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A Study of Individuals Living in a Residential Environment Having Difficulty Following Their Bedtime Protocol

Lynelle M. Lockett
Old Dominion University

A STUDY OF INDIVIDUALS LIVING IN A RESIDENTIAL ENVIRONMENT HAVING DIFFICULTY FOLLOWING THEIR BEDTIME PROTOCOL

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LYNELLE M. LOCKETT

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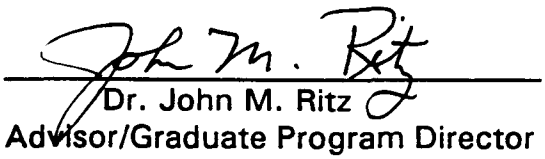
SIGNATURE PAGE

This project was prepared by Lynelle M. Lockett under the direction and supervision of Dr. John Ritz in OTED 636, Problems in Education. It was submitted to the Graduate Program Director as partial fulfillment of the requirements for the Masters of Science in Education Degree.

APPROVED BY:



Dr. John M. Ritz
Advisor/Graduate Program Director

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TABLE OF CONTENTS

TABLE OF CONTENTS

TABLE OF FIGURES

CHAPTER I

INTRODUCTION

The Arizona Girls Unit at The Pines Residential Treatment Center is designed for females between the ages of 11 and 15 who have experienced emotional and psychological trauma and who have difficulty displaying appropriate judgement and impulse control. This unit is highly structured with tasks, activities and daily routines designed to teach residents the skills necessary for successful adjustment to non-residential settings.

Each resident is responsible for following specific unit rules and guidelines. The Arizona Girls Unit also has a daily schedule that each resident is expected to follow. One aspect of the schedule that staff often have difficulty with concerns residents remaining on task during bedtime. During this portion of the shift, residents have difficulties following bedtime protocol and frequently respond to staff interventions by using verbal abuse or by becoming physically aggressive. Bedtime protocol, a consistent routine, is designed to help residents understand the importance of getting the proper amount of rest needed to function adequately during school, social interactions and activities on the unit. Bedtime protocol is not just a significant part of the unit's daily schedule, but it contributes to resident's adjustment outside of residential environments.

STATEMENT OF PROBLEM

The problem of this study was to determine why residents living in residential environment had difficulty following their bedtime protocol.

RESEARCH GOALS

The following objectives were established to guide the research:

1. How often do residents follow their bedtime protocol?
2. Why do residents undergo seclusions or restraints around bedtime?
3. How many seclusions or restraints are occurring around bedtime?

BACKGROUND AND SIGNIFICANCE

The topic of this study is essential to the staff at The Pines Residential Treatment Center because it may provide insight into why residents are undergoing seclusion or restraint during bedtime hours. Being scared of the dark, scared of sexual molestation that took place at a prior placement or in the home, fear of abandonment, fear of peers and lack of consistency by staff not following rules and regulations are some reasons and areas that may contribute to residents not following bedtime protocol that need further investigation.

Throughout 1993, restraints were occurring daily on the Arizona Unit. Staff were receiving injuries as a result of restraining residents. Residents were off task at bedtime as evidenced by their wandering the halls, horseplaying, disrupting the unit and not following staff directions. This behavior continued for almost a year. Program directors, unit directors, clinicians and staff increased the number of therapy sessions, added 1:1's, and changed the schedule hoping these interventions would help residents ameliorate their behavior during bedtime. Staff members who were not assigned to the Arizona Unit often refused to work on the unit because of the girl's unpredictable

behavior. Staff members have also resigned because of the stress they were experiencing on the unit. The Arizona Unit experienced a period where the staffing pattern was low and the residents were displaying inappropriate behaviors around bedtime that required seclusion or restraining. This study is not just vital to the staff at The Pines Residential Treatment Center because of the injuries that they are receiving restraining residents during bedtime, but vital to the overall staffing pattern in regards to the future of the Arizona Unit and unpredictable behaviors of the residents at bedtime.

LIMITATIONS

The limitations of this study were as follows:

1. The research was limited to The Pines Treatment Center.
2. The research was limited to the Arizona Girls Unit.
3. The research was limited to residents following their bedtime protocol.

ASSUMPTIONS

The assumptions of the research were as follows:

1. Residents were not exposed to a structured environment where firm limits were set.
2. Residents had no specific bedtime protocol prior to placement.
3. Residents do not understand the importance of getting the proper amount of rest.

PROCEDURES

At the beginning of the research, documentation was done on each resident at the end of the shift to determine those residents who followed their bedtime protocol and those residents who did not follow their bedtime protocol. This information was obtained from the point sheet that each resident is issued at the beginning of the shift. A log was then maintained of those residents who were able to follow bedtime protocol and the residents who were unable to follow bedtime protocol. The reasons why residents did or did not follow bedtime protocol were then categorized according to what was found in the documentation located in the resident's chart. The seclusion and restraint logs of the last year on the Arizona Girls Unit were checked to see if seclusion or restraints were occurring around bedtime. The charts of each resident that was secluded or restrained was then read. A log was then kept of the restraints, seclusions, times of incident and reasons. Again the possible reasons why the residents were having difficulty following bedtime protocol were then grouped into specific categories according to the information found in the charts of the residents.

For those residents who were secluded or restrained, 1:1's were provided to ascertain why the residents were displaying inappropriate behaviors during bedtime. The information that was retrieved during the 1:1 was then matched with resident's issues that were found in their charts to check for consistency. The possible reasons for the resident's behavior were again grouped into

specific categories. The information that was retrieved was then used for research purposes.

DEFINITIONS OF TERMS

This researcher felt that the following terms needed to be defined in order for the reader not to misinterpret the material:

ARIZONA GIRLS UNIT-a unit designed for girls who have experienced emotional and psychological trauma and who have difficulty displaying appropriate judgement and impulse control.

BEDTIME PROTOCOL-a consistent routine designed to help residents understand the importance of getting the daily required amount of rest.

RESTRAINT- defined as a physical routine or mechanical device used to restrict the whole or portion of the resident's body.

