

***Creating
Strength/Resiliency-based
Treatment and Support
Approaches and
Environments***

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2008

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STRENGTH-BASED APPROACH

Description

This section of the workshop covers two areas: 1) Helping staff to understand what a **Strength-based Approach** is and how important it is in supporting and being effective with children with serious emotional disturbances; and 2) Techniques to help staff use a strength-based approach.

Goals

1. Staff will understand the importance of viewing children from a strength-based perspective;
2. Staff will be able to identify strengths of self;
3. Staff will be able to identify different strengths of several children they care for;
4. Staff will be able to notice strengths of children in everyday living.

Example of a Strength-Based Competency

The staff member:

1. Shows respect to children and families with all interactions.
2. Is able to easily identify strengths of each child in the following three areas: a) interpersonal or character strengths (e.g., honest, hard working, caring, sense of humor); b) everyday living skills (e.g., grooming, cleanliness, cooking); and c) strengths or talents in specific areas (e.g., math, music, gardening, art, sports).
3. Notices when children use different strengths and provides frequent verbal recognition for this.
4. Notices when children approximate use of strengths and provides sincere verbal encouragement and recognition for this use.
5. Works hard with children who are having difficulties and display frequent disruptive or 'annoying' behaviors. Sets these children up for success by using encouragement, reminding them of their strengths and noticing small approximations of positive behaviors.
6. Uses encouragement, empathy and/or general and/or specific praise frequently with each child, not differentiating between children.
7. Uses a strength-based approach with and about families also (e.g., using every contact (phone or in person) to share positives about child with family members; noticing family member strengths and commenting on these strengths; using encouragement, empathy and frequent praise with family members).

Recommended Readings for Additional Knowledge

See all starred *** references in Bibliography

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Strength-based Approach

One of the most critical skills required to support children in gaining control of their behaviors in residential and day programs is for their staff to understand and use a strength-based approach with each child - at all times. This means that the staff is responsible for viewing each child with a primary focus on what the child's strengths are and sensitivity to what his/her hardships have been. A strength-based approach is the foundation for all other staff skills. It is necessary for staff to use a strength-based approach before they can learn or improve other critical skills important to helping each child learn self-control.

To help in viewing all situations from a strength-based approach, one can imagine him/herself as the Buddha. What would Buddha do in response to the child's behaviors? Buddha would view the child in the largest possible context and see the purity and goodness of that child, despite his or her current inappropriate behaviors. The Buddha would also understand why the child is approaching the situation in the way he/she is.

Having a strength-based approach is almost a transformational experience. It is seeing the glass as half full and not half empty. It is being able to approach nearly every situation and see what is positive about the situation. It is being able to keep in one's minds eye the many strengths of each child, no matter what is happening. It is never losing faith in each child's positive qualities. It is a commitment to waking each child up with his/her strengths in your mind's eye and saying 'good night' with the same. It is the commitment to think often of each child's strengths - while greeting, while cooking, while walking, while talking. It is a commitment to translate your inner vision of each child to concrete positive interactions: Noticing positives first always (unless it is a dangerous situation).

Strengths

Every person has strengths and it is our strengths that help us to meet with success in different life situations. One wins races, finishes projects and achieves goals because of using their strengths. People can have strengths in many different areas. These include interpersonal or character strengths (e.g., honest, hard working, caring), strengths in everyday living skills (e.g., grooming, cleanliness), and strengths or talents in specific areas (e.g., math, music, gardening, art, sports). Each child is born with natural strengths or talents and develops other strengths. Sometimes it is difficult to see a child's strengths because he or she displays such a high frequency of inappropriate behaviors. It is our responsibility to identify the many strengths of all children and to support the use of and development of their strengths. It is also the responsibility of staff to support children in gaining new strengths through supporting their acquisition of and teaching new skills.

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STRENGTH-BASED FOLLOW UP

IDENTIFY AT LEAST TWO TO THREE STRENGTHS FOR EACH STRENGTH AREA FOR THREE DIFFERENT CHILDREN

(Try to identify three children who have had the most struggles in your program/classroom.)

