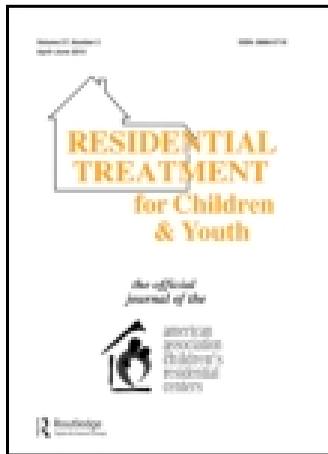


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“Okay, What Do We Do Now?!” A Qualitative Study of Transition Home Following Youth Residential Treatment

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When a parent anticipates a child's return home from residential treatment, there are many fears of the unknown. In order to better understand the process of transition from residential treatment to home, 17 families who were identified as having made especially effective transitions home, were queried in 38 separate interviews (14 fathers, 13 mothers, and 11 daughters). These findings were cross-fertilized with insights from another interview study of 125 families. Key themes from these interviews, relevant to successful transition, include (a) transferring groundwork to home, (b) navigating fear and expectations, (c) beginning to trust one's child, (d) caution about threatening social influences (e) structure that works for one's family, (f) an enriching atmosphere at home, (g) parent willingness to change, and (h) the possibility of bounce-back. Overall, we observed that families who largely operate out of panic or perfectionism appear, in many cases, to respond in reactive ways that place their daughter at greater risk for experiencing transitional problems. We share these findings in order to help professionals and parents facilitate a more comfortable and successful transition experience for youth and families.

KEYWORDS *residential treatment, therapeutic boarding schools, treatment, youth/adolescent, transition home, qualitative research, family time, expectancy effect*

Alpine Academy is affiliated with Utah Youth Village, one of Utah's oldest charities providing treatment to children and families in crisis.

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Challenges facing youth and families have, by many indicators, increased substantially over recent decades. From the mounting scope of drug and alcohol addictions to epidemic levels of behavioral and emotional disorders, a growing number of American families face crisis. In response, parents have turned to various support options to help stabilize a child at home: from outpatient therapy, to psychotropic medications, to in-home interventions. When a child's instability reaches a certain point, many families consider shifting that youth to another setting entirely, such as a residential treatment facility.

While the benefit of a fresh setting can be substantial to a family in crisis, one of the central concerns is whether successes or gains achieved in residential care endure once the child returns home. Henggeler and Schoenwald (1994) argue that residential, inpatient facilities "may affect behavior change in a controlled environment, but are not likely to maintain their effectiveness when the individual reenters his/her unchanged family, peer, and neighborhood environment" (p. 245). "Although adolescents often improve in residential treatment," Leichtman and Leichtman (2001) note, "those gains are frequently lost when they return to the community" (p. 21). More recently, another research team asked the same question: "Youth may improve during treatment, but are these gains sustained upon return to the community?" (Thomson, Hirshberg, & Qiao, 2011, p. 251). Parents of youth sent to residential treatment raise similar worries about post-discharge life: "It's one thing for them to do well in a very structured, controlled environment; it's a much different thing to do well in a much different environment" (12f).¹

Fears regarding the transition from residential treatment back home are common for parents preparing for their youth to return: "Things seemed to be going well but [what about] when she comes back? . . . We didn't know what was going to happen" (8f). "We were confident, but still nervous" (10f); "There was a lot of uncertainty and fears . . . as well as excitement because she completed something pretty big. I was exhausted, emotionally spent, a little happy . . . a little concerned" (17m); "We were happy, anxious and nervous all at the same time" (12f).

As reflected here, parents may experience a mixture of optimism and tension, hope and dread. Additional support for this stressful transition process remains a common request made by families of youth in treatment—prompting, as well, a steady stream of calls for more rigorous studies of post-discharge and long-term realities following residential treatment programs (Leichtman & Leichtman, 2001; Hoagwood, 2005; Knorth, Hardera, Zandberga, & Kendrick, 2008; Thomson et al., 2011).

When research has examined transition, the focus ranged from the planning and coordinating process among staff, parents, and youth (e.g., Nickerson, Colby, Brooks, Rickert, & Salamone, 2007) to dynamics and

patterns associated with the discharge event itself. Beyond simply rates of reunification and where youth end up going (Farmer, Southerland, Mustillo, & Burns, 2009; Trout et al., 2010), researchers have examined the role of various treatment and demographic variables, in the subsequent stability and post-discharge success of the youth. This includes gender differences (Griffith et al., 2009); variability according to race, class, and age (Farmer et al., 2009); varying severity of symptoms and risk factors (Farmer et al., 2009); and varying levels of youth skills and adaptive behaviors (Casey et al., 2010; Trout et al., 2010). On a broader level, both the micro-context of family characteristics (Trout et al., 2010) and the larger context of organizational policies and practices (Stallings, 2009) have been examined relative to youth recovery outcomes.

While our understanding of objective demographic and clinical factors relevant to transition success has thus grown considerably, there is much less awareness of the more in-depth, subjective experiences and needs of youth and families. On this level, Trout and colleagues (2010) note “numerous challenges” faced by youth following residential treatment “as they adapt to new settings or return to placements that have been unsuccessful in the past.” “Although several thousand youth face this transition annually,” they continue, “little is known about their specific needs and risks at departure” (p. 67). Given our limited understanding of patterns at this level of experiential needs and challenges, another researcher called for more in-depth studies of “post-residential transitions”—encouraging more nuanced tests of whether treatment was working—especially “qualitative investigations of successful and unsuccessful cases” (Curry, 2004, p. 429). A parent at one of our own recent workshops similarly asked “is there any way we could hear directly from families who have successfully transitioned?” This query prompted our own formal research study to gather advice and stories from those we consider the “experts” on the topic: namely, the families who have already successfully navigated the transition home. To identify patterns of successful transitions, we interviewed a number of parents whose child had done especially well after returning home. Findings from this study are highlighted in the following sections. A second companion study went beyond the immediate transition home to examine the long-term experiences of families in years following residential treatment. Themes from that study relevant to transition are also included here, with more extensive results reported in a separate manuscript.

The immediate challenges of transition home for youth who have received help through the use of placement in a residential treatment program occupies our central attention here. By listening carefully to families recount their experiences of bringing a child home from residential treatment, we aim to further bolster and guide both professionals and families who are preparing for a child’s return home.

METHOD

To explore details and depth of people's experiences, qualitative interviewing was the primary method of the study.

Sample Demographics

Participating families had received treatment at Alpine Academy, a private residential treatment facility serving teenage girls ages 12–18. Alpine is part of the nonprofit Utah Youth Village, which has served abused children in the Rocky Mountain Region since 1975. Our interview sample ranged from girls admitted between 2004 and 2008, including both girls who had successfully completed the program, or “graduated,” and others who did not, with overall length of treatment ranging from 9 to 24 months (14.6 month average). In addition to intact two-parent households, family types in the sample included couples who were divorced, remarried, and widowed.

More deliberately, our purposive sampling aimed to capture the diverse experiences of families who were especially successful in the transition process. In addition to families with fairly smooth transitions, this meant identifying those who had experienced post-treatment challenges and difficulties prior to ultimately finding stability.

After identifying those parents and daughters who were willing to participate in the study, we conducted 38 phone interviews across members of 17 different families who had experienced especially effective transitions (14 fathers, 13 mothers, 11 daughters). After first asking the father, mother, or daughter to relate “how the transition process went from your perspective?” two general questions followed:

1. What was the hardest part of the transition for your family?
2. Imagining you could speak to a group of parents soon to experience transition, what kind of advice, counsel or tips would you give? (i.e., what do you wish you had known as a family before your own transition home?)

Analytic Approach

Taking a particular philosophical hermeneutic approach to inquiry, our analysis went beyond the mere objective experience of transition itself to investigating more closely how individuals frame and interpret that experience (Martin & Sugarman, 2001; Polkinghorne, 2000; Rabinow & Sullivan, 1987). Rather than “subjective overlays” on experience, these interpretations or narratives are understood to be directly relevant to the practice and actual experience of both families and staff: “lived out” moment by moment (Fay,

1996, p. 178) and shaping ensuing experiences in tangible ways (Taylor, 1985).

Ultimately, the goal of this approach is to make subtle interpretive patterns more accessible to the reader—patterns and perceptions that might otherwise remain largely implicit, unconscious, and “hidden” (Slife & Williams, 1995). By surfacing and clarifying these patterns for parents and professionals, such inquiry may potentially facilitate a more thoughtful public and professional deliberation about treatment and recovery (Schwandt, 1996).

Although nervousness and fear regarding transition is natural, such discomfort may be exacerbated by the black-box uncertainty families often feel about what they are about to experience. One father, for instance, admitted that “dealing with our fears” was harder than the “actual experience [of transition]” itself (10f). Like a monster in the closet, the darkness of the unknown seems to make everything more frightening than it needs to be. By carefully examining the stories of multiple families who have lived this experience already, we aim to “turn up the light” in that dark room. This, in turn, can help professionals, parents and youth learn how to best facilitate their lasting restoration as a family.

Responses were transcribed directly and analyzed for themes associated with both positive and challenging transition experiences. Rather than analyze interview comments in an abstract, detached fashion, this analytic style allows the interview data to be approached as more of a living document of multi-layered text that may be productively “listened to” in successive iterations. In what follows, quotations are presented largely verbatim, except when a minor edit would clarify the intended meaning of a comment or description. Where names and other identifying information appeared, it was removed or replaced by pseudonyms.

The following report reviews patterns observed across interviews, with findings categorized in eight general thematic clusters or categories:

1. Transferring the groundwork home.
2. Navigating fears and expectations.
3. Beginning to trust your child.
4. Taking caution about social influences.
5. Finding structure that works for your family.
6. Enriching the home atmosphere.
7. Being willing to make changes as parents.
8. Holding out the possibility of bounce-back.

Within each of these categories are multiple sub-themes or sections, breaking down the key nuances and characteristics of each of these families’

experiences. After reviewing these eight categories, we summarize overarching insights and practical implications in a concluding discussion section.

RESULTS

“Trust the Process”: Transferring the Groundwork to Home

In recollecting their experiences, parents spoke of the importance of laying a sufficient “groundwork” upon which their subsequent transition was successfully built.

A TRANSITION “FROM THE BEGINNING”

Families and treatment facilities can begin planning and preparing for transition early on. One mother commented that she felt like they had been “talking about coming home on day one when . . . arriv[ing]” at the program (12m), and noted that “transition doesn’t ‘start’ after they leave the program; from *day one* we are working on that” (9m). A father similarly described coming home as “continuing” with the transition they had been preparing for over their year-long treatment process: “it was not a complete break-off . . . we had been seeing her more and more during her last months there” (17f).

As reflected here, speaking of fundamental treatment goals, the aforementioned man’s wife added, “It’s not about the daughter [alone]; it’s about the family. The goal is to get home.” She encouraged that parent involvement be “tightly woven throughout the program”—reflecting, “Everything we did throughout the program was designed to help her come back home” (17m).

Not incidentally, a high level of family involvement in residential treatment has been associated with both the most promising short-term outcomes for youth (Knorth et al., 2008)—and with a cementing of long-term treatment gains continuing when a youth returns to their home community (Leichtman & Leichtman, 2001; Nickerson, Salamone, Brooks, & Colby, 2004; Casey et al., 2010; see also Hess, Bjorklund, Preece & Draper, in press).

“PRACTICING” COMING HOME

Among the program components highlighted as helping families prepare, home visits were emphasized as a way to ask: “let’s do something to see how far she’s come . . . [Then] we’ll go back and work through it.” This mother continued, “For instance, there was a strong suggestion that we plan outings to raise certain issues and there were assignments given along the way.” Overall, this approach created a “safe situation” in the first crucial

test of transition, while giving the therapist a direct glimpse of home life to better “know exactly what the girl was going back to” in order to “continue to help the girl work through issues” (17m). Others described these home visits as “really beneficial” and “extremely useful”: “The more home visits the better!”

