Family Empowerment Satisfaction Team

Residential Treatment Facility Survey:
Parent/Caregiver and Youth Perspective on Services Provided to Youth in an RTF

Martha Hochschwender
Program Supervisor

David Stiles
Family Advocate

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Methods</td>
<td>3</td>
</tr>
<tr>
<td>Findings</td>
<td>4</td>
</tr>
<tr>
<td>Discussion</td>
<td>6</td>
</tr>
<tr>
<td>Conclusion</td>
<td>9</td>
</tr>
<tr>
<td>References</td>
<td>10</td>
</tr>
</tbody>
</table>
Agency and Program Description

The Family Empowerment Satisfaction Team (FEST), a program of the Mental Health Association of Southeastern Pennsylvania, an independent nonprofit organization, is contracted by Montgomery County Behavioral Health to survey parent/caregivers of children and adolescents who are receiving or recently received county behavioral health services. Using a strengths-based approach of Appreciative Inquiry (Hammond, 1998), these surveys are intended to elicit feedback about accessibility, appropriateness and effectiveness of services, and family satisfaction with services. The findings, with recommendations, are reported to the county office and other stakeholders. This helps to create services and supports that are driven by the needs of youth and families.

Introduction

Youth residential treatment facilities (RTFs) function as live-in health care settings where children and adolescents can receive treatment for severe mental, emotional, and behavioral health problems. As an out-of-home placement, RTFs can serve as an increase in level of care for youth who require more treatment than can be provided in the home or as a step-down for youth being discharged from a more restrictive inpatient hospitalization. The safe, therapeutic environment of an RTF can help prevent further exacerbation of a behavioral health crisis while providing skills to strengthen the ability of youth to handle adversity and function successfully when they return to their home and community.

Residential treatment services can be effective for a wide variety of emotional and behavioral problems that youth may experience. The extended length of stay in an RTF, often lasting from a few months to over a year, allows the child or adolescent to receive daily clinical support to cultivate new, more appropriate behaviors and coping skills in order to develop a healthy way of living. Therefore, any children or adolescents with behavioral or psychological issues who have been unable to improve or who require intensive professional treatment and/or interventions may find residential treatment facilities to be a suitable environment for recovery. (National Youth Network)

Montgomery County Behavioral Health requested that FEST, acting as an independent agent for the county, conduct a survey to gain feedback from parent/caregivers of Montgomery County youth, as well as adolescents ages 14 and over, on the residential treatment facility services they were receiving or had recently received. The county office identified the following 12 RTFs to take part in this survey: The Bradley Center, Devereux Beneto Center-Mapleton Campus, Devereux Beneto Center- Brandywine Campus, Foundations Behavioral Health, George Junior Republic, Gulf Coast Youth Services, Hoffman Homes for Youth, Mathom House, New Life Youth and Family Services, Presbyterian Children’s Village, Silver Springs-Martin Luther School, and MCC Warwick Family Services. The survey objective was to gain the family and youth perspective on accessibility, appropriateness, effectiveness, and satisfaction with RTF services, as a means of evaluating the quality of services provided to Montgomery County youth in residential treatment facilities.

Methods

FEST and Montgomery County Behavioral Health met to define the objectives of FEST’s 2012 Residential Treatment Facility Survey. Montgomery County Behavioral Health designated 12 facilities providing services to Montgomery County youth as targets for the survey. (Figure 1) FEST conducted a literature review of services provided at residential treatment facilities and the best practices for those services.

Sample – Parent/caregivers of Montgomery County youth were eligible to participate in this survey if their child received services from any of the designated RTFs at any time between January 2011 and May 2012. Montgomery County youth ages 14 and over were eligible to participate in this survey if they were residents in one of the identified RTFs at any time between January 2011 and May 2012.

Survey Tool – The survey tool, developed in 2011, consisted of two questionnaires, one for parent/caregivers and a second for youth ages 14 and over. Questions were designed to obtain information relevant to the to the survey objective. Each questionnaire included demographic, quantitative, and qualitative questions, as well as three state-mandated performance-
based questions. FEST consulted with the county office, Magellan Behavioral Health, service providers, and parents of children who had been in an RTF but were not eligible for the survey to secure stakeholder input when creating the tool.

