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Stories of Children, Youth, and Families' Adaptation to Community Living in the First Year after Involvement with Children's Residential Mental Health Programs

Karen M. Frensch
Wilfrid Laurier University, kfrensch@wlu.ca

Gary Cameron
Wilfrid Laurier University, camerongary@wlu.ca

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STORIES OF CHILDREN, YOUTH, AND FAMILIES' ADAPTATION TO COMMUNITY LIVING IN THE FIRST YEAR AFTER INVOLVEMENT WITH CHILDREN'S RESIDENTIAL MENTAL HEALTH PROGRAMS

BY

Karen M. Frensch

and

Gary Cameron

Partnerships for Children and Families Project

Faculty of Social Work

Wilfrid Laurier University

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George Hull Centre for Children and Families
Halton Children's Aid Society
Carizon (formerly kidsLINK)
Lutherwood
Lynwood Charlton Centre
Vanier Children's Services
WAYS Mental Health Support programs

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Table of Contents

Introduction

Spanning more than 15 years, the longitudinal program of research by the *Partnerships for Children and Families Project* offered insights into youths' long-term community living adaptation following exit from residential mental health programs[1]. Important domains of community living investigated included family relations, mental health, education and employment, and social and community conduct. The program of community adaptation research has been supported throughout this time by multiple grants from the Social Sciences and Humanities Research Council of Canada (SSHRCC).

This final research report focuses on understanding the everyday complexities facing youth in the first year after they leave residential mental health programs. It examines the obstacles and the opportunities that influence community living outcomes for these youth. It also draws upon insights from our previous research reports as well as our recent book about pathways to successful youth community adaptation and programming to enhance these processes (Cameron, Frensch, Smit-Quosai, Pancer & Preyde, in press).

Notwithstanding what we have learned so far in our program of research, we know very little about the everyday living contexts within which community adaptation processes unfold for these youth and their caregivers. In particular, while it makes theoretical and empirical sense to provide community adaptation support programs to youth and their caregivers as they leave residential programs (see Cameron et al., in press), we have limited insight into their everyday living realities as they leave these programs. We know community living outcomes for these youth show both reasons for optimism and concern. However, this remains "black box" research – we know some important outcomes but are blind to the environments within which these outcomes come about. This research is designed to throw some light into this black box and to inform our thinking about how to respond.

 This report has a second focus as well. About half of the youth entering residential mental health programs will graduate to the care of child welfare authorities. We know their community adaptation profiles present more serious concerns overall than those for youth returning to their families. Yet we cannot say how their community adaptation challenges and processes differ from those of youth returning to their families. We do not have a basis for contemplating whether the same

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[1] All research reports produced by the Partnerships for Children and Families Project can be accessed at www.scholars.wlu.ca/pcfp.

approaches to support programs for youth community living would fit with the circumstances of both groups. This research begins to describe what these differences may be and why they matter.

The core research design for the current study was a multiple-site case study design that included 22 individual case studies of the community adaptation contexts and processes for youth leaving residential mental health programs. These rich data were intended to generate insights into the everyday lives of these youth and to stimulate our thinking about how to respond. In the end, this report presents an argument and a plea for the urgency of creating more grounded approaches to improving everyday living outcomes for these youth. Current arrangements do not suffice.

Brief Summary of Previous Research

The following section provides a brief synopsis of the main outcome patterns in our previous longitudinal research that followed youth and families up to five years beyond their exit from residential mental health programs. Overall, youth and families were struggling with a variety of challenges in home life, education, social interactions, community conduct, and personal well-being.

Children and youth in residential programs continued to live with a variety of emotional and behavioural challenges well beyond program exit including anxiety, depression, hyperactivity, and learning disabilities. Immediately following involvement with residential programs, youth were employing with some success various personal coping strategies learned in treatment. From admission to our follow-up at 1 to 1 ½ years post-discharge, there were notable improvements in behavioural measures that suggested youth may have been more cooperative, less hyperactive, and engaged in delinquent activities less frequently. Beyond this initial stage, for some youth, difficulties were on the increase again moving toward admission levels of concern.

Overall, levels of disruptive behaviour by youth with emotional or behavioural challenges made it difficult for families or caregivers to maintain their child within current living arrangements prior to accessing residential mental health programs. Half of all parents described aggressive behaviours and violent incidents by their child within the home. Common targets of this violence included mothers and other siblings. While caregiver and others in the home's discomfort eased during the time youth resided in the residential programs, and they were able to maintain some improvements after leaving the programs, various pressures and strained relationships at home persisted well beyond program involvement. About half of all youth living at home were reported by their parents to have "a lot" of

trouble getting along with their parents after leaving RT and this did not change much over time (50% at 1/ ½ - 2 years follow up and 40% at 3 – 4 years follow up).

About half of the children and youth in our research were in the care of the Children's Aid Society as wards of the state. The most frequently reported places for these youth to live were in child welfare foster homes (32.8%) and group homes (24.1%) followed by independent living (19%) and closed custody (10.3%). Contact with family of origin members and the importance of family was still paramount for many of these youth in care. While 20% of young adults who previously resided in state care lost touch with their families, 48% were back living with family members following emancipation from child welfare care. Everyday living following residential programs for youth in CAS care was especially precarious and vulnerable to disruption. These youth were facing greater difficulties and had access to fewer resources to manage their challenges than youth residing with family. Youth in CAS care were confronting a unique constellation of past and current circumstances that contributed to insecurity in their lives.

School difficulties were pervasive among the children and youth accessing residential programs in our research including absenteeism, poor academic achievement, and problems with peers and teachers. Academic difficulties increased from admission to follow up, with over 70% of youth in our follow up studies experiencing serious difficulties. Increasing proportions of youth dropped out of school over time with over half of all youth (age 16 or older) no longer in school 3 – 4 years following residential programs. Of those youth not in school, 75% were also unemployed. For youth still in school at follow up, between 55% and 59% were described by their parents as having substantial academic difficulties, increased proportions since program admission. Only about 20% of young adults from our transition-age (18-22 years old) study had graduated high school.

Between one-third to one-half of youth over the age of 12 were involved with police and the youth justice system prior to entering residential programs which is a much higher percentage than youth in the general population and consistent with the proportions in other studies of youth with mental health challenges. In many cases, these legal entanglements were catalysts for youth gaining access to these programs. Involvement with police continued for half of all youth beyond exit from residential care. In particular, youth who had contact with the law prior to admission, experienced increased school difficulties, were male, and of an older age were more likely to have trouble with the law in the post-discharge period than other types of youth (Cameron, Frensch, Preyde, & Smit-Quosai, 2011). For about one-quarter of young adults (approximately 5 years post-programs) engaging in illegal activities became a central feature of their daily living.

Poor community adaptation outcomes in one life domain were often seen in combination with negative outcomes in more than one other life domain. For example, 86% of the youth who had negative contact with the law approximately 1—1 ½ years post-discharge also had serious school difficulties compared to 56% of youth who were not in trouble with the law. Additionally, youth who were reported to have a lot of trouble getting along with parents were struggling in multiple domains like school attendance and performance, personal functioning, and quality of life. Youth leaving residential programs to live in the care of child welfare authorities often experienced serious difficulties in most life domains. Over time, as youth transitioned into young adulthood, these challenges had serious impacts in multiple domains of living (e.g. job loss, strained relationships, addictions, legal involvement).

The Current Study

Youth between the ages of 14 and 18 years old who were involved with residential mental health programs from participating children's mental health organizations in Southern Ontario, Canada during 2015 to 2017 were invited to participate in the study. Children and youth engaged in these programs in Ontario typically have been diagnosed with internalizing disorders such as anxiety and depression, and/or externalizing disorders such as hyperactivity, aggression, and conduct difficulties (Cuthbert et al., 2011). Children and youth come from a variety of backgrounds, and their challenges often affect multiple domains of their daily lives, such as academics, employment, relationships, physical health, substance use/abuse, and contact with the law. Residential children's mental health treatment is an intensive mental health program available to children and youth with complex mental health and behavioural issues that have not improved with community-based treatment (Ontario Centre of Excellence for Child and Youth Mental Health, 2013).

In our program of research, residential children's mental health programs involved family- and child- centered programming from multi-disciplinary teams who created individual service plans for each child based on cognitive-behavioral, psycho-educational, brief and solution-focused models. Children and youth usually lived in residence five days a week and attended either their own community school or an on-site school. Youth usually returned home on weekends; however, those referred by a child welfare agency often remained in residential care on weekends. The expected length of stay was three to nine months. Participating organizations served children ages 5-12 or youth 12-18.

Youth who agreed to participate were also asked for permission to contact their parent and/or guardian and their primary mental health workers from the residential programs. Then we invited parents/guardians and workers to participate in the study. We followed youth and parents/guardians for about one year beginning immediately after leaving residential programs.

During that time, we interviewed youth and parents/guardians separately at about one month, six months, and 12 months post-discharge from residential programs. These interviews took place mostly in-person and were typically conducted in participants' residences. We interviewed mental health workers only one time (at approximately one month after the youth left residential programs) and we conducted these interviews mostly in workers' place of employment. All interviews were audio-recorded and transcribed verbatim. Each participant received a modest stipend for each interview completed.

