

Organizational toxicity in children's treatment facilities that leads to violence and maltreatment

Michael A. Nunno, D.S.W.

Residential Child Care Project

Bronfenbrenner Center for Translational Research

College of Human Ecology

Cornell University

Ithaca, New York

man2@cornell.edu

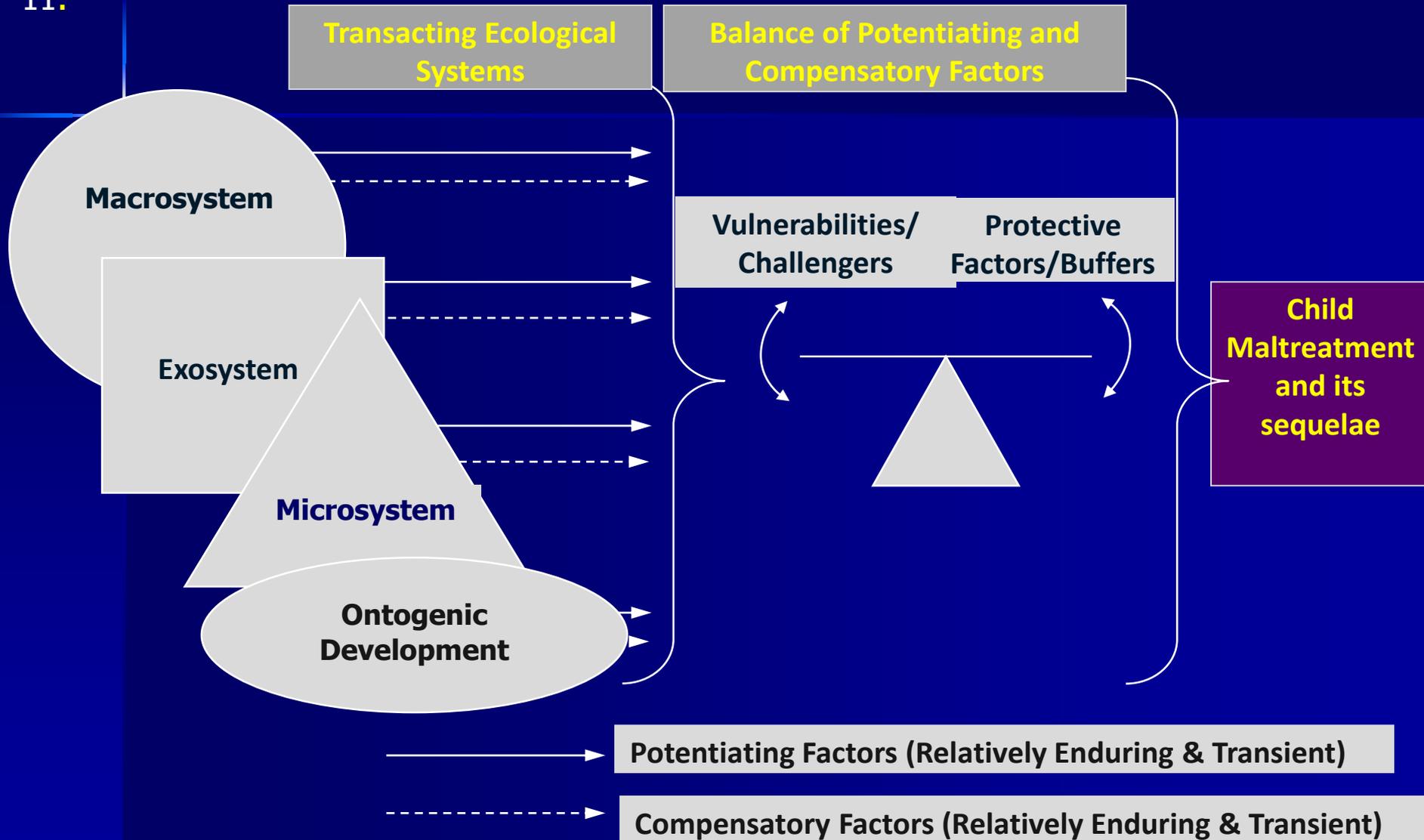
The preliminaries

- Who are you?
- What do you do?
- Why did you choose this program?
- What are your expectations?

What contributed to my learning for this topic?

- **Research & literature**
 - Fatality studies
 - Charles Glisson & his team
 - Rindfleisch and Thomas
- **Training & Technical assistance Critical review/discussion of events**
 - Institutional abuse
 - Restraint reduction
- **Expert witness in civil litigations**

Figure: Cicchetti & Lynch (1993) Toward an ecological/transactional model of community violence and child maltreatment: Consequences for children's development. *Psychiatry*, 56, 96-11.



Organizational culture and climate factors that contribute to aggression and violence

- What is organizational culture?
 - Shared beliefs and shared values of the organization (Ott, 1989; Glisson & Hemmelgarn, 1998)
- What is organizational climate?
 - Psychological interaction of the individual to the organizational culture (Ott, 1989; Glisson & Hemmelgarn, 1998)

ORGANIZATIONAL SOCIAL CONTEXT (OSC)

Glisson & Hemmelgarn, 1998

<i>Domain</i>	<i>Dimensions</i>	<i>Scales</i>
Culture	Rigidity	Centralization Formalization
	Proficiency	Responsiveness Competence
	Resistance	Apathy Suppression
Climate	Stress	Emotional Exhaustion Role Conflict Role Overload
	Engagement	Personalization Personal Accomplishment
	Functionality	Growth & Advancement Role clarity Cooperation
Work Attitudes	Morale	Job satisfaction Organizational Commitment

Organizational culture & climate links to aggression and violence

- **Research & the literature link organizational constructs to the potential for aggression and violence**

(Rindfleisch, 1989; Seely, 1993; Peter, 1998; Turnbull, 1999; Gadon et al., 2006; Paterson et. al, 2008; Confessore, 2009)

- **Aggression and violence is toxic to any treatment environment & organization**

(Bloom, 1997; Abramovitz, 2003; American Academy of Child and Adolescent Psychiatry (2002)

Why should we be concerned about aggression and violence in children's facilities?

