

New Hope PRTF Program Description



2023





New Hope... Our Name, Our Promise

Mission

Our central mission is guiding the healing process of children, adolescents, and their families who are burdened by psychological and psychiatric illnesses. We seek those who suffer more than minor maladjustment and whose needs are such that others have been unable to help. At New Hope, care and understanding are informed by knowledge to provide services designed to restore healthy functioning.

We promise to:

- Recognize that care delayed is care denied. We will always respond to a child's needs, and those of each child's family and caseworker, promptly and appropriately.
- Provide a safe, secure, healthy, and nurturing learning environment for every child.
- Respect the rights, needs, expectations, and individual differences of each child, including the need for safe and stable adult relationships.
- Promote an atmosphere of continuous personal and professional growth.

Philosophy of Care

New Hope believes that positive, empowering, and healthy relationships are the key to changing young lives that have been disrupted by childhood trauma. Our fundamental role as team members at New Hope is to foster these relationships every single day with the youth we serve.

Our **six core values** serve as the foundation for what we do and inform how we do it:

- PASSION
 - EXCELLENCE
 - INTEGRITY
 - TEAMWORK
 - YOUTH-CENTERED
 - FAMILY-FOCUSED





Introduction

New Hope Carolinas is a Psychiatric Residential Treatment Facility (PRTF), providing comprehensive residential services for youth between the ages of 12 and 21. Our campus is conveniently located in Rock Hill, South Carolina, 20 minutes south of Charlotte, North Carolina and Douglas International Airport. We are less than an hour north of Columbia, South Carolina and are easily accessible to interstate I-77.

New Hope Carolinas is a subsidiary of New Hope Treatment Centers, Inc., a nationally recognized behavioral healthcare provider founded in 1987. We offer a comprehensive array of services that includes clinical evaluations, assessment, crisis stabilization and psychiatric residential treatment. We are proud to partner with child serving agencies around the country in order to best serve youth and families.

Our residential programs are licensed by the South Carolina Department of Health and Environmental Control (DHEC) to serve 150 young people and have been fully accredited by The Joint Commission since 1998. Our educational services are fully accredited by COGNIA, an internationally recognized leader in educational accreditation.

Five distinct therapeutic communities offer specialized services for young men and women who present with a variety of challenges, including mood disorders, substance abuse, behavioral disorders, autism spectrum disorder and problem sexual behavior. These programs serve adolescents with normal cognitive functioning and those with intellectual and developmental disabilities. Staff is specially trained to provide a trauma-informed approach for young people and their families.

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 provided through the Association for the Treatment of Sexual Abusers (ATSA).

We offer an empirically based approach to care with on-site medical and psychiatric services, a year-round, fully accredited school, and indoor and outdoor recreation therapy provided by more than 400 caring professional staff. Board certified psychiatrists work closely with licensed mental health clinicians to provide comprehensive clinical services as part of a holistic approach that includes a variety of evidence-based practices. Interventions are tailored to meet individual needs and are based on each child's unique developmental level.

New Hope has four service departments: residential, clinical, education and medical. While all personnel collaborate to provide integrated care, each department is described separately in order to clarify core components of each service.





Referral and Admission Information

To make a referral, please contact New Hope Treatment Centers' National Referral System (NRS) at:

1-800-776-6482 (select option 2)

Admissions are scheduled Monday through Friday between 8 a.m. and 5 p.m.

New Hope does not require a formal standardized application. We ask referents to organize all relevant available information into a packet and send it to our National Referral System where it is forwarded for review by our facility clinical team. When additional information is needed we contact the referral source.

Our multidisciplinary team of specialists closely reviews all pertinent information to determine our ability to safely and effectively serve each youth and his or her family. In rare cases when we cannot admit a youth, we attempt to provide recommendations for alternate placement options that may provide a better fit for the youth's needs.

Services must:

1. Be recommended by a physician or other licensed mental health practitioner; and
2. Meet the basic medical necessity criteria for psychiatric residential treatment services through at least one of the following criteria:

- The child is at immediate risk of harm to self or others and in need of psychiatric hospitalization;
- Is psychologically unstable and at high risk of developing more severe or persistent symptoms;
- Has been removed from his or her home due to psychological instability; or
- Is mentally ill or emotionally disturbed as documented by a DSM-V diagnosis and needs specialized residential treatment services.

While we offer a broad range of programs and services designed to meet the needs of most young people referred for services, there are some limitations in what we can provide.

- We do not accept youth who are actively suicidal or homicidal, who are actively psychotic, diagnosed with Down's syndrome, schizophrenia, eating disorders, type I diabetes and we do not serve females with diagnoses of IDD or ASD
- Adolescents with severe or chronic medical conditions are carefully screened for goodness of fit. Some medical conditions require a specialized care environment that New Hope is unable to provide.
- Adolescents being referred should not require extensive physical restraint or other special procedures for assaultive, self-injurious, or destructive behavior. We are equipped to handle physical aggression but we are not a correctional facility and cannot serve extremely aggressive youths who chronically disrupt a treatment setting.





- New Choices is designed for males who are IDD or who are of borderline intellectual functioning, as long as the adaptive deficits are suitable for the daily routine and other requirements of the program.

We do not discriminate against anyone based on age, race, religion, sexual orientation, disability, or economic status.