CHILD NAMES	STRENGTH # 1 - interpersonal or character strengths (e.g., honest, hard working, caring)	STRENGTH # 2 - strengths in everyday living skills (e.g., grooming, cleanliness)	STRENGTH # 3 - strengths or talents in specific areas (e.g., math, music, gardening, art, sports)

IDEAS FOR IMPLEMENTING STRENGTH-BASED APPROACHES IN PROGRAMS SERVING CHILDREN AND ADOLESCENTS

Listing of Several Strength-based/Resiliency Focused Practices

Staff:

- Frequently use a range of praise, encouragement and empathy statements with each youth in the program.
- Do not complain about or make fun of youth with other staff - but rather problem solve why a youth may be displaying inappropriate behaviors.
- Maintain throughout each day a minimum of a 5 to 1 positive to corrective ratio - identifying and commenting on **five positives** about each person for every time the person is corrected about something.
- Share something positive about their child every time a staff talks with a family member by phone or in person. For children and adolescents, calls family members two or three or more times weekly just to share something positive about the child (e.g., how she was the first to jump in the pool; how he always has such nice table manners; how she helps others with their hair; how he helped the new boy move in).
- Frequently use descriptive praise statements (e.g., short, specific and sincere) with each youth and with all youth on an equal basis (i.e. no favorites).
- Ensure their own quality components (e.g., voice tone, facial expressions, smile, physical stance, overall demeanor) are positive and respectful at all times.
- Work hard with youth who are having difficulties and display frequent disruptive or 'annoying' behaviors. Sets these youth up for success by using encouragement, reminding them of their strengths and noticing small approximations of positive behaviors.
- Are respectful in all interactions with youth and families.
- Every time someone new or an administrator walks on a unit, introduces the person to a youth and mentions the youth's strengths and/or recent achievements.
- Breakdown barriers between themselves and youth by sharing their own strengths and talents with youth and in the program (e.g., teaching yoga, poetry, guitar), and finding common interests and activities to share.

IDEAS FOR IMPLEMENTING STRENGTH-BASED APPROACHES IN PROGRAMS SERVING CHILDREN AND ADOLESCENTS

Listing of Several Strength-based/Resiliency Focused Practices

Programs:

- Utilize strength-based assessments as the first part of each assessment at admission, continually updates the assessments and ensure they are fully incorporated into all aspects of the program.
- For children, post each child's strengths on the walls of the unit, on the staff board they read each day, on each child's chart, on each child's personal card they carry - as many places as possible so staff can remember to comment on strengths and children can be reminded of them.
- Start each group and community meeting by recognizing at least one strength of each youth and staff present.
- Ensure that each youth is involved in activities (preferably a minimum of daily) that promote his/her sense of achievement. Youth who are good at chess should be playing chess, youth who are good at singing should be provided with opportunities to sing. Youth who love sports should play sports.
- Have youth achievements plastered throughout the unit (e.g., art work, certificates earned, awards).
- Have 'Strength' Boards where every staff member and youth can write positive statements about each other (with someone in charge to make sure all youth/staff are mentioned).
- Begin every treatment review meeting with a discussion of what the youth is engaged in on a daily basis that promotes his/her self-esteem and asking how staff are promoting each youth's individual strengths.
- Ensure that the youth, the family and staff all have a common positive vision of each youth and a common positive vision of what his/her life will be like in the future.

Committing to Taking Care of Myself

Name: _____

Date: _____

1. What are activities that make you feel good, that help you to relax?
2. Who are people that make you feel good?
3. What are your stressors? What stresses you out?
4. What are your some of your major strengths as a staff? What are some of your strengths in regard to taking care of yourself?
5. What do you need to do to help yourself become healthier – physically, emotionally, and spiritually?

Plan of Action:

1. Develop a plan to engage in at least one activity every day that is nourishing to you.
2. Develop a plan to ensure you are with people who make you feel good.
3. Develop a plan to reduce at least one stress item in your life.
4. Develop a plan to engage in at least one activity weekly that improves your health – physical, emotional or spiritual.

