

Missouri DSS Division of Youth Services

*Every young person served by DYS
will become a productive citizen
and lead a fulfilling life.*

These articles appeared in the *Columbia Daily Tribune* and the *Jefferson City News Tribune* in 1978 at a time when the systematic de-emphasis of large rural institutions to smaller treatment facilities was taking place.



Changing Systems for Youth and Families

**Changing our end destination often
involves starting from a fundamentally
different place.**

Philosophy/Culture x Practice = Results

Mo.DYS Beliefs and Philosophies

values driven, view everything through the lens values and what works (practices)

- ❑ ***People desire to do well and succeed*** - even the most resistant youth hunger for approval and acceptance.
- ❑ ***We are more alike than different*** - everyone has fears, insecurities, and basic needs including safety, attention, and belonging.
- ❑ ***All behavior has a purpose*** - behavior is often a symptom of unmet needs.
- ❑ ***People do the best they can with the resources available to them*** – given limited behavioral and emotional options and resources and situations they have experienced, their behavior may seem logical.
- ❑ ***The family is vital in the treatment process*** - family expertise and participation is essential in the youth's treatment process, and can also help facilitate system change within family.

The Core Principles of a Trauma-Informed System of Care



- **Safety** - ensuring physical and emotional safety
- **Trustworthiness** - maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- **Choice** - prioritizing developmentally appropriate choice and control for children, youth, families
- **Collaboration** - maximizing collaboration and sharing of power with children, youth, families
- **Empowerment** - prioritizing child, youth, family empowerment and skill-building

Missouri's Approach

- ❑ **Small programs, close to home**
 - *Regionalized approach, geographic distribution*
 - *Least restrictive continuum of care:*
 - ❑ *\$4 million invested in juvenile court diversion – 39 circuit courts*
 - ❑ *Community care with wraparound services*
 - ❑ *11 day treatment and family resource centers*
 - ❑ *7 group homes*
 - ❑ *18 moderate care programs*
 - ❑ *7 hardware secure programs*
 - *Allows for flexible use based on youth and family strengths/needs*
- ❑ **Humane environments** – safety building blocks creating physical and emotional safety
 - *Natural home-like environments; basic needs met*
 - *Structure/facilitation; eyes-on, ears-on, hearts-on supervision*

Missouri's Approach

- ❑ **“Group systems”** – *therapeutic intervention, youth development, and social-emotional competence through group “circles”, daily group meetings, and experiential group projects.*
- ❑ **Fully integrated treatment approach** – *trauma informed approach focused on emotional healing, self-awareness and cognitive-behavioral, youth development, family systems.*
- ❑ **Healthy marriage between treatment and education** – *creating a therapeutic one-room schoolhouse.*
- ❑ **Universal case management** – *continuity, youth and family advocacy – start to finish.*
- ❑ **Family and community engagement** – *outreach to homes, responsive visitation policies, family therapy and engagement, interface with community liaison councils.*

