

Plan B - Decision Making Considerations for Residential Treatment with Adopted Adolescents

Placing a child with attachment struggles out of the home can be one of the most difficult and emotional times for any adoptive or foster parent. If you are considering residential treatment for your adopted or foster child, then things are already tough either at home, school or both. Parents contemplating this option always consider it with great hesitation and concern. It is not easy to make this decision or to implement it. But having worked in the residential setting and now in private practice, I can say, when it needs to happen, it is often the best choice for the adolescent and family to make. Which is why I call residential treatment, Plan B, it is our back-up plan available if needed. In building a Plan B, there are many questions parents ask and work through which I will try to answer here.

Question 1 - What is residential treatment?

Residential treatment is any kind of facility or program where the child lives at the program and does not return home on a daily basis. Residential programs can last as short as 1 month or as long as several years. Psychiatric hospitals, although very similar are even more restrictive, completely locked facilities with limited activity and are for short-term acute problems and stabilization.

There are many types of residential programs and many different factors to consider including:

- Wilderness vs standard indoor programs vs therapeutic boarding schools
- Short term vs Long Term
- Treat multiple disorders vs adoption & trauma specialty
- Behaviorally based vs relationally based

Which exact place is right for your adopted adolescent is often decided through working with an educational consultant who specializes in this area. Educational consultants make it their job to research, visit and build working relationships with as many places for their clients as they can. They often not only help figure out the best placement but also aid in the difficult process of adjusting while the adolescent is away. But understandably, that can be out of reach financially for many families and a more laborious process of Internet searching and contacting other professionals for referrals is possible as well.

Overall, deciding which of these types of places best suits your child can only be done on a case-by-case basis in consultation with professionals who know you, your family and your adolescent.

Question 2 – Is residential treatment needed now?

The first question I ask of families when trying to decide this is, what trajectory are we on? How many unsafe episodes do we have per day or per week? Has that number been increasing or decreasing lately? Has the intensity or dangerousness been increasing or decreasing? How long have these behaviors been occurring?

The answers to these questions illustrate whether the family is sliding towards a more dangerous unstable situation at home/school or if this is just in a short rough patch. It puts the larger picture in the forefront of our minds as we go through the next list:

1 – Safety: Answering yes to these questions increases the likelihood of an urgent need for a higher level of care (residential or possibly psychiatric hospitalization). However, every family has their own threshold for what they feel they can manage.

- Assess for major safety concerns:
 - Is the adolescent actively suicidal? Do they have the means or the opportunity to act on these behaviors? How frequently do episodes of these thoughts or feelings occur?
 - Does the adolescent wish for death by means other than suicide? How frequently do episodes of these thoughts or feelings occur?
 - Is the adolescent cutting? How deep are the cuts? What do they use to cut? Could the adolescent accidentally cause serious harm?
 - Is the adolescent violent towards people in school or the community? Are they violent at home? Does the aggression cause injury to anyone including himself or herself?
 - Are there siblings or other children in the home who may be at risk?
 - Has the adolescent discussed running away, made plans to run away or attempted to run away?
 - Does the adolescent have any friends or groups that they engage with that could cause them significant harm through violence, sexual assault, drugs/alcohol use, etc?
- Is the adolescent of equal size, strength, etc as the parent(s)? This plays a significant role in the ability of the parent to intervene if they become unsafe. Do parents have any physical disabilities or limits?
- Are parents inclined to allow unsupervised/unstructured time?
- Do parent interventions result in escalations of any of the above issues? If so, which?

Note: Safety concerns may require immediate hospitalization for the safety of all. Keep in mind, psychiatric hospitalization not only keeps the adolescent safe while they stabilize but also allows parents the time to focus on finding an appropriate residential placement and completing the intake process, without managing the on going issues of the adolescent.

2 - Willingness to Engage - This is the next step to evaluate.