- Trauma history
- Developmental needs of children
- Impact of separation
- Contagious effect of aggression/violence/fear

What types of facilities am I reporting on here?

- Residential Child Care facilities
 - Congregate care – children in need of supervision
- Residential Treatment Facilities
 - Congregate care but with a psychiatric treatment focus
- Juvenile corrections facilities

What is a healthy treatment vs. a toxic treatment facility?

- Healthy organizations are a combination of organizational structures & processes that produce safety, positive developmental outcomes & well-being
- Toxic organizations are a combination of organizational structures or processes that produce risk, negative developmental outcomes & maltreatment

What marks a healthy facility vs. a toxic facility?

Markers (per month)	Healthy (N=6)	Toxic N=18)
Institutional abuse & neglect determinations	Low frequency/proactive response (none to < 1)	High frequency/defensive/reactive responses (>3)
Police calls	None	5 to 80 per month
Runaways & abscondings	None or less than 1 per month	5 to 20 per month
Restraints	None or less than 1 per month	80 to 90 per month
Child/staff injuries requiring medical attention due to aggression/violence	None or less than 1 per month	5 to 8 children & staff per month
Fatalities	None	1 to 3 within an 8 year period

What assessment was I asked to provide?

- Assessment of strengths and needs in the following areas:
 - Leadership
 - Clinical participation
 - Training
 - Supervision
 - Critical incident monitoring and quality assurance
 - Adherence to regulation

Examine organizational structures & processes

- Leadership and governing styles
- Program principles
- Intake
- Clinical participation
- Supervision & training
- Documentation and critical incident review
- Fear
- Interpersonal aggression and violence

Healthy vs. Toxic facilities – Leadership theme

Healthy Facilities	Examples	Toxic Facilities	Examples
<p>Establishes & maintains a culture that</p> <ol style="list-style-type: none"> 1. encourages risk identification and reduction, self-assessment, and learning 2. communicates priorities of prevention, management, and monitoring of foreseen or unforeseen events in a developmental and trauma-focused context 3. communicates respect & child's best interests 	<ul style="list-style-type: none"> • Policy, procedure, rules focused on the best interests of children • Management of events seen in a developmental and trauma-focused context • Leadership connected to the daily life of the facility • Leadership that expects high support and high accountability • Participatory management style through power-sharing and authority 	<p>Establishes or maintains a culture that</p> <ol style="list-style-type: none"> 1. is rigid, authoritarian, formal, and centralized 2. communicates solutions to adverse events or interpersonal conflict in light of compliance and control 3. Defensive & negative approach to risk management 	<ul style="list-style-type: none"> • Extensive policy, procedure, rules that governs the actions of every aspect of daily life • Risk management seen in the context of compliance and control • Leadership disconnected from the daily life of the facility • Leadership that gives little support and is inconsistent with its accountability

Case Scenario

The CEO of a large psychiatric treatment facility for children was turning 50 yrs. old and the upper and middle management of the adolescent males (ages 13 to 17 yrs old) sexually reactive unit (40 beds) decided to throw the CEO a birthday party and include the children. Upper and middle management decided that they would dress up in “drag” and perform skits for the CEO and the children. Six of the male staff dressed as women performers complete with undergarments (bras, panties, stockings) and sang love songs to the CEO.

Healthy vs. Toxic facilities – Program theme

Healthy Facilities	Examples	Toxic Facilities	Examples
<p>Program governed by</p> <p>1.the best interests of children served, best professional practices, and research-based principles/programs</p> <p>2.Congruence among organization’s mission, program philosophy, program theory (theory of change), child best interests and positive child outcomes</p>	<ul style="list-style-type: none"> • Written explanation of the organization’s mission, philosophy, purpose and goals • Comprehensive training for new and experienced staff • Everyone knows the program and basic philosophy of child treatment throughout all levels of the organization • What is said and what is practiced are the same 	<p>Compliance based-program governed by</p> <p>1. the interests of the agency or and staff</p> <p>2. theory of change inconsistent with developmental principles</p> <p>3. audiences other than children</p>	<ul style="list-style-type: none"> • Program governed by crisis management principles & organizational needs • Little connection between the program and the needs of the child population served • Little or no comprehensive training for new or experienced staff • Little or no congruence in program articulation among leadership, supervisors, care staff and children served

Case Scenario

- When I asked the executive director of the facility what was his program he answered
- “Our mission is to drive the devil out of these children”

Healthy vs. Toxic facilities – Intake theme

Healthy Facilities	Examples	Toxic Facilities	Examples
<p>Admission criteria matches organizational mission and program with the best interests of children paramount</p>	<ul style="list-style-type: none"> • Organizational programs and resources dictate intake and admission decisions • Families and children understand the strengths and the limits of the program and services • Safety and individual crisis management plans developed and adhered to by all parties 	<p>Admission criteria linked to</p> <ul style="list-style-type: none"> • need to maintain bed census • little or no control over intake 	<ul style="list-style-type: none"> • External programs and policies dictate intake decisions • Intake influenced by no eject/no reject contracts • Financial considerations guide admission • No comprehensive system to ensure informed consent • No safety and individual crisis management plans developed and adhered to by all parties

Case Scenario

- When I asked the executive director what their intake policy is she replied “We have to take every child who is brought to us. If we don’t we lose our funding. I pride myself in having the best bed census in the area.”

