



Redefining Residential: Family-Driven Care in Residential Treatment – Family Members Speak

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This is the sixth in a series of papers issued by the Association of Children's Residential Centers (ACRC) regarding emerging and best practices in the field of residential treatment for children, youth, and families. ACRC is a long standing national association focused exclusively on practice and policy issues related to the provision of residential treatment. The "Redefining Residential" series is an effort by the Association to stimulate dialogue that can lead to more effective use of this critical and specialized resource in communities around the country.

One of the earlier papers in the series addresses family-driven care in residential. Its central premise was that a critical direction for organizations providing residential treatment is to move beyond engaging families to drawing upon them to help guide and drive treatment. Such an approach is supported by: 1) research that child outcomes are positively correlated with the degree of family involvement ("Family Centered Residential Treatment: Knowledge, Research, and Values Converge"; Journal of Residential Treatment for Children and Youth, Vol. 25(1), 2008); 2) important biological and philosophical considerations regarding family attachments; and 3) promising practices being piloted by agencies around the country. That paper offered practical steps organizations can take to become family-driven.

ACRC subsequently created a track regarding family-driven care at its annual conference in San Diego in October of 2008. Family members caucused and generated input to the ACRC Board regarding actions the Association and the field can take to more fully actualize the vision of family-driven care in residential treatment. This paper summarizes that input.

About the system

Family members recognize that residential treatment organizations and the field in general don't operate in isolation, and that long-term meaningful system change requires a different mindset and hard work on many different fronts. They know that residential treatment providers are unable to control many variables but believe nonetheless that individual organizations and the field can be effective at promoting and leveraging change. Specific arenas and approaches to more fully implementing family-driven care in residential treatment include but are not limited to the following:

Legislative & Regulatory - Many states are undergoing system change or "transformation" efforts of one sort or another. It is important to advocate for statute and rule revision at the state and federal level that would:

- Mandate funding for provision of peer support, i.e., hired (family members who provide parent to parent peer support, assist parents in navigating the system, and also advocate from the family perspective within the system).
- Eliminate requirements that parents voluntarily relinquish custody to receive services;

- Create flexible funding mechanisms to address individualized clinical and support needs for which there is limited funding available;
- Ensure an adequate range of services and supports so that children do not implicitly need to “fail up” to receive necessary help; and
- Enable residential treatment providers to work with foster parents to mentor biological parents if needed, with the ultimate goal of the child returning home.

Higher Education – Family members are concerned that existing higher education curricula do not consistently train students about emerging best practices. Residential treatment programs may be in a unique position to exert some influence on institutions of higher learning, since many agencies have established relationships with universities and provide internships and practicums for their students. Individual organizations and the field can effect curriculum development by working with the education establishment to:

- Train professionals on the importance of authentic family engagement, developing a trusting relationship with families, the positive outcomes associated with meaningful family involvement, how to encourage family voice and ownership, and the value of family –professional partnerships;
- Move away from defining treatment strictly as child-centered and embrace the concept of seeing children in the context of their family;
- Involve families in the development of training as well as having family members co- train social workers, therapists, psychologists, educators, and psychiatrists;
- Encourage family member and youth input and knowledge regarding family-driven and youth-guided care through internships, practicums and curriculum development activities in social work, counseling, and psychology programs; and
- Appoint “parents in residence” to teach in classroom and field settings.

Advocacy – Family members often make the best advocates by sharing their stories in the hope of impacting positive change and growth in the system. Residential treatment organizations and associations can capitalize on this by:

- Inviting family members to join the Boards of Directors of state and national associations in sufficient numbers so as to not be mere tokens;
- Advocating for the infusion of family members at all levels of the system, on the boards of residential organizations, community advisory committees, university curriculum and program committees and accrediting bodies;
- Conducting public relations campaigns regarding the importance of family-driven and youth-guided treatment, with personal stories about family and youth resiliency; and
- Focusing advocacy on the real human interest stories of challenge and recovery, as well as the lack of financial resources.

