

Attachment

ROLES Revision Project Plan¹

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Overview

This plan presents the background, justification, methodology, project plan, and project milestones for the ROLES Revision Project. This is the principal document for guiding the work done on the project. Also briefly discusses other key concepts often associated with restrictiveness of living environment that will *not* be included in the ROLES revision, but may form a basis for future efforts.

Introduction

The Restrictiveness of Living Environment Scale (ROLES) has served for many years as one way of conceptualizing the “restrictiveness” and stability of a child’s living situations. The ROLES, or some form of it has been used in several SAMHSA national studies of child outcomes, and it is often included in organization clinical information systems. Rob Hawkins, Andy Reitz, Connie Almeida and Bernie Fabry, a group of researchers working at Pressley Ridge in the early 1990’s, created the ROLES. In a recent email conversation with the authors, Rob stated that the intent of the ROLES was to describe the setting and then quantify it on a continuum. They did not use a particular conceptual framework when creating the categories of restrictiveness and stability was measured as physical movement of the child. With the changes in health care policy and financing as well as the continued maturation of systems of care, there is a pressing need to revise the ROLES because environmental restrictiveness has become a critical outcome in determining effectiveness of care. Therefore, three groups of practitioner-researchers from Casey Family Programs, Girls and Boys Town, and Pressley Ridge are collaborating to re-conceptualize and revise the ROLES. The revised ROLES will still measure

youth movement, thereby keeping the simplicity of the original ROLES, while adding a secondary measure to provide greater discrimination between programs.

Purpose of the ROLES Revision Project

A problem with the current Roles scale is that the list of placements is neither exhaustive nor mutually exclusive (Thomlison & Krysik, 1992). This creates a measure that does not always function as a continuum, as there are variations in the degree of restrictiveness within each placement, even though it is treated as a continuum of increasingly restrictive placements in reports and research. It also creates a problem in that this scale is not as flexible as it needs to be (adding new programs, each with distinctive ranges of restrictedness is not easy).

Disregard for individual variation within treatment settings can potentially obscure outcomes of restrictiveness in research (Handwerk, 2002). The level of restrictiveness for any type of treatment setting (e.g., Treatment Fostercare) is going to vary widely going from program to program. In other words program types have overlapping distributions of restrictiveness, as shown in Figure 1.

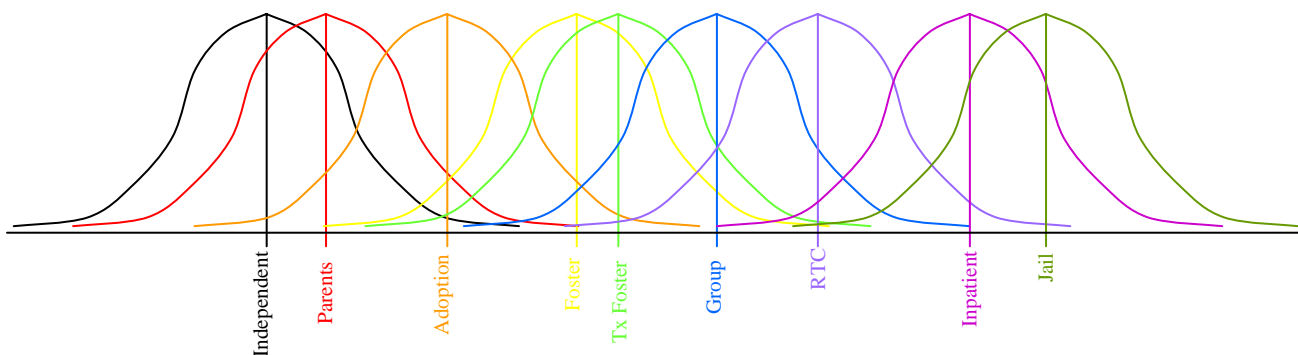


Figure 1.
An Illustration of How Levels of Restrictiveness can Overlap Across Living Situations.

