The central mission of New Hope is the healing of children, adolescents, and their families who are burdened by psychological and psychiatric illness. We seek those who suffer more than minor maladjustment. We seek those whose needs are such that others have been unable to help. At New Hope, care and understanding collaborate with knowledge to provide a treatment philosophy designed to restore healthy functioning.
The New Hope Promise

**We promise** that we will recognize that care delayed is care denied. We will always respond to a child’s needs promptly and appropriately.

**We promise** that we will also respond promptly and completely to the needs of the families and other significant people in each child’s life, including guardians and caseworkers.

**We promise** that we will provide a safe, secure, healthy, and nurturing environment for each and every child.

**We promise** that we will respect the rights, needs, expectations, and individual differences of each child, including the need for appropriate and stable adult relationships.

**We promise** that we will promote an atmosphere of continuing personal and professional growth.

Service Description

New Hope Carolinas is a Psychiatric Residential Treatment Facility (PRTF), and provides comprehensive residential services for both male and female adolescent’s ages 12 to 21. Six distinct programs offer specialized treatment to adolescents and their families for a variety of presenting problems, including mood disorders, substance abuse issues, behavioral disorders, and offensive sexual behavior. Programs are designed to treat both normal functioning and intellectually/developmentally delayed populations.

New Hope Carolinas offers a quality approach to care with on-site medical/psychiatric services, a year round, fully accredited school, both indoor and outdoor recreational spaces, and 400+ caring, professional staff. Board certified psychiatrists work closely with Master-level clinicians to provide comprehensive clinical services as part of a holistic, evidenced-based approach to treatment. Interventions are tailored to meet individual needs and are based on each child’s unique level of development. New Hope Carolinas is conveniently located in Rock Hill, South Carolina, easily accessible to interstate I-77. The facility is just 20 minutes south of Charlotte, North Carolina, less than 1 hour north of Columbia, South Carolina, and is convenient to the Charlotte-Douglas International Airport.

New Hope Carolinas is owned and operated by New Hope Treatment Centers, a nationally recognized behavioral healthcare provider offering quality services to children and adolescents since 1987. New Hope Carolinas opened in 1995, and is licensed by The South Carolina Department of Health and Environmental Control (DHEC) for 150 beds. This program has been fully accredited by The Joint Commission since 1998. The educational
program at New Hope Carolinas is fully accredited by Advance Ed, internationally recognized as the leader in providing educational accreditation. Programs serving sexually aggressive youth embrace and adhere to all the practice standards set forth by the Association for the Treatment of Sexual Abusers (ATSA).

**Referral Information**

To initiate a referral, please contact New Hope Treatment Centers’ National Referral System (NRS) at: **1-800-776-6482**

New Hope Carolinas does not require completion of any standardized application. We ask referents to organize all relevant information already available into a packet and forward to our National Referral System. Referral packets are then forwarded to the treatment team at the facility for review. If additional or specific information is required, our referral team will specify what is needed. Admissions are scheduled Monday through Friday between 8 a.m. and 4 p.m. All referrals should meet the basic medical necessity criteria for Psychiatric Residential Treatment Services. Services must be recommended by a physician or other licensed practitioner of the healing arts, and should meet least one of the following criteria:

♦ The child is at immediate risk of psychiatric hospitalization or has been removed from his/her home due to a mental or emotional problem; or
♦ Exhibits behavior which indicates a high risk of developing disturbances of a severe or persistent nature; or
♦ Is mentally ill or emotionally disturbed as reflected in a DSM-IV diagnosis and would benefit from specialized residential treatment services.

**Admission Guidelines**

New Hope Carolinas is licensed to serve male and female adolescent between the ages of 12 and 21. We offer a broad range of programs and services designed to meet the needs of most referrals. However, there are some limitations to the services we can provide. Adolescents being referred should be free from current suicidal or homicidal intent and should not require extensive physical restraint or other special procedures for assaultive, self-injurious, parasuicidal, or destructive behavior. Although our programs are equipped to handle the physically aggressive patient, we are not a correctional facility and cannot serve extremely aggressive patients who chronically disrupt the treatment of others.
Adolescents with severe or chronic medical conditions will be carefully screened for appropriateness. Some medical conditions may require a specialized care environment that New Hope may not be able to offer. Adolescents who are actively psychotic, or who are diagnosed with Down’s Syndrome, Autistic Spectrum Disorder, Pervasive Developmental Disorder, Reactive Attachment Disorder, Schizophrenia, or eating disorders are generally not appropriate for the programming offered at New Hope Carolinas. Our team of medical/psychiatric specialists will review the medical/psychiatric history to determine our ability to safely treat the individual. In rare cases where we cannot, we will attempt to provide recommendations for alternative placement options.

New Hope . . . Our Name, Our Promise

Philosophy of Treatment

New Hope Treatment Centers (NHTC) maintains a philosophy of treatment that has evolved over the 20+ years we have worked with troubled youth and their families. The NHTC philosophy of treatment builds upon and incorporates our mission and promise statements.

New Hope Treatment Centers’ philosophy of treatment begins with treating all patients, families, and others with dignity and respect. NHTC does not discriminate regarding admission of patients based upon age, race, religion, or social status.