Case Scenario

Anna 24 yrs. old supervised 6 adolescent males aged 15 to 17 yrs. alone. They were transferred from an overcrowded juvenile detention facility and placed non-secure group home under some pressure from the state agency that funded the facility. Earlier that day there was a theft of \$160.00 in the unlocked staff office. After dinner Anna confronted the youths that unless the money was returned soon she was going to terminate their home visits. Her confrontation focused on Arthur a 17 yr. old who had a history of violent outbursts. Arthur became defensive and angry during the confrontation and retreated to the basement. Anna followed Arthur to the basement and accused him of the theft. Arthur picked up a hammer and hit Anna on the head. The blow killed her.

Healthy vs. Toxic facilities – Clinical Participation theme

Healthy Facilities	Examples	Toxic Facilities	Examples
<p>Clinical participation in the daily life of the facility and serving the best interests of children</p>	<ul style="list-style-type: none"> • Weight given to clinical perspective & consequences for deviating from clinical protocols • Strict attention to child safety plans and individual crisis management plans • Clinical monitors include abscondings, violence, contraband, sexual, and behavior management • Ignoring the child's safety plans or individual crisis management plans is considered negligent • Clinical staff in proximity to children and care staff 	<p>Minimal clinical participation in the daily life of the facility</p>	<ul style="list-style-type: none"> • Little weight given to clinical perspective or clinical perspective reinforces the child's compliance and control and the organization's best interests • No consequences for deviating from clinical protocols • Ignoring or circumventing child's safety plan or individual crisis management plans is considered the way we do business around here. • Clinical staff removed from children and care staff • No or ineffective system for clinical monitoring of critical events

Case Scenario

During the course of a restraint a 13 year old female child yelled “Get off me! I can’t breathe!”. The workers involved in the restraint were unaware that the child was an asthmatic. One child care worker said to the child “If you can yell like that, you can breathe.” The agency policy & the director supported this response over the objection of the clinical & medical personnel

Healthy vs. Toxic facilities – Documentation and critical incident review theme

Healthy Facilities	Examples	Toxic Facilities	Examples
<p>Complete and up-to-date event documentation and extensive review and analysis that governs treatment, daily routine, staff supervision, risk management , and child outcomes</p>	<ul style="list-style-type: none"> • Active use of data for organizational, professional and interpersonal learning • Strong formal system is available that reviews and assesses adverse events in the facility for organizational learning • Strong and functional and structural analysis of aggressive or violent behaviors • All levels of staff engaged in the risk management process 	<p>Reliance on exhaustive documentation of critical events or poor or no or inadequate documentation of events</p> <p>Data gathered has little to do with risk management, management of daily activities or child outcomes</p>	<ul style="list-style-type: none"> • Data gathered rarely used for prevention of adverse events but rather used to defend the facility from external threat • No formal system is available that reviews and assesses adverse events in the facility • No functional and structural analysis of aggressive or violent behaviors • Little & negative agency participation in risk management

Case Scenario

A 34 yr. old female staff reported to work for the day shift in a juvenile corrections facility. She walked into the staff room and announced to her supervisor and other colleagues that if any of the “monsters” get out of line today “They are going to eat the tile”. The supervisor and her colleagues smiled but ignored her comment and went about their business.

Later that day this staff member was involved in a restraint with a child where the child received a concussion. The staff reported the child needed to be restrained immediately to maintain her control and discipline. The restraint was reviewed by the restraint committee, the care worker who performed the restraint, the worker’s supervisor and the colleague who overheard the comment. The restraint was seen as necessary.

Organizational domains Healthy vs. Toxic facilities – Supervision theme

Healthy Facilities	Examples	Toxic Facilities	Examples
Supervisors integrated into the life of the facility	Supervisors are available and/or present at all shifts Supervision is frequent	Supervisors divorced from the life of the facility	Supervisors are unavailable and/or not present at all shifts Supervision is infrequent
Frequent supervision focused on professional growth and learning	Supervision used to maximize professional growth and development	Infrequent or non-existent supervision focused on compliance, rules	Supervision used to enforce agency rules, policy, and procedure
Supervision linked to risk management	Supervision connected to and used as training & self-reflection opportunities	Supervision divorced from risk management	Supervision is disconnected from training

Case Scenario

A 34 yr. old female staff reported to work for the day shift in a juvenile corrections facility. She walked into the staff room and announced to her supervisor and other colleagues that if any of the “monsters” get out of line today “They are going to eat the tile”. The supervisor and her colleagues smiled but ignored her comment and went about their business.

Later that day this staff member was involved in a restraint with a child where the child received a concussion. The staff reported the child needed to be restrained immediately to maintain her control and discipline. The restraint was reviewed by the restraint committee, the care worker who performed the restraint, the worker’s supervisor and the colleague who overheard the comment. The restraint was seen as necessary.

Organizational domains Healthy vs. Toxic facilities – Fear theme

Healthy Facilities	Examples	Toxic Facilities	Examples
<p>Little or no documented expressions of fear for safety among staff and children</p>	<ul style="list-style-type: none"> • Little or no fear for safety expressed by staff and children and if it is expressed it is examined directly and ameliorated immediately • Ameliorating fear for safety seen as an executive responsibility 	<p>Documented expressions of fear for safety among staff and children</p>	<ul style="list-style-type: none"> • Fear for safety expressed by staff and children is minimized, ignored, suppressed &/or the language is changed • Ameliorating fear for safety is seen as an individual responsibility

Case Scenario

A prominent member of the community, Mr. Bob, took a 13 yr old male resident of a facility to the movies on an approved outing. During the movie, Mr. Bob began stroking the boy's groin. The boy became upset, ran out of the movies, and returned to the facility on his own.

He disclosed the incident to the social worker worried that Mr. Bob would come after him like his stepfather did. The boy was placed in the facility infirmary as a precaution and the social worker reported the boy's allegation to the police. Within two-days the police determined that the boy was "lying" and that Mr. Bob would not be charged.