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SMALL GROUP EXERCISE

**COMMON STAFF TRIGGERS,
WARNING SIGNS AND STRATEGIES**

**LIST AS MANY POSSIBLE STAFF/PERSONAL TRIGGERS YOU CAN
THINK OF:**

**LIST AS MANY POSSIBLE STAFF/PERSONAL WARNING SIGNS YOU
CAN THINK OF:**

**LIST AS MANY POSSIBLE STAFF STRATEGIES/SOOTHERS TO
REDIRECT THEMSELVES, AVOIDING POWER STRUGGLES AND/OR
RESPONDING DISRESPECTFULLY WITH YOUTH, THAT YOU CAN
THINK OF:**

SMALL GROUP EXERCISE

PERSONAL SELF-CONTROL STRATEGY

TRIGGERS (you may include specific children/youth and their specific 'triggering' behaviors)

WARNING SIGNS

STRATEGIES/SOOTHERS

SMALL GROUP EXERCISE

Decision Making and Skill Development re: Interventions with Youth & Families/Small Group Planning

Your group has 30 minutes to complete the tasks below.

1. Attend to organizational details (no more than 2 - 5 minutes);
 - Assign a chair for the group;
 - Assign a time keeper to keep the group moving;
 - Assign a person with great handwriting to take notes for the group activities;
 - Assign an articulate and funny person to make the three-minute presentation to the large group on the work your group accomplished.

2. The chair should lead the group in discussing practices that the group member's program/classroom currently utilizes that support a strength-based, trauma sensitive and non-coercive approach. Have the scribe write down three to five of the identified practices. (approximately 10 minutes)

3. The chair should lead the group in discussing new ideas that were presented today that you would be interested in taking back and implementing and/or adapting for implementation in your program/classroom. Have the scribe write down two to three ideas. (approximately 10 minutes)

4. The chair should lead the group in discussing barriers that will make it difficult to implement or adapt new practices. Have the scribe write down two to three barriers. (approximately 10 minutes)

5. If time, identify one or two questions group members have about implementation of the proposed practices and/or addressing needs of individual children or youth served.

**HOW CAN I IMPROVE MY PROGRAM RELATED TO
FOCUSING ON STRENGTH-BASED AND TRAUMA-SENSITIVE
CARE,
AND CREATING NON-COERCIVE TREATMENT
ENVIRONMENTS?**

What are strategies I learned about or understood better over the past two days that I can take back and use in my own program?

What are interventions I learned about or understood better that I can take back and work on personally?

BIBLIOGRAPHY

In addition to the references listed throughout this training manual, Beth Caldwell used the following articles and books to develop the training program for the Wisconsin 2008 Training Program. It is recommended that staff who are interested in learning more about the different training areas read specific articles and/or books related to the areas of interest.

***Refers to references focused on Strength-based Care

***Baez, K., Caldwell, B., Feldman, R., Flye, C., Kipling, G., Kranzler, H., Lannon, D., MacIntyre, J.C., Pinto, T., Schertzer, H., Smith, A., Sverd, J., Tenney L., & Vail, S. (1997). *Managing out-of-control behavior in children and adolescents. A comprehensive training guide.* New York State Office of Mental Health.

***Beach Center on Families and Disability at the University of Kansas, 3111 Haworth Hall, Lawrence, Kansas 66045. Available on the World Wide Web:
<http://www.beachcenter.org>.

Beardslee, W. R. (2002). *Out of the Darkened Room. When a Parent is Depressed, Protecting the Children and Strengthening the Family.* Boston: Little Brown and Company.

Bedlington, M.M., Braukman, C.J., Ramp, K.A., & Wolf, M.M. (1988). A comparison of treatment environments in community-based group homes for adolescent offenders. *Criminal Justice and Behavior*, 15(3), 349-363.

***Benson, P. L., & Saito, R. N. (2000). The scientific foundations of youth development. In *Youth development: Issues and challenges.* Philadelphia: Public/Private Ventures (<http://www.ppv.org/indexfiles/pubsindex.html>).

***Bernfeld, G., Blasé, K., & Fixsen, D. (1990). Towards a unified perspective on human service delivery systems: Application of the Teaching-Family model. In R. McMahon & R. DeV.Peters (EDS.), *Behavior disorders of adolescence* (pp.191-205). New York: Plenum Press.