NHTC serves a variety of children and adolescents with significant impairment to their cognitive, behavioral, emotional, and social functioning. Our philosophy, therefore, encompasses a variety of beliefs regarding a successful treatment program that includes the following:

♦ A focus on the therapeutic relationship that puts the needs of the patient first
♦ Highly individualized treatment in a safe and comfortable setting
♦ A strong commitment to family involvement, and the use of evidenced-based treatment approaches
♦ A multi-disciplinary treatment approach that focuses on teaching youth responsibility and accountability for their behaviors, addresses their clinical needs, and teaches age-appropriate, normative tasks
♦ A developmental-contextual approach to providing education and treatment

♦ A humanistic, holistic, and integrated approach to treatment encompassing a variety of treatment modalities

♦ A focus on healing, with a goal of reintegration into an appropriate living environment

Building Bridges Initiative
New Hope Carolinas fully supports the Building Bridges Joint Resolution designed to improve the integration between residential and community-based providers.

Key Components of the Treatment Program

New Hope Carolinas employs a holistic, evidenced-based, approach to the patients in our care. Experienced clinicians, called Therapist/Case Managers (TCMs) or Lead Clinical Staff (LCS), coordinate a variety of services, ensuring a comprehensive approach to patient care. Psychiatric, medical, educational, recreational, and clinical disciplines meet weekly to coordinate services through a treatment team model. This multidisciplinary team approach includes the patient, guardians, family members and all invested outside agencies, ensuring collaboration and involvement by all invested parties throughout the course of treatment.

We recognize that each patient is an individual with unique treatment needs. Each child is independently assessed on major life domains (medical, social, emotional, spiritual, etc.) in order to develop an individualized treatment plan. Progress and readiness for discharge will be assessed and formally reviewed with the patient and treatment team, including the guardian, on a quarterly basis. New Hope places great emphasis on the treatment of the child in the context of his family. Each program encourages weekly family therapy and we will assist out-of-state families with transportation costs in order to encourage regular contact. Each of our residential milieus are highly structured, and staff are specifically trained in counseling and supervision. We offer individual patient rooms, awake night staffing, and round-the-clock video surveillance.
Assessment

Formal and informal multi-source assessment begins as part of the intake process and continues throughout the treatment course. Specific assessment components include a comprehensive psychiatric and psychosocial assessment, a crisis management plan, and an educational assessment, including an independent living skills component, a full recreational assessment, substance abuse assessment, and physical examination. Nutrition, vision, speech, and hearing screenings are all conducted as part of the admission process. For our patients who have experienced trauma, we provide a comprehensive trauma assessment and programming designed to help the patient resolve the trauma in a healthy way. Clinical staff use Dialectical Behavioral Therapy (DBT) and Trauma-focused cognitive-behavioral therapy (TF-CBT) modalities to help prepare for and address the trauma. Treatment goals are developed using milestones from these treatment interventions, culminating in a trauma narrative. Specialized art therapy is available as an adjunctive therapy when indicated, and a variety of brain-based kinesthetics are utilized to help strengthen the integration of brain hemispheres commonly affected by trauma.

For our patients who have engaged in sexually offensive behavior, we provide a comprehensive psychosexual assessment. This assessment includes the Abel or ABID Assessment of Sexual Interest, a review of the dynamic risk factors and utilization of the Self-Regulation Model of the Offense Process. These Best Practice models identify treatment interventions specifically targeted for the unique clinical pathway identified. Clinical staff also incorporate key concepts from the Good Lives Model during the initial assessment, and when developing treatment plans. The Good Lives Model provides a strength-based, holistic approach to assessment and treatment planning, which is quickly gaining wide acceptance in the field of rehabilitation. New Hope provides polygraph examinations as needed, at no additional cost. Together, these models represent the latest and most widely accepted clinical approaches for the treatment of offensive sexual behavior. New Hope Carolinas contracts with a full array of ancillary medical providers, should any child require further diagnostic evaluation and/or specialized medical treatment.

Therapeutic Modalities

Trauma-Informed Care - New Hope Carolinas understands the importance of providing trauma-informed care. All therapists are required to complete a 10-hour web-based training program during their first year of employment. This comprehensive trauma-focused program
is provided by the Medical University of South Carolina. Therapists completing this module emerge with a clear understanding of the major components of trauma-informed care. In-service trainings are offered throughout the year to provide additional resources to the therapist. All patients are assessed upon admission for trauma history and current trauma-related symptoms. A strengths, needs, and resiliency assessment is included in this process. Exposure-based Cognitive Behavioral Therapy is offered to process traumatic experiences, culminating in a trauma narrative assignment. Experiential and expressive therapy techniques may also be employed at the discretion of the therapist. Psychiatric intervention, including medication, may also be offered to target symptoms of Post-Traumatic Stress Disorder and anxiety-based disorders often associated with childhood trauma. Direct care staff are also exposed to several training modules on a yearly basis. Each module is carefully designed to help all staff understand the traumatized child’s needs and responses, and to teach staff compassionate, non-confrontational intervention strategies. These trainings at all levels ensure all disciplines understand the effects of trauma and promote comprehensive treatment planning to address this issue.

