

# A Brief History of The Association of Children's Residential Centers (ACRC)

compiled by R. W. Small, PhD / October, 2015

## Sources

This brief history was compiled from several sources. The first of these was a transcription of a keynote speech delivered by Jacquelyn Sanders, PhD (past President of AACRC and colleague of Bruno Bettelheim) at the 1997 Annual Meeting of the Association. She entitled her presentation *Linking the Past to the Future*. A second major source was a 2006 paper by Martin Leichtman, PhD (Leichtman, M (2006) *Residential treatment of children and adolescents: Past, present and future*. *American Journal of Orthopsychiatry*. Volume 76, Number 3, 285-294) In addition, four AACRC past Presidents (including Dr. Sanders), AACRC's current Executive Director, and several others closely involved with AACRC over the past years agreed to be interviewed and shared their knowledge with great generosity. Any errors in this brief history are mine, not theirs.

## Beginnings

The American Association of Children's Residential Centers was born in optimism and the shared vision of a few like-minded pioneers interested in promoting nothing less than the total transformation of in-patient treatment for troubled children:

“ In 1954, the American Orthopsychiatric Association held a major symposium on residential treatment, a then novel approach to work with troubled children and adolescents. At its annual meeting two years later (1956), participants in that symposium, notably Bruno Bettelheim, Edward Greenwood, and Morris Fritz Mayer were among a planning group that established the American Association of Children's Residential Centers (Leichtman, 2006).”

Citing minutes of this organizational meeting, Dr. Sanders provides more details about the founding vision:

“The AACRC was chartered under the laws of the State of Kansas as a non-profit corporation in December, 1956.... The purposes of the organization were stated as follows: to be a forum for discussion of common approaches and problems of emotionally disturbed children requiring in-patient treatment; to serve as a source of information for interested groups; to provide stimulation for research; to review problems of training; and to hold scientific meetings at least once a year” (Sanders, 1997)

Dr. Sanders also cites discussion in the 1956 minutes to suggest that one of the other primary objectives of AACRC was what we now talk about as *model building*:

“...to bring together those individuals and those residential centers doing active and acceptable treatment of emotionally disturbed children. This objective was clearly stated so as to imply the use of marginal interviewing (i.e. life space interviewing) and the use of life experience in a therapeutic fashion, along with the use of formal psychotherapeutic interviews.” (Sanders, 1997)

Professor Sanders makes it clear what she saw as one of the most inspirational (and enduring) *big ideas* of the fledgling organization's members:

“...using life experience in a therapeutic fashion entailed creating a kind of structure of life for the children so that they could live successfully and discover that life for them need not be destructive and full of failure.” (Sanders, 1997)

With this clear foundation of vision and values, the AACRC was ready to take its first steps:

“The first meeting took place in Chicago on March 7, 1957 with 13 members present.

The membership represented a spectrum of professionals: psychiatrists, psychoanalysts, psychologists, social workers and educators. They also represented a variety of institutions: large hospitals (Edward Greenwood and J. Cotter Hirshberg from Menningers and Dr. Mars from Bradley Hospital in Rhode Island); social welfare agencies (George Perkins and Mary Lawrence from the Chicago Jewish Children’s Bureau and Fritz Mayer from Bellefaire); private, non-profit residential centers (Syl Adessa from Lakeside, Sam Berman from Ridge Farm, Tom Gallagher from Ryther, and Ruth Topping from Chicago Home for Girls); universities (Bruno Bettelheim from the University of Chicago and David Wineman from Wayne State); and the U.S. Government (Fritz Redl from N.I.M.H.), (Sanders, 1997)”

This extraordinary group is notable for the historic professional accomplishments of its’ individual members, but even more so for being a striking interdisciplinary partnership, including university and public sector members active in the mix right from the start. This commitment to being a lively professional resource to practitioners and policy makers across disciplines has been a hallmark of AACRC for all of its’ sixty year existence.

### **Visions and Revisions** (First 30 Years)

As Leichtman (2006) asserts:

“Confidence about the future of residential treatment was at its’ peak in the period from 1950 to 1970. These decades witnessed the 1954 symposium, the founding of AACRC and the rapid growth of treatment centers... It was also during this time that Bettelheim (1950, 1955, 1960, 1967) and Redl (1966), Redl and Wineman (1951, 1952) produced their major books and Ekstein (1966), Rinsley (1967a, 1967b, 1968), Hobbs (1966), Alt (1960), Easson (1969), and Trieschman, Whittaker and Brendtro (1969) made noteworthy contributions to the field.”

