



NEWPORT HEALTHCARE

Empowering Lives. Restoring Families.™

The innovator in behavioral health treatment, a pioneer in removing the stigma around mental health, and the leading provider of sustainable healing.



Family Centered Adolescent Residential Care

Theory, Organization, and Service Delivery

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Goals of Residential Treatment

- Provide intensive, evidence and empirically supported therapies for youth and young adults with a variety of Mental Health challenges.
- Comprehensive evaluation to assess emotional, behavioral, medical, educational, and social needs.
- Provide 24/7 supportive treatment milieu.
- Establish new insights and coping skills to manage following residential treatment.




Research Supports the Importance of Family Engagement

- The current youth mental health crisis has revealed limitations in the availability of services, especially for more severe and chronic cases. They often require a longer time in treatment and a more intense approach than what outpatient services can offer.
- The literature on factors contributing to effective long-term, residential treatment is still developing. An especially important factor to consider is the role families play in residential care.
 - In the past, residential treatment was frequently criticized for its lack of family involvement and its common adoption of theoretical approaches that fail to examine the family system in connection with mental health concerns.
- In more recent decades, the literature supports a shift toward family-centered residential care.
 - There is a large body of research suggesting that family factors are related to youth outcomes in residential treatment.
 - Family involvement and collaboration allows families to learn tools they need when their child returns home from residential treatment such as skills to address noncompliance, while also decreasing internalizing and externalizing behaviors.
- Edwards, 1992; Jenson & Whittaker, 1987; Johnson, 1999; Leichtman, 2008; Merritts, 2016
- Geurts et al., 2012; Miller et al., 2016; Ninan et al., 2014; Walter & Petr, 2008
- Robst et al., 2013b; Sunseri, 2004, 2020
- Miller et al., 2016).

Goals of Family Centered Treatment

- Reinforce the critical role family members play in adolescent mental health issues.
- Engage families to re-instill hope, acknowledge exhaustion, frustration, and effort.
- Empower family system to collaboratively support one another for healing.
- Provide skills and tools to improve family connection and overall family functioning.





What to Teach Families Throughout the Process

- 
- Communication
 - Active Listening
 - Validation
 - Modeling Behaviors and Expectations
 - Mindfulness
 - Selfcare



Why Focus on Communication?

- When asked what is the number one thing that needs to change in the Family?
 - The Answer: Communication
- Benefits of Improving Communication with Your Child:
 - More meaningful & satisfying relationships
 - Learn about your child's struggles
 - Teach your child responsibility & problem solving
 - Creates mutual respect



Improving Communication: Active Listening

- Do you truly listen?
- Are you emotionally present in the moment?
- Are you emotionally safe to share with?
- Listening is a sign of respect for the other person.
- It says you are important to me.
- **Communication is more than words.**
 - Tone
 - We may not be aware we speak with a critical “tone”
 - Volume
 - Speaking loudly can instill fear
 - Facial Expressions
 - Frowns, smirks, shaking your head, rolling your eyes
 - Posture
 - Arms crossed, looking away/up