Using a series of open-ended questions, we asked youth about how they were doing in key living domains (education, family, social connections, health) since leaving the program and what were their hopes and expectations for returning to live in the community over the next year. Similarly, we asked parents/guardians a series of open-ended questions followed by specific topic probes if necessary. Parents/ guardians were asked about what it has been like having the youth return to their care, how the youth is doing across living domains from their perspective, and what hopes they have for the youth in the coming year. We interviewed mental health workers about how they thought the youth fared in residential treatment and what their hopes and expectations were for the youth as s/he integrated back into community living over the coming year.

We analyzed the interview data by preparing a "case study" summary document for each youth that included multiple excerpts from their interviews as well as their parents'/guardians' and mental health workers' interviews (approx. 7 interviews per case). We then used these case summaries to construct a narrative (or "story") of the year following program exit that integrated multiple informants' perspectives of how each youth was functioning within that timeframe. Similar to our previous follow up studies, information on youth community adaptation was organized by key life domains including education, family, social connections, health and well-being, and future hopes.

Stories for youth who returned home to live with their families (12 youth) were examined together to explore any common experiences or processes that described the post-discharge daily living of this group of youth and their families. Similarly, the stories of youth who resided in the care of the CAS following program exit (10 youth) were explored for commonalities that could offer insight into their community adaptation experiences.

All research procedures and interview protocols received ethical clearance from the University of Guelph and Wilfrid Laurier University Research Ethics Boards.

Organization of Research Results

Research results are organized in two separate discussions based on whether, following exit from residential programs, youth either returned to live with family or resided in CAS care. Results from our previous research underlined the substantive differences between these two groups of youth and thus required our sense making of the data to be sensitive to the unique lived experiences of each group. We present each discussion as an aggregate narrative constructed from common themes or critical story lines emanating from our exploration of individual stories. Each discussion begins with an overall sense of what the common story is about and then moves into more in-depth descriptions of the dominant themes that characterized the post-discharge realities for each youth group. As much as possible, we incorporate quotes from interviews with youth, parents/caregivers, and mental health workers to enliven our presentation of story lines. We also include longer illustrations of the lived experiences of two youth, one from each group, in the weeks and months following their residential program exit. These illustrations are composed with youth voices and the voices of their parents/guardians and mental health workers. Granted there were individual stories that diverged from the common story in some way, the themes that make up the aggregate narratives represent the majority of youth and family experiences in this study.

Maybe Just Maybe: Critical Story Lines for Youth Returning Home Following Exit from Residential Mental Health Treatment

This is a collective story about the hopes and efforts of youth and their families to better youth well being. There are several defining story lines. One is the importance of having a home to return to following residential programs. For most of these youth, even when family is a source of stress, it is also a place where they belong and where they turn to for help. Sometimes it is the only place.

Second, even when many parents (most often mothers) struggle to understand their child's difficulties and when they feel at a loss about how to help, they persist in trying. Most youth do not give up either. Many family members commit to making things better, even when they fear there are limited

prospects for improvements. In particular, many parents' efforts to keep youth in school and help them achieve some level of academic success are substantial and ongoing. Difficulty at school is a pervasive challenge. How youth do in school is an integral focus of the story for youth who return to live with family.

Third, some of the youth who return home following program exit show an openness to seeking out relationships with supportive adults and friends, and to taking part in recreational activities. Despite the challenges having such relationships pose for many youth, these connections offer ways of coping with challenges and provide a sense of belonging and support.

Finally, youth improvements in well being are fragile and easily broken. After an initial period of optimism after residential program exit, old patterns of youth emotional and behavioural challenges often return. Nonetheless, overall, there is a sense that "maybe just maybe", with effort, persistence, and good fortune, youth might do well enough in the future, maybe even better than today.

Jane[2]

Jane was 17 years old at her time of discharge from residential treatment. Jane entered a residential program due to her anxiety and depression interfering with her daily functioning and schooling. Along with panic attacks and depressive episodes, Jane also considered and acted on suicidal ideation in the past. Jane was diagnosed with major depressive disorder and anxiety. At the time of discharge, Jane returned to her mother's care. Her discharge plan involved continuing to attend a community school to complete her credits for half-days, along with attending various community counselling programs to enhance Jane's coping skills and decrease her involvement in risk behaviors.

1 Month Post-Discharge

Of her return home, Jane said ... I have more freedom over saying 'I wanna go to my friend's this time' or 'I wanna work out right now' instead of it being told for me... I had a lot more free time so I feel like it was easier for me to get depressed again because I didn't have things to keep me busy... I just didn't really do much… so it was hard for about a week or two but then I got back into it… '... It's been easier on me and my mom because I'm willing to take more responsibility.

Her mother affirmed... She takes better care of herself um like doing her hair, a little bit of makeup, and is very conscious about what she wears um so taking care of herself physically... She's stronger in her, her opinions, not just 'yeah, yeah, whatever' and ignoring everything.. If I ask her something, she'll answer. Um mood wise, a lot better, more positive. More consistent… That's recent.

*Jane told us, ...*I was depressed... I didn't really have too many highs before residential programs... I had dropped out of school and I was really having a tough time getting my basic needs met, so they felt like instead of sending me back to the hospital, they'd go for an in between... And

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[2] All names of research participants are fictitious. Details of stories have been changed or omitted to protect the anonymity of youth, parents/guardians, and mental health workers.

then half way through I guess [depression] fully developed or whatever and at first that was really scary and I had to go to the ER because I didn't know how to handle it…

Jane's residential program worker stated... When [Jane] was referred here, it was thought that a separation and divorce by her parents had been the catalyst to some struggles academically. Um and struggling with mood disorders basically. Um she had several hospitalizations, uh for really struggling.

Her mom stated, ... in the beginning I was devastated for her because I didn't really understand it at all... I didn't understand it and the other parts of me was um my whole thought was you just get over it and move on.

Jane's residential programs worker added... An aggravating issue for Jane was struggling with still needing more from mom than where mom was at in her life… She didn't characterize any one particular person as super close. But mom would be one of those people in her life.. So it was, you know, difficult at times, but a solid relationship for sure.

Jane's mom spoke of her relationship with her daughters... I always talk to the girls… I'm you know I'm just here and if you need me and let me know. Her sister and uh her are very close... they're like two years apart … they could always talk to each other and they like to hang out together.

Jane added... [So who are you living with now?] Just my mom. [Are you in contact with your father?] No... I have an older sister... she's going to college... right now.

Her mom continued... She hasn't seen her dad in um … two years, probably a year and a half. Which is very upsetting... 'cuz he's a good man absolutely.

Her residential program worker said... I do know there was a change in the home right before discharge which is a concerning change so um mom had a boyfriend that was going to be staying with them for a period of time. That was really ill timed... There were quite a number of fears going on and that [Jane] might overestimate her ability to function … if they … have great hope in in how they're going to manage and um hope is a really big factor for her, we didn't want to pull that down at all just put some safety net around her in case it didn't go as well as she'd hoped.

Her mother stated... [Residential program] said that um we could always call or um if we needed help. And I know um residential program has like a drop in program there's opportunities there.

When asked about coping strategies at home, Jane said, ...I tried to distract myself as much as I could either by watching funny movies or going on the computer, going out with friends, um and using therapy skills I had learned at residential program... Mostly cardio and Pilates … ...It keeps me busy, having hobbies. It's fun to do things like that where you can actually build mastery you know. Right now, I'm just seeing where the modeling goes... It would be a part-time job... also I'm talking to the girls in modeling more … I was in choir but I'm kind of unsure about that now because I do have a full course load next semester... I've been in it all through high school… I think the meds are helping.

Jane spoke of her first few days back at school... I was worried about what people would think but they were cool with it so…. It it was weird, it kinda brought me back to how it was before residential program which was kind of uncomfortable because I didn't have the best habits. And I wasn't in the best state of mind so. I had to rely more on my friends during the first few weeks of coming back... I'm more connected with my friends.

I hadn't really gone for almost a year. I'm a perfectionist so if I am falling behind I hate going to school and having to face my teachers and say no I didn't get this done... I'm a good student so… I get good grades, I stay on task, I don't cause trouble.

I guess you could call it a special school program, because I'm only taking one class... they transitioned me half days… so I wasn't overwhelmed with going back ... but I am working with a therapist right now about second semester because I know that will be really hard for me to go back to four academic level courses... The guidance counsellor there talked to me and the CYW, child and

youth worker, she talked to me... They let me know where my supports are, they made a safety plan so like if you're feeling really bad, here's where you can go...

According to Jane, she has... Um some struggle with school but I'm hoping to get my diploma next year so I'm not too behind in school. I'm for the graduation, I'm having a full course load and right now I'm planning on going to summer school to catch up too. I'm hoping to maybe get into driving, my G1 and hope the modeling goes somewhere too. If it doesn't then a part time job…. To go to university, hopefully [name of university] for nursing.

Her residential program worker spoke of school,... Jane was um a fairly high academic achiever... We always are concerned about that transition being made... it was concerning to see her drop one of the two courses.

Her mom spoke of her hopes for Jane... I've seen really good change and she's basically gone through so many different avenues, almost everything that's available to her in the area. And um the rest is up to her. I think that she's turning 18 is a huge thing and uh I'm hoping that the rougher part is behind her.