Though relatively small for its’ first three decades, AACRC as an organization remained an evolving resource to its members as new paradigms for treatment were created. During this period, the annual meeting of AACRC (held only in Chicago until 1968) was a yearly, increasingly national stage for testing new ideas about residential treatment, just as its’ founders had intended. In the period between 1977-1987, AACRC also promoted and participated in two national conferences convened by the Child Welfare League of America to focus on a broad range of issues regarding residential treatment, including showcasing the rising tide of program models based on behavioral and cognitive behavioral paradigms, well outside the founder’s *unifying something* of psychodynamic thinking. Also during this period, AACRC took other steps to raise its’ presence in the national conversation about progressive treatment of emotionally disturbed children. After some debate among Board members, AACRC moved to a Washington D.C. area office in 1982. In addition, members were now almost all agency members rather than invited individuals, (as had been the case early on) and there was a periodic effort to increase the range and size of agency membership, with mixed success. Finally, Residential Treatment for Children and Youth, the official journal of AACRC, began regular publication in 1983. Optimism abounded—for a time.

### **Crises and Resurgence** (1987 to Present)

While the first 20 years were about evolution and energy for AACRC, things began to change in the 80’s and 90’s. The viability of residential treatment for children and families began to be challenged on multiple fronts, inevitably raising questions about the viability of AACRC itself as a peak organization. Sometimes withering criticisms of residential treatment as antithetical to a comprehensive system of care for vulnerable children included:

- Questions of effectiveness as a lasting behavior change intervention, especially as new system of care thinking was increasingly emphasizing family and community-based treatment
- Questions raised by policy makers and researchers about just what constituted residential treatment as a discrete intervention in the first place (*model drift* of the first order here).
- Questions of cost, including some critics pointing to the high cost of residential treatment as a drag on innovation for the whole system

Most important, critics were increasingly citing the potential of residential treatment programs to violate the civil liberties of youth and/or to fail to keep young clients safe in care. All of this was a huge challenge for AACRC on behalf of its agency members, who found themselves on the front lines of a high stakes practice and policy debate. Besides facing the challenge of changes in the marketplace of ideas regarding residential treatment, AACRC as an organization experienced several years of turbulence before and after the turn of the new century. The period from 1987 to 1997 was a time of declining membership, financial insecurity, several years of staff leadership instability, and the closing of the Washington office. Real questions as to the survival of AACRC were being raised. Yet just when strong leadership and organizational vision were needed the most, both emerged with a series of bold moves initiated by a succession of strong Board Presidents:

- In 1997, a new governance structure was proposed by Gerald Zaslaw, from Vista Del Mar, specifically to support the development of future leaders and to emphasize efficient planning and decision-making for the organization as a whole. Current Board membership includes the President, Past-President, President-Elect, Secretary, and Treasurer, along with 5 appointed Directors and an indeterminate number of advisors. This governance structure proved to be very effective through a series of strategic planning efforts over the next decade.
- In 2004-2005, AACRC reached out to the Alliance for Children and Families (created by the merger of Family Services of America and the National Association of Homes and Services for Children). Leaders of both organizations discussed the possibility of merger, but ultimately settled on close partnership and a management contract under which business and personnel activities of AACRC would be supported at the Alliance Milwaukee headquarters. This partnership included making sure that Annual Meetings and other events important to both groups did not go head-to-head throughout the year—a very big deal in retrospect. The close association here has been a financial and philosophical “good fit” since its inception.
- In 2006, a vigorous recruitment effort ended in success with the hiring of Kari Sisson as Executive Director of AACRC. This has proven to be a dynamic leadership choice, especially with the steady resurgence of conferences and other events under her guidance.
- At the Annual Conference of AACRC in Boston, 2004, Gary Blau from the federal government’s office of Substance Abuse and Mental Health Services Administration (SAMHSA) gave a keynote speech highly critical of residential treatment, and challenged AACRC to redefine residential treatment as a constructive part of the 21st century system of care for children, youth and families. Rather than circle the wagons in the face of criticism, key leaders of AACRC embraced the challenge, most dramatically by taking an active part in the 2005-2006 Building Bridges conferences sponsored by SAMHSA in Omaha. SAMHSA’s goal for these meetings was explicitly to bring together all stakeholders in a series of working sessions to generate consensus as to the values and essential practice components of a progressive system of care for the 21st century. AACRC’s inclusion at the table as witness to the creation of Building Bridges was a huge opportunity to signal that the organization was ready and willing to embrace change and to be a constructive voice shaping system transformation.
- As noted at the beginning, part of the DNA of AACRC has consistently been both encouraging and sharing new ideas as widely as possible. So it was in 2004 that the organization (initially under the direction of former President Bob Leiberman, but eventually including many other voices within AACRC) recalled its founding and initiated a series of position papers re-emphasizing what we stood for across policy, practice and research. The first paper was called (fitting enough) Re-defining Residential. Between 2004 and the present, the number of AACRC position papers has grown to 13, with no end in sight.