

# Collaborative Adventures



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## *Care in the Community Provides the Best Results*

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A wise judge once stated, “Institutions make very poor parents”. And whether he knew it or not, this statement is backed up by nationally recognized principles of wraparound and many research studies, as well as social justice, the family movement and common sense (Bruns, 2008). Likewise, the principle of community-based care is a hallmark of system of care philosophy.

So what do we mean when we say that best practices in children’s services are found in “community-based care”? According to Bruns and his colleagues (2004), “The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community” (p.9). Let’s break that rather lengthy list down further. When children and youth with serious emotional and behavioral difficulties need services and supports for themselves and their families, where is that help and support most successfully delivered? This principle suggests that families and youth deserve to obtain assistance in the community where they live. When this happens, families receiving wraparound can have access to the range of normal activities that are available to all families and youth in their communities. Their values, culture and strengths of the youth and family must be honored and incorporated into goals, strategies and desired outcomes for their individualized plan (Walker, 2008). Not only does this use of local sources of help (re)connect youth and families to community resources such as social and faith groups, free or low cost local recreational opportunities, and positive peers, but also it provides the opportunity for sustainable community connections when the wraparound process is complete.

While serving children in their homes and communities if at all possible may make intuitive sense to many, it is also backed up by a large body of research that says that to be generalizable, behaviors must be taught in the environments where they will be practiced (Bruns, 2008). These principles provide the foundation for evidence based practices such as MST, as well as a growing movement toward residential treatment reform. Improvements in the course of institutional treatment are not a good predictor of long-term positive outcomes. Real world settings are needed for real world gains (Dalton, 2006).

While common practice for many years has dictated that troubled youth were removed from their homes and communities and placed in far away residential treatment centers, we now know that this treatment has a very poorly developed research base and in fact, can have severe risks associated with it (English, 2002). In the vanguard of residential treatment reform in Indiana and beyond, Dr. James Dalton, Vice-President and C.O.O. of Damar Services, Inc. provides a framework of variables that contribute to shorter stays and reduced recidivism if residential treatment is truly necessary. In fact, this approach has been termed “community-based residential treatment”. It requires:

- Family engagement and regular involvement in the treatment process
- Regular attendance at home school
- Frequent contact with pro-social peers
- Instillation of hope and self-efficacy
- Fewer days in the institution; increased days/nights away from the institution
- Generalization of gains through creative treatment and community-based care
- Agency leadership involved in evaluation and outcomes tracking

In this short space we provide a brief summary of the importance of and evidence base for community-based care, a crucial component for systems of care and the wraparound process. Receiving care in the community offers the most normalized environment with the greatest hope for long term success for youth and their families.



## References

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