### A New Family Systems Approach to Reentry

Scott P. Sells, PhD, LCSW, LMFT

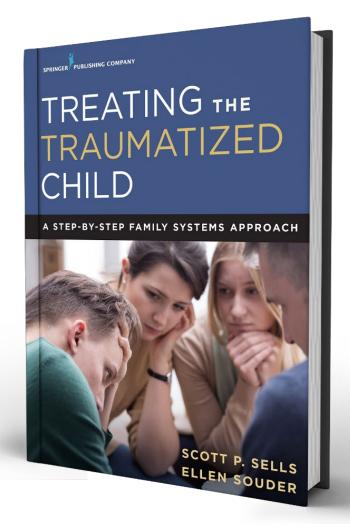
#### Family Trauma Institute

TRAINING PROFESSIONALS TO BECOME FAMILY TRAUMA EXPERTS

#### QCCC Mission

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

And the promotion of innovative treatment and best practices.



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#### **Core Techniques: FST| Family Systems Trauma Model**

- 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

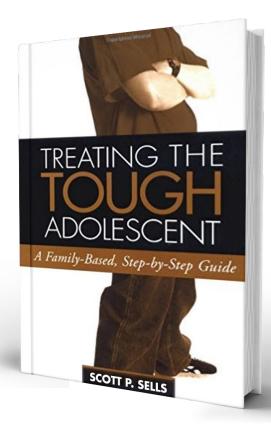
- Safety First
- 8. Nutrition and Trauma
- Feedback Loops & Undercurrents
- 10. Trauma Playbooks
- 11. Troubleshooting & Dress Rehearsals
- 12. Relapse Prevention

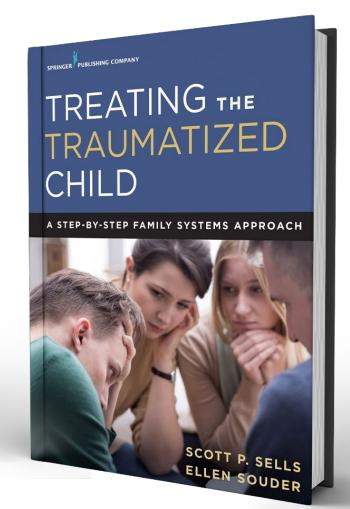
Scott Sells, Ph.D., MSW, LCSW, LMFT, AAMFT Approved Supervisor

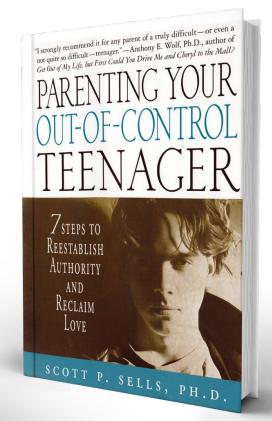


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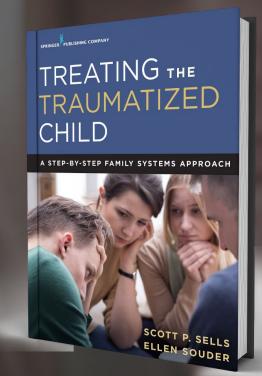




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#### **Next Free Monthly Webinar**

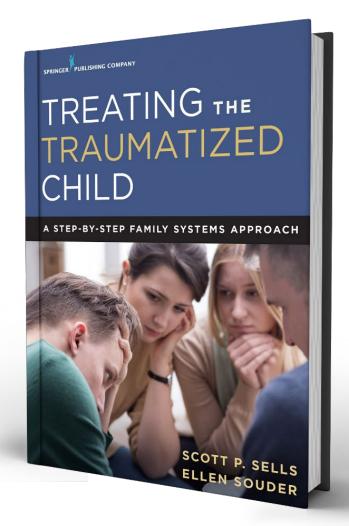
Family Trauma Solutions: Technology Addiction

