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## Improving Community Adaptation Outcomes for Youth Graduating from Residential Mental Health Programs: A Synthesis Review (EXECUTIVE SUMMARY)

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# Improving Community Adaptation Outcomes for Youth Graduating from Residential Mental Health Programs: A Synthesis Review

## Executive Summary

### Background

A multi-year study of the long term community adaptation of over 200 youth leaving residential (RT) and intensive (IFS) children's mental health programs in Ontario revealed ongoing and pervasive challenges for youth in adapting to community life following treatment (For more information see the reports available on [www.wlu.ca/pcfproject](http://www.wlu.ca/pcfproject)).

At admission, youth showed high problematic scores on indicators of mental health, academic attendance and achievement, social integration, and family life. Improvements evident upon program discharge were maintained at 16 months and 36 months follow up. While functioning generally improved over pre-admission levels, many youth still faced challenges in several or all of these life domains with indicators clustering around the level of clinical concern. For some youth, difficulties with successfully adapting to school or employment and youth involvement in delinquent activities and the criminal justice system were of increasing concern at follow up than at admission to these programs.

Lessons from this research included:

- ❖ In treatment gains were poor predictors of successful transitions to community life
- ❖ Helping youth adapt to community living is different from the purposes and potential of short term intensive treatment

- ❖ Support in multiple domains of living is needed to promote enduring gains
- ❖ Flexibility in support strategies is required to meet the varied and changing needs of youth as they face developmental transitions over time.

### Focus of the Review

The focus of this synthesis review was to understand the capacity of systems of care and integrated program models to foster successful community adaptation for children and youth with serious emotional and behavioural difficulties. The primary undertaking was to evaluate and synthesize available evidence about the **risk factors** contributing to poor community life outcomes and the **effectiveness of program interventions** on improving outcomes in the domains of school, delinquency, returning home after residential treatment, and transitioning from child welfare substitute care.

While only briefly discussed here, detailed information on the pathway analyses of risk factors, as well as the evidence for what works in improving outcomes for youth within each life domain is found in the full length synthesis report. A summary version of the synthesis report is also available.

The synthesis review process also led us to think about a **program configuration** that integrates program elements with a demonstrated capacity to foster successful community adaptation across multiple life domains. Highlights of the proposed

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integrated program configuration are included here and an expanded discussion is available in both the full length synthesis report and summary version.

### ***Risk Factors as Pathways to Negative Community Adaptation***

With a view to understanding risk factors present among children and youth leaving residential treatment, a broader analysis of pathways to negative outcomes for youth with emotional and behavioural challenges and other subgroups of at-risk youth was conducted.

Several important risk factors were identified for this group of youth:

- ❖ Enduring emotional and behavioural challenges
- ❖ Limited positive peer and social connections
- ❖ Lack of long-term support from a pro-social adult
- ❖ Limited continuing support from an adult family member
- ❖ Poor relationship and life skills
- ❖ Limited parental engagement and capacity to support youth community adaptation

### ***Effectiveness of Program Interventions***

Our review of programming to support the community adaptation of youth who have graduated from residential mental health treatment revealed a scarcity of program options. Considering the small numbers of youth exiting residential treatment, the search for programming options was expanded to examine interventions designed to address similar life domain difficulties confronted by other at-risk youth populations. Programs were examined addressing community adaptation difficulties such as reducing school

difficulties and drop out, reducing delinquency and re-offending behaviours, increasing the stability of returning home following an out-of-home placement, and improving outcomes for transition age youth particularly those aging out of the child welfare system. We also considered the effectiveness of multi-component and coordinated interventions such as systems of care and wraparound in addressing the complex needs of youth involved in residential mental health treatment.

The full length synthesis report contains detailed information about program strategies found to have varying degrees of effectiveness in improving community adaptation outcomes. In combination with the risk pathways analysis, the synthesis of program effectiveness evidence gave rise to several key considerations when developing a program model to address the needs of youth adapting to community life following residential mental health treatment.

### ***Implications for Community Adaptation Programming***

Improving community adaptation outcomes requires attention to a variety of risk and protective factors across living domains. A common response to service populations facing challenges in multiple life domains or to youth falling into the gaps between systems has been to engage in broader system service integration or coordination reforms. Evidence in this synthesis review is that “higher” level service coordination and integration efforts do not often lead to improved community adaptation outcomes for this youth population. Models with a smaller focus or specifically for youth leaving residential treatment may prove to be more feasible and useful than larger service coordination and integration efforts.

