

# **Best Practices Guidelines for Family Involvement with Youth who are in Residential Treatment Facilities**

## **Introduction**

Youth with behavioral health challenges are best served in their community with the active, and supported, involvement of their families. However, there are times when it is necessary for youth to be served in Residential Treatment Facilities. When this occurs, the involvement of families is just as important as when the youth is in the home. The following best practices serve as the expectations of the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) for family involvement with youth who are in Residential Treatment Facilities.

## **Background**

The 1999 U.S. Surgeon General's report on mental health described Residential Treatment Facilities (RTFs) as the second most restrictive form of care (next to inpatient hospitalization) for children with severe mental disorders. The Surgeon General's report cited concerns such as the possibility of trauma associated with the separation from the family; difficulty reentering the family or even abandonment by the family.<sup>1</sup>

It is well documented that family involvement in all aspects of a child's mental health services, from the earliest screenings and assessment, to the development and application of treatment plans, is important. Evaluation studies suggest that where there are good outcomes from residential care, gains are reported in areas such as clinical status, academic skills, and peer relationships. Whether these gains are sustained following treatment appears to depend on the supportiveness of the child's post-discharge environment.

Pennsylvania's principles for serving children and their families support the belief that the vision, experiences, values, and preferences of family members and youth should always guide treatment and support planning.

Practitioners and families<sup>2</sup> recognize that:

1. The family is most familiar with the child. The family can provide information on the child's diagnosis and treatment history, including use of medication; provide the child's strengths and needs; circumstances that affect the child's well-being; the child's education history and status; the family's culture and practices; and provide information on transition and ongoing support services
2. "Family" is the core of a child's life. In shifting a child's behavior and treating serious mental health issues, it is vital to engage the family in the process to assure that changes are both realistic in the context of the family, and that the family has the skills, support, and expertise to help sustain the changes. Family engagement assures a family's authentic participation in the treatment process, both while the child is in residential care and when the child returns to the family and community.

## **Policy**

Recently, the Child and Adolescent Branch of the Substance Abuse and Mental Health Services Administration developed a policy statement in conjunction with residential treatment providers (Building Bridges Between Residential and Community Based Service Delivery Providers, Families and Youth).<sup>3</sup> One of the basic principles of this agreement will serve as the policy for OMHSAS, i.e., that:

*Residential and community-based services and supports must be thoroughly integrated and coordinated; and, residential treatment and support interventions must work to maintain, restore, repair, or establish youths' relationships with family and community.*

In the absence of biological family, or when precluded by the courts, family surrogates, adoptive families, as well as peers, school, and community relationships must be fostered in the most normative manner possible. Anyone that the youth and family identify as significant should be included in this service process.

## **Recommended Practices**

The following list of activities, many of which have been recommended by the Building Bridges Initiative, is provided to guide the work of Residential Treatment Providers and community supports:

- Formal and informal supports, services, and relationships identified at intake, and throughout a child's stay, should continue during residential treatment intervention.
- Youth and families, including siblings, have unimpeded contact with one another as specified by the recommendations of the child/family team; frequent, ongoing and meaningful youth and family contact is an agency priority and fully and flexibly supported by agency practices.
- Youth and family visits are not cancelled or abbreviated as a result of child's behavior, or ever used as a privilege or consequence. If a child is having behavioral difficulties, increasing, if the family is able, visits should be looked at as a possible option.
- Youth are actively and meaningfully involved in everyday decision-making about the program and their care, and have multiple opportunities on a daily basis to exercise choice in all aspects of their care.
- Families are consulted routinely regarding everyday care and support of their child (e.g., haircuts; school achievements), and have regular and meaningful roles in key decisions that need to be made regarding their child's care. This is particularly important in understanding and respecting the family's culture and practices while their child is in care.
- Treatment and support planning and implementation comprehensively integrates educational objectives; program practices recognize the importance of and provide a variety of flexible supports to ensure educational achievement;
- Family members are actively engaged and supported in identifying and accessing the supports, services, or referrals they need, both for their identified child and any other siblings, themselves, or persons who are a part of the household, to support long-term

positive outcomes for their family (e.g., training, counseling, linkage to needed treatment services and support, assistance with concrete issues such as housing, transportation, etc.)