Procedures – The county office provided FEST with contact information for all youth who were authorized for services from one of the designated providers within the time-frame specified for this survey. Of the 190 distinct records provided by the county, FEST determined that 173 parent/caregivers and 127 youth ages 14 and over were eligible to participate in the survey. The RTF providers and the Juvenile Probation Office assisted FEST with verifying and updating addresses and phone numbers.

FEST contacted the participating RTFs to introduce the survey and establish a contact person with each facility. FEST met with the program directors or other administrators of the RTFs located in Southeastern Pennsylvania in order to further explain the survey and schedule dates and times for FEST to conduct in-person surveys with participating youth residents. FEST spoke with contacts at non-local RTFs to arrange to conduct the survey by phone with eligible youth in those facilities. The times and dates for the phone surveys were scheduled in advance.

FEST began surveying eligible youth in RTFs either in-person or by phone during March 2012. FEST mailed surveys to eligible youth who were already discharged if they had a usable address. Parent/caregivers of any age youth were mailed a letter of introduction and a parent/caregiver questionnaire if they had usable addresses. In March 2012, FEST mailed surveys to 93 parent/caregivers and 46 discharged youth. In April 2012, FEST mailed surveys to an additional 74 parent/caregivers and 40 youth. Three weeks following the mailings, FEST placed follow-up phone calls to parent/caregivers and youth who were mailed surveys to offer them an opportunity to complete the survey by phone. (Figure 2)

Data collection ended June 2012. After all data was entered on an Excel spreadsheet, calculations were run for analysis. FEST members reviewed the data and prepared a report, with recommendations, for the county office.

Findings
FEST received 57 parent/caregiver survey responses, consisting of 30 completed by mail and 27 completed by phone, representing a 33% response rate from the 173 possible respondents. Questionnaires completed by youth ages 14 and over while in an RTF included 34 surveys conducted in-person and 11 conducted by phone. FEST also received 10 surveys completed by discharged youth, composed of eight by mail and two during follow-up phone calls. A total of 55 youth completed surveys, representing a 43% response rate.

Parent/caregiver responses to demographic questions regarding the child who received RTF services showed their children’s ages ranged from 8 to 20 years old, with 67% being male and 33% being female. In regards to the parent/caregiver respondents’ relationships to their children, 80% declared they were the parent of the child, with the remaining respondents indicating they were the child’s grandparent, relative, caregiver, or foster parent. Demographic results from responding youth indicated their ages ranged from 14 to 19 years old, with 62% being male and 38% being female.

Roughly one-third (36%) of parent/caregivers reported that their children resided at home prior to entering the RTF, as well as 16% of youth reported they had resided at home. Other points of entry included juvenile detention centers, psychiatric hospitals, and other RTFs (Figure 3). At the time the survey was conducted, the length of stay in the RTF ranged from less than one month to over one year.

Parent/Caregivers
Parent/caregivers reported mixed experiences with the residential treatment services their children received. Although 81% of parents agreed with the statement Visitation times are convenient for our family, only 49% of respondents found the RTF location
convenient and 56% reported they had been able to choose the RTF for their child. The statement Other treatment options were discussed with me before recommending my child to an RTF elicited 75% agreement. Parent/caregivers also responded with moderate agreement (70%) to feeling their child was safe in the RTF, and 65% felt their child could communicate freely with them.

Positive responses to the statements I am treated as an equal partner in making decisions about my child’s treatment (82%) and The interagency team meeting (ITM) was clearly explained to me in advance (86%) indicate parents felt they were being included in the decision-making process at the RTF. Fewer parents (63%) reported being told they could bring a family member or support person to the ITM. Notably, nearly all (93%) of the responding parent/caregivers reported they had attended the interagency team meetings, as well as having participated in family therapy on at least a bi-weekly basis (93%).

As indicated by 95% of respondents, the staff at the RTF encouraged families to participate in their child’s treatment. At the same time, fewer respondents (75%) reported feeling the staff understood that they knew their child better than anyone else and 67% agreed that staff members were available to talk when the parent/caregiver called with concerns about their child. Respondents also reported moderate agreement to the statements Staff point out what my child and family do well (72%) and Staff keep me informed when my child needs or receives medical care (75%).