1 Year and 1 Month Post-Discharge

*When asked about how things were going, Jane stated… g*enerally... I would say I've been doing better. Like I've improved over the past 6 months (*Jane).* [And what do you credit that to?] Mmm… most of the therapy I've gotten and maybe it didn't help right away uh but CBT and DBT that I've done... There was a lot at the residential program and I've also been recommended to counsellors through my psychiatrist*...* I do my chores like my laundry and uh clean my room and stuff and then now I just like do school and see friends every now and then. I'm I don't do things like grocery shopping but, and I, I make my own meals most of the time*.*

Her mom spoke of positive changes as well,... I mean she does her own laundry now, it's that's one that that up until recently she wasn't doing... Just getting her dishes out of her bedroom and stuff you know, general chores... ... Um again shes back to being up during the day and uh goes to bed earlier at night. But there's times where she'll slip you know and then that's when she starts sleeping through the day … but then she always puts herself back on track... It's improved, yes. But then when she goes through these phases of depression, it doesn't.

Jane also shared some negative experiences that had occurred recently,... There was in June where I had to go to the hospital a bunch of times ... I was put on the [medications] I'm on now. And things have been generally better since then... I was very stressed out and anxious. Like I would get um panic attacks and I haven't since I've been on the meds I'm on right now.

Her mom also spoke of this… She called me she said I'm at the hospital um I didn't do anything but I'm here and this is where I have to be, I know this is where I have to be. And then I okay great, here we go again... before I was finished at 5 she had texted me saying that she was home and that she had a new prescription ...

*Jane said of her family…*Getting a job was also a big deal and talking to my dad again...so I would say that was big... But those were positive... I started talking to my dad again... Well really was talking to my sister about him… So hearing her talk about how he was now made me less scared to see him again... He got married late September ... I had time to sort of get over my grievances with him*.*

I live with [her mom] and she also helps pay for the school courses 'cuz there is a fee as well as like grocery and rent and everything. And emotionally she's supports, I can talk to her about anything. Um my dad always offers but it's kinda hard 'cuz I don't live with him... I don't talk to [mom's boyfriend] too much but were not like, there's no negative feelings

> *Jane's mom added...* She's seeing her dad now, which is so good. That, that he gets to see her... I think that um that was it was just gonna take time and uh she chose the time... I mean he loves her to death like he loves the girls, he's a really good dad.
>
> *According to Jane...* I just switched over to adult school... Now I'm doing school and I'm doing well... I do correspondence, which is I study at home... Right now grade 11, but I should be done by the end of next year... It's at my own pace so I can, like if... my mood's going up and I'm feeling really motivated I can get through maybe more lessons that I would in regular school and then when it goes down and I'm slower...
>
> *Her mom said things have been going well at adult school...* So far she seems very positive but this is very recent this is in the last week or two (*Mom*).
>
> *Jane has continued to see her friends...* Recently I've really only been seeing my one friend. But then there's also 4 or 5 others. And that's kind of our group... My friend group knows pretty well how to help each other out...
>
> *Jane's mom spoke of some long-term hopes for Jane,...* 6 months ago she said she wanted to go... for fashion... In the summer she said she wanted to be a neurologist. And then she's a nurse and then... she was gonna go to hair dressing school and I said Jane I said listen I said whatever you're 18... There is money for her to go to college... she has issues with classrooms you know being around a lot of people like huge class sizes. So I'm not too sure when she talks about college or university how that's gonna work for her.... I hope the school works out for her... And that she doesn't get too overwhelmed thinking that she has to get all this done in one year or whatever... She's gonna be taken care of to you know to do it. So I'm hopeful for sure.

We Have a Home

A defining story line for this group of youth was that they in fact had a home to return to following residential treatment. Home was an enduring reality in the lives of these youth. It was a place to live, to feel safe, and to be nurtured. Family was often the only long-term source of love and identity for youth. This was true for many youth even while family could simultaneously be a source of stress and conflict.

For some time, Charlie was not able to have a functional relationship with his mom. Prior to the residential program, this led to chronic conflict and to his assaults on his mom. Following program exit, conflict with his mom continued, so much so that Charlie considered entering a program to prepare him for independent living. He went to live with his dad instead who said:

> *I just think that you know [youth] is a person who's got anxiety issues and depression and he's living in an environment where, you know, there's a lot of fighting, and, I think that just raised his overall anxiety level even more, so he couldn't tolerate much. And then, 'cuz I just, it's not because he didn't love his mom or wanna be there, it's just then when he comes here, like I said before, we're boring, we're, we're very, you know, even keeled and so he can actually relax and then he has more of a reserve. He can deal with his anxiety better because it's, it's not one thing trips and then he goes off the deep end, kinda thing.*

Wayne had a string of temporary living arrangements prior to being discharged to his father's care including first living with his mother and then entering multiple out-of-home psychiatric placements. It took a long time for Wayne to trust that his father was not going to leave him and that he was living with him permanently. Wayne remained living with his father through several ups and downs during our research. At our last interview, Wayne said the best thing he liked was living with his father. His father identified the importance of permanency to Wayne's well-being:

> *…part of … feeling safe for him is reassuring him on a regular basis that I'm not going anywhere … just that he's not going anywhere that this is his home and where he's staying.*

As in our previous research, families were struggling prior to residential treatment with issues such as marital conflict, shifting family constellations, substance use, physical confrontations between youth and parents, and police and psychiatric service involvement. Youth described being affected by these disruptions and identified the stress and strain family can create. Yet, they also saw family as a place to call their own—somewhere they could turn when things got difficult.

One week after leaving her residential program, Janet went into a psychiatric unit for five days after she attempted suicide. She found the hospital stay helpful but said that she still struggled with the impacts of her attempt. Janet described high levels of conflict in the home between her parents and between her stepsister and parents. Janet also used to have frequent conflict with her mother. Yet Janet also appreciated the types of supports she received from her family:

> *… no matter what like my parents can always back me up. So I really like that… just sometimes it gets really stressful in this house like when the others are fighting. Um, the tension builds up… I just think that the fact that um like recently I've been able to like open up communication with my parents a lot more. Um be more straightforward with like what I need from them … just like everyone like having to deal with um with like what I tried to do (attempt suicide)… I just don't think it makes sense to them as to why. I just, I don't think it will ever really, fully, make sense to them.*

In this group of youth, one or more members of most families actively participated in their child's treatment. The hope for many families was to have their child back in the home following treatment. And youth wanted to come home as well. After residential treatment, while there were still tensions and struggles, relationships at home for many families improved. Parents and youth were committed to each other. There was the expectation that youth would remain in their home.

In Charlie's case, it was evident that his parents, even though no longer together, remained committed to Charlie. His father said he was happy Charlie was living with him and that it was something he wanted for a long time:

> Oh, I just like having him at home. I mean, he's my son. I wouldn't, I've always wanted all my kids to live with me. I like that he's doing so well now and he can start seeing the light at the end of the tunnel, kinda thing. Whereas before, it was like you're almost dreading having that phone call that you know he was actually successful with a suicide attempt and now that's not even really on the radar.

It was a difficult time for everyone living in the home before Patrick entered a residential program. He had long-term conflicts with his brother who had his own struggles. As a teen, his mother described Patrick's emotional outbursts which led to his running from the home. Sometimes the neighbours called the police because of his "unusual" behaviours during these episodes. There were strains in his parent's marriage that seemed to be exacerbated by trying to manage their boys. Following the residential program, Patrick entered semi-independent living and went home on weekends. Family remained pivotal in providing a sense of belonging to Patrick and in helping him to manage the difficulties in his life. His mother identified their desire to remain connected as a family over the long term:

> Since he's come back… I think our family is redefining who we are because he left as a child and is coming back as an adult. […] Since he's come back, we've really had to, our family has been in a state of transition and what we're trying to do is really figure out um we know the transition period is, is gonna be…several years and there's a lot of learning to be done so I think we are getting used to the fact that things are different and they will be for a while and we're not exactly sure what its gonna look like at the end but we know we all want to have a relationship with each other as adults.

For many, family has remained the only long-term source of belonging and a place for youth to live and receive assistance. Of course, there were some stories in which family connections broke down following the residential program and family members no longer lived together. In Sebastian's case, he returned home only to enter CAS care within the first eight months after he began running away and his mother could no longer keep him safe in the home. Similarly, Alex was no longer living with his mother within a year of returning home. Alex went to live with his grandmother after he and his mother had a physical altercation for which police were called and a no-contact order was issued between mother and son. However, family continued to be central if conflicted for its members. Members generally had some ongoing contact and looked to each other for assistance.

We're Not Giving Up

In many stories, parents' commitment to their child's well-being is clear. Parents go to extraordinary length in finding help for their child and family. Even when parents struggle to understand their child's difficulties and feel at a loss about how to help, they persist in trying. They are "in it for the long haul" and continue to care for their child. It is reasonable to think that no one else is going to be there for youth in these ways and for this long.