The child continued to express fear of Mr. Bob. Despite the boy's fear, the director intervened and allowed Mr. Bob an unsupervised visit in the boy's infirmary room. During the visit the boy jumped out of the 2nd floor window and broke his leg. The police later informed the facility that Mr. Bob had had two prior allegations against him by other children in another community.

Organizational domains Healthy vs. Toxic facilities - Interpersonal aggression/violence theme

Healthy Facilities	Examples	Toxic Facilities	Examples
<p>No aggression or counter-aggression among staff and children</p>	<ul style="list-style-type: none"> • Minimal or no restraints • No reports of abuse • Minimal injuries to children and staff 	<p>High levels of aggression and counter-aggression among staff and children</p>	<ul style="list-style-type: none"> • Multiple restraints • Multiple police visits • Reports of abuse • High levels of injury to children and staff

Case Scenario

A 17 yr old young man was placed in a facility by the juvenile court that promised alcohol, drug abuse and mental health treatment. Three weeks after placement the young man was assaulted by three youths over a two day period in the aftermath of a riot where the police were called to quell the disturbance. The assaults culminated in the rape of the young person with the wooden handle of a plunger while staff were “distracted”.

The three youths who assaulted the young man were later “taught a lesson” and beaten by the staff of the facility.

Case Scenario

A 15-yr old was instructed by staff that as a behavioral consequence he would have to give up his ipod. The child handed it over but kept the ear buds. The child care worker demanded the ear buds be surrendered. The child became distressed and was restrained in a standing hold facing the wall.

The child's ICMP ruled out restraints of any kind with this child but the staff feared that the child's distress would escalate into violence so the ICMP was ignored. This was the 3rd time that the supervisor instructed this staff member to follow the ICMP on this child. Other staff told him to ignore the supervisor because if anything happened it was his ass that was on the line.

Can organizations change?

- Yes but...

Linking positive organizational climates to aggression-free treatment environments

- Leadership connection to the daily life of the facility
 - Culture that encourages
 - risk identification / reduction
 - self-assessment, communication and learning
 - Culture that communicates priorities of
 - prevention, management and monitoring of
 - foreseen and unforeseen adverse events in
 - child developmental context

Linking positive organizational climates to aggression-free treatment environments

- Program congruence, strength and articulation (Anglin, 2002)
 - Congruence among organization's mission, program philosophy, program theory (theory of change), child best interests and positive child outcomes
 - Congruent articulation of program, and basic philosophy of child treatment throughout all levels of the organization
 - Congruence between what is said and what is practiced

Linking positive organizational climates to aggression-free treatment environments

Principles:

Mission-driven: All of the organizations actions have to contribute to the safety well-being of children

Results-driven: measure performance in terms of improvements to children

Improvement-directed: seek continuous improvement in effectiveness

Relationship-centered: focus on those relationships in a child's life that are most important to their well-being

Participation-based: include service providers, stakeholders in forming policy, designing strategies, and adopting technologies for the well-being of children

Linking positive organizational climates to aggression-free treatment environments

Leadership must

1) adopt and support aggression-free intervention principles by

- communicating a clear vision for change
- create a healthy climate for improving effectiveness
- form a participative structure to implement the aggression-free environments
- establish rewards, incentives, and accountability

Linking positive organizational climates to aggression-free treatment environments

Leadership must

- 2) encourage and cultivate personal relationships with children, staff, administrators, service providers, opinion leaders, and stakeholders.
- 3) access and develop networks among administrators, service providers, and stakeholders
- 4) Build Teamwork

Linking positive organizational climates to aggression-free treatment environments

Leadership must

- 5) Provide information and training
- 6) Establish a feed back system
- 7) Implement participatory decision-making
- 8) Resolve conflicts
- 9) Develop goal setting

Linking positive organizational climates to aggression-free treatment environments

Leadership must

- 10) Use continuous quality improvement methods
- 11) Re-design job characteristics and qualifications
- 12) Ensure self regulation, stabilization and sustainability

Linking positive organizational climates to aggression-free treatment environments

- Need to maintain integrity of intake
- Clinical weight to treatment planning and management

Linking positive organizational climates to aggression free environments

- Expect high levels of support and high level of accountability through
 - Agency wide critical incident review team
 - Clinical review
 - Supervisory monitoring

Linking positive organizational climates to aggression-free treatment environments

- Overcome program coercion and program compliance through interactional dynamics (Anglin, 2002)
 - listening and responding with respect,
 - communicating a framework for understanding,
 - building rapport and relationships,
 - establishing structure,
 - routine, and experience, inspiring commitment,
 - offering emotional and developmental support,

Linking positive organizational climates to aggression-free treatment environments

- Overcoming program coercion and program compliance through interactional dynamics by
 - challenging thinking and action,
 - sharing power and decision-making,
 - respecting personal space and time,
 - discovering and uncovering potential
 - providing resources .