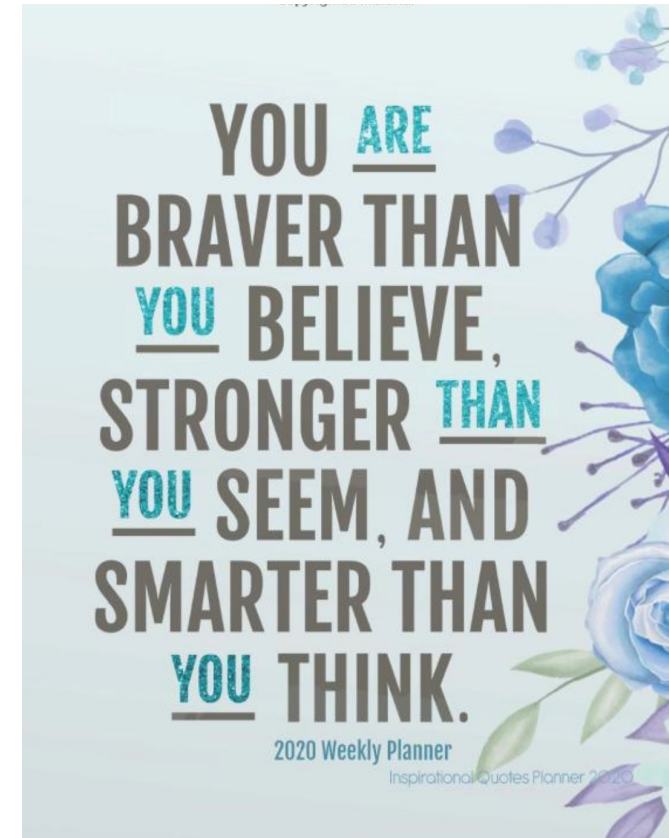
Improving Communication: Validation

- **Validation:** The recognition and acceptance of another person's thoughts, feelings, sensations, and behaviors as understandable.
 - Being Present
 - Accurate Reflection
 - Understanding the Person's Behavior in Terms of their History
 - Normalizing or Recognizing Emotional Reactions
 - Radical Genuineness



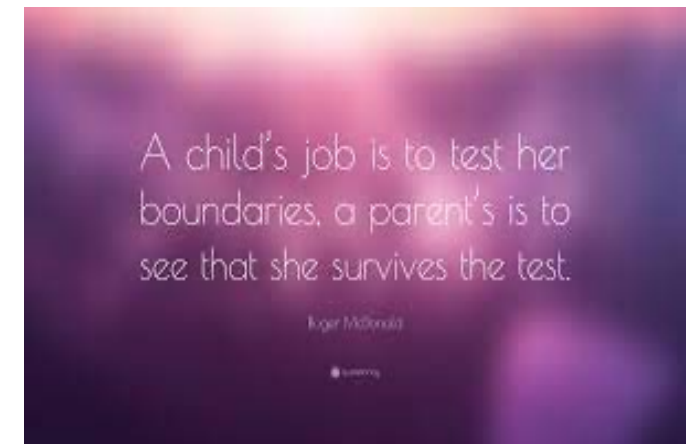
Modeling Behavior

- Children take cues from Parents:
 - Align with or react to parent's emotions
 - Refrain from sharing to avoid adding stress
 - Feel shame or guilt somewhat it is their fault.
- Parent “Do’s”:
 - Manage stress, vent with adults NOT children
 - Acknowledge “you are doing your best”
 - Connect with others- Join online parent support groups and other positive practices.
- Parent “Don’ts”:
 - Get caught up in the media frenzy
 - Fear-based negative attitude
 - “Limitation” or “Lacking” Mentality
 - Overly Anxious or frustrated



Balancing Boundaries and Expectations

- Children and Teens thrive with Structure
- Establish Routines
 - Consistency creates predictability
 - Predictability provides emotional safety
 - Set boundaries
 - Predetermine rewards and consequences
 - Blend in flexibility and spontaneity
- It is OK for Parents and Children to:
 - Have alone time or take a “time-out”
 - Know your own limits and boundaries
- Sometimes we need to adjust our expectations; on ourselves and on our children.
- Set Age-Appropriate and Realistic Expectations
 - Answer children’s questions with age-appropriate factual information
 - Demonstrate confidence in both the expectations and in collaboration
 - Prioritize time and health
 - Expect setbacks- adjust as you go