BRIEF PHYSICAL HOLD- physical holding is the restriction of body movement and is less restrictive than seclusion and/or mechanical restraint.

SECLUSION- seclusion is defined as occurring when the door to the seclusion room/observation room cannot be opened by the resident from inside the room.

EBT- is defined as a resident going to bed earlier than their normal bedtime (early bedtime).

DR- is defined as when a resident is not allowed to eat in the dining room (dining room restriction)

SPECIAL PRECAUTIONS- guidelines to ensure that safe and therapeutic care is provided to any resident who requires increased supervision and structure

due to aggressive or self-destructive behavior.

1:1- a session where the resident is allowed to discuss with a therapist or staff member his/her problems.

POINT SHEET- a log where a resident's behavior and completion of daily tasks are kept. A resident may earn between 0-15 points.

OVERVIEW OF CHAPTER 1

The researcher, in this chapter, gives the reader some new insights into residential care. Also the researcher identifies several possible reasons why residents are having difficulty following bedtime protocol. Chapter II will give an historical overview about residential treatment centers, the effects of sleep on performance and some information concerning crisis intervention. Chapter III will show the methods and procedures used to collect the data for this research. Chapter IV will show the findings from the data that was collected and Chapter V will discuss the researcher's conclusions and recommendations.

CHAPTER II

REVIEW OF LITERATURE

Chapter II is the Review of Literature. In this chapter the researcher will give a brief historical overview about residential treatment centers and discuss the effects of sleep on performance, crisis intervention and establishing routines.

HISTORICAL OVERVIEW

Residential Treatment Centers for children were established in Great Britain during the Second World War and during the early part of the twentieth century in the United States. Before residential treatment centers were designed, children were placed in industrial schools, children's homes, mental subnormality hospitals, adult psychiatric center pediatric wards and foster homes (Baker, 1974). According to the report of the National Institution of Mental Health on mental health facilities, residential treatment centers for emotionally disturbed children are defined as "institutions providing inpatient services, usually under the supervision of a psychiatrist and primarily to persons under eighteen years of age, who by clinical diagnosis are moderately or seriously emotionally disturbed" (Evangelakis, 1974, p.3). "The development of psychiatric treatment techniques geared specifically to disturbed children is of fairly recent origin and is still in process. In fact, residential treatment itself might still be considered an innovation as a source of therapy for emotionally disturbed children" (Evangelakis, 1974, p. ix). In the United States, residential

treatment centers date as far back as the 1920's. Most of the information acquired regarding residential treatment centers are from the United States. Residential treatment centers are also designed to prepare individuals to function outside of a therapeutic residential environment. This is done by allowing residents to experience every facet of a "normal" day by following guidelines, rules and schedules, which will help with their transition back into society. In the spectrum of services for children, residential centers tend to be places of "last resort" and serve children and adolescents who are the most disturbed (Schaefer, 1988, p. vii).

THE EFFECTS OF SLEEP ON PERFORMANCE

"That all men sleep, whatever the diversity of their heredity, social background, or other activities, suggest that it fulfills a basic biological need of the human organism" (Foulkes, 1966, p. 9). According to Woodard and Nelson, the performance effects of sleep deprivation are highly variable, ranging from essentially no effect to an almost complete breakdown in performance. Wilkinson says that sleep loss has been shown to engender performance decrements in psychomotor tasks which require sustained attention and continuous motor performance (Carlton, 1977).

Although sleep loss has been consistently shown to produce performance decrements in certain tasks, different explanations have been offered as to how these effects are mediated. Performance decrements obtained during sleep loss have often been attributed to the occurrence of brief, intermittent lapses, or

periods of microsleep. However, the results of other studies suggest that sleep loss also results in a more general reduction in information-processing demands as the task increases. This reduction in processing capabilities may result from the general reduction in arousal which occurs as a consequence of sleep deprivation (Carlton, 1980, pp. 60-61). A number of chapters in the book entitled Sleep, Arousal and Performance summarizes our knowledge of the effects of altered sleep time and schedule on performance. Initial findings of maintained performance after sleep loss were interpreted relative to the common, intuitive expectations that sensitive performance tests would show massive effects of sleep deprivation (Broughton, 1994). The information above does support the proposition that the lack of sleep can interrupt a resident's interaction with other peers, following the daily schedule and performing appropriately and to one's best during school.

CRISIS INTERVENTION

According to Katz, all out-of-control episodes have a starting points. By paying very close attention to these starting points, we can learn a great deal about what types of situations, experiences, events or conditions are likely to be difficult for a particular child, and which of them might be likely to precipitate or trigger some form of overreaction (Schaefer, 1980).

Some reasons listed in Children In Residential Care for residents displaying out-of-control behavior are what the resident may perceive to be a competitive situation, prior to or returning from a home visit and what the resident may

perceive to be a change or altercation in a relationship with a member of the treatment team. Another reason why residents may display out-of-control behaviors are during transition periods. This can be when a resident moves from the unit to school, from the classroom to recess and when going on outings. Child care staff in residential treatment facilities often speak of a child's increased level of vulnerability during these less structured and less supervised transition periods. This behavior often transpires during change of shift and around bedtime (Schaefer, 1988).

Out-of-control behavior poses two management problems for the staff. First, the residents are thought to be unresponsive to normal control techniques such as verbal warning and commands. Second, residents appear to pose a threat to other residents, themselves, staff and the property around them. According to Buchholdt, out-of-control behavior requires a quick and decisive response from the staff, usually in the form of physical restraint, immediate transport to a control room, severe verbal scoldings and sometimes even frantic calls for assistance (1979, pp. 85-86).

Although research shows that many children in residential care are vulnerable to moments of crisis, staff sometimes are less sure of what critical information can be derived from these crises to help reduce the occurrence of similar episodes (Katz, 1988, p. 3). Katz goes on to say that many residents in residential treatment will express their vulnerability by moments of out-of-control behavior. A child beginning to lose control, for instance, may still be

responsive to efforts to provide a safe option. A child in a more advanced stage may be much less responsive to such interventions, and the child care worker may have to let the episode run its course (Schaefer, 1988, p. 31).

