Wood's Homes Research department continued to track the number of restraints that were occurring in order to determine whether it was decreasing.

### Next Steps

Over the next year, the number of restraints began to reduce at an agency level, from 333 in 2003 to 99 in 2004. In hindsight, many would suggest that the successful experiences of the ENP program in 2003 had a significant impact upon the rest of the agency and facilitated the process of organizational change.

In an effort to ensure accountability and support staff in their learning, Restraint Reviews were conducted to have a formal conversation about each restraint that occurred within the agency. The reviews were fashioned to support learning rather than assign blame or responsibility, and discussions were energetic and stimulating for all involved. These reviews clarified that restraints were being not being defined consistently between programs. For example, some program staff would categorize touching a youth on the arm or escorting them gently from one room to the next as a form of restraint. As a result, physical restraint was defined as "a confirming action that limits the freedom of the young person in a variety of ways" and this would include restraints in the sitting position, standing position, or the supine position.

### A Bump in the Road

In early 2006, monthly tracking indicated a steady increase in the number of restraints occurring each month, and required further analysis to understand the context of this increase. The CEO reviewed research and evidence made available on the website of the Andrus Children's Centre, another like-minded organization committed to reducing the use of restraints (Farragher, 2005). This organization had developed a process outlining their organizational change that was useful for understanding the process of change (see Figure 1, page 10). The Andrus Children's Centre created change over five years and the process included a number of similar setbacks. In their experience, a detailed tracking method was developed in order to identify and understand factors that led to an increase or decrease in restraints. This process was replicated at Wood's Homes in order to grasp the underlying factors behind the spike in restraints at Wood's (see Figure 2, page 11). The graph allowed senior staff to separate natural, expected changes from unusual, preventable ones.



## Further Advances

In 2006, a qualitative research study was launched at Wood's Homes in order to understand the experiences and voice of youth who had been involved in restraints. Semi-structured interviews were completed with six clients who had been restrained over the previous 6 months by a member of the Wood's Homes Research Department. The participants' mean age was 13.5 and they were from the Phoenix, Catalyst, ENP U12, and Habitat programs. Youth reported increased emotions, such as anger, during a restraint and perceived restraints as being violent/aggressive in nature. Youth seemed to recognize restraints as a failure in the treatment process and provided insightful suggestions in terms of how staff can improve. For example, they suggested holding restraint reviews with the entire staff team as well as the youth that was involved in the restraint, that restraints should only be performed if the youth in question is in imminent physical danger, and that alternative, creative interventions should be explored. This data was critical in furthering the evidence supporting the shift to a no-restraints philosophy.

Since 2006, the number of restraints has steadily decreased (see Figure 3). Specific timeline tracking has continued in order to consistently monitor the number of restraints occurring and what factors may be affecting the various peaks and drops in numbers (see Figure 4, page 12). Weekly tracking of restraints has also continued, with all senior management staff informed weekly of the number of restraints that occurred in the agency. Every new staff member receives restraint training which largely focuses on how to avoid restraining by relying on alternative interventions. Staff are also trained on how to physically restrain in a safe manner in case this becomes the last viable option when a youth is putting him- or herself or others in danger. Furthermore, every restraint continues to be reviewed. The first three restraints performed by a single staff member are reviewed internally and any subsequent restraints are reviewed by a neutral, external reviewer. This same process occurs when a single child has been restrained more than three times.

In 2011, the senior management team at Wood's Homes used a learning process, called a "meaningful conversation," to examine the process of shifting away from restraints as an intervention. Management staff were sep-

