A New Family Trauma Reentry System with High Parent Involvement

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Parenting with Love and Limits[®] Family Systems Trauma





Scott Sells, Ph.D., MSW, LCSW, LMFT,

Owner of PLL and FST



Parenting with Love and Limits® Family Systems Trauma

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Charlene Hoobler, Chief Operations Officer

The Barry Robinson Center

A Behavioral Health System for Youth



Rob McCartney Chief Executive Officer



Provide a powerful voice for residential interventions through relationships, leadership, advocacy,

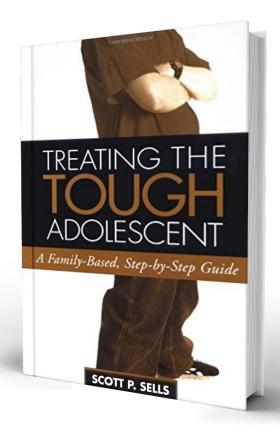
And the promotion of innovative treatment and best practices.



Parenting with Love and Limits® Family Systems Trauma

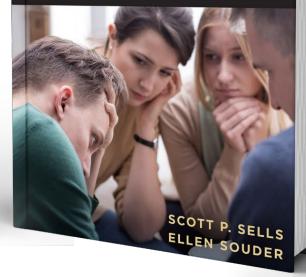
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A STEP-BY-STEP FAMILY SYSTEMS APPROACH



Terongly recommend it for any parent of a truly difficult—or even a for our es outficult—terenager." — Anthony E. Wolf, Ph.D., author of *Ca Our of My Life, but First Cauld You Drive Me and Cheryl to the Mali*C **DARENTING YOUR OUT-OF-CONTROL OUT-OF-CONTROL OUT-OF-CONTROL OUT-OF-CONTROL OUT-OF-CONTROL OUT-OF-CONTROL OUT-OF-CONTROL OUT-OF-CONTROL OUT-OF-CONTROL**

SCOTT P. SELLS, PH.D.

Reclaim Love



Parenting with Love and Limits® Family Systems Trauma

RECOGNIZED AS EVIDENCED-BASED

- California Clearinghouse
- Casey Family Programs FFPSA Recommendation List for "Well Supported"
- Child Trends
- Health Salt Lake
- Florida Sourcebook of Delinquency Interventions, Evidence Based Practice

- Promising Practices Network on Children, Families and Communities
- Rhode Island Resource Network (Evidence Based Programs)
- New York State Education Department (Approved Science-Based SDFSCA Programs)
- Youth.gov (Formerly FindYouthinfo.gov)



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Home About Working with PLL

An Evidence-Based Family Treatment Model

Let's Talk

WHAT HAPPENS?

There is Little to No Family Change

After the Child Returns Home?



A Reentry Problem We Must Solve Together

Instead, "maintaining treatment gains" made by the children or adolescent in residential after discharge into the community appeared to be associated with three key factors:

 If the child's family is actively involved the treatment process and changing <u>before</u> discharge;

(2) The **stability of the place** where child lives after discharge;

(3) **Availability of aftercare support** for the child and his/her family post-discharge (p.556).

Source: Hair, H.J. 2005. Outcomes for Children and Adolescents After Residential Treatment: A Review of Research from 1993 to 2003, Journal of Child and Family Studies, Vol. 14, No. 4: 551–575.

1ST Panel Question for Rob and Charlene

Do you agree with Heather Hair's research findings?

And do a lack of these 3 Factors cause Reentry to fail?

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Watch How Maintaining Treatment Gains" Fail...

- What Happens when the child's family is NOT actively involved and changing before discharge;
- What Happens with NO Stability of the place where child lives <u>post</u> discharge;
- What Happens when NO Availability of aftercare support for the child and his/her family post discharge
- ✓ I will add What Happens when NO FST| Family Systems Trauma Treatment <u>before</u> discharge

What Happens with NO Family Systems Change in Reentry

What Did This Mom and Family Lack?