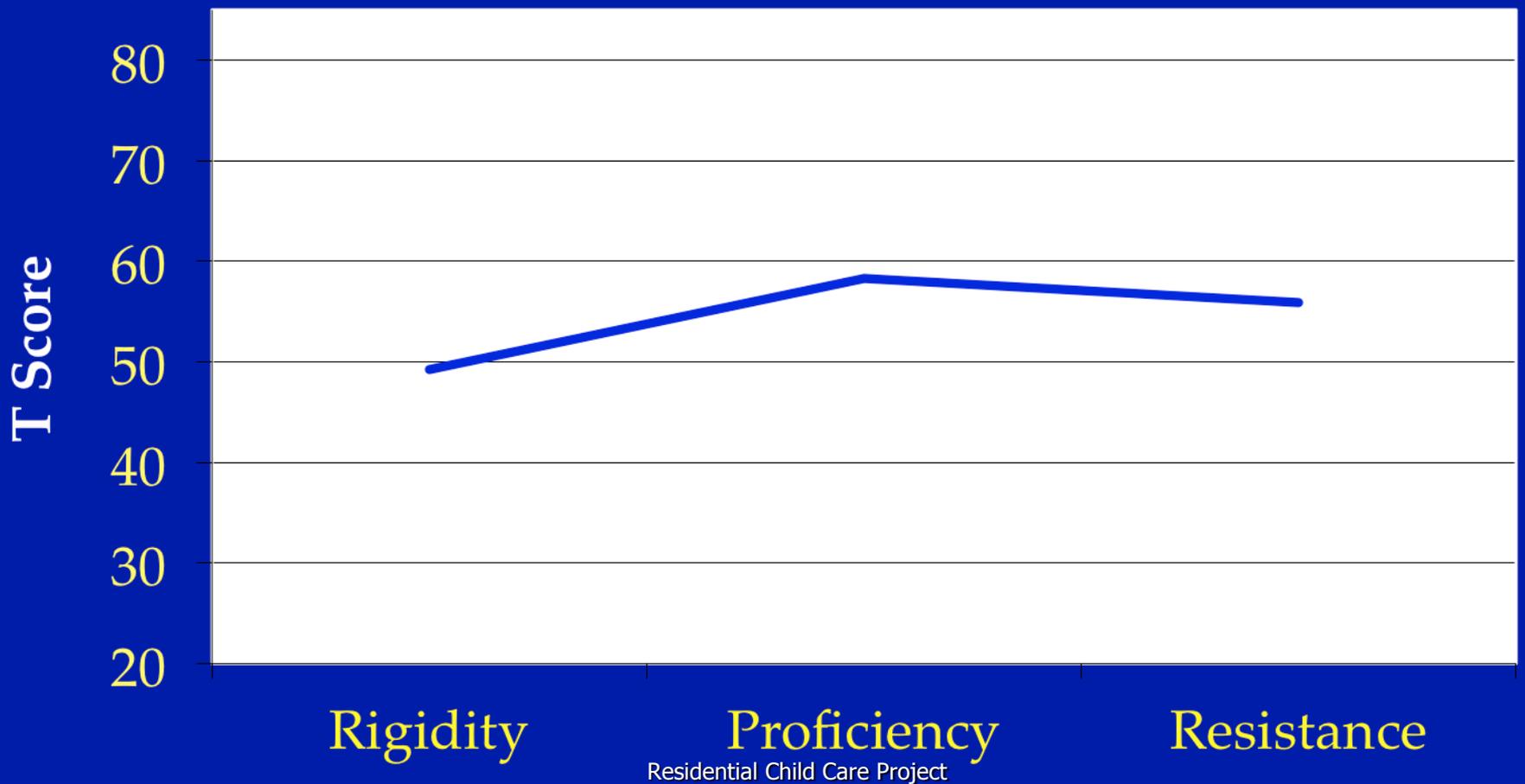
Linking positive organizational climates to aggression-free treatment environments

- Constantly monitor levels and intensity of toxic elements in your organization.
 - Expression of fear & aggression
- Articulate clear policy and procedures
- Increase levels and intensity of support and accountability through supervision, training

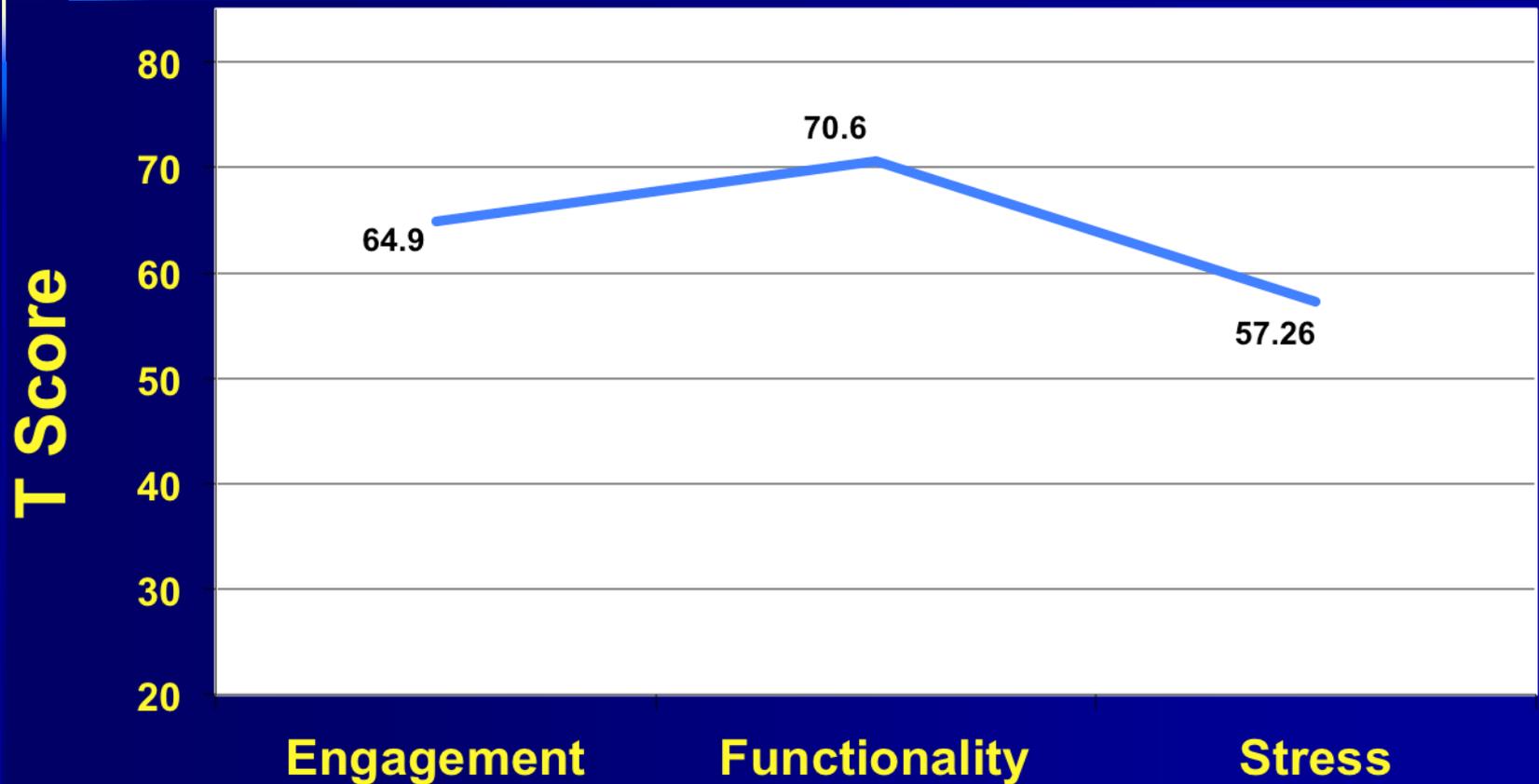
Linking positive organizational climates to aggression-free treatment environments

