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Staff Perceptions and Experiences at a Residential Treatment Center

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Abstract: This phenomenological study uses individual semi-structured interviews to explore staff perspectives at a non-profit community-based residential treatment program in Northern Colorado. Direct care staff members are the central agents of change because they have the most interaction with the clients. A gap in the literature provides reason to investigate staff perspectives in order to improve the overall quality of care in residential treatment. Interviews with four direct care staff took place on site. Three themes were identified in the findings as (a) Interactions and relationships, (b) Stressors and challenges and, (c) Success and personal growth.

Keywords: *direct care staff, residential treatment, staff perceptions, youth care*

Residential treatment is an important element in the continuum of care for at-risk youth. It is also controversial in outcome effectiveness due to mixed results in a large amount of research. More research is needed from direct care staff because they provide an important viewpoint on adolescent participation in residential treatment. Their perspective is also a useful tool in examining perceived value of work; it is important to understand their feelings and experiences regarding burnout, staff turnover and desire to work in the field in order to better understand how to retain staff at these facilities. Staff perceptions are generally defined as the insight, intuition or knowledge gained by work in residential treatment centers. This also includes the way staff interpret the value of their own work (Demery, 2005). The current phenomenological study concentrated on staff perceptions and experiences at a community-based residential treatment center, including staff experiences with the youth at the facility as well as other experiences related to the human services field and their current careers. By examining staff experiences and perceptions, this study contributes to research on how to improve overall quality of care. This includes, but is not limited to, revealing characteristics that contribute to the retention of staff members and understanding successes and challenges to enhance positive elements and decrease challenges that could possibly be avoided.

Residential Treatment

The care for children and adolescents in residential treatment is based heavily on a perceived need for a structured, consistent, comprehensive and nurturing environment (Abt Association Inc., 2008; Cangello, 2006; Demery, 2005; Maluccio & Marlow, 1972; Ramirez, 2011). The variety of residential treatment made it hard to determine an agreed upon definition in the literature, but most researchers seem to concentrate on a few important elements, including a therapeutic milieu and multi-disciplinary treatment. These aspects of residential care are what distinguish this treatment modality from other institutional programs.

Brief History

Residential treatment emerged due to the needs of youth who had mental illness or who could not be managed at home. Early forms of residential treatment included children's homes and orphanages. In the early 1920s, residential treatment evolved into comprehensive programs that treated both the adolescent and their families. More recently, there has been an increase in juvenile justice system referrals because of court orders. Residential treatment is based on a continuum of care ranging from low to high-risk. They include both large and small facilities, as well as variance of structure, length of stay and program focuses (Demery, 2005; Fish, 2007; Leichtman, 2008).

Therapeutic Milieu

Much of the literature focuses on the distinguishing characteristic of a therapeutic milieu (Abt Associations Inc., 2008; Butler & McPherson, 2007; Demery, 2005; Lee, 2008; Leichtman, 2008). This characteristic includes managing daily activities, placing value on healthy relationships and providing consistency in care and environment. Collectively these three elements help define the holistic approach residential treatment seeks to implement.

Broadly defined, a therapeutic milieu is the consistent plan of care that encompasses round-the-clock supervision. Leichtman (2006) explains that the best way to describe this is the idea of the "other 23-hours". While formal counseling and treatment services are an important element, it is acknowledged that daily living activities and tasks are equally important in the recovery and treatment for adolescents. Due to the small fraction of time spent in these formal activities, more time is spent on tasks like chores, personal care duties, school and everyday interactions with others. Researchers argue that this is the cornerstone of treatment because children and adolescents utilize the skills that are formed from managing these activities effectively (Cangello, 2006). When children and adolescents begin to take on these tasks effectively, symptoms often become less problematic in everyday life. It is the cumulative array of basic tasks that creates the positive impact. Thus, residential treatment offers a chance to recover and regain functioning in daily lives (Demery, 2005).