Home visits provide a safety-net for the slip-ups that can arise when daughters/families attempt to put theories into real-life practice. One girl spoke of her first home visit as a “complete shock”—recounting how she “messed up” by falling into some old habits. In working with her parents and therapist, however, she “came clean,” accepted consequences and started “taking things more seriously” from that point forward. Subsequent home visits improved and “really helped” in preparing the entire family for a smoother homecoming (3d).

After noting limitations in brief home-visits over weekends, one mother suggested possibly lengthening home visits (170m). About these home-visits, a girl similarly noted, “You’re only there a week—nothing happens in a week. What about a month? There should be a lot of stuff happening when you go home that you get to learn from, deal with and grow from . . . versus a week, when you only have a brief time to experience real life” (162d).

In the wake of these interviews, Alpine has been experimenting with other arrangements for home-visits, including girls returning home for several weeks prior to returning to the facility to graduate. If underlying problems have not been fully resolved or the change lacks depth, the longer length of time allows the family (and therapists) to see this, while still having the option of extending treatment further. Beyond home-visits, other transitional supports have also been explored, ranging from starting an independent living quarters for girls who will experience college or other independent living situations as part of their next step, to potentially creating a formal mentoring program with former alumni to further support girls as they return home.

AGREED-UPON STRUCTURE AND CONTINGENCIES

Several parents spoke of the importance of “making sure there is an agreement between the girl and family on what expectations will be and how she will be treated when she comes home” (17f)—in other words, a written “list of things that are expected—or . . . some ground rules in terms of behavior and communication” (11f). One mother said, “In the last days before a child comes home, discuss things that could come up . . . and set in place guidelines and rules/expectations” (157m). Another mother emphasized a “regimented structured sheet for when girls get released back home—a game plan tailored to the individual,” or perhaps “a contract signed by parents” (128m). One father underscored “advance preparation not just born out of pure stress—*Oh gosh, now what are we going to do?*—but instead,

pre-thinking of the issues likely to arise” (9f). Some of these family-youth agreements, then, reflected what would happen in a variety of possible scenarios, both positive and negative, including “action plans” centered on possible pitfalls: “If this happens, we do this’ . . . ‘If you go down this road, this is going to happen” (6f).

Speaking of this transition, one girl admitted, “The first couple of months after I left Alpine were the most difficult for me since it was a drastic change, when I came home I didn’t have a day to day schedule like I did” (122d). Reflecting on her daughter’s arrival home, one mother related how these initial ground rules and agreements made it “okay for her to ask us to do certain things” and laid out “how . . . we check in with each other—how we express frustration, desire, etc.” (13m).

The ground rules and agreements are as important in teaching the parents how they, as primary caregivers, will act as they are for preparing the youth how to act. In thinking ahead on foreseeable issues, parents work together with the youth and therapist in scripting the most effective and appropriate collective responses. These responses are then practiced on home visits so that they are more intuitive when the child finally returns home.

ADDITIONAL POST-DISCHARGE PROGRAMMING

Beyond home-based planning, there is a well-established role for high-quality, multifaceted discharge planning spanning broader community and educational resources: this, as key to fostering mental and emotional stability for any individual post-treatment (Backer, Howard & Moran, 2007) and as facilitating re-integration of youth back home, specifically (Casey et al., 2010).

While some families lined up formal transitional services following discharge, most did not: “We explored several options of transitional help . . . but decided against it for the expense” (10f). Others found a separate transitional service helpful for the further parent-child contracting and family/group therapy it provided (13f). Several other families had mixed results. One mother suggested that if youth are “that needy to require that structure” they indeed need something substantial afterwards: “In terms of transition, nobody can go from most restrictive to least restrictive and not struggle to function. It’s like taking a kid who has had open heart surgery and asking her to run a marathon.” However, after emphasizing, “They need a step-down program,” she said she had not found one to be effective for her own daughter (125m).

Overall, having confidence in the plans that were already in place was a theme across multiple interviews. One father described getting ready for the day of home-coming and feeling a “reassurance knowing those connections

were in place” (10f). When asked about their successful experience as a family, another father remarked, “We didn’t do too much different than we were told.” Offering advice to other parents, he said: “Do what they tell you to do; follow the guidelines. Pay attention on parent weekends” (8f). A mother similarly emphasized, “Trust the process!” (4m).

“Don’t Worry, This is Normal . . .”: Navigating Fears and Expectations

The second interview theme begins to examine the nature of varied family expectations and their role in facilitating or constraining an effective transition process. We begin by first considering the strong tendency, based on past trauma, to anticipate more negative outcomes—an understandable disposition faced by many families when a child returns home. In the subsequent section, we consider the opposite, less-exercised disposition to expect *positive outcomes*. Even with tangible plans and preparations, parents often spoke of a mixture of emotions in anticipating their daughter’s home-coming: “there’s always going to be some nervousness” (12m). As the “training wheels” of treatment safeguards are removed, a little “wobbliness” is understandable moving forward.

THE ADDED PAIN OF PANIC

In some cases, however, these normal worries can be enlarged to the point of debilitating fears. One mother spoke of “wanting to make sure that what looked like recovery, was [authentic] . . . I was naturally, a little scared at first that the change wasn’t real” (15m). Another mother admitted, “We were all apprehensive—not sure what to expect or not to expect—and wondering how things would progress. There was a fear of set-backs on her part” (11m).

One father spoke of being nervous that when she was back in her old environment “we’d be back in the same stuff.” During that anxious time, he recalled wondering, “How am I going to prevent this? How am I going to prevent that? . . . Are [we] going to do it right?!” (8f). Another father spoke of “another phase of hopelessness” setting in following the initial “hopes and dreams” of beginning treatment: a growing dread of failure that can creep in and terrorize a family preparing for transition, that is, “I just can’t go through this again” (9f).

Intense fears can follow a daughter home as well, with one mother recollecting, “Anytime it looked like something was going a little wrong, I found myself holding my breath and expecting the worst.” She continued, “when my daughter would emotionally fall apart (or appear to)—I would jump up and not breathe, not trusting her or me that we were prepared to deal with it . . . it would have been very easy to get on the phone—‘What do we do? What do we do?’ . . . It was very scary the first couple of times” (17m).

After her daughter returned home, another mother acknowledged one of the “scariest moments” being the “first time she made a poor choice” (14m). A third mother said, “you have to be careful when things are not good, to not go over the edge and think, ‘oh my gosh, things are over.’” Reflecting on her former mindset with her daughter, she continued, “it seemed [too] easy that things could spiral out of control—you panic: . . . ‘I’ve been through this. I know the outcome. I know where we’re going. . . .’ It is hard to not . . . your whole body gets into it!” (6m).

As reflected here, expectations of parents and the family as a whole often continue to reflect the imprint of prior traumatic experiences (“I know where we’re going. . . .”)—even when a daughter comes home in a new place with meaningful progress. One mother admitted that it has been really “difficult trusting [Stacey] to go out—being okay that she was out of my sight.” She spoke of “white knuckling it” and letting her “prove herself . . . that she wouldn’t run off and do drugs . . . that she could be responsible. That was scary.” In her defense, she said: “It was very difficult to give her the trust that she could handle it herself . . . I had almost lost her [before]” (13m).

Like other aspects of the healing process, new expectations are rooted in new experiences unfolding over time. Several families spoke of a process of settling back into each other gradually. For the first few weeks and months, one mother described the family “feeling each other out” as their daughter once again got used to “fit[ting] into a new environment” (11m). One father said, “After having her gone for so long, it was hard to have her home . . . she was a different person and you haven’t [as a family²] had a chance to adjust in an up-close and personal way (aside from phone stuff)” (12f). One mother noted “it took a year for everyone to feel comfortable with each other again” (170m).

Many accounts reflected family members being patient with each other in this unfolding process. After describing her initial panic, another mother related, “my daughter worked with me and worked with me, until she let me know I was trying her patience: ‘Mom, I wish you would believe me’” (15m).

On one hand, then, some degree of worry can be seen as an acceptable aspect of transition, even “just [a] part of the process” (15m). Indeed, more than something to merely ‘tolerate,’ healthy parental caution and worry can be helpful. Looking out for “common antecedents of negative spirals such as a stressful day” (12m), for instance, can feed into a greater level of readiness and family preparation, generally.

On the other hand, parent comments highlight how fears can contribute to an overall atmosphere of discomfort. One mother described the immediate time home as “touch and feel” as different individuals “didn’t know how much to bring up” or “how to ask some questions . . . wondering if [Jill] would resent them or whether [certain questions] would send her into

a tantrum” (11m). A father described “walking on eggshells for a week,” adding that he believed this was “anxiety we brought on ourselves” (8f).

POTENTIAL CONSEQUENCES OF PANICKING

While families would be abnormal if they didn't experience some degree of trepidation, when these fears become intense and controlling they can put a successful transition at risk. Beyond the parental discomfort, fearful parental feelings can be hard for youth as well. One daughter described the mindset of her family at the time: “Oh, you made one mistake, and you're totally back in the same place that you were . . . [you are] back at the beginning” (10d). Other girls offered similar evaluations of initial family expectations: “When I was having small struggles, it appeared [to my parents] as a big struggle—‘oh, my gosh, she's going to fail. . . . Who do we call?’” (6d); “if they mess up once, then it's all over and the girl is going to go back to her old habits” (13d); “I got frustrated a lot in the beginning. . . . It was hard for them to understand that I'm not the same as I was before. I made a few mistakes when I got home, and still make mistakes now. I would make one mistake, [however], and they would react like before I was sent to the program” (14d).

Parents admitted during interviews that they had struggled in this area. One mother said “I would question her responses, over and over, even those that were solid, wanting verification over and over that ‘yes, this was normal’” (15m). Another mother acknowledged she had been “a little skittish” about whether “something was not going to be right: ‘are you going to end up hurting yourself?’” She admitted that she had “tried [her] daughter's patience in the process” and recounted her daughter finally telling her, “I just don't need you to ask me every day if I'm okay” (10m). Although his daughter was “very tolerant” with these kind of parental worries, one father cautioned that “if the kid is not as tolerant” they can “perceive [such behavior] as mistrust” and it can thus easily become “a source of friction” (12f). In addition to over-questioning, such fears sometimes are associated with fairly extreme levels of monitoring (see the following section).

It appears that extra fears can be compounded by expectations that somehow a girl should not struggle after completing the program—that something is wrong if the transition is not simple and easy. One mother acknowledged an “assumption that once a child graduates from the program, they are fixed . . . perfect.” She continued, “This is a hurtful misconception because the child senses that and begins to question.” In the case of her own daughter's patterns, this mother said that she “hesitated a lot; was afraid to make a mistake and requested to continue therapy because she was so unsure” (11m). When asked the hardest part of her transition, one girl responded, “showing parents you were not the same as before and my parents realizing I wasn't the same as before.” She suggested, “one

little mistake doesn't mean your daughter is going back to how she was before" (14d). One girl said that after one mistake her parents "thought she was back to old things." This contributed to the whole family being "really discouraged"—with a sense of "nothing works; everything is terrible" (6d).

Ironically, perhaps the biggest danger of parents operating out of this fear-of-regression is prompting some of that very regression in their daughters. Reflecting earlier quotes, another daughter said, "The biggest thing a kid wants from parents is to treat them like they are normal again. I knew I was better—but if my parents don't and are constantly questioning, it kind of breaks your confidence a little." This girl, who had struggled with eating issues, said, "If I wasn't hungry and parents jumped on me—that would be really, really frustrating" (12d). In her own interview, this girl's mother agreed, "I can't reiterate strongly enough [the importance of] having an up-front conversation [making sure] parents are prepared to let go [of fears]." She insisted, "If parents can't let it go, the girls are more vulnerable" (12m).

Several parents suggested ways that a lack of trust can provoke actual worsening behavior. One father related, "Sometimes we will wake up going 'here we go again' and it can become a horrific self-fulfilling prophecy. Kids can read it on [parents'] faces—utter panic." He illustrated, "A kid is out past curfew and doesn't call back, but parents feel utter terror . . . there is a difference between panic and concern." He went on to emphasize that, in reality, this is "a problem that a *parent* has to solve" (9f).