- Leadership, supervision, clinical participation, training and critical incident monitoring are never stable but always changing and dynamic
 - Even subtle modifications can significantly change organizational and interpersonal dynamics
 - No one theme is paramount but focus on the leadership and program at all levels can maximize change

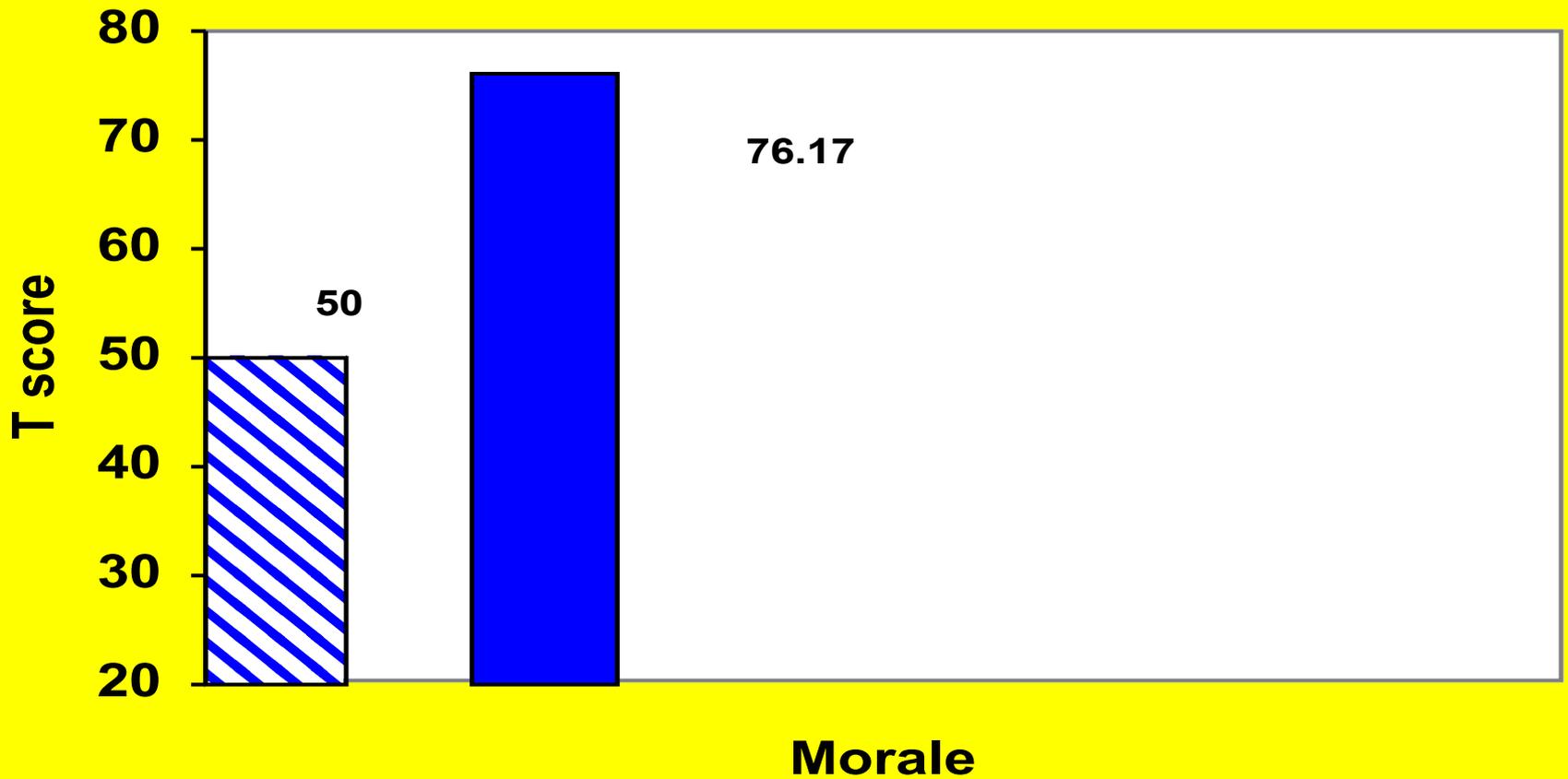
RCCP culture profile



RCCP climate profile



RCCP morale

