

THE ASCENDANCE OF MILIEU THERAPY IN CONTEMPORARY MENTAL HEALTH CARE

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Introduction: History of Treatment for Mental Illness in the United States

Every area of medicine and the healing arts has experienced dramatic changes over the past two centuries. Perhaps none is more striking than the evolution of care and treatment for persons with chronic mental illness. Several distinct stages of this evolution have been identified in the literature, and these changes continue to the present day as research and new models of care are implemented. The development, improvement, and implementation of milieu therapy hold substantial promise for individuals with chronic mental illness, and this system of care is being successfully implemented at Clark's Manor, an Elwyn residential program in Southeastern Pennsylvania.

The treatment of significant mental illness has a long and complex history in the United States. Similar to the situation in Europe, early approaches to mental illness commonly involved incarceration. Over time, mental illness was seen as a medical issue and pioneers of American medicine including Benjamin Rush began to implement medical treatments. Unfortunately, these included practices such as bloodletting and blistering where treatment was aimed at attacking diseases. With time, however, less inhumane approaches such as the Quaker's Moral Treatment approach included more restorative interventions including activities which mirrored what patients would experience in the local community. These approaches generally envisioned a temporary treatment regimen in an asylum, hopefully leading to a return to the patient's community.

Unfortunately, the development of these asylums eventually resulted in negative consequences, with trends toward unnecessary long-term institutionalization, custodial care, and the view that mental illness involved no temporary or episodic ailments. Inmates, as they were called, were commonly viewed as experiencing a progressive mental decline and that treatment was unlikely to ameliorate the

deterioration of the inmate/patient. These trends resulted in extreme overpopulation of institutions and the passage of eugenics laws which advocated sterilization. These were accompanied by dangerous interventions, such as psychosurgery and shock therapy, and saw the rise of systematic abuse in mental institutions in the first half of the 20th century. Thankfully, however, reform groups challenged these pessimistic and abusive developments and emphatically raised public attention to the harms occasioned in large, overcrowded public institutions.

The influence of these mental health advocacy groups resulted in legislation and regulations aimed at “cleaning up” public institutions from the mid-1960s through the early-1980s, including Medicaid and Medicare in 1965, together with judicial decisions which ordered inhumane practices to cease, and emphasizing the need for community-based treatment. By 2016, the number of community mental health centers grew to 2,636 nationwide (Hamm et al., 2020; Yohanna, 2013).

Yet the process of deinstitutionalization and the growth of community mental health centers spawned their own subsets of problems. Larger institutional settings became dominated by acute care admissions, shortened lengths of stay, managed care demands, reliance on psychopharmacology, symptom management, fragmented services, and a critical shortage of qualified psychiatric nurses. Patients were then moved within weeks to community settings, which were sometimes created haphazardly on short notice and could include shelters or family residences, all of which were ill-equipped to address the needs of agitated patients with long-term illness who had received minimal institutional interventions beyond pharmacology and basic limit setting (Kahn & Fredrick, 1988; Mahoney et al., 2009).

Over time, funding declined in real dollars for outpatient centers even as increased demands for mental health treatment occurred. People receiving community-based treatment were often unable to obtain and sustain appropriate levels of community participation, and many became incarcerated due to

inadequate supports, thus increasing the number of state and federal prisoners with significant mental health needs and histories. A recent study noted that 1) competing definitions of “recovery”, 2) reduced resources for publicly funded treatment, 3) social hysteria related to community treatment for the mentally ill, and 4) polarization within the psychiatric community regarding proper treatment, all threatened “a regression to past methods of treatment which, although taking place in the community, do not facilitate community membership” (Kwak & Yang, 2025).

“Therapeutic Milieu”, “Therapeutic Community” and “Milieu Therapy”: Overlap and Critical Distinctions

It is against this historical backdrop that the important concepts and practices of therapeutic milieu, therapeutic community and milieu therapy developed. While these terms are sometimes **used** interchangeably, they represent distinct concepts with important differences in meaning, approach, and implementation. Historically, the interchangeable use of these terms has created confusion regarding their application and benefits, ultimately inhibiting the broader adoption of milieu therapy, which is increasingly recognized as an effective intervention for individuals with chronic mental illness.