June 16 12 - 1 pm EDT

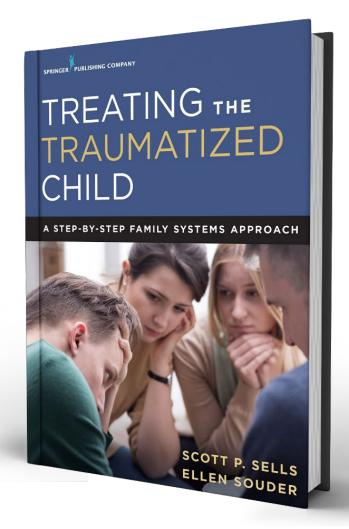
Register Here Live or On Demand

#### By The End Of Our Time Together...



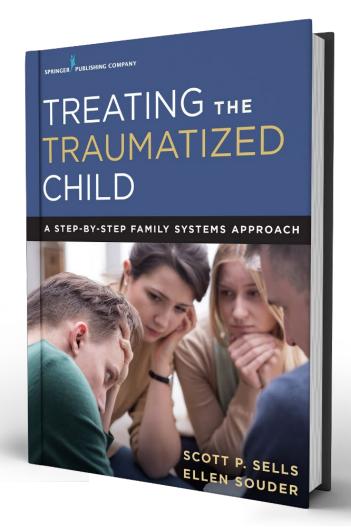


The game changer benefits of a new reentry operating system Intensive family systems trauma involvement Day #1 of residential treatment and into aftercare



Imagine if...

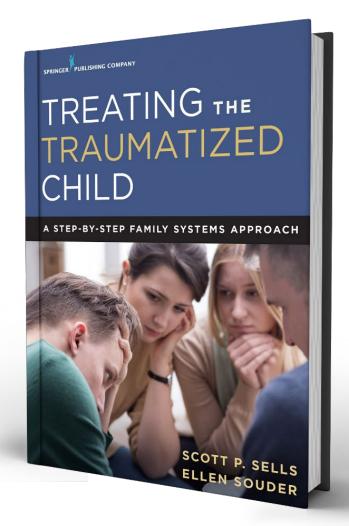
Aftercare and Residential therapists spoke the same family systems trauma language and worked in tandem with one another and the family



Sample FST Techniques

**#1- Battle for Structure** 

#2- Engage the Extended Family



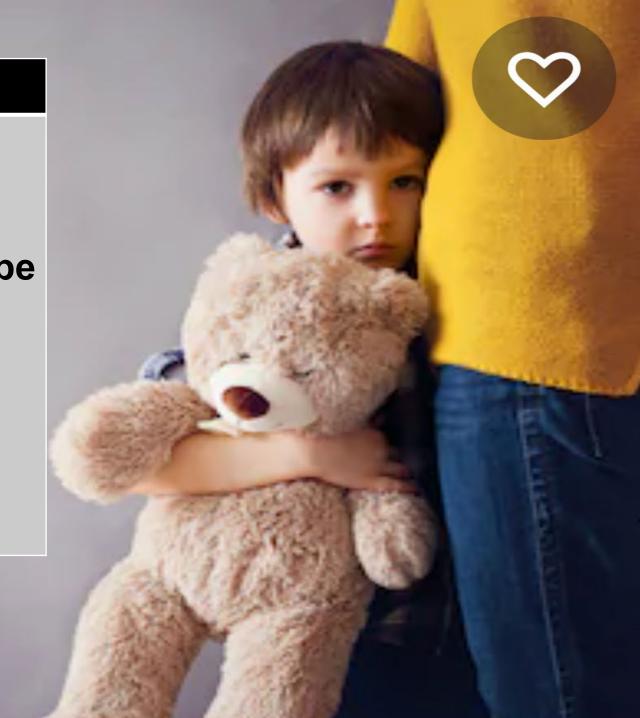
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#### Family First Act