Girls sometimes reported feeling provoked to act out by excessive parental fear: "why should I trust them if they don't trust me?" (13d). Another girl whose parents were described above as trying to "rescue" her, went on to describe coming to feel "trapped" and "wanting to do things bad because I felt so suffocated" (6d). In spite of her parents' earnest efforts (and perhaps partially *due* to their efforts), this girl was eventually returned to treatment for a short time. At the parents' own admission, this outcome was related to their own initial overreaction to problems that arose soon after her first homecoming. Within a week after graduation from the program, their daughter experimented with alcohol and resisted their requests on other issues. Their consequences at that time "to make sure it did not happen again" were so severe that it prompted spiraling anger and further defiance. Reflecting back on what she would have changed about this experience, the mother said, "I wouldn't have given her such a big consequence" (6m).

"We Started to Believe in Her . . .": Beginning to Trust Your Child

At the same time families become aware of strong dispositions towards expecting negative outcomes, a parallel awareness can arise regarding positive outcomes. If there is danger in strongly expecting negative results, there is arguably a corresponding protection and benefit for families with the opposite: coming to trust that positive developments can continue to emerge, in spite of turbulence.

BEGINNING TO BELIEVE

Alongside evident problems from operating out of excessive fear, other participants spoke of the benefits ensuing from a different approach. Most basically, this includes, in one girl's words, "to not freak out—to be okay. They [your daughters] know their skills and if they need help they will come and ask" (11d). Reflecting on a difficult period with her daughter, one mother agreed, "I would have tried to calm down a little bit" (6m).

Rather than let the fears pull them into a downward spiral, several parents spoke of learning to essentially short-circuit the forebodings by staying calm enough to think clearly. One father related learning to "stop ourselves" after beginning to fall into fearful thinking and process together as a couple what was happening. He encouraged other parents, "As things get challenging, don't get panicky that things will go back to pre-treatment levels" (7f).

A mother recounted learning to "deal with each situation, instead of letting my mind go wild and thinking 'this will happen!'" (14m). During times when she would start to panic, another mother described learning to "take a breath and come through it," realizing "'hey, she's not 100% horrible . . . she can come through this.' You begin to trust." She went on to offer this encouragement, as well: "Don't let one day ruin it. Don't let emotions take over. Stay calm . . . Realize that a bad moment has happened; that's all it has to be. . . . Try to keep it small and not let it take over the whole picture. . . . You can get through it and it doesn't have to ruin it" (6m).

In some cases, parental reassurance came directly from girls themselves. One mother described her daughter reporting back, "I'm just having a hard day . . . I'm just tired right now. You don't need to worry." She continued, "The girls are done with the program, but they're not perfect. We can go ahead and share life's experiences after that . . . and that includes hypermoods, down moods; that includes mistakes." She added, "I think in a lot of circumstances, those kinds of ultra expectations are what drove girls to treatment in the first place" (15m). Another mother said that if there was "any kind of anxiety," her daughter would "put both hands on our cheeks . . . look us squarely in the eye and reassure us she was better, 'Mom, you don't have to worry. I'm okay'" (12m).

While proactive assurance from daughters was sometimes offered, in most cases, it was actual experience itself that seemed to offer the most reassurance. After recounting her early concern ("Is she going to go back to that same behavior?"), one mother related the following: "Everything was perfect for a few weeks; the first time she made a poor decision, though, I went from 0–60 (hysterically calling the therapist) and thought, 'okay, she's back in treatment.'"

After talking through the experience, however, the mother reported calming down and asking her daughter to set her own consequences. This mother recounted in the interview, still with some excitement in her voice,

how her daughter had accepted and agreed upon on a five-day penalty: "Wait a minute, we got past this!" the mother thought: "She accepted it and moved forward! It was the most amazing thing . . . she was able to take ownership, accept consequences and move forward." Flashing back to the time before treatment, she recollected, "When we got in an argument she would go up to her room and not talk with anyone. With any conflict, I would be fearful that would happen. Each time that it wouldn't happen, [however], I would become more confident."

Associated with a growing atmosphere of comfort in this family's home, seemed to be a progression of positive experiences galvanizing new memories that would then gradually displace old fears and negative expectations: "At the beginning, triggers are still fresh . . . we tend to remember the past. Now, we don't have those memories fresh" (14m). The mother concluded by describing how her daughter still made mistakes, but that things were different because "she was still able to accept consequences." As a result, she saw significant change continuing to happen in her daughter: "Over time, she began to realize 'these are my choices and it's much better to make good choice instead of bad choice.'"

Similar patterns were seen across multiple successful families. One father said it's "taken some time to see 'hey, she's really handling it well'; 'she can do this'" (3f). Another father who spoke of initial worries of automatic chain-reactions ("Oh, this is going to lead to this") when problems arose, continued, "But it never did!" (7f).

One mother said, "I was surprised at how well she did. What I discovered was that so many of the internal mechanisms [she had learned] to govern herself took hold! She was able to do things the right way, even when I struggled. She learned this stuff; it became a part of her" (4m). One mother, who spoke of initially holding her breath and "expecting the worst" when anything went wrong, eventually got to the point where she was "not always preparing for things to go wrong." Speaking of this gradual learning, she said, "the process had helped us develop enough confidence in our abilities that we could step back and say, 'We made it . . . we didn't go down that path again . . . but it was still very scary the first couple of times'" (17m). Speaking of similar growth, one mother said, "the more we repeated these steps, the more comfortable we got with ourselves" (11m).

As previously reflected, eventual experiences led many parents to a sense that the intensity of their initial fears was simply not justified: "Our fears were overblown," said one father (10f). Acknowledging the initial difficulty of transition for both daughters and their parents, two girls encouraged families to simply give it time: "Remember that the first few months will be hard, but things will get much easier over time" (6d); "It will be hard at first . . . It takes take time getting used to home [but] . . . things will get better: Have patience" (7d).

BEING BELIEVED-IN

While gaining trust was an understandably difficult journey for many, it was the outcome of this process that seemed especially valuable in hindsight. One mother said, “The number one thing is to have faith in your daughter. Have faith that while she was in treatment, those lessons got inside her.” She thus emphasized, “You don’t have to worry about not getting it right, these [lessons] have been put inside of her [and] she should be able to handle it. As long as you have that faith, your daughter will pick up on it” (4m).

One girl emphasized the importance of parents having “confidence in their daughter so she knows they are proud again,” and said of her parents, “They weren’t worried or looking for something to be wrong” (12d).

If panic contributed an added emotional burden to the transition process, the opposite seemed also to be the case; that is, authentic trust appeared to add a significant *lift* to the transition experience. One father commented on a sense he got from his daughter of worrying she had lost out on her dreams: “She would say, ‘am I totally screwed now [for life]?’” He continued, “Some of their cohorts might be gone from school—[it’s easy for] hopelessness and resignation to set in for a 15 year old.”

Based on his own experience, this father encouraged other parents to, “give your child the psychological reassurance that her goals are still very obtainable—you know, things which we know because we’re older, [like] ‘it doesn’t really matter at what age you graduate.’” By sharing this kind of faith, he argued that families could better avoid the “drag” of the past “becom[ing] a self-fulfilling prophecy” (9f).

The importance of faith and trust applies to parental evaluations of their own capacities and effectiveness. One mother spoke of having “concern that I wouldn’t be able to follow through on parenting skills” and being “very worried all would go up in smoke if we weren’t able to do that and that everything would revert” (4m). While such trepidation was normal, some parents spoke of finally pushing through the fear. One mother described coming to realize, “We can do this!” and starting to “trust herself to make good decisions”: “As a parent, you’ve got to believe you can do it” (6m). Another mother spoke of having confidence as parents because you have the “tools to deal with this . . . you can fall back on those!” (17m).

Even parents who successfully conveyed confidence to their child, admitted at how challenging it was to do so at times. One father admitted having to “really convince ourselves that we could trust her” (8f), with a mother recollecting serious initial fears, but emphasizing her decision to trust her daughter anyway (10m). Another mother who encouraged parents to “show their kid that they believe in her” acknowledged that sometimes you still have to “suppress your anxiety”: “after so many physical traumas you really have to make a concerted effort to let that go and close that chapter” (*gets emotional*). She elaborated:

If you don't believe in them, they have a hard time believing in themselves: closing that chapter is an act of trust . . . leaving the past behind and not trying to bring it into the present. You have to trust that all the work she did and all the work we did as a family has worked. . . . You kind of have to let the chips fall where they may—but the past is past.

This mother went on to offer specific advice to parents who are struggling to *feel* trust in their daughter: “Confidence doesn't have to be spoken—it just has to be *done* and *shown*. . . . Don't say ‘I trust that you're okay.’ *Believe* that they are okay, *act* that they are okay.” She continued, do this “all the time, except for moments of weakness, because we're human. When you're feeling weak, just say [to your daughter] ‘I'm feeling weak . . . this is my issue.’ Sometimes it's just hard” (12m).

Like letting go of fear, the process of genuinely trusting a returning daughter also appears to be one that often *happens over time* as post-treatment challenges are faced and overcome. After stating that his daughter “came home . . . ‘as advertised,’” one father acknowledged, “the only way to get that trust is through experience” (8f).

SEEING MISTAKES AS TEMPORARY SET-BACKS

As hinted earlier, part of the capacity to trust and embrace one's daughter as being okay seems to be avoiding expectations of perfection. Several raised concerns with the consequences of what one mother called “ultra expectations” (15m). When asked about the biggest barrier to their family transition, one father said, “We didn't think she was going to make a mistake”: “There was a false sense of security” and a problem with “expectations being very high, too high.”

He continued, “We thought the honeymoon wouldn't be a honeymoon—that things would continue like that” (14f). The man's wife recollected her own confusion, “Wait a minute, I thought my child was going to be perfect.’ No one told me that, but that's what we thought.” She went on to say, “I wish it had been drilled into my brain that my child is not going to be perfect” (14m).

Like those within the family, expectations from extended family and schoolmates can have a significant influence on the process as well. One mother spoke of initially touting her daughter's progress with friends and neighbors in a well-intentioned effort to help her daughter by cultivating positive expectations in her surrounding community. As a result, however, upon her return home, her daughter was not comfortable going to family events because everyone expected her to be “amazing”—that is, “Everyone thinks I'm doing so well; I don't want them to think if I'm not having a great day that [I'm back to where I was before]” (14d). In retrospect, this mother

said she's "not going to be perfect" she added "and you don't need to justify this to anyone [else]" (14m).

Without reverting to the other extreme of expecting failure, parents and daughters spoke of coming to a healthier expectation regarding mistakes. One father asserted that it was "unrealistic to expect that everything will change and [she] will be a completely different person" (1f). A mother said "realize that it's not going to be perfect—that you're not going to be perfect, and that you'll have ups and downs" (17m). One of the girls similarly highlighted the importance of "know[ing] that there will be mistakes that happen . . . [and] that you will trip sometimes, but that you can get back up as long as you believe in yourself" (11d).

One mother said, "She still tries to push the envelope a little bit, but that's teenagers. It's hard to distinguish between classic adolescence behavior and . . . hard to distinguish which is her and which is us . . . and which is typical adolescent behavior—this is typical behavior" (157m).

One girl spoke at length about the difficulties of being "put back into the real world" where "all those things are back, including the issues . . . which are not gone either." She recounted, "As I had more responsibilities, old tendencies would come back," and admitted that she still had to "work on them every day." Rather than be overwhelmed by these challenges, however, she described how she would approach and cope with them mindfully—starting with "not pushing them away" and accepting there was still a struggle to face.

"One of the hardest things" for both herself and her parents, she continued, was accepting that she was still struggling with underlying challenges *without* overreacting—"realizing we were human" and that "not everything [would] go like I expected it": "I was sure I wouldn't have a set-back . . . I was not allowing that to be a possibility." In summary, she said, "Don't expect everything to go wrong, but also don't expect everything to go right." (9d). Others called for more realistic views of the residential stay itself: "[The program] is not a magic answer to everything . . . it doesn't do it all" (9d); "Treatment helps—but it's just the beginning" (13f).