An essential starting point for this discussion is a coherent definition and description of each of these terms. In both professional literature and clinical practice, therapeutic milieu generally appeared first, and involved a recognition that a coherent structure, environment, atmosphere, and global attitude of an institutional setting would facilitate a patient’s recovery. This concept largely involved creating a “place” or “structured program with routines and regulations” which provided inherent therapeutic value, while fostering respect for the individual and a more positive attitude in the therapeutic atmosphere (Bettelheim & Sylvester, 1948; Crouch, 1998; Emrich, 1989; Foreyt & Felton, 1970; Gutheil, 1985; Jack, 1989; Kahn & Fredrick, 1988; Kwak & Yang, 2025; Murray & Baier, 1993; Redl, 1959).

The concept of a therapeutic community evolved from the therapeutic milieu by emphasizing the communal participation of patients and staff via social learning through which patients could learn responsibility and autonomy by community participation. The goal became integration into a community through activities which mirrored community participation and reduction of power differences between patients and staff. Group programming with cooperative participation between leaders and patients involving active participation in therapy and individual decision-making became key components of a therapeutic community (Jones, 1956; Kwak & Yang, 2025; Mahoney et al., 2009).

Milieu therapy has been mentioned in scholarly literature for over 100 years and was discussed in general terms even by Anna Freud (Zimmerman, 1993). But it is, in actual practice, a relatively recent development. Milieu therapy utilizes the everyday environment and interactions with clients as an integral form of therapy through *direct and frequent* patient/staff interactions, focusing on timely understanding and resolving of clients' psychological conflicts. The treatment involves immediate staff interpretation and feedback of the client's behavior, while forming closer individualized therapeutic relationships and a prompt supportive role in the treatment paradigm, allowing the individual to take greater ownership and independence within the decision-making processes (Beyene et al., 2023; Kwak & Yang, 2025; Mulvihill, 1989; Smith & Spitzmueller, 2016; Tuck & Keels, 1992).

While the therapeutic community emphasizes group participation, and the therapeutic milieu focuses upon the general environment and structure, milieu therapy emphasizes immediate therapeutic interventions based on individual relationships. Yet each of these interventions recognizes, albeit in different degrees and emphasis, the importance of the structure of the treatment environment, respectful interventions with patients, and the need to integrate holistic treatment with medication and psychotherapy as necessary (Kwak & Yang, 2025).

A significant challenge in conceptualizing, discussing and implementing these three treatment modalities is that the terminology has been commingled, conflated, blended, merged, and used interchangeably for decades, and only recently has been more clearly identified in scholarly research as distinct, yet interrelated, concepts. Indeed, the recent scholarly literature clearly states a need for clarity in defining milieu therapy (Beyene et al., 2023; Gutheil, 1985; Smith & Spitzmueller, 2016), and notes the unfortunate historic conflating of these terms being used interchangeably where distinct meanings are important but unidentified (Crouch, 1988; Delaney, 1997; Foreyt & Felton, 1970; Jack, 1989; Mahoney et al., 2009; Murray & Baier, 1993; Tuck & Keels, 1992). One objective of this paper is to clearly define and differentiate therapeutic milieu, therapeutic community, and milieu therapy, providing a level of clarity that has often been lacking in the literature.

Contemporary Challenges for All Mental Health Residential Providers

In order for mental health treatment to be successful in residential/inpatient settings, individuals must receive interventions in a “stable and coherent social organization”. However, the contemporary shortened lengths of inpatient admissions in therapeutic programs creates major challenges to providers in developing the necessary sense of community. These limited periods of inpatient treatment are the result of multiple factors, including strides in pharmacology, managed-care restrictions, staff concentration on symptom management, uncoordinated transition care, and the paucity of qualified mental health professionals. Additional barriers exist related to community opposition toward residential facilities, staff burnout, limited training opportunities, and inertia in favor of existing programming and approaches (Emrich, 1989; Hamm et al., 2020; Kahn & Fredrick, 1988; Mahoney et al., 2009; Smith & Spitzmueller, 2016).