Correctional Vs. Rehabilitative

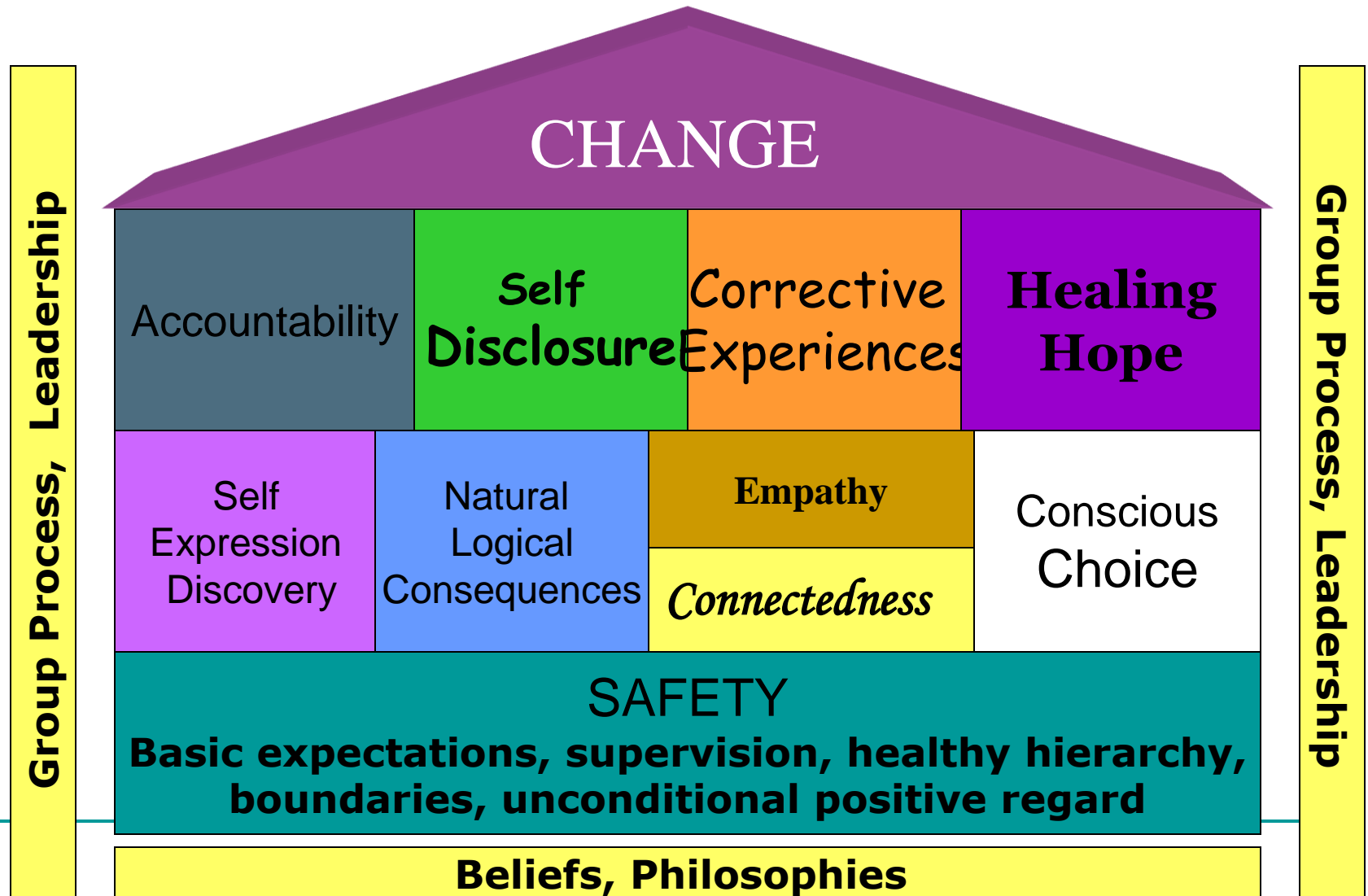
- External Controls
- Lock-up
- External control
- Positional Power, Autocratic, No Relationship
- Inmates
- Majors, Lieutenants, Sergeants
- Correctional Officers, Security Workers, Security
- Family/Community as problem
- Regiment, rules
- Custodial supervision
- Behavioral Compliance

- Safety 1st
- Continuum of Services
- Facilitation
- Healthy Hierarchy, Boundaries, Relationship
- Young people
- Leaders, Managers, Directors
- Youth Workers, Service Coordinators, Counselors
- Family/Community as partners
- Structure, order
- Engaged interaction
- Internalized Change

TRADITIONAL

THERAPUETIC

Therapeutic/Developmental Culture & Practice



These articles appeared in 2008 editions of the *Kansas City Star* and *St. Louis Post-Dispatch* reflecting the results of years of innovation and reform by the Division's leaders and partners.