The value placed upon building and tending to relationships also defines therapeutic milieu (Cangello, 2006; Courtney & Iwaniec, 2009; Gorske, Srebalus & Walls, 2003; Leichtman, 2008; Ramirez, 2011). Children and adolescents form relationships throughout the entire treatment process with both staff and peers alike. Clients receiving services have been found to have had troubled or non-existent relationships, especially within their family; therefore, building positive relationships is an important piece to therapeutic milieu (Ramirez, 2011). Developing and forming healthy relationships can then assist in effective treatment because clients are able to improve social and adaptive functioning (Cangello, 2006). In forming reparative relationships, the clients are able to increase social skills through problem solving, interactive life experiences and decision-making (Leichtman, 2006).

Therapeutic milieu is also based on a nurturing yet structured and consistent environment (Abt Associations Inc., 2008; Cangello, 2006; Demery, 2005). Residential treatment differs in that the relationships between staff and clients are more like caregivers than the norm of a formal professional-to-client relationship. It is important for the professionals and paraprofessionals to establish a caring relationship because clients were likely deprived of this before. Having a consistent and structured environment allows children and adolescents to participate in group living and in active learning environments where individual and personalized services are provided (Abt Associations Inc., 2008). The environment is both predictable and structured to implement manageable goals and treatment (Butler & McPherson, 2007). The necessity of developing and implementing a consistent plan of care is at the core of therapeutic milieu.

Multi-Disciplinary Approach

In addition to a therapeutic milieu, a residential facility includes a multi-disciplinary approach including the family, the child and a multidisciplinary treatment team (Abt Associations Inc., 2008; Allen, Pires & Brown, 2010; American Assoc., 2009; Brown, Barrett, Ireys, Allen, Pires & Blau, 2010; Demery, 2005; Krueger, 2007). The 24-hour treatment poses a greater level of care where there is a need to include shared-decision making. Including internal and external sources will contribute to a holistic treatment that can be carried out by everyone involved.

It is important to include the family because they are the primary caregivers before and after treatment. Fortunately residential

treatment has seen an increase in working with families and utilizing their assistance in treatment (Courtney & Iwaniec, 2009; Gorske, Srebalus & Walls, 2003; Krueger, 2007). Abt Associations Inc. (2008), as well as Allen, Pires and Brown (2010), argue that the participation of family members is central to effective treatment and care. Allowing families to be involved is not only beneficial for the child or adolescent, but it is also useful for the family in providing opportunities and mechanisms that foster continual care.

Equally significant to family involvement is the implementation of individualized therapies for the child or adolescent. Almost all residential treatment facilities incorporate an individualized treatment plan (Abt Associations Inc., 2008; Allen, Pires & Brown, 2010). This is essential in tailoring services to age, along with their level of need and functioning, and attending to behavioral and emotional problems. Given the power and opportunity to voice their opinions in their own treatment, clients are likely to develop self-determination skills. Involving the child in shared decision-making will ensure participation and give insight and understanding to the individuals' strengths (Behling, 2010).

Finally, the multi-disciplinary teams are a wide range of professionals all in one facility (Abt Associations Inc., 2008). These teams are fundamental in providing diverse perspectives while developing a comprehensive treatment plan. This comprehensive array of therapeutic services involves the individual and group aspects, cognitive, social and emotional development, and education specific to the child's needs. The team is involved in a system of care that relies heavily on the collaboration of all members. According to Allen, Pires and Brown (2010), "A system of care is a strengths-based approach that recognizes the importance of family, school and community, and addresses the physical, emotional, intellectual, cultural, linguistic and social needs of every child and youth" (p. 1). The treatment team shares awareness off all of these issues and areas of concern. A collaborative team becomes imperative due to the need of intense interpersonal services (Butler & McPherson, 2006).

