

A Model for Child & Adolescent Behavioral Health Treatment: MOVING THE SYSTEM FROM CONFLICT TO SHARED UNDERSTANDING

In-Brief Overview



Relational Re-Enactment Systems Approach to Treatment

RECIPIENT OF THE COUNCIL ON ACCREDITATION'S 2011 INNOVATIVE PRACTICES AWARD

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Rationale

Professionals and significant others could benefit from **training** that is **systems oriented** and **relational trauma informed** to enhance their knowledge-base and competency working in team environments with children and adolescents who exhibit behavioral health challenges, particularly those in the child-welfare system.

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Rationale

- Youth in the child welfare system enter with histories of familial neglect and/or abuse.
- Additional trauma associated with misattuned and/or unstable subsequent placements are common for youth who end up in residential care and treatment.
- **These youth are often challenged by disorganized attachment styles (control sensitive).**
- “Teams” of disconnected, discipline-specific experts surround these youth and have impact on and influence over the child’s stability and placement trajectory.
- **Well-intended adults within the child’s “system” can unwittingly play an unhelpful role in the child’s (relational) trauma re-enactment.**

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Evidence-Based Framework

- In 2006, the American Psychological Association (APA) defined evidence-based practice in psychology as “the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preference” (APA Presidential Task Force on Evidence-Based Practice, p.271).
- Four components of evidence based practice for residential treatment programs:*
 - Family involvement during treatment
 - Stability of post-treatment discharge placement
 - Availability of aftercare support the client will access
 - Need for a coherent conceptual therapeutic approach

*Wampold, B.E., & Malterer, M. B., 2007. A critical evaluation of the evidence-base for the effectiveness of residential treatment centers: How does Allendale compare? Unpublished manuscript, University of Wisconsin at Madison.



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Evidence Based Framework

- Allendale Association's REStArTSM Model is an evidence-based practice model that is firmly grounded in theory.
- It incorporates facets of life-space crisis intervention, attachment theory and research, neurobiological findings, object-relations theory, trauma-informed interventions, and systems theory (e.g., Bowlby, 1980; Masterson, 1976; Schore, 2003; Senge, 1990; Siegel, 1999; Wood & Long, 1991).
- The model has also been held to the test of assessing outcomes over time. A cross-sectional analysis of outcomes over a four-year period concluded that improvement in residential treatment outcomes was associated with the implementation of the REStArTSM model (McConnell & Taglione, 2012).
- Most recent research submitted for publication explores the Clinical Consultation component of the model as an effective family intervention, exploring what impacts outcomes. This investigation included comparisons between youth with and without the involvement of the Department of Children and Family Services in terms of length of stay, involvement in the consultations, and sustained favorable outcomes. (McConnell & Taglione, 2015).

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REStArTSM

- Evidence-based and firmly grounded in theory.
- Created through practice; originated in residential care & treatment program; successfully replicated in foster care, therapeutic day-school and public non-special education environments.
- **Thirteen guiding principles; alliance with youth and family corner-stone principle with emphasis on supporting goals of youth.**
- **Focuses on relational trauma re-enactment and the role of adults in interrupting that cycle.**
- Requires adults in the youth's "system" to understand relational trauma and how to work with control-sensitive youth (disorganized attachment style).
- Utilizes "Clinical Consultation" as an effective family intervention to impact positive treatment outcomes.

