Moving Away from Points and Levels

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> "Tell me and I'll forget; show me and I may remember; involve me and I'll understand."
>
> Chinese Proverb

Moving Away from Points and Levels

The History of Point and Level Systems

Point and level systems appear to have evolved from the concepts of token economies, based on B.F. Skinner's operant conditioning principles (1953). Token economies have been used with adults who struggle with developmental delays and/or mental illnesses. It is not clear how these concepts found their way into child treatment programs or evolved into point and level systems. There is a lack of empirical evidence to support the efficacy of point and level systems or that their use results in long-term behavioral changes that are sustained outside of treatment settings.

Today, point and level systems are used in a wide variety of treatment programs and other settings, such as inpatient psychiatric units, residential treatment programs, schools and juvenile justice programs. Typically, points are given at pre-determined times, such as on an hourly basis, at the end of school, after activities, or at the end of the day. Points are usually given in general categories for all children, and the number of points earned corresponds to levels that have privileges attached to them. The lowest levels usually have the least number of privileges and the highest levels have the greatest number of privileges. The goal of point and level systems is for youth to learn socially acceptable behavior

through clearly defined expectations, rewards, privileges, and consequences.

The many problems with points and levels

Although points and level systems may appear to be reasonable therapeutic practices on the surface, there are many flaws. For example:

- Group programming does not take into account individual strengths, challenges, developmental levels or treatment needs of youth. They are usually one-size-fits-all models.
- Point and level systems are often organized around the needs of staff members who believe that they are necessary for program stability. They provide a set of rules and the perception that staff members are in control and maintaining order.
- Withholding points or "freezing" or dropping levels for misbehavior is akin to punishing children for the behaviors and feelings that brought them into treatment.
- The withholding of points, "freezing," or dropping levels often results in conflict between youth and staff members, time outs, and/ or restraints.
- Points are usually awarded/not awarded long after an incident takes place.

- It is difficult for multiple staff members to be consistent in their implementation of point and level systems.
- Point and level systems usually focus on negative behaviors rather than teaching and strengthening positive behaviors.
- Privileges are usually granted to youth who are obedient and "follow the program." However, compliance is not desirable for many of our youth, because their compliance may have resulted in abuse in the past.
- The consequence for non-compliance is often denial of participation in treatment activities. These activities are the essence of treatment for our youth and opportunities for them to learn and practice valuable skills. They should not be used as a privilege or a consequence.
- Points and level systems are impersonal and artificial. The "real world" does not operate through points and levels. These systems do not prepare our youth for life outside of institutional settings.

What can we do instead of using points and levels?

- Provide frequent training for direct care staff members.
- Use developmentally targeted practices that encourage the use of different individual strategies to meet the unique needs of youth.

- Empower our youth by teaching them how to negotiate and make decisions.
- Give our youth REAL choices and allow them to make their own choices in a safe and supported environment.
- Allow youth to say no and not get into trouble. They cannot be safe in the world if they associate saying no with danger.
- Allow youth to participate in treatment activities. Do not use activities that are therapeutic and offer opportunities to learn and practice skills as consequences or rewards.

Moving away from points and levels in Massachusetts

In 2001, the Massachusetts Department of Mental Health (DMH) undertook an initiative to promote strength-based care and reduce the use of S/R in licensed and contracted child and adolescent hospitals and Intensive Residential Treatment Programs, as described in the *Overview* section of the *Resource Guide.* This initiative is ongoing, and, over the past seventeen years, treatment providers have continued to make changes.

One of the most dramatic shifts for some programs has been eliminating the use of point and level systems, with the goals of further reducing and continuing to strive to eliminate the use of R/S, becoming more trauma-informed, youth-guided and family driven, and providing individualized care tailored specifically to

each child and family's needs rather than the general needs of a large group.

There are a number of child and adolescent inpatient and residential programs in Massachusetts that have successfully moved away from using point and level systems. In fact, the new residential transformation effort, Caring Together, requires Massachusetts residential providers to fade this practice.

