

TRANSITIONING FROM THERAPEUTIC RESIDENTIAL CARE: WHAT DO INTERPERSONAL STRENGTHS AND FAMILY INVOLVEMENT HAVE TO DO WITH IT?

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TRANSITIONING FROM THERAPEUTIC RESIDENTIAL CARE

- THERAPEUTIC RESIDENTIAL CARE (TRC) FACILITIES ARE STRONGLY URGED TO HELP CLIENTS BUILD RESILIENCY TO SUCCESSFULLY TRANSITION OUT OF CARE (WWW.TOGETHERTHEVOICE.ORG).
- THIS PRESENTATION EXPLORES A STUDY INVOLVING TWO RESILIENCY AREAS,
 - INTERPERSONAL STRENGTHS AND FAMILY INVOLVEMENT IN ADOLESCENT TRANSITIONS FROM TRC.
 - ACRC'S TRADITIONAL FOCI HAS INCLUDED
 - MAINTAINING SAFETY, STABILIZING YOUTH BEHAVIOR
 - IMPLEMENTING EVIDENCE-BASED MENTAL HEALTH TREATMENTS
 - **WITH LESS FOCUS ON** - SUCCESSFUL AND UNSUCCESSFUL TRANSITION TRAJECTORIES

INTERPERSONAL STRENGTHS

INTERPERSONAL SKILLS ARE THE BEHAVIORS AND TACTICS A PERSON USES TO INTERACT WITH OTHERS EFFECTIVELY [E.G., A YOUTH'S ABILITY TO INTERACT WELL WITH OTHERS].

- YOUTH IN TRC PERCEIVED INTERPERSONAL RELATIONSHIPS AS MOST IMPORTANT TO THEM, ESPECIALLY FRIENDSHIPS.
- YOUTH WHO HAVE EXPERIENCED CONSISTENT AND TROUBLING RELATIONSHIPS STRUGGLE TO FORM MEANINGFUL RELATIONSHIPS LATER.
- WHILE CAMARADERIE WITH PEERS IS NOT CONSIDERED POSITIVE, WHEN YOUTH EXPERIENCE INADEQUATE INTERACTIONS WITH CARING AND CONSCIENTIOUS PEOPLE, THEY TEND TO BECOME POORLY SOCIALIZED AND LIMITED IN THEIR SOCIAL SKILL DEVELOPMENT.
- INTERPERSONAL STRENGTHS ARE CONSIDERED PART OF PROMOTING OVERALL EMPOWERMENT AND RESILIENCY AS IMPORTANT INGREDIENTS IN SUCCESSFUL TRANSITIONING FROM THERAPEUTIC CARE.

FAMILY INVOLVEMENT

- THE INFLUENCE OF ADULTS, ESPECIALLY FAMILY, SUBSTANTIALLY IMPACTS RESILIENCY FOR YOUTH, DEFINED AS DEGREES OF PERCEPTION OF GETTING ALONG WITH FAMILY, GOOD COMMUNICATION, AND DOING THINGS AS A FAMILY.
- POSITIVE FAMILY INVOLVEMENT AND IT'S CONSEQUENCE- PERMANENCE- IS CONSIDERED EVEN MORE IMPORTANT TO OVERALL RESILIENCY THAN INTERPERSONAL STRENGTHS
- STRONG PARENT/ CAREGIVER-CHILD RELATIONSHIPS ARE FOUND TO IMPROVE LEARNING AND SELF-WORTH
- POSITIVE FAMILY INVOLVEMENT ALSO INCREASES COMMUNITY INVOLVEMENT, ANOTHER KEY RESILIENCY FACTOR
- THE INVOLVEMENT OF CAREGIVERS AND PARENTS THROUGH ANY NUMBER OF STRATEGIES IN THERAPEUTIC RESIDENTIAL CARE HAS BEEN SHOWN TO INCREASE HEALTHY YOUTH FUNCTIONING

Transition Challenges

- GIVEN TRANSITIONING CHALLENGES AT TRCS, THE FOCUS OF OUR STUDY WAS TO
 - EXPLORE WAYS TO ADDRESS TRANSITIONING CHALLENGES AT A JOINT COMMISSION ACCREDITED TRC
 - TRANSITIONING CHALLENGES INCLUDE
 - INDEPENDENT LIVING TRIALS
 - LACK OF COORDINATION BETWEEN COMMUNITY AGENCIES
 - LACK OF WELL ESTABLISHED MODELS OF TRANSITION
 - POOR PLANNING
 - LACK OF COMMUNITY RESOURCES
 - POOR ACCESSIBILITY, AVAILABILITY, ACCEPTABILITY