For example, some youth in foster care have more freedom than they had at home, some youth may live at home, but be electronically monitored to restrict them from leaving designated areas during certain times of day (home detention for youth offenders), and so forth. For this reason, at times, the continuum seems arbitrary (Personal Communication, Scott Fields, July 18, 2005).

A Strategy for a Revised Conceptual Framework

The conceptual definition of restrictiveness that this revision is based on is the following.

Restrictiveness reflects the ways in which adults in a child or youth's life have anticipated the limits that need to be made for the child's safety, developmental and therapeutic needs.

In this instrument revision project, we are changing the way we look at restrictiveness. Rather than focus on rankings of program types (e.g., with parents, foster care, RTCs, etc), we propose that we start with developing and then ranking a short list of **General Environment Types (GET)** (e.g., independent living, living with a family, living with a family where the parents are paid to provide care, incarceration). These general environment types will fall along a continuum from most restrictive to least restrictive, just as did the initial ROLES list of program types.

The *average* level of restrictiveness for each general environment description will be useful, but it is expected that programs within each general environment will be more or less restrictive relative to each other, regardless of what the program is called. Because of this, we also propose that the revised ROLES scale include secondary, context specific measures of restrictiveness (i.e., dimensions with varying ranges of restrictiveness). These **Secondary Measures or Restrictiveness Evaluation Measure-Youth (REM-Y)** will be assessed for each program, identified within each general environment description. The secondary measures will allow us to

differentiate the level of restrictiveness between different foster care programs, or within other family settings (electronic detention and enforced curfews to conventional levels of youth autonomy), or jail settings (incarceration versus diversion programs). The average level of restrictiveness for each general environment description combined with the secondary measures will provide a far more accurate picture of the restrictiveness of the youth's environment.

Thus the revised ROLES can be used in several important ways:

1. Tracking youth movement using General Environmental Type values and ranking
2. Secondary measure (REM-Y) provides greater discrimination between specific programs
3. Full REM-Y can be used to place programs into taxonomy

The first use for the revised ROLES (the General Environment Type) will be to use it as the current scale is widely used, which is to track youths' movement to more or less restrictive settings. This use reflects the common treatment goal of preparing youth for placement in a less restrictive environment (e.g., moving from foster care to living with parents). The empirically derived taxonomy will allow for greater accuracy in assessing changes in restrictiveness when using restrictiveness of placement as an outcome. The second use comes through being able to accurately access a specific program's level of restrictiveness through the use of the secondary measure. This information can be used to compare the restrictiveness of a specific program to the average of the general environment type (GET) in which it falls, or to compare the level of restrictiveness for different programs within or between GET categories.

This information can also be used to examine the relationship between restrictiveness and other important outcomes. The third use will be the ability to place new treatment approaches and living environments within the restrictiveness taxonomy through the use of the full REM-Y.

Basically, this would entail taking the REM-Y profile for the new program and matching it to the closest cluster profile. In order to truly integrate new programs, eventually the full REM-Y data for all available programs would need to be analyzed. A reanalysis of all available data would probably need to be conducted every five years or so. In the short term, however, a simple comparison would probably suffice.

Study Design and Method

The basic steps for the ROLES revision project are explained in greater detail in Figure 2 below:

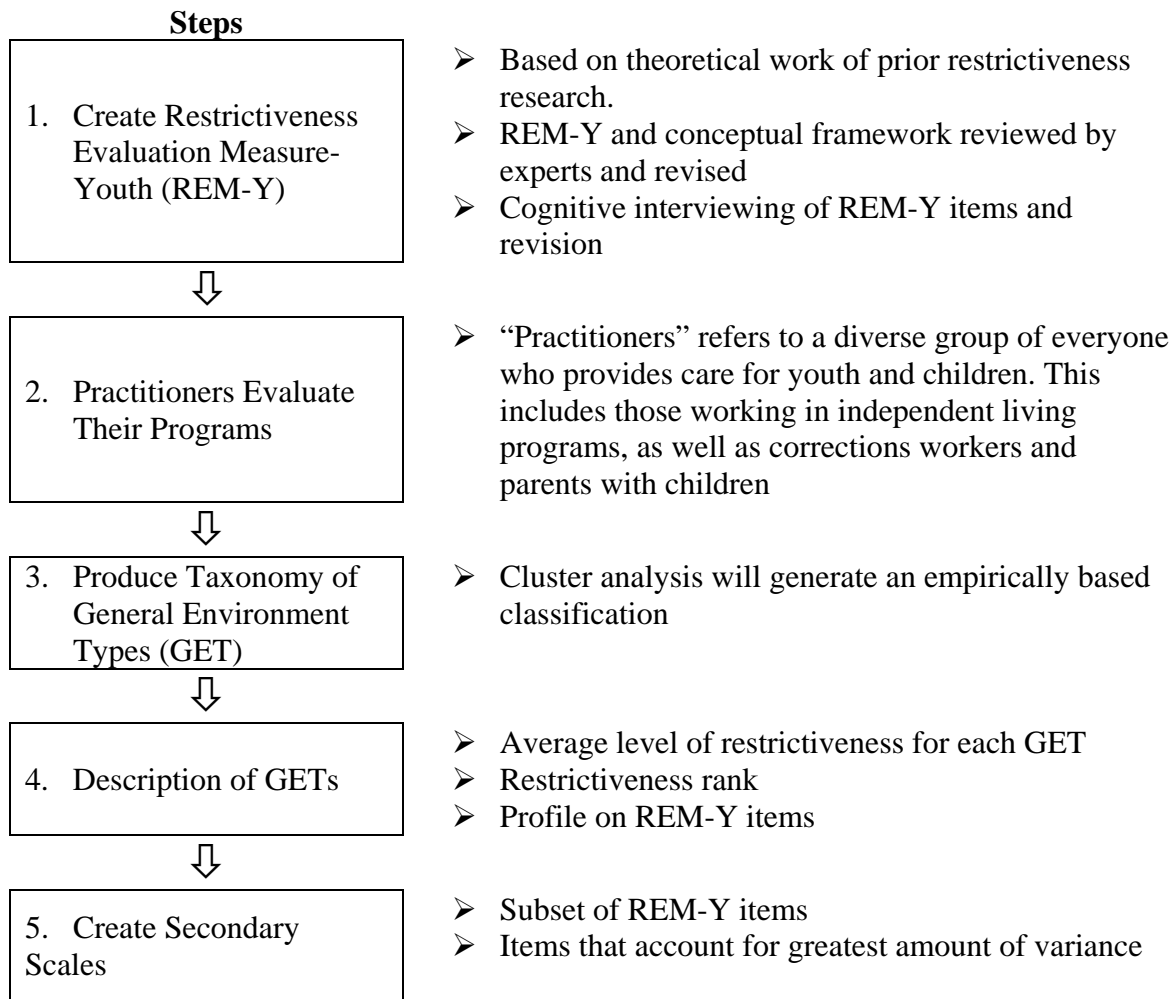


Figure 2. ROLES Revision Project Steps

The ROLES Revision Project Plan and the Restrictiveness Evaluation Measure-Youth was sent to a panel of experts for their review prior to implementation and the feedback was carefully reviewed and considered by the Roles Revision Team (RRT) and was used to make initial changes to the project plan and the REM-Y.

A short survey based on a set of restrictiveness measures will be developed based in part on the work of the developers of the original ROLES instrument (see the Secondary Measures of Restrictiveness section that follows). As part of this survey, agencies will be asked to provide a general description of the program e.g. population served, services provided. This survey will be created and administered as a web-based questionnaire.

Service providers and agencies will be sent the survey and asked to complete it for the program(s) they provide. “Services” in this case should be thought of in the broadest possible terms, including aspects of independent living and parenting, and so programs surveyed will include everything from independent living to maximum-security prisons. Contact information will be obtained from online directories and national organizations in the case of for-profit and non-profit organizations. A random selection of individuals living independently and of parents raising children will be randomly selected for participation as well. A random sample of agencies will be taken in those cases where the listing of service providers for any one type of service (e.g., residential schools) exceeds 100.