Each program that started this process took considerable time because there were many steps involved and challenges along the way, most specifically helping youth and staff adapt to a new way of thinking about how care is provided in these treatment settings.

What follows are specific, detailed accounts of the experiences of four different Massachusetts treatment programs written by their program leaders.

Connections
Behavioral Intensive Residential Treatment Worcester, MA
Boys and Girls, ages 13-18

"Snakes in the Individualized Programming Woodpile:
The Adventures of the Connections BIRT
Program Post Level System"
Douglas Smith, Psy.D., Program Director

In January 2009, the Connections Behavioral Intensive Residential Treatment Adolescent Program quite suddenly abandoned its longstanding point and level system in favor of a strategy of individualized programming more congruent to its interests in person-centered planning. The ensuing year could be likened to a performance of "Macbeth" by a group who had not acquired a script for the play. Youth-guided, individualized programming is, by necessity, vague, complicated, and initially perilous to a group accustomed to a "cookbook" of points, levels, rules of order and "one size fits all" procedures. In the hope that it is helpful to mention, a selection of six key features of our year of awkward evolution follows.

Snake 1: "The youth are not being held accountable."
Upon removal of a seemingly clear system of credits and demerits which staff could apply in judgment of behavior, a sizeable contingent of staff were openly dismayed that "accountability" was gone. Upon learning that it was the leadership's intention that staff spend more time in collaborative

teaching and discussion with youth, instead of applying rules, the reaction was trepidation: "I'm not sure I know how." In hindsight, our program leaders—prior to dropping the level system—could have spent more time in troubleshooting situations with a review of counseling skills and relationship development skills for staff. In the long run, staff realized that they do possess educational social skills, at times at an extraordinary level of proficiency. Nevertheless, Connections continues to train and use consultants to boost staff counseling skills and confidence that these skills can serve them well in resolving conflict and responding to problems on the unit.

Snake 2: "They aren't learning (rules, right, wrong) anything." Similar to #1, a staff contingent pointed out that it was their belief that without prescribed consequences in response to situations, youth don't learn. Upon hearing that leadership believed that program youth had been through many sets of rules of order and still needed programs, and, therefore, something more complex and individualized was required, there was still an initial incredulity. However, from this and from the at times floundering efforts of leadership to model tolerance, inquiry and negotiation, there gradually developed a program understanding that a deeper, more individualized understanding of our youths' traumatic and relationship histories was necessary and that empathic discussion may be a better route to true learning.

Snake 3: "Not how I raised/ raise my kids / not how I was raised." Residential program staff can hardly avoid likening their duties to parenting. Many have come from "old school" backgrounds and do not initially accept that necessities for trauma informed treatment deviate significantly from their conceptions of parenting. Similar to problems already mentioned and despite training in counseling skills, resistance develops within this belief that residential treatment is parenting as staff have experienced or practice it. Ongoing discussions and trainings have been at the highest level of necessity to create staff sophistication with the effects of trauma and the need for flexibility, sensible environmental accommodations and empathy for the needs of our youth beyond traditional guidance. Most of the strongest human influences on our youth have not had the luxury of acquiring doctorate degrees in psychology.

Snake 4: "The unit is unmanageable" and "why aren't you controlling my peers?" In our new system of high tolerance for choice and rebellion and patience with traumatic re-enactment among youth, there are indeed times when the environment is chaotic and in high contrast to previous "strict" and authoritarian times. This development still draws fire from staff and annoyed youth, especially those who have come from more authoritarian, "top-down control" environments. There is considerable reason to believe that some treatment efforts are indeed frustrated under our new environmental circumstances. Development of peer support systems, promotion of social responsibility and understanding of the needs of a successful

therapeutic community appear to be the remedies. (Community meeting, conflict resolution, youth government, community meeting, conflict resolution, youth government...) Lasting stability is still "a work in progress," but physical restraint is dramatically reduced in our program, even in the face of, at times, increased chaos.