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

The services and programs must be trauma-informed

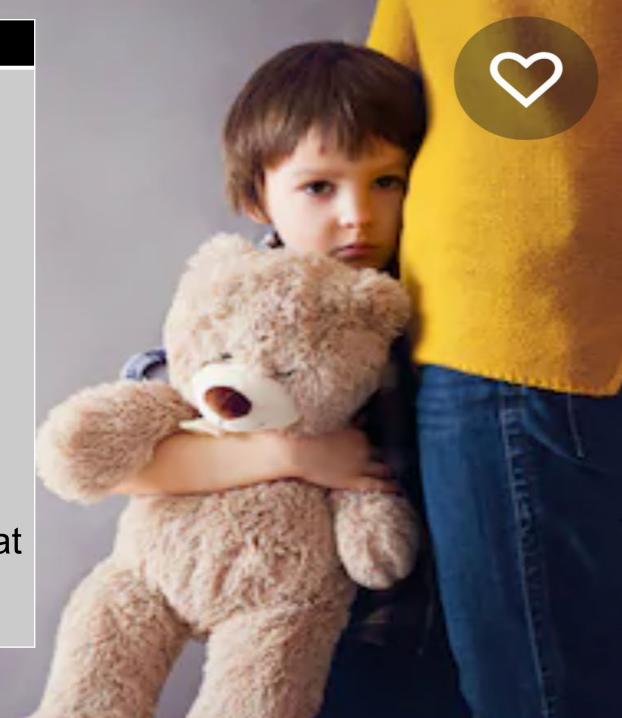
with <u>high involvement of the</u> parents and kin caregivers



#### **Family First Act**

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

- √ Has a trauma-informed treatment model
- √ Facilitates family participation
- ✓ Facilitates family outreach, documents how this outreach is made,
- ✓ Provides discharge planning and family-based aftercare supports for at least 6 months post-discharge.



#### What is Reentry? (at a High Level)

Reentry is reintegrative services that prepare children and adolescents in residential treatment centers 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."



#### **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

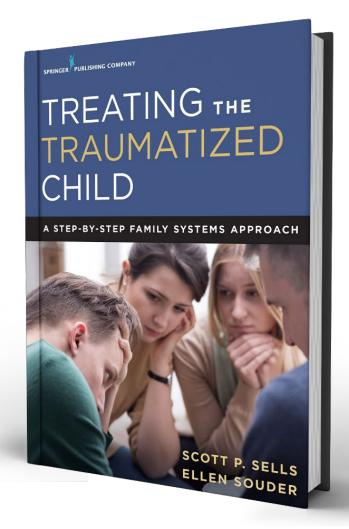
<u>Source</u>: Loughran, T.A., E.P. Mulvey, C.A. Schubert, J. Fagan, A.R. Piquero, & S.H. Losoya. 2009. Estimating a Dose-Response Relationship Between Length of Stay and Future Recidivism in Serious Juvenile Offenders, Criminology, Vol. 47, No. 3, 2009

#### 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:

- (1) If the child's family was actively involved the treatment process <u>before</u> discharge;
- (2) The stability of the place where child lives after discharge;
- (3) Availability of aftercare support for the youth and his/her family post-discharge (p.556).

<u>Source:</u> 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.



Imagine if...

Aftercare and Residential therapists spoke the same family systems trauma language and worked 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:

#### **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

#### **Question for Participants**

Why is it important for the (1) family, (2) BRC staff, and (3) Aftercare therapist to have a Reentry Grid at the very beginning of the child or adolescent's residential stay?

#### **Family First Act**

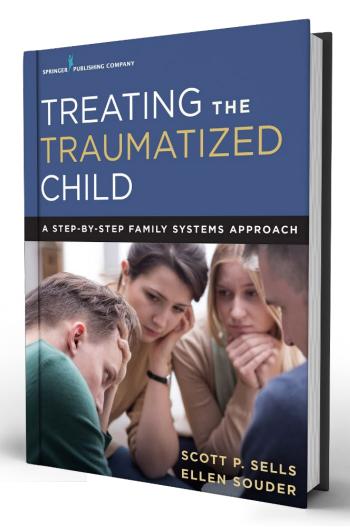
Qualified Residential Treatment Programs (QRTP) (Sec. 50741): - must be discharged within 12 months

- ✓ Trauma-informed and [trauma-responsive]
- **✓** Facilitates family participation
- ✓ How the child's family is integrated into the child's treatment, including post-discharge,
- ✓ Provide discharge planning and family-based aftercare for at least 6 months post-discharge.

