Sexual Offense Group Home - Male

LA SA QUIK (male) (20 beds)
651 St. Michaels Road
Cogan Station, PA 17728
570-998-9261
Certificate #329120

Program Philosophy

Adelphoi Village's La-Sa-Quik (LSQ) program is a residential program with a capacity of 20 beds for youth who have demonstrated sexually abusive behavior or have committed sexual crimes. LSQ is designed to serve youth that have been removed from their home by the court and who cannot be adequately served by remaining in a family-based setting due to their sexual acting out. Adelphoi Village approaches treatment for youth who have committed sexual offenses in a humanistic and holistic manner. Youth with these issues have definite sexual offending behavioral patterns and are treated as such. Treatment is individualized to include help with past sexual victimization, family dynamics, or any other problems specific to the youth. Adelphoi adheres to a vision that through the concerns for one another, we can alter the cycle of degeneration in favor of positive growth and success. We believe that by aspiring to provide a good education, and promoting and utilizing goal setting while providing quality services, our clients will experience positive outcomes when they transition out of our care. We believe that education, goal setting, and quality services are best achieved in programs that practice and promote trauma-informed care. Additionally, we promote the following philosophies:

- The Sexual Offense program is designed to provide the least restrictive/least intrusive environment for youth who need to be away from their home but do not require inpatient mental health or a secure setting. The family will be included in this process to insure the child and family needs are being met.

- Family involvement is expected from the point of intake until discharge. Families are seen as partners in the treatment process and crucial to the success of the care of their children. Every effort will be made to facilitate family participation and to encourage their active involvement in the planning and treatment process. Home visits to families will occur as per the court and treatment plan recommendations. All efforts will be made to encourage regular communication. This includes staff initiated weekly phone contact. In addition, Adelphoi Village offers every option available to ensure that the family visits the unit within the first seven days of arrival. The offer to pay for transportation, lodging and/or financial reimbursement for expenses is extended to families when necessary throughout a youth's care.

- Cultural competence goes beyond an awareness of the existence of varied cultures. Being culturally competent means to effectively manage treatment services in a cross-cultural environment. Adelphoi Village treats youth from a variety of cultural backgrounds influenced by socioeconomic status, race, ethnicity, etc. Adelphoi Village makes every effort to provide quality treatment with this in consideration. It has become a regular practice of the Intensive youth to plan and assist in preparing special dinners and events that celebrate their heritage. Adelphoi Village is an equal opportunity employer.

- It is the philosophy that every youth in the Sexual Offense program will have the opportunity to participate in as many community-based activities and resources as appropriate. Our youth regularly complete volunteer work and various community service projects in the local area.

- Spiritual development is supported at the program. Clients may identify upon intake any religious affiliation that they have and are offered services to support these beliefs. Some youth may have the ability to attend religious services within the program or local community (with county approval), as appropriate.

Referral Procedure

County representatives can initiate referrals for the Sexual Offense program by contacting Adelphoi Village's Director of Admissions at 724-804-7000. This number answers 24-hours a day. Pre-placement requirements include a court order, Medical Access card or other form of medical insurance coverage, and at least a 30-day supply of medication for those youth who are receiving medication at the time of intake.

Sexual Offense group homes are licensed by the Department of Human Services and have Labor and Industry Certification.

Service Profile/Criteria for Admission

Adelphoi Village has a Sexual Offense group home for clients that provides more intensive counseling and treatment to clients who are dependent or delinquent. These high-risk youth can at times be identified as chronic, serious, or violent offenders who may function appropriately in a less than secure setting. They may have a mild to moderate history of aggression. The program focus is to provide education and support while allowing the client to take responsibility for their daily actions, develop and practice coping skills, and develop general life skills. The Sexual Offense group home at Adelphoi Village provides 24-hour staff supervision (except on earned weekend visit leaves) and the staffing ratio is 1:6.