Evidence suggested that referring youth to existing community based services and supports led to discouraging outcomes. Residential treatment centres’ limited

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resources for follow up efforts, long waitlists for available post treatment services, and the limited capacity of outside services to provide the multiplicity of long term supports that many youth require to improve community adaptation outcomes were likely reasons. Short term fixes for youth and their families will not produce satisfactory community adaptation improvements. Instead, establishing relationships with youth while in residential treatment that could continue beyond program exit for several years if necessary is ideal.

Almost all youth leaving residential treatment will face serious difficulties at school and staying engaged with the school system. Positive school involvement, adequate academic performance, and graduating from high school have been identified as protective factors for other youth community adaptation outcomes. Education and employment experiences have important long term implications for youth wellbeing and community living. For these reasons, making improvements in education outcomes a pivotal, but not exclusive, focus in any integrated program model for youth leaving residential mental health programs is suggested.

Actively involving youth in creating their plan of service and supports and in deciding the composition of any support network created for them was an important principle in program design. Similarly, the usefulness of parents also actively creating any plan of service and support for themselves or for their children was emphasized for several program approaches.

About half of youth involved with residential mental health programs come from and return to child welfare placements. The challenges of delivering integrated services and supports to youth living at home and to those living in state care need to be considered in creating integrated programming. Additionally, modifications to programming are required for children in middle years (7-11) and adolescents (12+).

However, the basic integrated program configuration outlined below will be relevant to improving community adaptation outcomes for all these groups of youth leaving residential treatment.

### ***Proposed Integrated Program Configuration***

Emanating from the synthesis review of promising program approaches in various life domains, we selected several intervention strategies that in combination might produce enduring improvements in community adaptation outcomes for youth leaving residential mental health programs.

The following criteria were used to select intervention strategies:

- (1) There was evidence of positive community adaptation benefits for youth from each strategy in one or more of the life domains reviewed
- (2) The combined strategies addressed many of the important risk and protective factors highlighted in the synthesis review
- (3) It seemed feasible to include each strategy within an integrated program configuration that connects with youth while they are in residential mental health programs and maintains these relationships in the community.

#### ***Intervention Strategies:***

- ***Youth and Education Advocates***
- ***Tutors and Academic Enhancements***
- ***Parent Training and Support Groups***
- ***Youth Life Skills Development***

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## ***Youth and Education Advocates***

Including youth and education advocates in the program configuration incorporates several insights from the synthesis review. The importance of trustworthy and sustained relationships between youth and one or more constructive adults is clear. Secondly, there is a need to actively intervene in formal systems on behalf of youth – in particular with schools. And third, there is value in providing transition support systems for youth and families.

The role of the Youth Advocate encompasses several broad responsibilities. The Youth Advocate works to build a relationship with youth, liaise with their families, and advocate on behalf of youth within various systems and settings (e.g. mental health, justice, employment training, recreation, etc.). The Advocate brings together a network of services and supports for youth including an appropriate mix of professionals, extended family, friends, and volunteers. The Advocate would also support youth and parent involvement in the training provided by the integrated program configuration.

The Education Advocate has a more focused role in supporting and monitoring youth in schools and intervening on their behalf for curriculum accommodations and academic supports. Ideally, Educational Advocates would maintain their relationships with individual youth if they change schools or if they leave school to explore ways to continue their academic and vocational preparation. The Education Advocate would also coordinate youth access to tutoring and academic enhancements offered through the integrated program configuration.

## ***Tutors and Academic Enhancements***

Many youth leaving residential mental health programs experience school difficulties including low academic

achievement, absenteeism, and grade retention. These difficulties were all found to be associated with higher levels of dropout further reducing youth opportunities for successful adult outcomes. Providing academic support was a major strategy common to effective programming.

Structured tutor programs that focus on improving reading and language skills have been effective for at-risk elementary and middle school children. Support should be offered in a format comfortable and welcoming to students at risk of dropping out of school. At least 45 hours of involvement is ideal.

## ***Parent Training and Support Groups***

Objectives of parent training programs include improving relationships between parents and their children, increasing parents' ability to manage youth behaviour, and increasing responsible parent behaviours. Essential characteristics of effective parent training programs included a structured curriculum, the use of relationship enhancing strategies, role playing, practice at home, and an optimum of 8-12 sessions. Evaluations of parent training programs generally reported favourable impacts on parent, child, and combined indicators. High parental satisfaction was consistently reported for parent training.

