

Community-based Residential Treatment

By Roy Leitstein, President and CEO, Legacy Treatment Centers

Abstract

Legacy Treatment Services has designed an innovative small community-based out-of-home residential treatment program for youth who are experiencing severe emotional and behavioral struggles as a result of disruptive and traumatic childhood experiences. These experiences exacerbate already co-occurring issues such as psychiatric diagnosis or substance use disorders. The program aims to serve youth who require continued intensive psychiatric care in a highly staffed and supportive residential environment, which incorporates supports for the whole family, before they can transition home or to a less restrictive out-of-home placement. Over 80% of youth are able to successfully return home or to a less restrictive placement.

Background

The history of out-of-home residential treatment for youth is a sordid affair, fraught with good intentions, anecdotal and phenomenal successes and a litany of Dickensian narratives. Utopian believers imagine a mental health (one of the three legs of behavioral health – mental health, substance abuse and developmental disability categories) system absent out-of-home care. While the objective is worthy, it is more idealistic than realistic. For an abused and neglected child experiencing daily traumatic experiences, a change of scenery is necessary. In order to understand the development and implementation of small community-based out-of-home treatment (psychiatric residential treatment facilities), one must first understand: Why out-of-home treatment is necessary and the history of residential treatment in the United States.

Out-of-home treatment is a historically accepted and medically necessary platform in behavioral health. As children struggle with clinically intense and problematic diagnosis in the realm of mental health and addiction treatment, a residential treatment option is often necessary. This is most universally accepted with regard to addiction treatment detoxification and psychiatric inpatient stays for individuals that are deemed a danger to themselves or others. These hospitalizations are most often voluntary. Quite simply, patients ask to be admitted because they are concerned for their own safety and well being be it through addiction or suicidal ideation. As with most inpatient hospital stays, these therapies and interventions are reserved for the most severe and clinically approved scenarios. The challenge to brief stabilization and detox stays are minimal at best. Twenty-four-hour clinically supervised care in a controlled environment helps to appropriately diagnose patients, maintain their physical safety and establish a mechanism for communicating emotional instability while developing both short and long term treatment plans.

The next logical step in a continuum of care for certain youth is residential treatment. It is most important to delineate which youth benefit from out-of-home care with a clinically significant and submersible treatment in out-of-home care is necessary because youth struggling

with mental health diagnosis such as suicidal ideation, major depression, or anxiety need the continued presence of a cadre of professional and clinically astute staff. Perhaps no greater challenge exists for a human than to actively change behavior even when that behavior is dangerous for an individual or harmful. The most vulnerable of children with the most severe diagnosis benefit from out-of-home treatment.

The Model

Community-based residential treatment provides intensive therapeutic services outside of an institutional setting. The community-based intensive residential treatment model is developed with a specific trauma-informed treatment approach to serve youth who are experiencing severe emotional and behavioral struggles as a result of disruptive and traumatic childhood experiences. These experiences exacerbate already co-occurring issues such as psychiatric diagnosis or substance use disorders. The program aims to serve youth who require continued intensive psychiatric care in a highly staffed and supportive residential environment before they can transition home or to a less restrictive out-of-home placement. Legacy's services work from a family-driven and trauma-informed approach. Legacy follows the principles of the national Building Bridges Initiative (BBI) to help improve youth and family functioning and decrease the amount of time a youth is placed out of the home.

Supporting the Whole Family

Program staff routinely witness firsthand the struggles families must endure reaching their goal of reunification. The time the family spends apart due to youth being placed outside of the home can have detrimental effects on treatment progress and maintaining strong child-parent attachment. As national research has highlighted, these families have high rates of family dissolution, attachment issues, and ongoing mental health and substance abuse struggles. Furthermore, the myriad of issues within the family system are complex, generational and require cultural sensitivity. Legacy's program philosophy is predicated on the individualized understanding of each child and family. Individualized interventions and interactions are fostered by professionals who are knowledgeable of the child's trauma history and work specifically to promote healing and growth. Trauma-informed care focuses on the individualized treatment and works in conjunction with the creation of trauma informed therapeutic environment. The staff training and involvement in trauma treatment is highly specialized. The expectation is to employ and orient professional staff with trauma-specific training that work as a team to create an environment that takes into consideration each youth's individual needs. All members of the team are intricately involved in developing interventions, monitoring youth progress, treatment planning and discharge planning. As the youth and family reunify, the team remains involved through the "Step Down" process, transition home and aftercare support.