ESTABLISHING ROUTINES

A good night slumber is essential to a child's health and mental outlook. During sleep the young person's body secretes a growth hormone that is necessary for the development of tissues and proteins. An adequate amount of sleep helps children get through the day. Studies show that children who get enough sleep are more alert and are less prone to accidents and are more cheerful (Redbook, 1993, p. 146).

Zimmer says that fixed bedtime routines will help children make the transition from day to night and stresses the importance to make these night-time rituals as calm and pleasant a possible (Redbook, 1993). Katz and Zimmer both concur that simple routines like brushing teeth, bathing, undressing, reading a story or doing a puzzle in a fairly regular sequence can help establish and maintain the regularity of bedtime. Katz conveys that it is generally a good idea to establish a regular bedtime, even if the child does not always fall asleep at the appointed hour (Parents, 1992; Redbook, 1993).

Sofer suggests that parents discuss with their children plans to adopt routines. Sofer also emphasizes that kids are happier and more cooperative when they are included in the decision making. Sofer goes on to say that children should be involved early on. Little ones can't be expected to remember

when to do tasks, but they can help older members of the family take off pillowcases on laundry day, water plants, or walk the dog (Sofer, 1992, pp. 105).

Sometimes routines evolve into rituals strongly related to family identity: Sunday visits to grandma's and back-to-school shopping trip in September. In many cases routines acquire symbolic meaning and reconfirm the identity and solidarity of a family, says Thomas Boyce, M.D., Director of the Division of Behavioral and Developmental Pediatrics at the University of California, San Francisco (Sofer, 1992, p. 108). According to Dr. Ferber, night terrors and sleep walking could stem from lack of sleep or an inconsistent sleep schedule (Katz, 1993, p. 151). Wanda Draper, PH.D., a professor of psychiatry at the University of Oklahoma City, says that established routines provide a sense of security for children because they know what to expect. Draper also says that routines give children a sense of stability and trust (Sofer, 1992, pp. 103).

SUMMARY

Chapter II presented an historical overview of residential treatment centers, the effects of sleep on performance and crisis intervention in regards to the staff and residents and the importance of establishing routines. Chapter III will show the methods and procedures used to collect data while conducting this research. Chapter IV will show the findings from the data collected and Chapter V will discuss the researcher's conclusions and recommendations.

CHAPTER III

METHODS AND PROCEDURES

This study was designed to determine why adolescents living in a residential setting had difficulty following their bedtime protocol. The descriptive method of research was used in the study. This chapter will include the population, variables, instrument, data collection, statistical analysis, and summary.

POPULATION

The sample consisted of 12 female residents of The Pines Residential Treatment Center in Portsmouth, Virginia, ranging in age from 11 to 15 with a mean age of 14. Only 12 females were used in the study because two of the residents were admitted to the program late in the year. The majority of the residents have experienced emotional and psychological trauma and often have difficulty displaying appropriate judgement and impulse control. Moreover, many of the residents were either neglected, abused or abandoned and were typically placed at The Pines Treatment Center by a state placing agency.

VARIABLES

This research was conducted by reviewing seclusion and restraint logs (see Appendix A) of the last year and examining point sheets (see Appendix B). Each resident was assessed on a point sheet each day. The residential care staff completed the point sheets during each shift. The residents behavior was recorded on the point sheets at the end of the shift.

INSTRUMENTS

Point sheets and seclusion and restraint logs were utilized to collect data for this research. The point sheets are completed by the residential care staff and reflected the degree to which residents follow prescribed treatment goals. Residents were also given points for hygiene, housekeeping skills, behavior during school, process groups and behavior during breakfast, lunch and dinner. The point sheets were furthermore indicative of residents behavior during transition periods that occured during the change of shift, while changing classes and moving from one activity to another. Bedtime protocol was recorded at the end of the shift and reflected whether or not a resident followed bedtime protocol. Residents may lose their bedtime protocol points (maximum of 15 points) if they did not go to bed on time, if their lights remained on after their bedtime or if they came out of their room past their bedtime. Residents may earn a total of 100 points per 24 hour period (see Appendix B).

The seclusion and restraint log of the last year provided the time in which a resident was secluded or restrained, the date, the name of the resident and the reason why the resident needed seclusion or restraint. The seclusion and restraint log was completed by the residential care staff immediately following a seclusion or restraint. The seclusion and restraint log of the last year represented the residents' behavior as a whole and was used to analyze the present composition of the Arizona Girls Unit.

DATA COLLECTION

The seclusion and restraint log of the last year was examined to see how many times each resident had been secluded or restrained, what time the seclusion or restraint occurred, and the reason noted on the log for the seclusion or restraint. If a seclusion or restraint occurred around 8:00 p.m., that resident's point sheet for that day was examined to determine whether or not the seclusion or restraint occurred after the resident's bedtime. Only seclusion and restraints entries that occurred after a resident's bedtime were utilized as data for this present study. Point sheets were examined of the last year for each resident to determine if the resident followed their bedtime protocol. The information was used to determine what might influence resident's ability to follow bedtime protocol. Codes were given in place of the resident's name to protect the residents confidentiality.

STATISTICAL ANALYSIS

The data and statistical analysis for this study was done by calculating the average of each occurance. This method was used to determine the number of times each resident was able to follow bedtime protocol and the number of times each resident was not able to follow bedtime protocol. The data presented in Chapter IV, Findings, is in the form of figures and discussion.

SUMMARY

Chapter III described the population, conditions, instrument, data collection and statistical analysis of the study. The information retrieved will be analyzed

in Chapter IV. Chapter V will show discussion, the researcher's conclusions and recommendations.

CHAPTER IV

FINDINGS

The findings that are presented in this chapter include the data collected from the point sheets and from the seclusion and restraint logs of the last year. At The Pines Treatment Center, 12 females were used in this study to determine why residents living in a residential environment had difficulty following bedtime protocol.