Potential study participants will be sent either an email or a letter soliciting their participation in the study. The survey will be anonymous. The letter will briefly describe the project and direct those interested in learning more to a web site.

Once data collection is completed, cluster analysis will be used to create general environment types based on respondents' answers to the restrictiveness measures for their program(s). Once the general environment types are established, the restrictiveness measures with the greatest potential for differentiating restrictiveness within general environment types will form the secondary measures of restrictiveness.

Use of Providers as a Referent Group

This first phase of the ROLES Revision Project will establish the provider group as the referent group. This approach is not assumed to be the most correct or accurate interpretation, simply a beginning point which will establish provider results a marker for comparison purposes.

Why use provider perceptions as the referent standard? There are two advantages to starting with provider perception. First, provider perceptions are likely to be relatively more homogenous, resulting in a simpler starting point. Because of different developmental levels and personal histories, the perceptions of children and youth are likely to be extremely heterogeneous. The complexity inherent in this variation of individual perception would be further exacerbated by “normal” environmental constraints based on developmental and treatment needs. Secondly, providers have an awareness of the restrictiveness of the environments where children and youth live. We anticipate that the first results of the ROLES Revision Project will supply providers with the information of greatest relevance and utility in providing services to youth.

Once the REM-Y has been pilot tested with providers, and the items are found to have acceptable psychometric (item and scale) properties, we plan to:

- Pilot test the REM-Y with youth and establish developmental profiles based on their responses;
- Examine the salience of items across child/youth and provider groups. This will entail identifying correspondence and differences between children/youth and providers, as well as identifying correspondence and differences between various children and youth age groups (child, early adolescent, late adolescent, etc.);
- Investigate how correspondence and differences can be used to enhance therapeutic outcomes for children and youth;
 - How might different perspectives contribute to provider child/youth conflict?
 - How can providers use child/youth perspectives to promote optimal outcomes?

Secondary Measures of Restrictiveness (Within Environment)

Improving the measurement of the levels of program Restrictiveness is the stated focus of the ROLES revision. This project will leverage the theoretical work of earlier researchers examining restrictiveness of living environment (Byalin, 1993; Epstein, Quinn, & Cumblad, 1994; Hawkins, Almeida, Fabry, & Reitz, 1992; Ransohoff, Zachary, Gaynor, & Hargreaves, 1982). These researchers listed various dimensions along which restrictiveness can vary. These dimensions, and the scales based on them, are listed in a related ROLES revision project document titled *Restrictiveness Evaluation Measure-Youth* earlier referenced to as the “REM-Y”. Examples of these dimensions include: activity restrictions, movement restrictions, social restrictions, and burden of treatment (constraints embedded within treatment). We feel that these dimensions are

central to the idea of program restrictiveness. Some of these dimensions may be more important than others, so we have limited the number used in order to have the most parsimonious scale possible.

Youth or Caregiver Ratings of Restrictiveness

Thus far we have been discussing how a specific living situation or program might be categorized according to a series of dimensions because treatment foster care in one agency might differ from another. Generally, the program manager in consultation with clinical staff and the youth and caregivers would undertake these program ratings. But there may be a place for another approach and set of data – *youth or caregiver ratings of a particular youth's experience and level of restrictiveness*. While not within the scope of this project, we anticipate that these ratings could be used to validate the overall rating that a program assigned its treatment foster care or group home program.

Other Treatment and Living Situation Dimensions Related to Restrictiveness

Several significant covariates of program restrictiveness bear mentioning, although the project team believes that the revised scale will not be able to completely measure these additional elements. These are elements that impact restrictiveness and may at some point merit the development of separate scales. In other words, the level of restrictiveness is complicated by being strongly related to several other important factors. Published research on restrictiveness has frequently also included discussions of acceptability, stability, availability, appropriateness, and age norms as being relevant to the issue of restrictiveness. The ROLES revision team initially will focus primarily on the issue of Restrictiveness, and yet will keep these other

dimensions in mind as we move forward. A brief note on each of the dimensions shown in Figure 3 follows.

