

Family-Driven and Youth-Guided Practices in Residential Treatment

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Purpose of the Project

Survey residential treatment providers to answer:

- To what extent do family members and youth participate in making decisions about treatment planning?
- Do residential treatment staff understand and apply the principles of family-driven, youth-guided care?
- What are the family visitation policies and family support practices of residential treatment facilities?
- To what extent are family members and youth involved in the oversight and operations of residential treatment?

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Changes in Residential Treatment

- Pressure to offer higher-quality care and to improve outcomes while minimizing length of stay, controlling costs, and collaborating with community-based providers
- Several associations of residential treatment providers have endorsed family-driven, youth-guided principles
- **Research has not systematically examined the extent to which residential treatment providers have adopted family-driven, youth-guided practices**

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What Is Family-Driven Youth-Guided Care?

- **Family-driven care:** parents or caregivers are respected as the primary decision makers in the care of their children and in the development of policies and procedures governing care for all children in their community
- **Youth-driven care:** young people take an active role in determining their treatment and are active participants in the design and oversight of services for youth in their community

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What Are Family-Driven, Youth-Guided Practices?

Some examples:

- Strength-based individualized treatment planning
- Incorporate family members and "natural helpers"
- Preserve family relationships through regular contact between youth and their families
- Collaborate with community-based providers to connect youth with home and community-based services

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What Are Family-Driven, Youth-Guided Practices?

More examples:

- Mentoring of youth peers and family-to-family support
- Participation of families and youth in oversight activities
 - Agency advisory boards, management, staff training, and quality assurance reviews

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Survey of Residential Treatment Facilities

Developed and conducted Survey of Residential Treatment Facilities (SRTF)

Challenges and Caveats:

- Measuring all facets of family-driven, youth-guided care
- Respondent burden
- Avoiding socially desirable responses
- No way to independently verify responses
- Finding facilities/respondents to participate in the survey

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Survey Development

- Advisory panel of residential treatment providers, family members, youth, researchers, and advocates to select domains of measurement and develop survey questions
- Reviewed the literature
- Key informant interviews
- Developed questions that were practice-oriented
- Pilot tested survey (revise, revise, revise)
- Developed web-version of survey/pilot test (revise again)
- Final survey required 30 minutes to complete online or paper

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Distribution of SRTF

- Distributed in spring 2009 to 611 facilities that completed the 2008 SAMHSA Survey of Mental Health Treatment Facilities (SMHTF)
 - Facilities that reported in the SMHTF to provide 24-hour out-of-home residential treatment for children and youth age 17 and under
- Email invitation with 4 reminder emails and 2 phone calls in spring 2009
- Respondents were not compensated
- Received responses from 293 facilities, or 53.8%

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Respondents Representative of SMHTF

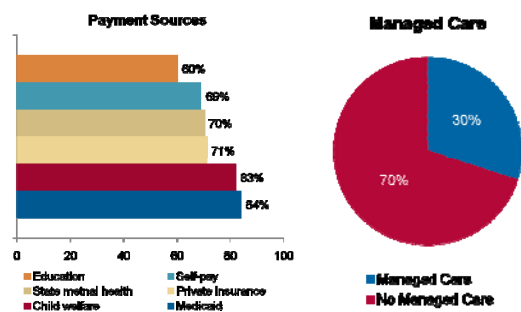
Respondents to our survey were representative of SMHTF in terms of:

- Licensure
- Accreditation
- Payment
- Number of children/youth served
- Region

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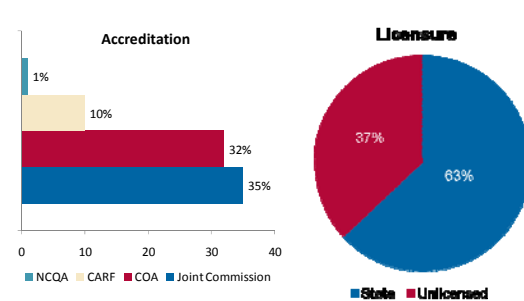
Facility Characteristics



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Facility Characteristics

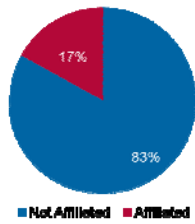


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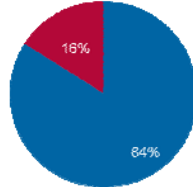
Facility Characteristics

Religious Affiliation



■ Not Affiliated ■ Affiliated

Profit Status



■ Non-profit ■ For Profit

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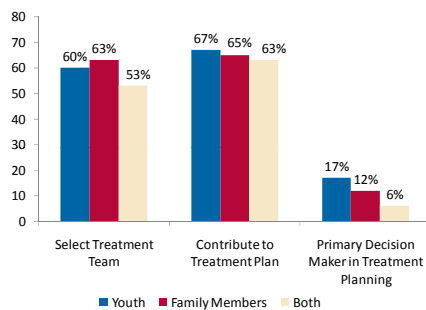
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To what extent do family members and youth participate in decision-making in treatment planning?