RESULTS

In 1993, there were a total of 275 restraints and 57 seclusions on the Arizona Girls Unit. The results from the seclusion and restraint logs showed that a higher number of seclusions and restraints occurred during the months of August, September and October (see Figure 4.1 and Figure 4.2). This data comes from the Quality Management Service Department at The Pines Treatment Center. During the month of August there were 42 restraints and two seclusions. During the month of September there were 31 restraints and 11 seclusions. During the month of October there was 28 restraints and five seclusions.

The possible reasons for residents being secluded or restrained around bedtime were categorized (see Figure 4.3). The categories were derived from 1:1's and documentation found in the charts as to why the residents needed seclusion or restraint. The categories that were used to determine the possible reasons why residents had difficulty following bedtime protocol were: a) being

scared of the dark, b) scared of sexual molestation that took place in a prior placement or in the home, c) fear of abandonment, d) feeding into other peers negative behavior, e) personal altercation with other residents, f) scared of another peer and g) other. Each seclusion and restraint was classified into only these seven categories.

USE OF SECLUSION AND RESTRAINT

Figure 4.1

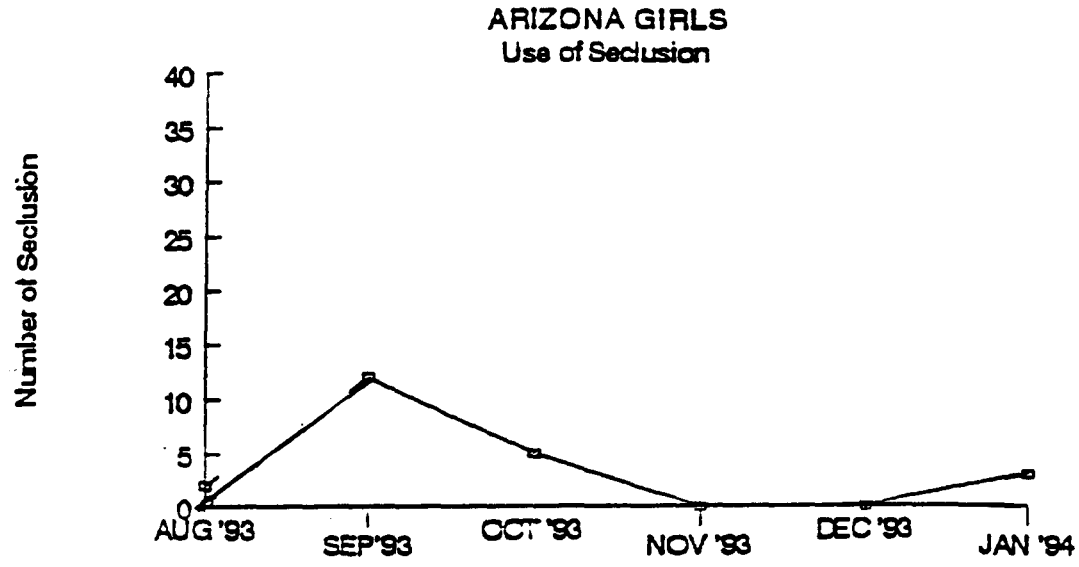
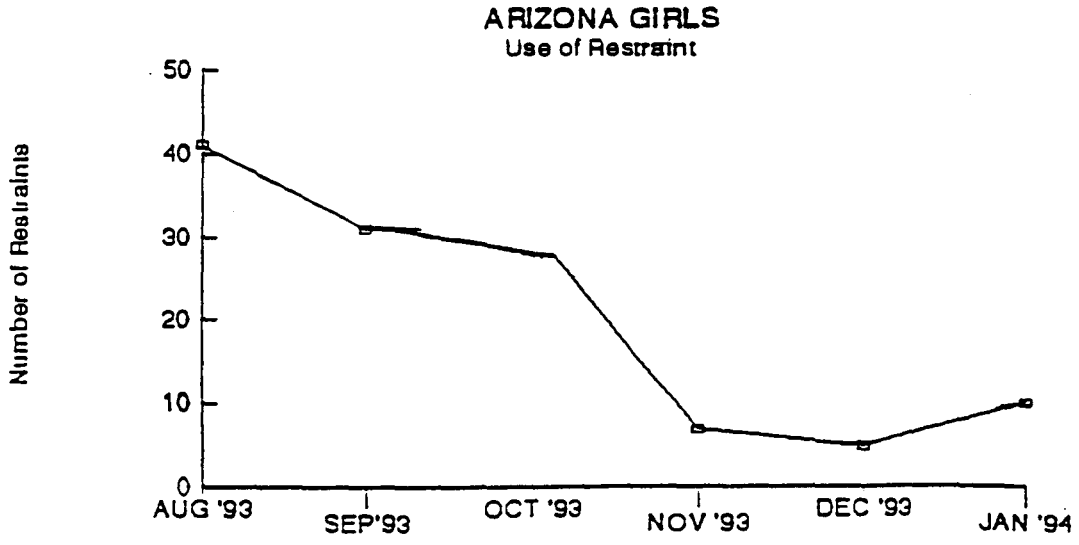