Snake 5: "Individual incentives and treatment initiatives are complicated, expensive, staff intensive." This problem appears, in some ways, inescapable. "One size fits all" systems create more predictable and more efficient staffing situations. When needs and rewards are individualized, fulfilling them becomes complex. Taking youth A to the gym and youth B horseback riding, based on individualized plans, and then getting a group to the mall creates dilemmas not previously experienced. Likewise, when the cookbook is tossed and the program attempts to react to each individual, in many situations, the program's communication needs are complex and the communication structures are strained. Form-driven (documentation) changes can help, we've found, but there remain increased time demands for numerous new discussions and decisions. Our creativity has been challenged here, but we reflect that nobody said this was going to be easy.

Snake 6: Different is "unfair." When treatment teams create situations in which Sally gets program sponsored gymnastics lessons in efforts to re-connect with past competencies, and build mastery and self-esteem, it is inevitable among adolescents that Christy will be angry that she is not enrolled in gymnastics as well. Likewise, staff initially struggle with the

idea that "if they all don't get it, we are being unfair." Connections has found stunning therapeutic utility in such individualized ventures, but also a good amount of conflict. Conversations about individuality of treatment, recognition of our differences and needs for tolerance that clinical staff decision-making is fallible but forgivable in these areas will likely continue as long as our program continues. As Neil Young put it, "sooner or later it all gets real."

Stressed systems tend to have backsliding and despair as individuals, including staff within them, have uncertainty and their own traumatic re-enactments to cope with. It is notable that many of our "snakes" mentioned here are similar, but this is not an all-inclusive list of our challenges, only a reflection, perhaps, on the most easily described among them.

Connections is hopeful that practice, success and eyes-on-the-vision will increase our therapeutic power and viability. We are fortunate to have access to numerous, remarkable outside consultations and influences for guidance. We have found, however, that these are not substitutes for the additional time required of internal leadership "in the trenches" to model and promote our evolution.

Three Rivers Clinically Intensive Residential Treatment Program
Springfield, MA
Boys and girls, ages 5-13

"Letting go of the Level System at
The Three Rivers Program"
Rob Terreden, Program Director

When I first began working at the Three Rivers Program in 2001, there were two level systems, a "Three day" system and a "Five day" system. The shorter system was implemented for the younger children, the longer for the older children—keeping in mind the maximum age of a child at Three Rivers is usually twelve.

The names referred to the length of the restrictions given for a dangerous behavior such as physical aggression. A child of 10 who hit someone would spend an hour in the quiet room followed by more hours in their bedroom, along with restrictions from activities for 5 or sometimes 6 days. In addition, the child's room was emptied of belongings. This was considered a strong zero-tolerance-for-violence behavioral system, and Three Rivers was a highly respected program.

In 2001, when considering interventions to address dangerous behaviors, the most common dialogues focused on ways to reduce the satisfaction, and increase the discomfort, for the child engaged in a problematic behavior. In other words, we typically looked at adjusting the consequences following a

behavior in order to increase motivation to change. We also worked on developing alternative behaviors and improving children's social understanding.

We noticed that this level system was generating situations where children were on restrictions almost constantly, bogged down in consequences and hopelessness. Contrary to the stated purpose of creating incentives for children, the level system was fostering discouragement and hostile feelings toward the staff, the antithesis of excitement about recovery.

It was, all in all, a system that created many experiences of failure for children. By the definition of our admission criteria, the one thing children here are not yet able to do is to behave well consistently. Governing them with a system that restricts access to fun and self-esteem because of behavior problems seems certain to reinforce the experience of failing.

We began to prioritize more highly the value of children feeling hopeful and supported. As a first shift in programming, we shortened the lengths of protocols following problem behaviors.