Note: "Treatment" may include, 2-3x week therapy or an Intensive outpatient program, neurofeedback, medication management, a therapeutic school, occupation therapy, parent trainings, parent readings and video assignments, parents' individual or couples therapy, etc

- How willing is the adolescent to engage in treatment? Are they able to follow through with treatment options?
 - Will the adolescent speak and be open in individual and/or family therapy?
- How willing are the parents to engage in treatment and make the necessary changes to themselves or their parenting? If the willingness is there, do they have the ability to change and/or the energy?
- Do the parents and adolescent see the need for change and are committed to working as hard as they can to make those changes?

If an adolescent is unwilling to attend therapy or to talk during sessions, this is a strong indicator that a higher level of care is needed to do the deeper work to change the outward behaviors. The same is true for parents, if the child is unsafe and the parents are too exhausted or physically unable, this can signal a need for residential treatment.

3 - What options have been exhausted? Residential treatment is our Plan B. If there are any substantial treatment options and the adolescent isn't urgently unsafe, exhaust those options. In my practice, I often recommend families exhaust these options while looking into residential treatment options so Plan B is ready to go if or when its needed.

4 - Age - When making this decision, parents need to consider how close the adolescent is to 18. Extended guardianship can be costly and difficult to obtain. When an adopted adolescent reaches 18 without guardianship, they can sign themselves out of treatment. Some adolescents go willingly into residential treatment and will stay past 18 but that's not always the case. Adolescents who go into treatment against their will generally won't stay after 18. And when treatment is not completed and the adolescent signs themselves out, the outcomes are not generally positive.

5 - Financial situation - Lastly, there are many options for residential treatment but most are very expensive. In some cases, especially for students with IEPs, families can get the academic portion of a residential treatment center cost covered by their public school district, which lightens the burden, somewhat. Some programs offer scholarships or financial aid but it is still costly. Its important to remember that staying at home has financial costs as well and if the adolescent gets involved with the legal system, there could be substantial costs as well.

How do I get my Adolescent to Residential Treatment? It depends on the willingness of the adolescent to attend treatment. Several companies provide services to transport adolescents and can physically intervene, if needed but if possible, it is best for the adolescent and parents, for the parents to bring the adolescent themselves. It allows parents time to see the facilities, meet the staff and begin building the relationships needed for successful outcomes.

Making the decision – Is this the right thing to do?

All of the information above is designed to clarify the urgency of the situation you are in now and what would the experience of residential treatment be like for you and your family. But overall what we are weighing here is the cost of staying at home versus the cost of treatment. Here are 3 additional factors to consider:

1 - The Unseen Costs

Often parents realize the cost of staying at home can damage the family and siblings but they don't realize that keeping the adolescent at home can also cause immense damage to the adolescent. It's a matter of lost time and shame. Treatment while living at home is slower moving and done with more caution. The potential several years it takes to get them back on the right track, is several years of missing out on education, friends, parent relationships, prom, etc. that they can't get back. And also several years of doing and saying things that will hurt those they love most which will cause a significant increase in feelings of shame. (See my article in Fostering Families regarding Shame in Adolescents) So sometimes it comes down to, how long do we want the adolescent and their families to suffer? Often residential treatment is a huge kick-start to healing which can be much more easily maintained at home once they've completed a residential program.

2 - Does it break the attachment bond?

In some ways it does but if an adolescent is so unsafe that a family is considering residential treatment, then those attachment bonds simply aren't enough. Adolescents with attachment issues are almost always most reactive to their parents. Being in a residential facility allows them to work internally without that daily trigger being constantly present. This gives them time and space to heal, then slowly re-engage with the family while being supported by non-parents to maintain their gains.

Residential treatment also breaks unhealthy home cycles and gives everyone a chance to do their own hard internal work without the daily pressures of life in one house.

3 - Setting Expectations – Work for Family at Home

Finally, it's important to note that residential treatment will not "fix" your adolescent. Adolescents function within a home and family system. There is substantial work that needs to happen at home and within the family while the adolescent is away. What I have found to be one of the best predictors of post residential success is the work done by the family.