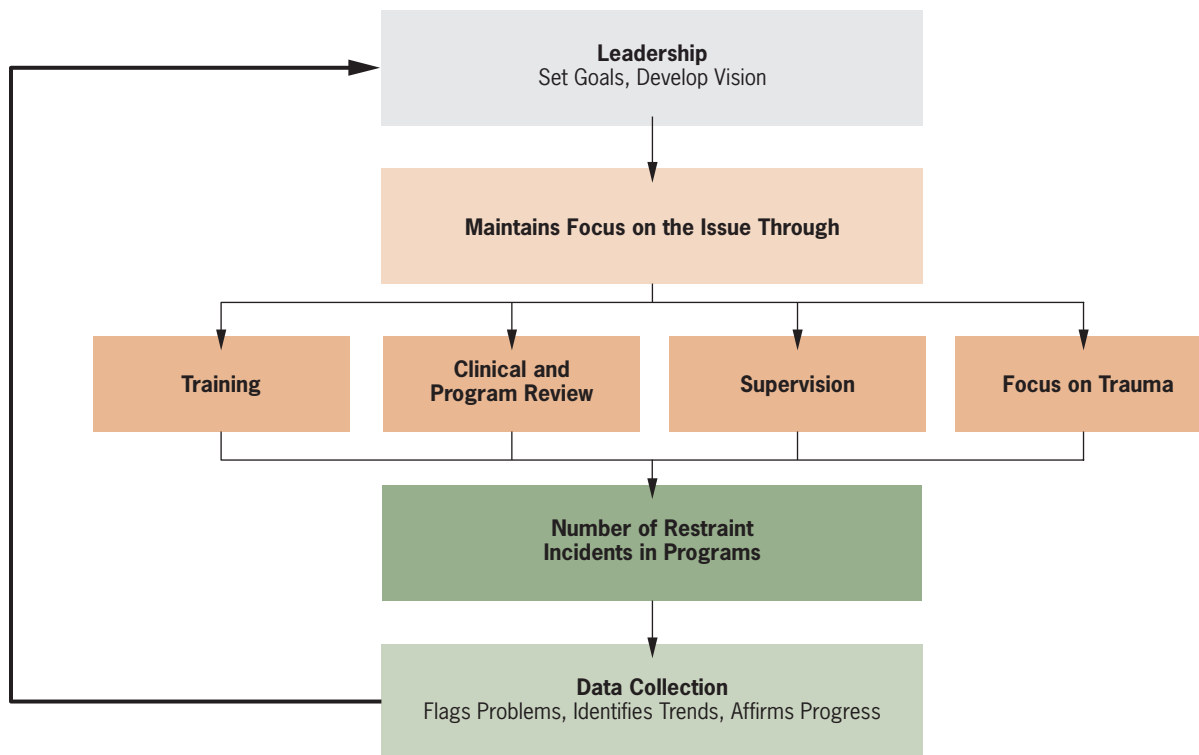


Figure 1. Andrus Children's Centre Approach to Reducing Restraints (Farragher, 2005)