NATIONAL TRENDS


CONSEQUENCES FOR POOR TRANSITIONS

LISTER, J., LIEBERMAN, R. E., & SISSON, K. (2016). REDEFINING RESIDENTIAL: STRATEGIC INTERVENTIONS TO ADVANCE YOUTH PERMANENCY. *RESIDENTIAL TREATMENT FOR CHILDREN & YOUTH*, 33(3-4), 177-185.
[HTTPS://DOI.ORG/10.1080/0886571X.2016.1240555](https://doi.org/10.1080/0886571X.2016.1240555)

- TRANSITIONING YOUTH FROM OUT-OF-HOME CARE
 - 58% GRADUATED FROM HIGH SCHOOL BY AGE 19
 - ONLY 3% HAD COLLEGE DEGREES BY AGE 25
 - ONLY HALF HAD STEADY EMPLOYMENT BY AGE 25
 - 25% WERE IN CONTACT WITH THE JUSTICE SYSTEM WITHIN 2 YEARS
 - 62% WERE PREGNANT BY AGE 21



SUCCESSFUL TRANSITION COMPONENTS

- HELPING YOUTH MAINTAIN THEIR TREATMENT GOALS,
 - CREATING STABLE DAILY LIVES,
 - CONNECTING TO COMMUNITY-BASED SERVICES
 - KEY PRINCIPLES
 - SUPPORTING YOUTH IN CONNECTING AND MAINTAINING MEANINGFUL CONTACT WITH THEIR BIOLOGICAL FAMILIES [PROMOTING PERMANENCE],
 - ENSURING CONTINUITY BY SETTING UP LONG-TERM SUPPORTS AND SAFETY NETS,
 - ENSURING ADEQUATE PREPARATION FOR LEAVING CARE.
 - THIS NEED FOR TRANSITIONAL SUPPORT CANNOT BE OVERSTATED BECAUSE OF THE CONCERNING STATISTICS CITED EARLIER ABOUT YOUTH TRANSITIONING OUT OF TREATMENT FACILITIES.
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THIS STUDY

- FEW STUDIES HAVE EXAMINED SPECIFIC STRENGTHS ASSOCIATED WITH SUCCESSFUL AND UNSUCCESSFUL TRANSITIONING FROM THERAPEUTIC RESIDENTIAL CARE, ESPECIALLY THE KEY STRENGTHS OF INTERPERSONAL STRENGTHS AND FAMILY INVOLVEMENT.
- **THE PURPOSE OF THIS STUDY**, WAS TO TRACK THESE TWO ASPECTS OF RESILIENCY IN A GROUP OF YOUTH EXITING FROM TRC AND THEN AGAIN 4–6 MONTHS LATER TO ASCERTAIN THE RELATIONSHIP BETWEEN THESE STRENGTHS AND POST-TREATMENT OUTCOMES.
- ONCE TRAJECTORIES WERE MEASURED FOR EACH YOUTH AFTER 4–6 MONTHS:
 - TWO GROUPS WERE FORMED BASED ON THE RESULTS.
 - ONE GROUP WAS LABELED POSITIVE TRAJECTORY. THESE YOUTH HAD REMAINED STABLE OVER TIME OR INCREASED THEIR REPORTED LEVELS OF INTERPERSONAL STRENGTHS AND FAMILY INVOLVEMENT.
 - THE SECOND GROUP WAS LABELED NEGATIVE TRAJECTORY. THESE YOUTHS HAD DROPPED, SOME PRECIPITOUSLY, OVER THE 4–6 MONTH TIME PERIOD ON THEIR REPORTED LEVELS OF INTERPERSONAL STRENGTHS AND FAMILY INVOLVEMENT.

INSTRUMENT

BEHAVIORAL AND EMOTIONAL RATING SCALE (BERS-2)