Inclusionary Criteria

- Sex: Male
- Age:
    - Between 12-18 years old
    - Or under 21 years old and committed an act of delinquency before reaching 18 years of age and remains under the jurisdiction of the juvenile court
    - Under the 21 years old and was adjudicated dependent before reaching 18 years of age and while engaged in instruction or treatment, requests that the court to retain jurisdiction until treatment is completed
- IQ: Minimum of 70 (This IQ is viewed as a benchmark. Children with IQ's of 65 to 70 may be considered on a case-by-case basis.)
- Dependent/Delinquent
- Wide range of Axis I Mental Health Diagnosis
- Education/Academic level: Grade 7 or above
- Special populations can be considered on a case-by-case basis: Hearing or visually impaired, youth with a physical disability.
- Special needs served include: mentally ill, youth with PTSD symptoms, trauma victims, victims of sexual abuse, dually diagnosed, youth with substance abuse issues that can be managed on an outpatient basis, emerging personality disorders, and sexual offenders.
- Youth placed in the sexual offending treatment programs must meet one of three criteria in order to be considered for placement. They must either be adjudicated delinquent of a sexual offense, admit to committing a sexual offense, or there must be sufficient evidence that the youth committed a sexual offense, such as an indicated Childline abuse report.

Exclusionary Criteria

- Youth with a documented history of extreme violent behavior that has shown not to be stabilized or improved with treatment
- Youth who have a serious medical condition that requires ongoing or specialized medical oversight or treatment as evaluated by this agency on a case-by-case basis
- Youth who are severely handicapped or mentally challenged that are not self-sufficient
- Youth who require the constant supervision as only deemed possible through an inpatient psychiatric hospital or secure setting
- This program is not adapted to serve youth who have the following primary Axis I Diagnosis and behaviorally display such disorders to a severe level:
    - Autism Spectrum Disorder
    - Reactive Attachment Disorder
- Youth with a documented and pervasive history of absconding from previous placements.
- Youth with a documented history of setting fires that have not completed a fire setter treatment curriculum will not be considered for admission to a community based group home program

Adelphoi Village will consider each youth referred to the Sexual Offense program on an individual basis. The referred youth's amenability to treatment, aggressiveness, and other factors as reviewed by the intake coordinators/liaisons to determine appropriateness for program.

Youth are eligible for these treatment services regardless of race, religion, or national origin.

Clinical Organization/Staffing

Each unit provides a 24-hour per day supervised therapeutic milieu. The program provides intensive treatment conducted by a multi-disciplinary team that is under the direction and supervision of the agency Program Director. The multi-disciplinary team consists of staff providing direct care to the clients, as well as the support of additional agency staff and consultants, such as the Psychiatrist and nursing team. The Direct Care team includes the following staff positions:

Regional Program Director	Bachelor's degree required, Master's degree preferred
Unit Director	Bachelor's degree required, Master's degree preferred
Clinical Coordinator	Bachelor's degree required
Shift Supervisor	Bachelor's degree or Associates degree with 2 years' experience
Counselor Clinical	High School Diploma or GED required, Associate's or Bachelor's degree preferred
Counselor Non-Clinical	High School Diploma or GED required

There are support staff within the agency that provide services as needed to all clients within Adelphoi Village Residential programs but do not work on site at the facility on a daily basis. These staff assist in areas related to physical and psychological health, medication management, and academic assessment of clients and assessing and ordering restraints as required by our JCAHO accreditation standards. These staff are considered part of the multi-disciplinary team and include:

Medical Director	MD
Consulting Psychologist	PhD
Nursing Staff	RN
Licensed Independent Practitioners	Masters and Licensed

Staffing

The Regional Program Director oversees management of the residents in the program. In addition, this Director

is responsible for the overall coordination of the clinical program, and maintaining the treatment philosophy. These individuals also review clinical records, consult on intake, and evaluate children for appropriateness of placement if necessary.

The Unit Director is responsible for the supervision of the entire staff team in the unit. They are responsible for the day-to-day operation of the assigned unit, providing the clinical and administrative direction and supervision for the counseling staff and youth service workers, and assisting in coordinating the treatment planning. They oversee the discharge planning process and provide some group sessions.

The Clinical Coordinators within the unit are responsible for the overall review and coordination of services internally and in the community, including but not limited to working with children and youth agencies, courts, psychiatrists, etc.. They are responsible for completing assessments, treatment plans, and for writing all monthly reports.