The father who cautioned against expectations of a "completely new person" went on to similarly emphasize a "tendency for kids to fall back into patterns had before" but "not to overreact when they make mistakes and backslide" (1f). In one family's experience, a father reported that a number of problem behaviors "revert back moderately, some behaviors a lot—some not at all" (7f). As two fathers similarly encouraged, families can make sure "set-backs are just treated as set-backs" (9f) and when a problem occurs in their daughter's life, "make her feel like it's a temporary blip and going to be okay" (13f).

More than simply avoiding over-reaction, other parents spoke of proactively seeking to assure and support their girl. One mother said, "At times, she would get upset and seem like she forgot about everything she learned

in treatment. . . . [These] times [she] needed her father or I to talk with her and comfort her . . . and she would come back” (170m).

Even trust, of course, has a balance. Indeed, an acceptance of turbulence is not the same as naiveté. While one father encouraged making sure “set-backs are just treated as set-backs,” he then continued, “but be wise. That takes vigilance and reality-checking” (176f). A mother suggested that other parents “look out for common antecedents of negative spirals such as a stressful day” (143m). One girl agreed, “understanding and being okay with the fact that there will be mistakes and that you will not be perfect when you come back—this is not an excuse to go back and do crazy things—‘oh, well if I do anything when I get back, it’ll be fine.’” The real importance of family patience and acceptance, according to this girl, is feeling assured that you are loved even when problems occur—“just your parents acknowledging that they’ll be there for you” (10d).

Hoping and trusting, in this sense, is not contingent on things always going well. Rather, it is an acceptance that things will be okay, even when struggles come along. One mother said, “We all need to remind ourselves that we are works in progress and remember that when difficulties . . . come up, we have tools; and to always remember that an argument, sadness—the stuff of daily, human emotions—*doesn’t mean crisis*” (15m). One girl said, “Expect for the kid to mess up at least once. . . . Once is not a big deal; when you get out of the bubble, you are going to test out the waters, to learn for yourself: ‘I don’t want that,’ etc.” (140d).

BENEFITS FROM ACCEPTING FALLIBILITY

As reviewed previously, in the absence of this kind of a healthy view of mistakes, problems can arise. The good news is that in the presence of healthier expectations, when built on the groundwork of preparation and mingled with growing trust, this kind of healthy awareness regarding the normality of turbulence can lead families to deal well with any difficulties that arise. One father said, “they are still going to make mistakes and make bad choices, but not [going] over the edge.” He emphasized girls at this point having “ways to resolve internal conflicts without getting destructive and tools to fall back on.” While it remains “her choice,” this father ultimately proposed that girls will “maybe go a little bit wrong, but not all the way . . . [they] understand the limits” (9f). His wife agreed that there is a “meltdown once in a while, but she holds herself together” generally. “She doesn’t always think of skills, but just needs a reminder . . . to go back to a skill . . . to stay with the skills (9m).

After a long honeymoon period where their daughter was almost “too perfect coming back,” one father described a return of some “ups and downs” as she “turned back into a regular teenager.” He continued, “so she’s going to get in our face; we’re going to get in her face . . . we’re

not going to agree with everything. Like everything, there are peaks and valleys.” He went on to speak of points where they had “difficulty with certain friends we wanted her to avoid.” After saying all this, however, the father emphasized the crucial issue: “while these ups and downs occurring, *she was moving forward with her life*, instead of stop-gap. Now she’s getting ready, and already accepted to college . . . a few years ago we couldn’t see this happening” (14f).

“Drinking is All People Know What to Do . . .”: Taking Caution about Social Influences

While the role of belief and confidence is helpful to consider, it is important to avoid overstating the case as well. While faith may change how we relate to the world, it does not make the realities of the world go away. This section examines interview comments regarding the surrounding social influences that teenagers face, ranging from particularly toxic cultural factors, to more subtle expectations and ideals within a given family or community.

CONFRONTING A TOXIC CULTURE

As detailed extensively elsewhere, the sociocultural influences on youth right now are remarkable. One father remarked how hard it was “finding kids not into drugs and alcohol” (6f). His daughter commented, “People are so nice and welcoming at Alpine; it was a shock to come out into the world: vulgarity in the hallways, people making out, people getting wasted, drugs . . .” (6d). Other parents agreed: “Girls are going back into a no-holds barred, anything goes environment with drugs, cursing, etc.” (15f); “Drugs are everywhere . . . partying—everyone does it.” This second father explained that if you “don’t do it” it can easily appear to “make you an outcast”: “It’s hard for kids being party-monsters, to all of sudden become goody two shoes.” He went on to propose that the goal is to “help them fit in without falling back” (13f).

One mother said, “It’s a whole new world out here.” For girls who “have been secluded . . . and pampered a little—when they go to college environment, a whole another ball game . . . that was a little scary for her” (114m). After their girls completed residential treatment, two parents reflected on the struggles they continued to face:

I think it’s really hard for kids to leave such a protective environment and face the peer pressure and the reality of society and an environment where there are all kinds of unhealthy things going on . . . with the #1 teenage goal of “fitting in” after being gone for years. . . . Back into a new school and environment, it was extremely difficult . . . coming back into an environment where kids have cliques. . . . The tug and pull

of this situation is huge. . . . That wanting to fit in with other people, especially—this was more important to her than hanging on to what she learned at Alpine. (142m)

It was kind of hard to assimilate back with her friends; her whole life has changed. She didn't have a lot of friends before she left and then to come back this age and to go to a high school where . . . all the kids were doing drugs and having sex and not wanting to go to college—the peer group was horrible, *horrible* . . . it was a horrible peer group. They hugely impacted her; that's all she would come home and talk about—"so and so is doing ecstasy." . . . She wanted to go to a "rave." I didn't want her to be around that all day, every day . . . when kids are surrounded with that and when that's the majority group, that's hard. (154m)

"When your child is the *only* one around who has rules and limitations" one mother said, "as a parent that is really hard":

Her friends were clueless and not doing any of the Alpine patterns. They had never been trained to do it. They were resistant to following rules and expectations—with an attitude of "I am 18 and can do what I want to do." . . . Some of her unhealthy choices came from being with and trusting these people. (142m)

"YOU'RE NO DIFFERENT THAN YOU WERE BEFORE": RESISTING FORMER REPUTATIONS

As reflected here, coming home to old friends or situations can be the diametrical reverse to "going away and starting new." One mother said, "The challenge was that "she was back into contact with people who knew the trouble she had gotten in . . . back to the same environment, coming back to all the same issues" (72m). A girl said, "It's really easy—I'll admit—when you get out of the cushy situation. . . . I'll admit, it's hard. . . . People I tried to make friends with were doing drugs and drinking" (140d).

Like the expectations from surrounding family and friends, peer expectations can play a major role for better or worse. One girl said it was an "emotional shock to see old friends" and like others, emphasized the particular challenge of "going back to a regular public school from an all-girls school" (11d)/(15f). One father spoke of the difficulty of his daughter returning to school and "still having reminders of the way she was perceived when she left; it was awkward for her" (17f).

One of the girls similarly remarked that it was hard to find acceptance, given her previous reputation for doing the bad things—"wait a minute, I don't do that anymore" (6d). As her father described it, while she no longer wanted to be with "all the friends that she used to hang around" stable kids "still think of her as a druggie." He described her as feeling "between a rock and a hard place, in terms of making friends." (6f)

For some parents, the best strategy was to allow their daughter to start back to school in a whole new environment. One mother reflected, “How can you start over when all those people know your history? They know your past—they’ve already made up who you are. How can you reinvent yourself? How can you come back as a new and improved version?” She continued, “One would hope one would be strong enough to do that—but like an alcoholic to a bar . . . the stressors would still all be there. Why not give them a chance to start over brand-new?—a place without the reputation—without answering to anybody” (12m).

This strategy appeared to be helpful for some—such as one girl who liked moving on to a new school, “because [she] wasn’t having to go back and deal with people at my own school; it would have been weird to have them go—‘where’d you go?’” (10d). For another girl, the new school environment was difficult, due to not “knowing anyone” and the challenge of meeting new friends (11d).

For other parents, their strategy was helping to support their daughter in facing her old environment with new tools, a healthier perspective, and “new eyes.” Indeed, in many cases, girls reported being able to navigate their old environment and find new friends. One girl admitted that in the beginning she went back to making “unhealthy friends.” After a while, though, she noticed that “their idea of life was a lot different than mine”: “I looked into my future, while they said ‘oh, this is high school—it’s only once in a life.’”

From the lessons she had learned, she commented that “kids who haven’t been through that experience are not as mature” and added that it was “harder to talk with them” and that she sometimes felt on a “totally different level than [her] friends who hadn’t learned those lessons.” Ultimately, she spoke of finding “other friends also looking to their future” and discovering that many of her old friends would “come to [her] for advice” (11d).

One girl spoke of once hanging out with her old friends while they were drinking and sticking with her values. Referring to peer pressure, she said, “I don’t see why people say it is difficult—it’s really not. . . .” She recounted her friends telling her, “you shouldn’t listen to their brainwashing—they’re in Utah, they’re stupid; you’re back.” She described staying sober and responding sarcastically, “Yeah, I’m pretty dumb—they brainwashed me in Utah . . . *you guys* are stupid.” She went on to describe finding other friends that reinforced her new choices: “That’s cool that you have stuck to it”—“some friends get it, others don’t” (13d).

What Are We Going to Accept in Our Home?: Establishing Healthy Accountability Structures

Previous sections have examined beliefs and expectations—specifically, the importance of confidence in one’s daughter, in oneself as a parent and in the transition process overall. As one mother pointed out, however, confidence and trust are more than feelings and in reality things that are *done* and

shown. Here, we turn to patterns in parental action that reflect and flow from varying levels of trust: how much structure and freedom are allowed girls upon their return home.

GIVING SPACE

Several daughters felt that parents sometimes went overboard in trying to monitor and limit freedom, especially at the beginning of their return home. Associated with the panic and fear discussed earlier, some parent accounts reflected problematic overmonitoring, a sense from one mother that “[we’ve] got to keep on top of them” (6m).

This mother’s daughter reported feeling like her independence was “taken away” when her parents watched too closely (6d). Another girl suggested “not being so, like, jail-like when you get back”; “show[ing] respect for what their girl has accomplished” and giving her the “freedom she has earned . . . instead of watching her like a hawk” (13d).

Still another girl recommended to parents, “Not try[ing] to keep their kid in a bubble—try[ing] to help them make right decisions, but not watching too closely.” This girl went on to say, “Know your child can make right decisions for themselves . . . give them that bit of independence” (6d). A fourth girl counseled, “Put limits on them—but don’t put too many limits on them” (4d).

After admitting she had been “afraid [her daughter] was going to slip back” and “didn’t know what to do,” another mother described earlier attempts to “save her” (11m). A number of individuals reflected on past efforts to ‘coddle’ their daughter. One father cautioned against “parents taking responsibility for things they can’t reasonably take responsibility for” and “throwing money” at their child (12f). One girl spoke of her parents “wanting to rescue me from my problems” and how it ultimately “took away responsibility to do things for myself.” When a problem would arise, she described thinking, “Whatever, I don’t want to do [anything]; my parents will do it for me.” As a result, she gradually came to feel “too dependent on parents for guidelines on what to do” (6d).

Reflecting on their situation, this same girl’s mother went on to encourage other parents to “let [your daughter] do things for herself and not do things for her to try to make it easier (e.g., not wake her up in morning; not do her laundry or clean her bathroom; not cook special foods; not check up on teachers; if she doesn’t show up for an appointment, she needs to make it up).” She continued, “don’t buy her as many things, so [a sense of] entitlement is not there . . . ‘If I buy her this, she’ll stop doing this bad thing’” (6m). Another mother agreed, “We try to save them, and as a result we do not allow them to grow” (11m).

