

The Integrated Treatment Model: An integrated approach to working with high-risk youth in residential settings.

The Integrated Treatment Model (ITM) is a skills-focused, highly structured approach to working with youth and their families at high risk for adverse outcomes in the community. This comprehensive approach provides individualized, group and milieu treatment for youth with diverse competencies and needs. Adapted from an outpatient cognitive-behavioral model of treatment, the ITM has been developed specifically for residential treatment settings, with the goal of re-integrating youth back to their community as soon as possible.

The ITM identifies tasks and approaches to be used during individual sessions with youth. Importantly, it also identifies a structure to work with families, youth groups, provide team support, and guide milieu interactions. Based on empirically established behavioral and cognitive principles, it provides clear direction for line staff and managers in their treatment planning and interventions with youth and their families. Derived from treatment for chronically behaviorally dysregulated individuals (Dialectical Behavior Therapy), the ITM was developed to focus specifically on deficits typically observed in high-risk adolescents. Treatment is adapted for individuals with a spectrum of emotional behavioral disorders, with a focus on quickly and effectively engaging youth, addressing high-risk behavior (e.g., self-harm, assault, substance use) and behaviors likely to greatly reduce functioning in the community (e.g., school avoidance, running away, law-breaking, poor family and peer interactions). Well-established principles of learning are utilized to facilitate rapid behavior change, in combination with strategies that engage the client, build and maintain a strong alliance, and maintain motivation to change.

Clinicians and front-line treatment personnel work together as teams to address individual and group behaviors in residential settings. Integration of treatment occurs as the entire team works from a similar set of assessment and treatment principles and practices. The role of clinicians is to lead a facility/unit team by modeling the philosophy and practices, training and consulting to all team members, and providing individual sessions and leading groups as possible. The true power of the residential setting lies in a nearly seamless set of interventions that occur with each youth across the course of every day. The "milieu" is the primary mode of treatment, supported by work done individually and in group skills training. The role of the milieu is to create and maintain an environment that consistently models, encourages and reinforces functional responses to intra- and interpersonal events. As such, treatment providers must be vigilant, confident in their ability to respond to a wide variety of client behaviors, able to manage their own emotional responses in service of treatment, and adherent to the principles of treatment. Strategies are applied to reduce extreme disruptive behavior without irreparably damaging the youth's willingness to continue to participate in treatment. Positive reinforcement of the young persons skillful behaviors is the predominant theme of the treatment environment.

Important outcomes and clinically relevant variables are tracked in the ITM, including: a focus on youth participation in treatment, increase in skills comprehension and use, reduction of behaviors specifically targeted in treatment, and clinically relevant behaviors or events selected for each individual youth. Conventional assessment and diagnosis of psychological disorders are less relevant than ongoing functional analysis of client behaviors, including youth behaviors in the community that led to the residential placement as well as current dysfunctional behavior the youth is exhibiting. Family members and other community supports are included in treatment to the fullest extent possible, supporting their understanding of the skills being taught to their child, effective parent management practices, identification of high-risk situations for the youth in the community and family environment, and ways to support behavior change for their child when he or she returns to their care in the community. Through the transition program of MST/FIT youth and family members together plan the interventions in the community that will support them, including services and activities that will promote and support healthy living and identifying ahead of time where things may go wrong, so that interventions can be in place in those instances.