**Individual Therapy** – Each patient is offered individual therapy with a TCM/LCS for at least 90 minutes per week. The issues addressed during these sessions are based on the adolescent’s treatment plan. Generally, individual sessions allow for problem identification, problem analysis, and problem-solving between the patient and his/her therapist.

**Family Therapy** – New Hope Carolinas recognizes the importance of healthy family relationships and will make every effort to engage families in the treatment process. When reunification is identified as a goal for treatment, specific reunification activities will be identified in the treatment plan and targeted for intervention. Family therapy will occur as frequently as needed, as family availability allows. In cases where family therapy is not indicated, the TCM/LCS will minimally provide monthly treatment updates. (See family Matters)

**Group Therapy** – Patients are provided group therapy at least three times per week. These sessions are co-facilitated by either two TCM/LCS staff or a TCM/LCS and a residential counselor. Various modalities are available, including traditional, process-oriented, experiential, and cognitive behavioral. Core group curriculum include, but are not limited to; trauma resolution and self-concept, social skills and communication, substance abuse, anger management and frustration tolerance and community reintegration.
Dialectical Behavior Therapy (DBT) - DBT was originally developed by Marsha Linehan, PhD, to work with adult borderline women. Since then it has been empirically validated to be effective with substance abuse disorders, dually diagnosed adults and adolescents, bulimia, binge eating, and suicidal and para-suicidal behaviors. DBT uses the core strategies of validation and change to help the patient find more balance in their lives. New Hope Treatment Centers incorporates the DBT assumptions that individuals are doing the best they can at the moment, that individuals want to improve, that they must learn new behaviors in all relevant contexts, that although they may not be the cause of their problems, they have to solve them, that individual need to try harder and be more motivated to change, and that they cannot fail in DBT. New Hope Treatment Centers incorporates the five modes of DBT treatment, with a specific emphasis on individual therapy, skills trainings groups, and “after-hours” consults by using direct-care to assist the patient in evaluating the use of their skills.

Good Lives and Self-Regulation - Emerging attention is being given to the integration of clinical practice and outcome oriented research, or evidenced-based practice. The Self-Regulation and Good Lives models are gaining wide acceptance in the field of juvenile sexual offender treatment as both best practice and evidenced-based interventions. New Hope Treatment Center’s blends evidenced – based practice and best practice standards through the use of both of these ground breaking models in order to help adolescents and their families manage sexually offensive behavior. The Self-Regulation model identifies the underlying and individualized motivations for sexually offensive behavior, as well as the unique personality characteristics which enable a young person to continue a sexually offensive lifestyle. The model also provides both the clinician and client insight into the particular treatment interventions or strategies which are considered the most effective for a particular profile. The Good Lives model is strength based approach to assessment and treatment planning, which emphasizes helping the adolescent build upon and develop the internal skills and external supports essential for long term success.

Motivational Interviewing – This innovative approach to therapy developed by Stephen Rollnick, Ph.D. is widely accepted as a best practice approach in mental health as well as general healthcare practice, when practitioners are challenged with encouraging clients to change an unhealthy lifestyle. Motivational Interviewing is based on a guiding therapeutic style which uses listening more than questioning to evoke from patients how change might be more compatible with the direction they want their lives to go in. This empathic listening technique can be useful in any consultation about change, and is supported by a growing body of research. All New Hope Carolinas’ therapist complete an initial 6- hour webinar training.
provided by Dr. Rollnick, along with regular refresher courses taught as part of our internal in-services training.

**Art Therapy** – New Hope offers art therapy facilitated by a masters level Art Therapist. Art therapy uses the creative process of art making to assess and treat the following: anxiety, depression and other mental/emotional problems and disorders; substance abuse and other addictions; family disruption, abuse and domestic violence; social and emotional difficulties related to disability and illness; grief and loss; physical, cognitive and neurological problems. Art therapy can also be used to support trauma recovery

**Phase System** - New Hope Carolinas utilizes a unique approach to clinical programming which ensures concepts learned in therapy are effectively internalized and provides a simple method of tracking progress made. The phase system employed at New Hope Carolinas outlines a series of clinical milestones, based on completion of specific formal assignments. Each assignment is tailored to teach a specific clinical concept through therapy, education, and self-exploration. Each child is coached and carefully monitored through the completion of each assignment in order to ensure success. Patients only move forward through these phases, never losing a phase for behavioral acuity or deterioration. This ensures that patients always see themselves making clinical progress, which helps them remain invested in the program. Phase advancement is documented during weekly treatment team meetings to give all invested parties constant updates on progress.

During their progression through a phase, the patient is required to review their assignment with their TCM/LCS, process group, and the community. This allows multiple opportunities for feedback from peers and clinical staff, to ensure all aspects are adequately covered. The parent or treatment ally is expected to parallel the child’s learning through family therapy to ensure the concepts learned are integrated into the disposition planning environment. This process of requiring the child to teach, review, and incorporate feedback in individual, group, and family contexts maximizes the likelihood that they have truly internalized the concept. For more details on each program’s phase requirements, please refer to the program guide specific to the program.