 Mom had no tools or intensive role play practice prior to re-entry

✓ No incorporation of the village

✓ No written playbook with clarity of roles

No traumatized family systems focus

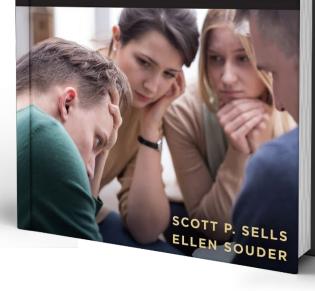
✓ No Safety Plan

PLL-FST

Parenting with Love and Limits[®] Family Systems Trauma

SPRINGER PUBLISHING COMPANY TREATING THE TRAUMATIZED CHILD

A STEP-BY-STEP FAMILY SYSTEMS APPROACH



12 Core PLL- Family Systems Trauma Techniques

- 1. Structural-Strategic Theory
- 2. Motivational Phone Call
- 3. Stress Chart
- 4. Seed/Tree Diagram
- 5. Stabilization vs. Active Trauma

6. Engaging the Extended Family

- 7. Safety First Contracts
- 8. Nutrition and Trauma
- 9. Feedback Loops & Undercurrents

10. Trauma Playbooks

11. Troubleshooting & Dress Rehearsals

12. Relapse Prevention

#1-PLL-FST Family Trauma [using Zoom]:

Day #1 of residential treatment and continue into aftercare



#2- Aftercare and Residential therapists speaking the same family systems language and working in tandem with one another and the family **#3- PLL-FST Motivational Tactics to quickly engage your parents and the extended family**



#4-See Reentry in Action when PLL-FST used at the Barry Robinson Center as the case study (2 cases)

Family First Act

Types of Prevention and Family Services and Programs (Sec. 50711):

The services and programs must be trauma-informed

with <u>high involvement of the</u> parents and kin caregivers



Family First Act

Qualified Residential Treatment Programs (QRTP) (Sec. 50741): must be discharged within 12 months

✓Trauma-informed and [trauma-responsive]

✓ Facilitates family participation

✓ How the child's family is integrated into the child's treatment, including post-discharge,

 Provides discharge planning and family-based aftercare for at least 6 months post-discharge.

What is Reentry? (at a High Level)

Reentry prepares children and adolescents in residential treatment for transition back into their family and community.

Ideally, reentry <u>starts immediately</u> after enters residential, continues throughout their residential stay and back into the community, which is commonly called "aftercare."

The Perfect Storm Not Maintaining Treatment Gains

Maintain Treatment Gains and Lengths of Stay

Research studies reveal that length of stay in residential do not reduce future relapse or maintain treatment gains made in residential treatment.

The analysis found essentially <u>no difference in future</u> <u>relapse rates</u> [underline added] for youth held 3–6 months vs. 6–9 months, 9–12 months, or more than 12 months

<u>Source</u>: Loughran, T.A., E.P. Mulvey, C.A. Schubert, J. Fagan, A.R. Piquero, & S.H. Losoya. 2009. Estimating a Dose-Response Relationship Between Length of Stay and Future Recidivism in Serious Juvenile Offenders, Criminology, Vol. 47, No. 3, 2009

Maintaining Treatment Gains" Fail...

- ✓ When the child's family is NOT actively involved and changing before discharge;
- ✓ NO Stability of the place where child lives post discharge;
- NO Availability of aftercare support for the child and his/her family <u>post</u> discharge
- ✓ NO FST| Family Systems Trauma Treatment <u>before</u> discharge

#1-PLL Family Trauma using Zoom:

Intensive family therapy day #1 of residential treatment and continues into aftercare



#2- Aftercare and Residential therapists speaking the same family systems language and working in tandem with one another and the family

PLL and Barry Robinson Center Participation Agreement

PLL is research-based and specialized treatment reentry model designed to *maintain the gains* your child will make at Barry Robinson Center (BRC) and prevent *from relapsing* when they return home.

However, the PLL Models effectiveness will depend on your level of *consistency and participation* before, during, and after inpatient care. So, how you show up matters.