Youth

Overall, youth reported having positive experiences with services at the RTF. Survey responses demonstrated that 98% of youth understood the reasons they were in residential treatment as well as their treatment goals. Fewer youth reported helping to write their treatment goals (76%) or knowing how to file a formal complaint (78%). Only 53% of youth reported having input with choosing the facility. Many youth responded positively to statements concerning the treatment staff, with 85% agreeing that their psychiatrist and/or therapists helped them to understand their diagnoses and 83% agreeing that medications were explained to them by their psychiatrists. Also, 84% reported that they were able to talk to their psychiatrist and/or therapist if needed, as well as 84% reporting that they found it easy to talk to their therapist about their problems.

Responses to statements about general interactions with staff were slightly lower. Although 80% of youth felt the staff helped them to believe their lives would improve, only 67% felt the staff treated them with dignity and respect, 76% agreed the staff recognized their culture and beliefs, and 71% felt the staff pointed out their strengths. The staff’s handling of behavior and safety issues elicited positive responses from the youth, with 84% of respondents agreeing that the staff helped to ensure everyone’s safety, 82% indicating that the staff did not revoke family visitation rights as punishment for their behaviors, and 82% reporting that, when necessary, the staff helped the youth follow their crisis/safety plans. Youth agreement was moderate (76%) regarding a statement about the staff being quick to handle problems.

Youth responses regarding family participation suggest that many families were involved in their children’s treatment while in the RTF. The youth reported that 85% of their families participated in family meetings, 78% of their families visited them, and 80% of their families would call or write a letter when they could not visit. When asked how their family helped in their treatment, one youth replied, “They are really dedicated to helping me out.” Other youth referred to their families as very helpful and supportive, which proved to be a common theme (56% of all answers) for the youth surveyed.
Responding youth identified activities, such as Easter egg hunts and holiday meals, as enjoyable aspects of their stay in the RTF. When asked *What special activities do you enjoy*, one youth replied, “Major holidays. They make it seem like you’re home, and not locked up.” Other responses suggest the youth appreciated any efforts by a provider to arrange activities and outings which would normally be available to the youth were they not in residential treatment, such as going to the movies, bowling alley, or skating rink. (Figure 4) Also, the youth identified enjoying interaction with animals and nature, such as having pets at the facility or going on hikes, which served as a way to alleviate feelings of confinement while in the RTF.

**Discussion**

Families and youth may feel they have little control over their lives when the child or adolescent enters an RTF. Survey respondents indicated a variety of limitations they faced in the process of accessing residential treatment for their child. Parent/caregivers and youth identified the choice of facility, the RTF location, and court-ordered admissions as some of the factors impeding the family’s ability to make decisions about residential care for the child or adolescent. Given that only two of the 12 designated RTFs are located in Montgomery County, it is not surprising that less than half the parents felt their child’s RTF was conveniently located. Survey results indicate many county youth were receiving RTF services in adjacent counties, although others identified four facilities that were located well outside the region, including one in Florida, as their service providers. While some of the initial challenges that families and youth encounter may be resolved once the youth is admitted to the RTF, others, such as inconvenience of the RTF location, could potentially affect service outcomes.

Creating an atmosphere that empowers families and youth in guiding the treatment process is a critical part of RTF services. Providers must work diligently to engage families as partners in the child’s treatment to help the youth begin to manage the debilitating emotional, mental, or behavioral health challenges requiring the out-of-home placement. In addition to family participation, the quality of staff interactions with youth and parent/caregivers can greatly affect the outcomes for both youth and family. When reviewing survey results, these two aspects of treatment emerged as important components of the parent/caregiver and youth experience with RTF services. In both areas, families and youth identified significant strengths being utilized by providers, as well as several opportunities for improvement.

**FAMILY PARTICIPATION** - Family involvement has been identified as a key factor in both shortening a youth’s residential stay and promoting better outcomes. (Jivanjee, Friesen, Kruzich, Robinson, & Pullmann, 2002) Having a child receive residential treatment services at a facility close to home allows the family to more easily access and be involved in their child’s treatment. While it is optimal for the facility to be conveniently located, this is not the case for many families. Any logistical challenges a family may face should be acknowledged by all levels of staff, beginning at the time of admission. By understanding family circumstances that may create difficulties in attending family meetings or visiting the youth, providers can address these issues. Survey respondents indicated that RTFs implemented a variety of means to help mitigate any adverse effects the facility’s location might have on family involvement in the child’s treatment. Parents reported that providers offered to conduct family sessions via phone or online video chat when the parent or caregiver was unable to attend in person. By having the choice to participate via different telecommunication methods, RTF accessibility does not have to altogether prevent family involvement in treatment.