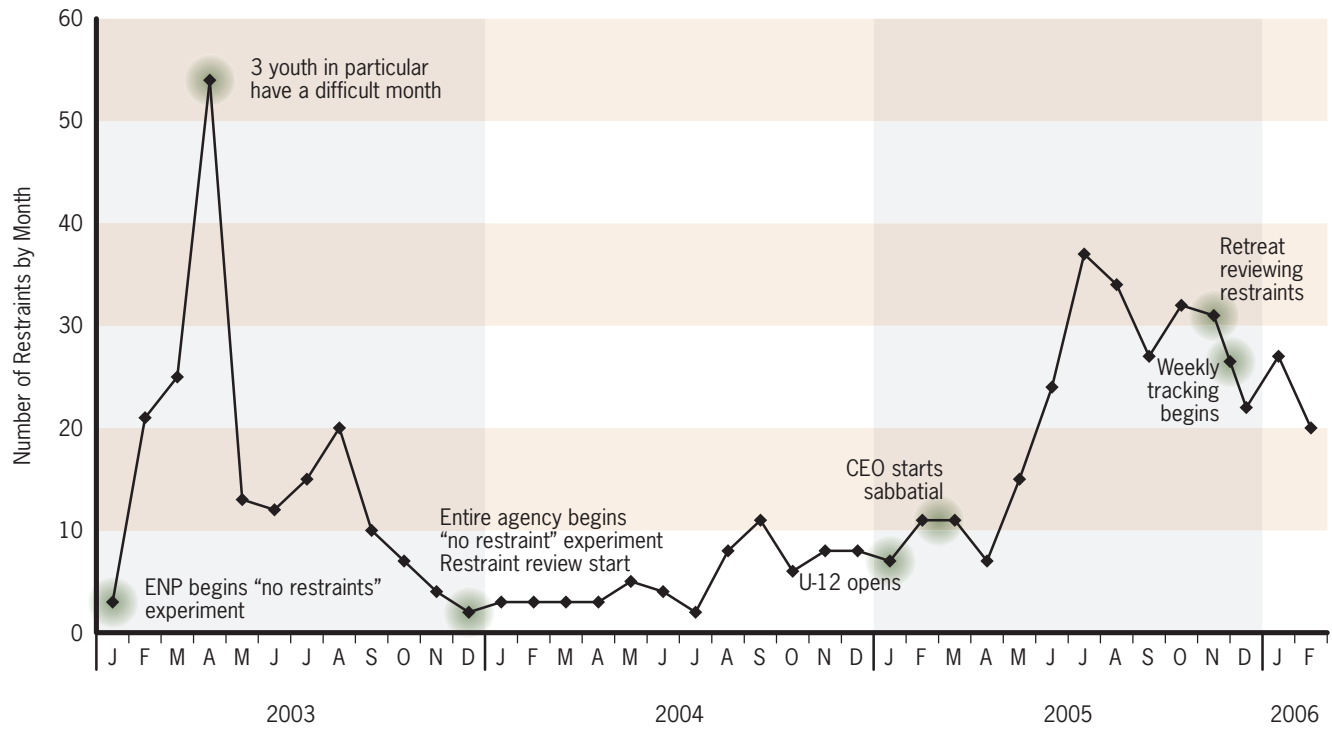


Figure 2. Detailed Restraint Tracking 2003-2006

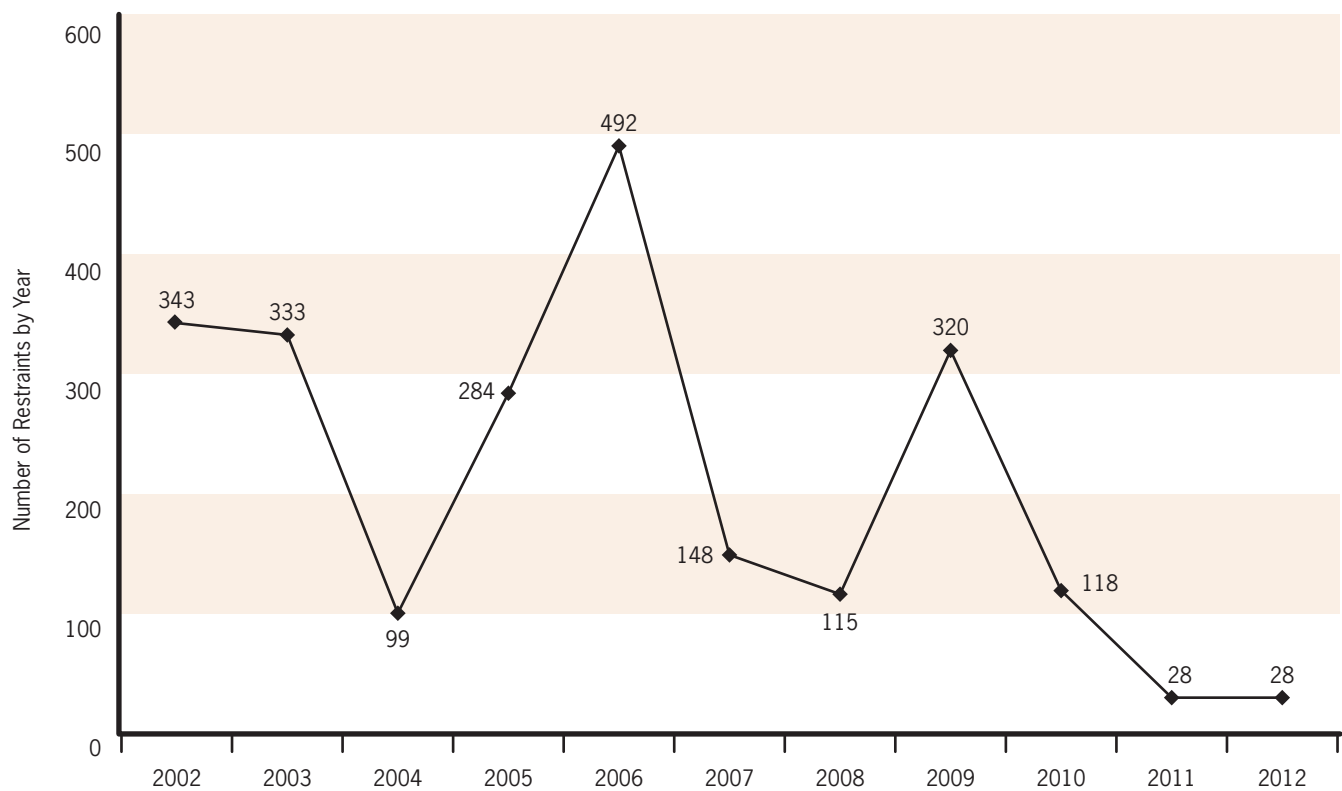


Figure 3. Number of Restraints at Wood's Homes by Year 2002-2012

arated into different groups depending on the number of restraints that occurred in their program and these groups included: the “never restrained” group, the “got to zero restraints” group, the “under 10 restraints” group, and the “more than 10 restraints” group. Each group was given questions to explore. Those who had never restrained were asked to discuss some of the strategies they use to prevent restraints and brainstorm how these could be used in other programs, and groups that had restrained were asked to explore these restraints – why they occurred, what could have been done differently, and what has worked in their programs. These conversations sparked lively discussions and allowed programs who were struggling with restraints to feel supported by the rest of the agency and learn from their fellow staff members. Alternative responses to avoid restraints that were discussed were: distract youth, do not participate in a power struggle, remove any audience, disengage when possible, laugh (when appropriate), always give youth an out, pick your battles, think about triggers and techniques that work for youth, and de-escalate the situation using redirection, processing or negotiation. Furthermore, the detailed tracking timeline was examined

as a group in order to make sense of the data and brainstorm solutions. This meaningful conversation allowed the agency to take one step closer to achieving the ultimate goal of becoming a no-restraint organization.

### Lessons Learned and Future Steps

The goal of reducing and eventually eliminating restraints at Wood’s Homes has been a slow and steady process and there is more work to be done before claiming that Wood’s Homes is an agency with no restraints. Organizational change is difficult and takes a great deal of time and effort. It has been estimated that it can take from 5–15 years to fully change the culture within an agency (Bailey et al., 2004). Wood’s is well on its way to completing this process, as common goals have been set, a common language regarding restraints has been solidified, and common policies and procedures have been created. There have been many successes over the past 10 years. The refined tracking process has been essential in measuring progress on a weekly, monthly and annual basis. Furthermore, since 2004 injuries reported as a result of restraints have decreased and there have not been any substantiated investigations into the use of restraints within the agency. As well, the majority of staff

