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RTC FAQs

How successful is Island View in making lasting changes with adolescents?

From the inception of Island View, we have conducted follow-up studies. On a regular basis, we call parents of former residents and ask them a number of questions. Most of the questions are aimed at collecting feedback about the well-being of the former resident. Consistently, between 81 and 84% of all polled parents report that their child has 'substantially improved' or 'significantly improved.' What is equally encouraging about these results is that repeated callbacks (every 6 months) reveal a maintenance of changed behavior over time. That is to say, that a child who has improved, typically maintains the improved status and does not deteriorate. Conversely, we have found that the residual 15% of residents who make little or no improvement, deteriorate immediately following discharge.

What is the most predictable variable that accounts for positive and/or negative outcomes?

You are. The single most important variable for treatment failure or mediocre outcome is a parent who is not committed to the process. This inevitably spells disaster and is a waste of money and other resources.

This lack of commitment is manifested in different forms. Some parents are consciously aware of how they might stifle the process, while most parents, unconsciously feed into maladaptive patterns under the firm belief that they are doing the best for the child. Let us briefly address some of these patterns.

Making a Deal under the Table is a self-defeating pattern for both parent and child that inevitably comes to roost after discharge. Motivation for such a 'deal' varies but sabotages treatment and renders the Center powerless in bringing about lasting change with the child. Let us give you some examples:

- The parent is pressured by the child into coming home for a visit without the treatment team's approval and recommendation.
- A parent is persuaded by Mr. Manipulation to come home for good as soon as he achieves the 'Impact' status without consultation with the treatment team.

You can readily see the pattern. A parent, feeling guilty for the 'pain' the child has to go through as part of the treatment process, feels compelled to "throw the child a bone." Holding a 'carrot' in front of the child is well and good, but not without the inclusion and discussion of the treatment team. The result of this type of misplaced reward or poor attempt of behavior modification inevitably spells disaster. The child is coached to put on an act in order to gain a short-term reward without internalizing a genuine change.

Inevitably, every year a small handful of parents fall into this trap. When we become aware of this 'secret deal making', we ask the parent to withdraw their child from the Center, as we simply are rendered powerless to bring about genuine change in the youngster.

'Enmeshment' or Blurred Boundaries between the role of Parent and Child – is a problem that is particularly difficult to rectify as many parents who are enmeshed with their child are 'blind' to the situation. Without rehearsing a number of psychiatric and psychological terms, let us give you a few examples:

- Even though the rules are that a resident on 'Orientation' Status is restricted to two phone calls home per week, and the therapist has a weekly phone session with the family, the parent calls the Center every day, inquiring of anybody she/he can get a hold of, about the general well being of the child.
- On a phone call home, the child tells his parents that he is depressed, and doesn't know if he can make it through the rest of the week without 'blowing up and losing his level.' He states that the teachers don't give him any help in school, and his houseparents pick on him, expecting more from him than any other kid on his team. The parents respond to the child by sharing their frustration about this and reassure him that they will take care of it. They call and ask that the therapist be pulled out of a session for an urgent call. Once on the phone, they state that they've just talked to their son, and he seems desperate. They ask that the therapist meet with him right away to prevent him from blowing up. They share their concern that the child is not getting the help he needs, and that until he does, he should not be accountable for his actions. When a child shares her disappointment with her father that she was denied a level she applied for, he immediately contacts the center, demanding to know the reason why. He suggests that this disappointment is not helpful to his daughter's self-esteem, and that perhaps the expectations placed on her are too high. During a family therapy session, a child's therapist confronts him in front of his parents about his recent aggressive and bullying behavior towards several of his teammates. She outlines the hurtful impact of this behavior, and establishes a further consequence should this behavior continue. When she asks the parents how they feel about this, his mother, clearly upset, states that she is uncomfortable with the stern tone of voice used by the therapist. She suggests that maybe before the therapist singles out their son, she should find out what her son's teammates may have done to provoke him. A child is placed at Island View by her parents for drug dependency, oppositional defiance and depression. In family therapy, her parents disclose that they have had marital problems for many years. Her mother also shares with the therapist that she was not as supportive of sending her daughter away to Island view, but that he was adamant about placing him. Together, they acknowledge that they often use their daughter as a buffer to avoid dealing with their relationship problems. They agree to see a marriage counselor at home to address these problems. After five months of treatment, the mother calls her child's therapist and tells him that she is pulling her daughter from treatment. She states that her daughter has cried nonstop during the last three phone calls, and she feels she is losing her spirit. She states that she will arrive at Island view by the weekend to pick her up. When the therapist asks if the child's father feels the

same way, the mother states that they are separating with the intention to divorce. She decides to rescue her daughter and bring her back home to live with her.