Distance issues can be addressed directly. When doing so, providers must recognize that a family’s perception of the distance to the facility may not equate to actual miles. Barriers of any sort that prevent families from travelling to the RTF may require providers to be flexible in arranging opportunities for family involvement. This may include:

- Suggesting alternative meeting locations closer to home;
- Holding family sessions in the family’s home at the end of a home visit, prior to transporting the youth back to the RTF;
- Assisting with travel arrangements and providing alternative modes of transportation when parents do not drive or have reliable transportation;
- Transporting families in facility vehicles driven by RTF staff; and,
- Providing lodging for the families or reimbursing lodging costs when an overnight stay is necessary.
Besides transportation and travel, a family’s schedule and obligations at home may limit their capacity to participate in the child’s treatment. When scheduling family meetings and therapy sessions, it is important for providers to find times which are convenient for family members to attend. Also, allowances should be made when a family member’s commitments, such as work, prohibit visitation during the designated visitation times.

“Just seeing and hearing from my family helps,” stated one youth in response to a qualitative question. Although 80% of youth respondents agreed that their families called or sent letters when they could not visit, only 65% of parent/caregivers agreed with the statement My child was able to communicate with me when he or she wanted to. RTF policies regarding times and frequencies for the youth to call home should be clearly explained to both the youth and their families, at which time parent concerns regarding their child’s ability to communicate with them can be addressed. When asked for suggestions on how to improve the family’s RTF experience, a parent responded, “One little thing. When I would call during scheduled times we were sometimes told that he would call us back and he never did. We never got an explanation for this.” Parent/caregivers and youth appear to value the ability to communicate regularly while the child is in residential treatment. With safeguards in place, communication can take place using a variety of means, including E-mail, web cams, and appropriate social networking websites.

Parent/caregivers may need the support of staff to become involved and stay involved in their children’s treatment while in the RTF. Parents reported that RTF staff encouraged them to participate in their child’s treatment. Involving family members in treatment planning and decision making opportunities, such as the interagency team meeting (ITM), can be beneficial in determining the best care for the youth. RTFs are doing well in this area, as demonstrated by 93% of parent/caregivers stating they attended an ITM. Parent/caregivers may need the support of staff to become involved and stay involved in their children’s treatment while in the RTF. Parents reported that RTF staff encouraged them to participate in their child’s treatment. Involving family members in treatment planning and decision making opportunities, such as the interagency team meeting (ITM), can be beneficial in determining the best care for the youth. RTFs are doing well in this area, as demonstrated by 93% of parent/caregivers stating they attended an ITM. Parents can provide important information about the youth that is essential in creating a treatment plan based on a holistic understanding of the youth, with services that are tailored to the individual’s needs. When discussing the ITM with families, better communication is needed by the RTFs to inform parent/caregivers that they can invite other individuals to the ITM, who may know the youth from a variety of settings. Only 63% of respondents were told they could bring family members, advocates, or support persons to the ITM. RTFs can augment this conversation by providing the family a card or letter with the time, date, and location of the ITM, and a statement encouraging them to bring other individuals who can contribute to the meeting.

Youth appear to recognize and appreciate their families’ involvement in their treatment. Many youth agreed that their families attended family meetings. When asked how their families helped in their treatment, responses included “They participate in everything” and “They are a major support system and help me break down certain walls”. According to survey results, the youth seem to make a distinction between passive family involvement and active family participation, benefitting most from the latter. Working with their child to develop an individualized crisis/safety plan provides an opportunity early on for parents to actively participate in their child’s treatment. Youth and parent input are valuable when creating this plan. While in the RTF, youth are encouraged to refer to it as a way to handle triggers and avoid crisis. A crisis/safety plan that is familiar, trusted, and updated as needed serves as a tool for the youth and family during home visits and after discharge. Only 62% of parent/caregivers reported they and their child helped to create an individualized crisis/safety plan, which suggests this as a potential area for improvement. By facilitating family and youth in developing and revising their crisis plan, providers can offer the guidance and support a family may need to handle a crisis situation with the child at home. As described by one parent, “They went over it all the time with me, especially on his visits home. I had numbers to call if I needed assistance.”

