

Illinois Institute for Addiction Recovery
at Proctor Hospital

PARADIGM®

Fall 2006

Vol. 11 No. 4



Finding Help For Struggling Teens

PLUS:

School Sport Psychology

**Dysthymic Disorders in
Children and Adolescents**

The True Perfectionist

Music: Toy or Tool?

NON PROFIT
U.S. POSTAGE
PAID
PERMIT NO. 135
MIDLAND, MI 48640

Hardest

The [^]Decision *Finding Help for Struggling Teens*

by Andrew Erkis, Ph.D. and Paula Leslie, M.A.

When Mary and Tom received a phone call from the police department, their 16-year-old daughter, Alexa, had been missing for three days. This was the second time she had run away in less than a month.

In the past, Alexa's therapists had diagnosed her with bipolar disorder, ADHD, and poly-substance dependence. Alexa had been in the local hospital's acute unit at least once a year since she was 14 (staying an average of five days each time) and had been through the local Intensive Outpatient Program twice in the last three years. She had attempted suicide twice, and had failed out of two private schools because of truancy and oppositional behavior. This downward spiral of events was taking an emotional and psychological toll on the entire family, including Alexa's two younger sisters.

At the time she was found by the police, Alexa was more than 20 miles from home, walking along a highway with a few belongings in a backpack.

Relieved that Alexa was okay, Mary and Tom knew that they had to do something if they were to save their daughter's life. Individual therapy was no longer providing much help and Alexa had exhausted all of the local resources. Like many parents with troubled teens, Mary and Tom were feeling overwhelmed and desperate.

Helping Parents Make Difficult Choices

The need for therapeutic treatment for young people in crisis is becoming more widespread. Adolescents like Alexa live in a complex world faced with unending choices, daunting peer pressure, and unique family situations, all capable of plunging them into feelings of hopelessness and despair.

Even in the most supportive families, some adolescents lack the self-esteem and motivation to pull themselves out of an emotional hole. Many exhibit disruptive and deceitful behavior, talk about or attempt suicide, struggle with addictions, and some end up in the legal system. Parents find themselves hurt and confused by the raw emotions and rebellion that their teens are expressing and yet are paralyzed by fear and guilt because they are unable to get their child's life back on track. Local options may be limited and outpatient therapy can do only so much with a client who is not motivated to change.

In most cities in the United States, parents like Mary and Tom have essentially three options:

1) Enroll the child in outpatient or intensive outpatient therapy and hope that things get better. If she were to have another acute episode, the child could be readmitted to an acute facility for stabilization and reintegration back home.

2) The parents could temporarily or permanently sign over custody of their child to the state and have their child placed in a government-funded bed in a long term program in their local community.

3) The parents could file "unruly" charges. This would get their child into the legal system and give her access to residential treatment options through the adjudicated system.

Alexa's parents were not comfortable with any of these choices, so Mary began searching the Internet for out-of-home options. As they were presented on their Web sites, with photos of bright-faced, laughing youth, the treatment programs all looked very good. Mary contacted several programs and was given a list of reference families to call. Not surprisingly, all of the parents she spoke with provided glowing reports about the program's success. Grateful to talk with parents of difficult teens, Mary nonetheless felt that she was listening to a sales presentation.

An out-of-home treatment facility would cost the family \$50,000 to \$120,000 a year. Mary's search offered a confusing array of options. It was difficult to know which one would be right for Alexa and it seemed impossible to truly assess the various programs online. How could Mary examine the licenses, qualifications, and training of staff? How could she and Tom be assured that Alexa would be safe and would not be abused? What would be covered by their insurance? What family support and therapy would the program provide? How could they know if a program would help a child with Alexa's issues? How would they know the appropriate level of care for their daughter?

More frustrated than ever, Mary called one of the substance abuse counselors who had worked with Alexa. The counselor recommended that Mary and Tom contact an educational consultant to help them make sense of their choices.