Mindfulness

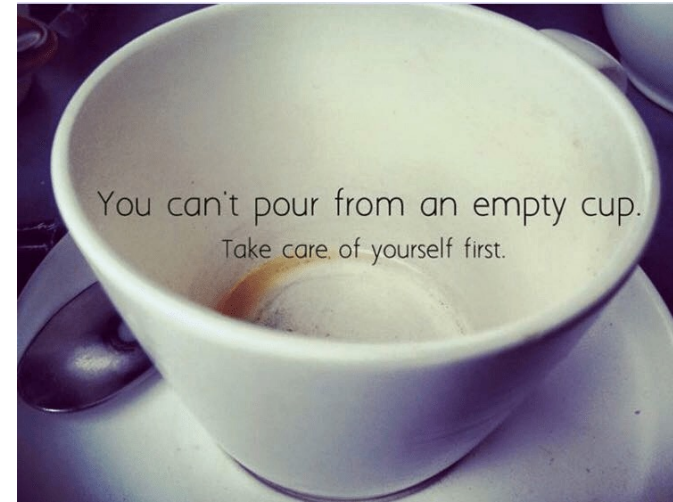
- Examine and reflect upon:
 - Inner beliefs, values, and conflicts
 - Personal worldview
 - Stress and negative triggers
 - Personal limitations
 - Generational parental influences
 - Goals, priorities, and expectations
- Develop Self-Awareness through:
 - Daily self-reflection and journaling
 - Meditation and other mindfulness habits
 - Personality and psychometric tests
 - Inquire trusted friends opinions
 - Allow children to share their perception without criticism



Self-Care is *NOT* Self-Centered

Parents **MUST** take care of themselves
BEFORE caring for their children

- Reconnect with Joy and Passion
 - Alone Time: Reading, journaling, time in nature
 - Physical Movement: Walk, yoga, run, bike, dance
 - Creative Expression: Music, drawing, painting
 - Relaxation: downtime, sleep, anything that requires intentional disconnection (zero brain energy)
 - Socialization
 - Sense of Accomplishment



Integration of Family Centered Treatment



Population and Demographics

- Founded in 2009, its residential programs have grown to be in 9 states with over 2000 admissions per year and additional planned openings.
- Two Residential age ranges from 13-19, and 20-32.
 - Currently, adolescents comprise many of the patients.
 - More than half identify as female, approximately 40% identify as male, and 1.2% identify as either nonbinary or transgender;
 - Half report LGBTQ orientation,
 - Over 50% present with depression and anxiety as the primary diagnosis.
 - Over 70% present with co-morbid disorders.

Philosophy: Authentic Connections

- Authentic Connections start with being:
 - Genuine: Who we are, is HOW we show up
 - Supportive and Safe: for others to feel safe enough to be vulnerable, revealing their true self and inner feelings
 - Caring and Understanding



Philosophy: Creates our Culture

- “Everyone Deserves a Chance”
- “Meet You Where You Are”
- “We Love You, Until You Can Love Yourself”



Treatment Model



Integrated care treats mental health concerns and co-occurring disorders



Individualized approach reduces symptomology and maladaptive behaviors and processes underlying trauma.