When seen by staff as an equal partner in the youth’s treatment, a parent/caregiver has the opportunity to develop skills and assume a greater role in the youth’s treatment, increasing the family’s capacity to help their child during the transition back home. Youth in residential treatment often make gains between admission and discharge, but many do not maintain improvement post-discharge (Burns, Hoagwood, & Mrazek, 1999). To reinforce the progress made in the RTF, families need to be equipped with the right tools, such as learning to listen to the child or adolescent, being able to discuss problems and better recognize triggers, and having a good crisis plan to rely on when needed. Training a family on how to continue the youth’s treatment at home should promote better long term outcomes.
STAFF INTERACTIONS - Due to the extended length of stay for children and adolescents in an RTF, it is important for both treatment staff and ancillary staff to build strong positive relationships with the youth and their families in their daily interactions. Relationship and interactional components of treatment, whether planned or spontaneous, professional or social, can be some of the most helpful dimensions of treatment. Results indicate that many aspects of staff interactions with families and youth, as well as relationships that are created, are strongpoints of the RTFs. Youth reported they could speak with their psychiatrists or therapists when needed and felt comfortable talking to their therapists, suggesting youth have proper access to the professional staff. Furthermore, RTF staff appeared to effectively educate youth about their treatment, as indicated by youth agreement to statements that the psychiatrist explained their medications to them and the psychiatrist or therapist helped them to understand their diagnosis. Almost all youth (98%) agreed that they understood why they were in residential treatment and their treatment goals, which reflects strong staff communication. Parent/caregiver respondents also felt the RTF staff communicated well with families in areas, such as speaking to parents in a way they could understand, clearly explaining the ITM to families in advance, and consulting with parents before treatment planning decisions were made.

Results show parent/caregivers could benefit from being given more information by staff in other areas, as demonstrated by moderate agreement to the statement *Medications are discussed with me, including how they would affect my child.* It is important for RTF staff to create and maintain an open channel of communication with families. When asked what would improve the family’s RTF experience, one parent responded, “They changed [my child’s] medication without mentioning it to me.” Many families focused on the need for better communication by staff, both in initiating communication, and in responding to parents when they requested information about their child. When asked if staff was available to speak with them when they called with concerns about their child, only 67% of parent/caregivers responded yes. As stated by one parent, “Getting in touch with staff on the unit was extremely difficult and should be improved.”

Youth and parent/caregivers differed in their perception of safety in the RTF. Youth responded with high agreement to the statement *I feel staff makes sure everyone is safe,* indicating this is an area of strength for the RTF. Response by parent/caregivers to a similar statement, *I feel my child is safe in the RTF,* elicited moderate agreement. Parents also stated that RTFs can improve in this area by implementing “better safety measures”, and by making sure to “notify parents immediately when a safety problem happens”. The disparity between youth and parent/caregiver responses regarding safety suggests that parents may not be fully aware of or trust provider efforts to ensure the youth’s well-being.

Parents need to feel comfortable leaving their child in the residential program, especially considering they may not have had a choice in the facility or its location. Staff should not hesitate to initiate a discussion about precautions the RTF implements to ensure everyone’s safety, including relevant RTF policies and staff training, and answer any questions families have about the program’s safety history. RTFs can address safety concerns by encouraging parents to get to know the staff when visiting their children and providing opportunities for family integration at the RTF, such as attending social activities. Providers should make a variety of volunteer options available to families, including supervisory roles during field trips, serving as coaches for sports teams, or teaching special skills to the youth, such as knitting techniques or how to build birdhouses.

It is important for facility rules and rule enforcement to promote a safe environment for everyone. Creating an environment that is predictable, consistent, and fair is critical for many youth in residential treatment. Rules must take into account behaviors and expectations that are developmentally appropriate for the youth. To accomplish this, RTFs must educate staff in child development and promote awareness that severe emotional and behavioral challenges in youth may result in developmental delays. In addition, the staff must be familiar with each youth and recognize their individual capacity to follow rules, learning their triggers and when to intervene. Agreement by youth ages 14 and over was positive in response to the statement *When necessary, staff helps me follow my crisis/safety plan,* indicating that staff do well assisting the youth with learning to utilize coping skills. By directing the youth to refer to his or her crisis plan as the first response for handling challenging situations, RTF staff can more effectively enforce facility rules while still accounting for each child’s unique circumstances.