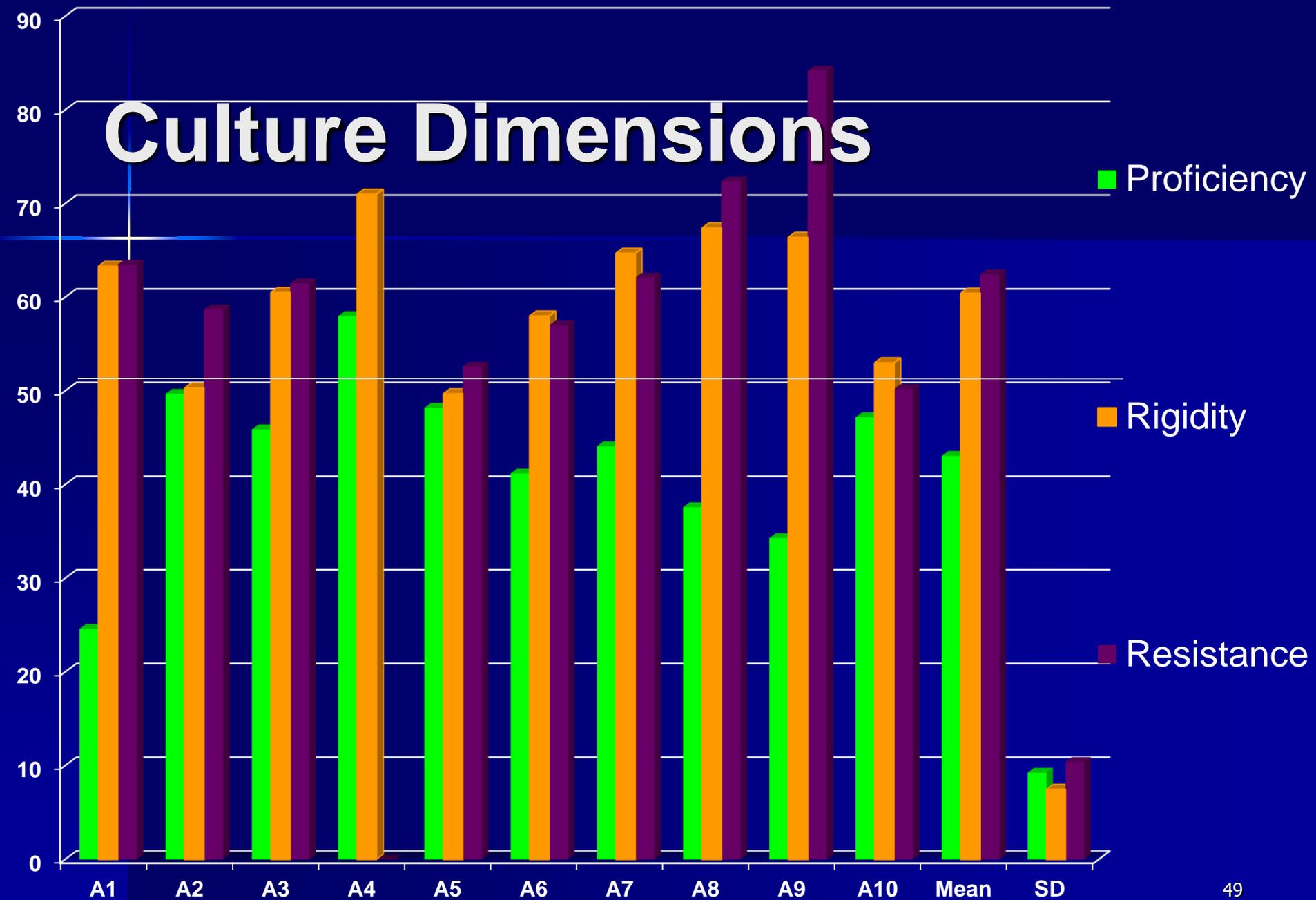


Culture Dimensions

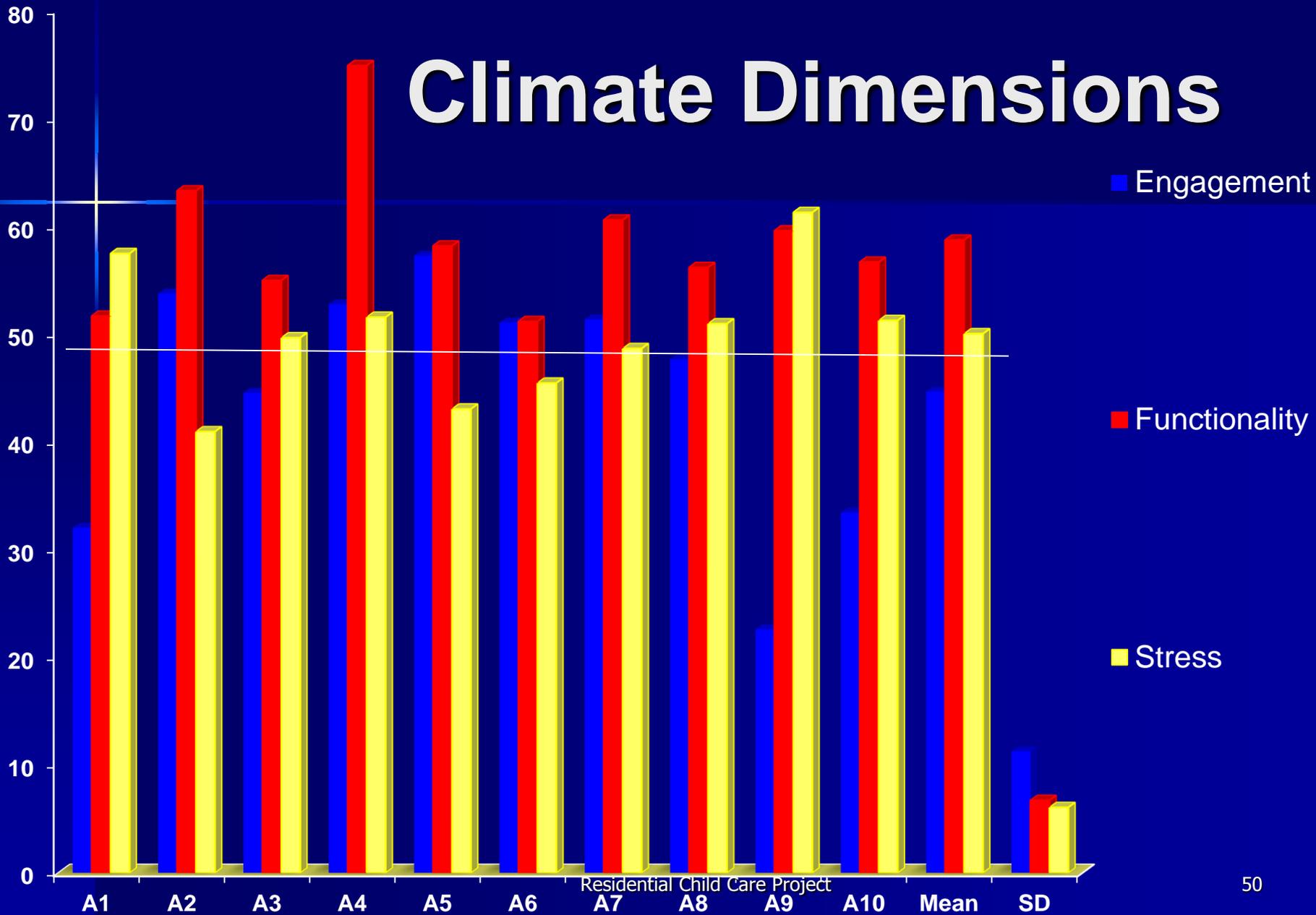
Proficiency

Rigidity

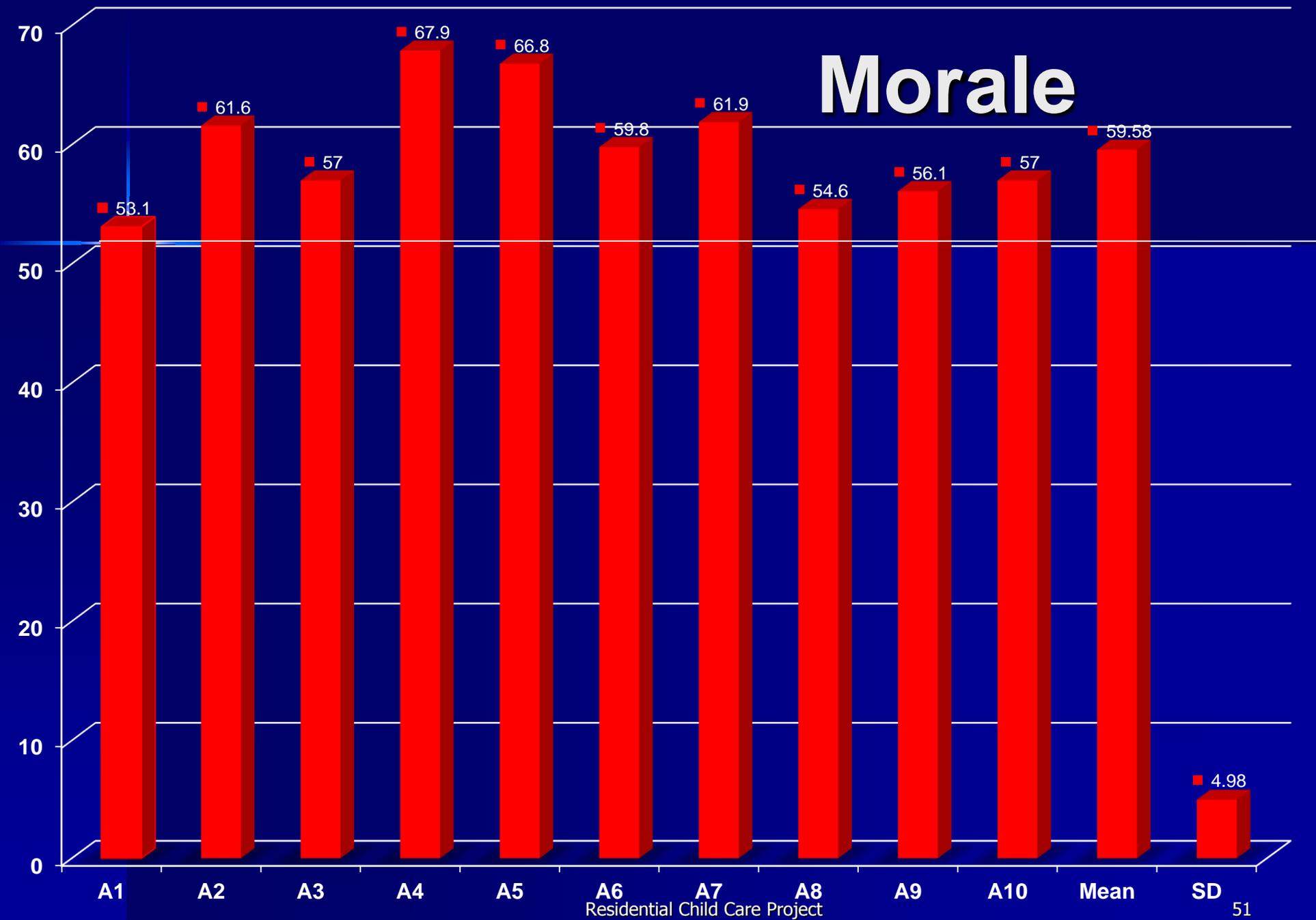
Resistance



Climate Dimensions



Morale



Residential Child Care Project