



# **Promoting Youth Engagement:**

## **What Providers Should Know About Best Practices and Promising Strategies**

September 2012

## Acknowledgments

The Building Bridges Initiative (BBI) gratefully acknowledges the support and commitment of the Substance Abuse and Mental Health Services Administration (SAMHSA). BBI was initiated and has been sustained through SAMHSA's leadership.



The Building Bridges Initiative would like to acknowledge the support of Magellan Health Services, Inc. Their commitment to BBI principles and practices ensures that the voices of families and youth are foremost in providing guidance to the field to promote successful engagement.



The generosity of SAMHSA and Magellan made the development of *Promoting Youth Engagement* possible. We are deeply appreciative.

*The content of this publication does not necessarily reflect the views, opinions or policies of the Substance Abuse and Mental Health Services Administration or the Department of Health and Human Services.*

# Promoting Youth Engagement: What Providers Should Know About Best Practices and Promising Strategies

Youth with lived experience<sup>1</sup>, providers<sup>2</sup>, and policy makers<sup>3</sup> have articulated the crucial need for residential services to embrace youth-guided principles and practices. This paper provides a summary of best and promising practices for promoting youth engagement in residential settings. The document was developed as a companion piece to the Building Bridges Initiative paper, *Promoting Youth Engagement in Residential Settings: Suggestions from Youth with Lived Experience*, which describes insights and suggestions from youth currently in residential settings about ways providers can engage them. Below is a synopsis of key research findings, articles, and documents regarding youth engagement in residential. These best and promising practices complement and contextualize the perspectives offered by the youth in the previous paper.

## Why Engage Youth?

- *Youth engagement is associated with positive relationships and increased motivation.* Youth who actively engage in treatment tend to develop strong relationships with service providers, express a willingness to change, and participate and collaborate with others in the context of treatment (Smith, Duffee, Steinke, Huange, & Larkin, 2008).
- *Youth engagement is important for positive outcomes post-discharge.* Studies suggest that youth engagement is correlated with better treatment outcomes, and that youth engagement predicts treatment retention and success (Burns et al., 1999, Courtney et al., 2004, as cited in Lebel, Hucksort, & Caldwell, 2010; Hawke, Hennen, & Gallione, 2005; & Hoagwood, 2005).

---

<sup>1</sup> The Youth Movement is composed of youth and young adults with lived experience in residential. It has grown substantially over the last twenty years, from small, grassroots efforts to statewide and national networks. These youth activists promote youth choice and voice in services (Redefining Residential, 2010; Tenney, Dech, Orlando, & Sanchez, 2006).

<sup>2</sup> A growing number of residential providers have endorsed the Building Bridges Initiative's Joint Resolution, which articulates the need for youth-guided services. To read the Joint Resolution and to view a list of providers who signed it, visit: <http://www.buildingbridges4youth.org/products/joint-resolution>.

<sup>3</sup> The *President's New Freedom Commission on Mental Health*, a document that reviewed and made recommendations regarding the state of mental health delivery services in the United States, articulated the importance of involving youth and adult consumers in treatment planning and mental health reform efforts (2003).