Educational Consultants

Educational consultants visit and evaluate treatment programs nationwide in order to make appropriate placement recommendations to families. They have an intimate knowledge of the complex network of placement options and can provide objective, invaluable support and guidance. By establishing goals and recommendations and becoming a proactive member of the client's treatment team, consultants act as a coach for the family throughout the entire placement process.

Because competent educational consultants are deeply familiar with the programs, processes, and problems associated with adolescent treatment, they are able to consult with families either in person or by phone. The consultant can help with everything from the application and interview process to choosing a plan and schedule that will increase

the likelihood of a positive outcome for the family. Over the course of the child's treatment, the consultant may make multiple referrals depending on the client's needs, including alcohol and drug treatment and supplemental therapeutic programs. Educational consultants act as case managers on a national level.

Very importantly, a parent should choose a consultant that is independent and has no affiliation with a particular treatment program, so the parents can be confident that the consultant's priorities and recommendations put the child's best interests ahead of everything else. Members of the Independent Educational Consultants Association (IECA) (www.IECAonline.com) are expected to abide by IECA's ethical guidelines, which state that an IECA member does not accept any compensation from educational institutions for placement of a child. Consultants have different backgrounds and training, which influences the advice they give.

So Many Options

Mary and Tom had been referred to my office. When Mary called, I was out of town. I spend one week a month visiting and assessing treatment programs across the nation and she reached me on the day before I would return home. I could hear the familiar tone of exhaustion and desperation in her voice. We made an appointment for Mary, Tom and Alexa to come to my office the next afternoon.

When we met, Alexa was sullen and withdrawn; her parents, trying to remain composed, were nervous and anxious and near tears. It was clear that Alexa's problems would not be solved overnight, and, given her behavioral record, they would not be solved at home without intervention. As Mary had suspected, Alexa would need out-of-home treatment.

One of the best options for assessing Alexa's long-term needs would be a short-term wilderness therapy program. Alexa would have a safe and structured environment while a thorough evaluation of her needs could be made. Additionally, Alexa's initial resistance, denial, and behavior would be addressed in a respectful and nurturing environment. And she would be prepared for longer-term treatment. A short-term wilderness program would also give Mary and Tom some time to consider the options for Alexa's long-term treatment. Tom and Mary would also be engaged in their own therapeutic work at home to address any changes they may be able to make to support Alexa's needs when she returned home. Prior to going into the field, Alexa would be given a drug screening and a medical evaluation. If there was any concern about medical withdrawal issues, she would stay in a residential setting for 1-5 days prior to leaving for the field.

Short Term Wilderness Programs

Wilderness programs place small groups of teens with several treatment team members, led by a licensed therapist. Guides, who spend the most time with participants, are typically college graduates who work closely with the therapist. Guides receive ongoing training in medical emergency response, prevention, and working with the teens in their charge. Participants in wilderness programs are dealing with behavioral problems, mental health issues, and substance abuse issues. Unlike bootcamps, which are designed to get adolescents to comply with rules and are often harsh and punitive, wilderness therapy programs are nurturing, structured, and designed to create a safe place for an adolescent to develop personal and interpersonal skills.

Wilderness programs typically offer some combination of expedition plus clinical treatment, including immediate and on-going counseling by the clinical staff. Participants carry all of their daily needs on

their backs. Often communication tools such as effective listening, identification and expression of feelings in an appropriate manner, and assertive communication are taught as methods for resolving conflicts or resolving issues within the group. A high quality wilderness therapy program teaches accountability, self-reliance, increased self awareness, and self-acceptance.

In addition to the challenges of making and breaking camp and forming a cohesive bond with the other members of the group, teens who participate in expeditions must also confront the changing dynamics of the wilderness — everything from unfamiliar terrain to severe weather. This model encourages time for reflection and motivates change. Without the distractions of substances, friends, television, and computers, young people are compelled to face the internal issues they may have been avoiding. Teens are expected to keep journals and to share many of the entries with their group, staff, and parents.