The Counselors and Youth Service Workers are central to the care of the children. Adequate youth care staffing assures that youth are properly supervised. The well planned intervention of sufficient numbers of trained youth service staff is an important part of the treatment component. Counselors and Youth Service Workers are responsible for the day-to-day behavioral management of the clients in each program. All counselors are assigned a client caseload, to which they are responsible for implementing day-to-day treatment programs and behavioral intervention. Counselors also write daily progress notes, conduct daily group counseling, and individual counseling to their assigned clients.

Upon hire, each staff person receives 40 hours of basic orientation training over a two week period before they work with clients one-on-one. Ongoing training is offered throughout each year of employment, which includes a minimum of 40 hours of training. The trainings that the clinical staff are expected to take include Aggression Replacement Training, Reality Therapy/Choice Theory, Group Process, Child Management, Documentation, Self-Injurious and Suicidal Behavior, Adolescent Development, BARJ Training, Medication Management, Infection Control, Assessments, Nutrition, Family Counseling, Guided Group Interaction, Team Work, Sexual Issues, PTSD, Mental Health Diagnoses, Values Clarification, Contracting, and Safe Crises Management which includes De-escalation. Outside trainings offered through other institutions and organizations such as the CASSP Institute are also encouraged and made available to our staff when offered.

Comprehensive Assessments

A core group of assessments are completed on clients at program entry. Additionally, clients may receive a psychiatric evaluation as deemed necessary during the treatment planning process. This comprehensive diagnostic procedure is intended to examine all significant areas of the client's life, and is used with other assessments for ongoing development of the treatment plan. The assessment process is multi-systematic: information is gathered from the youth, family, referring agency, educational system, and other sources involved in the case. The information derived assesses functioning within all of the life domains. In addition, the assessment process is culturally sensitive and strength focused.

The clinical program will provide assessment and comprehensive treatment services that may include:

- Psychiatric Evaluation
- Psychosocial Assessment
- Child and Adolescent Needs and Strengths (CANS)
- Family Advocacy and Support Tool (FAST)
- Home Study prior to discharge
- Academic Assessment
- Medical/Physical/Nutritional Health and Safety Screens
- Safety Plans

- Sex Offender Evaluations (JSOAP-II, ERASOR, ABEL, SAI-J)
- Substance Abuse Evaluation and Education
- Post-Traumatic Stress Assessment (as recommended by Psychiatrist or clinical team)
- Psychological (Upon Recommendation of Psychiatrist)
- Youth Needs and Progress Scale (YNPS)
- Safe-T Protocol (Suicide Assessment)

Sexual Assessments

Standardized assessment tools are utilized to assess risk levels. These assessments focusing on risk, recidivism prediction, and deviant sexual interest include the Sexual Adjustment Inventory – Juvenile (SAI-J), the Abel Assessment for Sexual Interest (AASI), and the Juvenile Sex Offender Assessment Protocol- II (JSOAP-II). When appropriate, a polygraph examination is utilized.

These standardized assessments are most effectively utilized in tandem with other clinical tools as part of a comprehensive risk assessment. Evaluators should access multiple domains by the offender's functioning including intrapersonal, interpersonal and family by collecting information from multiple sources and through observation of clinical staff in addition to utilizing these tools for their predictive measures.

The Sexual Adjustment Inventory- Juvenile (SAI-J) identifies sexual deviance and paraphilia in male or female juveniles aged 12 to 18, accused of or convicted of sex offenses. The SAI-J has 13 scales: Test-item Truthfulness, Sex-item Truthfulness, Sexual Adjustment, Child Molest, Sexual Assault (Rape), Exhibitionism, Incest, Alcohol, Drug, Distress, Judgement, Antisocial and Violence. Each scale score is classified in terms of severity of risk. Both sexual and non-sexual risk scales are scored and a computer printout provides information and recommendations of the various scales. In these reports quantitative information is obtained by empirically based measures (scales) which independently generate risk (percentile) scores. Scale development is based upon over 25 years of research. In addition, explanatory paragraphs describe attained scores and contain specific score-related recommendations. Each scale is presented graphically in the SAI-J profile.