Trauma Informed Safety Questions: Physical and Emotional Safety

- To what extent do service delivery practices and settings ensure the physical and emotional safety of children/youth/families?
- How can services and settings be modified to ensure this safety more effectively and consistently?



SAFETY BUILDING BLOCKS

Unconditional Positive Regard

Dignity & respect
Strengths-based
Equity, hope

Basic Needs Met

Food, clothing, shelter
Emotional & physical safety
Humane environment
Belonging (you are not alone)
Family involvement

Boundaries & Communication

Clear, caring, firm boundaries
Staff walk the talk
Warm welcome (orientation)
Trust building
(foundation for safe self disclosure)

Supervision

Awareness (Eyes, Ears, Hearts)
Predictability, structure, balance

Basic Expectations

How we treat each other and our environment (no hurting)
Clean, neat, & orderly
Rights & Responsibilities

BELIEFS & PHILOSOPHIES

Trauma-Informed Human Services Paradigm



■ Understanding of the Survivor

- ❑ An integrated, whole person view of both the individual and his or her challenges
- ❑ A contextual, relational view of both challenges and solutions
- ❑ Symptoms understood not merely as problems but primarily as attempts to cope and survive; “symptoms” may be “solutions”
- ❑ Appropriate allocation of responsibility

Trauma-Informed Human Services Paradigm



■ Understanding of Services

- ❑ Primary goals are growth, empowerment, resilience, and life skill development
- ❑ Service priorities are prevention driven
- ❑ Service time limits are determined by youth's needs