Youth appear to value having rules and having the means to adhere to the rules when faced with challenges. However, only 67% of youth respondents agreed with the statement *Staff is clear about the rules and fair when enforcing them.* While some aspects of staff interactions with youth in this area seem to be going well, providers periodically need to review RTF rules and implement practices which ensure that the youth have an effective role in creating rules, regulations, and policies. In addition, RTFs should utilize methods for monitoring rules, such as the following:

- Empower youth by ensuring their complaints are heard and discrepancies with rules and rule enforcement are addressed. All youth should be informed of how to use the formal complaints process in place at the RTF.
• Facilitate regular meetings between the RTF staff and youth in order to gain feedback on facility policies and rule enforcement and to ensure consistency with the interpretation of rules by all parties.
• Provide staff with ongoing training and regular supervision regarding the handling of behavior problems that arise.
• Clearly inform both the staff and youth of specific, practical protocols for adhering to rules based on the utilization of individual crisis plans.

Clear rules that staff enforce fairly are important for staff to build a trusting relationship with youth. When asking youth what was most helpful at the RTF, one youth replied, “Definitely the staff. They are here to support me and not just to enforce the rules.”

Many youth identified relationships with staff as being the most beneficial part of their experience at the RTF. Parent/caregivers also found staff relationships and communication to be important in their RTF experience. One parent praised the staff and the child’s therapist, who “Still communicates with me even though my child has been discharged from the RTF.”

When staff communication is strength-based, the focus shifts from identifying problems and deficiencies to collaborating with youth and families as means of finding solutions. Although parent/caregiver and youth respondents indicated an appreciation of the relationships they had with RTF staff members, survey results suggest the staff have an opportunity to further engage in strength-based interactions with the youth and families. Youth responses to the statement Staff members point out what I do well elicited agreement of 71%, and parent/caregiver agreement that the staff pointed out what the child and family did well was markedly similar. By instituting a practice of recapping any positive progress made towards goals at the start of every meeting with the family or youth, providers can set the precedence for strength-based collaboration throughout the meeting. In addition to pointing out the child’s and family’s accomplishments, staff members can use active listening techniques, by restating or paraphrasing what is said, in order to help the child or family better recognize their strengths on their own accord.

Providers have a greater ability to engage in strength-based communication when they recognize the inherent resiliency of individuals and families. It is important for providers to facilitate regularly scheduled discussions among staff members to review each child’s strengths as they are identified in the treatment plan and make sure the child’s treatment is utilizing those strengths. Besides promoting effective services that are tailored to the child’s individual needs, this practice can prepare the staff for interaction with families and youth in a productive, positive, and strength-based manner.

**Conclusion**

Residential treatment serves as a viable treatment option for youth requiring out-of-home placement. However, the nature of removing the youth from his or her home for an extended period of time can create challenges in keeping the family involved, which youth feedback suggests is an essential component of treatment. When it is not possible to place the child in a facility close to home, efforts must be made to ensure that families are able to frequently meet and communicate with their children and the RTF staff. This requires providers to acknowledge any logistical inconveniences or complications family members may face when trying to assume an active role in the youth’s treatment and provide the flexibility and facilitation necessary to alleviate these hardships.

According to parent/caregiver results, providers recognize the importance of engaging family members and regularly encourage their participation. This practice lays the foundation for promoting better long-term outcomes by integrating parents as active partners in the youth’s treatment. In order for parents to have the decision-making capacity to effectively guide their child’s services, it is imperative that RTF staff members maintain an open channel of communication through which parents can receive timely updates on the youth’s progress and have any questions answered. In addition to using telephone calls for remotely communicating, providers should offer other telecommunication options, such as texting, email, online video chat, etc., as means for the staff, parents, and youth to contact each other.

Feedback from parent/caregivers suggests the safety of their children in the RTF is one of their primary concerns. Since family members cannot constantly be at the facility to monitor the youth themselves, it is important for providers to build strong, trusting relationships with parents. The practice of involving parent/caregivers with the development, review, and revision of the youth’s individualized crisis/safety plan can ease their safety concerns by ensuring that measures accounting for each child’s unique situation are taken to prevent adverse safety events from occurring. Safety measures in the RTF can also be made more pertinent by using youth input to customize rules and rule enforcement to the needs of the resident population. By recognizing and utilizing the intrinsic resiliencies and strengths of youth and their families, RTFs will have the solid foundation on which effective services can be delivered.
References


Office of Mental Health and Substance Abuse Services. (2009). Best Practice Guidelines for Family Involvement with Youth who are in Residential Treatment Facilities (OMHSAS-09-04).