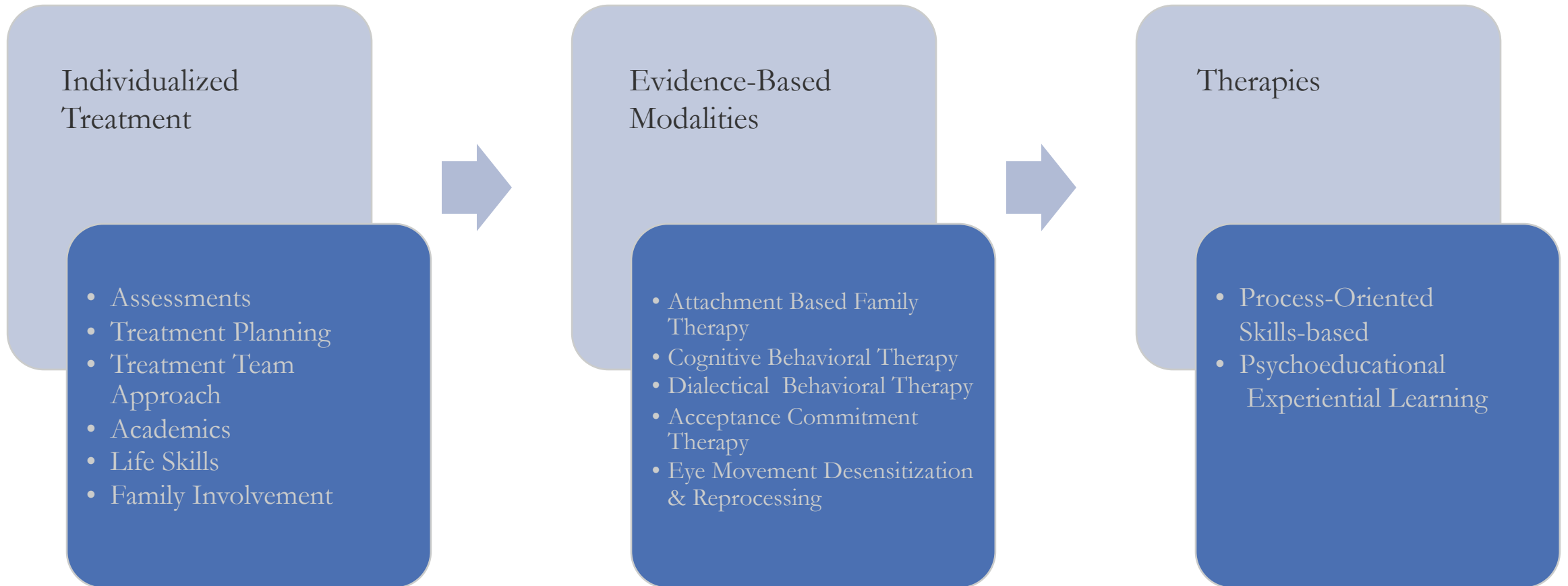
Holistic "whole-person" approach supports clients to discover their "true self".



Family-focused approach repairs and deepens parent child relationships.

