

# NEW HOPE CAROLINAS NEWSLETTER

July 2015



## A MESSAGE FROM THE EXECUTIVE DIRECTOR

*Then followed that beautiful season...Summer...  
Filled was the air with a dreamy and magical light; and the landscape lay  
as if created in all the freshness of childhood.*

*– Henry Wadsworth Longfellow*

Welcome to the Summer Edition of our newsletter. The past six months are highlighted by a number of qualitative improvements and validation of the quality of our services through external audits and customer surveys. We began the year by hosting a three day intensive training for all clinicians in the treatment of victims of sex-trafficking. We also sent 4 clinicians to the National Adolescent Perpetrator Network (NAPN) conference in Denver Co. Both of these trainings provided our team with the latest best practice approaches in treating two of our primary specialty populations. Four New Hope senior clinicians were invited to train at the West Virginia Community Collaborative Training initiative in March, and another New Hope senior clinician trained at the Comprehensive Services Act (CSA) conference in VA, providing our best practice approaches to two key stakeholder agencies with which we do business. Recently we were selected to send two senior clinicians to participate in Project Best. This training initiative provides intensive training in the trauma-informed care approach and marks the third round of New Hope's participation in this nationally recognized best practice approach. In February we invited Joann Schladale back to New Hope Carolinas to review programming changes made in 2014. Ms. Schladale, who is nationally recognized for her expertise in violence prevention and treatment, gave a glowing review of the changes made, providing further endorsement of our continual quality improvement mindset and application of clinical interventions. Internally, we developed three Best Practice task teams early in 2015. These teams are comprised of a multidisciplinary group of clinicians and administrators and are led by our three Program Directors. Each team is responsible for continually assessing our practice approach and ensuring our clinical staff have access to the latest research, philosophy and training in each of their respected areas of specialty. Collectively, these teams have developed a position statement which I have included in this newsletter.

We continue to enjoy our partnership with the Medical University of South Carolina, who provides us with a team of highly qualified psychiatrists. Dr Marcus Kruesi, MD retired in June as we welcomed Dr Adrienne Langlinais, MD to this remarkable team.

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## A MESSAGE FROM THE EXECUTIVE DIRECTOR, CONTINUED

Our ongoing efforts to reduce the amount of time residents need to stabilize and transition to lower levels of care is paying off, as our latest data shows our overall length of stay, is now running right at 230 days on average. Our successful discharge rate of 90% during the first half of 2015 clearly reflects a high level of success within these shorter lengths of treatment. Both of these indicators are clear measures of the quality care our residents and their families were afforded during the first half of 2015. In response to market trending, we made some significant changes in program capacity in April and May, increasing census capacity in our Transformations and Turning Pointe programs, and flipping space for our Starting Pointe and Triad programs. This flexible response to market demands allowed us to maintain an average daily census of 136, or right at 91% occupancy, throughout the first half of 2015.

Our latest 7-12 month post –discharge surveys provide solid validation that our interventions have a lasting and meaningful impact on the majority of youth and families who responded to the survey. Of the 21% of those surveyed who responded, fully 100% reported the youth was currently living in the home or in a planned independent living setting. Only one youth reported needing inpatient intervention post discharge and that was brief. 100% reported they were still in school and 83% reported no behavior problems. We participated in several quality of care routine audits over the past six months as well. South Carolina KePRO, Maryland DJS and Mecklenburg County, NC YFS all reviewed clinical, financial and/or operational aspects of our programming over the past six months with no concerns or findings warranting corrective action; providing objective, external validation of the quality of care provided. In addition to these validations, we recently completed our annual Periodic Performance Review for accreditation, marking our 17<sup>th</sup> uninterrupted year being fully accredited by the Joint Commission.

Sam Keen said “Deep summer is when laziness finds respectability”. Given all the hard work evident over the past six months, I see no signs of any laziness here at New Hope Carolinas! I would like to take this opportunity to extend my sincere gratitude to all the staff for their diligence and patience working with the wonderful children at New Hope Carolinas. I would also like to extend a special thanks to all the parents and professionals who have entrusted us with your most precious possession. You have our commitment to do our best, day in and day out, to provide the best care possible for your child. Stay cool and enjoy the summer.

