American Residential Treatment Association

Hope • Community • Healing

ARTAusa.org

How to Make the Best Match

You seek a residential treatment community that will give you or someone you care about a brighter future. ARTA's Directory of Residential Programs offers you detailed information on more than 30 residential communities.

But the task you face is very different from using the Yellow Pages to find an electrician. It is a complex endeavor – with high stakes. *How do you use our Directory to find the best fit between person and program, a fit that can turn a life around?* In this article, the mental health professionals of ARTA walk you through the process. You will find guidance on the following concerns and more:

When is the "right" time to consider a facility . . . how long should someone keep trying on their own?

What are important aspects to consider in choosing a residential community?

Should you be concerned with a program's location?

What about the treatment at various facilities? What should you be looking for?

You've heard that a certain place is "the best." Should you put it at the top of your list?

To what extent should the person being placed be involved in the search and the decision?

Before you start using the ARTA Directory

What does a "good fit" mean?

A big part of the answer is that *there is a good match between the program's services and the individual's needs.* By services, we mean what the program offers; for example, the nature and intensity of treatment and the range of activities.

The other part of a good fit is less tangible; it is the flavor of a place. For the person who will participate in the program, it is a subjective feeling of *rightness,* a feeling of being "at home." You will get a feeling for the atmosphere of a place from its web site, from speaking with staff, and of course, from a personal visit.

Timing or readiness.

Is there a “right” time for a person to enter residential treatment? This can be an emotional issue. It can awaken guilt feelings if the family is ready for placement yet the individual is resisting. There are several points to keep in mind regarding readiness.

Sometimes the family is first to recognize that a loved one needs placement. This is common -- and can be perfectly all right. The family may express their realization as, "This can't go on." The family sees the need to set limits on the family member’s behavior and lifestyle. In some cases, they may make further support contingent on the person getting treatment.

Sometimes the individual also recognizes that their own efforts haven't worked and that they can’t seem to improve on their own. But sometimes the individual does not see or admit this, *and the family needs to take action anyway.* Either scenario makes sense and can be the driving force for positive change.

Mixed feelings are natural.

Spending time in a mental health facility is never part of a person's vision of their own future. So even when an individual recognizes they need treatment, they often have mixed feelings about entering a residential community.

Our advice to you: Expect this ambivalence, which often express itself as push-pull behavior. The person agrees to go to a program, then pulls back from the decision. However, their mixed feelings should not be a reason to avoid placement in a community that can change their life. Though it may seem, at the time, insensitive to overrule their ambivalence, it is often in the person's best interests. If you are the one feeling ambivalent, try to understand your feelings in this light. Entering a therapeutic residence was not part of your plan – *but it can bring you to the point where you can realize your plan.*

What are the person's psychiatric challenges?

As you read the descriptions of programs in our Directory, you will see that most accept people with the same range of psychiatric diagnoses. However, often a treatment community has a concentration of people with the same disorder. This concentration may change over time, or it may remain constant.

A high ratio of residents struggling with the same issue as yourself or your family member may be a positive -- or it may be not productive. If it reflects a facility’s area of specialization, it is a positive. But if it does not represent a specialization, this concentration can overburden a facility, in which case it may not be a growth-enhancing situation for you.

Our advice for you is to openly discuss your concerns about the composition of the community with people from the program. Keeping in mind your family member’s specific psychiatric issues, initiate a discussion as to whether the current or foreseeable composition of people at the residence will work in your loved one’s favor over time – or not.

It’s best that you or your family member live close to home, right?

Surprisingly, the answer is often “no.” As you decide how big a role geography will play in your selection of a facility, consider these points.

The first point relates to something we mental health professionals hear all the time from prospective clients. Someone informs us: "We're only considering programs in the Northeast." Or, we are told emphatically: "The residence has to be in our state."

Of course, we understand and support your wish for close contact. *However, we recommend that the family set no geographical limits on the choice of program.* Instead, let the nature of the program guide your choice. How a facility approaches the healing process is what affects a person's growth and recovery – not whether it is close or far from home.