- **WHY THIS TOOL?** - ONE OF THE MOST WIDELY USED STRENGTH-BASED ASSESSMENT INSTRUMENTS ADDRESSING WELL-BEING IN SOCIAL SERVICES
- A STANDARDIZED, NORM-REFERENCED INSTRUMENT THAT MEASURES THE STRENGTHS OF CHILDREN 5–18 YEARS OF AGE (EPSTEIN, 1999). THE BERS-2 INCLUDES SEPARATE RATING SCALES FOR YOUTH, PARENT, AND TEACHER RESPONDENTS.
 - THE BERS-2 CONTAINS 52-ITEMS WHICH FACTOR INTO FIVE
- SUBSCALES OF EMOTIONAL AND BEHAVIORAL STRENGTHS AND AN OVERALL STRENGTH INDEX.
 - FOR THE PURPOSE OF THIS STUDY, THE INTERPERSONAL STRENGTHS AND FAMILY INVOLVEMENT SCALES WERE UTILIZED.
 - THE INTERPERSONAL STRENGTH SUBSCALE (14 ITEMS) MEASURES A CHILD'S ABILITY TO INTERACT WITH OTHERS IN SOCIAL SITUATIONS (E.G., *ACCEPTS CRITICISM, CONSIDERS CONSEQUENCES OF BEHAVIOR*).
 - THE FAMILY INVOLVEMENT SUBSCALE (10 ITEMS) ASSESSES A CHILD'S RELATIONSHIP WITH THEIR FAMILY (E.G., *PARTICIPATES IN FAMILY ACTIVITIES, TRUSTS A SIGNIFICANT PERSON IN THEIR LIVES*).

RESULTS OF THE STUDY

- MOST YOUTH UPON DISCHARGE FROM TRC FELT A GOOD DEAL OF CONFIDENCE AND SELF-EFFICACY IN THESE STRENGTHS,
 - INTERPERSONAL SKILLS [84TH PERCENTILE];
 - FAMILY INVOLVEMENT STRENGTH [75TH PERCENTILE].
- WHOLE GROUP MALE INTERPERSONAL STRENGTH SCORES DID NOT DIFFER SIGNIFICANTLY FROM FEMALE SCORES AT DISCHARGE. LIKEWISE, WHOLE GROUP MALE FAMILY INVOLVEMENT SCORES WERE NOT SIGNIFICANTLY DIFFERENT FROM FEMALE SCORES AT DISCHARGE.

RESULTS CONTINUED

- DIFFERENCES WERE STATISTICALLY SIGNIFICANT FOR INTERPERSONAL STRENGTHS AT THE TIME OF DISCHARGE FROM TRC BETWEEN
 - POSITIVE TRAJECTORY YOUTH [THOSE WHO MAINTAINED OR WENT UP 6 MONTHS AFTER DISCHARGE] AND
 - NEGATIVE TRAJECTORY YOUTH [THOSE WHO WENT DOWN 6 MONTHS AFTER DISCHARGE] YOUTH
 - WITH NEGATIVE TRAJECTORY YOUTH RATING THEMSELVES HIGHER AT DISCHARGE
- FAMILY INVOLVEMENT DIFFERENCES AT THE TIME OF DISCHARGE FROM TRC BETWEEN POSITIVE TRAJECTORY YOUTH AND NEGATIVE TRAJECTORY YOUTH WERE ALSO STATISTICALLY SIGNIFICANT,
 - WITH NEGATIVE TRAJECTORY YOUTH RATING THEMSELVES HIGHER.

RESULTS CONTINUED

FOLLOW-UP QUERIES

- FOLLOW-UP TELEPHONE INTERVIEWS WERE CONDUCTED WITH 15 YOUTH THAT THE AFTER-CARE STAFF WERE IN TOUCH WITH AND WHO REPRESENTED BOTH POSITIVE (N = 5) AND NEGATIVE TRAJECTORIES (N = 10).
 - POSITIVE TRAJECTORY YOUTH WERE ASKED- WHAT HAS LED TO YOUR CURRENT SUCCESS?
 - NEGATIVE TRAJECTORY YOUTH WERE ASKED- HAVE YOU EXPERIENCED STRUGGLES? IF SO, WHAT WERE THEY? IF NOT, WHAT HAS HELPED YOU AVOID EXPERIENCING STRUGGLES?

[NOTE: THE RATIONALE BEHIND THESE TWO SPECIFIC QUESTIONS WAS SIMPLY TO SHED ADDITIONAL LIGHT ON AND POTENTIALLY GAIN MORE CONTEXT FOR THE STRENGTH-BASED CONSTRUCTS DRIVING THE STUDY.]

FOLLOW-UP QUERIES

- WHEN ASKED WHAT HAS LED TO YOUR CURRENT SUCCESS, **POSITIVE TRAJECTORY YOUTH** (N = 5) INDICATED
 - THE MAJOR CAUSES OF THEIR RESULTS INCLUDED
 - BEING PROACTIVE,
 - MAKING GOOD DECISIONS,
 - COPING BETTER, AND
 - BETTER SOCIAL SKILLS.

POSITIVE TRAJECTORY YOUTH TALKED ABOUT FRIENDS AND VOLUNTEERING.

THEY COULD NAME AT LEAST THREE FRIENDS AND REPORTED HAVING WORKED OR VOLUNTEERED IN THE COMMUNITY IN AT LEAST ONE AGENCY.