Parents of children in need of residential mental health treatment often experience feelings of isolation and a heavy care giving burden. Contact with other parents facing similar circumstances can help parents to feel that they are better able to manage daily stress and to feel better about themselves. Support can also help parents gain confidence about their ability to care for their children. While there was little evidence for direct impacts on youth functioning, benefits to caregivers included reductions in family burden and perceived improvements in coping and quality of life.

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## **Youth Life Skills Development**

Youth arrive in residential treatment with very high problem scores on a variety of behavioural, emotional and relational indicators. While treatment brings about improvements, many youth will continue to have scores on these indicators in the clinical range of concern long after treatment ends. In addition, these youth face serious educational challenges, relationship difficulties, and trouble with the law. This suggests that helping youth to manage their behaviours and to develop a core set of community adaptation skills is best understood as an ongoing process.

Typically administered in a group format, skills building programs engage youth with lessons by utilizing role playing and practicing skills in real life applications. Various skill lessons or modules may be taught over a series of sessions or the curriculum may be shorter in duration and focus on acquiring a specific skill like conflict resolution. Skills building programs generally last for 1-2 months. Some programs may last a year or more.

Life skills development programs have been effective in promoting better community adaptation outcomes in education, delinquency, and relationships at home. Cognitive behavioural approaches seemed to be the most effective, particularly for older youth, youth in diversion programs, and youth with a high risk of delinquency.

Overall, the proposed integrated program has the potential to address many of the major factors associated with successful youth community adaptation in this synthesis review. In particular, the program has the potential to provide youth with connections to adults who are invested in their wellbeing, to improve their relationships with their families, to improve their life skills, and to keep youth positively connected with peers and social institutions. In the synthesis review, these factors were linked conceptually and empirically to better

school outcomes, less delinquency, and better transitions to community living for troubled youth.

## **The Challenge**

While many operational specifics remain to be clarified for this integrated program, it is well grounded in available evidence about pathways to community adaptation and the effectiveness of a broad range of program strategies in various youth life domains. If resources can be found, the integrated program can be implemented on a modest scale – in one or a few settings. Good quality implementation and outcome assessment of these efforts will also be very important to carry out.

We hope the attention can now shift to trying out these ideas. It is clear that community adaptation outcomes for youth leaving residential mental health programs need to be improved. This synthesis review has revealed that we are not without credible ideas on how to bring about these improvements. The unanswered question is whether there is sufficient motivation and resources to try.

*This research was carried out by the Partnerships for Children and Families Project in the Faculty of Social Work at Wilfrid Laurier University, Waterloo, Ontario.*

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Access to the [full length synthesis report](#) and [summary report](#) are available.

**Synthesis Review Advisory Group  
Member Organizations**

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- ❖ ***Craigwood Youth Services***
- ❖ ***Family & Children's Services of Guelph and Wellington County***
- ❖ ***Lutherwood***
- ❖ ***Lynwood Hall Child & Family Centre***
- ❖ ***Ministry of Children & Youth Services***
- ❖ ***University of Guelph, Department of Family Relations & Applied Nutrition***
- ❖ ***Vanier Children's Services***
- ❖ ***Waterloo Region Crime Prevention Council***
- ❖ ***Wilfrid Laurier University, Faculty of Social Work and the Department of Psychology***

***Partnerships for Children and Families Project***

Created in 2000, the Partnerships for Children and Families Project is a multi-year research project directed at understanding the lives and experiences of families and children who are served by Children's Aid Societies and children's mental health services in Southern Ontario, Canada.

Our aim is to foster improvements in existing child welfare and children's mental health policies, delivery systems, administration and programming/interventions.

The Project brings together community members, professionals, and academic partners and provides a unique opportunity to initiate collaborative programs that will bring benefits to children and families and a new understanding of critical issues to the broader community.

The Partnerships for Children and Families Project is supported by the Social Sciences and Humanities Research Council of Canada and is housed in the Faculty of Social Work at Wilfrid Laurier University.

To learn more about the Partnerships for Children and Families Project, please visit [www.wlu.ca/pcfproject](http://www.wlu.ca/pcfproject).