Providing Services

Change at the systemic level can’t happen in isolation and won’t automatically generate change at the service level. In fact, the more meaningful change for any child and family is at the point of service. There is much residential providers can do to become family-driven in their service delivery. While there is an emerging body of information regarding transformative changes that can occur in the provision of residential treatment services, the family caucus offered some specific thoughts and suggestions, as summarized below.

Mindset – Residential treatment, similar to child-serving professions in general, struggles with a mindset in which parents are categorically seen as the cause of the problems that children have. The cultural change involved in shifting mindsets within an organization and its constituent community system is challenging but doable. Family members have suggested that residential treatment organizations:

- Work with family members to develop language primers that differentiate stigmatizing from supportive and descriptive ways of talking about families and children;

- Establish expectations regarding joking or irreverence that is or could be perceived to be at the expense of the children and their families;
- Provide customer service training that helps staff learn to approach clients and family members in the same manner as that which they would like to experience from a business from which they might personally be purchasing goods or services;
- Utilize parent panels, parent partners, parent advisors, etc., to help staff develop empathy for families and not approach them with condescension or judgment;
- Hire parents who have raised or are currently raising children with emotional, behavioral or mental health challenges and have had previous experience navigating the child- serving system; and
- View families as appreciative allies and collaborative partners.

Communication - Family members often feel that communication with residential treatment providers is confusing or lacking. Some steps organizations can take to address this issue include:

- Have live phone attendants to add an element of warmth and personal connection;
- Return phone calls promptly and as promised, remembering that the urgency is greater for the family member than it is for anyone else associated with the child;
- Establish reciprocal communication patterns in which families are invited to communicate their personal journeys and staff are supported in being open to hearing and learning from parents and family members; and
- Ensure linguistic competence in the organization by having translation services available and by training staff to speak plainly, minimizing the use of jargon and acronyms.

Parent Support – Parents raising children with emotional and behavioral challenges have typically not had the right amount of support, at the right time, and for the right price. Staff in residential treatment often feel similarly- that they don't have sufficient support for their work. There is much that can be done to help staff and parents draw upon each other for mutual support, particularly if organizational values highlight that staff and parents share the same priorities and that the parents and youth have experience and knowledge to contribute, just as the staff have expertise to offer. Some possibilities:

- Provide a direct line to an identified staff member or peer support specialist for parents to call when they don't know what to do during home visits, without having to go through telephonic prompts;
- Inform parents fully of all practices in the organization and be open with them when problems or stresses are occurring;
- Show warmth and hospitality- create a warm welcoming environment;
- Provide enhanced on-call support during transition and post-discharge periods;
- Call parents to ask for advice and support when their child is having difficulties as well as to let them know when their child is doing well;
- Ask parents to speak on behalf of the organization to grant makers, policy makers, legislators, payers, etc.; and
- Ask parents and staff to plan and put on events together (picnics, celebrations, etc.).

Skills - Family members often prefer direct hands-on assistance developing skills for interacting with their child over more formal therapy types of activities. Imparting skills to family members can be directly integrated into residential treatment practices. For example:

- Bring parents into the milieu and let them shadow staff to help them learn skills to use when the child and youth return home;
- Send staff into the home and community to provide skills training services and supports for helping parents and youth learn and practice skills in their day-to-day environment;
- Ask staff to role play or model a wide variety of skills, in milieu, home, and community settings, including how to intervene, de-escalate situations, etc.

- Focus on “soft” skills, real world skills that children and families will be able to operationalize after transition back to the community rather than skills that are useful in the milieu but not necessarily applicable in community settings; and

Simple yet Powerful

Many residential treatment facilities already use many of these approaches. But from the perspective of family members collectively they are not used often enough and unnecessary distances exist between parents and staff. Systematically implementing relatively simple and basic practices such as these can help an organization or system become more family-driven. As this occurs, new synergies will be created that will lend support to this very difficult work and improve outcomes. ACRC urges its members in residential treatment facilities around the country as well as national accrediting organizations, graduate schools and state child welfare and mental health departments, to consider and implement these ideas and become aware of others as they endeavor to continuously improve the work that they do.

For more information please contact ACRC at www.togetherthevoice.org