- Placement decisions are modified as the needs of youth change.
- Treatment interventions and supports are regularly and clearly monitored; the changing of treatment and support plans in response to needs occurs when necessary, especially in response to outcome or performance data, or in response to requests from the youth or family.
- The significant positive correlation of family engagement to youth positive outcomes is fully evident in all program practices. Program practices and staff training and support mechanisms indicate meaningful attention by the residential provider to: (1) reunify children with their families of origin; and/or (2) establish a permanent alternative family resource for children not able to return to their family of origin.
- Youth are afforded opportunities to learn and participate in age-, culturally- and developmentally-appropriate practical life experiences that are transferable to home and community (i.e. 'life skills'), and are not in conflict with the culture, norms, and mores of the home.
- Services recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies, and practices characteristic of the youth and family ethnic group.
- Formal and informal supports, services and relationships from the residential intervention remain active post-residential treatment.
- Youth and family members, and their identified support team, guide the development and implementation of a transition plan, that begins during the admission process; both residential and community provider staff participate and support all aspects of this planning and implementation. It is important that this begin with admission, but be updated as needs change to assure appropriateness.
- The facility includes development of family engagement skills in their regular staff trainings. Creative ways to deliver this topic should be regularly explored. This can include the use of current or past parents of children in the program, use of family advocates from recognized advocacy organizations, interactive exercises, etc.

**The following recommendations are ways to increase family involvement:**

- Consistent, frequent, phone calls, emails, or faxed reports of the child's progress in treatment.
- Staff should make parents comfortable in leaving their child in the residential program, including answering any questions about the program's safety history, and history of injuries to children. A parent must feel that their child is "safe" first and foremost.
- Parents should be asked to volunteer to chaperone field trips or recreational activities.
- Parents should be asked to volunteer at programs as role models or mentors for other parents.

- No parent should ever be made to feel guilty if the volunteer activities they are asked to participate in are not possible. Every effort should be made to find alternatives that fit the individual parent's abilities.
- The terminology and culture of the program needs to be explained to the parents. Parents need to be assured that there is enough flexibility to modify the program to insure respect for the culture of the child.
- Parents of youth in residential treatment should be able to celebrate with their child on his or her accomplishments while in treatment.
- There should be a family involvement plan that is developed with the youth and family, within the first two weeks of the youth's enrollment.
- The family should be involved in the development of the treatment plan.
- The family should be involved in the development of the plan for return to the community.
- No child should ever be empowered to exclude their family from involvement. If there are problems they will be clearly addressed in the treatment plan.

**Specific supports to be provided by Residential treatment programs:**

- Provision of a specific contact person and 24/7 general contact information for emergencies.
- Notification when something was wrong or if health concern arises.
- Flexible scheduling of meetings.
- Information about rights and grievance procedures both orally explained and a written document outlining the same. This must include both internal to the facility procedures as well as external procedures and names of all relevant contact persons.
- Comfortable and private space for meetings both with staff and with their child.
- Prompt return of phone calls
- Inclusion of parent/caregiver's comments in the child's record, in context.
- Easy access for the parent to the child's record. And the parent's ability to include specific items or commentary in the record.
- Support for transitions into or out of services or programs.
- Communication with all relevant family members as agreed upon by the family.

**Action**

OMHSAS intends to work with Counties, Behavioral Health Managed Care Organizations, families, Advocacy organizations, and Residential Provider agencies to advance family involvement through application of the policy, principles, and practices of this Bulletin.

References:

1. <http://www.surgeongeneral.gov/library/mentalhealth/home.html>
2. [http://www.neglected-delinquent.org/nd/docs/NDTAC\\_issuebrief\\_family.pdf](http://www.neglected-delinquent.org/nd/docs/NDTAC_issuebrief_family.pdf)

3. **“Building Bridges Between Residential and Community Based Service Delivery Providers, Families and Youth,” Joint Resolution to Advance a Statement of Shared Core Principles, September 15, 2006.**

**Please submit comments on this document to Crystal Doyle at [crdoyle@state.pa.us](mailto:crdoyle@state.pa.us), by August 1, 2008.**

DRAFT