Population

Residential treatment centers for youth work with children and adolescents that cannot be managed at home because their unique set of severe emotional and behavioral issues (Abt Associations Inc., 2008; Cangello, 2010; Leichtman, 2008; Mallucio & Marlow, 1972; Ramirez, 2011; Wagner, 2008). At-risk youth are targeted for residential treatment due to multiple environmental and situational factors they face. The risk can be looked upon as steps on a continuum ranging from low to high (Schonert-Riechl, 2000). Mental and physical health diagnoses including substance use and abuse, family problems including trauma and abuse, neurological impairments, disruptive behavior and educational problem are among the most common reasons for entering residential treatment, usually occurring in combinations (Abt Associations Inc, 2008; Capuzzi & Gross, 2003; Ramirez, 2011; Schonert-Riechl, 2000; Sherman 2011; Substance Use…2002). Recently, referrals from the juvenile justice system have increased because of court orders.

Staff

Direct Care Staff

The present study focuses on the individuals known as direct care workers. Direct care workers can be characterized as having the most interactions with children; they address daily living activities and are the central agents of change (Cangello, 2006; Fish, 2007; Killu, 1994; Pazratz, 2003). Due to the multiple roles direct care workers take on, they have a high level of interaction that greatly influences youth treatment. Direct care staff provide the instructional contribution to daily interactions (Killu, 1994). Without direct care staff, it is impossible to develop a comprehensive treatment. They also have the greatest potential in establishing relationships, which is one of the most important elements in residential treatment (Fish, 2007). These relationships are vital because of the need to develop long-lasting stable relationships. Staff stability is important in program implementation because frequent changes can be a negative and

all too familiar experience for youth (Connor et. al, 2003). Providing a stable environment is an integral component of the effectiveness of the program. According to Killu (1994), "their continuous presence and involvement in the clients' lives fosters a relationship that would be difficult for others to establish and the effects of this relationship are often long lasting" (p. 169).

The main focus for direct care staff is to ensure counseling and re-socialization through basic everyday tasks (Pazratz, 2003). Daily living activities such as personal hygiene, peer and staff interactions and chores are equally, if not more, influential than professional counseling and therapy in the treatment process (Leichtman, 2008). Locating and guiding the use of appropriate resources are also important for direct care staff to lead. Staff members encourage a nurturing environment by supporting everyday living activities in which they can make sure that everything is running smoothly and efficiently (Demery, 2005). Direct care staff members are arguably the central agents of change and the cornerstone of a program's success because of the potential impact they have in the lives of youth.

Education/Training

Available literature reveals the diversity and need for education and training among direct care staff (Abt Associations Inc., 2008; Cangello, 2006; Fish, 2007; Pazratz, 2003; Ramirez, 2011). Various levels of education are recognized among the range of job titles direct care workers hold. Research revealed a lack of a professional degree or training in specific areas of therapeutic education among direct care staff. Ramirez's (2011) study revealed that only 40% of direct care workers had received on-the-job training. The literature calls for more intense training due to the amount of time and overall influence direct care workers have on the clients. Staff must recognize the importance of a therapeutic relationship by implementing formal training to embody consistency among workers. This will help in building and sustaining those relationships between staff and adolescents (Cangello, 2006).

Direct care workers have to be flexible in taking on multiple roles including the role of parent, friend, nurse and counselor. The primary role is that of a teacher, educating clients about positive behavior that is normalized and favorable to successful community integration (Killu, 1994). Due to a wide range of duties including housekeeping, resident training, supervision and documentation, direct care workers are encouraged to have certain qualities (Cangello, 2006; Fish, 2007; Killu, 1994; Pazratz, 2003). Compassion and emotional support, ability to assume different roles, firm and objective attitudes, tolerance and patience with deviant behavior are some of the desired qualities.

Retention, Turnover and Burnout

In residential care today, it is difficult to retain educated staff due to complex roles and responsibilities that lead to burnout and a high turnover rate (Fish, 2007; Killu, 1994; Ramirez, 2011; Rose, Madurai, Thomas, Duffy & Oyebode, 2010). Burnout and high turnover occur for many reasons, including but not limited to low pay, demanding work conditions, lack of recognition in value of their work and lack of input in important decisions (Killu, 1994; Krueger, 2007). Direct care workers across populations experience similar stressors, specifically emotional exhaustion, which is a key element of burnout (Rose et al., 2010). Also included in burnout, which is defined as physical, mental and emotional exhaustion, is the feeling of depersonalization and reduced productivity (Fish, 2007).