- On a phone call home, a child tells his mother he is confused about a recent intervention, and voices frustration about how to handle it. His mother, having just heard from the therapist the purpose of the intervention, wants to help her son feel better. She tells him why they are doing it, and what emotion they are trying to illicit from him. She suggests to her son that if he just gave his staff what they are looking for, they would probably get off his back.

All of these case examples have the same underlying flaws of a parent-child relationship. What is it they all share in common? Parents who use the child to deal with their own problems or parents who fail the child by not allowing the adolescent to deal with the consequences of his or her behavior.

While it is normal and to a degree expected for a parent to protect a child, some parents literally "protect their child" into profound psycho-social pathology. How do they do it? By mitigating, rescuing and 'red-crossing' the child from experiencing the natural consequences for maladaptive behavior. Often, the very behavior for which the parent is seeking treatment for the child.

Now, that the child is in treatment where these issues are being addressed in a fashion that is increasingly 'manipulative proof,' the parent 'doesn't have the stomach' to assist the treatment team to bring about significant changes. Why? Because many parents are so insecure that they perceive that a collaborative coalition with the treatment professionals is some type of abandonment of the child. Such parents feel that if David is uncomfortable or experiences pain (the pain of true change) or perceives some injustice has been done, the expression of sympathy is the only acceptable response. This type of thinking is fueled by the devastating misconception that if 'I don't sympathize, my child will reject me forever. And since I – don't have a lot of money in David's "relationship bank", I do not want to gamble away the last thing I am holding on to. Nothing could be further from the truth. By chronically giving in, placating the child by removing all discomfort and struggle, parents sacrifice their own child at the altar of personal insecurities, guilt and a distorted sense of intimacy and closeness. That's enmeshment.

How should I respond when my child tries every conceivable way to draw me into a false rescue attempt? I don't know that I can, or want to be exposed to this relentless delay of onset of real change.

The answer is surprisingly simple. Follow the suggestions of the therapist and the entire treatment team for which your child's therapist is the spokesperson! The therapist is more than happy to coach you in your response to your child's manipulative attempt to not change. Remember, your child will likely 'pull out every stop' and will not give up until you "shut the door."

What do you mean by "shutting the door?"

Imagine that your child is standing in a corridor with both sides lined with doors. There is a door at the other end of the corridor. That's the door you want your child to go through. It is the door that leads to success, well-being and personal happiness – in your opinion. Unfortunately, your child thinks that walking through that door is stupid, impractical, lame, not cool and utterly ridiculous. Perhaps at some conscious or unconscious level, he may have a desire to walk through the door but fear of the unknown, effort to get to the door, or any other underlying issues may make it impossible for him to walk through this door without some sort of assistance.

The problem is that he is being distracted by all the other doors that are lining the corridor. To you, the signs on the doors read: Party, Drugs, Negative Friends, Hanging Out, School Failure, Depression, Psycho-Neurological Problem, Learning Difference, Manipulation, Excuses, You Don't Understand, Loss of a Close Friend, Divorce, Low Self-Esteem, etc.

Your child, distracted or mitigated by these doors will opt to slip through one or more of these doors. If we let him do so, will he ever get through the door at the end of the hall? Maybe, but when? This year, next year, when he is 20? The reason you place the child in a treatment facility is that you thought that the time is NOW to make the change.

The best way to make it happen NOW, is to shut all other doors so that the only door that can be opened is the one you want him to walk through – the one at the end of the hall.