**PAES Lab** - The Practical Assessment Exploration System (PAES Lab) provides students with the instructions and equipment to complete a variety of job tasks ranging from collating papers to making change at a cash register to assembling bolts and pipes. The PAES Lab mimics a real work environment to give students the soft and hard skills related to having a job. This simulated work environment, with a focus on independence and exploration of
skills and interests, has proven essential in effectively implementing transitional skills for our students. The instructor assists students as they explore and learn new skills related to 264 jobs in five different work areas including: business, marketing, customer service, construction, production, and computer technology. Rather than simply determining where their interests lie, the implementation of the PAES lab allows us to help hone the areas of strength while providing guided, practical opportunities for growth. PAES operates in a simulated work environment. Students become employees; teachers become supervisors. Strict procedures are followed so students get the feel of real work, at the same time learn and explore new career vocational areas. Students completing PAES have a thorough knowledge of many job skills and have a better understanding of the real working world.

**Therapeutic Community** – New Hope Carolinas embraces the concept of patient self-governance through the formation of a therapeutic community. Patients meet weekly to mediate peer conflicts and develop milieu enhancements. A community liaison is invited once per month to the staff Program Planning Team to submit patient requests for milieu enhancements. All patients are expected to attend, and the community elects peer officers to facilitate.

**Kinesthetics (Brain Gym)** – New Hope Carolinas utilizes structured, brain based exercises or kinesthetics throughout each day. Kinesiology is system of movements designed to integrate the hemispheres within the brain, through sensorimotor training. The program we use, known as Brain Gym is widely recognized as helpful in promoting learning, and helping patients regulate emotions.

**Medical Services**

New Hope Carolinas provides comprehensive medical services through an array of medical providers. New Hope contracts with board-certified child and adolescent psychiatrists, and nurse practitioners to provide services on site seven days a week and provide on-call, emergency back-up services 24 hours a day. In addition we provide round-the-clock nursing care by registered nursing staff, as well as medical case management and transportation for routine medical needs.

All patients receive a comprehensive physical examination upon admission and annually thereafter. In addition, patients receive bi-annual dental screenings, vision, speech, and hearing screenings, and access to an on-site medical clinic seven days a week for injuries or sick visits, all included in the per diem. New Hope also has a contract with a 24-hour urgent
care center and is conveniently located within a 1/2 mile of a full service medical /surgical hospital. New Hope enjoys an excellent relationship with a full array of local medical specialists including on site dental and x-ray services. All required immunizations are reviewed and updated upon admission, and during the influenza season, all patients are offered free flu vaccines. New Hope Carolinas contracts with a local pharmacy to deliver medication, provide specialized staff training, and audit patient medication records.

New Hope Carolinas employs a team of Board-Certified Psychiatrists who manage each patient’s overall care and treatment. The assigned psychiatrist conducts a comprehensive psychiatric admission evaluation upon admission and meets with the patient at least weekly to monitor care, treatment and services. Psychiatrists participate in weekly treatment team meetings to review progress and provide guidance for treatment planning and milieu interventions.

**Education**

New Hope Carolinas provides comprehensive educational services in a residential setting. The primary purpose of educational programming at New Hope is to help each student develop the academic skills they need to be successful. Our mission is to provide a positive educational experience, by building upon existing academic strengths and improving each student’s investment in school. The ultimate goal of the educational program at New Hope Carolinas is to help every student successfully transition to their next educational experience. The age range of students enrolled at New Hope Carolinas is 12 to 21 years. The student-to-teacher ratio is no higher than 12:1, with a typical class size of no more than 8 students. Along with a qualified regular and/or special education teacher, residential staff are always present in the classroom to provide behavioral and academic support. New Hope offers a 12-month school year with four 12-week quarters, separated by one-week classroom breaks, providing educational activities 232 days a year. Students attend classes in the core subjects, along with independent living skills. During breaks from school, students are actively involved in pre-vocational and educational opportunities on site and in the community. The facility boasts a state of the art student computer lab, providing all students with general computer skills training and access to the internet for academic purposes.

New Hope Carolinas’ educational program is fully accredited through Advance Ed. In 2006, the North Central Association Commission on Accreditation and School Improvement (NCA CASI), and the Southern Association of Colleges and Schools Council on Accreditation and School Improvement (SACS CASI), unified to form Advance Ed. Dedicated to advancing
excellence in education, Advance Ed provides accreditation, research, and professional services to 23,000 schools in 65 countries, serving 15 million students.

The Education Department at New Hope has an established general curriculum guide for each course taught based on South Carolina curriculum standards. Upon admission, each student is given an educational assessment (WJ-III) to determine his/her level of academic functioning. Coursework is based on the student’s grade level and individual needs and is provided by a qualified South Carolina teacher. All eligible students receive special education and pre-vocational training in accordance with federal and state law. Course content is presented in an understandable manner designed to accommodate for various learning styles. If an educator identifies specific non-academic counseling needs for a student, they are able to forward the concern to a qualified Therapist assigned to that student. Although New Hope Carolinas operates a private school, the Lead Education Agency (LEA) in a child’s home school district is expected to maintain enrollment and contract with New Hope for educational services. In these cases, New Hope’s school can provide regular or special education services, in accordance with the needs of an LEA. In the absence of home school participation, New Hope Carolinas will provide educational services in accordance with the student’s assessed needs.