Nonetheless, providers can still strive to adhere to the developing research which identifies the components of an “optimal healing environment.” Such an environment is composed of several major

elements, including creation of healing spaces, developing mutual staff/patient awareness, cultivating healthy relationships and lifestyles, and applying relevant medical research. Milieu therapy is designed to meet each of these components (Mahoney et al., 2009).

Components of Research-Based Milieu Therapy Implemented with Fidelity

The term “milieu” is derived from French and means “middle” or “surroundings” and emphasizes the entire treatment setting and daily staff/client interactions as integral components of care tailored to each individual’s psychological and functional requirements. This focus is opposed to traditional reliance on psychiatric medication, highly structured group therapy, and a rigid hierarchy of individuals and staff within the program. In its present implementations, Milieu Therapy is a structured, holistic, highly interpersonal treatment system in residential programs which very intentionally design the entire physical, social, and cultural environments to maximize frequent, prompt and positive staff interactions and peer relationships (Kwak & Yang, 2025).

Milieu therapy also involves specific core principles – a therapeutic environment, strong social interactions, consistency throughout the entire program, shared responsibility, empowerment, and highly individualized interventions. The therapeutic environment must be safe and predictable and avoid excessive stimuli which might increase anxiety or confusion. Resident and staff interactions involve consistent practice of social skills through individualized contacts (especially with staff), communal activities, and casual but structured group meetings. Consistency involves a smooth daily rhythm, regardless of whether the client is leaving the facility for outside activities, together with expected times for regular sleep and nutrition. Shared responsibility and empowerment involve direct participation in personal and communal decision-making for recognition of problems and exploration of solutions by which clients become more proactive and enhance their confidence. Finally, individualized and group-based interventions can involve cognitive behavioral therapy, art or music activities, and group

counseling to develop interpersonal skills (Crouch, 1988; Kwak & Yang, 2025; Murray & Baier, 1993; Smith & Spitzmueller, 2016; Tuck & Keels, 1992; Visser & O'Sullivan, 1970).

The Promise of Milieu Therapy in the Literature and at Clark's Manor

The efficacy of milieu therapy and its components in treating individuals with long-term, stable mental illness is well-established as described in the literature (Bhat et al., 2020; Heatherington et al., 2019; Kwak & Yang, 2025; Murray & Baier, 1993; Smith & Spitzmueller, 2016; Thomas et al., 2002; Tuck & Keels, 1992; Visser & O'Sullivan, 1970). The literature also includes several positive assessments of its use in various unique, diverse environments and for different populations, including individuals with dementia; a 700-acre working farm program for individuals with schizophrenia, bipolar disorder and depressive disorder; children and adolescents with serious emotional disturbances; a comprehensive, extended day "community clubhouse" program for individuals with chronic mental illness; select psychiatric hospital units; a transitional residential program for homeless chronically mentally ill persons; and wartime psychiatric casualty programs (Bhat et al., 2020; Heatherington et al., 2019; Kwak & Yang, 2025; Murray & Baier, 1993; Smith & Spitzmueller, 2016; Thomas et al., 2002; Tuck & Keels, 1992; Visser & O'Sullivan, 1970).

The Origins of Clark's Manor

The creation of the Clark's Manor program in 2020 was grounded in this existing body of research. The genesis of this program stemmed from the outstanding experience of Clark Widger at the Wild Acre Milieu Therapy program in Belmont, Massachusetts. After witnessing the benefits of a research-based milieu therapy program implemented with fidelity at Wild Acre, Clark's parents, Chuck and Barbara Widger, were inspired to develop a comprehensive milieu therapy program closer to their family home in suburban Philadelphia, with Clark as its initial resident.