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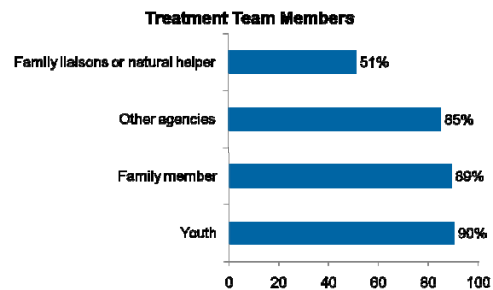
Youth and Family Member Roles in Treatment Planning



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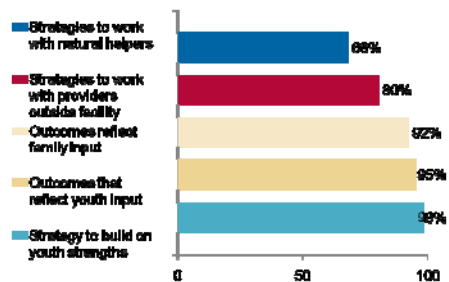
Treatment Team Typically Includes...



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Treatment Plans



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Conclusions: Treatment Planning

- Nearly all facilities reported using strength-based treatment planning and working with other agencies
- Most facilities reported that they incorporate youth and family input
- Parents and/or youth are not primary decision makers in treatment planning
- Half of facilities include family liaisons or natural helpers on the treatment team

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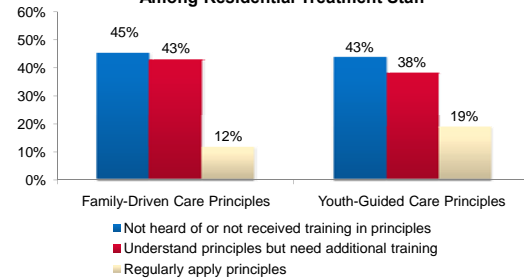
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Do residential treatment staff understand and apply the principles of family-driven, youth-guided care?

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Staff Knowledge

Knowledge of Family-Driven Youth-Guided Care Among Residential Treatment Staff



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Conclusions: Staff Training

- 12 percent of facilities have staff that regularly apply family-driven principles
- 19 percent of facilities have staff that regularly apply youth-driven principles
- Most report that staff have not heard of or need training to apply these principles

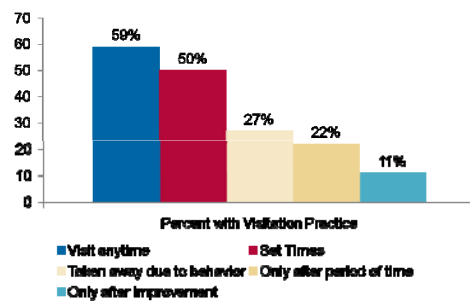
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What are the family visitation policies and family support practices of residential treatment facilities?

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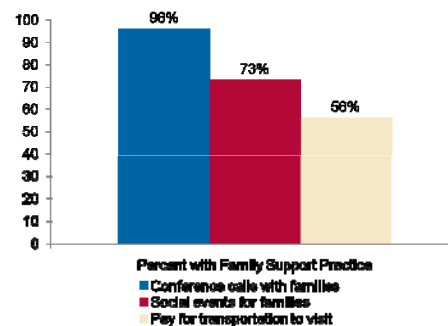
Family Visitation Practices