Figure 4.2



Reasons For Use of Seclusion or Restraint

Figure 4.3

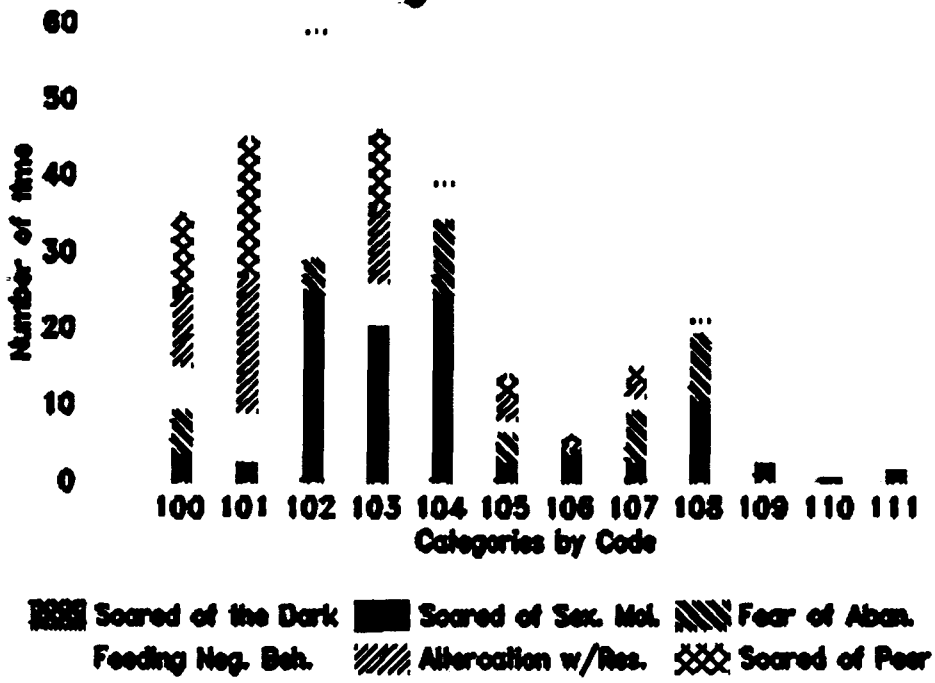


Figure 4.3 Represents the number of times each resident was secluded or restrained in each of the categories.

Out of the 275 restraints, 0.4 percent were attributed to being scared of the dark, 34.5 percent were believed to stem from some fear of sexual molestation, 18.0 percent were attributed to fear of abandonment, 24.0 percent resulted from feeding into other peers negative behavior, 11.2 percent stemmed from personal altercation with other residents, 1.9 percent were afraid of their peers, and 10.1 percentage were listed under other (see Figure 4.4).

The results from the point sheets indicated that during 1993, resident 100 followed bedtime protocol 162 times, resident 101 followed bedtime protocol 179 times, resident 102 followed bedtime protocol 149 times, residents 103 followed bedtime protocol 246 times, resident 104 followed bedtime protocol 110 times, resident 105 followed bedtime protocol 176 times, resident 106 followed bedtime protocol 200 times, resident 107 followed bedtime protocol 129 times, resident 108 followed bedtime protocol 129 times, resident 109 followed bedtime protocol 209 times, resident 110 followed bedtime protocol 177 times, and resident 111 followed bedtime protocol 192 times. The mean was 46%. Residents are able to follow their bedtime protocol 46 percent of the time, with an average mean of 148. Figure 4.5 illustrates the amount of times a resident followed bedtime protocol and the amount of times a resident did not follow bedtime protocol.

Percentages of Seclusions and Restraints

Figure 4.4

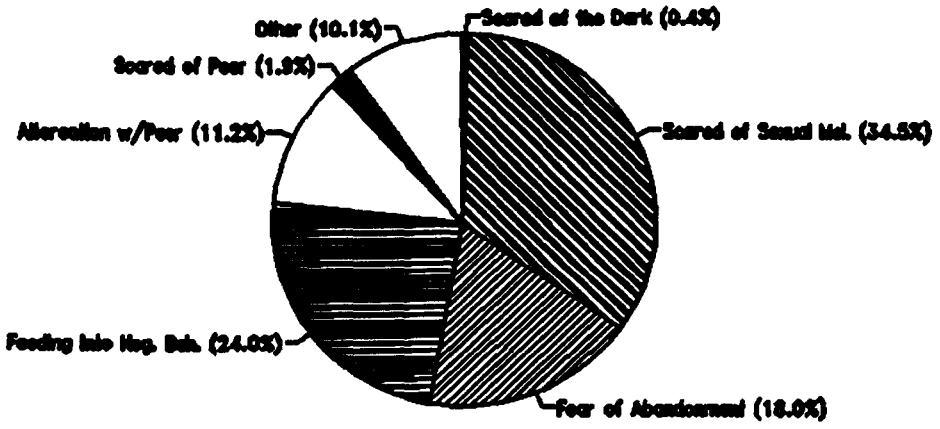


Figure 4.4 Shows in percentages the amount of times each resident was secluded or restrained in the seven categories.

Bedtime Protocol

Figure 4.5

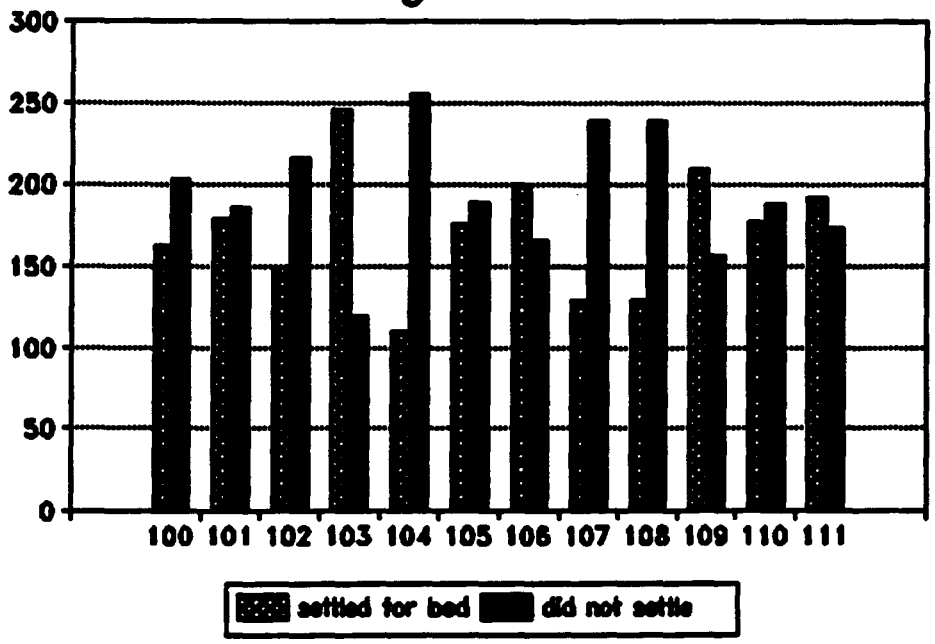


Figure 4.5 The shaded area represents the amount of times residents were able to follow bedtime protocol. The solid area represents the amount of times residents were unable to follow bedtime protoocl.