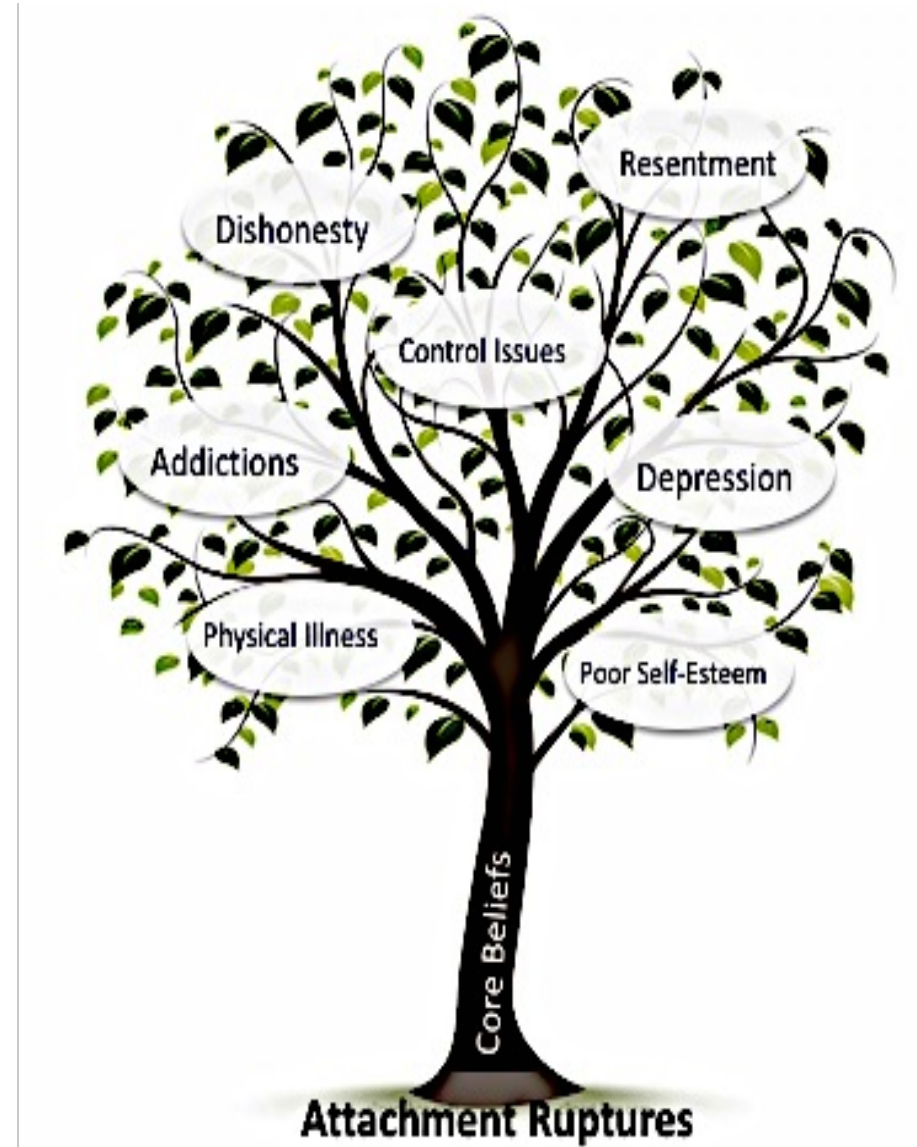


Treatment Components and Modalities



Treatment Approach

- We assist clients to:
 - Develop Coping Skills to manage symptoms
 - Challenge disempowering core beliefs
 - Heal underlying trauma and attachment ruptures
 - Write a new narrative of self, others, and the world
 - Deepen relationships with self, parents and others



Family Therapy Services

- Cornerstone of Clinical Treatment Model
- Family Involvement is Mandatory
 - Active engagement from intake and admissions all the way through discharge planning
- Individual Weekly Family Therapy
- Biweekly Family Program
 - Support Groups
 - Psychoeducational Presentations
 - DBT Skills
 - Effective Communication
 - Adolescent Brain Development
 - Healthy Technology Social Media Use
 - Codependency



Challenges to Expect in Family Engagement

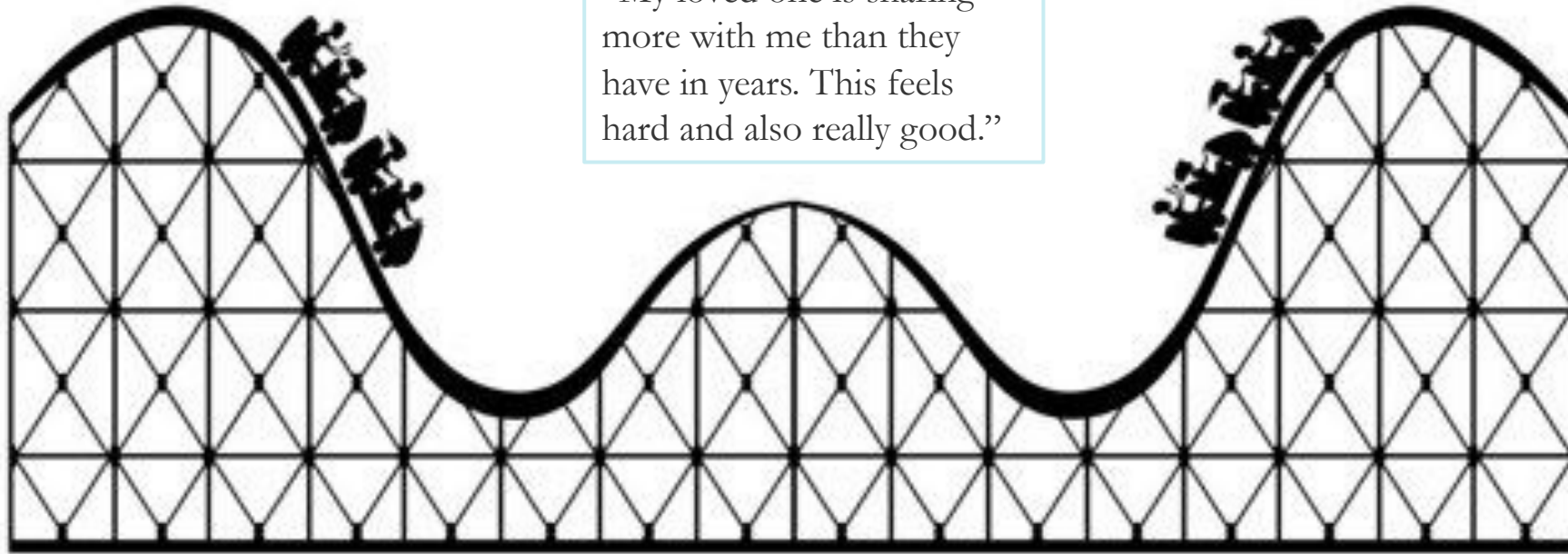
- Caregivers may feel:
 - Disconnected from their loved one who is away.
 - Fear that not all of the identified issues and/or behaviors are being addressed
 - Concerned about treatment timeline or client asking to come home
 - Discomfort when asked to explore their own attachment history and parenting style
 - Feeling preoccupied by their loved one's treatment and struggling to focus on themselves and/or other relationships
 - Concerns regarding insurance and discharge planning
 - Shame or guilt when discussing their relationship with your loved one