Approaches to Reshaping Behavior



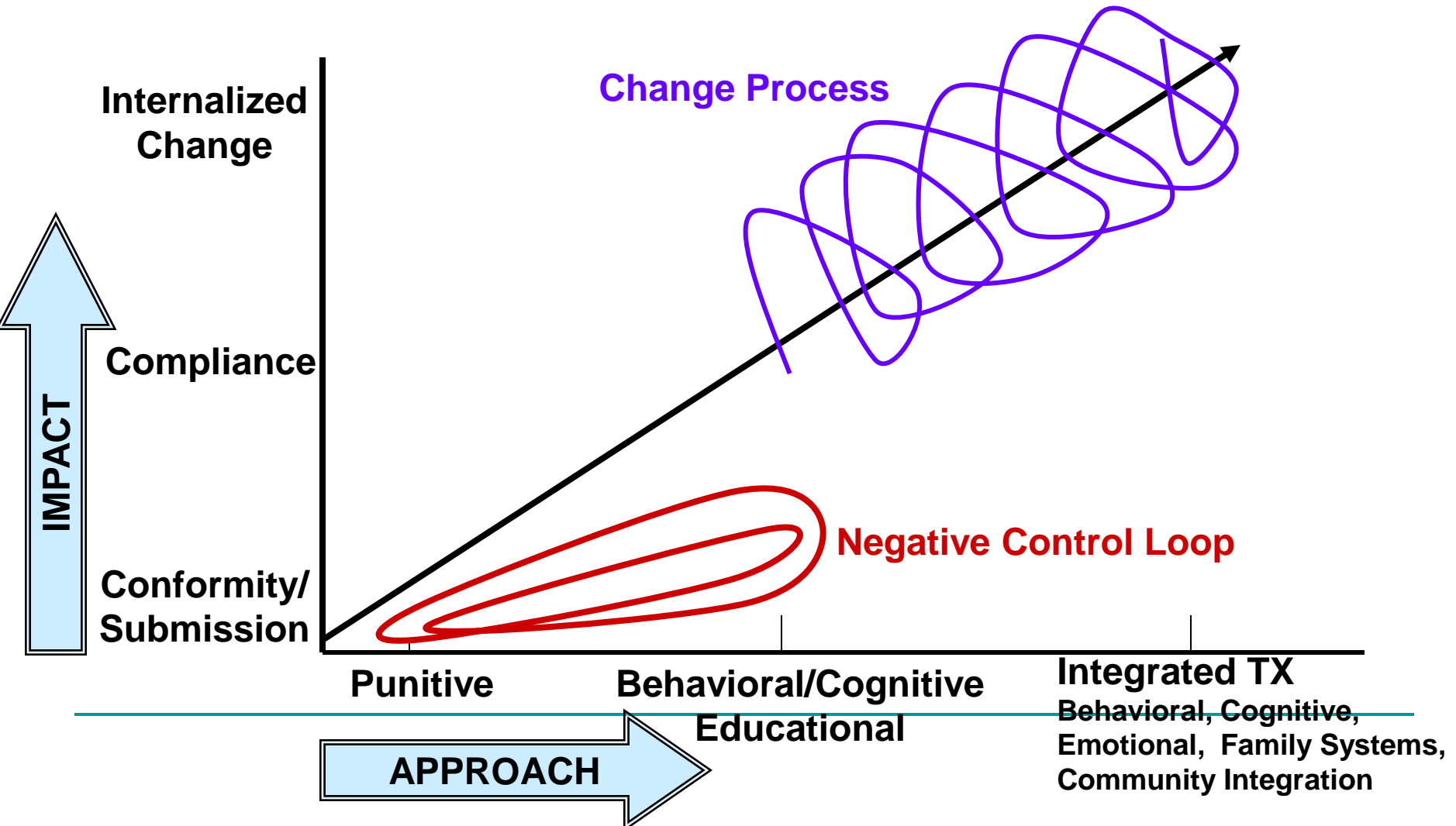
Penalizing

Educational

Holistic

Behavioral, Cognitive,
Emotional
Family Systems
Group Process
Experiential
Community

Reshaping Behavior: *Completing the Puzzle*



Integrated Treatment Approach

- **Youth participate in process and structure**
- **Focused on building**
 - ❑ healthy peer-to-peer and adult-child relationships
 - ❑ self-awareness and insight
 - ❑ skill development
 - ❑ resolution of core issues
 - ❑ behavioral change