Therefore, in order to participate and graduate, I understand and agree to the following terms and requirements:

https://familytrauma.com/wp-content/uploads/2020/12/PLL-Reentry-Roadmap.pdf

PLL Reentry Stages of Treatment and Aftercare

Stages	Stage I: Intensive	Stage II: Transition	Stage III: Aftercare
	3 Months	2 Months	3 Months
	Your Child or Teen	Your Child or Teen	Your Child or Teen
	at Barry Robinson	at Barry Robinson	At Home
	Setting the Goals for Aftercare When Returning Home	Getting Ready to Return Home and Prevent Relapse	Maintaining Gains, Prevent Relapse, and a New Normal of
			Health and Happiness

Stage I: Intensive 3 Months (Estimate)

Your Child or Teen at Barry Robinson

Setting the Goals for Aftercare

Before Returning Home

Your Participation Roles

ATTEND 6-8 PLL-FST Family Sessions with Your Extended Family – on Zoom (internet) and/or in person

Goals or Deliverables

- 1. Engage You and Your Extended Family When Possible
- 2. Complete Homework Between Sessions
- 3. Show Up on Time and Ready
- 4. Attend: 90 Day Benchmark



Meet Dylan and His Family

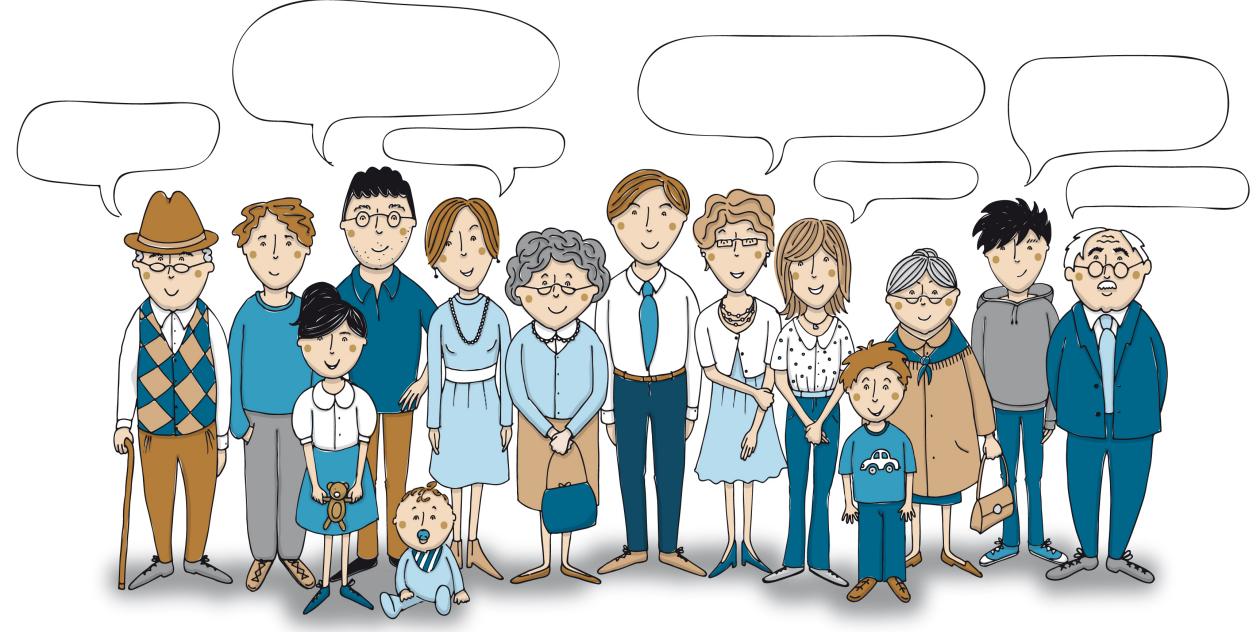
- Dylan is 15 years old
- Aggression
- Residential Treatment
- Parents Not on Same Page
- Village Not Engaged
- Bitter Divorce/Custody

2nd Panel Question for Rob and Charlene

Why is Engaging the Family traditionally <u>so difficult</u> in a Residential Environment?

Yet <u>So Important</u>?

WHO? Before WHAT?



Start with "who?" in treatment <u>before</u> "what?"...