Sebastian's mother spoke of the many instances in which she reached out for help for her son. Prior to Sebastian's out-of-home treatment (first into short-term psychiatric care and then a residential mental health program), his mother reached out to many professionals and agencies. It was not until Sebastian's suicide attempt that he finally received some intensive mental health services:

> *I've been trying to get help for him that's why I did the ADHD privately… We did it at school, I wasn't satisfied. After a few years, I knew something else was wrong. So I did it privately just when they were really supposed to get stuff ready for high school for him, so that when he goes to high school he will have all that help…that's when he tried to commit suicide… […] I'm the mother I knew there was a change and it was sad that he had to go into a home and cause a lot of damage to himself, and ya know, stuff, for them to realize that what I was saying was true. So, and then they took him in [short-term residential treatment home], after he did lots of stuff like break windows. 'Cause at the time he felt like "I don't wanna live so, whatever." […] I was very, very disappointed about the system. The system helps but it sucks!*

Destiny's mother described the extreme lengths she went to in keeping her daughter safe and alive. Destiny had been struggling for years with self-harm and suicide ideation. Her mother advocated for Destiny from an early age, both within the education system and in obtaining psychiatric services and eventually entrance to a residential program:

> *…as a parent, you've gotta do what you gotta do to make sure they're safe, especially if there's only one of you in the house, you know? And, I wouldn't, what would happen until she'd come downstairs and I'd find that, you know, she'd hurt herself… […] …at one point of time I was sleeping at my foyer – I have a fold-up bed. And, I was sleeping in the foyer at the front door because she would want to leave the house at 4 o'clock in the morning—she'd just leave. And, I thought "no, this can't be happening!" […] …but she uh, no, she'd go out that front door and I'd be out there looking for her, calling all my friends and saying she's taken off. And, we'd have people driving around looking for her at 4 in the morning.*

Ashley, who struggled to control her anger and physically abusive behaviour, had utilized without success all the resources available in her community. Beyond this, her parents continued to advocate for her and even spoke of temporarily splitting the family between two residences to keep everyone safe:

> *…so we did a lot to um advocate for her. Um because… (Whose we?) me and my husband, um so um now I mean I might be like the "Googler" person … and he's also managing [Ashley's sister] while I'm, we're trying to do all this but… we had to advocate … for funding for [Ashley] because it's out of our county. And the basis for that was that she was a candidate because there was no, she had exhausted all the resources that were available in our county […] And for about 2 weeks I lived with [Ashley] in the old house. I said you know what let's figure out what we can do…*

Efforts by parents to keep their child engaged with the education system are formidable and typically last many years. Also notable are the labours of school professionals and youth around school performance and attendance. Such efforts, however, do not always lead to "doing well" in school, or even staying in school. Common efforts include multiple school changes in hopes of finding the right one, the use of support programs, educational personnel and services, a modified school day, modified curriculum, all in pursuit of fostering school successes for these youth.

A major reason for Jane entering a residential program was that she had not shown up at school for a year. Both her mom and mental health worker described Jane as very bright and creative. When she did the schoolwork, she did not seem to have difficulty doing well. However, her school efforts were characterized by initial optimism and then Jane would fall behind in her work and stop going to class.

Mackenzie dropped out of school in grade 9 for about 9 months. Her mother said that she could not get Mackenzie out of bed in the morning. Mackenzie tried multiple school environments including the residential program classroom, a specialized school program for youth with addictions, and a small alternative schooling program. Over time, Mackenzie made greater efforts to attend school:

> *It's more just like how I felt on the inside reflected how I did in school … if I was depressed I just wouldn't go. But then if I was okay, like I would always go, nothing really bad would happen there. But I'd snap at people if I was not happy. But I don't do that anymore… 'Cuz I'm learning how to cope with my anger. […] Well teachers and the workers in the room help calm me down so that works for the most part. […] Well the weight room helps. 'Cuz I like exercising, so that motivates me to go to school. I don't have that stuff here… for the most part. Like we read a book [in the literacy program] and I like reading so I guess that was one thing that motivated me.*

Sometimes parents' commitment to helping their child comes with great personal sacrifice. While many parents remain steadfast in their efforts, they also acknowledge their exhaustion and

frustration, and the personal toll of caring for their child. From these stories, there seems to be an expectation of personal sacrifice by parents. Mothers are more predominantly the family member who make these sacrifices.

Ashley's mother expressed her worry about her daughter's wellbeing and said she was feeling worn out:

> …It's just when I'm at home thinking at night about it umm…[long pause, crying] like, I worry about her having stable relationships with people that are healthy, you know? …for the most part we have a good relationship…you know, sometimes, I feel worn out a little bit but … I think I need – whether it's just a support group of other parents but umm…yeah…I'm just not there yet but it's something that I think would be helpful to me because even when we did workshops at [residential program] with other parents – that was helpful – just hearing those other parents' experiences and knowing that I wasn't the only person that was having those experiences.

Wayne's complex and intensive mental health needs required that he not be left alone following the residential program. While he accessed many supportive services, Wayne's father remained his primary supporter and this demanded much of his time. Their residential mental health worker described Wayne's return home:

> It's always gonna be a challenge. It's a very big change for all of them. [Wayne] had been out of the home for a few years. At this point, dad was also initially working out West for three weeks at a time, two weeks at a time, and then back for a week or something like that. So he ended up quitting his position to be home full time for it, so even that is a change for dad and like it's just it's just a big adjustment um…and dad was very nervous.

In Patrick's story, his parents' marriage was greatly strained in taking care of Patrick and his brother who also had emotional and behavioural challenges. His mother still had hope that the marital relationship could be repaired once Patrick settled into a semi-independent living arrangement now that he was 18:

> …the damage to … our marriage or couple … raising a child with special needs, um two actually, did it's damage a long long time ago. Um, I really did think that the … brief time when both boys were out of the house and I thought great it'll give us a chance to get back on track… […] … but … it was a nightmare in those first couple of group homes with him. So, we were even more troubled. […] …hopefully there'll be something left when uh when we get there and that's another reason that's another reason that fuels my desire to get him independent and be able to function on his own. So we can, I mean we've got a 20 year old and an 18 year old, and we're still kinda have the responsibility of them as if they were in elementary school. And we've been doing it a long time. And I think now

on top of just the exhaustion of doing it for so long, we're dealing with the resentment of having to do it…

With some improvements in personal functioning following the residential program, and living with their family, many youth are hopeful that they will manage daily life. Youth also persist in trying in their own ways. Some youth see how much effort their parents give to helping them and believe that they are all "in it together".

Charlie talked about his parents as a resource and using some of the techniques he learned in his residential program:

Uh, my mom and my step-dad can help me out with a lot of stuff. Like, with the extra-curricular activities, and school, and job, but also helping me with hints on what's socially acceptable and stuff that I need to do to like, get what I want. […] I took a lot of breaks when I needed it. So, when things were getting a bit rough I removed myself from the situation, did my meditation, got myself back to centre and returned to the situation.

Jane's mother spoke of her daughter's willingness to try to maintain some progress even when she was feeling low:

I said how did it go and she said good, I went to school but I didn't feel all that good. And I and I said you have modeling too … and she went, so the next day she said you know I wasn't feeling well but I went to school and I went to modelling and can you make me some tea? And, I was like yes I can.

Destiny continued to make an effort with the hope for a job and a stable future:

Um I'd like to really step up my A game with academics and maybe put a lot more effort in to it, and … at the moment I'm kind of thinking about future jobs and becoming a masseuse or a massage therapist that but also that's recently. So I'm not sure how long that's gonna stick with me but, it's something that interests me at the moment. So I guess I just hope to be comfortable. […] I guess I'm hoping to be more at peace with myself. […] I hope to be stable eventually, emotionally and financially … Um I hope to be more productive for my mom and around the house sort of stuff.

School is a Challenge

Difficulty at school was a pervasive issue for just about all the youth in this study. This was also true for the majority of youth in our previous research. Problems were both academic and social in nature. The nuances of these school challenges have been described elsewhere in our research, but generally included trouble with teachers and peers, absenteeism, and poor academic performance. What these stories add to the narrative is a sense of the great effort exuded by most parents and

20

professionals, and some youth, to keep youth engaged with the school system. Underlying these efforts is a belief that how youth do in school is pivotal in their community adaptation and to their long-term life trajectories. Only a few youth remained engaged with mainstream education. These youth tended to be academically proficient but struggled in other areas of school.

Janet was successful academically, for example, reportedly winning a $3,000 scholarship for higher education. Yet she also worried about her ability to handle increasing workloads and expectations. She planned to take an extra year in high school after finishing her graduation requirements to make the transition to university easier:

> *Yeah my grades are good. Uh usually honour roll… […] …well it's just getting a little bit more stressful getting ready for post-secondary so yeah its obviously like getting harder, more assignments and everything…[…] so sometimes I go to like Student Success and like the resource room um for doing tests or just working on stuff even. Um I have like from being there like … a support group at school also. Um just like people that I can trust and that I can go to for if I'm ever feeling anxious or upset or whatever.*

Charlie was academically competent and had taken the initiative to complete both summer classes and online classes to work toward completing high school. Relocating to a new city and a new high school was perceived by his father to contribute significantly to Charlie's success in school. Old problems in school that were social in nature were left behind. His father said:

> *Well, what's been going well is his use of his of his tools. He is, he's matured quite a bit. He's focused. He's now, you know, he knows that uh there's we've got a plan in place for school, like he's going to a new school, he's uh he knows he's not gonna finish next year but he needs to get the grades and then one more year of high school and then back you know back on track and college or university like that. So there's a plan in place …he's adapting very well. He's again using his tools to deal with any of the things that aren't going well… the helpful stuff has been then uh his ability to um leave a situation if he needed to just so he doesn't get overwhelmed and um having somebody there to talk to, the guidance counsellor. Uh and also having the extra-curriculars I think has been really helpful 'cause its kind of engaged him in the school as a whole.*

Most youth, however, continued to have difficulty with academics and attendance, even in the presence of great efforts to improve school experiences. Alternative education arrangements were commonplace. Parents worried about their child dropping out of school permanently. Many youth received multiple services and supports.

