

FAMILY ENGAGEMENT

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Commitment/Policy

Bethany Christian Services Ridgeview program believes in the importance of family and relationship connections. Ridgeview is a culturally competent and trauma responsive program. As a program, family/caregivers are recognized as an essential part of the youth's treatment team. Family/caregiver engagement with youth in the residential treatment program are essential to the Ridgeview Program and have been found to create more positive outcomes for both the youth and family/caregiver.

Supportive people/roles

There are many different people/roles within the Bethany program. Each person is part of a treatment team to help you and your youth to be safe. You will have contact with some more than others. Below are the listed roles:

- Residential case manager/ family transition coordinator – primary contact person to schedule visits, help with paperwork, and help understand program rules/expectations.
- Residential therapist – licensed master-level clinician providing therapy to the youth and your family.
- Unit supervisor – person in charge of the youth specialist staff on your unit
- Youth Specialist staff – these are the direct care workers who supervise your youth daily.
 - Staff advocate – one staff assigned to be an advocate for your youth.
 - School support staff – one staff from the unit assigned to help support and monitor behavior in school.
- Registered Nurse – nurse to schedule and coordinate medical and medication for your youth.
- Administrative staff
 - Program Supervisor – person responsible for all program activities other than clinical, e.g. direct care, kitchen, and building support.
 - Clinical Supervisor – person responsible for all clinical services.
 - Residential Director – person responsible for all parts of the residential program (and other residential program run by Bethany).
 - Clinical Director – person responsible for all clinical services provided by Bethany Grand Rapids.

Admissions

While youth are transported to the program from a variety of placements, parents/legal guardians are encouraged to be present during admission of the youth to the program. This will allow the residential therapist and family transition coordinator to meet the family in person and start the assessment process with the family, a tour of the facilities, and provide an explanation of the program. Coordination can be done then about frequency and time for visits and phone calls that work with the family. The second family therapy session can also be scheduled at this time. The family and case manager can discuss barriers to participation and begin to find solutions to assure family full participation.

Paperwork

Paperwork is unpleasant for all, but it is a needed requirement. You signed multiple documents prior to admissions. Some documents may still require additional signatures for services being provided. Additional documents may need to be signed as treatment progress. For example, psychotropic medication consents when medication is changed. The case manager is the person responsible for getting these completed.

Who can be involved?

Who can be involved in treatment is a great question? It can be a complicated one. There is no one straight answer to this as each family situation is different. There are some guiding principles that are followed.

Contact List

Each youth will have a contact list of who they are allowed to contact, and the type of contact allowed. This list is started by the parents/guardians and approved by the case manager/probation officer during the intake process. The types of contact are letter, phone, unsupervised face-to-face, and supervised contact. We encourage supportive relationships to be on the youth's contact list. A contact list is kept in our electronic system.

No Contact List

Some youth have persons they are not allowed contact by court order, parent/legal guardian limitations, or case manager/probation officer limitations. Contact with friends/family will not be withheld or limited unless it is unsafe or inappropriate to do so. This is a treatment team (with family) decision. If any contact is withheld or limited there must be a justified and documented reason as to why. For example, contact with siblings/other family children identified as a victim are not allowed. A reconciliation process is used to heal and repair relationships. A list will be kept of those not allowed to have contact with the youth and why. This list will be updated in each treatment plan.

Treatment Team

Parents/legal guardians are essential participants of the treatment team. They know the youth better than any others. They know their needs. Parents/legal guardians are involved in family treatment team meetings to discuss youth's progress. This will follow the Sanctuary Model of Care.

Types of Contact

Consistent and healthy contact with families/caregivers have a positive effect on youth in the program. All visits are scheduled through the residential case manager.

Phone & Video Contact

Families/caregivers are expected to stay in contact with the youth through phone and video calls. The goal is for families/caregivers to maintain and improve the relationships and connections the youth has with supportive adults.

Visitation

Families/caregivers are expected to visit in person. These face-to-face connections are critical. It is essential for them to be consistent. The goal is for families/caregivers to maintain and improve the relationships and connections the youth has with supportive adults. There are standard rules for visits about what is allowed and what is not allowed. These can be found on the visitation forms.

Visitation environment

BCS Ridgeview program has a variety of locations for family/caregiver visits on-campus. There are several family friendly rooms and locations outside for families/caregivers. Visits can also occur off-campus (not home) once certain treatment conditions are met. Home visits, if appropriate, are also done. These visits are determined by treatment plan progress, safety in the community, and safety in the home.