Blackorby, J., & Wagner, M. (1996). Longitudinal post school outcomes of youth with disabilities: Findings from the National Longitudinal Treatment Study. *Exceptional Children*, 62, 339 - 413.

***Bumbarger, B. K. (1999). Commentary: Risks, assets, and the common good. *Addressing Barriers to Learning*, 4(4), 11–12. UCLA Center for Mental Health in Schools.

***Caldwell, B., Frankford, E., McLean, D., & Garcia, T. (2003). *Prevention of Mental Health and Substance Abuse Problems in Children and Adolescents Between the Ages*

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of 12 and 18. Health and Human Development Programs, A Program of Education Development Center, Inc. 55 Chapel Street. Newton, MA 02458-1060 (In-Press).

Caldwell, B. & Rejino, E. (1993). Ensuring That All Children and Adolescents in Residential Treatment Live in a Protected, Safe Environment. *Residential Treatment for Children & Youth*, Vol. 11, pp. 49-62.

***Caldwell, B., Rejino, E., Persons, E., Hayes, K., Johnan, M., Keller, A., Schlosberg, S., Thaler, S., Windsor, J., Wood, G., Albertine, P., Nicholson, A., & Mappes, L., (1994). Valuing families in residential care. Albany, NY: New York State Office of Mental Health, Bureau of Children and Families; Caldwell, B. (2001) updated and adapted for Massachusetts Association of 766 Approved Private Schools May 2001 Conference. Caldwell Management Associates, P.O. Box 712, Housatonic, MA. 01236 (413) 644-9319 bcaldwell@mailcity.com

***Capaldi DM, Eddy JM. (2000) Improving children's long-term well-being by preventing antisocial behavior. In: A Buchanan, B Hudson (eds.). *Promoting Children's Emotional Well-being*. Oxford, United Kingdom: Oxford Press, pp. 209-229.

Carkhuff, R.R. (1969). *Helping and human relations*. (Vols. 1 & 2). New York, NY: Holt, Rinehart, & Winston.

***Catalano, R.F., Berglund, M.L., Ryan, J.A.M., Lonczak, H.S. & Hawkins, J.D. (2002). Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs. *Prevention & Treatment*, Volume 5, Article 15. Available on the World Wide Web: <http://journals.apa.org/prevention/volume5/pre0050015a.html>.

Christian, W.P., Hannah, G.T., & Glahn, T.J., eds. (1984). *Programming Effective Human Services, Strategies for Institutional Change and Client Transition*. New York: Plenum Press.

***Daly, D.L. & Dowd, T.P. (1992, November -December). Characteristics of Effective, Harm-Free Environments for Children in Out-of-Home Care. *Child Welfare*, pp. 487 - 496.

***Davis, N.J. (1999). *Resilience, Status of the research and research-based programs*. Working paper, Special Programs Development Branch, Division of Program Development, Special Populations and Projects, Center for Mental Health Services. Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

***Davis, N.J. (2002). The promotion of mental health and the prevention of mental and behavioral disorders: Surely the time is right. *International Journal of Mental Health* 4(1):3-29.

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Federation of Families for Children's Mental Health and Keys for Networking, Inc. (2000). *The treatment experience of youth with co-occurring substance abuse and mental health disorders and their families*. Alexandria, VA: FFCMH.

***Furst, D., Criste, T., & Beard, S. (1994). The Boys Town Mental Health Psycho-educational Treatment Model: Research and Evaluation Summary. Boys Town Program Dissemination Research Department. Father Flanagan's Boys' Home: The Boys Town Press.

***Garbarino, J. (1995). *Raising children in a socially toxic environment*. San Francisco: Jossey- Bass.

Goldman, S. & Irvine, M. 1997 *Report of the Child and Adolescent Panel for the Mental Health Managed Care and Workforce Training Project*. Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Child Development Center.

Goldstein, A.P., Sprafkin, R.P., Gershaw, N. J., & Klein, P. (1980). *Skill-streaming the adolescent, A structured learning approach to teaching prosocial skills*. Champaign, Illinois: Research Press.