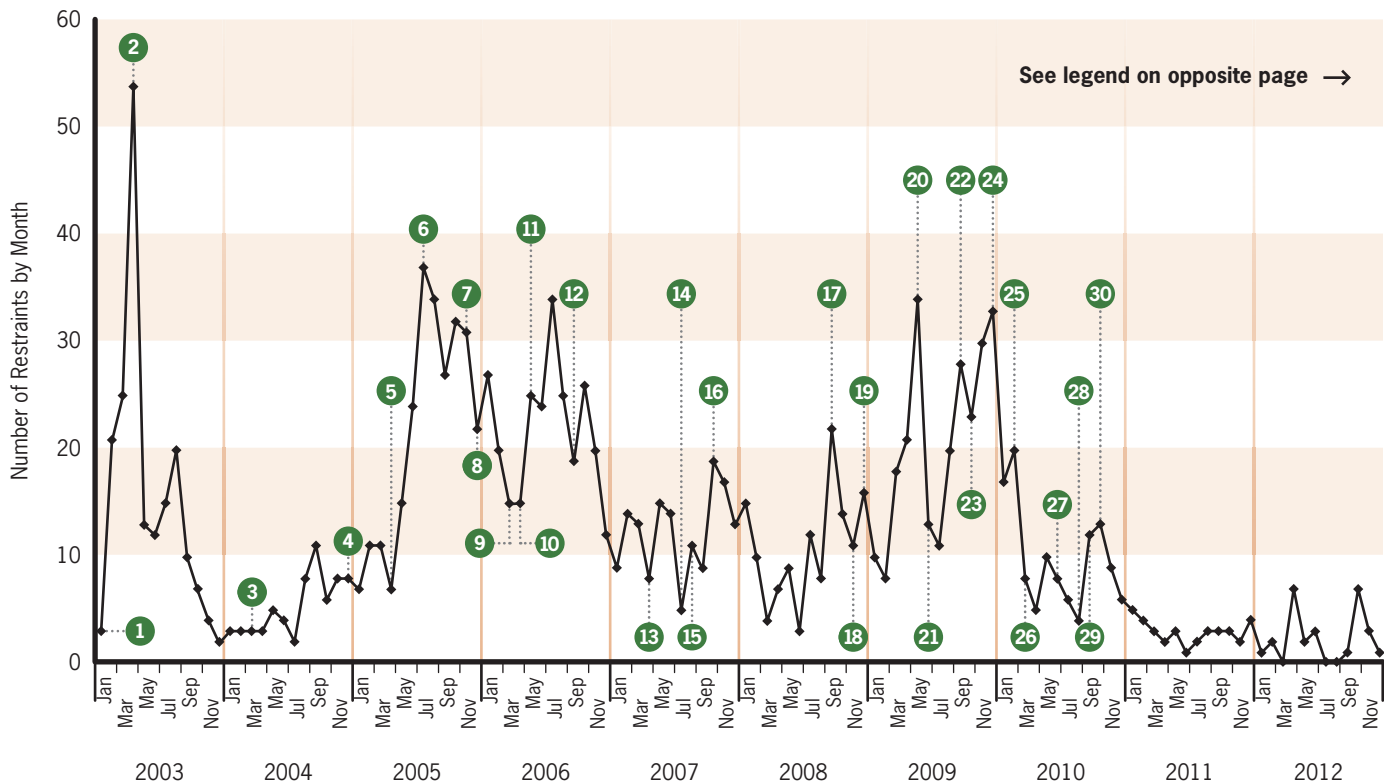


Figure 4. Detailed Tracking Timeline by Month 2003–2012



do not choose restraint as a first intervention and are willing to employ different techniques to manage violent or unsafe behaviour. This is in part due to the training that every staff member receives when they first begin at Wood's Homes.

In looking to the future, there is much work to be done. Firstly, there are some important research topics that should be explored. For example, evaluating the impact of no restraints on a youth's well-being, or examining the link between a youth's score on the Child and Adolescent Functional Assessment Scale (CAFAS) and the number of restraints they experience. As well, examining why there are higher rates of restraint for children under the age of 12 compared to older youth. Certain programs struggle more with eliminating restraints, so this requires further efforts to understand the context of this struggle and how change can continue to occur. This is the first of a series of articles that will continue to highlight the process of change that is underway and the impact of this change upon the well-being and outcomes for youth involved in these programs.

For further information about this work at Wood's Homes, please contact Jane Matheson, CEO, Wood's Homes, or Bjorn Johansson, Director of Research and Programs, Wood's Homes.