What's more, *being far from home can actually help a person make positive changes* – perhaps for the first time. Think about kids going off to college. Often they are freer to find themselves when they are further away from the family. They come into their own, become their own people, and make remarkable strides forward. Then too, living far from home can force a person to leave behind friends who are poor influences. Getting away means a fresh start on the right foot. And sometimes the only way it can happen is with a dramatic relocation. Another scenario we see is that the person's friends from home have moved on with their lives. As they achieve success and independence – with careers, homes, and families -- they leave the person with psychiatric issues behind. This creates feelings of abandonment and also reinforces low self-esteem in people with disabilities, who can't help but compare themselves to their friends. Moving away and developing new relationships free of negative feelings can open the door to growth and recovery.

What about cost?

Most of the facilities in our directory are not covered by private or public insurance, although a few may offer financial aid. This means that the majority are self-pay. For those who need alternatives, here are several ways to find facilities more likely to be covered by private or public health insurance; in some cases, these services might even be offered free:

- Contact your state's chapter of the National Alliance on Mental Illness, NAMI. National web site: www.nami.org
- You'll find a rich source of referrals to affordable treatment services at: http://www.mentalhealthamerica.net/go/find_therapy
- Contact your community mental health center for additional resources.

Four main styles of residential treatment community

Please keep in mind that there is a lot of overlap among the four categories. This means that nearly every program in our directory, whatever its dominant style, has features of other styles. It is a question of emphasis. For example, in farm-based or work-based programs, collective and purposeful work sustaining the farm or other operations is at the core of the therapeutic experience. At the same time, farm-based programs can offer levels of independent apartment living off the farm. Likewise, an apartment-based program can revolve around a strong community that offers the benefits of a group environment, much like in a group home. What's more, some ARTA facilities offer a sequence of care consisting of three or four completely different program styles, each fully developed. In addition, programs of any style may offer opportunities to continue your education or to work at jobs in the community.

This overlapping of styles – and in some cases, the availability of several distinct types of program under the umbrella of one facility -- will be helpful to the person you are placing: It means facilities offer a

richness of options within their own programs, which a resident can take advantage of as their needs change or as they grow more independent.

Here are general features of each style:

- **Clinical residential treatment programs.** Their home-like atmosphere and strong sense of community help residents build self-esteem, develop relationships and improve skills. At the same time, residents benefit from intense, professional treatment that is provided daily on-premises. Treatment can include individual psychotherapy, group therapy, vocational/educational counseling and support, and treatment for co-occurring addictions. Because clinicians treat residents where they live, they see the full picture of a resident's functioning and use that perspective and insight to fine-tune therapy.

- **Group residential communities.** Often called "group homes," their caring, family-like atmosphere is a major therapeutic tool through which residents repair self-esteem, build skills, develop relationships, and learn to manage symptoms. The strength of these communities is their creation of a stable, long-term living arrangement conducive to increased quality of life and continued growth, as this is defined for each person. Clinical treatment may be optional and occurs off-site. Length of stay varies and can be for an extended period.

- **Farm-based and work-based residential programs.** Residents participate in daily work programs, and this work is key to their growth and recovery. Meaningful, necessary work with tangible results builds self-esteem and fosters supportive connections among teammates. Some farm communities offer other kinds of work opportunities, such as building maintenance and repair, and helping in the program's retail outlet, and residents may build skills that can be marketable. The nature and degree of clinical treatment varies, with some programs offering a rich array of therapies.

- **Apartment-based communities.** Residents live in individual or shared apartments, while participating in a program of therapeutic activities, supportive relationships and treatment. In some programs, clinicians move in and out of residents' apartment "homes" each day, thus gaining unique insight that enhances residents' treatment and recovery. Apartments may be close to a central "therapeutic community" gathering place. For some, this style of residence minimizes the "stigma" of living in a mental health facility. It can offer a greater degree of independence than other settings. The nature and degree of clinical treatment varies.

Once you start comparing programs

Which approach will work best?

As you make your way through our Directory, you will discover many differences among residential communities. *How do you know which approach is best for your family member – or yourself?* For example, how do you know if a same-sex community is best – or not a good idea? How do you know whether tighter supervision is a good idea – or a recipe for back-sliding?

The answer has several parts: (1) Discuss the person's needs and the facility's approach with the person or people currently providing treatment. (2) Reflect on your own experience with the family member. Under what circumstances has the person done better? (3) For you, the person going to the program, experience is the best guide. Ask yourself under what conditions have you moved forward? (4) Discuss everything with people at the facility.