New Hope Carolinas maintains permanent attendance records, grades, and transcripts on each student. Students are assigned individual grades in all courses by a New Hope teacher. Students may receive credits for a high school diploma or certificate of attendance based on recommended grades and coursework completed and in compliance with the school district requirements in which the student is enrolled. For students who have already graduated high school, New Hope offers on-line courses through the local community college, and for students who meet eligibility requirements GED courses are available. Students are never expelled from educational services at New Hope Carolinas. If behavioral issues warrant temporary removal from the classroom, students are offered individual instruction on the unit or other designated areas. Some students do not have the educational background or the coping skills needed to complete a regular high school program. All students at New Hope Carolinas are required to participate in some type of educational programming. For students who opt out of our established educational program and meet the eligibility criteria set forth, they can elect to pursue their General Education Diploma (GED).

The education staff at New Hope utilizes a variety of strategies and incentives to encourage learning and academic success. Incentives vary based on student’s age and interests, and may be individualized to encourage performance. At or near the time of discharge, each student
will have an opportunity to meet with their teacher(s) and other members of the treatment team to receive counseling and guidance specific to discharge needs and opportunities.

Recreation/Activity Therapy

Recreation Therapy utilizes activity-based interventions to improve each child’s physical, mental, emotional, and social functioning. Recreation Therapy services are offered daily to all populations and are facilitated by Activity Therapy staff, who are supervised by a Certified Recreation Therapist. Upon admission, each patient is carefully assessed, and a Master Recreation Therapy Plan is developed to determine how to best meet identified needs through Recreation Therapy. Interventions are implemented to target specific needs and build upon existing strengths throughout their treatment course. Each child’s Recreation Therapy Plan is reviewed every 90 days and revised as needed to ensure patients are meeting targeted goals. Each patient’s personal hygiene skills are consistently assessed by the Activity Therapy staff, who teach and monitor skill development on an individualized basis. The Recreation Therapy staff also work to ensure that each patient is provided with all personal hygiene items, and ensure all personal hair care needs are met, by scheduling regular haircuts/styling through licensed cosmetologists/barbers.

Daily Activity Therapy groups are designed to improve physical abilities, including muscle strength, balance, coordination, and flexibility, as well as provide opportunities to help build confidence and self-esteem by focusing on strengths and developing skills. Other benefits include helping patients gain greater self-reliance, which is essential to independent living skills, and increasing interpersonal skills by encouraging patients to join in activities that nurture social relations and create feelings of peer acceptance. Specialized activities teach patients the skills necessary for successful community reintegration, and provide opportunities for patients to practice the skill learned through a variety of community based activities including; community service projects and educational outings. Recreation Therapy encourages patients to accept responsibility for their actions, set goals that challenge them to do their best, appropriately express feelings, improve stress tolerance, learn new approaches for problem solving, develop new leisure interests, and learn how to use leisure in positive and constructive ways. New Hope Carolinas offers a unique program for all patients modeled after the nationally acclaimed Girls on the Run program. We offer two versions of this widely recognized program; Girls on Track for our female patients and Building on Youth Success for our male patients. These unique programs provide experiential learning that combines training for a 5-km run, with self-esteem enhancing warm-ups and workouts designed to encourage emotional, social, mental, and physical development. The overall mission of the
Therapeutic Recreation program is to prepare and educate young people for a lifetime of self-respect and healthy living.

New Hope also offers a comprehensive art therapy program, facilitated by a certified Art Therapist. These classes are useful for assessing and treating a variety of issues, including; trauma resolution, anxiety and attention deficits. Our Recreational Therapy program also utilizes several low-element ropes course components constructed on site by Project Adventure.

**Safety Monitoring**

Ensuring patient safety is a top clinical priority. Special emphasis is given to identifying the individual triggers for anxiety, self-injury and/or aggression with every child, upon admission and throughout their stay. Clinical staff continually assess and help patients identify effective coping skills and safety strategies which are formalized in a safety plan for use in crises. For instances which indicate a threat of continued or severe dys-regulation, New Hope has a comprehensive set of Safety Protocols available which dictate increase supervision and effect environmental and programming changes designed to further mitigate the risk of injury or harm. Teams are trained to collaboratively design individualized safety strategies for unique instances through a formal process known as a Critical Incident Review. All Special Safety Protocols and other individualized interventions are reviewed by the Lead Patient Advocate to ensure a patient’s rights are never compromised.

In addition to the continual supervision provided by our residential staff, New Hope Carolinas boasts a state of the art digital surveillance system throughout the building. Access doors between units are keyed and egress into and out of the building are secured via a card-reader system. Upon admission, and following any off campus pass, each patient is carefully assessed and checked for contraband, which includes a metal detector. Other building security features include; Lexan covering on all windows, a fully sprinkled fire suppression system and break-away fixtures.