The Roller Coaster Ride of Treatment

“I’m excited, anxious and hopeful to start this experience with my loved one.”

“I can see the progress our family has made. I am hopeful for the future and ready to continue the work.”

“My loved one is sharing more with me than they have in years. This feels hard and also really good.”



“My loved one continues to call and says they want to go home. Did I make the right choice?”

“I received a concerning update about my loved one. Their behaviors remind me of what they did at home. I really thought we were making progress. This is disappointing.”

Focus of Family Engagement

- Reprioritize, focus, and directly address relationship and relationship building.
 - Shifts focus from behavior to emotions and connection
 - Promotes honest and respectful communication
 - Increased accountability for all family members
 - Modifies parenting approach
 - Provide a variety of effective coping skills and new ways to engage
 - Strengthens relationships among all family members

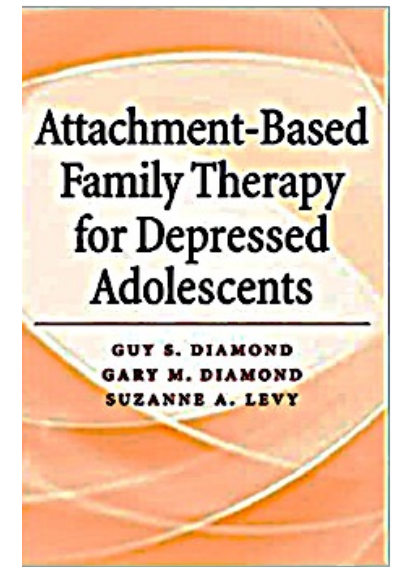


Attachment Based Family Therapy (ABFT)



Attachment Based Family Therapy

- Manualized
- Empirically Supported
- Evidence-Based
- Brief Treatment Model: 16-20 Sessions
- Four Therapy Models
 - Structural Family Therapy
 - Contextual Family Therapy
 - Emotionally Focused Therapy
 - Multi-Dimensional Family Therapy
- Bowlby's Attachment Theory
 - When parents are available, responsive, and attuned to their child's emotional needs, the child will feel more confident that:
 - Parents will love and protect them
 - They are worthy of love and protection
 - Over time, the child's expectation of the parent's availability becomes internalized as a working scheme of what to expect in all their current and future relationships



Overview of ABFT

Provides focused, yet flexible, framework

Organizes treatment planning and session goals

Five distinct, yet interrelated tasks that build upon one another

Shifts from child as the “problem” to family as “solution”