Integrated Treatment Approach

■ Key Components

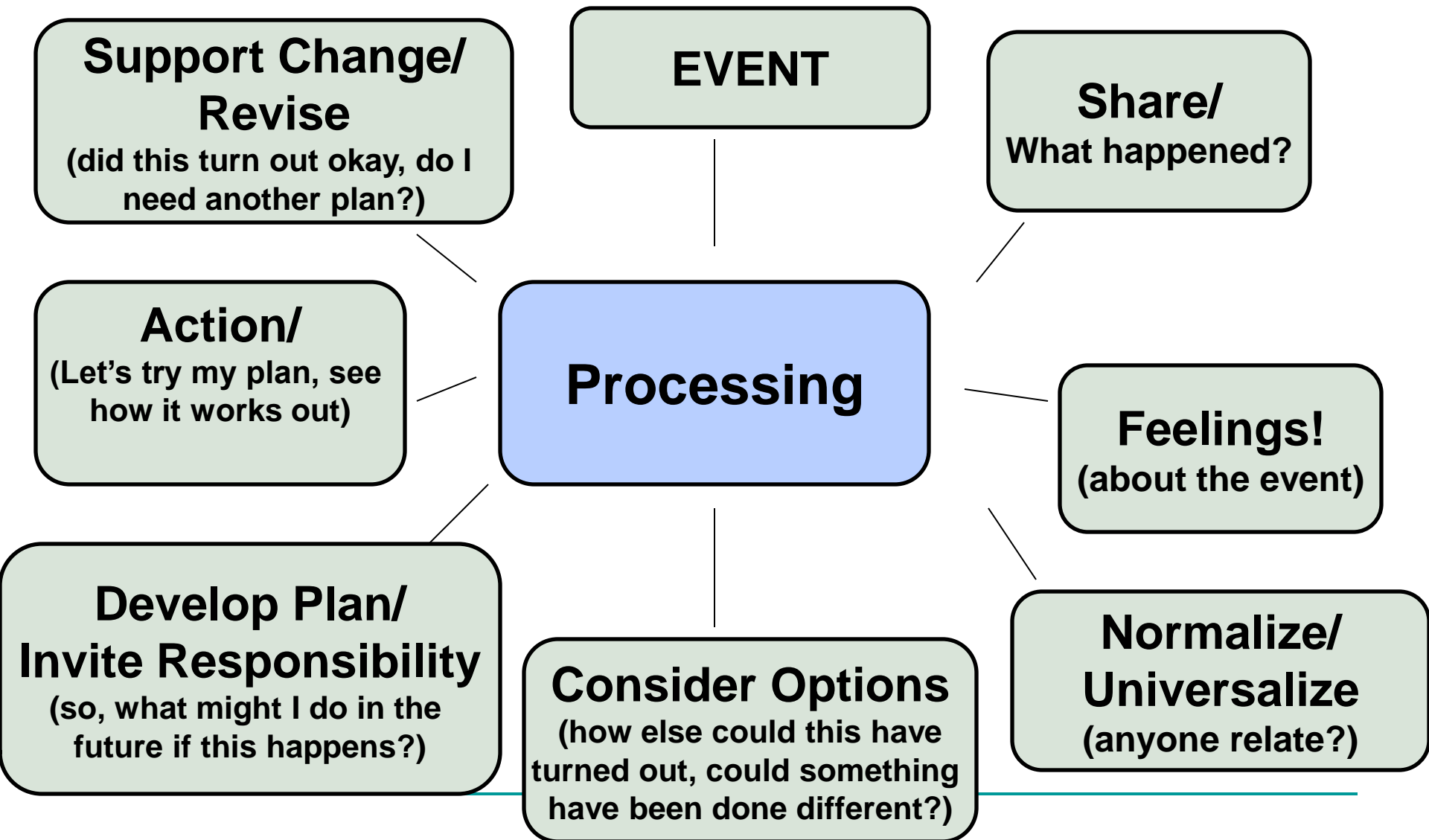
- ❑ **“Holistic” approach** - perceptions (cognitions), feelings/emotions, decisions and behavioral choices
- ❑ **“Group Systems”** – integration of group process, developmental, and family systems
- ❑ **Individual Treatment Planning and Level systems_** - that reflect the change process and provide an individualized “roadmap”
- ❑ **Purposeful and Intentional Use of Time_** - structured planning including education, treatment, experiential learning, skill building

Integrated Treatment Approach

Purposeful and Intentional Use of Time (Schedules)

- ❑ **Individualized and integrated educational approach** (“therapeutic one-room schoolhouse”)
 - ❑ **Predictable Daily group meetings** (sacred time, emotional safety, trauma work, self acceptance and accountability)
 - ❑ **Ongoing treatment activities** and group “circles” (educational, conflict resolution, problem solving)
 - ❑ **Regular engagement with family and community** (empathy and giving back)
 - ❑ **Leadership (Positive Youth Development)** and recreational opportunities
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Treatment Wheel



All Behavior Has A Purpose: Line of Movement

Name:

Family History/Basic Needs Not Met:

Strengths/Talents:

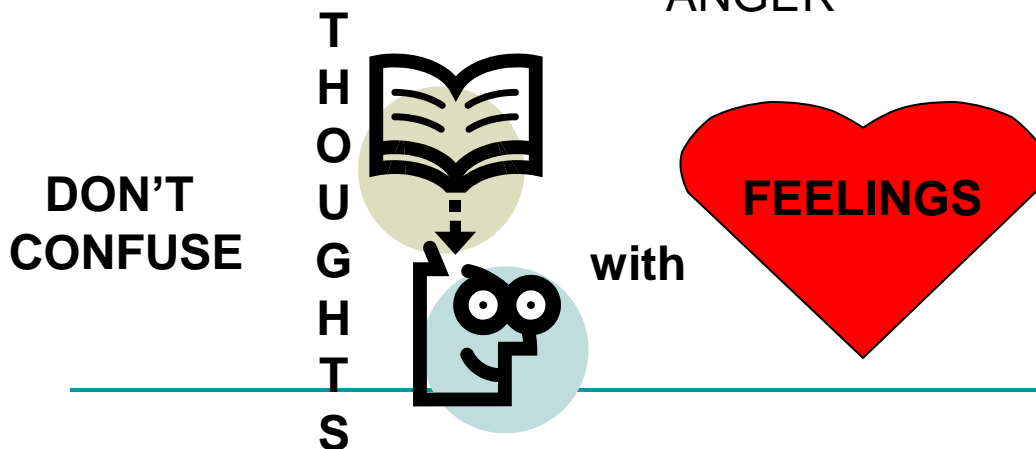
■ Perceptions → Feelings → Behavior → Goal/Needs