We also began to conceptualize our work as building social and psychological skills, and we created structures where children were learning from problematic incidents rather than simply suffering for them. This involved a gradual shift from "doing time" to "doing work" as our response to dangerous behaviors. We questioned if children were indeed learning by sitting in their rooms, helpless to take constructive action except for waiting until their time was done. Instead, we began assigning

children to review and role play plans they had made on how they would like to handle emotional situations.

Inevitably, in 2005, we re-invented our level system entirely. The goals were to make it *as simple as possible*, *to provide for quick recovery*, and *to emphasize learning over suffering as a response to problems*.

This new level system offered only two levels: *Getting Along*, and *Stop & Think*. *Stop & Think* was further divided into issues that could be resolved immediately (Yellow) and issues that called for more lengthy repair and loss of privileges for a day (Red). In practice it became a Red, Yellow, Green level system.

This system included the expectation that children would complete "thinking work" in order to restore them to Green level. We had the children's therapists create the thinking work assignments, calculating that in this way it would be most clinically targeted and that the repetition of doing the same assignment would generate more focused and deeper learning.

On the whole we were happy with this system. However, two important aspects were not working for us. In a Restraint Review Committee meeting, staff reported that the very language of "dropping to Red," was very triggering for many children. Some admitted they were finding alternative ways of addressing problems to avoid having to "drop" a child. Additionally, they felt that the "thinking work" was rote and becoming meaningless, and they wanted to tailor repair work to specific situations, and we had come to trust their ability to do

that in a constructive, non-punitive way. We agreed at that time that the direct care counselors would assign repair work unique to each situation.

Following the impetus of those concerns, we began to wonder whether having a level system at all was helpful. In 2008, we held a special off-grounds meeting of charge staff, clinicians, and directors and formulated a behavioral management system with no points or levels, where the consequences for misbehavior are: Repair damage (physical or emotional) and Take action toward preventing the problem from happening again (typically role playing a new behavior). This ordinarily included a thoughtful apology and a role play to do better next time. In addition, some restrictions on privileges are enforced until this work is completed (or at least underway), such as no off grounds trips or TV. We eliminated all level-related language. Children were assigned work or restricted from an activity because they "hit someone," not because they were "on Red."

In practice what occurs at Three Rivers is that we focus largely on prevention of problems and somewhat less so upon consequences. We identify the conditions that are challenging for a child and build in supports, pre-teach right before challenging situations, and intervene before behavior escalates, all of which takes place in a context of focusing on building an emotional alliance with each child. We also seek to maintain an environment that is rich in "signals of caring," with flexibility to respect individual preferences and provide a blend of fun and soothing experiences.

Dangerous behaviors are still violations of acceptable behavior, but we do not have elaborate formulas or lists of behaviors and their consequences. Every problem behavior has the same response—talk, fix-it, rehearse something better, and get back to a positive focus, while some restrictions apply until this process is completed. We have provided staff with some worksheets they can use to assist children in reflecting and getting to a positive focus.

We have had to emphasize *making sure that activities are fun* because children do not reliably engage gladly in repair work. They can join activities after doing repair work (not necessarily all of it).

It is sometimes impossible to provide each child with the individual attention required to complete personal repair work. If there are a number of children who need to do repair work at the same time, then an ad hoc group can be formed by the residential counselors where they can practice skills together—such as being respectful during a game, practicing sharing, patience and the like. This has its own benefits of fostering a positive culture.

When analyzing problem behaviors, we look at whether a child has interests that can be supported, whether there is something irritating in their environment, whether there are ways of talking to them that are more helpful than others, and what social or personal skills might be enhanced to help them cope more successfully. We ask the counselors as a group if anyone has

found a successful way of engaging that child or noticed triggers we can try to avoid.