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## Legend

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|--|--|---|
| <ul style="list-style-type: none"> <li>1 Exceptional Needs Program begins “no restraints” experiment</li> <li>2 3 youth in particular have a difficult month</li> <li>3 Entire agency begins “no restraint” experiment</li> <li>4 Exceptional Needs Program – Under 12</li> <li>5 CEO starts sabbatical</li> <li>6 Summer programming problems</li> <li>7 Retreat reviewing restraints</li> <li>8 Weekly tracking begins</li> <li>9 Stronger management in two programs</li> <li>10 One program redefines “holding” and “restraint”</li> <li>11 Loss of other management staff</li> <li>12 Increased emphasis on restraint reviews at team meetings</li> <li>13 Targets set for each program</li> <li>14 Capitol Hill Stabilization Program opens</li> </ul> | <ul style="list-style-type: none"> <li>15 Recreational Outdoor Mentorship Program (ROMP) camp (kids out)</li> <li>16 Few staff and many new admissions</li> <li>17 1 staff at Capitol Hill; beginning of school year; staffing crisis; shift in management and clinical; Evergreen program reopens; and Children's Village School opened</li> <li>18 Training Capitol Hill staff<br/>Staff burnout; neighbourhood petition; Christmas break; School out</li> <li>20 Evergreen youth transition period; Children's Village School staffing change; 2 youths in Eagle Moon Lodge</li> <li>21 Good summer programming<br/>Our Lady of Lourdes School Program opens new class; Stepping Stones opens; Recreational Outdoor Mentorship Program (ROMP) ends for summer; school begins</li> </ul> | <ul style="list-style-type: none"> <li>23 Habitat close; new Children's Village School location</li> <li>24 Exceptional Needs Program Under 12 (ENP U12) planning issues; change in management; Christmas holiday session</li> <li>25 Shift to reduce restraints; change in management</li> <li>26 Children's Village School undergoes training; partnership changes with Calgary Board of Education; and decrease in referral numbers</li> <li>27 Temple opens; Exceptional Needs Program Under 12 (ENP U12) has increase in referrals</li> <li>28 Summer programming period; improved programming at school; Children's Village School has increased focus on treatment</li> <li>29 Bowness new staff</li> <li>30 Stabilization changes; higher needs youth; school starts; and staff turnover</li> </ul> |
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## Child and Adolescent Functional Assessment Scale (CAFAS)

Megan Kontrimas, Data Analyst

For more than a decade, Wood's Homes has been using the Child and Adolescent Functional Assessment Scale (Hodges, 1989, 1994, 1996) as a tool to measure the acuity of client functional impairment, as well as an outcome measure for client change and program effectiveness. This article provides an overview of the CAFAS instrument as well as a review of the benefits and challenges of this measurement tool.

### Importance of Measuring Functional Impairment

The ability to clearly demonstrate the severity of client health concerns and the relevance of the programs offered to address these concerns are key factors for funding at non-profit agencies. The severity of health concerns, particularly for clients with mental health and behavioural concerns, are often determined through assessing a client's ability to maintain normative or successful

functioning (Winters et al., 2005). At Wood's Homes, the need for a practical assessment tool that not only accurately and reliably demonstrates the severity of issues but also the improvement in functioning of clients served has been met by the implementation of the Child and Adolescent Functional Assessments Scale (CAFAS). The CAFAS provides an efficient and reliable way to demonstrate to funders that the work being done with clients is meaningful and effective at improving client functioning.

### The CAFAS Tool

The CAFAS is a multi-dimensional functional assessment tool created by Kay Hodges in 1989. CAFAS examines client functioning across eight subscales including; school/work, home, community, behaviour towards others, moods/emotions, self harm, substance use and thinking. The multi-dimensionality of the CAFAS is considered a benefit as it is more likely to capture specific information

such as acuity, risk and context that contribute to a clients experience with functional impairment (Francis et al., 2012). Each CAFAS subscale is scored from 0 (minimal or no impairment) to 30 (severe impairment or incapacitation) based on item descriptions of behaviour. The total score on the CAFAS is a summation of each subscale score and this total score is used to indicate severity of impairment and has strong predictive capabilities for cost of service utilization (Hodges & Wong, 1997; Hodges et al., 2000). Clinically significant change is considered to be 20 points or more in the overall score of a CAFAS assessment. CAFAS has been used to measure functional impairment of youth with serious emotional disturbance (SED) (Francis et al., 2012); improvement in functioning following school-based interventions for client with SED (Vernberg et al., 2004); and with sexually abusive youth (Jones et al., 2010); as well as to predict foster care placement success (Grenier, 2007).

### Reliability of the Tool

The reliability and validity of the CAFAS has been assessed and supported in numerous articles (Lambert & Guthrie, 1996; Breda, 1996; Summerfelt et al., 1996; Hodges & Wong, 1996, 1997). A detailed bibliography can be found on the CAFAS in Ontario website ([www.cafasinontario.ca/about-bibliography.asp](http://www.cafasinontario.ca/about-bibliography.asp)). In Ontario, the “CAFAS is being used to examine treatment outcomes for all children ages 6 years to 17 years who receive mental health services in a participating community-based children’s mental health centre (Ontario Ministry of Child and Youth Services) or hospital-based children’s mental health clinic (Ontario Ministry of Health and Long-Term Care)” as it provides a standard language and means of comparison for mental health agencies and a means to measure client progress.<sup>1</sup>

At Wood’s Homes, CAFAS is currently used as an outcome measure in 21 programs including in-home support services, school-based and residential-based programs. The reliability of the tool is maximized through the regular and continued training of front-line, clinical and managerial staff. Staff receive formal in-class training as well as homework assignments that are designed to ensure that each staff is trained to reliability. To ensure continued ac-

curacy, booster training is also provided.

Regular program audits determine the pre/post assessment completion rates for all eligible clients and the reasons why an assessment was unable to be completed. This ensures that the CAFAS completion rates are as high as possible.