Moves from behavioral focused to emotional focus

Gets to core conflicts quickly

Enactment of improved connection beyond teaching skills

Mechanism for change with all family members



Five Tasks of ABFT

Task I: Relational Reframe



Task II: Adolescent Alliance

Task III: Parent Alliance



Task IV: Repairing Attachment Ruptures



Task V: Promoting Autonomy

Task 1: Relational Reframe

- Agenda:
 - Shift from patient as the problem to family relationships as the solution
 - Highlight family strengths and relational ruptures
 - “When you are feeling sad, why don’t you go to your parent for support?”
 - Places responsibility for change on all family members
- Goal:
 - Establish a treatment agreement:
 - Would you like a more meaningful relationship with one another?
 - Could we work on repairing your relationship?

Task 2: Adolescent Alliance

- Agenda:
 - Meet alone with teen to build therapeutic alliance
 - Develop an honest attachment rupture narrative
 - Identify moments of disconnect and disappointment
 - Access vulnerable emotions and let go of anger
 - Connect mental health issues/depression/suicidality with underlying emotions and ruptures
 - Build skills to express disappointments to parents in a regulated manner
- Goal:
 - Prepare adolescent for the attachment task

Task 3: Parent Alliance

- Agenda:
 - Meet alone with parents
 - Understand psychological, historical, social forces that impact their parenting
 - Attachment history
 - Current stressors
 - Activate parent's caregiver instinct
 - Parents connect their early childhood ruptures to emotions at the time
 - Relate those feelings to their child's experience
- Goal:
 - Prepare parents for attachment task

Task 4: Repairing Attachment Ruptures

- Agenda:
 - Facilitate a conversation about attachment ruptures
 - Adolescent talks and parents listen
 - Adolescent expresses difficult issues and vulnerable feelings
 - Parents validate with empathy and understanding

- Goal:
 - Resolve conflicts
 - Increases adolescent confidence that parents can be sensitive and available
 - Adolescent practices emotional regulation and conflict resolution skills
 - Parents practice emotionally focused parenting skills

Task 5: Promoting Autonomy

- Agenda:
 - Revitalize a goal corrected partnership
 - Cooperation emerges from the desire to maintain connection
 - Empower parents and build independence and accountability
- Goal:
 - Identify stressors contributing to depression, suicidality, and/or mental health issues
 - Build adolescent competencies as a buffer against stress
 - Negotiate and compromise age-appropriate expectations and consequences

ABFT Process & Outcome Goals

Task	Task 1 Relational Reframe	Task 2 Adolescent Alliance	Task 3 Parental Alliance	Task 4 Repairing Attachment Rupture	Task 5 Promoting Autonomy
Process Goal	Shift how family views the problem & solution; identify family strengths & ruptures	Understanding emotions related to attachment narrative and impact on mental health issues	Understanding how parental attachment ruptures influence parenting and to active parental caregiving	Engagement in attachment rupture conversation to increase understanding with compassion	Understanding of age-appropriate expectations balanced with parental guidance and support
Outcome Goal	Agreement to work on improving family relationships	Willingness to address with parents in a calm and regulated manner	Emotion coaching for parents to listen and validate their child's attachment narrative	Revised view of family members with renewed interpersonal trust	Negotiation and compromise of family agreement with defined rules, rewards and consequences