## How Can Providers Improve Residential Services and Increase Youth Engagement?

- ***Defining clear goals and shortening lengths of stay.*** Residential-specific research shows improved outcomes with shorter lengths of stay (Hair, 2005; Walters & Petr, 2008).
- ***Providing Stimulating and Effective Academic Environments.*** Academic success is correlated with sustained positive outcomes, as youth are discharged from residential (Hair, 2005).
- ***Emphasizing family involvement and participation.*** Emerging research suggests that youth are more likely to sustain positive outcomes upon discharge from residential when their families are involved and engaged (Hoagwood, 2005; McNeal, Handwerk, Field, Roberts, Soper, Huefner, & Ringle, 2006; Pottick et al., 2005). To promote family and youth participation, it is essential to involve youth and families in meaningful roles and to value their input (see Lebel et al., 2010; Polvere, 2011; *Redefining Residential*, 2010). Further, increased family involvement, stability, and support in the post-residential environment are crucial to success (Walters & Petr, 2008).
- ***Promoting a youth's "choice and voice" in services.*** To engage youth, it is essential to implement services in a manner that privileges youth choices and preferences (Joyce & Shuttleworth, 2001; Polvere, 2011; Tenney, 2000; Tenney, Orlando, Dech, & Sanchez, 2006). From a developmental perspective, adolescence and emerging adulthood is typically defined as a time of independent exploration (Arnett, 2000). However, residential settings that limit opportunities for choice and exploration do not promote this normative developmental process (Mohr & Pumariega, 2004), leaving youth ill prepared to re-enter the community (Pottick, Warner, & Yoder, 2005; Pumariega, 2007). Therefore, it is essential to provide concrete opportunities for youth to express their choices and opinions regarding helpful services (Joyce & Shuttleworth, 2001).
- ***Providing trauma-informed services.*** Many youth in residential settings have acute histories of abuse and neglect (Connor et al., 2004; James et al., 2006). Youth in residential settings are more likely to have experienced traumatic events, such as parental incarceration, familial substance abuse, and poverty (Connor et al., 2004; James et al., 2006). To address experiences of trauma, emerging research supports the implementation of trauma-informed care. Trauma-informed care emphasizes practitioner awareness of trauma and safety for youth. It emphasizes the importance of providing opportunities for youth to rebuild a sense of control,

particularly by emphasizing choice and agency. Trauma informed care is rooted in a strength-based approach (Hopper, Bassuk, & Olivet, 2010). Consistent with the principles of trauma-informed care, “residential should be first and foremost a “sanctuary” with an abundance of relational safeguards to prevent further re-traumatization” (Latham, et al., 2010, p. 81).

- ***Eliminating Restraint and Seclusion.*** Restraint and seclusion has been found to re-traumatize youth in residential, many of whom have experienced significant traumatic events in their lives prior to placement (Miller et al., 2006; Lebel et al., 2010; Latham et al., 2010; Polvere, 2011). A proactive strategy that can assist residential providers in eliminating restraint and seclusion is the development of individualized safety or soothing/calming plans for youth, which include supporting youth in “learning how to recognize what triggers their distress, how they experience the upset, and what interventions help them calm down” (Lebel et al., 2010, p. 174).
- ***Changing the Organizational Culture.*** As providers seek to promote youth engagement, it is essential to provide leadership that leads to significant organizational change (Lebel et al., 2010; *Redefining Residential*, 2010). Strategies include inviting youth to participate in staff hiring decisions, training and hiring peer advocates, developing Youth Advisory Councils and a Youth Bill of Rights, and including residential alumni on the Board of Directors (*Redefining Residential*, 2010). Youth Advisory Councils and other youth involvement initiatives can be an important way to move toward youth-guided care by fully incorporating youth voice and input at all levels of practice. Further, to achieve the goal of youth-guided care, it is important to embed youth empowerment into the mission of the agency, to incorporate youth advocates into agencies, to facilitate youth understanding of their rights, and to build in measures of accountability for youth empowerment outcomes (Romanelli et al., 2007).
- ***Implementing Culturally and Linguistically Competent Services.*** For residential services for children and youth to be effective and engaging, it is essential for staff and organizations to become culturally and linguistically competent, as cultural awareness plays a key role in influencing mental health outcomes (Osher, Cartledge, Oswald, Sutherland, Artiles, & Coutinho, 2004; Clark & Unruh, 2009). Cultural competence is having the capacity to “step outside of our own framework” and to treat youth as individuals by “respecting and acknowledging their cultural beliefs and values” (Osher et al., p. 63). Further, staff should be knowledgeable about the impact of systemic injustices faced by ethnic minority youth, such as racism and discrimination. When residential settings display cultural biases or insufficient knowledge of a youth’s culture, this is a significant barrier to effective services (Osher et al., 2004). Linguistic competence refers to the ability of an organization to convey information at a level that is easily understood by diverse groups, including

individuals with limited English proficiency, low literacy skills, or disabilities (Goode, Dunne & Bronheim, 2004). Cultural and linguistic competence, particularly in regard to youth culture, is a key strategy for promoting youth engagement<sup>4</sup>. Culture and linguistic competence facilitates informed and trusting relationships between youth and staff.