THEY HAD AT LEAST ONE TRUSTED ADULT FAMILY MEMBER FOR SUPPORT.

FOLLOW-UP QUERIES

- **NEGATIVE TRAJECTORY YOUTH** (N = 10) INDICATED THAT
 - THEY LACKED GOOD PERSONAL RELATIONSHIPS AND
 - HAD TROUBLE ACCESSING MENTAL HEALTH SERVICES AND MEDICATION.
 - DID NOT WORK OR VOLUNTEER IN THEIR COMMUNITIES AND
 - DID NOT HAVE AN ADULT FAMILY MEMBER AS POSITIVE SUPPORT.

THESE YOUTHS DID INDICATE POSITIVE AREAS, INCLUDING BEING IN TOUCH WITH AFTERCARE STAFF AND STABLE HOUSING.

[NOTE: THERE WERE NO INDICATIONS, THE NEGATIVE TRAJECTORY YOUTH LEFT TRC AT GREATER RISK]

DISCOVERIES

- THOSE YOUTHS WHO REPORTED THE **HIGHEST LEVELS OF CONFIDENCE UPON DISCHARGE** WERE THOSE WHO EXPERIENCED THE LARGEST DROPS IN THESE TWO SCALES DURING THE 4-6 MONTHS POST DISCHARGE

NOTE: THE PRECIPITOUS AVERAGE DROP IN FAMILY INVOLVEMENT AFTER 4–6 MONTHS EXPERIENCED BY THE NEGATIVE TRAJECTORY YOUTH ($P < .000$) IS A STARK FINDING

- ONE OF THE BARRIERS TO SUCCESS AFTER THERAPEUTIC RESIDENTIAL CARE DISCHARGE MAY BE THE DIFFERENCES IN PERCEIVED NEEDS BETWEEN THE ADOLESCENTS RECEIVING TREATMENT AND FAMILY MEMBERS.

TREATMENT CONSIDERATIONS AND IMPLICATIONS

COLLABORATION BETWEEN FAMILY AND TREATMENT PROVIDERS

- MOST YOUTH EXITING TRC FELT A GOOD DEAL OF CONFIDENCE AND SELF-EFFICACY IN THEIR STRENGTHS, ESPECIALLY THOSE WHO SUBSEQUENTLY DROPPED.
- COULD THERE BE A DANGER OF OVERCONFIDENCE, ESPECIALLY WITH YOUTH WHO EXPERIENCE A NEGATIVE TRAJECTORY, AFTER BEING SUCCESSFUL AT TRC (E.G., WITH ACADEMICS, SOCIAL INTERACTIONS, ACTIVITIES, THERAPY) AND THEN DISAPPOINTMENT?
- ONE WAY TO ADDRESS THIS DANGER WHILE YOUTH ARE IN TRC IS BY ENCOURAGING REALISTIC, ON-GOING, AND **STRUCTURED WRITTEN COLLABORATION BETWEEN FAMILY AND TREATMENT PROVIDERS**
 - BEGINNING AT LEAST ONE TO 2 MONTHS BEFORE DISCHARGE ABOUT THE REALITIES OF TRANSITIONING (E.G., STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS, COPING STRATEGIES, AND RESOURCES) CAN PREPARE YOUTH AND THEIR FAMILIES FOR WHEN INEVITABLE DISAPPOINTMENTS AND CHALLENGES OCCUR.
 - **EXAMPLE**

TREATMENT CONSIDERATIONS AND IMPLICATIONS

- TYLER ET AL. (2014) DISCOVERED THAT DEEP COLLABORATION BETWEEN FAMILY AND TREATMENT PROVIDERS IS CORRELATED WITH IMPROVED LONG-TERM OUTCOMES FOR ADOLESCENTS.
 - RESEARCH HAS SHOWN THAT GAINS MADE BY ADOLESCENTS IN THERAPEUTIC RESIDENTIAL PROGRAMS MAY NOT BE SUSTAINED LONG TERM (TROUT ET AL., 2014).
 - INTERPERSONAL AND FAMILY CHALLENGES MIGHT BE PROMINENT CONTRIBUTING FACTORS IN UNDOING EFFECTIVE RESIDENTIAL CARE.
 - IT IS KNOWN THAT PARENTS AND CAREGIVERS OFTEN UNDERVALUE YOUTH CHALLENGES;
 - THEREFORE, **CLEARLY WRITTEN, AGREED UPON PLANS** THAT SPECIFICALLY DELINEATE EFFECTIVE AFTERCARE SERVICES ARE CRUCIAL (TROUT ET AL., 2014).
- AFTERCARE PROGRAMMING