Accountability is applied in the spirit that: *You are a member of society and belong with people; therefore what you do matters to the people who care about you, to the people you directly affect, and to you. You have both the ability and responsibility to repair damage to relationships and to prevent damage by learning to be safe with others.*

This is a different accountability from; *You were bad and need to suffer in order to learn your lesson.*

This shift has enabled staff to build noticeably stronger alliances with children. There is much less of a policing type of role for staff. Even though they set limits, the absence of the language of drops and protocols, and the emphasis on fixing and preventing—rather than doing consequences—has shifted staff roles a great deal toward being seen and felt as supports rather than law enforcement agents.

Children do not really resent being structured and educated when it is done in a non-judgmental way that is constructive, affectionate and logical.

During this time we were focusing ever more on avoiding power struggles with children. For a time we swung too far in that direction to the point of avoiding conflict by permitting for too much chaos. Rude language, wandering out of class, lying on the floor in class etc. were often not being challenged. It began an escalating dynamic toward mayhem. Rather than view this

as evidence against the efficacy of our strength-based approach, we determined to make some relatively subtle adjustments and the system has since worked very well.

1. We encouraged staff not to ignore disruptive behaviors, but rather *engage children who are misbehaving, not only with supports to feel better, but with highly persistent encouragement to behave better* (go to class, use respectful language etc.). Without the overuse of threats of consequences, they used relationships, persistence and a confident tone of voice in calling for more respectful and more functional behavior. We have emphasized the concept of maximizing staff influence while minimizing power struggles and threats. "Maximizing influence" is the keynote of our restraint avoidance curriculum.
2. We re-instituted the concept of being on a "safety protocol". The feeling was that the term would provide more sense of structure for the children. In practice, it was only a word. There was no protocol for safety except for needing to do repair work before re-joining all activities. We have guidelines that children should be able to complete their work in one day and that they don't necessarily have to do all of it before joining an activity—if they are showing a good effort and attitude. This plan may have been helpful as a bridge but faded from use. We no longer use the concept of a safety protocol. We simply respond to problems.

Another aspect of the previous level system was calculating behavioral points toward the earning of tokens. At the end of each day staff reviewed children's points with them and distributed tokens to them based on how high their points were for that day. No one really believed that during the day children were adjusting their behavior to earn those points to earn those tokens. It was too delayed a reward, and also much too abstract regarding how behaviors translated into their total points for the day.

After a period of no token economy at all, staff felt the need for a way to recognize positive behaviors and efforts. We instituted a new very informal system where staff have a roll of tickets (like old fashioned movie tickets) and they give them out to children in the moment as they see things they find admirable. There is no rule about what behaviors can be rewarded, and only general guidelines on how many tickets a given behavior may be worth. Typically children get one or two at a time. They can spend these tickets on little privileges like using the intercom to call everyone to dinner or having lunch with a teacher, and we have developed a store with little prizes available twice a week. This system has been surprisingly successful. Kids like earning tickets in the moment and the informality keeps it fun. You can't "lose tickets" once they are earned—unless you actually, physically lose them.

This programmatic shift, along with a number of directly related initiatives such as enhancing the quality of activities, utilizing sensory modulation strategies, trainings on the effect of trauma on the brain, and on techniques to prevent and de-escalate

dangerous behaviors, has resulted in a significant decrease in the need for physical interventions at the program. In FY 2005, Three Rivers recorded 251 restraints for the year. In FY 2010, we posted 12 restraints for the year, a reduction of over 95%! While all results are multi-determined, no other factors correlate so closely with the reduction in restraints at the Three Rivers Program as do the revision and elimination of the points and level systems.

These changes in our behavioral system are based on some ideas that are indeed challenging and continue to evolve. It may be worthwhile however to try to identify the main principles. I would summarize the guiding ideas this way:

Behavioral improvement is more related to feeling emotionally and physically safe, and having the internal and behavioral skills to manage strong feelings, than it is simply to wanting to do better.

Even to the extent that motivation is an important factor in building psychological capacities, children are motivated by feeling hopeful, connected, supported and successful more effectively than by threats of suffering (typical consequences).