SUMMARY

The results of the data collected showed that residents were able to follow their bedtime protocol 46 percent of the time. The data also indicated that the reasons why residents had difficulty following bedtime protocol were because they were experiencing feelings of abandonment, scared of sexual molestation that took place at a prior placement or in the home and feeding into peers negative behavior. Chapter V summarizes the study, makes conclusions based on the results of the data collected and indicates recommendations.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATION

This study was undertaken to determine why adolescents living in a residential environment had difficulty following their bedtime protocol. The research goals of the study were: 1) How often do residents follow their bedtime protocol? 2) Why do residents get secluded or restrained around bedtime? 3) How many seclusions or restraints are occurring around bedtime?

This topic was important to research because the staff at The Pines Residential Treatment Center were receiving injuries restraining residents during bedtime due to the residents unpredictable behavior. The limitations of the study were: 1) The research was limited to The Pines Treatment Center, 2) the research was limited to the Arizona Girls Unit, and 3) the research was limited to the residents following their bedtime protocol.

The population was comprised of 12 females of the Arizona Girls Unit of The Pines Residential Treatment Center located in Portsmouth, Virginia. The individuals in the study were either abused, neglected, or abandoned and were placed at The Pines Treatment Center by a state placing agency.

By reviewing the literature, it was discovered that sleep is a biological need of the human organism and that sleep loss has been shown to produce decrements in psychomotor tasks which require sustained attention and continuous motor performance. It was also revealed that out-of-control

behavior has a starting points and by paying very close attention to these staring points one can learn what types of situations, experiences, events and conditions are likely to be difficult for a particular child. Establishing routines is not only essential to a child's health and mental outlook and helps make the transition from night to day, but they give the child a sense of stability and trust.

CONCLUSIONS

Based on the findngs of this study, the following conclusions are made.

1) How often do residents follow their bedtime protocol? Residents are able to follow their bedtime protocol 46 percent of the time.

2) Why do residents get secluded or restrained around bedtime? Residents are being secluded or restrained around bedtime because 35.4 percent are scared of sexual molestation that took place in a prior placement or in the home, 18.0 percent are very fearful of abandonment and 24.0 percent are frequently feeding into other peers negative behavior.

3) How many seclusion or restraints are occurring around bedtime? There were 44 restraints and 14 seclusion that occurred around bedtime in 1993.

RECOMMENDATIONS

This researcher recommends that for residents who have extreme difficulty following bedtime protocol that these residents be placed on a behavior/bedtime protocol with appropriate, consistent and firm consequences. For those residents that can follow their bedtime protocol they should be given

positive and negative reinforcement when they do or do not follow bedtime protocol and appropriate consequences should be provided.

It is also recommended that further research be conducted into the direct care staff of these residents to see if they are adhering to the policies and procedures of their unit and are enforcing all of the rules to the residents in a professional and appropriate manner.

In light of the researcher's findings, additional research needs to be conducted on the population of residential care to determine if acute care residents are displaying frequent and extreme aggressive behaviors at bedtime in a non-acute setting. Also the researcher suggests implementing a program to improve resident's ability to follow bedtime protocol and compare this to a control group in a similar setting.

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APPENDICES

APPENDIX A - Seclusion and restraint log for the year of 1993

APPENDIX B - Sample point sheet

APPENDIX A

Seclusion/Restraint Log

Mon/Dat	Code	Time	Sec	Res	Reason
Jan-25	100	1630		X	C
Jan-25	101	2145		X	B
Jan-26	102	2000		X	C
Jan-27	103	1300		X	C
Jan-31	104	1700		X	C
Jan-31	102	1700		X	C
Feb-4	101	1630		X	D
Feb-4	103	1930	X		D
Feb-5	104	1700		X	C
Feb-6	102	1500			C
Feb-8	101	1600		X	D
Feb-9	102	1550	X		E
Feb-9	102	1820	X		E
Feb-10	100	1325	X		C
Feb-15	104	1930		X	C
Feb-15	103	2245		X	D
Feb-17	101	1600	X		D
Feb-18	104	1329	X		B
Feb-18	105	1815	X		C
Feb-18	105	2015	X		D
Feb-18	100	2115		X	D
Feb-18	102	1845	X		B
Feb-18	102	2010		X	C
Feb-19	107	2015	X		C
Feb-19	107	2110		X	B
Feb-19	107	2000		X	B
Feb-19	107	1820	X		B
Feb-25	102	1900		X	B
Feb-25	104	2030		X	E
Feb-25	101	1700		X	B
Mar-2	102	1650		X	C
Mar-4	102	1920		X	E
Mar-4	103	2020		X	B
Mar-5	101	2100		X	D
Mar-10	105	1720		X	D
Mar-10	101	1700		X	E
Mar-15	108	1730	X		B
Mar-15	101	1815		X	D
Mar-15	102	2020	X		B

Mon/Dat	Code	Time	Sec	Res	Reason
Mar-16	103	1830		X	C
Mar-18	103	1630		X	E
Mar-19	100	1730		X	C
Mar-20	100	1545	X		D
Mar-22	100	1610	X		E
Mar-22	102	1920	X		D
Mar-23	100	1720		X	B
Mar-23	102	2120	X		D
Mar-25	102	1620	X		D
Mar-25	102	1630		X	E
Mar-29	100	2105		X	B
Mar-29	105	1555		X	C
Apr-1	108	2005		X	D
Apr-1	102	2020		X	C
Apr-2	107	2100	X		D
Apr-4	103	1700		X	C
Apr-4	100	2030		X	D
Apr-9	101	1850		X	B
Apr-10	101	1100		X	C
Apr-10	104	2024		X	B
Apr-11	108	2000		X	D
Apr-13	100	2055		X	B
Apr-15	100	2040		X	C
Apr-16	106	1535		X	B
Apr-17	100	1825		X	C
Apr-18	101	2200		X	E
Apr-18	100	1320		X	B
Apr-18	102	1300		X	D
May-1	109	2230	X		A
May-2	109	1015	X		B
May-2	109	1530		X	F
May-2	105	2035		X	D
May-3	110	1900		X	G
May-5	101	2000		X	E
May-5	110	1500	X		G
May-7	110	1500		X	G
May-7	103	2225		X	E
May-9	107	2045		X	D
May-10	109	1045	X		F
May-12	105	2030		X	E
May-13	104	1430		X	B
May-14	101	1915		X	E
May-15	101	2000		X	D
May-15	110	1800		X	G