The Abel Assessment for sexual interest (AASI) is a two part computerized test used to identify deviant sexual interests in male or female adolescents aged 12 – 17. The first part of the test is a comprehensive questionnaire of self-reported behaviors, accusations, arrests, convictions, and questions designed to identify cognitive distortions and truthfulness. The second part of the test objectively captures the client's deviant sexual interest while viewing 160 digital images of clothed adults, adolescents, and children. The data from both portions of the test are electronically transmitted to Abel Screening, Inc. for processing. Abel Screening, Inc. ("ASI") processes the data and returns reports to the test administrator. Those reports include: a written summary of the questionnaire responses, a bar graph of relative sexual interest developed from the digital image portion of the test, several Probability Values calculated from the client's responses on both parts of the test, a Cognitive Distortion score, and a Social Desirability score.

The Juvenile Sexual Offender Assessment Protocol-II (J-SOAP-II) is a checklist whose purpose is to aid in the systematic review of risk factors that have been identified in the professional literature as being associated with sexual and criminal offending. The protocol is comprised of 28 items representing four subscales. These subscales capture the two major historical (Static) domains that are of importance for risk assessment with the juvenile population (Scale-I: Sexual Drive/Sexual Preoccupation and Scale-II: Impulsive, Antisocial Behavior), and the two major dynamic areas that could potentially reflect behavior change (Scale-III: Clinical/Treatment and Scale-IV: Community Adjustment). The JSOAP-II is an empirically guided approach to estimating the risk of a sexual re-offense for an adolescent male, aged 12 to 18 years, who has previously committed a sexual assault or non-adjudicated youth with a history of sexually coercive behavior.

The Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) is an empirically guided clinical judgement approach to estimating the risk of a sexual re-offense among youth ages 12 to 18. The ERASOR looks

at risk factors that fall under five categories including sexual interests, attitudes, and behaviors; historic sexual assaults; psychosocial functioning; family/environmental functioning; and treatment. Information is collected regarding both static (historic and unchangeable) and dynamic (variable and potentially changeable) factors.

Professional Services

This program offers a wide variety of professional services to meet the individualized needs of each client. In addition to the strong curriculums and interventions previously outlined, this program also offers access to higher level interventions. Adelphoi contracts with an outside provider to deliver behavioral health and medical services to the clients in our residential programs. These services include psychiatric evaluations, individual specialized counseling, physicals, phlebotomy services, and medication management. An agency psychologist is available daily for consultation, testing, and psychological evaluations to meet the assessed needs of a client. In addition to these services, clients may be referred out to professional services in the community including but not limited to: drug and alcohol counseling, outpatient mental health counseling, and grief/loss counseling.

Discharge Preparation

Discharge preparation begins at the date of arrival and is continually assessed throughout the residential placement. Youth remain in care only for the length of time that it is determined necessary to complete their treatment plan goals and objectives. At the onset of stabilization, and the youth's ability to have his/her needs met in a less restrictive setting a discharge date will be determined. Discharge is determined by the interdisciplinary team who includes the facility, the youth, the family, the youth's therapist, educational personnel, and county workers. At 90 days prior to discharge the therapist begins the process of formally linking the youth with services that will be utilized after discharge.

Relapse Prevention/Aftercare

Step-down placement into an intensive supervision, community-based group home facility for sexual offending is available in the Adelphoi Village system.

Adelphoi Village conducts outcome studies to assess the effectiveness of treatment services. A discharge evaluation including an aftercare plan is completed to provide information and guidelines about skills necessary for the youth to maintain a non-offending lifestyle. When appropriate, assessments are conducted to evaluate progress and risk of recidivism.

Education

All clients attend the on-site educational setting. Blast IU-17 provides all required education approved by the PA Department of Education and Williamsport Area School District. All educators are certified in Individual Education Plans (IEP) are prepared for individuals meeting the criteria for special education services. Alternative, Emotional Support, and Special education is available in the educational setting. All school staff are trained annually in Safe Crisis Management, Child Management, De-Escalation Techniques, CPR and First Aid, along with various treatment modalities to assist our "at risk" student population toward academic and therapeutic/behavioral success. Throughout the school day, Adelphoi staff accompany all youth to promote a healthy learning environment, while providing treatment services and maintaining appropriate supervision and safety.