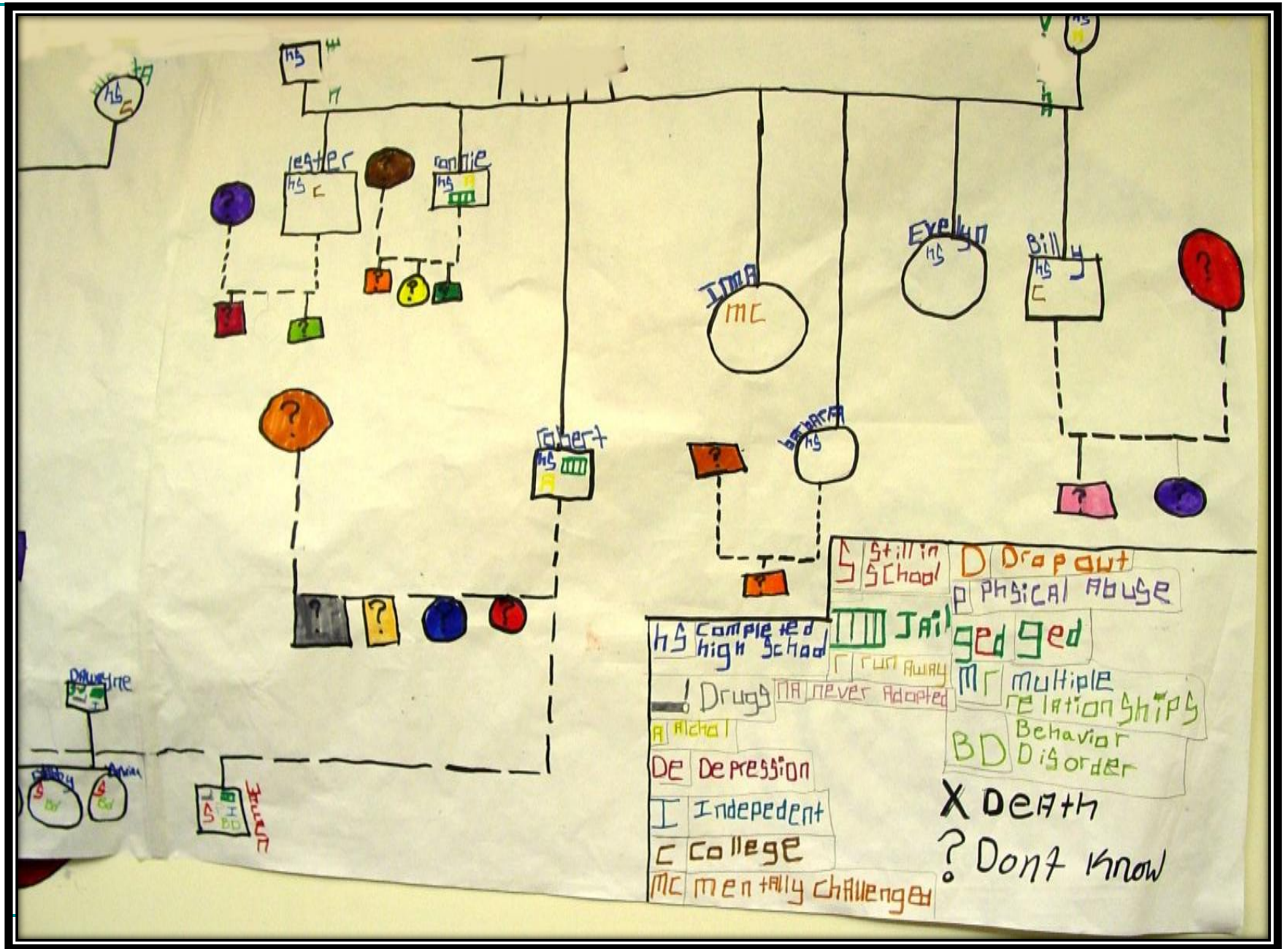
THOUGHTS
SELF TALK
VIEW OF WORLD
VIEW OF SELF
VIEW OF OTHERS

SAD
HAPPY
SHAME
HURT
DISAPPOINTMENT
ANGER

WHAT IS
THE COVER?

Ex:
SAFETY
BELONGING
SECURITY
LOVE
FOOD
SHELTER





Creating Sustainable Change



youth



family

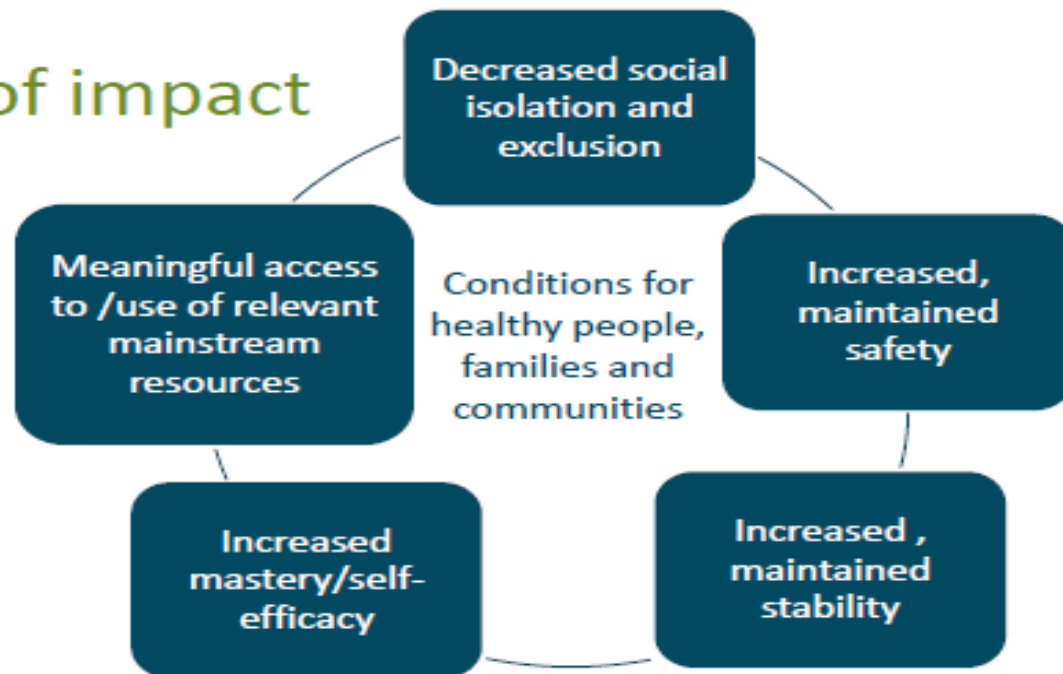


neighborhood
school

Transition and Domains of Impact

what full frame work leads to

domains of impact



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