Wilderness programs typically range in length from three weeks to two months. The current trend is to use these programs to "jumpstart" the work and use them for triage; to identify and assess the priorities for future treatment. By removing the teen from crisis, such programs allow for an in-depth, dynamic assessment, and ready the teen for the next phase of treatment.

In the fifth week of the program, Alexa began trusting her group and confided that she had been sexually abused by her babysitter between the ages of 8 and 10. This disclosure proved to be an important starting point for her next phase of treatment. Alexa's motivation to change increased considerably and she was beginning to realize that there was hope for her future.

Long-Term Therapeutic Treatment Programs

As described here very briefly, the long-term programs may seem distinct from one another; in fact there is a great deal of overlap. This compounds the parents' challenge of selecting the right program for their troubled teen. Educational consultants can help parents to understand the shortcomings and benefits of each program, and, more specifically, how it will fit their child.

Therapeutic Boarding Schools

Therapeutic boarding schools place a primary emphasis on academics. They are, in general, supportive yet highly structured environments. They focus on helping teens gain communication skills to better manage the issues they struggle with, whether personal, emotional or family related. Many of these schools have developed creative learning environments to enhance the learning process. Some offer team sports. In addition to classroom activities, psychotherapy is usually offered and counseling groups are conducted regularly. Students who have done a significant amount of their own work in therapy and who are self motivated are good candidates to be successful in this type of setting. Length of stay is typically one to two years.

Home-Based Residential Programs

Home-based residential programs recreate a home-like environment, typically admitting no more than a dozen teens at a time. Along with the nurturing setting — and the opportunity to be away from family and peer pressure at home — teens usually progress to attending school in the local community and are expected to participate in outdoor activities including recreational camping, or farming or ranching. In many home-based programs, the teens are also encouraged to do volunteer work and to choose an extra-curricular activity to engage in through their school such as athletics or a club. Length of stay is typically one to two years.

continued on page 18

Emotional Growth Schools

Emotional growth schools focus on character development, self-awareness, and appropriate socialization as teens move into young-adulthood. An emphasis on accountability, self acceptance, emotional transparency, and improved self-esteem are the focus of cathartic workshops, group treatment, and positive peer interaction. Typically highly structured, emotional growth schools usually emphasize group and, might augment the experience with individual therapy — they may combine some of the elements and activities of other treatment models. Students typically advance through the program stages with their peer group, which consists of 8 to 12 students who serve as “family away from home” for the student. The typical length of stay for an emotional growth school is usually 18 months.

Residential 12-Step Programs

Twelve-step programs use the principles of Alcoholics Anonymous (AA) as the “umbrella” for the treatment milieu. Clients work through the 12 steps through psychoeducational and process groups. There are several different types of 12-step programs, with varying levels of structure and support, from more restrictive settings, which are locked or are in remote locations, all the way to traditional boarding schools with a 12-step component for those who need it. Length of stay is typically one to two years.

Long-Term Outdoor Therapeutic Programs

Outdoor therapeutic programs combine some of the elements of wilderness programs in a very simple, low-tech environment. While there is usually an academic program, sometimes including vocational training, as well as family therapy and peer counseling, the emphasis here is on interdependence and self-sufficiency in a structured, supervised setting far from the social and physical distractions and temptations of life at home. Students may live in cabins or wall tents and eat and bathe in separate locations from the sleeping quarters. Mentorship by dedicated staff may be emphasized over therapy. These programs are generally ideal for the young person who does not thrive in traditional environments, or whom blossom using experiential learning in an ongoing way. Length of stay is typically one to two years.