Parents shared similar insights about independence, with one mother noting, “Something I learned through the process is that I didn’t *own* her

feelings . . . I had done everything within my power to help her. Now the rest was up to her. That allowed me to step back and take a look at the situation: ‘hey, you can do this!’” “In periods of uncertainty or turmoil,” she continued, “I could suggest to her . . . ‘But wait, you do have the skills. Think about it. Write it down. You do know how to resolve it.’” At the same time, she also told her daughter, “I cannot save you . . . I can only support and guide you.”

Although her daughter was “fearful at first” and even spiraled down a little, the mother recounted how she eventually lifted out of that particular difficulty without relying on even a therapist’s help (11m). One father similarly spoke of “letting go and trusting her judgment . . . ‘Okay, sweetie, this is up to you now. We’ve done what we can’” (3f). In contrast to coddling or seeking to “make it all better” as discussed earlier, these parents sought a balance in offering support that affirmed and reinforced, but did not displace their daughter’s efforts.

Like trust, the freedom allowed to girls was typically not absolute, but instead conditional and growing over time as well; this gradualness was highlighted as important by several daughters. One girl said, “I had to kind of earn my freedom when I came back; that was understandable” (13d). In her mother’s words, this entailed “giving her more leash when she proves she can be consistent” (13m). Another mother said “slowly we would allow more independence . . . as her parent, we made sure that someone was around and then slowly got back to normal” (170m).

Another girl similarly said “I had the trust” but my parents “wanted to experience what I was” before granting more (14d). Her mother likewise related, “day one [back home], we were all very, very positive . . . she was excited to start being a part of the family again. We started her slowly receiving certain privileges—cell phone, curfew (things like that we didn’t want to automatically give her).” She explained, “we were at a certain level of trust from [the program], but wanted to make sure that trust was maintained [as in] ‘By this day if you are still meeting this goal, then. . . .’” She added, “It wasn’t just all given at first . . . ‘oh, you were gone so long; oh, I feel so bad . . . here, have a puppy’” (14m).

This girl’s father said, “It takes time to get going with a regular routine back home; you have to experience things yourself and realize what is right and wrong for [your family].” While this father noted it is hard (like with any child) to “let kids make their own decisions,” he suggested unique challenges in this situation given the ongoing transition from such high levels of external reinforcements to more reliance on internal, personal motives (14f).

The evident pattern here is parents not initially overdoing space or giving their daughter total freedom, while still giving her enough space so that she feels trusted and then increasing that space and freedom contingent on behavior: some trust, but not all trust . . . and growing into more.

GIVING . . . NOT-TOO-MUCH SPACE!

The growing, gradual increase in trust depicted above is not necessarily intuitive to some families. Just as parents can tend to an extreme in limiting space and freedom, so also can they lean to the opposite extreme, at times, of providing freedom to their daughter too quickly.

One mother spoke of real difficulties in being an agent of accountability: “It was hard to follow through on consequences . . . but being here, being her Mom, it’s a little tricky to have that constant accountability, because then it creates battles. . . . We’re not as good as we could be holding firm with expectations. We kept her on too long of a leash. When she came home, we gave her too much freedom” (82m). Another mother said, “She responded well to the accountability and the discipline at Alpine—which is critical,” before admitting:

I didn’t do well with these things at home, however. I would tell her, “You’re not going out unless your room is clean.” Then someone would call to ask her out and I would think, “Oh, I want to give her this chance,” so I would let her go . . . and she would promise it would be done the next day. I was so caught up in the emotional part of being a Mom and wanting her to be happy. . . . That’s the hard part at home—the discipline and consistency (67m).

Speaking of moments when problems arise in a girl’s transition, one father warned against a tendency to “sweep it under the rug” and say “Well, it’s just a little pot, booze . . . every teenager does it” (10f). Another father similarly admitted that it was “tempting to let things go” with his daughter—for example, “I’m going to let you go this time—but don’t do it next time” (12f). Another father said it is “easy to let them manipulate you and reestablish characteristics that got them there” (13f). As reflected in these and other comments, if structure is weak or inconsistent, the possibility of a girl falling back into patterns may increase considerably.

In several instances where mothers emphasize the difficulty of leaving a structured setting, they go on to deny their own capacity to provide any comparable structure at home. Yet, many parents discover an ability to do just that. One of those fathers pointed out the importance of respecting his daughter’s personal agency, and then simultaneously emphasized the need to “hold your kid ruthlessly accountable for choices they make . . . it’s unpleasant when your kid is making a crappy choice and you’re warning them.” But you “can’t let that escape” (12f).

Several girls expressed similar sentiments: “If I didn’t know what expectations were, then I really wouldn’t know what was appropriate or not . . . what can I do, or what can’t I do” (6d). A second girl spoke to parents, “Don’t shelter a child who’s been [in treatment],” before offering

advice to other girls, “You will be living in the same world with everyone else, with the same expectations . . . so don’t give yourself too much leeway” (9d).

The specific ways that families arranged their internal structures reflected both meaningful commonalities and differences. While the scope and intensity of family rules and habits varied widely, they all shared a commonality of enacting and reinforcing accountability for their daughter. As indicated earlier, several parents emphasized preparatory contracts, agreements and plans created prior to the home-coming as especially helpful. Central to all such agreements, of course, were “clear ground rules and standards at home” (10m). One mother spoke of “expected chores every day” adding “if this doesn’t happen, then we will discuss consequences” (14m).

Setting some kind of standard was also a key part of home accountability—from drugs, to boyfriends, to house rules. One mother noted: “We do talk about these kinds of things—she thinks she should sleep around before she got married—‘try things out before you’ . . . I used to think the same thing. I tell my children ‘you should wait till you are married’” (154m).

Another commonality was continuing to monitor their daughter at an appropriate level (for a time). In contrast to the extreme monitoring described earlier, these families reflected the healthier level of caution and the acceptance of fallibility, reviewed previously. One girl described going out with friends and still having to check in with parents to let them know “exactly where she was and who she was with” (13d).

One father said, for the “first few months . . . we didn’t try to re-establish the kind of environment [as they had in the program] . . . but we wanted a pretty tight control, a lot of structure for her. We really made sure that she was monitored and that she knew she could come to us” (10f). His wife added that their daughter “still checks in,” noting that “children know you have to check in with them once in awhile” (10m). Several families spoke of using family meetings and ongoing communication as a way to continue checking in with each other.

One mother remarked, “We were hyper-vigilant in watching every move . . . if you can, try to let go. If you have to, pull the reins back in again.” She admitted that structure was “kind of an ebb and flow” although this did not imply ambiguity: “Make expectations really clear. Pins and needles.” She concluded, “Find a way to reach a middle ground with your kid. If they’ve earned it, trust them to do things they want to do, even if you’re uncomfortable with it. It took us a year to learn that!” (157m)

Sometimes parental monitoring happened in nonverbal observations. One mother said, “I . . . respected the privacy of her space, but if there was any reason to believe she was not safe in that space, I would go into her room, because I wanted to protect her” (10m). A father also decided

checking his daughter's room was an important way to make sure "she was okay," and encouraged parents to "not feel like you're invading their privacy." He reiterated that the ability to regain complete trust depends on being diligent in "checking on her" (8f).

Another father recounted, "for some time, we were observing her . . . behavior for evidence of backsliding or recidivism"; for this family, the monitoring decreased in intensity over a period while the girl regained her trust; with the fears becoming "less and less every day/month" until the parents "stopped looking" (12f).

This kind of structure can be key in avoiding permanent down-turns. One mother reported:

When she came back, she was doing well—still into all the rules she had at Alpine, all the behavior and general living rules . . . From March to September, however, she started to slip back into some of her former problems. I don't know if it was partly her testing us to see what she could get away with? . . . We woke up and in the middle of the night, and found her on the internet. We took and saw the history that she had been on *MySpace* . . . she had started a *MySpace* and was meeting boys . . . We found that out very early, got on top of that and got beyond it . . . There were consequences, but we didn't go overboard—"you lost our trust again Karen . . . that's hard to get back, takes some time . . . restricted; lap-top supervised." . . . She finished her sophomore year and her behavior around the house was much better. (167m)

Another part of a clear standard and home structure was enforcement of consequences. When his daughter was caught lying, one father described effective penalties related to her pending driving permit and receipt of a car (13f).

When another girl began getting back into drugs, the mother told her, "Remember, you had serious issues, do you want to end up in that same place again?" Even after her daughter defended the behavior, stating "I need this for my development," the mother stood firm. She reminded her about her school plans and reiterated, "You have already done your experimenting; you are on a new path now . . . no 'once in awhile' or 'a little bit.'"

The mother continued to recount her past words, "Remember, it is not just about you [alone]; what happened impacted your brother, me, your Dad . . . there is no more money to bail you out. Would you really want your brother involved in these things? . . . as long as you're living here, this is the rule." By remaining firm in her stance, the mother hoped that eventually her daughter would come to value the same things. Ultimately, as documented in other family interviews, this is precisely what ended up happening, with the mother's firmness playing a pivotal role in the ultimate outcome (10m).

Beyond firmness in negative consequences, parents spoke of contingent positive reinforcements as well. This same mother, for instance, spoke of her daughter receiving expensive music lessons as a privilege based on her behavior (10m).

It seems evident that families need to do what fits their family best in terms of structure. When one girl began to struggle with former issues, her father purchased a white-board on which they laid out the different sections of the day filled with tasks of each family member for the week. Over a period of several months, they used that board as a concrete visual reflection of everyone's schedules—checking off activities with magnets. Once they had completed everything for that day, individuals put magnets indicating tasks finished; once all the magnets were used and everything was accomplished the whole family received rewards and fun activities. The father said it “helped the family focus” and “took out the arguing” (7f). In the daughter's interview, she brought up the white-board as well: “That *really* helped: to have something in place so the transition was not as much of a radical change” (7d).

From contracts to monitoring, from consequences to positive reinforcements and from complex white-boards to simple communication in family meetings—these family practices and home habits post-discharge constitute a crucial theme of successful transition.

The details, scope, and intensity of structure, of course, clearly varies from family to family. In making their own specific decisions on these points, one common theme did emerge across families: the striking difficulty of finding a balance between freedom and structure. One father said that the most challenging part of transition was “deciding how to set limits, how firm to be, how much to trust” (3f). A mother admitted to a similar internal conflict between competing dispositions: “Part of me felt I needed to hover, and part of me knew she needed to learn how to be a young woman and be responsible” (13m). Speaking of this appropriate mixture of freedom and structure, a daughter suggested, “it definitely comes with time . . . everyone has their own balance” (6d).

In deciding where to ‘come down’ on this question, one girl offered encouragement for parents to err on the side of giving more freedom than less: “if parents are not completely sure of what freedoms daughters should have—give them the extra freedom and have daughter check in more often to make sure she is doing well.” She continued, “It's better to give more freedom and prove she can be trusted, than give less freedom and have her feel you don't trust her and [in turn] act out because she feels not trusted” (13d). Reflecting agreement on this general principle, one mother spoke of trust as her default orientation until her daughter proved otherwise: “I would trust her until I had reason to believe differently” (10m).

Regardless of where parents come down at any given moment, the decision of appropriate freedom and structure naturally evolves over time.

At some moments, more firmness and structure may be appropriate, while others may call for the reverse: freedom and flexibility. In supporting this decision-making over time, one thing appears clear from this analysis: some of the most evident problems come from parents allowing the family system to become either overly-structured (no trust, zero freedom) or under-structured (total trust, all freedom). As parents avoid extremes of either being authoritarian or permissive and set themselves in the middle ground between the two, this seems to be a productive vantage point from which to make moment-by-moment choices as to whether the freedom, trust, consequences and structure should ebb or flow.

“But We’re Not Therapists?! . . .”: Cultivating an Enriching Atmosphere at Home

The previous section describes some families’ general attempts to provide enough structure and reinforcements to support their daughter’s transition—noting both struggles and successes. Here, we do the same for a family’s effort to cultivate a home atmosphere that is nurturing and secure. While this was often apparent as a yearning by youth, families struggled on a number of levels to achieve this. To begin, we consider a subtle and foundational barrier to progress in this area.