Sam E. Phifer, LCSW  
Executive Director



## Best Practice Position Statement

### Introduction

New Hope is committed to providing the highest quality behavioral healthcare to our customers (including youth, families, managed care organizations, payers and referral sources). The use of empirically founded and evidence-based practices are critical to these high quality services. All services adhere to practice parameters established by the American Academy of Child and Adolescent Psychiatry (AACAP). Programs addressing problem sexual behavior reflect current empirical evidence and information supported by the Association for the Treatment of Sexual Abusers (ATSA). Board certified psychiatrists work closely with licensed mental health clinicians to provide comprehensive clinical services as part of a holistic approach. In an effort to maintain continuous quality improvement, we have a multidisciplinary team tasked with ongoing evaluation of practice standards for the youth we serve and regularly consult with experts in specialty areas treated. We are proud to serve youth across a broad spectrum of intellectual capacity. Interventions are tailored to meet individual needs and are based on each child's unique developmental level. Youth with intellectual disabilities receive specialized programming to help them learn skills necessary to live as independently as possible and reach their full potential.

### Empirical Foundation for a Trauma Informed Approach

A *trauma-informed approach* refers to how a program, agency, organization, or community thinks about and responds to those who have experienced or may be at risk for experiencing trauma. In this approach, all components of the organization incorporate a thorough understanding of the prevalence and impact of trauma, the role that trauma plays, and the complex and varied paths in which people recover and heal from trauma. A trauma-informed approach is designed to avoid re-traumatizing those who seek assistance, to focus on "safety first" and a commitment to "do no harm," and to facilitate participation and meaningful involvement of consumers and families, and trauma survivors in the planning of services and programs. It also requires, to the extent possible, closely knit collaborative relationships with other public sector service systems.

A definition of a trauma-informed approach incorporates three key elements: (1) *realizing* the prevalence of trauma; (2) *recognizing* how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) *responding* by putting this knowledge into practice (Harris & Fallot, 2012, p.1. SAMHSA).

Trauma informed care is the foundation of everything New Hope does. Our approach begins with physical and emotional safety and stability and is vital for promoting life long sexual health and well being. Critical factors for promoting resilience include: positive attachment and connections to emotionally supportive and competent adults; development of cognitive and self-regulation abilities; positive beliefs about one-self; and motivation to act effectively in one's environment (National Child Traumatic Stress Network, 2003). Four key skills common to all evidence-based practices for adverse childhood experiences involve: emotional or affect regulation, anxiety management, cognitive restructuring, and problem solving (Saunders, Berliner & Hanson, 2004). We are dedicated to supporting all youth and family members in such vitally important ways.

### Empirically Informed and Evidence-Based Models

There are four factors that influence successful treatment outcomes in psychotherapy. They are: therapeutic technique (15%); creation of hope and expectation for change (15%); the therapeutic relationship between service providers and clients (30%); and client characteristics including strengths, resources, social support, and living environment (40%) (Duncan, Miller, Wampold, & Hubble, 2009).

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Current evidence shows that most effective interventions are based on a non-judgmental attitude, empathy, genuineness, and warmth, communicated with a sense of hope and expectation for change (Duncan, et. al., 2009; Miller & Rollnick, 2013). Our use of Motivational Interviewing, the Good Lives Model, Dialectical Behavioral Therapy and Trauma Focused Cognitive Behavioral Therapy model enhance each youth's competency development through these four factors. Our approach emphasizes the importance of building on existing strengths while paying particular attention to the following:

**Competency Development** involves five core competency domains. These domains are: social skills (interaction, cognition, and self-control), moral reasoning, academics, work-force development, and independent living (Torbet & Thomas, 2005). New Hope Carolinas programming specifically targets skill development in all five domains. This focus is based on the premise that resilience, strengths, resources, and protective factors are more likely to result in successful outcomes than pathology-based interventions that highlight what is wrong, rather than what is right about a youth and his or her family (Butts, Mayer & Ruth, 2005; Torbet & Thomas, 2005).