Recognizing the scope of this endeavor, the Widger family sought to partner with a well-established, highly professional organization with demonstrated expertise in serving individuals with mental health needs. Following a review of several organizations, they selected Elwyn of Pennsylvania and Delaware as their collaborating partner. The proximity of Elwyn's campus and resources proved highly effective in recruiting and supporting exceptionally qualified staff to implement the intensive milieu therapy program at Clark's Manor.



Program Setting and Environment

Clark's Manor is located on a private tree-lined residential street in Upper Providence Township, Delaware County, PA. Situated on four acres of land, this ornate stone manor is filled with abundant natural light and has eight private bedrooms and six bathrooms. The residence includes multiple spacious common areas, a comfortable library, expansive patio and lawn areas, a music and art studio, and areas for recreation and fitness activities—including an indoor half-court basketball court and extensive gym equipment.

Public transportation is nearby, in addition to several private transportation services. Clark's Manor is conveniently located near a wide range of community resources, including several outdoor parks, recreation destinations, shopping centers, theatres, local performing arts centers, sporting arenas, libraries, fitness centers, post offices, police and fire stations, hospitals, medical and clinical offices, and educational institutions. Residents actively engage with these community resources with appropriate supervision provided by trained Elwyn staff.

Program Design and Therapeutic Approach

The Clark's Manor program was designed and implemented by Elwyn to reflect best practices from prior milieu therapy models. It represents a comprehensive, research-based approach that integrates the supportive elements of a therapeutic milieu within the intentional structure of a therapeutic community.

Core principles of milieu therapy are consistently applied by highly trained staff with advanced degrees. These principles include maintaining a comprehensive therapeutic environment, fostering meaningful social interactions, ensuring programmatic consistency, promoting shared responsibility, empowering residents, and delivering individualized interventions. Due to Elwyn's intensive staffing model and comprehensive services provided, the program currently operates on a private-pay basis.

Clark's Manor is home to eight adults and remains grounded on the philosophy that a home should serve as a safe haven. The program provides a fully comprehensive therapeutic setting for residents to receive collaborative behavioral and mental health supports, with consistent access to high quality care by well-trained professionals with relevant degrees; ample connections to the local community; a full array of social, recreational and educational activities; and programs to promote overall wellness and personal growth in daily living, social, and vocational skills.

Resident Profile and Eligibility

Residents are adults 18 years of age or older, with long-term but stable (non-acute) psychiatric disabilities and primary mental health diagnoses. Individuals are expected to demonstrate the capacity to develop social skills and interpersonal relationships over time. Clark's Manor is not designed to support individuals with acute psychiatric illness (within the past three months), suicidal or homicidal ideation, impulsive risk or fire-setting behaviors, or active or unstable eating disorders.

Daily Living and Skill Development

Elwyn staff at Clark's Manor provide consistent support and guidance on activities of daily living, such as personal hygiene and dietary adherence. Residents are prompted as necessary to complete all routine responsibilities, including care of personal possessions, laundry, correspondence, shopping, and transportation to and from recreational activities, appointments, errands, and programs.

Independence is fostered based on individual needs and abilities, with residents supported in using public transportation, accessing community resources, managing schedules and appointments, engaging in social and leisure activities, and developing financial management skills.

Length of Stay and Program Outcomes

Length of stay is based on the individual needs and goals of each resident. The intensive and structured program at Clark's Manor is an ideal long-term living arrangement for someone seeking an environment that promotes holistic health, integrated care, and community inclusion. Conversely, the program also supports individuals who might achieve a higher level of independence after a period of sustained milieu therapy and community living.

The program is fully staffed 24-hours a day, with management staff available on call at all times. Highly credentialed and thoroughly trained staff members provide milieu therapeutic interventions and

support for the entire waking day. Additionally, staff are trained in crisis prevention intervention, first aid, CPR, medication administration, and fire prevention with ongoing education in mental and behavioral health topics.

