Up2U: Achieving persistent behavior change with adolescents in residential care

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Outcomes of residential care

- Poor long-term outcomes
- Challenging to build good therapeutic alliances
- Poor motivation for treatment/change
- Care history (±90%)
- Externalizing behavior problems

(Harder, 2011; Harder et al., 2015; Knorth et al., 2008; McLeod, 2011)
1) Intuitive approach

Residential care workers:
› act according to their own personal style
› develop their styles of relating to individual juveniles through “trial and error,” intuition, and by learning from experiences of their colleagues
› intuitively react to externalizing behavior by a controlling approach using corrective and restrictive actions

(Anglin, 2002; Bastiaanssen et al., 2012; Kromhout, 2002; Moses, 2000; Wigboldus, 2002; Van Dam et al., 2011; Van den Berg, 2000)
Corrective actions care workers

› Persuade: ‘Prom my experience, I think that going to school is the best choice for you’

› Confront: ‘You indicated that you typically smoke about one package each day. That is very bad for your health’

› Often used by residential care workers

› Ineffective in changing behavior of clients: Associated with poor outcomes

(Apodaca & Longabaugh, 2009; Eenshuistra et al., 2016)
2) Desirable behavior approach

Residential care workers:

› have the tendency to think and act from a normative perspective (i.e. What is normal? How should the young person behave?)

› focus on promoting desirable behavior of youth during residential care

(Abrams & Aguilar, 2005; Abrams, 2006; Englebrecht, Peterson, Scherer, & Naccarato, 2008; Henriksen, Degner, & Oscarsson, 2008)
# Points and level system

Table 1. Behavioral descriptions of the target behaviors of a point and level system.

<table>
<thead>
<tr>
<th>Target Behavior</th>
<th>Behavior</th>
<th>Examples</th>
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</thead>
<tbody>
<tr>
<td><strong>Appropriate Language</strong></td>
<td>- Interact with staff and peers appropriately</td>
<td>- Talking with a positive tone &amp; respect in your voice</td>
</tr>
<tr>
<td></td>
<td>- Using appropriate language at all times</td>
<td>- Refraining from teasing, swearing, name calling, &amp; derogatory remarks</td>
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<tr>
<td><strong>Handling Conflict</strong></td>
<td>- Compliance</td>
<td>- Listen to &amp; follow directions</td>
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<td></td>
<td>- Ignore negative behaviors</td>
<td>- Ignore peers acting out</td>
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<td></td>
<td>- Accepting constructive criticism</td>
<td>- Accepting corrections from staff</td>
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<td></td>
<td>- Compromising</td>
<td>- Coming to an agreement over a situation</td>
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<td></td>
<td>- Staying out of fights</td>
<td>- Both verbal &amp; physical</td>
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<td></td>
<td>- Using anger control</td>
<td>- Approaching a difficult situation constructively</td>
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<td></td>
<td>- Displaying appropriate interactions</td>
<td>- With staff &amp; peers</td>
</tr>
<tr>
<td></td>
<td>- Respecting individual differences</td>
<td>- Age, race, religion, appearance, etc.</td>
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<tr>
<td><strong>Positive Attitude</strong></td>
<td>- Cooperative behavior</td>
<td>- Throughout the entire school</td>
</tr>
<tr>
<td></td>
<td>- Accepting responsibility</td>
<td>- For actions &amp; reactions</td>
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<tr>
<td></td>
<td>- Appropriate statements about self &amp; others</td>
<td>- Verbally, non-verbally, &amp; body language</td>
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<tr>
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<td>- Being helpful &amp; assisting others</td>
<td>- Both staff &amp; peers throughout the entire school</td>
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</table>
# Points and level system

## Score Sheet Level 1

<table>
<thead>
<tr>
<th>Student:</th>
<th>Week of:</th>
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</table>

## Target Behavior:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Handling Conflict</th>
<th>Positive Attitude</th>
<th>Appropriate Language</th>
<th>Academic Work</th>
<th>Target Behavior From IEP</th>
<th>Bonus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prompt &amp; Ready</td>
<td></td>
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External regulation approach