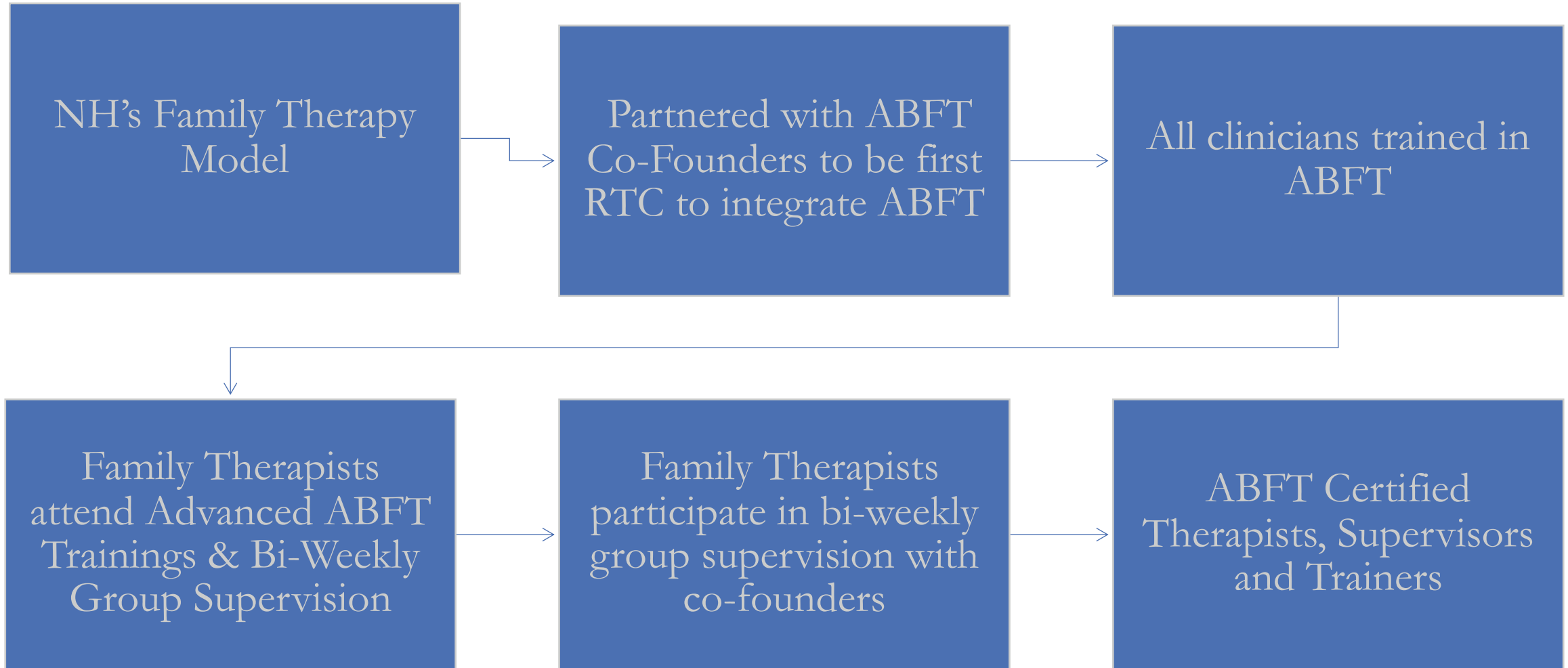


The ABFT Difference

- ABFT is about relationship building
- Parents want an improved relationship with their children AND children want a deeper connection with their parents
- Opens up the dialogue
- Focusing conversations on the relationship engages the whole family



Attachment-Based Family Therapy Integration into Residential Care



Outcomes Associated with Change in Parental Attachment

- In an internal longitudinal study utilizing two assessments, intake and 21 days after beginning of treatment, of 1,730 adolescents admitted to residential psychiatric care between January and December 2021.
 - Results suggest that youth **parental attachment significantly improved** during early treatment. Several family and demographic factors were associated with degree of change.
 - Youth with **higher alliance with their family therapist reported greater improvements**, even after accounting for family and demographic factors.
 - Reduction in both parent attachment anxiety and conflict avoidance was associated with a **reduction in depressive symptoms**.
 - These findings suggest that youth in residential treatment programs **do display improvements in views of parental relationships in early treatment**, and that background before entering treatment as well as alliance with the family therapist may predict the degree of change.
 - **Youth whose attachment improved the most from intake to mid-treatment were also more likely to show greater improvements in depressive symptoms**

Power of Family Centered Treatment

- When parents listen and validate, this instills hope that things can change
- Rewrite the narrative of care and connection
- Promote honest and respectful communication
- Increased accountability
- Strengthens relationships with all family members
- Active family involvement in adolescent treatment positively impacts mental health





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