On describing the residential care process: social interactions between care workers and children according to the Structural Analysis of Social Behavior (SASB) model

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Introduction

An ultimate question in the field of residential child care

"What treatment, by whom, is most effective for this individual with that specific problem, under which set of circumstances, and how does it come about?" This ultimate question was formulated by Gordon Paul in 1967, and has ever since been recognized as the foremost question in the field of psychotherapy research (Kiesler, 1995). In research on child care, in particular residential child care, the same question can be acknowledged as a fundamental question. In the field of residential child care it may be rephrased as: Which kinds of settings, with what methods of care, work best for troubled children with which kinds of problems, and what outcomes are produced?

An answer to this fundamental question would contribute substantially to the quality of residential child care, which is a current matter of great concern. Obviously, providing a full answer is a mission hard to accomplish. Although it might never be possible to answer this question thoroughly, posing it is useful in that it highlights the essential aspects linked to the quality of residential care, both for practitioners and researchers. These aspects concern the following.

For a start, the ultimate question refers to the different kinds of problems of which troubled children can suffer. Children and young people are placed in residential care because they may be experiencing psychosocial problems as a result of adverse family circumstances, or because of their own behavioral or emotional problems which can be addressed more effectively outside the home, or because of some combination of both. It has been recognized that the number and complexity of problems of children in residential care is growing (Van der Ploeg & Scholte, 1988; Van der Ploeg, 1993a). Defining the problems and correctly assessing the exact nature of the difficulties is the first thing to do when children enter child care. This indicates that it is important to have a conceptual framework or diagnostic model to describe the children's problems in a uniform way. Although some work has been done in this area, researchers have to continue building on such a framework (Scholte, 1995). It could approve the ability of practitioners to clearly identify target groups. Moreover, it could provide an aid to well-founded decision making and selection of adequate care services.

In addition, the fundamental question refers to the different kinds of settings that are available in the field of residential child care, as well as the various methods of care and intervention techniques that are provided in this area. At this point a problem which is gradually attracting attention concerns insufficient specification of the residential care process (Van der Ploeg, 1990; Madge, 1995; Hellinckx & Van den Bruel, 1995). What exactly happens between the time a child is admitted and the time that same child is discharged, has received rather little attention. The importance of gaining knowledge about the characteristics of the residential care process in different kinds of settings is acknowledged. Systematic description of residential care is needed to open this black box (Veerman & Treffers, 1986; Harinck & Smit, 1995).

Finally, the ultimate question mentions concern for the outcomes of residential care. From the viewpoint of researchers, as well as of policy makers, practitioners, and consumers of residential child care, it is important to know whether circumstances of children would
have been worse if they had remained in their natural family homes. The results of outcome evaluation research indicate that children are better off receiving residential treatment than not receiving treatment (Colton, Ghesquière, Hellinckx, & Williams, 1995). Findings of a review of effect evaluation studies in the Netherlands, undertaken in the period of 1974-1989, show that the overall results are promising (Van Gageldonk & Bartels, 1990). Approximately 60% of institutionalized children in the Netherlands benefit from their placement (Smit, 1991). Obviously, the interest in outcome evaluation is not new, though more research is needed. Many conceptual and methodological problems are not yet solved, among others the following. There are many ways of assessing the results of care and both short-term and long-term outcomes can be measured. Short-term outcomes concern placement success, reflected in the degree of resolution of the assessed problems or the degree to which treatment goals are being achieved. Long-term outcomes concern the effects in terms of the children's life changes or the impact on children's development. More appropriate assessment instruments for these different forms of outcome measurement are needed. Furthermore, it is hard to realize rigorous research designs in a practical setting. Random allocation is impossible. Sample sizes may be too small, measurement instruments may lack reliability and validity, and often it is not clear whether the effect is due to residential care or to extraneous causes (Scholte, 1995; Hellinckx & Van den Bruel, 1995).

**Aim of the present research project**

The present research project aims at the issue of specification of the residential care process. Residential treatment consists of a large number of components, all contributing in different ways to the overall effect of care. Gaining knowledge about what is happening in the process of care is important, since it helps to identify critical elements in the care process.

The context in which residential care occurs is the residential living unit or living group, where in daily life situations social interactions between care workers and children take place. The living group constitutes the primary treatment environment and is considered as one of the central components of residential care (e.g., Velthausz, 1987; Verheij & Van Loon, 1989; De Ruyter, 1992; Van der Ploeg, 1993b). The overall atmosphere in the living group is an important feature of a residential program. A stable and adequate treatment environment continually provides the children and adolescents with experiences that shape them (Lyman & Campbell, 1996).

Residential child care workers are the professional practitioners who primarily provide care to the children. They are the on-line staff and are as such responsible for creating the therapeutic environment in the living group. They have to be able to incorporate the interventions in daily treatment, in their close and daily contact with the youngsters. Care workers have to take into account the interests of the group, and at the same time they have to address the needs of each individual child. The ways in which the care workers deal with the children in daily situations in the living unit determine the residential care process. This means that the core of residential treatment is shaped by the social interactions between child care workers and children. Therefore, the aim of the present study is to explore and to describe what is going on between residential child care workers and children in daily life situations in residential living units.
Research setting: different approaches in residential care
This study is carried out in conjunction with the Widdonck, a Dutch residential child care center for the treatment of children with severe emotional and behavioral problems. Two types of care are distinguished in this institution. In the first type primarily structure is offered, whereas in the second type primarily emotional and affective care is provided. Whether differences in care worker/child interactions between those different approaches can be detected, is one of the central themes of the present study.

Instrument for measurement of social interactions
In order to reliably describe social interactions between residential care workers and children the model for the Structural Analysis of Social Behavior (SASB) of Benjamin (1974, 1987) is applied. This observational instrument classifies social interactions in terms of three underlying dimensions that are proposed as basic dimensions for the structure of social behavior: focus (the direction of an interaction), affiliation (a love / hate continuum), and interdependence (a control / submit continuum). Since this is the first study in the Netherlands in which the SASB model is applied to describe the residential care process, this instrument is rather unknown in the field of both research and practice. Therefore, on the basis of experiences with applying the SASB model in this study some psychometric characteristics of the SASB instrument, such as reliability and validity, and also its clinical usefulness, explicitly are discussed. This is added as a secondary theme of the present study.

Organization of the dissertation
In chapter 1 the research field, that is residential child care in the Netherlands, is described. It is explained why the residential care process still is a black box and why there is a need for clarification in this area. Finally, the central research question is presented.

Observation as an approach to quantify social interaction in a systematic way is the subject of chapter 2. Some important observational systems for coding social interactions are shortly reviewed. The instrument for observational measurement that is applied in the present study, the SASB model, is explained in detail.

The method of the empirical study is reported in chapter 3.

In chapter 4 and chapter 5 social interactions between residential child care workers and children are described. Social interactions are interpersonal processes, consisting of the interpersonal behaviors of the participants of the interactions. Chapter 4 focuses on the interpersonal behaviors of the residential child care workers, both in living units where primarily structure is offered and in living units where primarily emotional and affective care is provided. Chapter 5 describes and compares the interpersonal behaviors of the children in both these types of residential living units.

Finally, in chapter 6 comments are placed on the research results and the meaning of the results for residential child care is discussed. The secondary research question is answered. Also critical remarks about the research design and recommendations for future research are presented.
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