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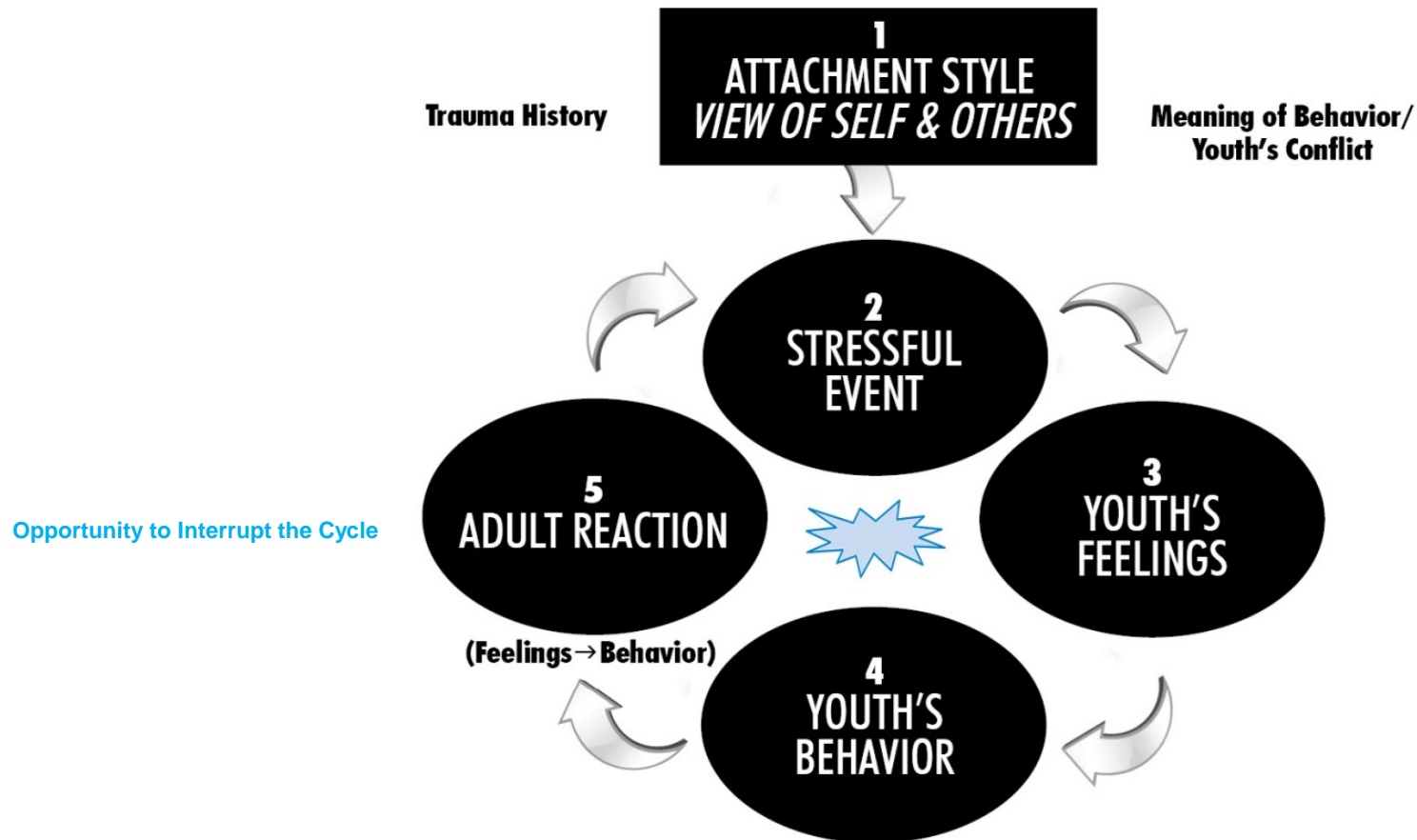
Training Module – One Moving the System from Conflict to Shared Understanding

- Overview of components of evidence-based practice.
- Thirteen Principles of REStArtSM and their implementation; ***developing a Therapeutic Alliance.***
- **Understanding relational re-enactment and the youth's conflict cycle.**
- **Managing “Counter-Response”** (emotional reaction of the adults; fight or flight – aggression or indulgence).
- **Interrupting the conflict cycle.**
- **Finding the Imbalance in the System, Seeing the Whole Youth and Restoring the Balance.**
- **Working with Ambivalence.**



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THE CONFLICT CYCLE (RELATIONAL TRAUMA RE-ENACTMENT SYSTEM)



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Training Module – Two

Understanding Trauma Within the Framework of Allendale's REStArTSM Model

- **Trauma and PTSD** (Post-Traumatic Stress Disorder).
- **Attachment and Neurobiology.**
- What is a **Coherent Narrative**?
- Relational Trauma (Disorganized Attachment = **Control-Sensitive Youth**).
- **Unprocessed Trauma and Re-Enactment.**
- **REStArTSM Trauma Interventions.**
- Review clips from movie *Fearless* to illustrate re-enactment and interrupting the re-enactment (interrupting the youth's conflict cycle).



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Training Module – Three Working with Control Sensitive Youth

- Understanding Control Sensitive and **deficits in self-regulation**.
- **Interruption of the conflict cycle** and the **counter-response** continuum.
- Treatment for self-regulation problems – **stabilization and structure**.
- **Expecting Health** – allow youth to experience failures and disappointment and make choices adults might not prefer (within reason).
- **Coherent Narrative** - Youth need to make sense of who they are and how they understand themselves – genuineness about who they are
- **Developing intrinsic interests** – transference of treatment gains to post-treatment environments.
- **Treatment Ownership** – youth begins to put own structures into place in the pursuit of self-identified goals.



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Implications for the Field: Child Welfare, Advocacy and Treatment

- It would not be unreasonable to assume that improved understanding of the youth's relational dynamics and impact of adult reactions to those dynamics would enhance the quality of the interactions and effectiveness of interventions – at the individual level.
- At the collective level; having adults similarly trained in a systems-approach that encouraged and expected collaborative consensus building around how to best help the youth meet their own goals would likely result in less conflict between the professionals/adults.
- Offering this type of orientation and training as an opportunity to obtain continuing education and licensing credits for professionals representing multi-disciplinary expertise would likely increase voluntary participation in learning more about a systems-oriented approach to the work; thereby broadening understanding, knowledge-base and perspective beyond a discipline-specific framework.



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