- ***Understanding Youth Culture.*** It is important for residential providers to recognize that youth also have their own culture (Clark & Unruh, 2009). Youth culture consists of “linguistic characteristics, fashion trends, high-tech communication, social hierarchy, values, and norms” specific to adolescent and young adult development (Clark & Unruh, 2009, p. 230).

---

## The Building Bridges Initiative (BBI)

Building Bridges is a national initiative focused on supporting positive outcomes for youth and families served in residential programs and their community counterparts. Founded on core principles, an emerging evidence base, and acknowledged best practices, the BBI emphasizes strong collaboration and coordination between providers, families, youth, advocates, and policymakers to achieve its goals. More than 130 organizations have endorsed the Joint Resolution, which articulates the values and principles of BBI. To find out more about the national Building Bridges Initiative (BBI), please visit: <http://www.buildingbridges4youth.org>

## Additional Resources

A companion document to this paper, *Promoting Youth Engagement in Residential Settings: Suggestions from Youth with Lived Experience*, can be found on the Building Bridges website: [www.BuildingBridges4youth.org](http://www.BuildingBridges4youth.org).

The Building Bridges Initiative has compiled a list of articles, websites and other resources to support the practice of youth-guided care. This can be found at: <http://www.buildingbridges4youth.org/resources/presentations>.

---

<sup>4</sup> See the Building Bridges Guide, *Cultural and linguistic competence: Guidelines for residential programs*, for strategies and emerging promising practices. <http://www.buildingbridges4youth.org/workgroups/cultural-linguistic-competence/products>.

## References

- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469-480.
- Burns, B.J., Hoagwood, K., Mrazek, P.J. (1999). Effective treatment for mental disorders in children and adolescents. *Clinical Child and Family Psychology Review*, 2(4), 199-254.
- Clark, H.B., & Unruh, D.K. (Eds.). (2009). *Transition of youth and young adults with emotional or behavioral difficulties: An evidence-supported handbook*, 125-134.
- Connor, D.F., Doerfler, L.A., Toscano, P.F., Volungis, A.M., & Steingard, R. J. (2004). Characteristics of children and adolescents admitted to a residential treatment center. *Journal of Child and Family Studies*, 13(4), 497-510.
- Courtney, M.E., Piliavin, I., Grogan-Kaylor, A., & Nesmith, A. (2001). Foster youth transitions to adulthood: A longitudinal view on youth leaving care. *Child Welfare*, 80(6), 685-717.
- Goode, T.D., Dunne, M.C., & Bronheim, S.M. (2006). *The evidence base for cultural and linguistic competency in health care*. The Commonwealth Fund.
- Hair, H. (2005). Outcomes for children and adolescents after residential treatment: A review of research from 1993-2003. *Journal of Child & Family Studies*, 14(4), 551-575.
- Hawke, J.M., Hennen, J., & Gallione, P. (2005). Correlates of therapeutic involvement among adolescents in residential drug treatment. *The American Journal of Drug and Alcohol Abuse*, 31(1), 163-177.
- Hoagwood, K. (2005). Family-based services in children's mental health: A research review and synthesis. *Journal of Child Psychology and Psychiatry: Annual Research Review*, 46, 690-713.
- Hopper, E.K., Bassuk, E.L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homeless services settings. *The Open Health Services and Policy Journal*, 3, 80-100.
- James, S., Leslie, L.K., Hurlbert, M.S., Slymen, D.J., Landsverk, J., Davis, I., Mathisen, S.G., Zhang, Jin Jin, (2006). Children in out-of-home care: Entry into intensive or restrictive residential treatment placements. *Journal of Emotional and Behavioral Disorders*, 14(4), 196-208.
- Joyce, T. & Shuttleworth, L. (2001). From engagement to participation: How do we bridge the gap? *British Journal of Learning Disabilities*, 29, 63-71
- Latham, V.H., Dollard, N., Robst, J., & Armstrong, M.I. (2010). Innovations in implementation of trauma-informed care practices in youth residential treatment: A curriculum for organizational change, *Child Welfare*, 89(2), 79-95.
- LeBel, J., Huckshorn, K.A., & Caldwell, B. (2010). Restraint use in residential programs: Why are best practices ignored? *Child Welfare*, 89(2), 169-187.