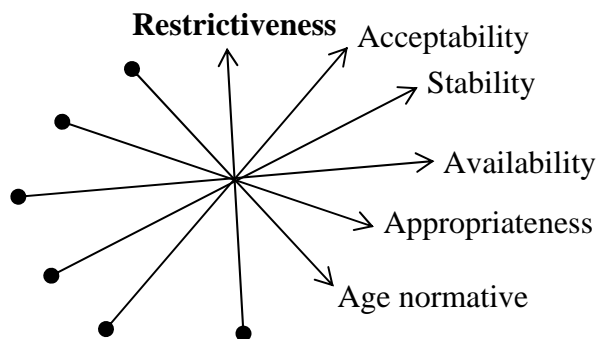


Figure 3 Secondary Dimensions of Measuring Restrictiveness

Acceptability. This is the acceptability of the treatment milieu as seen by youth, parents, referral sources, etc. (Villani & Sharfstein, 1999). Living situations where there is greater acceptability may be perceived as less restrictive. Issues related to acceptability include:

- Treatment resistance: program or medication forced on youth ;
- Proximity to the child’s family: for many children, movement to their home community helps them to build and maintain positive support networks;
- Treatment matches perceived need: control of behavior, mental health needs, etc.;
- A priori cultural emphases: least restrictive alternative is better; family-centered methods are better .

Stability. Stability typically refers to consistency or a lack of major changes in a youth’s living environment (Dore & Eisner, 1993; Penzerro, 2003). Unstable and changing placements are not optimal for youth. However, stability in inappropriately restrictive placements is also not

optimal. Stability in an appropriate, least restrictive environment is a key service objective. Some of the issues relevant to stability:

- Permanency: placement prevention, reunification, adoption, guardianship or long-term placement in environments closest to family-like settings ;
- Time in setting: considered in the context of treatment needs and program design:
 - Shorter for more intensive treatment but with sufficient improvement for movement to next level ;
 - Shorter for shelter care, longer for residential treatment settings, longest for family reunification.
- Consistent movement toward least restrictive environment”
 - Programs should have appropriate “step-down” care with movement to settings with less restrictive placements;
 - Multiple moves between restrictive and less restrictive settings should be considered as a possible indication of inappropriate assessment of the youth’s needs with regard to placement.
- Staff stability:
 - Family-like vs. shift staff;
 - Staff turnover rate.
- Programmatic stability:
 - a well articulated model with high model fidelity;

Availability. The manifest level of restrictiveness may have more to do with what is available than anything else. Issues related to availability may include:

- Availability: some programs may not exist locally or the ideal program may be full;
- Legal constraints: state or local laws may limit what can be done.

Appropriateness. This is the sense that a youth has not been placed in the most appropriate setting. An example of this is when families pull their child from a treatment setting before treatment is complete. Or when a child is sent back to an abusive environment before the family is ready. The goal here is that youth receives *effective* treatment within the least restrictive alternative possible (Schoenwald, 2002). The central issue here is that treatment milieu matches patient needs:

- Level of youth problems
- Risk level (harm to self/others)
- Development level

Age normative. The constraints on the behavior and activities of a normal two year old are very different from those normally applied to a seventeen year old. In normal maturation children are given greater freedom as they approach adulthood. With this consideration, any measure of restrictiveness probably needs to be eventually age normed so that it outlines parameters for level of restrictiveness optimal for such factors as:

- Chronological age;
- Mental age ;
- Developmental stage.

At this point these other dimensions related to restrictiveness of living situation will not be specifically measured in the ROLES Revision measure. The only potential exception to this may be the need to develop age specific norms for the restrictiveness evaluation scales if statistical analysis indicates this is needed. However, these other dimensions may form the basis for future research done in conjunction with the revised ROLES scale.

Co-Funders of the Project Team

Pressley Ridge Schools, Girls and Boys Town, and Casey Family Programs are funding this effort, with additional in-kind resources provided by foster care and other child welfare agencies who are reviewing the draft measures and analyzing data with the revised ROLES framework.

The project team members are identified below:

Project Team

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