Applying these ideas each day to each child is indeed an on-going puzzle, and we continue to face the challenge of violent and other intensely concerning behavior. The details of just how to most effectively respond to particular problems continues to perplex all of us. However, the discussions in that area are richer, more sophisticated, kinder, and ultimately more

effective than in years past. I think it is safe to say as well that there is no one at Three Rivers who would want to return to our previous behavioral system.

Cohannet Academy
Intensive Residential Treatment Program
Taunton, MA
Girls ages 13-18

"I don't understand, I never had levels at home and won't when I leave, how is this helpful?"
Quote from Cohannet Academy Youth

"The Evolution of a Level-Free, Individualized Treatment Program at Cohannet Academy"
Bryan Lary, LICSW, Program Director and
Leah Newton, LICSW, Clinical Director

Cohannet Academy began modifying our level system in the early months of 2004, parlaying into the ultimate elimination the level system, which began in 2007. We would consistently hear from our youth and parents that while they understood how a level system provided structure to our program; it did not help in preparing themselves or their daughters to return home, where a level or point-based system did not exist. Our youth

felt that this was an arbitrary system that allowed too much room for interpretation or modification by staff, depending on their mood or the atmosphere of the unit. Staff could dictate how privileges and passes were earned in a way that was not informed by the actual progress made in individual or family treatment. This translated into our program not having an accurate predicator of our youth' progress in treatment and subsequently, their readiness to transition home or to a lesser-restrictive level of care. Discharge seemed directly tied to days spent on the highest behavioral level, which did not accurately correlate to the progress made in individual and/or family therapy, which is seen as a more reliable predictor of readiness for transition.

Our evolution began with several brainstorming sessions with the senior management, residential supervisors and senior residential staff in the program. Although senior management had previously discussed this, we felt that without the participation and dedication from senior staff and residential supervisors to implement and effect change, a successful transformation to a point and level-free program would not be possible. In the initial meetings, it was clear there was a strong sense of fear in "losing control" over the program and youth, paired with the potential chaos that would ensue without the structure of a level system. It became apparent that such a dramatic shift in programming would have to happen gradually and with continued communication and collaboration with our residential staff especially.

We were able to reach an initial agreement on changing the criteria used to assess the youths' ability to progress through the level system and earn passes with their families. Although seemingly minimal, this was a step in the right direction. As the program director, I soon recognized how uncomfortable and disconcerting change can be and realized that this process might take several years before full implementation.

After the first year of this process, I brought together both the program staff that appeared resistant to the changes along with the ones who seemed supportive and eager to continue to enact changes to produce an individual-based treatment philosophy. We worked together for several months on a Performance Improvement Team, assessing ways in which we already implemented individualized treatment and the benefits related to this philosophy, as well as generating ideas to further enhance this work.

Simultaneously, I had been meeting with the youth in bi-weekly Cohannet Council (student council) meetings to discuss the eventual evolution towards a point and level-free program. Similar to the residential staff, the youth provided mixed reviews of this transformation. Many youth had been accustomed to assessing their progress in treatment by which behavioral level they had achieved. They liked telling their families, case managers, etc how they had progressed through the level system, as it seemed to be a tangible marker of success and connected to their readiness to discharge.

On the other hand, the youth shared their frustration in seeing youth progress through the level system regardless of their actual effort and participation in their treatment. Hypothetically, a resident could progress quickly through the level system as long as they maintained "safe" behavior, without actually participating in individual, family or group therapies. The youth commented on knowing when a youth was "bamboozling" by demonstrating stability "on the surface", while not fully participating in their treatment, just to earn behavioral levels that were associated with specific privileges. They were able to identify that success was assessed by behavioral compliance with routines and structure, as opposed to actual progress towards treatment goals.

The biggest catalyst in effecting change was implementing Individualized Behavioral Plans for youth that were "stuck" and unable to progress successfully through the level system. The first level of individualized plans, focused on a resident's ability to earn passes with their families.