Current treatment approach

(Deci & Ryan, 2002; Gilman & Anderman, 2006; Ryan & Deci, 2000)
Social desirable behavior

Once the staff like you, your points are going to go up. Once they believe that you’re doing it . . . that’s when they throw you up all kinds of points. That’s basically when they believe that those are your real behaviors. . . . Yeah, like even the people who were about to leave they didn’t care about none of that stuff they just figured out what to do and they wanted to go home. (Justin)

(Drumm, Coombs, Hardgrove, Crumley, Cooper & Foster, 2013, p. 274)
Social desirable behavior

‘At a certain point there is a ‘click’ and then it goes well’
(a group care worker about young people during secure residential care)

“I will never change completely the way they want it ...”
(15-year old girl in a secure residential care setting)

(Harder, 2011)
Internal regulation approach

The Self-Determination Continuum Showing Types of Motivation With Their Regulatory Styles, Loci of Causality, and Corresponding Processes

Behavior
- Nonself-Determined
  - Amotivation
  - Non-Regulation
  - External Regulation

Motivation
- External Regulation

Regulatory Styles
- Non-Regulation

Perceived Locus of Causality
- Impersonal
- External

Relevant Regulatory Processes
- Nonintentional, Nonvaluing, Incompetence, Lack of Control
- Compliance, External Rewards and Punishments

Extrinsic Motivation
- Introjected Regulation
- Identified Regulation
- Integrated Regulation

Intrinsic Motivation
- Somewhat External
- Somewhat Internal
- Internal

Motivational Interviewing

(Deci & Ryan, 2002; Gilman & Anderman, 2006; Ryan & Deci, 2000)
Motivational Interviewing (MI)

- A “collaborative conversation style for strengthening a person’s own motivation and commitment to change” (Miller & Rollnick, 2013, p. 12)
- MI is person-centered and goal-oriented
- By applying MI, a care worker can build an effective, positive relationship with an adolescent that is aimed at increasing adolescent’s intrinsic motivation for change (cf. Harder, 2011; Henriksen et al., 2008)
MI approach: Yes or no?

1. Motivation is either something one has or doesn’t

2. Youth must accept their problem (for example say: ‘I have a problem’) before they can get help

3. Care workers should emphasize personal choice about youths’ behaviors, even if they are harmful to the young person
Core change process
Motivational Interviewing

Planning ('How to change?')

Evoking ('Why change?')

Focussing ('What to change?')

Engaging ('Shall we work together?')

Therapeutic alliance
youth – care worker

Four processes in MI

(Miller & Rollnick, 2014)
‘Maybe it is a good idea to spend less money’

‘I could cut back on the weed if I wanted to’
MI skills: how evoke change talk?

1. Affirming: ‘You are working really hard to stop spending so much money’

2. Persuade with permission: ‘From my experience, I think .. might be an option. What do you think about that?’

3. Seeking collaboration: ‘I have some information about using drugs and wonder if I might discuss it with you’

4. Emphasizing autonomy: ‘You’re right, no one can force you to stop having contact with these boys’
Up2U: A MI-based program

> Treatment program for residential care workers
> Based on MI principles
> Focus on one-on-one conversations with youth
> Manual including concrete tips and advice
Up2U: Why change?

Reasons for adolescent (not) to go to school

What is nice about not going to school?

- No stress, being able to sleep late
- Go my own way
- No stupid teachers
- No stupid books

What is stupid about not going to school?

- No diploma
- Have little to do on a day
- Not learning new things
- Missing nice classmates

Missing nice classmates
Why Up2U in residential care?

> Potential to achieve better outcomes after departure: higher intrinsic motivation for change (Miller & Rollnick, 2014)

> MI is cost-effective and successful with relevant problems (alcohol/drugs/externalizing behavior) (Burke et al., 2003; Chanut et al., 2005; Jensen et al., 2011; Miller & Rollnick, 2014)

> Fits well with adolescents: focus on autonomy and motivation (Naar-King & Suarez, 2011)
See also:
http://www.rug.nl/staff/a.t.harder/

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Some references


Some more references..


And even more references...