**Affect Regulation** is a person's ability to manage emotions without causing harm to self or others (Shore, 2003; Steinberg, 2014). Self-Regulation is the capacity to formulate a plan of one's own and implement behavior to carry it out (Miller & Rollnick, 2013). The concepts of affect and self-regulation are primary skills needed for all human beings to prevent harm to self and/or others. Self-regulation competencies focus on four areas: affect, cognition, physiology, and behavior. They are recognized as a key factor and core approach in all evidence-based practices for child abuse treatment (Saunders, Berliner & Hanson, 2004). Five components of affect regulation are thoughts, feelings, physiological reactions, behavior, and outcomes (Schladale, 2002, 2010; Baumeister, DeWall, Ciarocco, & Twenge; 2005). In order for youth to develop competency in self-regulation they require safety and stability, multi-sensory activities to reduce dysregulation (managing emotions in ways that cause harm to self and/or others) and developmental skill building (Stein & Kendall, 2004). Affect and self-regulation provide the foundation for all service delivery at New Hope. Our framework of positive youth development promotes resilience through competency development. This leads to improved affect regulation, which is required for enduring change.

**Motivational Interviewing** is a collaborative conversation style for strengthening a person's own motivation and commitment to change" (Miller & Rollnick, 2013, P.12). It is an empirically based treatment philosophy used in every aspect of service delivery at New Hope. Four key elements of Motivational Interviewing are partnership, acceptance, collaboration, and evocation. Additionally, the four processes of Motivational Interviewing involve: 1. Engaging youth in collaborative working relationships with all staff; 2. Focusing on change through elimination of all harm to self and/or others; 3. Evoking a youth's own motivation and autonomy in decision making; and 4. Developing a change plan. By having all staff trained in this philosophy and participating in annual continuing education, youth receive predictable and consistent messages from everyone in all facets of their New Hope experience.

**Good Lives** (Willis, Prescott, & Yates, 2013) is a strength-based approach for assessment, treatment planning, and intervention that emphasizes skill development and social support essential for long-term success. The Good Lives model was created to address problem sexual behavior and focuses on helping those who have engaged in criminal sexual behavior to envision a good life, free of harm to self and/or others. The Good Lives model incorporates vital elements of self-regulation. Self-regulation components help youth understand their motivation to commit acts of sexual harm, identify unique personality characteristics that may influence decisions to continue problem sexual behavior and explore ways to stop it.

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**Dialectical Behavior Therapy (DBT)** (Linehan, 2014) is an evidence-based model that teaches mindfulness to enhance cognitive restructuring and behavioral change. It uses core strategies of validation, acceptance, and change to help youth find healthy balance in their lives. New Hope incorporates the following DBT values: individuals are doing the best they can at the moment; people want to improve; they must learn new behaviors to solve problems they may not have caused; they need to be motivated to change; and they cannot fail in DBT. We incorporate DBT in individual therapy and skills training in group processes. Direct-care staff assist youth in competency development for distress tolerance, interpersonal effectiveness, emotion regulation, and mindfulness.

**Trauma-focused Cognitive Behavioral Therapy (TF-CBT)** is an evidenced-based model developed to assist with the resolution of significant emotional problems related to traumatic life events ([tfcbt.musc.edu](http://tfcbt.musc.edu)). TF-CBT begins with educating youth about trauma responses or symptoms and teaches coping skills for affect regulation. Once skills are learned, the individual completes a trauma narrative to address vulnerabilities associated with traumatic event(s). Ideally a caregiver is involved in this process as well.

### Sexual Harm

New Hope Carolinas offers programming for youth with or without intellectual disabilities who have engaged in sexually harmful behavior. The Starting Pointe program serves males who are normal cognitive functioning, and the Triad program serves males with intellectual/ developmental disabilities. All services for this population embrace the following therapeutic factors generally accepted treatment components for addressing problem sexual behavior throughout the United States (Schladale, 2014; Schladales, Langan, Barnett, Nunez, Moylan-Trigiano & Brown 2007; Longo & Prescott, 2006, 2010; ATSA, 2006; Center for the Study and Prevention of Violence, 2006; Torbet & Thomas, 2005;):

- Eliminating harm
- Teaching affect regulation
- Healing trauma
- Promoting competency development
- Teaching sexual health
- Promoting resilience and internal protective factors
- Helping youth to understand and intervene in situations that may influence sexually harmful behavior
- Promoting positive self-worth and self-confidence
- Developing an appreciation for and connection to one's culture
- Clarifying and modeling values related to respect for self and others
- Mentoring youth

Youth are supported in assuming responsibility and accountability for sexual harm and developing motivation to stop it. Emphasis is placed on providing youth and their families with education and therapy about the development, impact, and elimination of problem sexual behavior. Restorative justice is a critical consideration in this program as youth are invited to make amends to their victims and everyone impacted by the sexual harm. Personnel in all departments are trained to address any unique treatment issues relating to sexual harm.