Balanced and Restorative Justice (BARJ)

Adelphoi Village supports Pennsylvania's Juvenile Act and continues to build upon the principles of Balanced and Restorative Justice: Community Protection, Accountability, and Competency Development. The program will view each resident as an individual and develop and implement treatment plans that support the BARJ

principles. The progress of a resident who is adjudicated delinquent is tracked using the standard Balanced and Restorative Reporting Form. From a structured schedule and relevant community service projects to restitution and victim awareness, Adelphoi Village continues to strive to develop an environment that supports Balanced and Restorative Justice. Youth who are adjudicated dependent are not required to participate in formal BARJ activities, but will be given the opportunity to participate in activities related to restorative justice and community service.

Treatment Services and Methods

Adelphoi Village has subscribed to a long standing cognitive behavioral approach to treatment which includes Reality Therapy/Choice Theory, group counseling and accountability, contingency contracting, and basic child management techniques. This approach permits the youth to examine their behaviors in a safe/supportive environment. The emphasis is on the youth learning to make more responsible choices, thus freeing them to adopt behaviors that better fulfill their needs. By consistently implementing these concepts, the youth are able to learn, experiment with, and internalize behaviors that assist them in their journey of life.

The goal of sexual offender treatment is to help adolescent sex offenders to determine their pattern of offending through the identification of the influence of psychosocial stressors and lack of positive coping skills on their behaviors. Treatment protocol is cognitive, behavioral, and developmentally appropriate. It includes having the youth identify his sexual offending pattern and maintenance behaviors that perpetuate the cycle and increase the risk for re-offense. Youth also participate in developing sexual safeguards and a relapse prevention plan. Treatment also includes an emphasis on self-esteem building, empathy and moral development, social skills, anger, remorse, healthy sexuality, and the BARJ principles.

Group and individual counseling are an integral part of treatment. During these meetings, youth are expected to prepare and discuss their history of sexual offending and past victimization. Other topics discussed include how to manage and block inappropriate sexual thoughts as well as acknowledging underlying feelings and finding constructive, non-violent alternatives to work through emotions and stressful situations they encounter. Youth learn and discuss what triggers inappropriate thoughts and what behaviors they exhibit as a result. Focus then occurs on positive goal setting, positive thought, and responsible relationships. These goals are then incorporated into future plans for the youth whether that is home, foster care, or apartment living. Groups for sexual offending issues occur three times a week. A treatment portfolio is maintained by the youth in order to provide a tangible way for them to monitor their own treatment.

Individual Treatment Plans

An Individual Treatment Plan is completed in order to immediately integrate and stabilize the client according to the review of their intake paperwork and discussions with the youth's guardian and placing agency. The goals established on the Initial Treatment/Discharge plan is based upon information gathered prior to intake. Specific assessments are then conducted and formally reviewed by the treatment team in order to provide the therapists with crucial information to assist them with creating the full Individualized Treatment Plan (ITP) which is completed by day 30 of placement. The ITP will be developed for each resident by the youth's Therapist and Clinical Coordinator with input from every member of the interagency treatment team. The ITP includes individualized treatment goals and objectives, identified treatment staff, treatment methods, frequency of interventions, and measurement techniques. ITPs are updated and revised as needed (every six months at a minimum) and are formally reviewed on a monthly basis.

Treatment plans are organized according to life domains. Goals and objectives are designed to target the behavior that lead to placement as they fit under each domain. Plans will also indicate the discharge plan, use of therapeutic home visits and leave, and for those youth on probation, will include BARJ goals and methods to complete community services and to pay fines. An emphasis will be placed on developing a plan to reduce the need for restrictive procedures if the client has an aggressive history. Spirituality and the means to attend

spiritual services are also included in the treatment plan. When it is indicated that a youth, upon arrival or when necessary, will display behaviors that are acute and episodic in nature, a crisis plan will be developed.

Psychiatric Evaluation

A board certified Psychiatrist with experience in child and adolescent treatment is available to perform face-to-face psychiatric evaluations to clients. In addition to a personal interview, this evaluation incorporates information obtained by other treatment team members including medical, psychological, family, county officials, school personnel, and any other appropriate sources of information. The current or previous psychiatric evaluation recommendations will be part of the multi-disciplinary team review when the client's treatment plan is developed. If necessary, they will provide monthly medication checkups and medication management. The discharge plan for each child may include a discharge psychiatric evaluation that will indicate what treatment is being prescribed upon discharge that is the least restrictive setting to meet the child's and his/her family needs.