### Measuring Outcomes at an Aggregate Level

The first major benefit of utilizing CAFAS is the ability of the agency to compare itself with other mental health agencies in North America. Reliable comparison of annual aggregate data ensures that Wood’s Homes is meeting the standards of other mental health agencies. On average, the clients served by Wood’s Homes tend to have higher intake scores than agencies in Ontario. In 2010 the average intake CAFAS scores for mental health agencies in Ontario was 64.5, while at Wood’s Homes it was 83.8 (CAFAS in Ontario, 2010 Report<sup>1</sup>). Despite the severity of the clients served at Wood’s Homes, CAFAS results consistently indicate client improvement in functioning at discharge (see Figure 1, page 16).

This outcome information has proven useful for Wood’s Homes as it is evidence of the beneficial work being done within the programs and with the clients served. The ability to demonstrate the overall level of severity of the functional impairments of clients and their decreased impairment as a result of the programming offered increases the likelihood that programs will continue to receive funding.

Client placement is crucial at Wood’s Homes as placement can determine level of care provided for a client. The overall score of the CAFAS tool is designed to indicate the suggested level of care for which a client may be best suited. Table 1 (page 16) provides a description of the recommended treatment for each level of functioning (Hodges, 2000).

The high discriminant validity that has been reported for the CAFAS lends support for the aggregate data from three program areas at Wood’s Homes (Hodges et al., 1998). As indicated in the above CAFAS descriptions, clients with lower overall scores tend to require less intensive treatment programming and those with higher overall scores tend to require highly intensive treatment.

<sup>1</sup> Retrieved September 19, 2013 from [www.cafasinontario.ca](http://www.cafasinontario.ca)



Overall CAFAS scores by program area indicate low intensity treatment programs, such as the in-home support programs, have lower intake and discharge scores than the higher intensive residential treatment programs. Community residential programs are intended for clients who may not be able to live at home, or are transitioning from high to low intensity treatment. The findings from the 2012 reporting year are summarized by program area in Figure 2.

The appropriateness and overall success of a client's placement is crucial to their ability to access relevant services and supports while at Wood's Homes. Assessing a new client's overall CAFAS score can inform placement coordinators of the overall need of a client and suggest the best level of care.

### Measuring Outcomes at an Individual Level

The CAFAS subscale scores can also inform placement coordinators of the specific areas of concern for a client and can indicate that a specific program or program model is best suited. At Wood's Homes there are a variety of programs that specialize in treating clients with more specific concerns such as diagnosed mental illness, addiction, or sexual offending. The CAFAS has contributed to increased success for appropriate placement into specialized programming. The subscale scores indicated during assessment provide rich detail about the specific areas of

struggle for a client as well as the severity and risk associated with each area of struggle. Not only can a client's placement into an appropriate program be informed by this information, but the client's placement can be re-examined as needed during follow-up CAFAS assessments.

During client care in a program using the CAFAS can inform clinical and front-line staff in many meaningful ways. The CAFAS tool can inform clinical and front-line staff about individual progress over time. Treatment plans can be created to address the subscales with the highest scores so that programs are addressing the clients most immediate and severe functional impairments. As treatment progresses, the subscale scores can be monitored to determine if the treatment plan is successful or needs to be re-evaluated. Overtime, a client's subscale scores and total CAFAS scores are used to demonstrate individual outcomes. Figures 3 and 4 are examples of CAFAS outcomes at an individual level for a client at Wood's Homes.

Client treatment planning on a clinical level is informed by examining the CAFAS outcomes of individual clients. Success can be determined by comparing intake scores to discharge scores, but also by evaluation of the changes seen in subscale scores over the time a client is in treatment. As demonstrated in Figure 3, client A's CAFAS scores at the 3- and 6-month time point showed the most significant decrease in functional impairment. Figure 4 demonstrates that the discharge assessment indicated that the client began to struggle with substance use and thinking in the weeks leading up to their discharge.

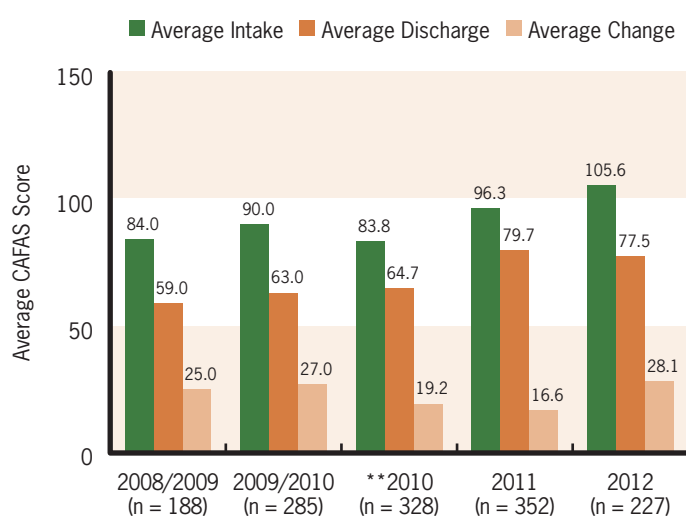


Figure 1. The Average CAFAS Scores for Wood's Homes 2008-2012

Table 1. Suggested Level of Care for Total CAFAS Scores

Total Score	Suggested Level of Care
0-10	Youth exhibits no noteworthy impairment
20-40	Youth likely can be treated on an outpatient basis, provided that risk behaviours are not present
50-90	Youth may need additional services beyond outpatient care
100-130	Youth likely needs care which is more intensive than outpatient and/or which includes multiple sources of supportive care
140+	Youth likely needs intensive treatment, the form of which would be shaped by the presence of risk factors and the resources available within the family and the community