Mackenzie continued to have attendance and motivation issues across multiple school environments including the residential program classroom and a specialized school program for youth

with addictions. By our last interview, Mackenzie had transitioned to an alternative education school. She hoped to return to her old mainstream high school.

> *Well I expect to hopefully motivate myself to go to school because it will be a different one and I don't know what it will be like at all. […] Like I'm changing schools, I can only be at [onsite residential program school] for 2 years and I've been there… [Now] It's an alternative school like its only like 40 kids but that's a lot bigger than what I'm used to right now […] I wanted to go to an alternative school and that one was, like, the closest to me so I just decided to go there […] [So why don't you like it?] There's a lot of drama, unnecessary drama. I'm not allowed to put myself into that. […] I don't like anything about the school.*

Following discharge, Charlotte attended half days at a mainstream high school and half days in an alternate education setting. This seemed to work well for Charlotte although there were still some challenges with missing school days and difficulties getting up in the mornings:

> *…they [residential program] hooked me up with um its called a transition program and it's pretty much supposed to be for um kids transitioning, maybe they're coming mid way through the semester and they're transitioning into a full time school. In my case, it was a little bit different, because I'd never actually been to like a main stream high school. So I go there in the mornings from 8:30 until 11. […] …in the afternoons I go to high school and I take a travel and tourism there. So that's what they set me up with transitions in the morning, and going to do um elective credits kind of easier credits at the high school. […] …its just booklets, but for right now it's actually going really good and I'm getting a lot of work done. More than I would have expected because I am working at my own pace, but I've been missing like, not a lot of school, but I probably missed 5 days since school started.*

Later, Charlotte disengaged from the mainstream high school and was in a co-op program half days and the alternative education program half days. It was at her co-op that she met a supportive teacher. Over time, Charlotte had several connections with supportive and flexible teachers and mentors in education settings. How youth do in school is an important part of the collective story for youth who return to live with family.

Youth Efforts in Getting Help

Many youth reach out to people and resources. Reaching out is not easy but youth often made an effort to try to connect. Supportive adults are found in multiple contexts (school, family, and mental health services). Youth also make connections through recreational activities and friendship networks.

While these connections are seen as positive and are considered important ways of coping with daily challenges, they can be sporadic, do not always last, and are not available to all youth equally.

Wayne was living with complex mental health needs and had spent almost two years living out of the home. Wayne was eligible for specialized funding until his 18th birthday that allowed multiple supports to surround him and his father:

> *…there are supports in place…there is um, a full time EA and um a second floater EA because just for the simple fact that these uh these situations are very uh they're taxing on people […] there's an itinerant behavioural teacher who takes care of a lot of children … and they actually communicated … some of the things that are anxiety building for Wayne so, that they were able to communicate that to the school board and together with myself, Wayne, the residential program, the school, and the itinerant teacher here, we were able to come up with that safety plan.*

Both Mackenzie and her mother said that weekly she was going to a hospital-based psychologist and pediatrician for ongoing treatment of her eating disorder. Mackenzie seemed to like talking to her psychologist:

> *Well, I go to the hospital every Tuesday. […] I see a pediatrician and a psychologist. […] So I have to go there to make sure that my [eating program] is working a lot better, I'm like in recovery. […] Then I see my psychologist when he's there too, and I talk to him about whatever I want to talk about … he's a chill guy…it's nice to have someone to talk to…*

Similarly, Mackenzie's mother said:

> *She started eating again. She's seeing a psychologist at [hospital]. So she goes to the clinic every Tuesday, and it seems to be successful. […] She likes this psychologist at [hospital] which really surprised me because um… she's never liked anyone. And there was something about him that just clicked … But it will end as soon as she turns eighteen that'll be it.*

Charlotte had a number of supportive relationships with adults. In particular, she met an older couple who lived down the street from the residential program. She identified them as her "grandparents" throughout our interviews even though they were not biologically related. She credited them with helping her to quit drugs and providing her with a sense of belonging. When asked about important relationships with supportive adults, Charlotte said:

> *I've definitely had like quite a few um… My cousin who I mentioned earlier who just had her second baby. We're super, super close, so definitely her (You said when you were growing up…?). Yep, she'd probably be the first. Um… ["Grandparents"]. Um my co-op teacher, the grade four/five teacher. Um… a couple other teachers at [High School] there, so recently like last year, I've got couple teachers…*

Connections with friends are seen in many youth stories. These friends are sometimes youth who share similar challenges or those met while in the residential program. Jane had a close-knit group of supportive friends who were aware of her difficulties with depression and self-harming behaviours. She said they helped each other out:

> Recently I've really only been seeing my one friend. But then there's also 4 or 5 others. And that's kind of 'our group'. So sometimes when I go over to [friend]'s they'll be there too. And we all have a chat on facebook…watch movies, we'll talk about things like school or also like politics uh… we might go out for food… […] Yeah and actually I have one friend who has more severe problems I'd say than me so. My friend group knows pretty well how to help each other out.

Ashley was quite connected with outside activities including hockey, fundraising, leadership training, and CPR classes:

> I get a bunch of certifications through this thing too. I get my First Aid and CPR, I get my Food Handling and my Smart Serve (wow!), and I already have my High Five which doesn't expire… […] Hockey, cheerleading … all throughout my childhood to like now. Uh I did swimming (uh huh) and that's about like it like well as constant things I do.

It's Easily Broken

Immediately following discharge, there is a noticeable "honeymoon period" when youth appear to be managing well enough. During this period, youths' self-reports and parents' perceptions of youth well-being suggested that youth were using with some success various personal coping skills learned in residential programs.

Charlie entered his residential program because of his struggles with anxiety, depression, and addictive behaviours. While in this program, Charlie gained useful coping techniques. His father was pleased with Charlie's functioning upon returning home:

> Um, well, everything's going pretty well. Actually, like I said, it's only been two weeks but he's, uh, he's been very positive. He's been very helpful. He's, its nice to have him around… […] It's, it's that, that ability to start reconnecting with him and forming a relationship. As far as was not going well, I've, I can't really say. There's not really anything that's not going well.

Charlie talked about using ways to cope in the weeks following his program exit:

> The first day I left (residential program) I was driving home and I felt a lot of anxiety, I was...it didn't feel right… Um, it was just a feeling of discomfort about change. Um, I am one of…most of my anxiety has to do with change. And that's what I went to the (residential program) to help with. So I guess it also helped like, practice when I had to

24

leave…to help me cope with those emotions… Um, I was pretty anxious and uh, but also
very excited because I missed being with people that I love and people that actually truly
care for me.

While youth and parents are hopeful about maintaining the gains made while in residential programs, there is sense of fragility to life and relationships in the initial days and weeks following discharge. Youth speak of being nervous about how they would manage the return to living with their family. Parents describe a feeling of "walking on eggshells" around youth and articulated fears of saying or doing something that would undo hard-fought improvements.

Following several short-term psychiatric admissions and a stay in a residential program, Destiny returned to her mother's care doing somewhat better but still struggling with anxiety and thoughts of self-harm. Her mother expressed worry about the fragility of Destiny's improvements:

…when she came home like I said I was walking eggs, I had to be careful what I say.
She'd ask me a question or I would make just an off the cuff remark which had no real
relative meaning to anything and she would flip it. What do you mean by that? What do
you mean? And I'm going oh my God what do I say because this is gonna trigger a
meltdown. And I can't handle this right now, like it's simple matter of a couple words
and it's gonna blow everything out of proportion. So for the first little bit that's what it
was like and I couldn't sleep at night.

Mackenzie and her mother were also nervous in the first few weeks. Her mother said:

I worry too because I'm always afraid I'm gonna say the wrong thing and it's gonna just
make a mess of everything and ruin everything that we've worked so hard to, to, gain
just by, you know, a few wrong words… […] I think she [Mackenzie] was nervous as
well…um, I think she really wanted it to work. She was afraid, I think in the back of her
mind, I think she was afraid if she screwed up, um, that she wouldn't be coming home
anymore. So I have to try to always say to her, whether something goes wrong or right,
you're still coming home, that's not going to change anything, we need to learn to work
it out.

This feeling seemed to dissipate by our six- month interview and in some cases was replaced by an eventual return to previous patterns of difficulty. Some youth and families were able to deal better with these issues by employing techniques learned through residential programs while others were not. For most youth, even when positive gains were sustained, it was clear that behavioural and emotional challenges continued. Personal function problems that led to entry into residential programs re-emerged for many youth after an initial period of optimism and improvements. There was a tendency for old patterns to return, and sometimes quickly. This included conflict in the home, school problems, mental health symptoms, and problems in social networks and the community.

Many of Alex's challenges that led him into a residential program re-emerged after leaving treatment, after an initial period of optimism and improvements. This included conflict with his mother, suspension from school, problems controlling his anger, and contact with police. Alex's mother described her feelings about the quick downturn:

> I think I'm kind of in shock to be honest. After all the work we put in to bringing him home to have it all just disintegrate that quickly. I think kind of hit me, blindsided me a bit. So I'm kind of still processing it. […] …I understand where he's coming from because of what we've been through, but, I thought we were working through it. And it's kind of, like I said, a bit of shock 'cuz I, you know, out of nowhere everything just sucked.