**Staffing Patterns**

Many of the patients referred to New Hope have a history of inappropriate and sometimes dangerous behavior. New Hope pays particular attention to the daily supervision of patients to minimize the possibility of such acting out. The program's best security feature is our highly trained, professional staff who oversee a structured daily activity schedule. New Hope
embraces the concept of line-of-sight supervision which requires continual supervision of patients at all times. All programs maintain a minimum of 1 direct care staff person on duty for every 3 adolescents on the unit for all shifts. This 1:3 ratio does not include staff from other departments like nursing, education, clinical or recreation, and is therefore a true representation of direct care staffing ratio. All staff on the night shift are awake staff. NOTE: Staffing patterns may be modified above the minimum ratios based on the assessed needs of the population served. All residential staff receive regular supervision by a qualified mental health professional in accordance with their individualized supervision plan.

New Hope supports low caseload sizes for each Therapist/Case Manager, capping caseloads at no more than 8 patients per clinician. All clinical staff receive regular supervision by a master’s level, licensed clinical supervisor. Clinical oversight for each program is provided during daily shift report and weekly treatment team meetings and is facilitated by a Master’s level Program Director, and a Board Certified Psychiatrist facilitates weekly treatment team reviews.

Community Reintegration

New Hope Carolinas understands the importance of preparing youth who require treatment in this setting to reintegrate back into the community as quickly as possible. We embrace a number of interventions and activities designed to facilitate reintegration by building upon the skills necessary for youth to enjoy effective and enduring success in a less restrictive setting. Restorative Independent Living Skills, (RILS) are continually taught as an integral component to each child’s education, and our Recreation department facilitates a number of community-based activities designed to teach and practice the skills needed for success in the community. Therapeutic Trial Visits (TTVS) can be scheduled well in advance of discharge, in order to allow the patient opportunities to test the skills they have learned in less restrictive settings, and refine any strategies as needed prior to discharge. These TVVS also afford the community-based caregivers opportunities to see the patient perform in an out-patient setting and fine tune their responses as caregivers. Individualized clinical interventions are employed to provide each patient with specific coping skills and strategies designed to build upon existing strengths, and/or reduce maladaptive behaviors, all in preparation for community reintegration.
**Family Matters**

Family Matters is New Hope’s response to the difficulty some families present in being able to participate in the therapy process and who are often a distance from their child. We are committed to involving the family throughout the treatment process and will offset the costs associated with travel to facilitate this important treatment component. New Hope provides for transportation, lodging, and meals for two non-local family members twice per year. For families who are within driving distance from the facility and have demonstrated financial hardship, New Hope may off-set the cost of travel proportionate to the amount typically provided for non-local families.

**Discharge Planning**

Discharge planning is a critical part of each patient’s treatment. In general, the patient is recommended for successful discharge when he or she has demonstrated a significant decrease in the symptoms that led to admission and has demonstrated reasonable success in structured community reintegration activities. Transitional services are offered to ensure each patient has appropriate skills and family or other adult support necessary for successful community reintegration. Discharge plans are prepared by the clinical staff and include presenting problems at admission, a summary of the course of treatment, progress toward each treatment goal, identification of remaining treatment issues, and recommendations for aftercare. Clinical staff are available during the transition process to provide on-site/phone consultation to staff in the patient's step-down placement. Clinical and/or direct care staff will also be available to accompany patients during initial passes or provide initial consultation following discharge.

**Male Programs**

**Starting Pointe Program Overview**

The Starting Pointe Program is a 24-bed residential program for adolescent males who exhibit offensive sexual behavior. The program utilizes a multifaceted approach to the treatment of offensive sexual behavior. Through a variety of specialized interventions, patients are expected to assume responsibility and accountability for their behavior, to replace any associated maladaptive thinking, and to develop respect for the rights and needs of others. Each component of the program - residential, clinical, educational, and
recreational is specifically designed to address the unique treatment needs of this population. Emphasis is placed on providing the adolescent and his family with education and therapy regarding the nature, progression, and management of offensive sexual behavior.

We believe that adolescents should be served in the least restrictive environment. We balance that belief with an understanding that the community is in need of protection and that the community’s right to protection supersedes any individual adolescent’s rights. Patients will be recommended for discharge once they have demonstrated insight into their problem behaviors, display a genuine investment in the treatment process, and demonstrate an internalization of healthy strategies designed to avoid relapse. Each patient’s readiness for discharge will be assessed and reviewed with the adolescent and guardian on a monthly basis.

Group psychotherapy is an essential component of treatment for sexually aggressive adolescents. Patients are involved in daily process and educational groups designed to increase their understanding of and control over problematic sexual behavior. Honesty, victim empathy, behavior management, and the development of relapse prevention strategies are just some of the key components of group treatment. Therapists work within the “Good Lives” approach to help patients develop and maintain strategies which are supportive and empowering. When appropriate, the program will provide victim clarification and reconciliation in order to reunify patients with their families. All the Starting Pointe clinicians are Master’s level and represent a variety of disciplines. Collectively, we agree with and abide by all of the practice standards developed by the Association for the Treatment of Sexual Abusers (ATSA).