99.6% of residential treatment providers allow family visitation

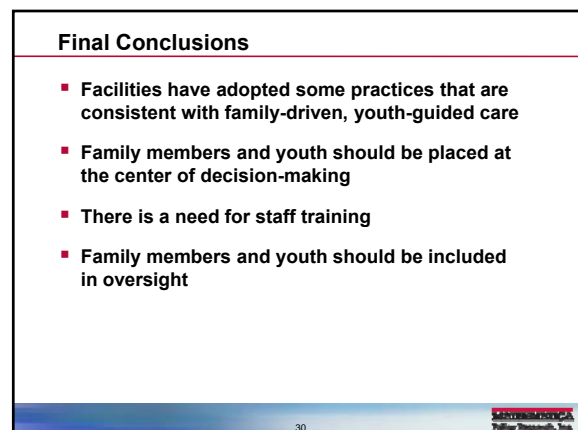
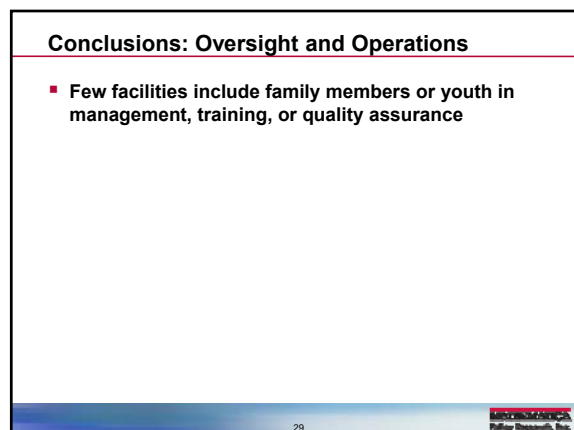
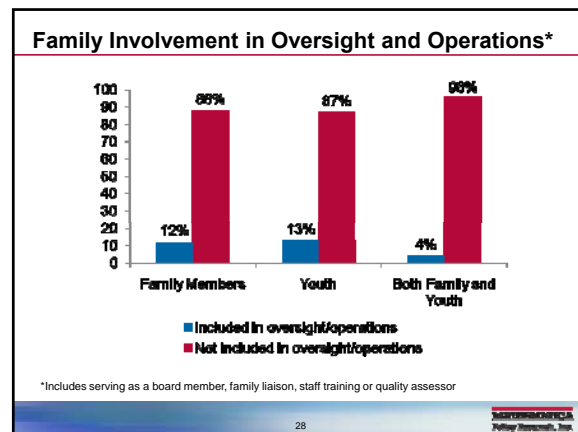
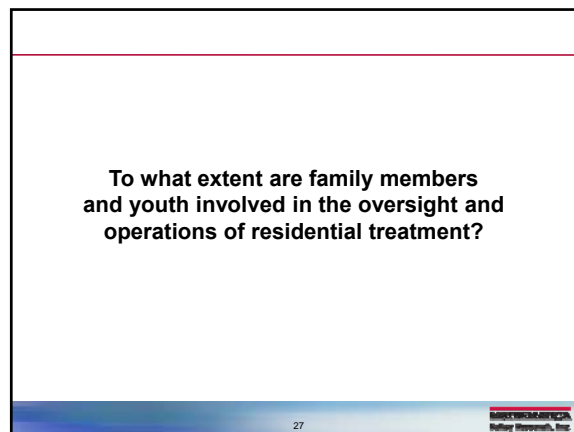
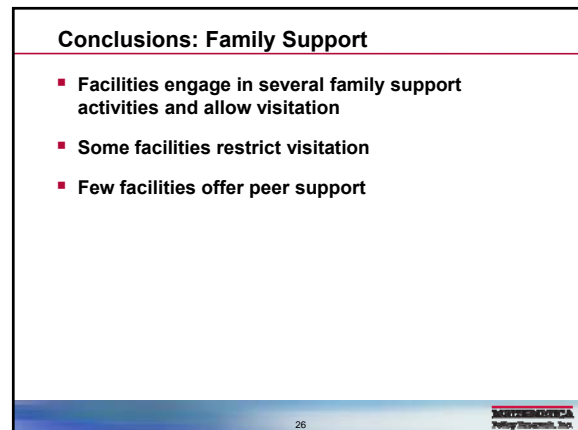
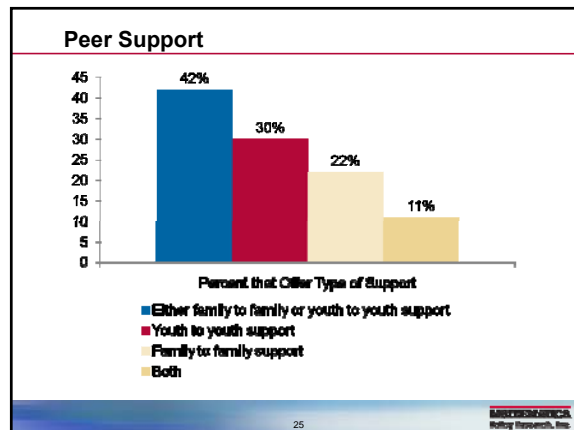


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Family Support Practices



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- Kamala Allen, Center for Health Care Strategies
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- Advisory panel and survey reviewers

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