- Get the right people on the bus
- The wrong people off the bus
- The right people in the right seats.

Source: Jim Collins- Good to Great- Why Some Companies Make the Leap

Right People on the Bus and Motivated



Otherwise Our Trauma Cases Will Get Stuck

TABLE 1: VILLAGE HANDOUT

Type of Villager	Name	Supportive or Non-Supportive
Spouse or Significant Other		
Ex-Spouse or Significant Other		
Boyfriend/Girlfriend		
Sibling		
Grandmother		
Grandfather		

Stage I: Intensive 3 Months (Estimate)

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Who? will show up

for you online Or face to face session?

How to Motivate Even Your Toughest Parents

So They will Show Up and Cooperate



FST Motivational Script

Question #1 "What are some of the difficult experiences that you have had to suffer in the last year as the result of these problems?"

Question #2 "When I get to know you better what qualities and strengths would I come to admire about you as a (person, parent, spouse, etc.)?"

Question #3 "What do you think will happen to _____ (you child, marriage, or you personally) if the problems you described earlier remain unfixed in the next three months, six month, or even year from now?"

Question #4 "Have you have seen a counselor for any of these problems before?" If "yes": "What have other counselors missed with you? The reason I ask is that I don't want to make the same mistakes twice."

Question #5 "Who is supportive or non supportive in your extended family of relatives, friends, or institutions that we should contact to help?"

Question #2 (Transformational)

"When I get to know you better what qualities and strengths would I come to admire about you as a (person, parent, **spouse, etc.)?**" [Estimated time to *complete = 5 min]*

Question #5 (It Takes a Village...)

"Who is supportive or non supportive in your extended family of relatives, friends, neighbors, or institutions that we should contact to help? [Estimated time = 5 min].

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Who? will show up

for you online Or face to face session?

TAKEAWAYS FROM PLL MI Technique

- ✓ Motivate parents AND EXTENDED FAMILY to show up and cooperate
- ✓ A 5-question Motivational script (on phone or in person) to SOFT START-UP
- Move beyond the "just fix my kid" parent mindset
- ✓ How you can use this technique immediately
- ✓ Video Case Example to Inspire

3rd Panel Question for Rob and Charlene

In what way has Combining the **PLL-FST Motivational Script with PLL-FST Engaging the Extended** Family [WHO? BEFORE WHAT?] been a game changer for the BRC therapists and staff?

Stage II: Transition 2 Months (Estimate)

Your Child or Teen at Barry Robinson

Get Ready to Return Home and Prevent Relapse

Goals or Deliverables

1- Put Together Your PLL-FST Playbook WITH YOUR AFTERCARE THERAPIST

2- PLL-FST Dress Rehearsals & Troubleshooting:

Role play practice the delivery of your playbook and troubleshoot transition obstacles and how to handle relapse

3- PLL-FST Clarity of Roles of the Extended Family

Clarify in writing on your Playbook everyone's roles and what they will do when, where, and how?

4- Attend: 60 Day Benchmark

Stage III: Aftercare 3 Months (Average)

