

UNIVERSITY BEHAVIORAL CENTER

Orlando, Florida
Debbie Routh, Director of Clinical Services
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www.hmaysouthservices.com/ubc/

Visit By: Stephen Migden, October 27, 2006

The University Behavioral Center's Residential Treatment Programs are a set of child and adolescent residential psychiatric facilities located in a modern office park just outside of Orlando, FL. University Behavioral Center, or UBC, serves the economically and ethnically diverse population of the Orlando metropolitan area with both inpatient and outpatient programs. The Residential Treatment Programs are designed to provide longer term (4-18 months) residential treatment to a broader, more geographically diverse population. Thus, although most residents are from Florida, there are also many from neighboring states, as well as some from other states in the South and the Northeast. Currently, the residential population is approximately 80% publicly funded.

All of UBC's residential units are secure, and the physical set-up of the facility blends the atmosphere of a hospital-type setting with that of a more home-like residential treatment program. Thus, much like a psychiatric hospital, each residential unit has, at its entry point, a traditional looking nurse's station, and residents' bedrooms are located along a hospital-type corridor of rooms and offices. On the other hand, the overall setting of UBC is clean and modern, and the building itself is part of a much larger, well maintained research park on the outskirts of Orlando. Because of its Florida location, the building is windowed and light, and many of the hallways and public areas look out into a bright, handsome courtyard. When I visited, there were season-specific Halloween decorations and, in the cafeteria there were many posters with a Hispanic theme, which, I was told, reflected the fact that there had recently been a Hispanic culture festival for the kids. UBC also has a recently renovated ropes course, as well as a pool, gym and basketball court on grounds, and each unit has a small kitchen so that the children and staff can prepare holiday treats at certain times of the year. The on-site educational program is provided by the Orange County public school system.

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For Additional Information
Contact us at:

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UBC's residential offerings consist of a number of separate but related units, each located in an adjacent wing of the hospital's main building. The Severe Trauma Adolescent Recovery Services (STARS) Program is a program for adolescent females who have suffered either neglect, physical abuse or, most commonly, sexual abuse. The girls on this unit frequently exhibit serious internalizing problems, such as cutting and anorexia. The Solutions Program is for male or female adolescents with a high level of aggression. This unit serves kids with a history of court involvement and/or serious conduct problems, including those who may have significant accompanying psychiatric disorder, including depression, bipolar disorder or even schizophrenia. Youth with a history of fire-setting and those with intellectual deficits are also considered. The Discovery Program is for younger children, ages 6 to 13. It is a co-ed unit that serves a wide variety of behavioral and psychiatric problems, including conduct disorder, oppositional defiant disorder, PTSD, ADHD and mood disorders.

UBC has a pair of units for sexually inappropriate pre-adolescents and adolescents, known as the Adolescent Sexual Abuse Prevention Program (ASAP). I took a particular interest in this program because of my background in assessing and placing such youth. In the ASAP Program, there is a unit for 10-13 year-olds and one for 13-17 year-olds. About 25% of the children in the ASAP Program are there as a result of court referral. The inappropriate sexual behaviors exhibited by the kids on these all-boys units range widely, from victimless sex, to grooming, to sexual intimidation, to outright sexual assault with legal adjudication. One of the supervising clinicians for this unit is Bill Crew, who gave a workshop at a recent IECA conference that I attended. At that time, he came across as extremely knowledgeable about both sexually inappropriate adolescents and family psychotherapy, and I had the impression that he would be a fine clinician and supervisor.

The ASAP Program, like the other residential programs at UBC, utilizes a behavioral level system, in which the residents earn privileges as they advance through their programs. At ASAP, the system has three levels, and advancement through the levels is based on progress in both the clinical treatment program and the residential behavioral program. The clinical interventions used are the mainstream, empirically supported ones that are typically used by the higher quality programs serving this population (e.g. Pathways); they are based largely on cognitive behavioral therapy. As is the case

for residents in UBC's other residential programs, youth in the ASAP Program are offered a variety of therapies, including group and individual psychotherapy, recreation and activities therapy, pet therapy, and psychiatric medication. Parents and families are included in the treatment, and there is at least weekly parent-therapist communication, either in person or by phone. There is a 4-to-1 resident to staff ratio when the youth are awake, and a 6-to-1 ratio when they are asleep. The boys sleep in double and triple dorm rooms, with a private bath in each room. The dorm room door is always kept open when a resident is in the room, and no other residents are allowed in a dorm room when one of them is using the bathroom. These are important precautions that are often used in residential programs for sexually inappropriate youth.

Partly because of the secure nature of its programs, I did not spend time talking with any of the UBC residents. I did, however, get a chance to observe the children, as well as to speak with Debbie Routh, UBC's director of clinical services, and the two therapists on the ASAP units. Debbie, who has been in her position for about five months, seemed eager to answer my questions and show me anything that I asked to see; when she didn't have an answer to a question, she was quick to say so and ready to call upon another staff member to address the question. The two ASAP therapists that I met seemed friendly, engaging, and warmly disposed toward their clients. One told me that he had been at UBC about 8 ½ years. The other reported that he'd been there about two years, after working with adjudicated youth for the state of Florida. The children seemed comfortable and well behaved, the hallways and rooms were clean, and the various programs I briefly observed (e.g. a school class, a therapy group and an activity group) seemed well organized and competently run.

UBC's Residential Treatment Programs have a minimum stay of 30 days. Adolescents with a wide variety of behavioral and psychiatric problems can be accommodated at this hospital-based facility; however, youth with significant brain injury, mental retardation, and those who are both unusually large and unusually aggressive cannot be served safely.

About the Author:

Stephen Migden, PhD, is a psychologist and educational consultant who works with behavior disordered, emotionally disturbed and learning disabled students of all ages. His office is in Roslyn Heights, New York. Visit Dr. Migden's website at www.psych-edservices.com or call 516-625-0824 for more information.



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Visit by Linda Cain, October 25, 2006

Waterfall Canyon is a small, home-based program located on a large lot in a pleasant, residential neighborhood in Ogden, UT. It is a 12 to 18 month program that serves 12 adolescent boys ages 12 - 17 who are either cognitively impaired with an IQ range of 70 - 90 or have a low "social IQ" such as those with Asperger's. An appropriate student might struggle with ADHD, ODD, anxiety, anger management, low self-esteem, stealing, substance abuse, impulsivity or sexual reactivity. Many of the residents have experienced a disrupted adoption. Students who are inappropriate include boys who need medical detox, have a primary diagnosis of substance dependency, display chronic violent behaviors that could endanger a group environment, have a severe sexual disorder or have a physical handicap that would limit them from fully participating in the program.

Karen Nickel, one of the founders and director of admissions, greeted me at the door of this spacious, beautifully maintained home on a cool, rainy day. The atmosphere was homey and warm and was festively decorated for Halloween. I had the opportunity to spend the morning with the boys, starting with an impressive, homemade breakfast. Meals are family style around two large tables. During breakfast the boys were polite, well mannered and chatted easily with all the adults present. The young man sitting next to me enthusiastically told me about his gains in math when I asked him about school. After breakfast, I took a tour of the home led by one of the boys. The bedrooms are much larger than usual, very nicely decorated and shared by three or four boys. Each boy has his own desk, bulletin board, closet space, drawers and personal laundry system. The rooms were clean and orderly, with personal items organized neatly in each boy's area.

Staff and students then gathered in the comfortable living room so I could hear more about each part of the day. I was struck by the boys' eagerness to convey their accomplishments and the look of genuine pride on the faces of the staff as each boy spoke. The staff's belief in each student was very evident. Staff to



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