Greenbaum, P.E., Dedrick, R. F., Friedman, R.M., Kutash, D., Brown, E.C., Lardieri, S.P. & Pugh, A.M. (1996). National Adolescent and Child Treatment Study (NACTS): Outcomes for children with serious emotional disturbance. *Journal of Emotional and Behavioral Disorders*, 4, 130-146.

***Greenberg, M.T., Domitrovich, C., & Bumbarger, B. (2000). *Preventing mental disorders in school-age children: A review of the effectiveness of prevention programs*. Rockville, MD: Center for Mental Health Services.

***Grotberg, E.H. (1995). *A guide to promoting resilience in children: Strengthening the human spirit*. The Hague, Netherlands: The Bernard van Leer Foundation.

***Grotberg, E.H. (1998). I Am, I Have, I Can: What families worldwide taught us about resilience. *Reaching Today's Youth*, Spring, 1998, 36 - 39.

***Hawkins, R. and Catalano, J. (1994). Risk-focussed prevention using communities that care. Developmental Research and Programs, Inc. 1994.

***Hawkins JD, Catalano RF, Kosterman R, Abbott R, Hill KG. (1999) Preventing adolescent health-risk behaviors by strengthening protection during childhood. *Archives of Pediatrics and Adolescent Medicine* 153(3):226-234.

Hawkins, R.P., Meadowcraft, P., Trout, B.A., & Luster, W.C., (1985) Foster Family-based Treatment. *Journal of Clinical Child Psychology*, Vol. 14, pp. 220 - 228.

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Henggeler, S. W., Rowland, M. R., Randall, J., Ward, D., Pickrel, S. G., Cunningham, P. B., Miller, S. L., Edwards, J. E., Zealberg, J., Hand, L., & Santos, A. B. (1999). Home-based multisystemic therapy as an alternative to the hospitalization of youth in psychiatric crisis: Clinical outcomes. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38, 1331-1339.

*** Illinois State Board of Education (2002). Emotional/Behavioral Disabilities/Positive Behavioral Interventions and Supports (ISBE EBD/PBIS.) Available online at: www.ebdnetwork-il.org

***Kumpfer, K.L. (1997). What Works in the Prevention of Drug Abuse: Individual, Family and School Approaches. In: U.S. Department of Health and Human Services, *Secretary's Youth Substance Abuse Prevention Initiative, Resource Papers*, March, pp. 69 - 105.

***Kumpfer, K.L.; Molgaard, V.; & Spoth, R. (1996b). The Strengthening Families Program for the Prevention of delinquency and drug use. In Peters, R. and McMahon, R., eds. *Preventing Childhood Problems, Substance Abuse, and Delinquency*. Thousand Oaks, CA: Sage.

***Lezak, A. & MacBeth, G. (Eds.). (2002). *Overcoming Barriers to Serving Our Children in the Community*. Delmar, NY: Advocates for Human Potential.

Maloney, D. (Ed.). (1980). Teaching-Family bibliography. Boys Town, Ne: Father Flanagan's Boys' Home, Youth Care Department.

Mechanic, D. (1998). Bringing science to medicine: The origins of evidence-based practice. *Health Affairs* 17(6):250-251.

Meyers, J., Kaufman, M., & Goldman, S. (1999). Promising Practices: Training strategies for serving children with serious emotional disturbance and their families in systems of care. *Systems of Care: Promising Practices in Children's Mental Health, 1998 Series, Volume V*. Washington, DC: Center for Effective Collaboration and Practice, American Institute for Research.

***Minuchin, S. & Nichols, M.P. (1993). *Family Healing, Tales of Hope and Renewal from Family Therapy*. New York: The Free Press, Macmillian, Inc.

Mrazek, P.J., & Haggerty, R.J. (Eds.). (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press.