Sexually offensive behavior is complex and treatment may require multi-faceted interventions in order to be successful. We also recognize that adolescents who engage in sexually offensive behavior are a heterogeneous group who need individualized interventions based on their history or offense profile. Through careful assessment and tailored treatment interventions, the Starting Pointe Program offers an opportunity for patients to accept responsibility for their behavior and develop more appropriate coping strategies in order to better manage their lives.

**New Choices Program Overview**

The New Choices program is a 12-bed residential program for male adolescents who present with significant emotional and/or behavioral issues. The program offers a comprehensive, holistic treatment approach for individuals with cognitive limitations. The clinical
programming for New Choices is designed to encourage the development of pro-social behavior and adaptive living skills in a structured residential setting. Programming includes an array of behavior-modification techniques and therapy aimed at eliminating aberrant behavior and restoring healthy emotional functioning.

The primary goal of the New Choices program is to build upon strengths and reduce the overall level of risk that patient’s behavior poses to self or others, while preparing these young adults for community reintegration. In order to achieve this goal, the New Choices program modifies typical group process interventions to include extensive experiential exercises and behavioral rehearsal to help actualize concepts.

The New Choices program provides a highly-structured clinical day during which therapeutic interventions are occurring almost continuously. Information is presented in gradual increments and through a variety of modalities to reinforce learning and increase the application of the skills taught. Target behaviors are treated with consistency and modified using the least restrictive support methods deemed effective for each patient. Problem-solving ability, language skills, and ability to process information are carefully assessed in order to tailor the treatment approach. Appropriate social behavior and communication skills are taught through modeling, role-playing, prompting, shaping, fading, and other reinforcement techniques. Patients are expected to learn how to solve simple problems and practice making new choices concerning their behavior. Additional methods used to modify behavior include a contingent reward system and behavioral rehearsal.

Due to the difficulty many cognitive-impaired individuals often have understanding abstract moral concepts; the program strives to develop sufficient understanding of the concept of cause and effect and to allow the patient to weigh the potential consequences of his behavior. Lack of cognitive sophistication and poor ability to integrate and internalize material make it difficult for some adolescents to abstract and generalize the information to different environments. Therefore, specific training programs in transitional community settings are available to help the patient take the newly learned knowledge and generalize it to future and different environments.

**Triad Program Overview**

The Triad Program is a 51-bed residential program for intellectually and/or Developmentally-disabled (IDD) males who have demonstrated a pattern of offensive sexual behavior. The program is sub divided into smaller milieus typically comprised of between 8-10 patients.
grouped according to their age and functioning level. Clinical programming emphasizes education in healthy sexuality and improving socialization skills. Individual, group and family therapy emphasize helping the adolescent develop strategies to avoid re-offending. Patients are encouraged to accept responsibility for their behavior and continually work to increase their capacity for empathy. The program includes a highly-structured milieu specifically designed to monitor and redirect sexually inappropriate behavior, along with a comprehensive array of clinical, educational, and recreational services.

The Triad program provides a highly-structured day during which therapeutic interventions are occurring continuously. Behaviors are treated with consistency and are modified using the least restrictive support methods that are effective for each patient. The Triad program has modified typical interventions to include extensive experiential exercises and behavioral rehearsal to help actualize concepts for the IDD population. Communication systems are individualized. Information is presented in small increments and through a variety of modalities to reinforce learning and increase the likelihood of generalization of skills to different environments. The Triad program operates on the belief that successful treatment of the IDD patient can only occur within an environment of care that encourages growth and development to help displace the inappropriate behaviors. Such an environment recognizes the unique worth of each individual and encourages development of respect for self and others. The environment is safe, consistent, well supervised, and highly structured. The Triad program adheres to all treatment standards set forth by ATSA, the Association for the Treatment of Sexual Abusers.

Female Programs

Foundations Program Overview

The Foundations program is a 15-bed residential treatment program designed to treat female adolescents who present with offensive sexual behaviors. The program offers a comprehensive, holistic treatment approach specifically designed to treat female adolescents who have demonstrated sexually offensive behavior, resulting in the need for a highly-structured, clinically-intensive residential treatment regime.

The Foundations treatment approach begins with a comprehensive, strength-based assessment and includes individual, group, and family interventions designed to facilitate cognitive restructuring, values clarification and social skills training, empathy and impulse control enhancement, and relapse prevention strategies. Individual therapy, specialized
treatment groups, covert sensitization, and whole-brain learning are some of the major tools employed. Throughout the treatment process, emphasis is placed on providing the patient and family education and therapy regarding the nature, progression, and management of sexual aggression. Emphasis is placed on developing the internal skills and external supports essential for success as outlined in the “Good Lives” model. Group modalities in self-regulation, relapse prevention, understanding trauma, and healthy sexuality are incorporated to help the adolescent build upon existing strengths in order to better manage sexually offensive behaviors. Patients are expected to accept responsibility for their behavior, increase their level of honesty in their lives, and continually work to gain the capacity for empathy for those they have harmed.

When appropriate, the program will provide victim clarification and reconciliation in order to reunify patients with their families. All of the Foundations clinicians are master’s level and represent a variety of disciplines. Collectively, we agree with and abide by all of the standards developed by the Association for the Treatment of Sexual Abusers (ATSA).

