



Group care worker interventions and child problem behavior in residential youth care: Course and bidirectional associations ^{☆, ☆, ☆}



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ABSTRACT

Group care workers in residential youth care are considered important in influencing behavioral development of children. In spite of this, their role has largely been neglected in research on residential care. The aim of the current study was twofold. First, longitudinal changes in group care worker interventions and child behaviors were investigated separately. Second, bidirectional influences between group care worker interventions and child behaviors were investigated. Group care workers completed the Group care worker Intervention Checklist and Child Behavior Checklist for 128 children (66% boys, mean age 8.63 years) at the beginning of the treatment and at two measurement intervals that followed (6 and 12 months, respectively). Most results contradicted the predictions. There was no change in controlling and warm and supportive interventions by group care workers. Autonomy granting interventions increased during treatment. Second, there were no changes in externalizing and internalizing behaviors of children over time. Third, cross-lagged analyses revealed that higher levels of controlling interventions increased externalizing problems of children. In the opposite direction, higher levels of children's externalizing problems were associated with an increase in controlling interventions of group care workers. In addition, higher levels of children's internalizing problems were associated with lower subsequent levels of autonomy granting interventions. These significant longitudinal paths were found only for the first phase of treatment. This study emphasizes the potential of the role of group care workers in residential youth care. Residential institutions should be aware of the dynamics between group care workers and children. Training and ongoing supervision in effective responses to behavior problems can increase the effect of group care worker interventions on child behavioral changes.

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1. Introduction

Residential care is the most discussed type of care within youth care. Additionally, residential care is one of the most expensive and most intrusive types of care because children are placed out of their homes and away from their families. However, there is a lack of strong evidence for the effectiveness of residential youth care. Several studies that have reviewed the effectiveness of residential care concluded that placement in a residential treatment facility does improve outcomes for most children (Bettmann & Jaspersen, 2009; De Swart et al., 2012; Frensch & Cameron, 2002; Hair, 2005; Knorth, Harder, Zandberg, & Kendrick, 2008; Lee, Bright, Svoboda, Fakanmojo, & Barth, 2011). However, methodological shortcomings and unclear program descriptions preclude firm conclusions on the effectiveness of residential care. As such, policymakers and funders in many Western countries continue to

question the importance of residential care on the continuum of youth care (Bates, English, & Kouidou, 1997; Butler & McPherson, 2007).

A main problem in collecting evidence on the effectiveness of residential care is the diversity of care within the residential field itself (Frensch & Cameron, 2002; Lee, 2008; Lee & Barth, 2011; Palareti & Berti, 2010). Specifically, content consists of different elements of care such as the daily living group environment, education, and individual and family therapy. Individually tailored care, which varies in duration and diversity of care elements, is provided to each child who is placed in residential care. Because of this diversity, residential treatment is very difficult to operationalize as an independent variable of which effects are analyzed in a controlled study. To circumvent this problem, multiple scholars have suggested to involve the content of residential care in effectiveness studies (Hastings, 2005; Lee, 2008; McCurdy & McIntyre, 2004; Rosen, 1999). By connecting content variables with outcomes, important effective elements of care can be identified (Lee & McMillen, 2008; Van den Berg, 2000).

In the search of which variables of the content of residential care contribute to successful treatment, this study dealt with the element of care in which the largest part of treatment took place namely the daily living group environment where group care workers shaped

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treatment by interacting with children. It is the care workers' task to help children through difficult events and processes (Anglin, 2002; Petrie, Boddy, Cameron, Wigfall, & Simon, 2006; Ward, 2004, 2007) as they are involved in the daily living situation and are more likely to influence children's behavioral development than are other staff members (Leichtman, Leichtman, Cornsweet Barber, & Neese, 2001; Maier, 1979). Group care workers spend the most time with children and are present during daily situations that may be challenging for children with behavioral problems. Further, the guidance of group care workers during the day can change children's behavior positively (Knorth, Harder, Huygen, Kalverboer, & Zandberg, 2010; Leichtman et al., 2001; McCurdy & McIntyre, 2004; Rosen, 1999). Unfortunately, until now, the behavior of group care workers has been largely neglected in research on residential care (Bastiaanssen et al., 2012).