Treatment Groups

Group sessions are an integral part of the treatment program. Under proper supervision and direction, treatment modalities have the potential to allow residents to help each other grow. The youth will be encouraged to help develop and interact with group preparation and will be taught the benefits of peer influence. The use of videos, art, role-playing, play therapy, and worksheets will be used in group sessions. Group sessions primarily facilitated by the Therapists and the Unit Director, while the unit staff may lead additional group sessions. There are a minimum of 5 hours per week of group sessions. Topics of Group Sessions may include:

- Choice Theory Group
- Victim Awareness
- Substance abuse education
- Aggression Replacement Training
- Social skills
- Health education/ Prep Program
- Sexual abuse treatment
- Relaxation therapy
- Sexual Issues treatment
- PTSD/RTC treatment
- Gun Violence
- General Values Clarification Groups

In addition to the treatment topics listed above, youth also participate in the review of their goals during a group feedback/evaluations session that typically lasts 15 minutes, 2-3 times per day.

Family Counseling

The goal of family counseling is to resolve family issues that interfere with family reunification and the healing process. In cases where a resident will not be returning home, the goal is to facilitate a successful transition to either a less intense form of care or out of home placement. A minimum of two family sessions are provided per month, although additional sessions can be arranged as prescribed or needed. The Therapist is available to provide face-to-face sessions in the evening and on weekends to accommodate family schedules and to process weekend visit issues with the youth upon return to the facility. Family counseling sessions occur in the unit, at the family's home, at another identified location and/or over the phone and utilize the concepts of System Theory, Structural Family Therapy and Brief Therapy. If other treatment is needed (e.g., marriage counseling, D&A counseling for family members, support groups, etc.), the therapists will recommend the families seek this additional treatment and will assist in linking them with the identified service. Youth who plan to return home

after discharge will receive a home study, which is completed prior to the first home visit.

Behavior Management

Behavior Management is the systematic use of consequences and rewards to modify behavior. Youth are rewarded for appropriate behaviors and receive natural and logical consequences in order to change inappropriate behavior and reinforce positive behavior. Youth are supported to develop their own consequences and to take responsibility for their choices. These concepts are based upon the book *Parents Are Teachers* (Becker, 1971).

While consequences are always naturally and logically based, there is also a strong emphasis on pro-social consequences. Pro-social consequences involve youth identifying how their choices and behavior affect those in their community and then choosing ways to rectify negative choices by doing positive acts for others. The goal is for youth to understand how their choices affect their community and to develop a relationship with others through positive actions that will benefit the community.

Another important aspect to our child management program is that clients are encouraged and supported to self-evaluate their behavior and choices throughout the day. This is done through the clients setting weekly and/or daily individual and group goals that are evaluated by self and peers three times per day. Clients choose their goals with staff during counseling sessions, and then lead self-evaluations while giving each other feedback about the success of their goals.

In instances of extreme behavior, Adelphoi Village has a specific policy pertaining to the proper methods of safe crisis management and crisis intervention. Mechanical and chemical restraints are not utilized, nor is seclusion. "Time out" interventions are utilized to provide "time away" from stimulants. This intervention enables a child who experiences difficulty at controlling his/her behavior to re-establish self-control. "Time out" is age appropriate and is not used as a punishment. These types of interventions are included in the Crisis Plan. Staff training is conducted on a regular basis to ensure that the most appropriate interventions are utilized and that they are conducted in the proper manner.

Recreation and Leisure Time Activities

The goal of recreation is to encourage self-respect, self-discipline, and self-esteem by providing activities that enhance the individual's physical, social, and emotional health.