Residential Treatment Centers

Designed for adolescents with more severe emotional issues or who present with a good deal of clinical complexity, residential treatment centers are highly structured and adult monitored programs, usually (but not always) in secured or locked facilities. They focus to varying degrees on behavioral support, but often have a traditional medical component, with medication management and medical monitoring available on site. These centers are often accredited by the Joint Commission on the Accreditation of Healthcare Organizations or the Council on Accreditation. Because they provide medical management, their costs are sometimes covered by health insurance. More recently, long-term residential treatment centers that are based in large home like settings have become a trend. These programs can deal with a clinically complex or dually diagnosed adolescent, without a pathologizing or institutional feeling. Length of stay is typically six months to one year.

Transitional Independent Living Programs

With the goal of helping older teens and young adults (ages 18-24 in most cases) individuate from their families and integrate successfully into the larger community; transitional independent living programs combine home-like living with supportive activities. Young adults receive counseling and mentorship and they are given opportunities to attend community colleges or vocational schools, participate in volunteer activities, intern, or work for local businesses. Many of these

programs model themselves after home-based residential programs as they facilitate the transition to independence. They teach life skills such as time and money management, employment skills, and interpersonal effectiveness. Twelve-step based transitional living programs have been around for years, more recently this model has been applied to young adults who do not have the skills to transition into adulthood. Length of stay is typically 6 months to one year.

Help for Struggling Parents

With hundreds to choose from, finding the right program with the appropriate balance of structure and independence, nurture and challenge, physical and academic, can be difficult, even for an experienced counselor. Educational consultants can help parents — and counselors — find suitable programs for troubled adolescents.

When selecting an educational consultant, look for one who is a member of IECA. Review the consultant’s résumé and look for an educational and work background that qualifies them as an expert in assessing clients and assessing programs. Ask the consultant how many programs they have visited. Ask for a detailed description of the scope of their services. Ask whether the consultant specializes in at-risk youth or whether they also do more traditional educational placements, such as college and boarding schools. Just as with a therapist, rapport, trust, and honesty are essential to the relationship between the family and the consultant.

Finding a Place for Alexa

The short-term wilderness program had accomplished its goals. Alexa was now through the first painful steps of her treatment, and, she was much more interpersonally aware, hopeful that she could get better, empowered, and prepared for her next step in treatment. The sexual abuse issues that were revealed would give her a focus for the next stage of her treatment, along with continuing substance-abuse management. Before the wilderness therapy experience, Mary and Tom had been considering a long-term 12-step-based program for Alexa. But using the information that they learned about her during her wilderness experience, they decided on a long-term residential treatment center where she could receive therapy from a therapist who had experience treating girls who have experienced sexual abuse and she could receive 12-step-based treatment that would support her desire to stay sober and help her find a structured route to a more productive life.▼



Dr. Andrew Erkis works with families around the country to guide them to the best treatment options for their children, adolescents, and young adults. Prior to starting his own practice, Dr. Erkis worked as a staff member for an inpatient psychiatric hospital; a counselor for divorced families; an outpatient therapist for families and adolescents; and a senior therapist in one of the country’s top wilderness therapy programs. Dr. Erkis has spoken at the National Association of International Educators and has been published in such journals as the *Journal of Counseling Psychology*. He is currently writing the book, “When all Else Fails: A Guide for Parents Considering an Out of Home Placement for Their Struggling Teen.” Dr. Erkis can be reached at (614) 231-1957 or by email at andyerkis@hotmail.com.



Paula Leslie works as a lead consultant for Erkis Educational Consulting. She has ten years of direct service experience in the mental health field having worked as a lead instructor and therapist at a nationally known wilderness therapy program, coordinated an outdoor activity program for adolescents out of a family style residential program, worked as a direct care provider in both a therapeutic boarding school, and a transitional living house for young adults. She completed her clinical internship at a leading therapeutic boarding school for girls. Ms. Leslie can be reached at (614) 231-1957 or by email at paulaleslieexpl@hotmail.com.

© 2006 Andrew Erkis, Ph.D.