## Measuring Outcomes at a Program Level

Aggregate outcome data for the clients of a program provides further information for the evaluation of each program at Wood's Homes and CAFAS allows for cross-program comparison. When annual CAFAS outcomes for a program are poor, management can review CAFAS scores to examine the severity of client impairment, the subscales that are most commonly a concern for clients, and where there is room for improvement. Using CAFAS outcomes to inform the model of a program can help to keep the services relevant to the client. Utilizing CAFAS can also help to inform whether a change to a program's model has been successful.

Recently, the Exceptional Needs program (ENP) decided to change the format of the services they offer. To meet the current demands of service, ENP shifted towards a shorter term, transitional program for youth with a mental health diagnosis. For the past year, ENP has focused on working with a family to help their youth successfully transition from hospital placement to the family home. The mandate of the program changed to encompass a much greater focus on family counseling, support and involvement, as well as a much shorter expected length of stay for the clients in the program. The program staff and management had initial concerns that CAFAS would not be able to capture positive change since the timeframe for treatment was shorter and because of the significant mental health issues that clients were facing prior to entering the program. Despite these concerns, ENP demonstrated clinically significant improvement in client CAFAS scores that is consistent with data prior to the mandate change (see Figure 5, page 18). This information provides evidence to maintain the new program model at ENP as their clients continue to show decreased functional impairment as a result of their time spent at ENP.

## Summary

Wood's Homes began using CAFAS 12 years ago in a sample of the service spectrum. The ability of CAFAS to provide an accurate assessment of individual client outcomes and to clearly demonstrate meaningful and successful work within the programs has led to utilization in almost all Wood's programs. The CAFAS provides rich detail about the specific areas of struggle for clients. This information is used to inform caregivers, clinical and

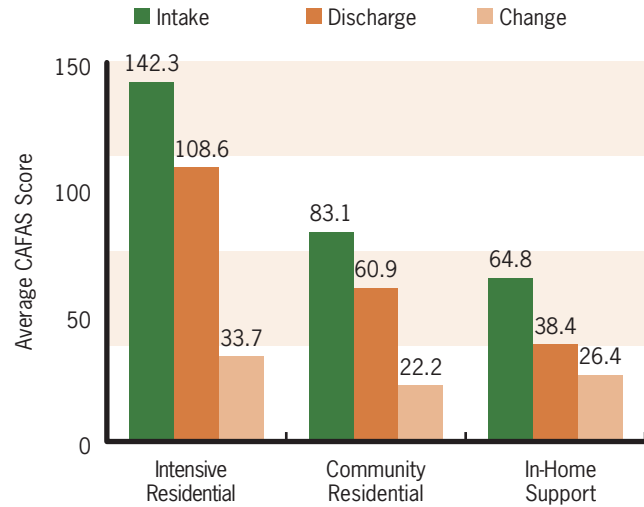


Figure 2. Average CAFAS Intake and Discharge Scores by Program Area – 2012 (n=227)

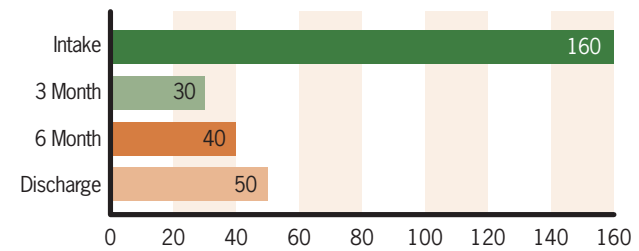


Figure 3. Client A's Overall CAFAS Score at Different Time Points at Wood's Homes.

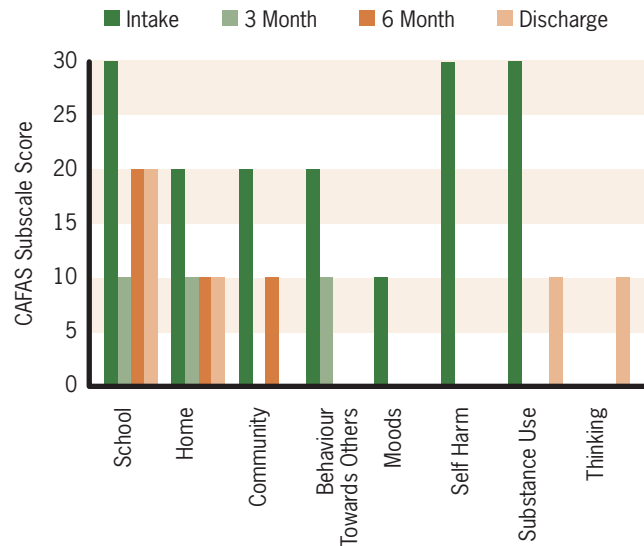


Figure 4. Client A's CAFAS Subscale Scores at Different Time Points at Wood's Homes