- McNeal, R., Handwerk, M.L., Field, C.E., Roberts, M.C., Soper, S., Huefer, J.C., Ringle, J.L. (2006). Hope as an outcome variable among youth in a residential setting. *American Journal of Orthopsychiatry*, 76(3), 304-311.
- Miller, J., Hunt, D., & Georges, M. (2006). Reduction of physical restraints in residential treatment facilities. *Journal of Disability Policy Studies*, 16(4), 202-208.
- Mohr, W.K. & Pumariega, A.J. (2004). Level systems: Inpatient programming whose time has passed. *Journal of Child and Adolescent Psychiatric Nursing*, 17(3), 113-125.
- Osher, D., Cartledge, G., Oswald, D., Artilles, A.J., & Coutinho, M. (2004) Issues of cultural and linguistic competency and disproportionate representation. In R. Rutherford, M. Quinn, & S. Mather (Eds.). *Handbook of research in behavioral disorders* (pp. 54-77). New York: Guilford Publications.
- Polvere, L. (2011). Youth perspectives on restrictive mental health placement: Unearthing a counter-narrative. *Journal of Adolescent Research*, 26, 318-343.
- Pottick, K.J., Warner, L.A., Yoder, K.A. (2005). Youths living away from families in the US Mental Health System: Opportunities for targeted intervention. *Journal of Behavioral Health Services & Research*, 32(3), 264-281.
- President's New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America. Final report* (No. SMA- 3-3832. Rockville, MD. U.S. Department of Health and Human Services.
- Pumeriega, A.J. (2007). Residential treatment for children and youth: Time for reconsideration and reform. 77(3), 343-345.
- Romanelli, L.H., Hoagwood, K.E., Kaplan, S.J., Kemp, S.P., Hartman, R.L., Trupin, C., Soto, W., Pecora, P.J., LaBarrie, T.L., Jensen, P.S., and the Child Welfare-Mental Health Best Practices Group. (2007). *Child Welfare*, 88(1), 189-218.
- Redefining Residential: Youth Guided Treatment* (2010). American Association of Children's Residential Centers, CAFETY, and Youth MOVE. Retrieved from: <http://www.cafety.org/resources/804-redefining-residential-youth-guided-treatment>.
- Reid, R. (2011). *Integrating "youth guided" and "cultural and linguistic competence" values into systems of care*. Washington DC: Technical Assistance Partnership for Child and Family Mental Health. Retrieved from: <http://www.tapartnership.org>
- Smith, B.D., Duffee, D.E., Steinke, C.M., Huang, Y., & Larkin, H. (2008). Outcomes in residential treatment for youth: The role of early engagement. *Children and Youth Services Review*, 30, 1425-1436.
- Tenney, L. (2000). It has to be about choice. *Journal of Clinical Psychology*, 56(11), 1433-45.
- Tenney, L., Orlando, S., Dech, E., & Sanchez, D. (2006). An overview of youth empowerment Nothing about us without us. Conference presentation.