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## Delinquency

New Hope Carolinas offers programming for young men and women aged 12 to 21, with mental illnesses and who have a history of delinquent conduct. The Transformations program supports young women, and the Waypoint program assists young men in leading more productive, prosocial lives. Our evidenced-based approach for working with delinquent youth embraces the competency development model. Competency development involves five core competency domains. These domains are: social skills (interaction, cognition, and self-control), moral reasoning, academics, work-force development, and independent living (Torbet & Thomas, 2005). New Hope Carolinas programming specifically targets skill development in all five domains. This focus is based on the premise that resilience, strengths, resources, and protective factors are more likely to result in successful outcomes than pathology-based interventions that highlight what is wrong, rather than what is right about a youth and his or her family (Butts, Mayer & Ruth, 2005; Torbet & Thomas, 2005).

## Intellectual and Developmental Disabilities

New Hope Carolinas offers programming for young men and women aged 12 to 21, with intellectual and developmental disabilities (IDD). The Safe Harbor program supports young women, and the New Choices program assists young men in leading more productive, prosocial lives. New Hope utilizes applied behavioral analysis techniques to design positive behavioral support plans for each individual, based on their needs and ability. Emphasis is placed on skill building and competency development through rewards for positive behavioral changes.

# TURNING POINT

Our Turning Point residents work in one of two classrooms. One classroom is used for students who are in high school and working on an online curriculum through our Odysseyware program. The other classroom is used for students in middle school, as well as high school students working on alternate diplomas.



Most recently, the students have been learning about different biomes and they have just completed a unit on World War II.

# NEW CHOICES

New Choices High School participated in an Introduction to Drama for the summer block. We had a brief overview of the development of drama from Ancient Greece to our famous Broadway.

Students participated in approved activities with lessons of charades and pantomime. We practiced reading and writing monologues and dialogues. The class presented to others a short skit complete with some student made scenery. Our unit was capped off by a visit to view a college play of "The Beauty and the Beast."



New Choices Middle School just completed Summer Enrichment! Summer Enrichment is designed to give the students a break from normal coursework at the end of one school year and before the new school year starts. During Summer Enrichment we focused on the Arts and Life skills: Art, Music, Theater and Cooking. The students made collages out of magazines, painted on easels and created hand-made puzzles. For music we learned a variety of beats with rhythm sticks and learned the rhythm of a popular song. For theater the students rehearsed for two weeks; wrote, memorized and performed a play entitled "The Class Fieldtrip" for therapists, teachers and staff.

Lastly, for life skills the students learned about how to follow and execute directions on packaging. We practiced making cold items—sandwiches & salads; items using a microwave—hot pockets & microwave dinners; items using a crock pot — hotdogs & macaroni and cheese.



# TRANSFORMATIONS

Transformations II has been making great progress academically. This week we will focus on our new classroom space and come together as a team to make it as therapeutic and productive a learning environment as we can. So far everyone has a way to contribute to our goal, and we hope that our classroom will provide a relaxed yet stimulating environment for learning. We are also setting and meeting academic grade and pacing goals that are individually set. In this way we hope to turn our setbacks into stepping stones by implementing positive coping strategies to deal productively with change.



## STARTING POINTE

The garden harvest should be bigger this year, as all Starting Pointe classes are involved with the planting. We doubled the size of our garden this year, with more types of tomatoes, squash, and cucumbers. We are also growing hot peppers, sweet peppers, okra, eggplant, and 9 types of herbs. Every student, which was with us at planting time, was successful in planting seeds/plants and watching them grow. We are looking forward to the taste tests of our produce.





# TRIAD

Triad Students attended the Carolina Raptor Center and learned hands on about birds of prey. They saw a Golden Eagle and several Bald Eagles. They got to watch hawks and owls eat mice. They learned so much about these beautiful birds. They returned with one owl pellet for each student. Did you know an owl pellet is the "hair ball" of a raptor and containing bones and fur and other items that cannot be digested? These owl pellets are then hacked up by the bird and spit out. Students dissected them and tried to piece the bones back together using a bone template. Fun! Cool! Awesome!