Obstacles/Transportation

Families/caregivers will be assessed to determine if any obstacles are present preventing in-person visitation. If identified, the residential case manager will coordinate with the parents/caregivers and case manager/probation officer to work to overcome the obstacles. If transportation is an issue, BCS Ridgeview program has transportation reimbursement for families/caregivers. A recent (within 2 days) gas receipt is needed. Bethany will reimburse up to the designated amount. The amount is determined by current gas prices and distance from Bethany.

Education

Parent/legal guardians are to engage with the education program in the Ridgeview program. This is working with Grand Rapids Public Schools. Parents/legal guardians will be included in educational planning, IEP meetings, and grade reviews. They will have access to teachers, special education consultants, and GRPS administration. Parents/legal guardians will complete educational paperwork as part of the intake packet to ensure enrollment in school. Parents/legal guardians are expected participate and engage to ensure that the youth's educational needs are being met. The residential case manager can help coordinate these connections.

Medical

Parent/legal guardians are to engage with any medical appointments in the Ridgeview program. This is working with our RN and the case manager. You are encouraged to attend medical appointments and be updated on medical changes.

Assessment/Treatment Planning

Effective treatment cannot occur without comprehensive assessment. This begins at intake with referral information on the youth and families. The QRTP evaluation will be reviewed to help identify goals and areas of treatment to be addressed. Additional formal and informal assessments will be done with the youth and family to identify the needs of treatment so appropriate outcomes and interventions can be developed. Parents/care givers are expected to be active in the assessment process as they know the youth the best.

Treatment plans will be created at 30-days and updated every 90 days after. Any new information will be addressed to the treatment plans with an addendum. Families/Caregivers are expected to participate in the development of a youth's treatment plan in coordination with the youth, residential treatment team, and the referral source unless documented as it being inappropriate to do so. Assessment is a process and does evolve over time as new information is known; goals will change with new information. This includes but is not limited to:

- An assessment of the youth's family strengths and needs
- Implementation of a Plan for parent/care giver and child visitation
- Creation of goals to remedy problems of the youth and family, and time frames for achieving these goals.
- For youth over the age of 14, creating a plan to prepare the youth for functional independence.

Therapy

Family therapy

Family therapy is an essential part of the program. It allows parents/guardians and residents to identify and resolve issues that occur within the family system. Issues that are typically seen are communication, family structure, rules and consequences, trauma understanding and impact, and understanding sexual offending dynamics. Goals for the sessions will be developed in the session and based on assessments, included who will participate in the family sessions and when they can participate while maintaining safety of all.

Parents/legal guardians and other identified family members are expected to engage and participate in family therapy a minimum of monthly. The residential therapist will be the therapist in these meetings. The parents/families will schedule these monthly with days and times being flexible for the family's needs and therapist's schedule. It is good to plan to get these sessions scheduled to accommodate everyone's schedule. It is important to note that attending family therapy is different than engaging (working to make the needed changes) in family therapy.

Reconciliation

In addition, if a person hurt is a sibling or living in the home, then that person will be having their own individual therapist to deal with victimization treatment. The reconciliation process will be followed. There is an information packet on this.

Other therapy

Family or couple therapy may be recommended for parents/guardians in the home community based on the assessments completed. Often parents/guardians that participate in their own therapy are better able to support the youth. This therapy will not be provided by Bethany but will be done by a local provide in their own community.

Re-entry into the community

The goal for most youth will be to return to the family. If no family is available, then coordination will with done to identify a healthy discharge location early in the treatment program. Planning to have the youth return to parents/legal guardians continues as re-entry efforts are being made. This includes participating in the therapy, education, and treatment team programming listed above. Detailed conversations will be had with parents/legal guardians, case manager/probation officers, residential therapist, and the youth about addressing the needs identified in the assessments. All the adults involved will be responsible to work to overcome the obstacles and resolve the needs.

Discharge

Discharge planning occurs at every step of the residential process, including intake, admissions, treatment, and re-entry planning. Parents/legal guardians, case managers/probation officers, and residential therapist are involved in these conversations regularly in many settings. The goal is to establish long-term permeancy for the youth. Preparation will be done with the youth, parents/legal guardians, or other persons where the youth will be discharged. Treatment services needed will be assessed and a plan will be developed to address those needs of the youth and the family.

Aftercare

Aftercare services are essential for the future success of the youth and family. The areas of needs are developed throughout treatment. Specific service needs will be identified and setup so the youth and family have the needed support when the youth returns to the community. The BCS case manager will contact families to see what support is needed. Aftercare reports will be completed.

Surveys

Surveys are designed to help administrative staff identify programmatic concerns and to put into place practices that are family friendly. You will receive a survey link (by email or text) at intake, about halfway through the program, and at discharge. Please fill them out.