Mon/Dat	Code	Time	Sec	Res	Reason
May-16	102	1800	X		D
May-16	103	1800		X	E
May-17	110	1230		X	G
May-18	110	2230	X		G
May-18	110	2300	X		G
May-19	100	1700		X	C
May-19	100	1900		X	D
May-19	100	2100		X	E
May-19	100	1930		X	D
May-20	110	1630		X	D
May-21	102	1700	X		B
May-22	110	1425		X	G
May-23	102	1745	X		D
May-27	102	1630	X		D
May-31	102	1630		X	B
May-31	108	1915		X	B
June-3	102	1745	X		D
June-4	108	1900		X	B
June-6	110	1800	X		G
June-6	110	1830		X	G
June-7	108	1030		X	B
June-7	110	1200		X	G
June-8	102	1200		X	D
June-8	100	1940		X	B
June-8	100	945		X	D
June-8	110	1800		X	G
June-8	103	1830		X	E
June-10	103	1830		X	B
June-11	103	1430		X	B
June-12	110	1845		X	G
June-12	103	930		X	B
June-13	110	1220		X	G
June-14	103	1030		X	E
June-14	110	1515		X	G
June-15	101	2000		X	E
June-17	108	1600		X	B
June-17	110	2050		X	G
June-18	110	1200		X	G
June-18	103	1320	X		B
June-20	108	1220		X	C
June-20	104	1415		X	B
June-21	108	1135		X	B
June-22	108	1510		X	C
June-23	103	1115		X	E

Mon/Dat	Code	Time	Sec	Res	Reason
June-25	103	955		X	G
June-25	100	1750		X	E
June-25	103	1800	X		B
June-26	103	1545		X	E
June-27	103	1545		X	B
June-27	103	910		X	E
June-27	100	1630		X	D
June-27	102	1535		X	B
June-28	103	1715	X		B
June-28	108	2055		X	E
June-28	103	830		X	B
June-29	102	1915		X	B
June-29	103	1515		X	B
June-30	100	1900	X		E
July-2	100	1620	X		E
July-3	100	2145		X	B
July-4	111	1125		X	F
July-4	111	1240		X	G
July-5	111	1800		X	D
July-6	102	1115		X	G
July-10	112	2000		X	B
July-11	103	1950		X	E
July-12	100	1810		X	E
July-12	103	1825		X	B
July-13	103	900		X	B
July-14	103	715		X	B
July-14	103	1425		X	D
July-14	103	1625		X	B
July-15	102	710	X		D
July-15	102	2045		X	B
July-15	102	2130		X	B
July-15	102	1100		X	C
July-15	102	1600		X	G
Aug-1	110	1900		X	B
Aug-3	102	1610		X	E
Aug-5	100	1930		X	B
Aug-5	104	1925		X	C
Aug-8	112	1515		X	B
Aug-9	105	1950		X	D
Aug-9	102	2015		X	B
Aug-10	105	1500		X	D
Aug-14	104	900		X	B
Aug-14	104	1100		X	B
Aug-14	104	1700		X	C
Aug-14	104	1845		X	D

Mon/Dat	Code	Time	Sec	Res	Reason
Aug-15	104	1120		X	B
Aug-15	106	1900		X	C
Aug-15	112	2000		X	C
Aug-16	104	1000		X	B
Aug-16	102	1430		X	D
Aug-16	110	2005		X	C
Aug-17	104	1700		X	G
Aug-17	110	2010		X	C
Aug-18	104	1625		X	G
Aug-18	110	1800		X	B
Aug-18	102	1900		X	D
Aug-19	102	1540		X	E
Aug-20	102	1100		X	B
Aug-21	103	1620		X	D
Aug-21	102	1530		X	B
Aug-22	102	1530		X	E
Aug-23	101	1530		X	D
Aug-23	102	1100		X	C
Aug-24	104	945		X	G
Aug-24	103	945		X	B
Aug-25	104	1945		X	B
Aug-25	104	1900		X	B
Aug-25	104	1455		X	C
Aug-25	102	1540		X	B
Aug-25	103	1715		X	B
Aug-26	108	2050	X		B
Aug-26	104	2115		X	B
Aug-26	104	1415		X	C
Aug-26	110	1430		X	G
Aug-28	108	1000		X	C
Aug-30	102	1800		X	D
Sep-1	102	1100		X	D
Sep-3	108	915	X		B
Sep-3	102	1100	X		C
Sep-3	102	1120		X	D
Sep-3	112	1600		X	C
Sep-3	112	1930		X	B
Sep-5	102	900	X		D
Sep-7	104	1730		X	C
Sep-8	104	2000	X		C
Sep-8	104	2150		X	C
Sep-8	103	1615		X	B
Sep-9	102	1815		X	E
Sep-9	100	1650		X	E
Sep-9	100	1930		X	