In the current study, group care worker behavior was defined as interventions that are directed toward children to shape treatment (Bastiaanssen et al., 2012). In the few studies that have been conducted on the content of residential youth care, group care workers' interventions (i.e., explaining inappropriate behaviors, punishing, affection, and emotional support) were related to different characteristics of children (Bastianoni, Scappini, & Emiliani, 1996; Kloosterman & Veerman, 1997; Van der Ploeg & Scholte, 2003). Group care workers used different interventions depending on gender and age of children (e.g., controlling interventions for older boys more, while providing affective support for girls more). These studies partly support the theoretical framework on group care worker interventions developed by Kok (1997), a Dutch developmental psychopathologist, who stated that group care workers should deliberately attune their interventions to specific needs of children in residential care instead of applying the same interventions regardless of child characteristics. In general, Kok distinguished two dimensions of group care worker interventions: stimulating interventions and structuring interventions. Stimulating interventions are applied when children need warmth, support, and security. Structuring interventions are applied when children need behavioral control by providing a clear set of boundaries and instructions. Kok's dimensions of stimulating and structuring interventions can be compared to the theoretical dimensions of the parental behaviors warmth and control (Baumrind, 1971; Maccoby & Martin, 1983). More recently, another important dimension has been introduced in the literature and research on parenting, namely autonomy granting (Silk, Morris, Kanaya, & Steinberg, 2003; Soenens & Vansteenkiste, 2010). Klomp (1984) also suggested that this dimension is important for group care worker interventions in residential care. In an earlier study of our own, a questionnaire on group care worker interventions was developed (Bastiaanssen et al., 2012). With this questionnaire, called the Group care worker Intervention Checklist (GICL), group care workers reported on their interventions regarding individual children. This study tested a model that consisted of three concepts of group care worker interventions, controlling, warmth/support, and autonomy granting. These concepts were drawn from Kok's (1997) theory and literature on effective parenting behaviors (Baumrind, 1971; Maccoby & Martin, 1983; Silk et al., 2003; Soenens & Vansteenkiste, 2010). The results confirmed that the three concepts of group care worker interventions proved distinguishable with the GICL. A group care worker uses positive controlling interventions when he or she structures the behavior of children by giving clear instructions, setting limits, and creating rules and agreements. A group care worker is warm and supportive when he or she provides safety, offers compliments, and offers support during anxious or threatening situations. In autonomy granting, the group care worker stimulates and supports the independence of children and provides children with the knowledge and skills to make their own decisions. In the study on the GICL, the results also yielded an association between externalizing behavior problems of children and controlling interventions by group care workers. Also, internalizing behavior problems of children were associated with applying autonomy granting and warm and supportive interventions by group care workers.

The studies mentioned above connected group care worker interventions to resident characteristics or behaviors. Few studies have investigated the effects of group care worker interventions on the outcomes of residential care. Palareti and Berti (2010) showed that interventions of group care workers who focused on relationships and open communication with youth were positively related to treatment satisfaction, psychosocial adaptation, personal reflection, orientation toward the future, and less suffering and isolation of youth. According to Scholte and Van der Ploeg (2000), a therapeutic climate with firm (not harsh) control and emotional support was related to the healthy development of youth in residential care. Harder, Kalverboer, Knorth, and Zandberg (2008) endorsed this claim following a review of studies on the relationships between group care workers and youth. According to Harder et al. positive treatment skills, such as control and warmth/support, can improve relationships, which, consequently, lead to positive child outcomes. Van Dam et al. (2011) reported that group care worker interventions were related to youth problem behaviors at the beginning of treatment, controlling interventions were associated with externalizing behaviors as well as warm and supportive interventions were associated with internalizing behaviors of youth. However, no associations were found between group care worker interventions and treatment progress.

An important limitation of the studies on the effect of group care worker interventions on outcomes is that such interventions and child problem behaviors were measured only at one point during treatment in all studies — except Van Dam et al. (2011). As a result, we know little about how both child problem behaviors and group care workers interventions change during treatment and influence each other over time. Therefore, if residential treatment facilities want to gain insight into how group care worker interventions improve behavior, longitudinal data should be collected and greater methodological rigor in analyses should be emphasized (Bates et al., 1997; Des Jarlais, Lyles, & Crepaz, 2004; Fitch & Grogan-Kaylor, 2012). In addition, these designs can expand our knowledge about the way in which group care workers attune their interventions to child problem behaviors over time. It is expected that when a child is placed in residential care with a specific problem behavior, the group care worker uses specific interventions to help the child improve the behavior. Therefore, both group care worker interventions and child problem behaviors should be measured multiple times during treatment to determine the bidirectional influences that can improve treatment outcome.

The present study aimed to extend current knowledge by means of longitudinal assessment of both group care worker interventions and child problem behavior. First, we assessed the way in which group care worker interventions and youths' problem behaviors changed during residential youth care separate from each other. Based on our previous work (Bastiaanssen et al., 2012), we used the controlling, warmth/support, and autonomy granting dimensions to conceptualize group care worker interventions. In conceptualizing child behavior problems, we distinguished between internalizing and externalizing problems. Considering the literature reviewed, it was expected that children's externalizing and internalizing problems would decrease during residential treatment. With regard to changes in group care worker interventions over time, we based our hypotheses on the theoretical framework of Kok (1997) and our earlier work on the subject where severity of specific child problem behaviors and intensity of specific group care worker interventions proved to be associated. In response to decreasing levels of externalizing behavior, it was expected that group care workers would become less controlling during the treatment. In addition, we expected that group care workers would apply less warm and supportive and autonomy granting interventions during treatment, in response to decreasing levels of internalizing problems. Secondly, we investigated the bidirectional associations between group care workers interventions and child problem behavior. Building on our previous expectations, we hypothesized that externalizing behavior problems would be associated with an increase of controlling interventions from

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