

Teaching Prosocial Skills at River Oak Center for Children – Sustaining, Growing, and Looking to the Future



River Oak
Center for Children

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About River Oak Center for Children

- Client base of approximately 800, from ages birth to 21
- Approximately 300 clinical and support staff, including Psychologists, Psychiatrists, Social Workers, Marriage and Family Therapists, and paraprofessionals
- Various programs include Outpatient, Intensive In-Home, Birth and Beyond, Building Blocks Foster Support, Multisystemic Therapy, and Multidimensional Treatment Foster Care

Referral Criteria

- Any boy or girl age 12 (lowered from 13) and up, currently receiving mental health services through River Oak Center for Children, is eligible, regardless of program or diagnosis.
- We believe that *any* client can benefit from the anger management groups.
- Groups are "closed." Clients may not join after the second session.
- Caregiver participation is not required, but it is *strongly* encouraged

Modifications for our population

- Outpatient model
- Maintaining even weekly attendance had been an issue in past.
- Chose to hold groups 1x weekly rather than 3x weekly.
- Maintained similar schedule to previous groups for familiarity, ease of transition to new curriculum, etc.

Graduating From An Anger Management Group

- Group members must complete 8 out of 10 sessions in order to get credit for having completed the course
- With approval of the Team Leader, “make ups” can be done on an individual basis, if missing group was beyond the control of the client

The Strike System

- Breaking a group rule will result in earning one strike (x on the board)
- If a client earns three strikes in one session, he or she is asked to leave. The client may return the next week.
- If a client is asked to leave three sessions, he or she is dropped from the group with no opportunity for make-up

The Strike System

Clients are rarely, if ever, removed from the group.

Modifications for our population

- Need to condense, agreed anger control and moral reasoning most important.
- Why control anger if you don't care about right vs. wrong?
- Focus similar to previous groups.
- Groups 90 min long, with anger control for first portion, and moral reasoning for second portion.

Modifications – Role Plays

- Girls love this part
- Both populations, used a lot of reinforcement of acting skills, made it fun by making it "movie time", etc.

Modifications – Role Plays

- Needed sequence written on board, trainer pointing and prompting, etc.
- Repeated role plays to help improve performance without prompts.
- Some struggled with evaluation assignments
 - took pre-coaching.

Modifications – Moral Reasoning

- Challenges:
 - Shorter time frame
 - Need to keep discussion structured and on task
 - Hoped to give them skills to make good moral decisions.

Modifications – Moral Reasoning

- Utilized “SODAS” model from Boys’ Town
- This model provided a structured decision-making tool the kids could use outside of group.
- Helped to keep discussion focused and on track.
- Teens able to “get it” with SODAS model, and apply to various moral dilemmas.
- Situations involving triangulated relationships are the most powerful

SODAS

- Situation
- Options
- Disadvantages
- Advantages
- Solution

The challenge of SODAS is to present a situation that does not have an emotional component or solution built into it

What worked well? – Teaching Skills

- Use of “hand on head” for self-talk – kids really seemed to get this.
- Hassle log for cueing memory.
- ABC model to simplify for younger kids. “B” is where skills were used.
- Role modeling vs. lecture.
- Holding “review week” earlier in the 10 week cycle.

What worked well – role plays

- Making it fun “movie time.”
- Written cues on the board for sequence
- Repetition, repetition, repetition.

Challenges

- Some of the material too abstract for younger kids due to developmental delays
- Keeping the younger kids focused and on task for 90 min.
- Keeping some of the older kids focused and on task for 90 min.
- Getting the boys to talk
- Getting the girls to stop talking (groups can become "group therapy")

Behavioral challenges

- Had "3 strikes" system in place
- For teens, rarely utilized strikes. Just encouraged them to take break outside if unable to redirect.
- Strikes can be erased for correcting the behavior in question

Strategies for maintaining model fidelity

- Written cues, for trainers and trainees.
- Being attentive to participants, and creative with teaching methods.
- Making sure that skills are practiced in role plays (action more important than discussion).
- Repetition and review.
- Regular use of TPS Observation forms and self-evaluations
- Videotapes of sessions, particularly for new group leaders

Currently at River Oak...

- Twelve groups in two years completed by November 2008
- Skillstreaming currently in place as the behavior model for individual work
- Adding Anger Control and Moral Reasoning for individual work

Ongoing Challenges

- Getting enough referrals at the beginning to sustain a group through completion (10/2/2 rule)
- Overcoming the bias towards individual therapy as the answer to everything ☺
- Transportation (getting clients to group)
- Staff Turnover (this has greatly improved over the past year)
- Caregiver participation/attendance in groups

Solutions

Staff Turnover

Only 3 of the original 10 group leaders are still involved

- Group leaders understand that if we call them to run a group, they will run a group regardless of anything else
- Managers have been made aware of this as well; TPS takes priority

Solutions

Transportation – many caregivers are either unwilling or unable to ensure their kids get to group

- Taxi service
- ROCC staff providing transportation (we really try to avoid this)

Transportation is the biggest challenge faced when trying to maintain a group

Solutions

Overcoming the bias towards individual therapy; clinicians unwilling to give up any kind of control on their cases

Getting the word out that:

- Individual therapy for ODD and CD is largely ineffective
- TPS is a solution-based, short-term, cognitive-behavioral therapy

Towards the Future

Partnership with Sacramento County Juvenile Probation

- 6-8 groups for boys and girls will run simultaneously, three times per year
- Youth are already incarcerated, therefore we will not have the challenges associated with Outpatient groups

Towards the Future

- ROCC now has 8 fully-trained group leaders and one Certified Trainer

About The Presenters

Gary Suits, LCSW has been with River Oak Center for Children since 2002. Prior to coming to ROCC, Gary worked at Child and Family Institute as a member of the Homeless Outreach Team, providing in-home support services to homeless children and their families. He has also been a Family Teacher at Father Flanagan's Home for Boys, Boys Town, Nebraska, where he operated a foster home for four boys age 9 to 12.

About The Presenters

Karen Thompson, BS Psychology, spent 15 years as a counselor in River Oak's residential facility before coming to Wraparound as a Family Facilitator in the spring of 2006. She has taken on some of the most challenging cases that the program has ever encountered. Karen has enjoyed considerable success as a TPS Group Leader, and is now a Certified TPS Trainer.