Mon/Dat	Code	Time	Sec	Res	Reason
Sep-10	107	2030	X		E
Sep-10	102	1000	X		E
Sep-10	102	1700	X		D
Sep-10	102	1800		X	D
Sep-10	106	1700	X		D
Sep-10	101	2300		X	B
Sep-15	102	700		X	B
Sep-17	105	1515		X	C
Sep-17	103	2045	X		E
Sep-18	103	900		X	B
Sep-18	102	1600		X	D
Sep-18	103	900		X	B
Sep-20	104	740		X	B
Sep-20	104	900		X	B
Sep-20	104	1000	X		B
Sep-20	104	1520		X	C
Sep-21	103	2100		X	B
Sep-25	103	2215		X	B
Sep-25	112	1600		X	D
Sep-26	103	1900		X	D
Sep-26	103	1900		X	B
Sep-27	108	1115		X	C
Sep-27	113	1030		X	G
Sep-27	101	1000	X		E
Sep-27	103	755		X	B
Sep-27	101	925		X	E
Sep-30	104	1630		X	B
Sep-30	104	1825		X	C
Sep-30	100	1800		X	E
Oct-1	104	930		X	B
Oct-1	100	715		X	E
Oct-1	112	1925		X	C
Oct-2	100	2100		X	C
Oct-2	107	1100		X	C
Oct-2	108	1800	X		C
Oct-3	107	2345		X	C
Oct-3	107	1500		X	C
Oct-3	103	1515		X	B
Oct-3	103	2000		X	F
Oct-4	104	1100		X	C
Oct-4	107	2000		X	E
Oct-4	108	2300		X	C
Oct-6	104	1000		X	B
Oct-6	103	1445		X	F
Oct-6	103	1800	X		B

Mon/Dat	Code	Time	Sec	Res	Reason
Oct-7	112	1950		X	C
Oct-8	104	930	X		D
Oct-9	108	930		X	B
Oct-12	102	1950		X	C
Oct-12	100	2100		X	E
Oct-17	106	1500		X	B
Oct-17	104	1545		X	D
Oct-18	108	1350		X	C
Oct-18	107	1930		X	B
Oct-18	106	1540		X	C
Oct-19	107	1000	X		D
Oct-19	102	1000	X		B
Oct-19	104	1500		X	B
Oct-19	103	1800		X	C
Oct-19	107	2200		X	B
Oct-20	104	1000		X	B
Oct-21	108	2100		X	B
Oct-26	108	1300		X	B
Oct-27	104	1400		X	B
Nov-9	104	1300		X	C
Nov-11	112	1100		X	C
Nov-18	112	1430		X	D
Nov-21	101	1600		X	E
Nov-22	101	2200		X	E
Nov-25	101	2200		X	E
Nov-29	101	1800		X	E
Dec-2	105	1400		X	B
Dec-2	105	1500		X	E
Dec-5	101	1200		X	E
Dec-15	112	1200		X	C
Dec-20	101	1600		X	E

APPENDIX B

Sample Point Sheet

NAME:_____ DATE:_____

LEVEL ONE POINT SHEET
(Monday-Friday)

			Possible	Mon	Tues	Wed	Thurs	Fri
Wake-up	On Time/Pleasant Mood	0-4	4					
Hygiene:	Teeth, Hair, Body							
	Clean Clothes	0-4	4					
Breakfast:	Good Behavior to							
	and from, while there	0-4						
	Balanced Meal	0-4						
	Neat & Clean	0-4	12					
Room Clean:	Bed Made	0-4						
	Clothes folded/hung up	0-4						
	Towels hung up	0-4						
	Floor clean	0-4	16					
Community:	Attend	0-3						
	Work to Set Goals	0-5						
	Respect Others	0-4						
	Follow Community Rules	0-4	16					
School/Task:	Attend	0-5						
	On Task	0-5						
	Respectful	0-5						
Bell 1	Production	0-10	25					
	Attend	0-5						
	On Task	0-5						
	Respectful	0-5						
Bell 2	Production	0-10	25					
	Attend	0-5						
	On Task	0-5						
	Respectful	0-5						
Bell 3	Production	0-10	25					
	Attend	0-5						
	On Task	0-5						
	Respectful	0-5						
Bell 4	Production	0-10	25					
Lunch:	Good Behavior to							
	and from, while there	0-4						
	Balanced Meal	0-4						
	Neat & Clean	0-4	12					
School/Task:	Attend	0-5						
	On Task	0-5						
	Respectful	0-5						
Bell 5	Production	0-10	25					
	Attend	0-5						
	On Task	0-5						
	Respectful	0-5						
Bell 6	Production	0-10	25					
	Attend	0-5						
	On Task	0-5						
	Respectful	0-5						
Bell 7	Production	0-10	25					

5/7/91:EGT
17AT015.frm

Level One Point Sheet
Page 2

		Possible	Mon	Tues	Wed	Thurs	Fri
Eve. Preparation: Stay in room	0-5						
Rleax/Clean room.Laundry	0-3	8					
New Games: Participate	0-3						
Respectful	0-6						
Positive Effort	0-6	15					
Arts & Crafts: Participate	0-5						
Respectful	0-5						
Positive Effort	0-5	15					
Study Time: On Task	0-10						
Follow Rules	0-5	15					
Dinner: Good Behavior to and from, while there	0-4						
Balanced Meal	0-4						
Neat & Clean	0-4	12					
Community: Attend	0-3						
Goals Met	0-5						
Respect Others	0-4						
Follow Community Rules	0-4	16					
Team Building: Participation	0-3						
Respectful	0-6						
Positive Effort	0-6	15					
Quiet Activity:							
Follow Directions	0-6						
Do So Quietly	0-4	10					
Unit Pride Chores:							
Task Given	0-4						
Careful Work	0-6	10					
Awards Ceremony Snack:							
Participation	0-5						
Respectful	0-5						
Follow Rules	0-5	15					
Relaxation: Follow Rules	0-5						
Quiet	0-5						
1:1	0-5	15					
Bedtime: In Room	0-5						
Quiet	0-5						
Lights Out	0-5	15					
Possible Total		400					
Goals Points							
Decided by Community							
Consensus: Goals not Met (0),							
Met Some (4), More Than							
Half (8), Met Most (12)							
Total				Percentage%			
Bonus Points: Individual		20 ea.					
Team Awards		5 ea.					
Subtractions: Time-Out (not self taken)		-25 ea					
Seclusion		-60 ea.					
Restraints		-60 ea.					
TOTAL				PERCENTAGE%			