Similarly, Sebastian's earlier difficulties returned after doing well in the first few months. His mother described Sebastian's success in finishing his schooling in the residential program classroom. However, it was not long after returning to mainstream high school that things fell apart for Sebastian. His mother said:

> He went every day and his grades just went up really, like, he did amazing. Like, from the time he got home and he started going to school, it was just good stuff…[…] [Then] an incident with uh a kid, a kid was being bullied…so [Sebastian] went in, and stood up for the kid that was being bullied and he got suspended. […] And I think he didn't really understand because he felt like what he did was something positive meaning that he helped somebody out that was being bullied. In return, he got punished. So he left the house…says he doesn't wanna stay here, uh because I said to him, well you suspended from school, so I have to take internet away on school time. And you will have to be here…during school hours. He didn't agree with that and he left. A police had to bring him back from [large city].

There were a few stories in which youth received specialized services and would be eligible for a disability pension into adulthood. Their needs were intense, complex, and ongoing. How well they could expect to be doing was a function of the severity and permanency of their challenges. These youth will be in need of constant support programs over the long term.

No Way Out: Critical Story Lines for Youth Living in CAS Care Following Exit from Residential Mental Health Treatment

This is a hard story to hear and to tell. So much so that we hesitate in presenting it wondering what the reactions of others might be. Perhaps, we worry, we need to add a few qualifiers to soften how the story is understood. This is a story of youth growing up in state care who have been in residential mental care programs one or more times. Surely, they represent a more troubled portion of youth in care. This narrative research only looks at the stories of ten youth graduated from residential mental health programs that were living in state care. We cannot know if they are typical of this group. On the other hand, the outcomes for young adults with similar backgrounds in our earlier program of research are not so different. It also is true that there are some positive actions and outcomes in the stories of individual youth. Finally, while this story is grounded in what the youth, caregivers and service providers said when we talked with them, it also reflects how we reacted to this information. Others may have focused on different aspects of the story. Yet, despite these caveats, for us, this remains a hard story to hear and to tell.

The differences between this story and the previous story of youth who left residential mental health programs to live with family members are dramatic. The implications of these differences for improving community living outcomes for each of these youth populations seem pivotal. It is much more straightforward (though far from simple) to suggest helping options for youth when they return to live with family than when they enter the formal child welfare system. Certainly, this is a challenge that calls for attention.

There are some encouraging elements in the stories told by these 10 youth and their caregivers and service providers. Cole was able to spend much of the time in care in the same foster home and have some success at school, work, and in relationships. Cole was a clear exception among this group of youth. Taylor's life improved when finally he connected with a transgender foster home. Yet Taylor continued to confront major challenges in multiple areas of living. Wesley achieved some recent stability in where he was living and enjoyed his arts-based school program. He recently found a job and got his G1 driver's licence. Yet he spoke darkly of his future suggesting his current circumstances were the "calm before the storm". On the other hand, the general story for this group of youth is much less encouraging.

Almost all of the individual narratives described very difficult early childhoods. Parents were not able to care for their children themselves and provide limited if any ongoing supports while their

children were in care. Parents often confront their own problems with mental health, addictions, conflict at home, or legal challenges.

Youth have multiple mental health and behavioural diagnoses that significantly shape their stories. These difficulties, while they often ebb and flow, continue to be central to their lives. No one in any of these stories talks about notable benefits from youth being in one or more residential mental health programs. In addition, while there were occasional benefits and quieter times noted, there is little suggestion of youth making clear and enduring improvements in their personal functioning.

Youth rage and defiance are common. Almost all of these youth go through major episodes of conflict and violence. These often coincide with illegal activities leading to the involvement of the police. Some spend time incarcerated. Various kinds of drug use are common. It is not clear that this time of rage and rebellion is ending for some of these youth.

These youth do not know where they belong and they do not feel loved. All go through multiple living arrangements while in care. Residences, schools, adults and peers are often in flux in their lives. Most do not trust easily. They have few if any lasting relationships with supportive adults or friends. Some retreat into spending large amounts of time video gaming, exploring the internet and in online relationships. Many feel an attachment to members of their families but actual involvements are irregular and the supports limited. There are no comparable stories of long-term struggles on behalf of these youth by mothers or fathers that are common in the previous group of youth's story. And these youth, caregivers, and service providers are all aware that this particular way of living was going to end when the youth aged out of care.

Most dramatically, this narrative is marked by what is not discussed – what is not expected and what is taken for granted. There is no discussion of the future that waits for these youth – no expressions of hopes and aspirations. There is no evidence of striving to make these hopes and aspirations realities. The expectation is for more of the same. In fact, youth, caregivers and service providers did not talk much, if at all, about what is to come for these youth in the years ahead.

Youth going home to their families and their parents comment on their time in residential mental health programs and the types of assistance that they received and need afterwards. They talk about how to make things better. Not so in this narrative. There is little if any focus on whether these realities could be better. The unspoken assumption seems to be that "it is what it is". Only one service provider, in commenting on an unhappy profile she painted for Zachary, addressed this issue directly: "I'm not meaning to paint a bleak picture but, you know, in terms of the kids we work with, he's doing ok."

George's story, as told at one month after leaving a residential program, one of the more difficult youth portraits, illustrates many of the story lines shared by these youth. These patterns continued for George over the first year following his exit from this residential program.

George

George was 16 years old at his time of discharge from residential treatment. George entered a residential program following aggressive behaviors shown at multiple foster home placements leading to an assault charge. George does not have any formal diagnoses. There were concerns of substance use and drug dealing. George did not have a discharge plan from residential care due to the unplanned circumstances of his departure, a violent assault with a weapon upon a peer. We interviewed George, his CAS worker, and his residential program worker.

1 Month Post-Discharge

I was in a cell first, then a worker came and got me, and then I went to another foster home... I stayed there for like three days ... I pushed foster mom three times just like light push though not actually like punch or nothing...'cause I was really mad... the cops came... and they're like "uh yesterday you assaulted [foster mom] ... you're going to jail you're charged with assault... they just put me in a cell for the day. And then when I got out of the cell, that's when I went to [the residential mental health program].

Like they're pushing you, they're more than hard on you [in this group home]... In a good way. Sometimes in a bad way, but I just feel like the environment is more comfortable here, in my other group home it wasn't comfortable at all... I actually like this group home… First day … I got in a fight with one of the foster kids... Well I was actually really depressed... 'Cause I didn't know what to do like, all my friends are in [City]. That's where I grew up right? So it's like when they move me here... There's nobody here. There's nothing to do. I don't know anybody.

George's child welfare worker commented: He's seeking out and finding gangs that he's involved himself with, which isn't a positive thing. I think George was seeking... loyalty... you have a team on your side. *George had a different perspective:* ... I've got really respectful friends... like real friends… I'd take a bullet for them... they know what I go through... I tell all my friends that I'm in a group home.... We're all really close.

He went on: [T]here's a doctor that comes like every 2 weeks and he's helping me out with stuff... Like, depression, anxiety, that kind of stuff... Help me get through it 'cause like, he knows... I just moved here and he's like how are you feeling and everything he helps me... Like I told him everything about my life. I told him like moving here, and all that. And he gets it... He knows why I'm depressed cause I moved here... ... I'm the guy that just bottles them and puts them away... until my anger builds up... That's why... people are scared of me when I snap...

The child welfare worker added: Substance use was a big thing for him... he was struggling quite a bit... definitely marijuana and beyond that we don't know for sure …We suspected that there were harder drugs coming into play... him and the two other kids that live in the home decided to rob a couple so they stole their cellphones... which they got charged for... Comes back … I place him on Monday, by Friday he runs away... he was picked up Sunday for weapons, dangerous, they were planning a robbery of a convenience store... yeah, robbery, getting involved in fights, rival gangs... but he's just hanging out, leaving whenever he wants to, doing whatever he wants to do…

George said: I don't feel like anybody at CAS cares. About like, moving us, like house to house like how that affects us, our friends and everything. They don't care man, they're getting paid! They don't care... We're foster kids, they don't wanna listen to us, ya know?... That affects us man... You can't change your path, right? All you can do is think best for the future... It's not my fault I'm in foster care. It's my family's fault. It's my dad's fault... but at the same time, I don't like blaming people 'cause... I know he was traumatized when he was a kid... I know he has a mental disorder... There's literally nothing we can do about it except move on and try and get a better future.