Staff turnover is highly detrimental in establishing the necessary relationships with these children and negatively influences stability and quality of care (Demery, 2005; Fish, 2007; Ramirez, 2010; Rose et al., 2010). A steady decrease in staff can lead to inadequate care and more burnout for the staff that remains (Demery, 2005). In order to retain the workers who are important intermediaries for clinicians, there needs to be an increase in job satisfaction and commitment, which in turn, will lead to a longer

stay in the organization (Pazratz, 2003; Rose et al., 2010).

Gaining a staff perspective on the challenges this intricate job entails could lead to the deterrence of turnover and burnout and offer ideas for areas of improvement in this treatment modality. By examining the experiences as close to lived experiences, this study can contribute to an underdeveloped area of research in which residential treatment can only benefit from.

METHODS

Procedure

A phenomenological research method was used in order to gather insight and understand the perceptions and experiences of direct care workers. One-on-one semi-structured interviews assisted in learning more about the perceptions, feelings and day-to-day experiences of working in a residential treatment facility. This method was chosen as a means to understand each participant's experiences in a way that allowed them to express themselves openly. This approach also allowed the researcher to interpret the data as closely to live experiences as possible.

Participants described their perceptions and experiences of working in a residential treatment setting. All interviews were audio-recorded and ranged in length from approximately 15-20 minutes. The semi-structured questions guided the interview, but follow up questions were also used in order to encourage the participants to elaborate. Audio-recordings were transcribed into a Microsoft Word document and then analyzed using content analysis to discover major themes and subthemes.

The Youth Treatment Center

The present study focused on a non-profit community-based program for at-risk youth and families in crisis. This multi-treatment facility offers in and outpatient, individual and family services. There are two residential facilities, two certified schools and a home-based intervention program. The population is consistent with other residential programs, which include adolescents ages 11-18 and families in crisis. This program strives to reach the goals of family reunification, emotional stability, effective relationships, academic success and civic responsibility.

The evidence-based program implements several practices, theories and treatment models based on the particular needs of the individual clients. The Discovery Program encourages the development of skills that creates a positive change in students. Its success is proven in increasing academic achievement and learning positive social skills. The Nurtured Heart approach emphasizes a focus on steering away from undesired behaviors and positive attention on rewarding desired behaviors. Positive choices are encouraged, rewarded and reinforced through this approach, while consequences for negative behaviors and actions are enforced. Dialectical Behavioral Therapy, family therapy, individual therapy and dependency and addiction services encompass the therapies available on this program. All of these are implemented in this residential facility at different levels, paying particular attention to the needs of each individual. Their mission and vision for the outcomes of this program are provided:

Mission: "To provide the highest quality of educational, residential, and in-home therapeutic services using evidence based best practices that enhance understanding and application of positive choice."

Vision: "Our vision is to change and improve the lives of youth and families in our communities."

The residential programming also includes service learning projects and recreational activities as a part of the treatment. The length of stay varies, as it is tailored, and involves an individual treatment team. Although there are different programs and levels, the main goal of the residential programming is to provide temporary safety and stabilization of youth in crisis.

Setting

The interviews were conducted on site at one of the residential treatment homes. Having

never had experience with residential treatment, the researcher was surprised at the location and environment. Expecting somewhat of a structured, hospital-like facility, the house looked instead like any other house a family would live in. With the goal of residential treatment in mind, this environment is exactly the kind of location to implement the comfort of a familiar home while still providing professional treatment. The interviews were held in the open area of the poorly lit basement. Instead of at a table or desk, the interviews took place on couches and immediately provided a sense of comfort and an at-ease environment.

Population

The sample consisted of three direct line staff and one house manager with a variety of job titles, responsibilities and level of experience at the facility. Upon receiving approval from the Institutional Review Board at the University of Northern Colorado, contact was made between employees at the program, which led to further communication with one residential house in particular. The researcher contacted potential participants by attending a staff meeting during which a brief overview of the project was described. Individuals then had the opportunity to ask questions, read over the consent form and decide if they would like to participate. Interviews were set up and then conducted only after receiving a signed consent form. Pseudonyms were used in order to protect the identity of the participants.