- Includes team sports, biking, hiking, etc.
- Planned and spontaneous events will be arranged
- Activities may occur on or off site
- Includes community service projects
- Measurable outcomes, as indicated in individual treatment plans, shall be observed and recorded

Contingency Contracting

Contingency Contracting is a plan to do better on identified behavioral and personal goals on an individual evaluated basis. A contingency contract is a negotiated document with specific terms for improvement or newly developed behaviors that a youth must demonstrate in order to earn a specific reward or to attain a goal. Contracts teach and reward responsible behaviors, are formalized between staff members and youth, and give immediate feedback and critique for displayed behaviors and interactions. Adelphoi Village uses the text *Writing Behavioral Contracts* (DeRisi & Butz, 1975) as a model for this treatment modality.

Every client is supported in having an individualized contract as an ongoing form of treatment. All contracts are developed by the client and are approved through the Counselors, the Unit Director, and the client's

Therapist. At the beginning of treatment, contracts are more behaviorally based and extrinsically rewarded, and as treatment progresses, clients are expected to demonstrate positive behavior for longer periods of time and rewards become intrinsic. It is expected that during the last few months of treatment a client can demonstrate improved thought processes and behavior without contracts.

Reality Therapy/Choice Theory

Reality Therapy/Choice Theory is a cognitive-behavioral based type of therapy where the therapist develops involvement with the client, helps the client identify effective and ineffective behaviors, develops plans to become more effective, and evaluates those plans. Reality Therapy is based on the premise that every human being attempts to fulfill certain basic needs – freedom, fun, power, belonging, and physiological requirements. The goal is to work with youth to help them replace negative ways of meeting their needs with more positive and pro-social behaviors (Glasser, 1965).

When working from this model there is a strong emphasis on the relationship between the youth and their counselor. Upon intake every client is assigned a primary Counselor who conducts the individual, family, and group counseling, and coordinates the treatment and communication with the client's family, and county worker. The Counselor builds the relationship with clients through individual counseling and daily recreational and educational activities.

In order to help youth evaluate their behavior from the Choice Theory model, one-on-one counseling is offered to every youth throughout the day as they process both positive and negative choices and the consequences to those choices. When poor choices are made, counselors work individually with youth to help them develop Plans of Action that outline a change in their thought processes as well as behavior. They are taught to self-evaluate and to take personal responsibility for the change process, and are supported to develop a plan to practice more positive behavior that fulfills the basic needs.

Trauma Informed Care:

Adelphoi Village embraces a model of trauma-informed care that provides a basic blueprint for developing trauma-informed, therapeutic communities that promote recovery. Adelphoi takes a trauma informed approach in its treatment and supports an organizational change model that integrates trauma theory with the creation of therapeutic communities that provide safety for both youth and the staff who work with them. Adelphoi Village actively promotes the norms of (1) nonviolence; (2) emotional intelligence; (3) social learning; (4) democracy; (5) open communication; (6) social responsibility; and (7) growth and change. Being trauma informed is a process that empowers everyone to feel safe, engage in emotional management, experience and identify loss, and work towards future goals.

All clients at Adelphoi Village are offered Trauma Informed Treatment through the PTSD curriculum. This curriculum calls for a group setting of no more than 6-7 clients, includes a series of specific set topics, and is run weekly over a 15-week period. All clients are assessed prior to entering the group in order to be screened for appropriateness. All staff that run the groups are certified in the PTSD curriculum.

A TYPICAL DAILY SCHEDULE IS AS FOLLOWS:

5:30 a.m.	Awake - prepare for breakfast - make beds - personal hygiene
6:05 a.m.	Breakfast
6:30 a.m.	Jobs - breakfast cleanup
7:00 a.m.	Morning Behavioral Evaluation meeting
7:35 a.m.	Leave for school
8:00 a.m.	Arrive at school
11:05am	Lunch

2:20 p.m.	Return to Group Home - afternoon Behavioral Evaluation
2:30 p.m.	After school snack
3:00 p.m.	Treatment Group
4:00 p.m.	Study Hour
5:00 p.m.	Dinner
5:30 p.m.	Jobs - dinner cleanup
6:00 p.m.	Evening Behavioral Evaluation
7:00 p.m.	Monday - Values Clarification meeting or Recreation time
8:00 p.m.	Free-time/Personal Responsibilities
8:30 p.m.	Upstairs for showers and personal hygiene
9:30 p.m.	Lights out

***Updated 3/24**