<u>Your Child or Teen Back Home</u>

Maintaining Gains, Prevention Relapse,

and a New Normal of Happiness

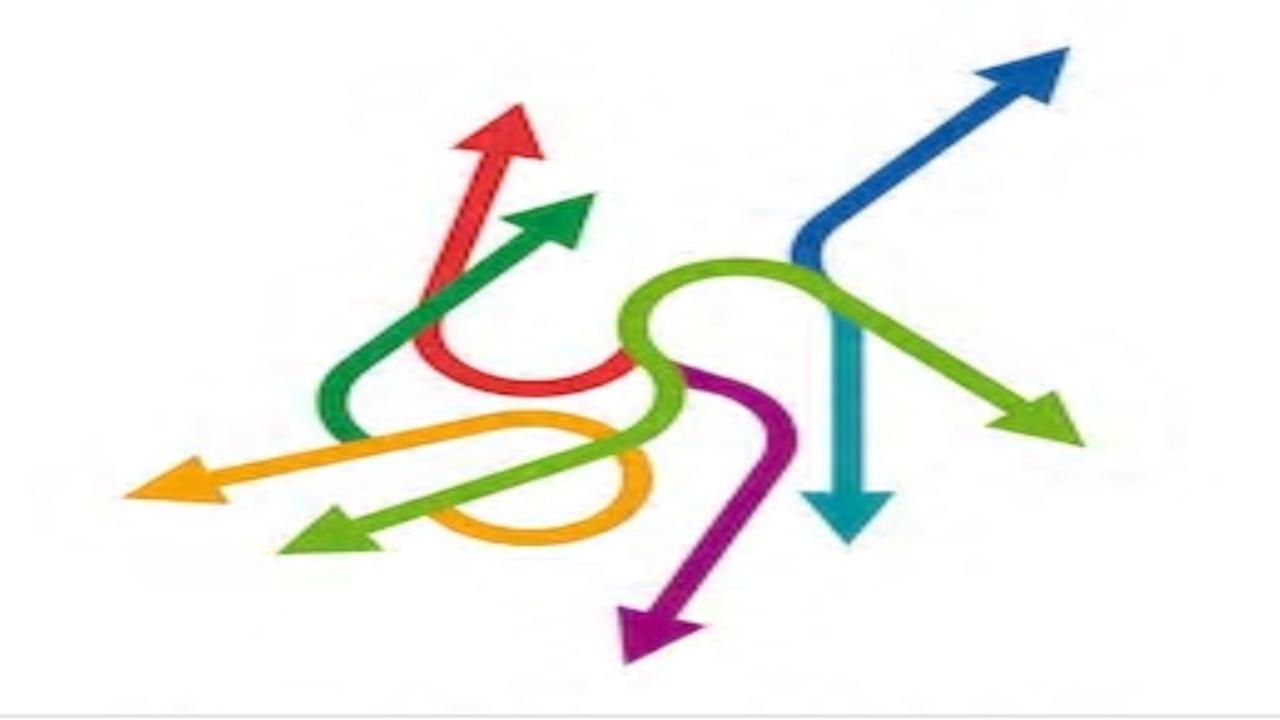
ATTEND ONGOING PLL-FST Family Therapy Sessions With YOUr aftercare therapist

Honeymoon Period: Expect and Prepare for It

Goals or Deliverables

- **1-Implement Your Playbook**
- 2-More Dress Rehearsals & Troubleshooting
- **3-Relapse Prevention and a Red Flags Checklist**





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The PLL-FST Reentry Participation Grid

Stage II: Transition 2 Months (Estimate)

Your Child or Teen at Barry Robinson

Get Ready to Return Home

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5th Panel Question for Rob and Charlene

FAILING FORWARD:

Why did Pate's family relapse and what can we learn from this treatment failure going forward?

Stage III: Aftercare 3 Months (Average)

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Charlene Hoobler, Chief Operations Officer choobler@barryrobinson.org

POSSIBLE NEXT STEPS



Charlene Hoobler, Chief Operations Office choobler@barryrobinson.org



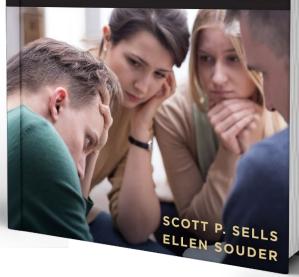
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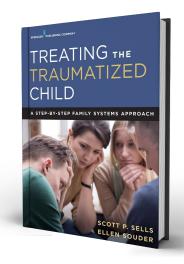
A STEP-BY-STEP FAMILY SYSTEMS APPROACH



Family System Trauma Model

A Step-by-Step Family Systems Approach

FST Advanced Training Course



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A self-paced course with *step-by-step* tools for mental health professionals looking to specialize in treating the entire traumatized family, not just the child.

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March 4

3 - 4 pm EST

March 2 12 - 1 pm EST

Register Here

om EST

Register Here

Register Here

March 9

7-8 pm EST

www.gopll.com



EVIDENCE-BASED FAMILY TREATMENT MODEL

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An Evidence-Based Family Treatment Model

Let's Talk

Any Questions or Comments? Open Mic