***National Association of State Mental Health Program Directors (NASMHPD), Medical Directors Council (2001). Reducing the Use of Seclusion and Restraint: Findings, Strategies and Recommendations. (June, 2001) <http://www.nasmhpk.org/table.htm>

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- ***National Executive Training Institute (July 2003). *Training curriculum for the reduction of seclusion and restraint*. Alexandria, VA: national Technical Assistance Center for State Mental Health Planning.
- Nunno, M., M. Holden et al. (1998). Implementing and evaluating Therapeutic Crisis Intervention: A crisis prevention and management program. Ithaca, NY: Family Life Development Center, Cornell University.
- Osher, T., deFur, E., Nava, C., Spencer, S. & Toth-Dennis, D. (1999). New roles for families in systems of care. *Systems of Care: Promising practices in children's mental health, 1998 Series, Volume I*. Washington, D.C.: Center for Effective Collaboration and Practice, American Institutes for Research.
- Oyserman, D., Mowbray, C.T., Meares, P.A. & Firminger, K.B. (2000). Parenting among mothers with a serious mental illness. *American Journal of Orthopsychiatry*, 70(3), 296-314.
- Patterson, G.R. (1982). *Coercive family process*. Eugene, OR: Castalia.
- Patterson, G.R., De Baryshe, B.D., & Ramsey, E. (1989, February). A developmental perspective of antisocial behavior. *American Psychologist*, pp. 329-335.
- Pires, S.A., (1996). Human Resource Development. In B.A. Stroul (Ed), *Children's Mental Health: Creating systems of care in a changing society* (pp.281 - 297). Baltimore, Maryland: Paul H. Brookes.
- Pollard JA, Hawkins JD, Arthur MW. (1999) Risk and protection: Are both necessary to understand diverse behavioral outcomes in adolescence? *Social Work Research* 23(3):145-158.
- ***Redl, F., & Wineman, D. (1952). *Controls from within: Techniques for the treatment of the aggressive child*. Glencoe, IL: The Free Press.
- Reid J.B., Eddy J.M. (1997) The prevention of antisocial behavior: Some considerations in the search for effective interventions. In: DM Stoff, J Breiling, JD Maser (eds.). *Handbook of Antisocial Behavior*. New York: John Wiley and Sons, pp. 343-356.
- Rosenblatt, J.A., & Rosenblatt, A. (1999). Youth functional status and academic achievement in collaborative mental health and education programs: Two California care systems. *Journal of Emotional and Behavioral Disorders*, 7(1), 21-30, 53.
- Schettler, T, Stein, J, Reich, F, Valenti, M, & Wallinga, D (2000). In harms way: Toxic threats to child development. *Greater Boston Physicians for Social Responsibility*.

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Schoenwald, S. K., Ward, D. M., Henggeler, S. W., & Rowland, M. D. (2000). MST vs. hospitalization for crisis stabilization of youth: Placement outcomes 4 months post-referral. *Mental Health Services Research, 2*, 3-12.

***Schorr, Lisbeth, B. (1997). *Common Purpose, Strengthening Families and Neighborhoods to Rebuild America*. Anchor Book, Bantam Doubleday Dell Publishing Group, Inc., New York, New York.

Shonkoff, J.P., & Phillips, D. (Eds.). (November 2000). *From neurons to neighborhoods: The science of early childhood development*. National Research Council Institute of Medicine. National Academy Press.

***Teaching-Family Association. (1989). Elements of the Teaching-Family Model defined. NaTFA Newsletter. 34 Wall St., Asheville, N.C. 28801.

***U.S. Department of Health and Human Services. (1999). *Mental health: A report of the surgeon general - chapter 3: Children and mental health*. Rockville, Maryland: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

***Werner, E.E. (1996). *Fostering resiliency in kids: Overcoming adversity*. Transcript of Proceedings of a Congressional Breakfast Seminar, March 19, 1996, sponsored by COSSA, Consortium of Social Science Associations.

Willner, A.G., Braukmann, C.J., Kirigin, K.A., Fixsen, D.L., Phillips, E.L., & Wolf, M.M. (1975, September). Training and validation: Youth-preferred social behavior with child care personnel. In C.J. Braukman (chair), *New directions in behavioral group home research*. Symposium conducted at the 83rd Annual Convention of the American Psychological Association, Chicago.

***Wolin, S.J., & Wolin, S. (1993). *The resilient self: How survivors of troubled families rise above adversity*. Villard Books.

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