We removed the connection between progression through the level system and eligibility to participate in passes. We worked with families and guardians to develop their own specific criteria from which to base a resident's readiness for local and home passes.

Some parents and guardians seemed more focused on school attendance and academic performance and less on safety or progress in individual, family or group therapy. For others, maintenance of safety became the sole criteria for earning

passes, while other parents seemed more liberal and lenient identifying criteria.

Regardless of their focus, this transition proved to be quite empowering for parents, who had previously felt that their input in their daughter's care was usurped by the opinions of "professionals". This shift also acted as an integral part in the family therapy framework as more was learned about parenting styles, both the parents and the youth assumed a sense of responsibility and control in their treatment, and each member of the family learned the effect of their choices on the family system as a whole. Clinicians were able to explore the benefits or detriments of lenient versus strict styles in developing pass criteria, which often directly mirrored the parenting styles that may have contributed to their daughter's instability and difficulty.

Although some residential staff felt as though relying on the parents decreased their authority with the youth, they quickly realized the value of collaborating with the parents and of having more insight into the home environment our youth came from. This shift proved to be successful and remains as the process in which the family with the youth determines how and when they spend time together.

After this change had been implemented and seen as successful for 14 months, I decided it was time to make the next step in our transformation. Our Performance Improvement Team decided to take several days of planning sessions with all the residential supervisors, clinicians, nurses and management

team. We also included all the youth, meeting with them in small groups to review our current system and collaborate on changes. We went into the brainstorming sessions with the mindset of modifying our level system, but after a few meetings I decided to pose the big question: *What would happen if we just eliminated the level system altogether?*

This time, the residential staff were much more open to this idea. They were able to link the success in the already implemented changes that focused on individualized treatment to the potential success in a general transformation of the program to focus on individualized care as opposed to an arbitrary level system dictating success. There seemed to be a sense of relief in the elimination of having to "drop" a resident's level and subsequently prevent them from earning specific privileges regardless of the connection of the infraction on their overall progress. Staff felt this change would help prevent the use of restraints and increase a level of motivation, as youth would not feel as though they lost their progress by being placed on a lower behavioral level.

We decided to keep the basic structure of the behavior support system, but eliminated the link between behavioral level and available privileges. Youth were provided with a list of privileges they could earn as they made progress towards their treatment goals, which was reviewed three times a week in our rounds meeting. During this meeting, youth were encouraged to advocate for privileges through writing letters to Treatment Team. The youth seemed to enjoy this process and felt relieved in knowing their ability to earn privileges was based on their

progress as opposed to their behavioral level. This also acted as a forum for youth to advocate for different privileges that the Treatment Team had not previously thought of.

Another important aspect of this transformation is the ability for the Treatment Team to offer concrete feedback to youth about their progress and readiness to earn certain privileges. We found that we were able to help our youth focus more on their individual treatment and were able to reward their successes by offering privileges more quickly than the previous level system, thereby strengthening motivation and determination.

One downside to this transformation is that it relies heavily on consistent communication amongst all disciplines. We have multiple avenues for communication: pass-on binders, shift report, rounds and treatment team notes, as well as white boards that are displayed in the residential office that document the privileges of each youth.

This system requires program staff to be constantly aware of changes made from rounds or treatment team in order to implement the individualized programming. We still find ourselves challenged by providing privileges too slowly or too quickly, and we are frequently given this feedback by our youth. The youth often struggle in comparing who received what privilege at what point in time and feeling as though these choices are "unfair".

Overall, the change to eliminate levels has dramatically improved the overall programming at Cohannet Academy. It increases youths' investment and motivation in their

treatment. It helps improve the relationships between the residential staff and the youths, as they are not as frequently stuck in a power struggle around imposing and accepting limits because it no longer carries a direct consequence to available privileges. This change has helped our treatment team focus specifically on each resident and their individual and family treatment goals.