Elwyn's program at Clark's Manor has demonstrated strong outcomes, including high levels of resident satisfaction, meaningful family engagement, and measurable personal growth among residents. Staff turnover remains low, and despite serving individuals with significant long-term mental health needs, the program has rarely required emergency interventions. In fact, in the first five years of the program, there was not a single psychiatric hospitalization. Indeed, the therapeutic environment has shown to promote enhanced quality of life, personal dignity, and overall well-being for its residents.





Conclusion and Opportunities for Replication

Program Vision and Knowledge Sharing

In establishing Clark's Manor, the goal of the Widger family, in partnership with Elwyn, was not only to create a cutting-edge milieu therapy facility to benefit its residents, but also to but also to contribute to the broader body of knowledge surrounding this approach. Central to this effort has been Elwyn's leadership in designing, implementing, and sustaining a high-quality therapeutic model. A key objective is to create meaningful opportunities for replication in other settings. To support this aim, Clark's Manor, through Elwyn's clinical and operational expertise, welcomes collaboration with interested providers and is committed to sharing insights, best practices, and training perspectives.

Challenges to Replication

Replication of any successful program presents inherent challenges. Variations in setting, unique organizational circumstances, insurance reimbursement limitations, availability of comprehensive training, and the need for ongoing staff development can all serve as barriers. In the two most notable

contemporary milieu therapy programs, Clark's Manor and Wild Acre, the comprehensive nature of care currently necessitates a private pay model.

At Clark's Manor, Elwyn's infrastructure, clinical oversight, and staffing model have been critical in addressing these challenges and ensuring program fidelity. While financial considerations may influence the extent of replication elsewhere, many core components of milieu therapy can be adapted within more traditional residential settings, including hospitals, intermediate care facilities, and group homes. With the appropriate organizational support from an experienced provider, many elements of the model can be successfully integrated into existing systems of care.

Key Components for Implementation

Many residential programs already incorporate foundational elements of the therapeutic milieu and therapeutic community. To advance toward full implementation of milieu therapy, providers must ensure that treatment settings are welcoming, respectful, and supportive of individual dignity and autonomy. Equally important is fostering meaningful integration within both the household and the broader community—an area in which Elwyn's experience and community-based approach provide a strong model.

Once these environmental and structural components are established, the most critical factors for success become staff training, development, and retention. Elwyn's role in recruiting, training, and supporting highly qualified staff has been central to the effectiveness of the Clark's Manor program. Through comprehensive onboarding, ongoing education, and a strong culture of accountability and support, staff are equipped to deliver consistent, meaningful interventions. This enables them to engage individuals “where they are” and to view each moment of the day as an opportunity for therapeutic growth and personal development.

Ongoing evaluation is also essential. At Clark’s Manor, Elwyn supports regular monitoring of individual progress through measurable goals and structured review processes, ensuring both accountability and continuous improvement in outcomes.

Cultural and Organizational Shifts

The successful implementation of milieu therapy often requires a broader cultural shift within organizations—from a custodial model of care to one centered on continuous, positive therapeutic engagement. Elwyn has played a key role in fostering this shift at Clark’s Manor by establishing clear expectations, reinforcing best practices, and supporting staff in adopting a more proactive and therapeutic approach.

While such transitions can be challenging, they are often reinforced by the observable progress and growth of individuals served. Staff experience increased professional satisfaction as they see the direct impact of their work—an outcome supported by Elwyn’s commitment to training, mentorship, and program integrity. Similar patterns have been observed in other fields, such as education, where research-based models lead to increased staff satisfaction when implemented with fidelity and supported by strong organizational leadership (Heubeck, 2023).

Future Opportunities

As the milieu therapy program at Clark’s Manor continues to advance, it is uniquely positioned to serve as both a provider of care and a leader in research, training, and program development. Elwyn’s comprehensive support structure, clinical expertise, and commitment to innovation will continue to play a critical role in expanding the reach and impact of milieu therapy.

Clark’s Manor and Elwyn look forward to advancing this work and supporting the replication of effective, research-based models in a variety of settings. Through these efforts, they are helping to shape the future of mental health treatment by improving outcomes, enhancing quality of life, and promoting dignity for individuals with complex mental health needs.

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