This world, everybody just cares about themselves... I'm planning to stay here till I'm 18, but at the same time I don't know because there's a lot of rules here... Now that I'm 16, I feel like there's a lot of stuff that I need to accomplish in my life and that I need to look forward to... when I'm older I'm getting an apartment... that's what's been making me motivated to go to school and everything… ,... I'm gonna be going to school... I'm forcing myself to go now... I've already missed 2 years... I can't do that anymore... Those full 2 years, I felt like nobody... 'cause when you don't go to school you feel like you have no self-confidence at all. You don't feel like you're going anywhere... If I don't go to school, I don't feel like I'm respecting myself at all… I should be in like grade 11 right now... In the next year, I wanna be able to have my grade 9 and grade 10 all my credits for sure... If I don't get all the credits I feel like I need, then I'm gonna go to summer school and get it done... I don't need help. I'm a smart kid, I'm just lazy…

I was kinda fighting with my sister... She doesn't even, last thing she knows of was I was in my other group home. She probably doesn't even know I'm here right now... I'm really close to my sisters... but with my one sister, like basically she took care of me when I was younger, not really my dad or anything, so I was like, she's like basically not my mom, but you know she's important in my life. If anything happened to her, I'd just kill myself honestly... When I call my sister it really calms me down... she helps me through it... She's been in group homes too when she was younger, so she knows how it is... honestly, she's been keeping me going throughout my life. My dad though, no, not at all... like he doesn't speak a lot of English. Plus my dad doesn't care about me… so literally I only have my sister and my friends there for me. That's life though...

George's mental health worker added: …there's substance use and … that was a struggle... a lot of conflict he ran into had something to do with the substances... the environment was lending itself to the anger issues... you can't really seek treatment if you're not willing to realize that there's an issue yet... I think he could definitely be successful ... he's a pretty smart kid... he's perfectly capable.

Very Difficult Beginnings

At the point of entry to residential mental health programs, most youth are estranged from multiple areas of everyday living – their families, schools, community involvements, friends and taking care of their personal physical and emotional wellbeing. For the youth entering residential mental health programs and who eventually returned to their families in this study, while their caregivers were typically overwhelmed and needing respite, most of them remain actively engaged with their children and their recovery. Often they have personal, social, familial and economic resources that they were willing to invest on behalf of their children.

For the youth in this story who entered residential programs from state care or who left to enter state care, this is very seldom the case. Some enter care at a young age. Others enter state care later on when tensions in their homes are unmanageable. Some parents have mental health or addiction problems. Others have criminal lifestyles. Conflict or violence within the home is common. Others simply cannot manage their children at home.

According to his CAS worker, Cole was placed in a foster home with his older brother at age 3:

The parents were just very involved in criminal activity to feed their addictions. They both had significant addictions and umm still in and out of jail. Um, not violent crimes, they're all break and entries and theft, and just a lot of transiency... certainly neglect, but no physical or sexual abuse. [Youth] was younger and still very clingy to mom and dad so he probably struggled a bit more [than his older brother]... I have always felt like [youth] struggled with guilt and loyalty issues, because they did see mom and dad through access visits.

George had been in care for the majority of his life, entering at the young age of 18 months due to parental conflict and violence. His parents were not involved in his life growing up, but he did remain in sporadic contact with his older sister. His CAS worker described George's difficult and chaotic beginnings:

He was failure to thrive, that's why he comes into care at a very young age... that's impacting him... Here's a kid whose first 18 months where chronic chaos, and we've created chronic chaos in care... it was a continuation of probably what he had been experiencing in his first 18 months of his life.. He [returned to the family] at 4 and a half to about just under 6, then stayed in from 6 'til now... He's exposed to domestic violence and violence with dad and mom... same as he was experiencing in that one and a half years, living with more chaos, right? He had a long-term placement... 8 years... that was the most stable he had been, and from that point on, he rolled downhill to a bunch of different things that are not positive.

Most of these parents have very little personally, socially or economically to offer their children in care. Over their years in care, contact between these children and their parents and other family members is sporadic. Even when there are connections, parents and other family members were rarely active participants in efforts to help these children survive difficult circumstances. Some provide youth with avenues into destructive activities. Positive or successful adults that they could emulate are very scarce for these youth. Someone to pull them out of tough circumstances and to stick with them over time generally are not around. Nonetheless, for some youth continued connections with their biological family are desired and valued.

Like many youth in care from our study, Wesley had a series of temporary living arrangements throughout his lifetime. According to his CAS worker:

[Wesley has] been in and out of care from a very young age, um, like preschool years. Um, and all of its related to mom's mental health and her ability to be able to care for him... She's been admitted into hospital, where he's had to come into care because family members weren't able to take care of him... [He] struggled with why he couldn't live with his mom, like, what the circumstances around that were for him 'cause he didn't see mom's mental health.

Wesley preferred not to discuss his mother's mental health. However, despite being removed from his home at an early age, Wesley placed great importance on family. When asked what makes him feel good and happy, Wesley said: *Family... [when] my mother's in a good mood.*

Zachary came into CAS care later in his life around age 10. Zachary went back and forth between his family home and CAS placements until he became a crown ward while in a residential mental health program. Zachary had five siblings, all of who were exposed to domestic violence and substance use by their parents. Zachary's biological father had also been a crown ward when he was younger. Zachary was exposed to many struggles within his biological family and, unlike many of our other youth, still saw family members regularly and appeared to look forward to it:

I go [where my mom lives] every second weekend... I see my brothers and sisters and everything... [...] Sometimes I'll call… [I go visit them] like a lot of the time... Whenever I call my worker, ask if I can have a visit, that's basically how it works.

Zachary's CAS worker spoke further about this:

Yeah, he loves them... it's evident... He doesn't say it a lot, you know, he's not really an effusive type of kid, but he does get excited about... his home visits... He still visits mom and siblings every second weekend for the entire weekend.

Everyday Living Falls Apart

Almost by definition, youth entering residential mental health programs bring a variety of emotional and behavioural difficulties with them. In our earlier program of research, many of these youth showed improvements in their personal functioning while in residential care and maintained many of these gains when they went home. While the difficulties associated with these personal challenges continued to assail these youth, both the youth and their caregivers persisted, often with modest success, in efforts to manage and to move ahead in their lives. This broad profile roughly fits the youth who return to families in the previous section of this document.

But it does not fit the youth who exit into state care. Residential mental health programs often seem a way station along a long road of different places to live. While most of these youth have a variety of serious emotional health and behavioural diagnoses, there was almost no suggestion that

these have improved during their residential mental health program involvements or that substantial improvements occur afterwards or are expected going forward. The portraits painted are rather of long-enduring struggles, notwithstanding specific improvements and periodic times of greater stability for some youth.

Once Melody left residential treatment, she moved 11 times according to her CAS worker. From homeless shelters, to people's couches, to hotels, Melody constantly changed her living situations and did not keep a steady job. Melody also dealt with mental health concerns on a daily basis. Her mental health worker spoke of Melody's unpredictable lifestyle at multiple times throughout the interview:

> There are assessments available that have diagnosed her with specific mental health issues... she does not like that label... I believe there is ADHD, um, as well as some bipolar, and visibly when if you know [Melody] very well, you can see like the highs and lows that she has... she is not medicated and not open to that sort of stuff... her social worker expressed a lot of concern... because of her instability...[...] and her struggles with moods...[...] I just really want for her to have a sense of stability and comfort. She's a very broken young lady...[...] This instability has continued to be a really big barrier for her um and that's a barrier for her in all aspects of her life...

In our longitudinal program of research, almost all of the youth encounter serious and enduring problems with their schooling after leaving residential mental health programs. Graduating high school is not common and, even when this was the outcome, the path is long and arduous. Many leave school early on their own accord or through being suspended or expelled. Involvements with apprenticeship programs or alternative employment training are usual. Not surprisingly, as seen in the previous discussion of youth returning to their families, keeping youth engaged with their schools and helping them to succeed are major preoccupations of their parents and caregivers. Many youth also persevere in their efforts to do well enough at school.

Not so in this narrative of youth living in state care. With the exception of Cole, who had a full-time auto mechanics apprenticeship, all of these youth living in care have major difficulties with their schooling. Some might be expected to have a modest amount of school success going forward, but the most striking element in this narrative is how little school was mentioned at all. Some of these youth are very marginally connected to schools. There is very little expectation of school success in this narrative and very little discussion of efforts to bring about such success or of creating alternative pathways forward for these youth. The implicit and sometimes explicit message in this narrative is one of fatalism – "it is what it is". It is true that notable efforts in terms of policies and resources to youth in care's schooling and employment have been made within the child welfare system and for youth who move onto independent living. But such efforts receive little if any acknowledgement within this narrative.

Taylor, who struggled daily with social anxiety, had great difficulty staying engaged with the school system. Taylor's attendance continued to be problematic both before and after his residential program leaving him with no high school credits. According to Taylor's non-custodial father, although different means of education had been attempted, a successful route had not yet been found:

> [Taylor] doesn't want to go to school, says the anxieties are too great... [He's] 14 and he's got a Grade 7 education...[…] …he knows that his education is lacking... and realizes that there's not much available to him without an education. (Does he make any effort to get an education?) No... he doesn't have the formal education that will be needed to even get a job at McDonalds...[…] He has societal problems... […] He does not know how to deal with people.

Youth aggressions and refusals to comply with expectations at home and at school are often reasons for youth entering residential mental health programs. With notable exceptions, youth violence and delinquent behaviours lessened over time after they left residential programs and returned to live with their families.

Rage and deviance are central to this narrative. Once again, with the exception of Cole, almost every youth, after leaving a residential mental health program, went through a major violent and defiant period often leading to criminal and self-destructive activities and police involvement. For some of these youth criminal lifestyles have endured. There was no sense in this narrative that this youth rage and defiance was seen as unusual in the milieus where these youth lived. On the other hand, for a few youth, changes in their living circumstances were connected to greater stability and improved behaviours.