Participant #1: Aaron

Aaron is the associate house manager. His duties include supervising both the direct line staff and the clients. He also assists with administrative paperwork. Although he has some supervisory duties, he also spends time directly on the floor with adolescents helping them run the immediate program schedule and implementing individual behavior plans. His pursuit of a counseling career and interest in child and adolescent development led to his involvement with the facility. A major influence in his continuation at this facility has been his interaction with other people, which he believes contributes to learning about himself.

Participant #2: Kyle

Kyle is the house manager at this residential facility. He described his responsibilities as serving as the main communication hub for internal and external sources. Supervising and maintaining contact between the house staff and client treatment team is one of his main duties. Kyle's primary responsibilities are supervisory, which include ensuring the house is up to code, licensing requirements are being followed and budgeting for the facility. Even though most of his duties do not involve direct interaction with adolescents, he does attend some meetings and court-related activities. He also makes certain that both the needs of the staff and the clients are being met. His involvement with residential treatment was somewhat unexpected due to an initial interest in education, but it turned out to be a career that he could enjoy and flourish in.

Participant #3: Ashley

Being a child-care worker, Ashley has regular interaction with the youth at this facility. Her responsibilities include supervising the youth and facilitating the routine schedule. Implementing program activities and enforcing daily activities like chores and dinner tasks are among her main obligations when supervising after school. Her original interest in psychology and genuine concern for helping others guided the landing of her employment at this facility. Gaining valuable experience and feeling invested in the company have contributed in her choice to stay at this facility.

Participant #4: Tyler

Tyler's responsibilities as a direct care worker are invested in maintaining a safe environment and supervising the adolescents. These responsibilities can include enforcing rules and the positive choice model. When not directly working with clients, other engagements include paperwork and making phone calls when necessary. His interest in psychology and determination to help others originally sent him

on a path towards a counseling career. He then experienced an internship in a somewhat similar setting, which he enjoyed; that experience eventually led him to this facility.

FINDINGS

The participants' reports of the experiences and perceptions of working in residential treatment proved to be similar in many ways. Three common themes reflecting their employment in residential treatment arose among the four interviews conducted: personal interactions and relationships, stressors and challenges, and success and growth.

Personal Interactions/Relationships

The participants related their experiences and perceptions to the kinds of interactions they had with the clients and the relationships they built with youth as well as co-workers. Individuals revealed experiences describing the different behaviors the youth exhibited, group dynamics, positive role modeling and communication. These sub-themes demonstrate the variety of interactions that take place in residential treatment.

Behavioral characteristics

The participants indicated that many notable experiences were based on both the positive and negative behaviors of the youth at the facility. The behaviors of adolescents can have an effect on the entire milieu and can easily influence peers. Although positive interactions were noted, negative behavior was almost always distinguished first. The participants indicated that their experiences with clients were based on the different behaviors that needed to be addressed as opposed to daily tasks or job responsibilities.

Representative comments on experiences working with youth indicated a frequent volatile environment. Participants explained that their daily experiences fluctuated. They also described dealing with explicit negative behavior and name calling as difficult to manage. This quote indicated the sometimes-harsh aspects of working in residential treatment as a direct care worker, "They can be really mean… I get called [names] pretty much daily." Yet in each portrayal, the participants made it a point to mention the positive interactions as well, that integrated positive and eye opening experiences.

The descriptions of their experiences with kids indicate that direct care staff members tend to deal with unstable environments on a regular basis. This is consistent with knowledge of burnout predictors indicating direct care workers are often exposed to emotionally demanding working environments (Voss, 2011). Burnout will be discussed more in depth in later themes.

Group Dynamics

Examining group dynamics while interacting with the adolescents was also relevant to participants' experiences in residential treatment. Learning about the differences and diversity of each child contributed to how the staff reflected on the time they spent with the clients. Participants described the group dynamics as something they found interesting when working in residential treatment.