What should you be focusing on?

Besides the style of a program (see the four styles, above), what other key aspects should you research and compare? Here is a check-list to use as you learn about various residences:

Peer group: What is the age range of residents? What is the gender make-up? What is the range of psychiatric disorders?

Involvement of the staff: What is the ratio of staff members to residents . . . and are you happy with this? What is the level of supervision? How much interaction is there between staff and residents? Do staff members form supportive relationships with residents? What do administrators look for in staff . . . what qualities are valued?

Therapeutic approaches: Is clinical treatment offered on-premises? What kind of treatment (for example, individual or group psychotherapy, vocational development, treatment for co-occurring addictions)? How often? Or, is clinical treatment available only off-premises? Is it mandatory or optional? For a person who can benefit from it, we recommend the more intense approach to treatment – either on- or off-premises, of several types and frequent. However, for a person who cannot benefit from intensive treatment, it may make sense to attend a program that works vigorously to connect residents with mental health resources in the surrounding community, to the extent that the person can benefit from them.

Level of expectation of a resident: On a daily basis, how much participation in the program is expected of a resident? Are they required to take part in structured activities for a certain number of hours a week? Or, can they choose to not participate in much? What are the behavior guidelines regarding such things as expression of anger, relationships with peers, and smoking? How does the facility respond to violations of these guidelines?

Medication monitoring: What is the level of supervision of this activity? Is there a procedure by which residents move (at their own pace) toward independent taking of meds? Does staff provide education about medication?

Activities: What kind of activities are offered on-site? Artistic? Vocational? Educational? Nutritional support? Exercise? What is mandatory, what is optional? Are residents made aware of special interest activities in the general community? Are they given practical help (such as transportation) in taking advantage of community resources? To what extent are residents helped to find volunteer positions or paying jobs in the community?

Family support services: How easy are family meetings to arrange? Are treatment decisions made with the family? Is there ongoing family communication? What is the balance between respect for the confidentiality of the adult participating in the program and respect for the need for progress updates on the part of the family who is paying? We advise you to ask directly about all these communication issues, in particular, pinpointing *the process* of communication among facility, resident and family.

Family's contribution to finding the best place

You contribute something to this search no one else can: *You have had the longest and most intimate contact with the person in psychiatric distress.* This gives you a unique and valid perspective on your loved one's ups and downs over the long haul.

It is important that you share your observations and insight with people from the programs you are considering. It is also important that you share your perspective with the person who will participate in the program.

Resist the temptation to "sell" your family member to a program you have decided is the right one. Instead, let one place's rightness emerge over time, as you offer forthright information.

In the same vein, we want to caution you against forcing a fit into a program you've heard is "the best." *No program is best in absolute terms.* A facility is the best if it meets the needs of the person who needs help.

If, after conversations with people at a treatment residence, it turns out the place is not right for your family member, they will probably suggest other residential communities. You can rest assured that recommendations from ARTA members come from real knowledge of other ARTA programs.

Collaboration of the person participating in a program

Every member of ARTA will tell you the same thing: Our programs are most effective with the voluntary collaboration of the person who is participating.

And your family member's – or your – collaboration starts with the selection process. We encourage you to enlist your loved one as a partner as you research and compare residential treatment communities. For the person in need, this can be that all-important first, concrete step in pulling their life together.

How does this partnership work? After you have narrowed the choice down to two or three likely facilities, direct your family member to those web sites. Suggest they jot down questions or concerns about any aspect of the programs. *Participating in the selection process means your loved one is already buying into making a positive change in their life.*

There is no one right path to finding a good match between the person you care about and a residential program. There are infinite paths. What you have read here are suggestions from people who hold key positions in residential treatment communities and who have been dealing with families and prospective residents for many years.

You are now ready to use ARTA's Directory of Residential Programs. We wish you good luck in finding the place that will turn around a precious life. We are confident that, by being a good detective and remaining open-minded and persistent, you will achieve your goal.

What if the best program for you is at the bottom of our list?

Do yourself a favor . . . scroll to the bottom for <u>all</u> your options.

Our Directory lists facilities in alphabetical order. This means that their position in the list does not in any way reflect quality or any other attribute. We urge you to inform yourself of all residential treatment options before narrowing down your search.