All too often youth will de-compensate and family stability will regress if support services are not in place and consistent. The Community Clinician begins working with the treatment team 45 days prior to discharge and 6 months after discharge to help provide counseling and coordinate additional services. In this collaborative approach the Legacy team fosters sustainable change and prevention for recidivism of out-of-home placement.

The Treatment Team

The trauma informed model entails a multi-system team that incorporates knowledge of trauma into comprehensive service planning. This approach addresses the co-morbidity of psychiatric diagnoses, relationship dysfunction regarding attachment issues, cognitive distorted thought processes, and learning disorders. Therefore, a multidisciplinary treatment team is comprised of a Board-Certified Child and Adolescent Psychiatrist, LPN, Group Therapist, Individual Therapist, Board Certified Behavior Analyst, Direct Care Supervisor, Family Partner, Youth Advocate, Case Manager, youth and family, the case management entity and any other natural supports. The treatment team is involved from the time of referral, throughout treatment, and in the development of a comprehensive discharge and after care plan. The Multidisciplinary Treatment Team (MDTT) provides families therapy, education, coping skill acquisition and support groups for parents, youth and siblings. The family and youth meet the MDTT during a pre-admission visit. This visit includes a tour of the home, introduction to team members, visitation plans, and preliminary discussions about treatment and the homes operations.

The MDTT works closely with the youth and their families to improve and/or re-establish a functional relationship that allows for a successful transition back to home utilizing appropriate services and supports. The treatment home provides weekly family therapy, monthly treatment team meetings, monthly family house dinners, monthly youth/parent/sibling support groups, frequent community-based family recreational activities and even on site overnight visitation accommodation. The home also has robust transportation services to assist families in maintaining contact. Each home uses video conferencing to help the youth and family stay connected on a daily basis. Each effort is designed to keep families connected while a child is receiving services in their community. Prior to discharge, the MDTT work within the families to establish a therapeutically safe home environment for the parent, siblings and youth. The clinician and family move progressively from role playing, to modeling in the home, to observation, to family independence and success in using the child's individualized coping plans, safety plans, and/or Behavioral Support Plan. The team members start working with after care providers 45 days in advance to facilitate a smooth transition back to home. The "Step Down" process includes both current and future providers (including Legacy Community Clinician) coordinating services, reviewing the youth/family treatment goals, and identifying any unmet family needs.

Legacy Treatment Service's community-based intensive residential model of care is a therapeutically sound and uniquely relevant behavioral health intervention. The results are nothing short of astounding. On average more than 80% of youth are able to return home or to a less restrictive or intense treatment modality.

About Legacy Treatment Services

Legacy Treatment Services, is a vibrant multi-state 501c3 nonprofit behavioral health care organization with services throughout New Jersey and now in Pennsylvania. We are dedicated to providing a comprehensive array of behavioral health, mental health,

intellectual/developmental, special education and addiction services to meet challenges for individuals of all ages. We utilize cutting-edge technology and evidence-based practices in treatment and clinical care that ensure our continuum of integrated care meet individuals and families at their specific points of need. Our consumer-focused Telehealth Services, delivered through Legacy Outpatient Department, have further expanded the ability to reach clients unable to attend in-person consultations or therapy sessions for a myriad of single or co-occurring treatment needs. Legacy's mission of supporting individuals from surviving to thriving is the cornerstone for providing state-of-the-art services and best practices in multiple levels of care.

Author

Roy Leitstein has served as Chief Executive Officer of Legacy Treatment Services since its inception. He has a Bachelor's degree in Psychology and a Master's degree in Human Services. Roy began his career in social services while serving in the United States Army. His passion to help others stems from his experience as an abused and neglected child and growing up in the child welfare system. Legacy Treatment Services is a nonprofit behavioral health organization serving 18,000 individuals annually and operates over 70 programs across New Jersey and Philadelphia. Services include prevention, outpatient therapy and psychiatric services, substance abuse, crisis intervention, therapeutic foster care, residential programs, case management, developmental disabilities, and special education. Legacy is a proud affiliate of the Woods Services System of Care where Roy serves as the Chief Behavioral Health Officer. Roy is married to his wife Aimee and they have two children - Noah and Molly.