Staff members acknowledged the importance of recognizing the differences among such strong diversity within a young group. They found significance in trying to maintain a cohesive environment with a variety of backgrounds and histories and the multiple approaches they must tailor to each individual client. Finding significance in youth group interactions displays a genuine interest in the kids themselves. This is to be expected among direct care staff and is consistent with Demery's (2005) results that staff interpret continue at these type of facilities, despite the negative aspects, for the good of the adolescents by valuing the unique experiences.

Positive Role Model

In addition to Demery's (2005) findings, it is relevant to note that the participants in that study shared a strong sense of compassion, commitment and responsibility to the children they serve. In comparison, this study found that the influence of being a positive role model and building positive

relationships with the adolescents were important to staff contributions at the facility. It was evident in the interviews that the participants related being a positive role model to displaying a sense of compassion, showing that they were committed and taking responsibility for positively influencing the clients.

Reflecting on their contribution, the participants noted experiences in which they saw their positivity have a direct effect on the individual client as well as their peers, by influencing one another in a positive way. In a sense, the participants felt responsible for exhibiting proper behavior and showing they would stay committed due to the likelihood of the clients not having a role model thus far. One quote in particular, "For me what helped to get through the points when I'm feeling discouraged is that I'm still there as a role model and I'm still there to show that I care" demonstrates the strong sense of commitment and hard-work direct care staff display. This is also consistent with therapeutic milieu of residential treatment, which insists that building and tending to relationships is an important element in caring for youth (Cangello, 2006; Ramirez, 2011; Courtney & Iwaniec, 2009; Gorske, Srebalus & Walls, 2003; Leichtman, 2008).

Communication

The common perceptions among participants revealed the importance of the strong team dynamic for direct care. Participants mentioned the importance of communication between staff and the strong relationships they build as a result of working so closely. Most of these representative quotes came up when participants volunteered additional information they thought the researcher should know. They saw communication as essential to working in residential treatment and when dealing with crisis situations. One participant explained, " The sense of community between employees is really important… that's what helps us be productive and get things done."

Working together has its benefits not only while implementing the program but also when dealing with youth directly. Individuals mentioned that the adolescents are "manipulative" a lot of the times and communication is often key to addressing manipulation. "They see that we are close and it's harder for them to staff split." The importance of communication within effective care is consistent with the research and findings of Pannun (2008). In these findings Pannun elaborates how teamwork is seen as a successful collaboration in attempting to guarantee safety in residential care. Relationships and interactions with both clients and co-workers are one of the most important elements in implementing effective residential treatment. The staff-client interactions in the therapeutic milieu lead to developing a healthier emotional experience with potentially corrective outcomes (Moses, 2000).

Stressors and Challenges

The inevitability of stress as a direct care worker is renowned. Unfortunately, in residential treatment direct staff face an overload of responsibilities, tasks and challenges that need to be attended to daily. Dealing with crisis and demanding work conditions, as well as low pay and lack of financial incentives, can have an emotional toll that leads to the phenomenon of burnout (Krueger, 2007; Ramirez, 2011 & Killu, 1994).

Dealing with Crisis

The staff at this facility mentioned the difficulty dealing with crisis and extreme negative behavior. These quotes represent their experiences and perceptions of the difficulties of working in residential treatment. The house manager seemed to recognize the overwhelming aspects of being a direct care workers and also mentioned crisis situations in which he has to "keep the team positive" and simultaneously deal with the crisis at hand.

Other staff members revealed a test of their patience and feelings of discouragement. There is an emotional toll that takes place and contribute to the amount of stress that have negative effects on the staff members themselves and then, also, the clients. This quote especially represents the emotional and mental toll direct

care givers have to deal with: "I had… really like an emergency situation where a kid was really at the point of bleeding out and umm at that point I was ready to be done for a while because I had to handle that situation and it was handled successfully in the sense that that person was ok but it was just after dealing with that and the resident had come back and been extremely rude… to have a situation where you're essentially helping to save someone's life and then they're threatening you the next time they see you." These feelings of decreased value and accomplishment and overwhelming traumatic experiences are common among direct care workers due to work-related stressors (Fish, 2007; Ramirez, 2011 & Rose et al., 2010). The staff in this study recognized that this job entailed dealing with crisis situations. Simply recognizing this challenge did not reduce the feelings involved when confronted with demanding circumstances.