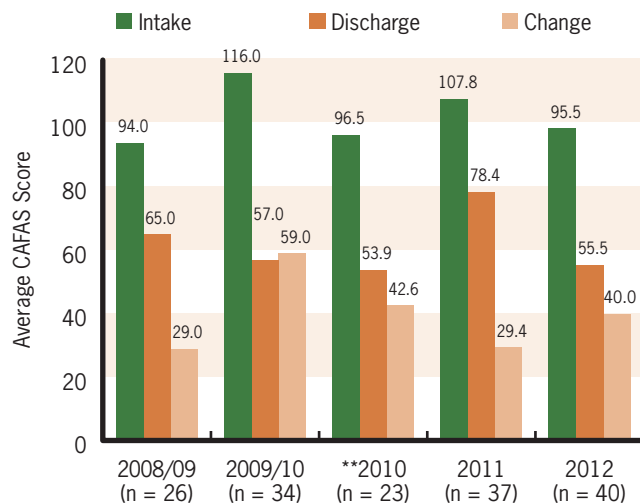


Figure 5. A Five-year Comparison of Average CAFAS Scores for the Exceptional Needs Program at Wood's Homes

front-line staff, as well as funders about the improvement for client functioning based on their time in service with Wood's Homes. CAFAS is also used to provide feedback about program performance annually, which can contribute to changes being made to improve programming. Finally, utilization of the CAFAS provides Wood's Homes with the ability to compare outcomes to other similar organizations serving children and youth.

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# Practice Lessons: Story #32 – One Hundred Stories for One Hundred Years

Barry Mickelson

It's early June, 1989. At the time, it wasn't unusual to get a phone call from the staff at Hillhurst around 10:00 p.m. The eight young men and women who lived in that program always got up to interesting adventures in the evening. So that Tuesday night, the youth were winding down and everyone was home and settling well. Everyone except Pete.

Always one to create exciting drama, Pete calls the group home. He phones from some undisclosed location and informs the staff that he won't be coming home tonight. He tells them that he is within a six-block radius of the home, that he is going to kill himself – and there is nothing anyone can do about it!

The staff at Hillhurst called me to let me know, and I, in turn, call my boss to let her know. We talk, and she agrees that there is not a lot to be done except wait to see what the morning will bring.

I'm still in bed the next morning when the phone rings. Pete has arrived home in the middle of the night and snuck into his bed.

I call my boss to let her know that Pete has returned, but not without some drama. As we both have our first sips of coffee for the day, our minds start churning ideas for action – something dramatic, surprising, and unusual.

Now let me remind you this was 1989. There were few computers and the Internet was just beginning. Video cameras were the size of shoe boxes and cost astronomical prices.

And so it is with this in mind, that we concoct a plan for a dramatic intervention. My roommate and I jump into our clothes and race down to the neighbourhood 7-Eleven – they were on the new twenty-four hour system, so it did not matter that this was before 7 a.m. They also rented video cameras.

With my newly appointed cameraman at my side, we position ourselves street-side in front of the Hillhurst Aftercare Program to shoot our new mockumentary, *Pete's Video*.

"My name is Barry M." I say, facing the camera, "and I am with W double O D S News, reporting live early this morning from an ordinary yuppie street in Hillhurst. We are here this morning after reports that a young man, caught in the *grip of trouble*, very early this morning walked down this sidewalk."

The jerky hand-held camera tracks the path to the house and scans the lower bedroom window.

"Our reports tell us that this young man, caught in the *grip of trouble*, entered this window to gain access to this bedroom!"

The shot continues as we enter the house and begin to interview the inhabitants about Pete and what kind of changes are evident when he is caught in the *grip of trouble*. The staff and several of the youth, are more than willing to get their moment of fame and as much camera time as possible.

"We are now," I say, "entering the room of a young man caught in the *grip of trouble*."

The bedroom door opens the jiggly camera pans the messy room of a seventeen-year old man boy – only to find him sprawled across his bed, sleeping. He doesn't have a top on and on his chest is a small, superficial scratch, and very carefully and artfully arranged on a white towel, is the biggest butcher knife in the house and some smudges of blood. Shades of Psycho!

"My name is Barry M and I am with W double O D S News" I say, "and we understand that last night you were caught in the *grip of trouble*. What is that like when *trouble* comes knocking on your door?"

"F%ck off, you guys," he curses. "What the hell are you doing!!! I am trying to sleep.... Hey what's the video camera for??"

"My name is Barry M and we want to know what it is like to have *trouble* tempting you? Does it say 'Pete act like a crazy man and stay up all night and sneak in through windows...don't use the front door'?"

"Hey are you guys making a movie?" he asks, ignoring



my question and leaping out of bed. He is totally fascinated with the camera and the art of film-making and absolutely thrilled to have a short film shot about him. He later spends hours watching it again and again.

That intervention seemed to have a powerful impact on him. Pete did grow up, transitioned out of Wood's, and got a job – not in television news, however. The remarkable ending of this story is that after this episode, *trouble* did not come knocking on Pete's door again.

That story means a lot to me. I think back to those days at Hillhurst with so much affection. The whole environment was one of almost a kind of communal living

together, particularly with the older kids, because if you didn't have a relationship, then you didn't have anything.

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