Initially, your child is putting up a stink. He will try to get through every door possible. He will bang on some doors and attempt to kick in others. Some, he will attack with his bare hands, while in front of others he will whine and whimper. He most assuredly will try to convince you that if you are not letting him out through one of those side doors, disaster will be imminent. As he is slowly making it down the hallway toward the desired door, he will perhaps lie down and act discontented, overcome and/or wronged. He will attempt to make you a partner in crime or convince you that what we think is possible is an utter impossibility.

If you open one of those doors for him, because you feel bad for him or you think you want to help him, both you and Island View stand defeated. At that point, both you and the treatment team need to run after him, get him back into the corridor, be sure that door is locked and work on getting him down the hall toward the right door. All of that takes time and resources.

If you fall prey to opening those other doors time and time again, your child will not go through the desired door in the foreseeable future. The child is not internalizing any changes. As a result, you likely will feel disappointed in either the child, the facility or in the process. You are right back where you started from, with one exception. You have taught your child another powerful lesson: 'If I push the right buttons even longer than before, mom, dad or both will get me off the hook.' Shutting the door may simply sound something like this: 'David, we know this is tough. We know this is not easy. This is hard work. Since we are not residents there, we obviously lack the full understanding of what you are going through. But you must know that we are behind you all the way. We love you. We want the best for you. We will help you anyway we can, but you must understand that we will not return to old behavior. And remember, we aren't going to bail you out. You must work through all the issues. We love you. We will talk next week to see how you are making progress.'

How long will my child be required to stay at Island View?

What is the average length of stay?

Island View does not subscribe to a predetermined or set length of stay. Consistent with our treatment philosophy, we believe that the length of stay should largely be determined by the child. That is to say that the child should not graduate from the program until he/she has accomplished the individual treatment and educational objectives, which have been developed by the parent/guardian, the multi-disciplinary team at Island View, and the child.

The length of stay varies. A number of factors are at stake that will determine the length of stay. Of all such factors, the most salient ones include:

1. The relative complexity of the psycho-social and educational history of the child prior to admission. Typically, the more complex, the longer the stay.
2. The onset of problems and difficulties. In other words, did the problems start one year or ten years ago. Typically, the older and more entrenched the problem is, the longer the stay.
3. The follow-up and aftercare plan. A child that will go to a boarding school with a variety of support services following graduation from Island View, may likely have a shorter stay than a child that will return home, enroll in a public school and continue with individual and/or family therapy. In other words, the complexity and relative support afforded the Island View graduate has an impact on the length of stay.

What are the goals of the Island View School program?

To meet the individual needs of each student (academic, social-emotional, and behavioral). To provide a structured, positive classroom environment. To make school become a success-oriented experience for the individual. To develop appropriate classroom behaviors leading to a smooth transition to the home school environment. To motivate the student to achieve in school and realize its importance for his/her future success.

What is the average classroom size?

Classes generally range from 8 - 18 students per class. Classes are co-ed, and draw from the full student body to better match learning levels and avoid the teaching of several subjects in the same class which may ill prepare students for eventual mainstream educational placements following discharge.

What type of testing or evaluation is done?

Within 5 days of arriving at Island View, students are given a standardized educational test to determine general grade level equivalencies and information on strengths and weaknesses. The Iowa Battery is a widely accepted standard evaluation instrument which is generally used.

What are the teacher's qualifications?

All teachers hold secondary education certificates in the State of Utah. Some of the staff are also currently working on special education certification and are under the supervision and advisement of certified staff.

What subjects are offered?

Standard subjects to meet the core curriculum requirements are offered:

- English/Literature (I, II, III, IV)
- Science (Life, Earth, Physical, General Topics, Biology, Chemistry, and Physics)
- Social Studies (Utah History, World Geography, World History, U.S. History, American Government, and Economics)
- Math (General, Pre-Algebra, Algebra I, Algebra II, Geometry, Trigonometry, and Pre-Calculus)
- Electives (Psychology, Sociology, P.E., Study Skills)
- Health Lifestyles (a combination of health, leisure education, outdoor education, art, cultural events, and community living)
- Limited Independent Study offerings are developed to meet individual needs
- Possible participation in community college classes dependent on student level of behavior
- Art (Drawing, Painting, Sculpture, Pottery, Other Media)
- Foreign Language (Spanish)