# WAYPOINT

Waypoint just finished a unit on "Building a Nation, pre-history of the United States". Three important issues were addressed in class:



*What are the most important geographic characteristics of the United States?*

*In what ways were the cultural traditions of Native Americans, Europeans, and West Africans alike and different?*

*How did interaction between European, African, and Native American cultures shape early American history?*

All the students did a really great job completing graphic organizers and discussing how different cultures have such a worldwide impact on each another.

# SAFE HARBOR

Safe Harbor is learning sign language!

Our first lesson was the alphabet and the students are enthusiastic to learn a new language. We have almost mastered the alphabet while also working on some familiar phrases such as thank you, have a good day, and I love school!



Aside from learning sign language, we have been reading a great deal of informational cross-curricular text. As the students become accustomed to challenging themselves more, their academic confidence is building.

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Safe Harbor students have been learning about what they can do to take care of the Earth! We have been learning about recycling, pollution-air, land and water, litter, and our favorite one.....protecting ENDANGERED SPECIES!!!

The Safe Harbor girls have set specific goals of what they can do to make a difference. Some goals include: planting a tree, picking up trash, recycling, protecting animal habitats, and speaking up for the Earth!

We have had a great time creating anti-littering posters, creating litter critters, and making an endangered animal display.

***The Safe Harbor girls are  
very concerned about  
protecting our  
home-EARTH!!***





## **The New Hope Annual Talent Show was held on February 11th**

<b>1<sup>st</sup> Place</b>	Triad resident	Singing and playing guitar
<b>2<sup>nd</sup> Place</b>	Transformations I resident	Singing
<b>3<sup>rd</sup> Place</b>	Safe Harbor resident	Juggling act

Special Mention goes to Safe Harbor for Michal Jackson's Thriller Dance

## **A building wide Easter Egg Hunt was held on April 3rd**

## **The New Hope Annual Kick Ball Tournament was held on June 5<sup>th</sup>**

After a long, fun day the winner was Waypoint, who celebrated with Pizza!

## **Summer Running Programs:**

## **Girls on Track (GOT) & Building on Youth Success (BOYS)**

The 5k run was held on July 8th-9th with a celebration banquet on July 13th.

As a part of the program the residents choose a community service activity:

- The boys chose to hold a car wash. They raised over a \$100 dollars and donated the proceeds to The Levin Children's Hospital.
- The girls held a bake and doughnut sale and raised over \$200 dollars, which they donated to the Emanuel AME Church in Charleston, SC.

### **5k run winners**

<b>1<sup>st</sup> Place</b>	Freddie - Malik - Jacob - Quantez - Chadisey
<b>2<sup>nd</sup> Place</b>	Brandon - Tyler - Brody - Alex - Kimberly
<b>3<sup>rd</sup> Place</b>	Cody - Ed - Michael - Brandon - Autumn
<b>Special Mention</b>	Macy

### **Certificate winners**

<b>Red Stick Winners</b>	Edrich - Michael - Sylvano- Jalil - Libby - Holley
<b>Great Attitude</b>	Jeremy - Nathan - Dale - Amelia - Ashley - Autumn
<b>Superstar</b>	Tyler - Brandon - Anthony - Elizabeth - Keleisha - Chadisey

# YOUTH ADVISORY BOARD

## Focusing on Kids

This quarter, the Youth Advisory Board (YAB) focused on listening to what kids had to say about treatment. Among many other things, residents were asked what they would like management to know about special procedures, community groups, treatment, and other important aspects of being at New Hope.

Additionally, Residents and staff were polled on what's working and not working in their community group processes. With the changes that have been made, more groups are reporting resident engagement and interest. The residents are reporting that these groups are becoming more useful and helpful to them.

Last month, the focus was on diversity appreciation. Kids were asked, "What's so great about diversity?" and were asked to have discussions related to that topic as appropriate.

For July-August, residents have been asked to discuss how their values contribute to who they are and how they get along with others.

**I CAN DO  
WHATEVER  
I FOCUS MY  
MIND ON**





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