FEELING INCOMPETENT AS HELPERS

If it is important that parents have such a belief in their capacity, long-term interviews suggest that this might be a real barrier for some families, especially those struggling to help their daughter successfully return. Two mothers remarked:

While she was doing well in a structured setting, when she came home there was no way to replicate that kind of setting. . . . She needs a trained program, and staff that can’t be burned out. (22m)

She was used to having someone around 24/7 who was trained to deal with the ups and downs emotionally. My husband and I are not trained in that. (142m)

Others emphasize their own presumed lack of capacity: “I am wired differently [than treatment staff] and don’t have the tender patience to be with someone all the time suffering with emotional problems—i.e., saying something a certain way, etc.” (83m). Another mother elaborated her own similar feelings:

No home can simulate a residential treatment center. . . . You can't put in place the same degree of intensity and supervision and contractual arrangements in just your own home; it just doesn't fit. . . . I can't put in place their tricks of the trade and programmatic things . . . in just my own home. I'm not them. *I'm not a therapist; I'm just a mom.*" (125m; emphasis added)

Laying aside technical or therapeutic aspects of residential treatment programs, some parents went even further to insist that some of the family practices emphasized in treatment were impossibilities in their home. One mother said, "At Alpine they cook and eat together. They all work together as a family [in a] nurturing [home] life," then adding, "In reality, that doesn't happen in our household. That's not real." Although acknowledging that her daughter is "the type of kid that needs the nurturing environment" and admitting that she was currently struggling emotionally, this mother emphasized, "I can't reproduce the same structure Alpine offers" (7m). Like the mother above who emphasized her basic make-up as preventing her from showing the patience her daughter needed, another parent said:

Family teachers . . . were able to do things that we could not do for her as parents . . . they knew when she was acting out and when she needed to be disciplined. They knew when she needed to have a discussion; they knew when they needed to act strictly. . . . These are things that we couldn't get away with as parents. (170f)

Rather than maintaining complex contingencies or nuanced elements of treatment, these parent remarks stand out for the nature of the activities emphasized as *outside* the bounds of parent competencies. Paraphrased from the aforementioned quotes, these activities include:

- Regularly "cooking and eating together."
- Doing work together as a family.
- Maintaining "tender patience" around a child still struggling emotionally.
- Taking care with a child to "saying something in a certain way."
- Being aware when a child was "acting out" and needed to be disciplined.
- Knowing when a child needed a chance to talk.

It is these basic kinds of home bonding and scheduling activities that were often emphasized as "impossible." Some parents insist on incompetency in even basic aspects of home life. One mother whose daughter was struggling lamented that "Alpine can't follow her and sit on her shoulder and talk in her ear for everything she does" (121m).³

To be sure, duplicating the exact same atmosphere is clearly not the goal for any family with a youth leaving a residential treatment program. Rather than examine whether or not families can reflect these therapeutic patterns exactly, the more productive question becomes “what patterns *can* families reflect?”

Beyond the general structures reviewed in the previous section, we conclude by considering four additional, more specific patterns reflected in interviews that appear meaningful to effective transition. In contrast to those already documented and examined, each of the following themes reflects a specific component that seemed to be lacking in families that struggled with the transition process—whether this was something parents reported realizing they needed to change or something that their daughters expressed interest in having more at home.

COMMUNICATING REGULARLY

Regular and healthy communication is something that several parents emphasized as a crucial element that can nevertheless be easily neglected. In an earlier section, the account of a girl who fell back temporarily into some drugs, alcohol, depression, and self-harm was reviewed. Central to the story’s positive resolution was the fact that “she would come up to us and talk about these things”—leading to an agreement by the daughter to go in another direction.

Her father went on to emphasize the power of addressing problems and putting “everything on the table”: “it is important thing is to talk about things . . . and not ignore things you are not comfortable with or sweep them under the rug” (10f). Commenting on their daughter further, this man’s wife reflected on a time when she wouldn’t share anything except screams and anger: now “she shares so many things that I would have never felt comfortable” (10m).

The father concluded that a major pitfall in any transition was “when you’re not talking . . . choosing to isolate yourself—and there’s not a good relationship established.” He concluded, you need to “hash things out like that before they become big terrible” (10f). Parents’ attitude can make a real difference in this regard. One girl said, “With a [parent’s] expectation of perfection, girls are more likely to keep secrets” (140d).

Other parents affirmed this same practice. Another mother said their successful transition “took a lot of talking back and forth—i.e., ‘when you say this what do you expect me to do?’ She continued, “The social triggers are still there at school . . . the difference is she would come home . . . and we would talk about it” (17m). A father said, “if she’ll talk and level with me, I don’t care if it’s in the middle of the night” as long as “at least one parent” can hear “what’s going on, what she is worried about, what she’s not worried about . . .” (13f).

In addition to talking through girls' individual problems, this kind of open communication within a family allows parents to offer apologies and admit their own mistakes. One mother admitted that there were "times when I would react rather than listen"—after which she would realize, "okay, wait a minute, was that worthy of that response?"

In conversation with her daughter, this mother would then "go apologize and we would move forward." She emphasized this kind of candid exchange as the "biggest key": "we never really had that together . . . to be able to talk, be open, honest and admit . . . a mistake" (14m). This kind of frankness and openness was cited by other parents as well (3f), with one father emphasizing how it teaches everyone to "honestly deal with emotions" (8f).

Given the ease with which serious communication can evaporate within busy schedules, instituting a pattern of family meetings is recommended to all families with children returning home from residential treatment. A family meeting is simply a regular time of gathering. It is a time to review plans, get up to date, deliberate, and so forth. This format allows all family members to raise issues and collaborate on decisions to be made.

Although seemingly a simple matter, this critical part of attending to the home atmosphere may have life or death consequences for girls post-discharge. Three different accounts illustrate this point. After six months of doing well, a former student "started wavering," experimenting with drugs and alcohol, "sliding into some depression," and returning to some minor self-harm. After relating these concerning events, the father reported with some excitement that she came and showed them what she had done and discussed the substance use with them both, ". . . she would come up to us and talk about these things."

Where she had previously either hidden problems or screamed at her parents, newly established trust and the ability to communicate and process through the difficulties together lead to a safe resolution where neither problem "stayed with her or dragged her down" (10f). In the mother's words, this period became merely "a few bumps that we've been able to work through." Speaking of her daughter's current situation, the mother reported that she "just keeps getting better—more and more self-reliant" (10m).

In another story, a mother recounts, "She was okay the first couple of months she got back; she seemed to be thriving, . . . but she got back into contact with people who knew the trouble she had gotten in . . . when back to that same environment . . . she went downhill from there. . . . There was some backsliding." Although noting "normal teenage stuff mainly, this mother continued, "emotionally, she started rebelling a little bit. . . . Her anger built up . . . she was mad about us sending her away a little bit, and the way others had treated her. . . . She started hanging out with the wrong kids. She did not so well for a little while."

She continued, “This brought us together as a family, because had to stick together to make it work . . . we talked about problems as a whole family. . . . We kept the communication completely open . . . and didn’t cut each other off; . . . she went back to school.” Based on this effort to keep communication open as a family, she reported:

Nine months later, though, she was okay again, moving away to another city. We got her away from these kids . . . then she was okay again . . . she came out of it. I think she knew what was right; she just didn’t choose to do what was right for awhile. She finally realized that wasn’t the path for her . . . that could have been from her education she got. She came back from Alpine not perfect, but has got better as time has passed. She did better as she applied skills she had learned. . . . She liked the structure at Alpine (she knows she needs structure). She thought she needed a way to find structure in order to get a career and that’s why she eventually joined the Navy. (72m)

One father recounted starting to observe his daughter “teeter-tottering,” when he concluded “that’s it!” and called his wife and daughter to “hold weekly family meetings [as a] safe environment where we could bring things up.” He continued, “once we started those, we realized what we were going through . . . [and that] we all had concerns, questions and apprehensions . . . [things] got a lot easier after that.” When their daughter got her cell-phone back, they discussed together “what do you think rules/restrictions should be?”

This father saw these meetings as a way to “prevent re-occurrences” allowing her to share her concerns and “vent in an open forum” and communicate all together. He recommended that families “continue weekly meetings until everyone in the household feels comfortable with the transition process.” At that point, his family decreased the frequency of meetings, but would call one again “if we sensed something was bothering her” (11f).

His daughter also mentioned that “even talking once a week really helps” and added that even when not holding formal meetings, the family continued to talk informally during dinner—“we sit down, or during dinner, we ask each other what others’ have observed—giving praises, giving feedback.” This effort was so successful that the daughter commented that she started enjoying hanging out with her family even more than her high school friends! (11d)

Part of the power of healthy communication is the impact of feeling truly understood. One girl spoke of her delight at “coming home and having my parents understand”: “Coming home and having my family actually get it was great; to see the stuff I went through and be able to explain it; coming home and having a family who go it all—was so incredibly wonderful. If I hadn’t had my family going through it with me, I wouldn’t have been able to

do it on my own.” She continued: “I’ve always thought family was important, but treatment made me realize how incredibly important a supportive family can be” (144d).

GUARDING FAMILY TIME

As reflected in this last account, communication is one element of larger and more fundamental habit of family life: spending quality time together. While major changes of habit or lifestyle will be necessary in some families, for others it may be small and simple changes that can make a large difference.

Several girls who struggled after returning home spoke of their family simply not having enough time to spend together. One girl said, “My parents are retired, so I don’t see them a lot. My dad is out on a boat; I don’t get to talk with him a lot. My brother and sister are really busy with work and don’t have time to talk. . . . I see my sister once in awhile, but my other brother does not want to talk at all” (50d).

While lamenting the struggles of her daughter, one mother spoke the reality of her own household, including two working parents leading “separate lives,” with everyone “coming home at different times of day”: “One parent comes home later than another—one parent home after dinner . . . or misses it completely—sometimes kids are on their own . . . fend for themselves in the house” (7m). In her own interview, the daughter recollected, “I wanted more structure . . . and started to revert back to old behaviors” (7d).

In another family, a mother described her daughter as doing “phenomenally initially,” but after a period of time, falling backwards with seemingly “nothing to do, no place to be,” and not “listening to advice.” Several dynamics were evident in that family. To begin, as reflected in the quotes that began this section, the mother emphasized how hard it was to “sit down and take time to be with her, and not to work.” She went on to emphasize how busy she was and the financial need for her to work: “Because I’m the only bread-winner, I work a lot.” It is a “lonely experience” to live with her, she confessed—mentioning she had been making efforts to “have a designated time to spend with [her daughter].”

A daughter in another family similarly admitted, “I’ve been wanting to spend a lot more time with Mom.” She mentioned “watching a TV show both actually like; making food together when doing something, commercials . . . even when not talking directly” (4d). A third daughter similarly admitted to struggling with “loneliness” in her own home life that “made me want to go back to doing drugs” (6d).

Given research findings of relevant trends in the larger society, it appears that time together as a family must be proactively guarded and “staked out” if it is to remain a priority to families. This can range from regular family dinners, encouraged for all families in treatment, to a “family home evening” or what the University of Illinois, Urbana-Champaign Extension

Office calls “family night-in”: a time reserved entirely for the family to be together (Luhman, 2011).

In contrast to aforementioned vignettes, another mother spoke of their family spending “a lot of time in the same room all together” to the point that her daughter really started missing her family when they were not together: “We have joy together! We like to be together . . . if we’re not together, it’s kind of weird” (5m).

Since limited or inconsistent amounts of family time appear linked to some degree to problems with transition, it would be wise for families to make “being with each other” a top priority. One girl said, “One of the things that really needs to keep up after treatment is support—people just *being there* just to talk to you. . . . It is so easy to revert back to things if you are not supported. This includes positive incentives, encouragement and praise” (158d). Several parents commented on seeking this kind of an atmosphere:

When she calls, we’re just being there and reminding her she can do it, reminding her that we are there. (18m)

Coming home, she had my total support. She absolutely knew I was there. . . . I hope she felt that way. . . . My children come first . . . that’s my mantra and it underlies everything for me. (30m)

One mother spoke of the importance of “finding ways of connecting”—and “being so solid with her that she experiences with us slowly the ability to trust and experience that people are on her side” (18m). Another mother said, “She had loving family who supported her. . . . We had a strong family and great marriage and we got through it.” She then reflected, “Where the damage is done is where family members go into their own unhealthy behaviors instead of supporting each other” (25m).