**Safe Harbor Program Overview**

The Safe Harbor program is an 18-bed unit specifically designed for intellectually and or developmentally-disabled female adolescents who present with significant emotional and/or behavioral issues. Safe Harbor encourages the development of pro-social behavior and adaptive living skills in a structured residential setting. The program is designed to include an array of behavior-modification techniques and therapy aimed at enhancing self-concept and restoring healthy emotional functioning.

The Safe Harbor program provides a highly-structured clinical day during which therapeutic interventions are occurring almost continuously. Activities are goal driven and occur within small therapeutic groups based on age. Target behaviors are treated with consistency and are modified using the least restrictive support methods deemed effective for each adolescent.

The primary goals of Safe Harbor are to increase patients’ array of coping skills, enhance the positive aspects of their self-concept, and prepare them for community reintegration. In order to achieve these goals, the Safe Harbor Program has modified typical group process interventions to include extensive experiential exercises and behavioral rehearsal to help actualize concepts for a developmentally disabled population. Information is presented in gradual increments and through a variety of modalities to reinforce learning and increase the likelihood of good generalization of the skills taught. Appropriate social behavior and coping
skills are taught through modeling, role-playing, prompting, practicing, and other techniques. Experiential and traditional group exercises are designed to increase the patient’s understanding of herself and retention of material taught. Additional methods used to provide feedback and promote change include a contingent reward system. Unit privileges are earned on a daily basis and provide information regarding pro-social behavior. Because of the difficulty many developmentally disabled individuals often have understanding abstract moral concepts; the program strives to develop a minimum moral development level of "cause and effect." The Safe Harbor program also recognizes the need for adolescents to remain connected to their communities throughout the treatment process. Whenever treatment allows, patients participate in community activities that emphasize normalization and social skills.

Transformations Program Overview

The Transformations program is a 36-bed clinically intensive, residential program for adolescent females who present with significant mental health, parasuicidal behaviors, substance abuse, and/or behavior-management difficulty. Transformations encourages the development of pro-social behavior and adaptive living skills in a structured residential setting. The program is designed to include an array of traditional and non-traditional therapeutic interventions. The Transformations program is aimed at facilitating personal development that inspires lasting positive change and restoration of healthy emotional and/or behavioral functioning.

The primary goal of Transformations is to increase each female’s array of coping skills, promote self-responsibility, highlight change potential, enhance positive self-concept, and prepare them for community reintegration. In order to achieve this goal, the Transformations program has developed dynamic, eclectic, individualized treatment interventions that focus upon development of insight and application of learned skills. Dialectical and cognitive-behavioral therapies are used to support the patient in her attempts at self-preservation and self-transformation. Information is presented in a variety of learning styles to reinforce the likelihood of integration of the skills taught. Patients take an active role in determining their treatment needs, critiquing their treatment progress, and setting discharge goals. Experienced master’s-level clinicians facilitate individual and group therapy. The therapy approach is considered a Dialectical Behavioral Therapy (DBT) informed model. Patients are offered individual therapy, skills training and consultation, as well as ancillary services coordination as part of an overall DBT framework. Appropriate social behavior and coping skills are taught through modeling, role-playing, prompting, practicing, and other
techniques. Experiential and traditional/non-traditional group exercises are designed to increase the patient’s self-knowledge and assist her with applying the material learned. Additional methods used to provide feedback and promote change include a contingent reward system. Unit privileges are earned on a weekly basis and are determined by integrating feedback from staff, patients, and peers toward treatment progress. To develop a deeper understanding of abstract moral concepts, the therapeutic community is utilized to support and challenge the patient, promoting accountability to themselves and the therapeutic milieu. Once a patient has gained some mastery over their emotional regulation, their trauma history is explored by using TF-CBT as described above.

Development of a more accurate and positive self-concept is an additional focus of treatment for the Transformation program. Self-concept is the sum of our ideas about ourselves and plays a major role in the choices we make and the behaviors we exhibit. We develop this set of ideas based on the feedback we receive from others. This is particularly true for girls, as recent research demonstrates that for girls, relationships with others are central to identity development. Improved self-esteem is achieved by cultivating a therapeutic environment and emphasizes the independent dignity and worth of each patient, while celebrating their ability to develop competence, self-respect, and produce lasting life changes. As each female learns more about herself, she will receive positive as well as constructive feedback from peers and staff regarding the accuracy of her ideas. This increases her ability to accurately assess how her stable and/or changing behavior patterns affect herself, relationships with others, and her life progress. Another primary component of the program is the development and integration of coping skills to address identified problem areas. Successful completion of the program is dependent upon mastery of a wide variety of cognitive, behavioral, and emotional coping skills.

New Hope Treatment Centers Inc.

New Hope Carolinas is a subsidiary of New Hope Treatment Centers Inc. New Hope Treatment Centers offers a comprehensive array of behavioral healthcare services including; psychiatric residential treatment, therapeutic foster care, respite, intensive in-home services, day treatment, outpatient therapy, medication management and comprehensive clinical assessment. For over 25 years, New Hope Treatment Centers has built a solid national reputation for providing top quality care.