#### The PLL Reentry Participation Grid

#### **Question for Participants**

Why is it important for the (1) family, (2) BRC staff, and (3) Aftercare therapist to have a Reentry Grid at the very beginning of the child or adolescent's residential stay?

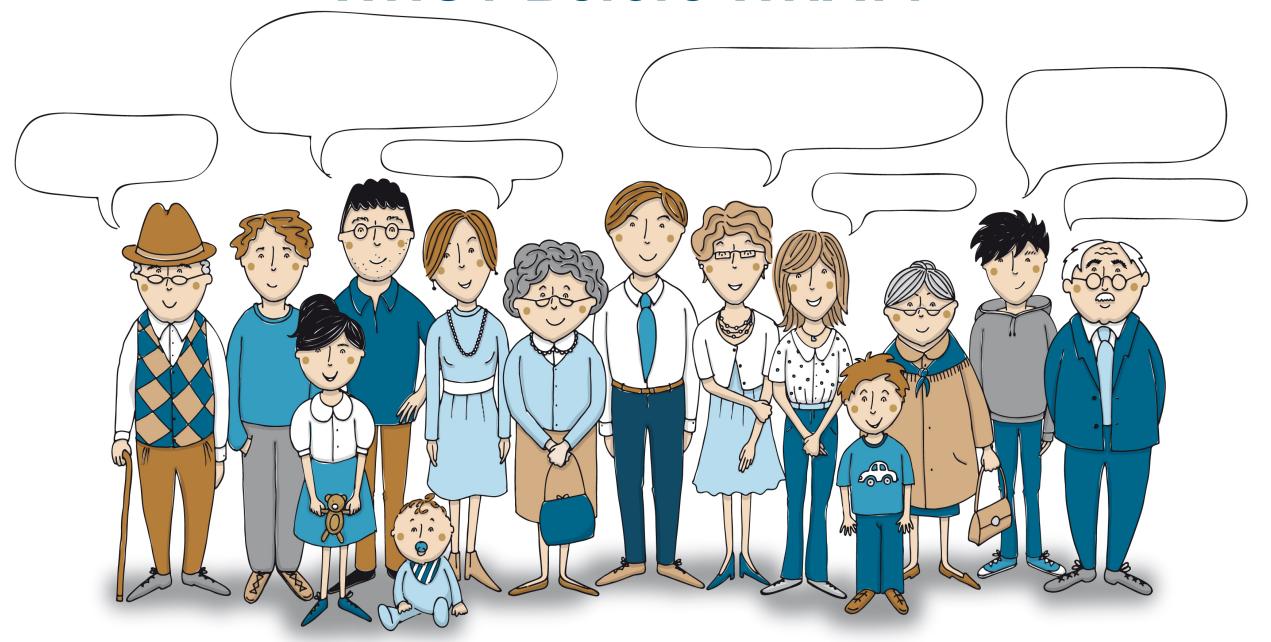


Sample FST Techniques

**#1- Battle for Structure** 

#2- Engage the Extended Family

#### **WHO? Before WHAT?**



#### FIRST WHO, THEN WHAT



"Make sure you have the right people on the bus and the right people in the key seats before you figure out where to drive the bus." ~ Jim Collins

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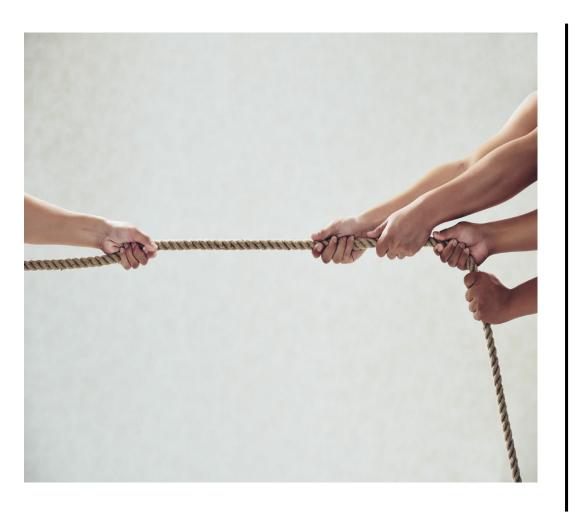
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# **Battle for Structure** Who? before what? will show

#### What is the Battle for Structure?

- #1- Your goals don't match up
- #2- Disagrees with your diagnosis
- #3- Or who should attend?