After Emma was removed from her biological home, she began running away from her CAS placements, got involved in human trafficking and drug use, and developed toxic friendships. According to her CAS worker, these behaviors continued when she left a residential mental health program before her expected completion date, along with physical and verbal aggression to the point where police got involved:

> She was at the courts, and then she ran from the court when staff were taking her home... There is a warrant back out... […] We know that she is with a well-known pimp, and we know that she is um, selling herself for sex, she could be pregnant... and she's using hard drugs... […] She's very vulnerable... […] Just over the weekend, um, she received two tickets... for underage drinking and appearing intoxicated in public.

The final core story line is one that has been commented upon many times about youth growing up in state care. Not one of these youth remained in a single place with the same caregivers while in care. Even Cole, the only youth who had lived mainly with the same foster parents, was out of this home for a two-year period. Taylor more recently lived in a foster home specifically for transgender youth that promised a more stable and accepting living environment after years of instability in living arrangements. Almost all of these youth have been in multiple and diverse types of accommodation during their time in care. There is little reason to expect that this pattern of flux in living arrangements will change for these youth.

Few of these youth expect to have a long-term home. Equally important they feel little attachment to their caregivers and do not expect to matter much to them. Almost all of their relationships had been in constant flux for some time – with caregivers, service providers, with teachers, with peers, with friends, and with communities. These youth do not talk much about commitment and love. Most do not easily trust others and have relationships that are considered mostly transactional – "what's in it for me?" Such ways of relating fit the realities of their everyday worlds. A fortunate few have a supportive foster parent or long-term service provider in their lives.

Anya immigrated to Canada with her family and came into CAS care as a teenager after many years of moving from place to place as well as neglect, and abuse by her parents. Anya experienced great instability early in her life. She had extreme difficulty developing relationships with others. In our interviews with Anya, she expressed concerns about people leaving her if she got close to them. When asked about friendship, family, and support, Anya said:

> *I'm not receiving any help. I am actually helping myself. That's it. I don't have no support […] I don't really have any close friends... sometimes it's really hard for me [to get along with my friends] […] I'm not trying to have any friends either... I actually never had a real friend... I have trust issues […] I have not received any help from this [place] except me helping myself […] I'm like... really like just trying to not get close to [staff]… you know you're going to leave right? And then, you know that you're, like, probably not going to see these people again... I don't really like trust people... they can be fake.*

Having no consistent caregiver to support her, Melody became accustomed to short-lived relationships. According to her CAS worker, Melody has been involved in countless romantic relationships, some involving genuine care, while others involved abuse and violence:

> *[Melody]'s very closed. You get very little from [her] around family stuff […] I get the sense that everything with [Melody] and I think some of it is with her mental health issues, and her*

struggles, friendships, are very short lived [...] [Melody's] relationships are very, kind of, needs-based. "What can I get from you? And once I've got it, I don't need it anymore then I can move onto someone else." [...] I see Melody as somebody who sees relationships as what she can get, not about it being mutually reciprocated and I think people tire with that [...] Our concern for [Melody] is that she doesn't have the capacity to sustain relationships.

Quite a few of these youth have connections with one or more family members. Generally, these relationships matter to the youth. Some want to live with family and a few try to do so but not with encouraging results. A few parents show long-term commitment to their child. However, these family connections usually are sporadic and the amount of support available to these youth from their families is very modest. Nonetheless, as limited as it might seem to an outsider, family for some youth appears to be the only place where they feel that they belong and are loved. Family will still be available when they age out of state care.

Tyler spoke of the constant fluctuation he experienced in his living situations:

I lived with my dad most of my life, and then when I was... probably 12, I left there, went to CAS care, went to foster care so I went from my dad's, to foster care, to group home, to another group home, to my mom's, to group home, to this and it was like a lot of houses I went through my life.

Despite his limited stays with family, Tyler identified that his family as a support and a place where he belonged. While in CAS care, Tyler continued to maintain contact with his family, in particular with his mother and his sister:

A lot of my family lives around [the province], and that's the main thing that I'm thinking about because I love my family. I have three half brothers even though I don't talk to any of them. I see my one half-brother sometimes, my sister and my mom... I have a length of conversations I have with them over the phone, my sister is still hilarious over the phone.

Although Emma said she had been through a lot with her family, she still placed great importance on remaining connected:

I'm on really good terms with my family, through everything we've been, we managed to maintain a pretty stable relationship, and being able to be there for each other [...] After I left [the residential program], I started having a better relationship with my family because I wasn't like doing... bad shit anymore...

Final Thoughts: Improving Community Adaptation for Youth after Residential Programs

Our focus on community living for youth leaving residential mental health programs began about fifteen years ago almost by accident as a side investigation of an ongoing child welfare program of research. The home and community living profiles painted by this first study so concerned us that we continued across several research projects to look at these circumstances focusing on youth from early adolescence until young adulthood. These youth had left residential mental health programs on average between two and six years previously. About half returned to their families and half went into state care.

So why after all of this time did the final phase of our program of research look at youth in the first year after leaving residential programs? There were several reasons. First, we became increasingly confident of the patterns that emerged across cohorts of youth in our investigations. Second, we also became more convinced that existing methods of preparing and supporting youth to leave residential mental health programs were neither theoretically nor empirically supported. Third, it also felt indefensible for us, after all this time, to stop simply at describing the difficult times youth and their caregivers were having. We needed to look into what could be done to improve community living outcomes for these youth.

We also surmised that immediately after youth left these residential programs was the appropriate time to engage them and their caregivers in community living programming. To support this point of view, we needed to learn more about what was happening to youth in the first year after they left these residential programs. Our prior research indicated that, while many youth and families benefited from their involvements with residential mental health programming, serious adjustment challenges existed for most youth in multiple domains of living after leaving these programs. This study of the first year of community living after involvement with a residential program showed that old and new challenges for these youth were clearly established by the end of this period.

Our earlier search for theory, expert opinion and outcome evidence about how to enhance community living for this youth population convinced us that a different way of intervening was needed. While it is necessary to focus on the emotions, and behaviours of youth and the work of their caregivers, it is far from sufficient. We also concluded that community living programming for these youth needed to be specifically tailored for this population and to proactively follow them into the community. While an in-depth discussion of the rationale for these conclusions is beyond the scope of this report, the

following excerpt from our recent book (Cameron et al., in press) helps to orient our thoughts towards next steps:

A single program strategy cannot take advantage of everything that is potentially useful; a focus on assets that have relevance to multiple life domains is sensible. Previous chapters indicate the particular relevance of enhancing the following strategies:

- Supporting youth management of their emotional and behavioural challenges
- Enhancing youth positive peer and community involvements
- Fostering youth long-term connections with one or more pro-social adults
- Fostering youth having continuing supports from an adult family member
- Developing youth relationship and life skills
- Supporting sustainable and constructive relationships in the home where the youth lives
- Supporting competent caregiver engagement with the youth
- Supporting the wellbeing of caregivers.

In addition, there is a strong consensus in the literature that better community adaptation outcomes for youth require attention to a variety of risk and protective conditions. Second, a focus on short-term "fixing" of the youth or their families is unlikely to produce satisfactory community adaptation benefits. We would be better to imagine services and supports that could be available for several years if necessary. Third, there is strong agreement that "one size does not fit all." There is a need to tailor packages of services and supports for individual youth and parents. However, most of these general guidelines come from examinations of efforts to support youth transitions from various institutional setting to living in community settings usually with members of their family.

It is clear from our earlier program of research that youth growing up in state care present quite different profiles than youth living with their families. They often arrive in residential mental health programs with more serious difficulties. They fare worse on multiple community living outcomes after leaving these residential programs. Yet what we were looking at in this research were outcomes from a "black box" – we had little information on how these youth in state care lived after residential care.

The narratives in this report for youth returning to state care are "hard to hear and hard to tell". They pose unique challenges for those wanting to help these youth. Conceptually, many of the resources and strategies identified as relevant for youth returning to their families should also be useful for youth in state care; yet, there are many barriers we have not begun to consider.

For many youth in state care, residential mental health programs seem to be another way station on their journey from one institutional way of living to another. Residential placements do not stand out as pivotal times as they do for youth returning to live at home. At least in these two stories, less emphasis is made of gains from involvement in residential programs for youth in CAS care. In addition, while in care, most youth certainly do not have the sense of place and belonging that many youth returning home have; nor do they have a parent or long-term caregiver to show persistent commitment to wellbeing. Not wishing to ignore major efforts within child welfare to improve conditions and outcomes for these youth, we remain shaken by the observation of an interviewee that a youth with what was for us "heart-breaking" story was doing well enough because other youth in state care were faring equally poorly. What experiences would lead to such a conclusion?

We do think there is a strong case that proactive and flexible programming that follows individual youth out of residential programs would be relevant for youth going back to their families as well as for youth residing in CAS care. However, the realities of such a program crossing the boundaries between mental health and child welfare remain unexplored.

Our hope and plea is that the will and the resources can be found to create and demonstrate programs to improve community living outcomes for youth leaving residential mental health programs. If so, perhaps the products from our program of scholarship may offer some incentive and guidance. There remain many conceptual and practical matters to be resolved. Nevertheless, we are convinced that it is a timely if difficult road to travel – this is a journey from which we will all learn valuable lessons. If the voyage is skillfully done, the lives of many of these youth may improve.

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