Other Challenges

Participants mentioned other challenges associated with working in residential treatment, although not reflecting a consensus. Factors like low pay, instilling emotional boundaries, conflict with families and mental health all arose in conversation when asked about challenges. Interacting with parents and communicating the best interest of the client was a challenge mentioned to differences of opinions and goals. Mental health diagnoses were also seen as a challenge: "…Others that give an official diagnosis don't really spend a lot of time with them… often times their diagnosis are right on but a lot of times too where it's like that doesn't fit." This also relates back to the importance of communication but also realizing that family, outside caregivers and physicians should be included in the cohesiveness of residential treatment.

Another staff member indicated the realities of having to set emotional boundaries in order to protect from being exploited further. "To be genuine but also not explaining how deeply something has affected me emotionally because I've found that even though in the moment it means a lot to them it will come back and they'll throw it in my face and that's really hard for me." Finally one participant reflected on the combined challenges that lead to stress within the facility, "having those relapses… and then you also have a rough house where you feel like your words aren't being heard and you feel like a glorified babysitter and then on top of it you're also hearing that the kids you thought would maybe hold it together are getting into trouble" and " I think in general it makes it tough when you are working with non-profit. It's like it doesn't matter how great of a job everyone sees you doing or anything like that you know they want to pay you more and they just don't have the means available." The diversity and wide scoped of challenges that could possibly be encountered are stressful because staff usually have to confront multiple issues at the same time.

The challenges that direct care staff range from mental to behavioral to financial. All of these factors can be predictors of burnout and likely contribute to the high turnover rate within residential treatment direct care staff. Low pay with a demanding work environment is often reported as a contributor to a decrease in staff retention and leads to less adequate care for the clients (Demery, 2005; Killu, 1994).

Burnout

A multitude of factors can contribute to the phenomenon known as burnout. The participants mentioned that they had either experienced burnout and/or knew someone who had. In this line of work, burnout seems an almost inevitable experience. While this holds true, many staff members going into residential treatment recognize this and, in the occasion they want to stay, find ways to cope. Their feelings about burnout mainly focused on what they do to try to avoid or overcome symptoms. Participants found it important to have an outlet and attempt to normalize the feeling by reminding themselves that they can relate to other staff members at the facility.

Participants related to experiencing symptoms of burnout, which can be referred to as physical, mental and emotional exhaustion, "I

would say I get burnt out pretty regularly… there have been a couple kind of crisis situations where the next day I've gotten a call to meet with a therapist and they helped debrief after that."

"I've definitely seen it [burnout] and felt it big time before" and "there's nothing you can really do sometimes… it's just sometimes you feel that burnout you feel that stress." The participants seemed to recognize that burnout is common in residential treatment and that this facility in particular provides support in dealing with burnout and other crisis situations. That appears to have had a positive effect in their decision to continue at this facility.

Success and Growth

Another theme that arose revolved around the success of the youth and personal growth while being employed at the facility. Multiple factors were attributed to youth success including individual progress, the ability to make positive choices and the importance of accountability. Participants also recognized personal growth including gaining experience, acquiring or building on traits and qualities, and overcoming obstacles and barriers.

Progress

Often when asked about the successes participants experienced, they would relate to the progress adolescents display on an individual level. They also recognized that this perceived progress is not visible on a daily basis; that progress is relatively minor. Despite this perception, they seemed to realize the value in small subtle changes in a positive direction. The staff members reported individual progress by an increase of good behavior and abstaining from negative behavior post-treatment. Participants also noted a shift in emotional barriers and subsiding resistance.

This shows that although success rates were not perceived as frequent encounters, adolescents are still making progress. The small and subtle changes in the clients are viewed as a rewarding component of being a direct care worker.