MAINTAINING SOME DEGREE OF SCHEDULE CONSISTENCY

Returning to the reports from the family with the daughter who “fell backwards,” another dynamic became evident. After reviewing her daughter’s current struggles, the mother secondly admitted, “the hardest part is I’m not a consistent person—I’m very free-flowing.” She acknowledged that when it came to reprimanding and punishing, “you have to say one thing and stick to your word on your schedule,” but confessed, “I do when I do, don’t when I don’t.” The most challenging part of transition, she added is “you guys ate dinner at a certain time, cleaning at a certain time, your exercise at a certain time . . . and I am such the opposite of that. There is no regularity in my home” (16m).

Creating a fully consistent environment, of course, goes beyond stability regarding schedule, to a deeper level of consistency between messages

heard from each parent. One father, who had emphasized the importance of drawing an initial parent-daughter contract in family therapy, went on to admit that they were “not very good in overseeing” the contract, given how “disorganized” the family was. While “the idea of having a contract is good,” he admitted that “the idea of follow-through” was their bigger problem (18f).

One mother spoke of a turning point in her daughter’s recovery when she and her ex-husband went from disagreeing on the significance of structure, to being on the same page, even while remaining separated. She recounted that prior to this happening, her daughter “would go to my husband and try to get him to bend.” In contrast, when they came together, it made a huge difference: “when he embraced it, she embraced it.” She explained, “It is important that parents get on the same page . . . once you make the boundary blurry, the child takes over. That’s what she had done before and was trying to do again” (10m).

In all these ways, the process of residential treatment can function, in the words of one research team, to “interrupt the youth’s downward spiral imposed by increasingly disruptive behavior and, simultaneously, to prepare the post-discharge environment for the youth’s timely reintegration” (McCurdy & McIntyre, 2004, p. 137).

ENSURING ADEQUATE SUPPORT FOR FAMILY MEMBERS

As an additional support, some families emphasized the important contribution of additional professional help upon returning home as a part of their “back-up” team. One father spoke of “continuing family therapy once the daughter comes home” as especially critical, claiming that “parents can’t be expected to have expertise to sort through issues that start to emerge when the honeymoon is over.”

Consequently, he suggested that therapy “for the whole family for some period of time” was important to “help everyone make sense of transition and stay even keel.” Speaking of his family’s experience, he said, “it doesn’t take a whole lot of time to thrash out . . . but we got to address anything else that emerged that might not have been around when she was at [the program], because we weren’t living together” (17f).

On the other hand, after initially “insisting on having a therapist in place” at home as an “essential for transition,” this man’s wife admitted that she “wasn’t so sure now” after watching her daughter’s progression over time. She continued, “it is very easy to hold on to the therapist since they are so helpful; part of success, [however], is letting go of the therapist.” Referring to her own intense anxiety at the beginning of transition, she recollected, “it would have been very easy to get on the phone—*what do we do? What do we do?*” “A good therapist,” she added, would essentially help you “decide when you’re ready to pull away a little more” (17m).

The father agreed, stating “make sure the therapist has an empowering mentality; the idea is not to be there all the time, but instead to help [the family] deal with things themselves. You can’t always go [to the therapist] to referee.” By “dealing with issues that come up,” this father proposed continuing therapy as potentially “laying a groundwork for independence for the family to deal with things by themselves” (17f).

As reflected here, there are times when a therapist can certainly be helpful and perhaps other times when a family is capable of handling a situation themselves. What appears most crucial is that parents and families find the support *they need* in their unique situations—whether that comes from therapists, neighbors, extended family, or faith-based communities.

Parents need to be in a “good place” to be able to continue helping their daughter. The aforementioned couple continued, “I can see why many marriages don’t survive [this kind of experience]; it is very heart-wrenching. It pulls you apart at all your seams.” She continued, “to be able to have someone you can lean on is very, very important.” Comparing their marriage to “two strong pillars leaning against each other” she noted: “As long as neither one of us fell down too far, [we knew] it would be okay. We could talk with each other, as well as our solid network of friends, family and acquaintances” (17m). Another mother emphasized the overall importance of finding activities that uplift you as parents: “When I’m not in a good place, I go skiing or running . . . I also pray every morning and every night” (6m).

“But You’re the One in Treatment . . .”: Being Willing to Make Changes as Parents

When not critically self-examined, the decision to send a child away to a treatment facility can imply, if only implicitly, that this child himself or herself is the primary problem facing a family. As reflected earlier, some parents essentially deny that they can make significant changes to their own structure or schedule—largely attributing instead their daughter’s continuing challenges to her seeming lack of skills or her personal issues.

One father warned that if parents treat their daughter the same way they did before, “what advantages you gained will shrivel away” (14f). His wife concurred, “If parents have not bought into working on the family (parenting/communication style) it is a recipe for disaster. Citing the attitude of “okay, you just need to fix my daughter,” she then emphasized, “If they are not willing to change, the same triggers are there and the manipulation will come back” (14m).

In light of such concerns, one daughter proposed that “parents meet them half-way.” She commented that it is “a struggle for kids doing so much work to change, and sometimes it is hard for them to see if their parents are doing as much as they are—or whether they are putting in any effort.” She

continued, “Parents need to show their child that they are doing as much to change . . . reassuring them that they are in it together” (3d).

Some parents appear to do precisely this, as they seek their own change concurrent with their daughter’s treatment. One parent spoke of learning “how to respond to a lot of situations, introducing new ways of being to shift our patterns. We tried to get as much out of it as our daughter. . . . It was wonderful!” (18m).

Another parent said, “I had to do a lot of soul-searching myself, a lot of consciousness changing to help me understand the whole milieu of both of my kids and how they process and how they grew up, including what holes were created in them [by tough family experiences] and how they tried to fill them with other things” (38m).

A third parent added, “The whole time she was there to therapy, my husband and I regularly went to therapy and family sessions. . . . We’d say things, for instance, and it sounded accusatory; we learned the ways to say things to encourage the communication instead of . . . coming across as accusing” (67m).

Literally every girl whose family has been quoted above as reporting parental change is doing well long-term (see separate manuscript for more exploration of this theme, Hess et al., in press). One girl said, “Alpine impacted my parents. We worked more as a team and there was not as much triangulation. . . . They learned how to talk with me . . . and a more natural way to confront me and learn how to do things. And I would listen to them, feel better and follow instructions” (7d). Another girl said: “I saw very good changes in my parents; this whole experience really helped them understand who I was and understand what I was going through” (162d).

Beyond not wholly blaming their child, families having more success in transition seem to *actively root* out an exclusive focus on their daughter’s problems. Both in what they tell their daughters and what they report through interviews, these parents openly acknowledge their own role in the problems facing their daughter. One father said, “It is easy for parents to say, “They screwed up—they need to change.” He continued, “That’s ridiculous . . . you have to look at your part in the situation. Each parent individually . . . the family dynamics need to be fully modified . . . otherwise, there will be regression.”

Referring to his own situation, he recounted making a commitment to stop drinking to support his daughter’s recovery and said “I haven’t had a drink since” (13f). His wife admitted that they had made mistakes earlier, but added with excitement “but we changed!” She reflected, “we can do research, we can learn and change . . . that was the key. Loving your child enough that you can do it. We were motivated to change ourselves so it could change [our daughter]” (13m).

In a separate interview with their daughter, she stated, “Parents need to work on themselves [too] . . . it’s not a one-way change; everyone has

to change.” In a touching reflection of the rippling effect of her father’s decision, she went on to independently retell the story of her father quitting alcohol for her, with a sense of love and pride (13d).

Even these parents who had always been willing to “do anything” to save their daughter, spoke of realizing that change “*we* had to make” would likely be among potentially the most meaningful actions of all (13). Speaking of alcohol, one mother said that sending a girl back to her old environment was like sending an “alcoholic to a bar”: “We cannot expect them to succeed if we send them back to the same environment.” She emphasized that it was foolhardy to expect a smooth transition “if you don’t change things about how your life was before.” She concluded, “[What] I think is critical, is that at the very beginning of treatment, to tell families they have to be prepared to change everything” (12m).

Referring to previous parenting experiences, one father admitted, “We made bad choices as well, our actions were poor . . . that impacted our relationship and her decisions.” The mother added, “We worked hard before she came home” even asking the therapist “give me homework every week . . . I wanted to do the work, because I wanted to change.” She spoke of the experience as an “opportunity to grow” and recounted, “When she came home, not only she changed, but *I changed* (5m).

The father emphasized the importance to “take responsibility for part of how things turned out, admitting that before he had blamed challenges on other family members “when I should have looked at myself.” He continued, “We all have issues—whether we admit it or not. We’re all messed up.” The father concluded: “If the child gives 110% and admits they have issues and works on them—and the parents give 110%, . . . it works. If the parent says, it is not my problem—and the child comes home, it won’t work. When both parties admit they have a piece of the problem, it works. It’s that simple. *No more words.*”

“No Matter How Low You Go . . .”: Holding Out the Possibility of Bounce-Back

Well, maybe there’s one more word after all. Even those parents who offer warmth, accountability, and healthy expectations to a child returning home from residential treatment, can still anticipate some challenging times.

STRUGGLE AS NORMAL AND NATURAL

In our study, we observed that even good parents who were available, proactive, and believing in their daughter, still sometimes watch melt-downs happen. One mother recounted:

My daughter excels in a structured environment where the number of unknowns is reduced—when she knows the expectations, enough

control that peer pressure was kept to a minimum, she does great; when there are no surprises, great. But put her back in a big bad world and . . . once again, facing peer pressure, self-image is non-existent: all the insecurities come back. (96m)

Even the most remarkable parent cannot guarantee that a child will continue to choose what is in their best interest. In the long-term study, multiple parents emphasized that struggle was just part of the process:

What I want people to know—especially other mothers—is that when these girls come home, your expectations are really high and you expect them to just stay the same. And it just doesn't. . . . When she came home, was she fixed overnight? No. Lots of parents expect that. . . . Did we go through some problems when our daughter came home? Absolutely. (116m)

Going into Alpine, we had this perception that when she comes home, after all the work that she does there and the work you do in therapy, that she will be fine and move on with her life. But when you have a child recovering from an addiction, it's not that clear-cut. (150m)

What we have to remember is she's still a teenager and God didn't make any perfect teenagers. (169m)

Falling off the wagon after treatment is part of the recovery process . . . it is mentioned in the 12 steps; we need to fall off and realize that . . . to be aware. It is expected as part of the process. We're not perfect people . . . if we brought inclination/disposition, those are never going to go away [completely]. (125m)

Typical of any teenage life, girls who are post-treatment face ups and downs, good times and bad times, reflecting the cycles that anyone faces. Rather than “bad news,” as individuals keep moving forward, this turbulence becomes an accepted part of the journey of growth. One mother said:

She is really good now, but didn't just become that magically. . . . It was steady, steady progress. She is now in community college and last week is living independent; . . . it has been a very long and tedious process. . . . We're always a little nervous—but she's gained a great life. I imagine girls typically don't leave treatment and be okay. People are alive and it's a world. (84mf)

One girl said, “It's taken awhile, but I've learned a lot and matured; things are a lot better” (146d). In this reflection, we see residential treatment as one part of the path—with much of the journey still to go:

I am 21 now and I still have a long way to go, but I have forged my own path out of my struggles; that's just the way it had to be . . . that's the way it *should* be. (98d)

I feel very grateful to Alpine; it had its place in the overall picture . . . each one has been a piece of the puzzle. It just wasn't the complete story; there are more chapters to be written. (136m)

She is doing much better; just getting through this year has given great confidence and she has learned a lot from her mistakes. . . . She is in Guatemala on a church mission trip right now. She worked some this summer, tried hard and matured a lot. Some of it is living through all this stuff—and some of it is learning from mistakes and some of it is further development in her maturity. She is still very naive about a lot of stuff. (142m)

One girl said, “Going to Alpine doesn't mean when you come out you'll be cured of everything . . . when you leave, you still have to work” (176d). Even so, accounts reflect even serious set-backs being faced with calm. One mother described her daughter returning to some minor drug use and acknowledged, “Everything is not ‘rosey’—she is doing something we don't approve of, but it's a give and take . . . she's 18 and that's her choice.” She continued, “We have to work around it. We never judge or condemn her, but we keep talking to her . . . maybe one day she will realize [her mistakes], but she will need to make the choice for herself” (5m).

