Getting to the Bull’s-Eye:
Pre-Post Family Functioning Changes of Adolescents in Residential Treatment

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Cathedral Home for Children

- Who we are
- Our journey with family work
Lens

- Family functioning/connection is paramount towards youth resiliency

- Residential treatment must be family driven
Family Driven Care Application

• Embrace youth and family perspective and experience
  ▪ How do they feel about each other? How do they feel about child being in a TRC? What has been their experience with system?
• Partner with youth and family towards increasing and/or maintaining family connection
  ▪ What does connection look like for youth and families? What are youth and family strengths that can be utilized in treatment/milieu engagement?
• Support youth and families towards connection, based on their perspective(s), strengths, and needs

The integration of Family Driven Care shifted agency perspective as well as altered the trajectory of service
Trajectory

**Definition of Family**
Biological → Biological/Non-Biological
(Who does client feel connected to?)

**Changing Language**
Dichotomous→ Collective, Collaborative

**Initial Family Contact**
After 30 days→ Before/At time of placement

**Family Participation in Treatment Planning**
May provide additional input → Drives treatment planning

**Family therapy**
Elective → Integral
*redefining what family therapy is based on client/family goals

**Family Phone Contact and Visits**
Generally supervised/limited → Interactive/strongly promoted
Are we on the right path?

- Are we effectively helping families feel increased connection and/or maintaining the connections they already have?
- What can we do to further strengthen family connection?
- How can we evaluate our effectiveness?
Purpose of the Study

• To investigate the **family functioning outcomes** of an accredited TRC’s (by The Joint Commission) therapeutic milieu that includes substantive family counseling/therapy.

• To investigate the youths’ perceptions of family functioning at admission and after 5-6 months of treatment

• Research questions:
  1. Do youth who perceive their families as poorly functioning improve by the 6\(^{th}\) month?
  2. Do youth who perceive their families as functioning in a healthy manner at admission maintain this view 6 months later?
Circumplex Model

• Based on Olson’s theory of family systems
  ▪ Two scales
    1. Cohesion
    2. Adaptability
  ▪ 16 classifications or 3 broad categories
    1. Balanced
    2. Midrange
    3. Extreme
  ▪ Bull’s eye (Olson, 1986)
    • Optimal family system (Olson, 1986)
    • Predicts positive individual mental health and functioning (Olson, 1986)
    • Protective factor for youth (Olson, 1986)
Olson, (2000)
Instrument

• The FACES-III
  ▪ Two scales (Olson, 1986)
    1. Cohesion scale
       • Predictive of at-risk behaviors (Maynard & Olson, 1987)
       • 4 categories: disengaged, separated, connected, and enmeshed
    2. Adaptability scale
       • 4 categories: rigid, structured, flexible, and chaotic
         ▪ Internal consistency = 0.77 (Maynard & Olson, 1987)
         ▪ Test-retest estimates = 0.83 (Olson et al., 1985)
Participants

- 154 youth
  - Average age was 14.5 at intake
  - Age range of 12-18
  - 55% were male
  - 45% were female
  - 75% were non-Hispanic, Euro-American
  - 10% were Latino
  - 10% were Native American
  - 5% were African American
  - 30% had a depressive disorder at admission
  - 21% had an attention deficit hyperactivity disorder at admission
  - 20% had a disruptive disorder at admission
Procedures

• Data was collected during the intake
  ▪ 2-3 weeks after admission
  ▪ De-identified for this study
• Data collection was repeated 6 months into treatment
• Youth were allowed to create their definition for ‘family’
• Also collected information about substance abuse, behavioral problems, assets, and prior history
Results

- 58% indicated that their families were low functioning on the Circumplex Model
  - Structurally disengaged
- 42% indicated that their families were in the bull’s-eye
  - Healthy family functioning
- Youth who perceived less family functioning at admission move into the bull’s eye during 6 months of treatment
- Youth in the bull’s-eye category at admission remained there after 6 months
- Cohesion Scale = $p < .001; d = 0.82$
- Adaptability Scale = $p < .001; d = 0.70$
Circumplex Model (Results)

- Olson, (2000)
- Admission score N=85, mean scores= 24.5 disengaged, 21.5 structured.
- After 6 months N=85, mean scores= 30.2 separated, 25.5 flexible.
Admission score N=69, mean scores= 38.0 connected, 28.6 flexible.

After 6 months N=69, mean scores= 40.9 connected, 29.3 flexible.
Discussion

• What strategies does your agency implement in an effort to help youth and families move towards the Bull’s Eye?
Challenges and Barriers

• Youth is unable to identify a person with whom he/she feels close to
• Restrictions implemented by referring agency, court system, etc.
• Lack of resources (i.e. money, technology, transportation, etc.)
• Rural
• Our own biases/assumptions
Discussion

• What barriers/challenges has your agency experienced towards promoting family connection?
Where do we go from here?

- Further integrate trauma informed training
- Increase use of video conferencing
- Clinical supervision for Family Therapy
- Utilize data and outcome to promote best practices, both internally and externally
- Future utilization should focus on the perceptions of the family members about family functioning and how that differs from or is similar to the youth’s perceptions
Questions?

Any Questions?
References