## What tools are available to you to win the battle for structure?

#### What Tools Are Available?

**#1-Use Persuasive Reframing** 

#2- Perform a personal experiment

#### 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		



#### Clip (Take the Poll or Type in Chat)

- How did I Win the Battle for Structure on "Who?" Before "What?"
- A- Persuasive Reframing or
- B- Perform a Personal Experiment

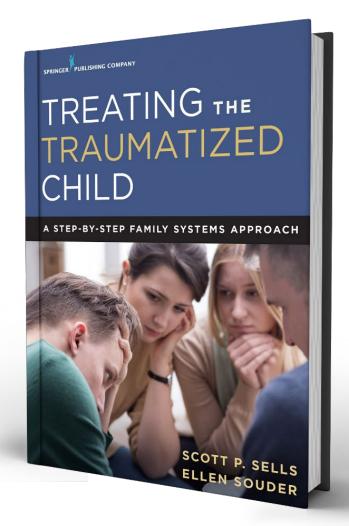




## Clip (Take the Poll or Type in Chat)

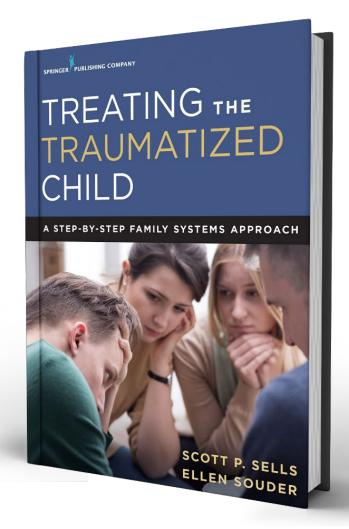
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#### **Tool #1**

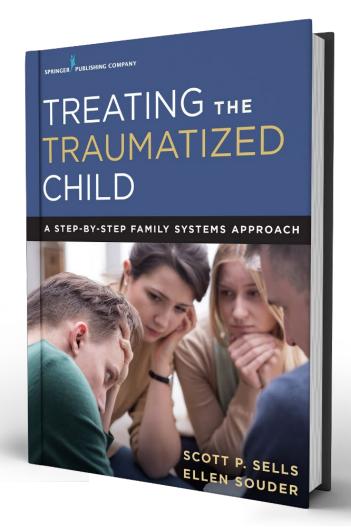
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#### **Tool #2**

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### **Tool #3**

Sample FST Techniques

**#1- Battle for Structure** 

#2- Engage the Extended Family



## 12 Core Techniques FST | Family Systems Trauma Model

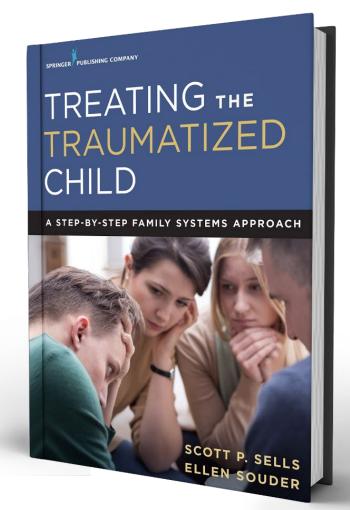
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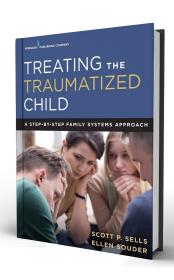


#### **Family Systems Trauma Model**

A Step-by-Step Family Systems Approach



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Click HERE for Course Description and Learning Objectives.

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