In the case of another girl who was readmitted, she reported that previously her family “didn't expect to have any bumps or real problems” (6d). In contrast to their previous over-reactions, for her second homecoming her parents reported being “accepting a little more [of] her struggles” (6m). This daughter also spoke of learning “how to handle bumps better” and gaining “greater perspective to be able to bounce back from low periods.”

HOPE EVEN IN THE DEEPEST OF STRUGGLE

Where youth pass through a time of deterioration after treatment, the good news is that many families spoke of a subsequent period of bouncing back and returning to the lessons and patterns previously practiced. A father related the following:

She was good when she first came out, but she pretty much went back to doing whatever the hell she wanted. . . . She was over the edge in her behavior; the kids she ran with were . . . wild. She was out of control. . . . She went back to drugs, but it didn't work for her. Over time,

she got pregnant . . . and spent time living in a very small trailer with her boyfriend and Mom; she broke free of that because *something clicked in her finally*. Maybe it was stuff she learned before she came back—who knows. . . . After initially dropping out of school, she finally went back and got her diploma. She has an 18 month-old daughter and is working . . . she works on a plant on a production lot and makes money. Her husband works and they are married. She is a reasonably functioning adult now. . . . She seems pretty responsible now. She doesn't drink and doesn't do drugs. She got perspective and confidence. . . . It never cured her—she suffers a little today from anxiety. She had a lot of emotional problems. Her relationships with the family are better. (78f; emphasis added)

One girl said, “where I live, drinking is all people know what to do” and went on to describe returning to the party-scene after leaving treatment: “I came home and took a ton of steps back. . . . I wasn't experimenting with drugs like I used to, but there were a couple of months where I was drunk every single day—plastered . . . I was crazy . . . I had a job, but was late all the time. . . . I wasn't responsible.” She continued, “Losing my job because of what I was doing was a wake-up call. Every action has a reaction, and losing my job was a reaction of what I was doing . . . I needed that experience. . . . It kept me accountable it helped me bounce-back.” She reflects:

I guess it clicked in; it really clicked in . . . that habit of drinking and all of that—completely blacking out every single night, waking up, throwing up—having this total party life. . . . I didn't really like this party life, but I was still living it. I realized that my partying was hurting me physically and mentally; once I “caught myself”—which is something I learned in treatment—and bounce back in what was going on, I started to get my life back together again. My second year, I was better noticing what was going on and fixing myself. This year—my third year—it was great. . . . I'm in college and doing a lot of stuff for myself. Now I'm not doing bad stuff; I'm responsible, I'm not messing up. . . . I'm a lot more clearheaded when I go out now. When I go about my day, I think about those skills; I practice them—being patient, holding in my anger; I'm actually using them . . . it took a long time to come back to the Alpine ways, now, I actually think about what I do or say. (96d)

Like others, she “came to herself” and realized they did not really want the party life anymore. She elaborated on her key realizations:

The people I partied with, I can't say they are happy with themselves . . . or their lifestyle. There are people that were doing that all . . . then people grow out of it. You get to that phase where drinking is not the thing to do. Eventually, you see the physical damage—and it's not good:

your body throwing up, losing weight . . . I was never, ever satisfied with that lifestyle, but I did it because all my friends did and nobody is sober in college. It's easy to do it . . . it's so much more easier in life to get wasted, and not have to go out in the real world and have fun, not being responsible; responsibility is such a hassle. My body and mind and everything were just getting exhausted. I was exhausted of that lifestyle . . . mentally and physically it just puts so much on you . . . there's a point at which my body could not handle it anymore. When my lifestyle started hurting other people's lives, that's kind of the point that I realized "oh, maybe I need to stop." There are nights I would fight with friends and get cops involved . . . and I was like, "I don't want to be known as the one who drinks and hurts people around them. . . . How could I be living that lifestyle?" I saw friends throwing up blood all the time because they were drinking . . . and in my mind, I just couldn't handle it all. (96d)

As reflected in this story, falling down is not necessarily tragic and can lead to realizations of what one really wants. For those who do stumble, the experiences and lessons that are taken away from the residential treatment experience can form part of a reminder that life does not have to be like this. Said another girl, "A lot of the girls forget—it is so easy to forget out here. . . . You forget these things really easily—especially in the real world where you don't have therapy 24/7 or group therapy to talk about it all the time. It's a lot harder to keep in mind out here." She continued, "A lot of the girls I know, when put in a harder situation, almost immediately revert back to their survival skills. The first time it happened to me, I was purely survival—cutting myself, suicidal." She continued, "But I bounced back. That was the biggest thing I took from Alpine—no matter how low you go, you can always bounce back." But she then warned, "but life is a bitch—life is not afraid to kick you while you are down, so stand up quickly. Get up quickly so you can [stay up] and get better; stay down, and you will get worse" (158d).

In summary, although most every family experiences ups and downs, even serious ones; the eventual outcome for a family giving its best is improvement over time. If parents can remember and hold on to this fact, even during rough times, it may potentially help them to press forward with legitimate hope.

DISCUSSION

When a youth leaves the safe confines of residential treatment to return home, he or she will find more than their own family waiting: the same world and larger society that impinged upon and influenced the prior deterioration will also be waiting. The crucial question facing parents and

professionals then, is how best to support these youth in stepping down and away from the structure and protection of residential treatment, in a way that personal well-being and progress may continue.

To support those preparing a youth for this transition, we have attempted in this study to examine the details and depth of the immediate post-discharge transition process. By listening carefully to the stories and counsel of those families who have lived this very experience, we have identified eight major themes, each relevant to increasing the likelihood of youth success post-discharge. These include, for review:

1. Having confidence in the groundwork that is already in place;
2. Being mindful of the tangible consequences of expectations, for better or worse—beginning with heavy anticipation and fear that one's child will deteriorate again;
3. And on the positive end of expectations, fostering a new and deepened level of trust between parent and child;
4. Being realistic about the threats of the surrounding culture and society;
5. Settling on an accountability structure that works for one's family;
6. Cultivating an enriching atmosphere at home;
7. Showing willingness to make personal adjustments as parents; and
8. Holding out hope for a struggling youth to embrace again lessons learned in treatment.

As reflected throughout these themes, one overriding difference between permanent and temporary downturn may indeed be the specific approach, state, and actions of the parents. We observed that for those girls who bounced back after a serious struggle, for instance, a parental figure was often right in the middle of helping their child successfully navigate the scenario. This kind of parenting, like all good parenting, takes time. At the most basic level, it seems clear that parents who expect their daughters to successfully return from residential treatment need to step back and consciously carve out enough time to provide both the nurturing and structure crucial for success.

Once families make this kind of commitment, attention may then turn to the nuances of *how exactly* parents can best help and support. This is perhaps where our study revealed the most. From our analysis across comments, we conclude that families who largely operate out of panic or perfectionism appear, in many cases, to place their daughter at greater risk for transitional problems; this seems to happen, in particular, as extreme or fearful expectations play out in similarly extreme levels of structure and freedom in home life (whether over- or under-doing them).

Alternatively, those parents who learn to operate out of trust and confidence appear to contribute toward protecting their daughters against a multitude of transitional problems. This seems to happen, in particular, as

hopeful and healthy expectations play out in similarly healthy levels of freedom and structure in home life. In addition to the influence of these diverging expectations, whether or not parents invest in cultivating a nurturing home life (talking, time together, consistency), work to establish and continue healthy patterns of accountability and show a willingness themselves to make personal changes, also appears to influence overall outcomes.

Sometimes in spite of loving, prepared parents offering a balance of warmth, freedom, and accountability, a youth may still choose to go in another direction. Even in this interview sample of primarily successful transitions, the majority of families reported nonlinear and unpredictable trajectories—with “ups and downs” (11m) and “twists and turns” (9d) that one father labeled a literal “roller-coaster” (7f).

These findings and insights from other fathers, mothers, and daughters, then, obviously do not and cannot take away the upcoming bends in a family’s own path—the slight stomach drop that accompanies a son or daughter’s first fall, or the stretching moments of believing they will rise again. Nor can they, unfortunately, entirely prevent real melt-downs or guarantee ultimate success.

If not eliminating such experiences, however, we *do hope* these findings can help families prepare for their own turbulent moments in a way that will make the experience far less terrifying. Switching metaphors, now: if airplane passengers interpreted turbulence as a sign of a potential crash each time it happened, the flight would certainly be more frightening—*no matter* that the plane safely arrived at its destination! Similarly, if every downturn or bump in a daughter or son’s post-treatment experience is interpreted as a potential collapse, the transition journey will also likely be quite dreadful—*no matter* that she safely arrives at her final destination. Alternatively, while avoiding any obvious hurricane zones in booking their airline travel and being aware of the flying risks that always exist, parents and daughters can ultimately buckle in, not worry too much when the plane shakes a little, and try to enjoy the ride!

In the end, once again, perhaps the most significant insight to assist parents emerging from interviews was how unbalanced expectations and behavior on the part of parents may contribute directly to transition difficulties, that is, over-trusting and under-trusting; over-doing space and freedom or under-doing it; over-structuring home-life or not having enough; over-helping to the point of coddling or never-having-enough-time.

As parents become more mindful and aware of these pitfalls, they will hopefully be better able to cultivate balance within their own family, that is, trusting, *but not too much*; offering space and freedom, *but not too much*; ensuring sufficient structure, *but not too much*; and giving help, *but not too much*. Like driving on a mountain road, as parents are given a map to identify the extremes on each side of their pathway, they can monitor themselves in marking a safe course upward.

Ultimately, it will be parents' and daughters' own day-by-day decisions that will determine where they end up, reflected in moment-by-moment judgments in their own unique and evolving situations. As parents, in particular, gain greater confidence in their overall capacity to navigate this transition process successfully, including its inherent ups and downs, we believe the transition process itself can become much smoother.

As one mother summarized, "the big thing is [recognizing that] it's a process—you and your daughter are not a finished product . . . the biggest advice I have is to imagine your child as a huge tidal wave that is coming, with ebbs and flows." She emphasized, while it is "very easy to get pulled up or down and get worn out . . . the best way to help your child is to ride the wave up and down and . . . stay on an even keel."

Even if "she has to go up or down, *you* don't have to go with her. You don't have to go on the . . . [ride], just cruise across the top." She added that if parents are not comfortable surfing the wave, then "stand firm and solidly on the beach while the wave washes over you" (17m).

As families and treatment professionals draw upon the aforementioned patterns and insights depicted for transition planning, we hope they can feel greater confidence in their abilities to facilitate a strong and steady continuation in their son or daughter's progress. Like the ocean itself, this growth can gradually and progressively arise—in and through the ebb and flow of daily, unfolding challenges. As parents are mindful of these patterns and flexible enough to adapt to ever-evolving dynamics, they can help their own son or daughter ride out whatever experiences arise with equanimity and strength.

NOTES

1. Quotes are labeled according to the numerical order of the interview from which they were taken, as well as the individual queried (f = father, m = mother, d = daughter).

2. Text in brackets has been inserted by the author to summarize details or clarify the meaning of a quote. When text is between parentheses, however, it comes directly from the parent or daughter. Both are evident in this sentence.

3. Not incidentally, the parents who emphasized their inability to replicate basic family schedule and bonding patterns, typically also had a girl who continued to struggle post-treatment.

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