Positive Choices and Accountability

As mentioned in the review of the literature, this facility focuses heavily on positive reinforcement. Likewise, each of the participants points out that teaching accountability is a vital component for the treatment of these adolescents. "Our philosophy is just helping them make a good choice for themselves." In reference to informing the clients about their stay at this residential facility, one participant talked about the necessity of taking responsibility for one's actions in order to make progress in the program. A perceived benefit of this philosophy incorporated maintaining a positive relationship with having the ability to hold the client accountable for their actions.

This study did not look into other facilities that also focus on positive reinforcement, but it seems as though it continues to prove valid and useful at this facility. "Our program is really based on recognizing the positive things that they do and sometimes you don't even realize how powerful that can be."

Personal Growth

Participants in this study also acknowledged the changes they have seen at a personal level. Acquiring experience in the field is seen as an advantage of working at this facility, mentioning "eye opening" and "valuable" experiences as a gain. Valuable career experience is not commonly documented in the literature as a benefit to working in residential treatment from the direct care staff perspective.

Those who participated had also seen an improvement in already established personal traits or newly acquired qualities. Expressions included being more "assertive" with clients and also more "independent and confident". They also experienced feeling of self-assurance and learned the humility of asking for help. Participants also felt like overcoming obstacles and barriers assisted them in achieving these necessary qualities of working in residential treatment. Becoming stronger both physically and mentally by getting "thicker skin" and dealing with a "rough group of kids" was also viewed as a positive constituent.

Improving personal qualities and gaining experience were seen as benefits in the pursuit of achieving further career goals. This is consistent with literature that acknowledges the entry-level status of direct care workers and their interest in pursuing more respected and valued professions (Demery, 2005).

DISCUSSION

Limitations

The current study had several limitations, which are primarily due to the participants. First and foremost, the sample consisted of only four direct care workers at one specific residential house. The sample was therefore limited to a specific part of the entire residential treatment facility. The sample size was small enough that further study should not only include other areas of the program but perhaps another facility to compare staff experiences. The small sample provided findings that may not be generalized to all direct care staff in residential treatment centers. Although there were several limitations to this study, the findings are compatible with other research.

Implications

Findings in this study suggest that direct care workers are aware of the benefits as well as the hardships of working in residential treatment. Participants seemed to acknowledge the inevitable realities that direct care is a job that gets little recognition for the amount of hard work contributed. Despite their awareness, the perceived decrease in value of work may affect the quality of work they perform and further encourage them to look for jobs where perceived value and recognition is increased. Although the individuals in the current study shared a genuine interest in the care of at-risk youth, not all direct care workers share this.

A well-known barrier to research and treatment in residential treatment is a lack of funding. With fewer funding opportunities to establish incentive and prove the effectiveness of residential treatment, individuals are less likely to engage in direct care positions. Promoting the gain of unique personal rewards and recognizing the value of work by outside fields, administrators and agencies may increase the interest in pursuing direct care positions.

The increased need for direct care workers directly affects the quality of care by leading to turnover and resistance to pursuing direct care positions. As a result, there is instability in relationships between staff and clients, and this can have a negative effect on treatment outcomes. Efforts to reduce turnover and burnout should be directed towards providing proper training to prepare for the emotional challenges and emphasizing unique rewards. Utilizing the staff perspective can be useful in tailoring the program to the clients' needs as recommended by the individuals who are in contact with them most frequently.

Future Research

Based on the findings and limitations of the current study, further research on staff perspectives and experiences would be useful. Future research should also include a larger sample size in order to more broadly generalize the results. The sample should also be expanded to include other residential treatment facilities. Research with a larger sample would be helpful to determine if the findings are distinctive to select agencies or further generalizable.

The current study focused on revealing staff perspectives and experiences in a residential treatment facility to improve the quality of care. In order to fully improve the quality of care, future research should also include a youth perspective. Investigation of the two perspectives will assist in uncovering valuable information about unique experiences and can further improve programs.

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