Although this evolution was met with much fear and resistance and took several years to fully implement, it has improved the effectiveness of Cohannet Academy as a treatment program and has created an environment rich with accountability, respect, mutual understanding and collaboration.

The Merrimack Center Behavioral Intensive Residential Treatment Program
Tewkesbury, MA
Boys and Girls, Ages 13-18

"Using Data to Move Forward from a Point and Level System"

John Tormey, Program Director

The Merrimack Center opened in 2001 as a joint effort between the Department of Mental Health (DMH) and the Department of Children and Families (DCF) to serve adolescent boys and girls with intellectual and developmental disabilities as well as major mental illness. From the beginning, we used a point/level system, because we believed that it was a way of shaping the youth's maladaptive behavior to more pro-social behavior. Youth were able to earn points based on our behavioral expectations, and then levels were awarded on a daily basis based on the amount of points earned. This point system did allow for some flexibility, and at times offered certain privileges to youth who struggled with earning levels. However, these exceptions were confusing for staff members, and, at times, the confusion led to power struggles.

We liked our level point/level system and we were resistant to changing it. However, after attending conferences and reading current research that indicated point/level systems are not effective tools, we began to re-think our position. We decided

to get feedback from the youth and staff members about what they liked and didn't like about our point/level system.

We learned that both youth and staff members liked some things about the level system, but they also had concerns. One of the main shared concerns was that youth often did not understand the reason they did not earn points, they were not always informed about their points until much later in the shift, and loss of points often felt like punishment. Staff members reported that using the level system created power struggles, and they felt that it did not allow for creativity in working with youth, particularly during a pre-crisis situation. Both staff members and youth reported that they liked the structure and predictability of the system and that it allowed them to get a sense of how youth were doing on a daily basis.

We decided that we wanted to proceed with eliminating the point/level system, so we assembled a Performance Improvement Team (PIT). The PIT's goal was to develop a process to eliminate the point/level system and replace it with a method to measure youth progress in treatment without creating power struggles and confusion. The team consisted of program administrators, clinicians, medical staff, and program youth.

Within four months, the PIT introduced a Data Collection System that focused on individual youth. It was predictable, it consisted of measureable goals, and we hoped that it would decrease the power struggles that we experienced with the point/level system. We implemented our new system, and a

survey of youth and staff members conducted after the implementation found both youth and staff viewed the new system as helpful.

Features of our Data Collection System include:

- We identify the focal treatment issue that prevents a youth from living in an unlocked setting and set treatment goals specifically related to that issue
- We define individual target behavioral goals and measure a youth's progress hourly throughout the day
- Target goals are measured as a percentage which can change based on the youth's successes or challenges
- We emphasize respect of each other and the environment
- We have improved communication across all departments, because the youth and his/her team have input on the target behavioral goals.

2011 was the first full year of implementation of the Data Collection System. The change from our old point/level system resulted in decreases in behavioral incidents and restraints by 75%.

References

Moving Away from Points and Levels

Fox, L. (1994). The catastrophe of compliance*. Journal of Child and Youth Care, 9*(1), 3-18.

Mohr, W., Martin, A., Olson, J, Pumariega, A. (2009). Beyond point and level systems: Moving toward child-centered programming. *Journal of Orthopsychiatry, 79*(1), 8-18.

Mohr, W., Pumariega, A. (2004). Level systems: Inpatient programming whose time has passed. *Journal of Child and Adolescent Psychiatric Nursing, 17*(3), 113-125.

Rosenblatt, P. & VanderVen, K. (2005). Perspectives on point and level systems in residential care: A responsive dialogue. *Residential Treatment for Children and Youth, 23*(3), 1-18.

Skinner, B.F. (1953). *Science and human behavior.* New York: The Free Press.

VanderVen, K. (2000). Cultural aspects of point and level systems. *Reclaiming Children and Youth, 9*(1), 53–59.