I. Residential Services

New Hope Carolinas offers five distinct programs, or what we call *therapeutic communities*. Four programs are for young men and one is for young women. All of these communities share a uniform foundation based on our mission, promise, and philosophy of care, and adhere to the Building Bridges 4 Youth initiative.

Each therapeutic community embraces youth self-governance or youth guided care principles. An agency-wide Youth Advisory Board provides a clearly defined structure for this effort. Youth officers are elected by their peers from each program and represent their community on a rotating basis. The board, led by a staff youth advocate, meets monthly to review safety and quality of care issues and makes recommendations directly to senior leadership. Unit specific community groups may meet as often as weekly to mediate peer conflicts and promote program improvement. A designated community liaison is selected to attend the Youth Advisory Board meeting once a month to submit youth requests for these improvements as a way to ensure youth guided care is promoted at all levels.

All programming is geared towards ensuring that therapeutic concepts are consistently practiced and effectively integrated into each youth's daily life. Clinical milestones are identified through an initial assessment process and monitored through a simple method for tracking change and progress. Youngsters are coached through the completion of specific therapeutic assignments tailored specifically for them. Progress is assessed and documented during weekly multidisciplinary treatment team meetings which are ideally led by the youth.

Restorative justice is a process of restoring to victims what was taken from them through criminal behavior (Zehr, 2002). When youth have committed criminal acts, restorative justice is a vital component of their New Hope experience. The purpose of juvenile justice is “to provide for children committing delinquent acts programs of supervision, care, and rehabilitation which provide balanced attention to the protection of the community, the imposition of accountability for offenses committed and the development of competencies to enable children to become responsible and productive members of the community” (Torbet & Thomas, 2005, p.1.).

For these youth, court orders and conditions of release are used as a guide for each youth to take responsibility and accountability for harmful behavior. Specific goals, objectives, and strategies are developed to promote restorative justice. Intervention strategies typically fall into two categories: restorative practices and competency development.

Restorative practices involve individual, group, and family activities designed to enhance a youth's ability to accept responsibility and make restitution for criminal behavior. Some examples of





restorative activities implemented in daily programming include:

- Accountability: Acknowledgement of harm, making amends, and restitution.
- Restitution: Payment of court-ordered restitution and/or community service.

Competency development involves all activities designed to improve a youth's skills in five core competency domains for court involved youth identified by the National Center for Juvenile Justice (Torbet & Thomas, 2005). These domains are: social skills (interaction, cognition, and self-control), moral reasoning, academic, work-force development, and independent living. Core competencies are constantly addressed in all elements of a youth's experience at New Hope and are highlighted throughout this document.

Supervision and safety are the priority in every facet of our organization. All youth receiving services at New Hope are here because of their inability to maintain safety in their daily lives. Our top priority is to help them heal pain from childhood trauma in order to promote life-long health and wellbeing. They are able to do this in a physically and psychologically safe and stable environment.

While youth are learning how to manage their emotions without causing harm to self or others, staff vigilantly monitor everyone's behavior at all times. New Hope has comprehensive safety protocols that dictate supervision and determine environmental and program changes when indicated through any risky behavior. Teams are trained to collaboratively design individualized safety strategies for unique instances through a formal process known as a Critical Incident Review. In order to ensure that youth rights are never compromised, our professional advocate reviews any modifications to our standardized special safety protocols or interventions. New Hope Carolinas embraces a high reliability mindset related to goal setting, and as such we continually strive to eliminate the use of coercive practices like restraint or seclusion.

In addition to continuous supervision provided by residential staff, New Hope boasts a state-of-the-art digital surveillance system. At admission, and following any off-campus activities, youth pass through a metal detector and are checked for contraband. All doors between units are keyed and movement in and out of the building is secured by a card-reader system. Other building security features include: protective covering on all windows, an extensive fire suppression system, and breakaway fixtures.

Most young people referred to New Hope have a history of harm to self and/or others that may involve criminal behavior. New Hope pays particular attention to supervision and provides round-the-clock staffing at high levels to ensure constant close supervision of youth in order to maximize harm reduction. Our staff work collaboratively with youth and their families to develop individualized safety plans and coping strategies designed to keep youth safe. Our agency's best security feature is our highly trained, professional staff, who oversee all activity through line-of-sight supervision.

At all times all programs maintain a minimum staffing ratio in accordance with applicable state and regulatory requirements. Residents on the LEAP program have higher staffing ratios as indicated. Staffing patterns may be modified beyond the minimum ratios based on assessed needs





of the population. We offer individual rooms for the majority of youth, and night shift workers are awake at all times. All residential staff are specifically trained in counseling and supervising youth. They receive ongoing supervision by qualified mental health professionals in accordance with their individualized supervision plans.

Therapeutic Communities

All five of our programs offer an empirically based, trauma informed, positive youth development approach to help young men and women learn how to live healthy, responsible, productive, and law-abiding lives. We are committed to helping them effectively manage their emotions and behavior through development of self-regulation and adaptive living skills. All program services take into consideration the possibility of specific needs that may relate to gender and intellectual capacity. We work diligently to honor each youth's dignity and self-worth while celebrating their ability to develop competence and respect for self and others.

Our therapeutic communities provide structure through integrated educational, clinical, and residential activities. Our staff promote health and wellbeing, and address problem behavior consistently through the counseling techniques derived from Dialectical Behavior Therapy, Cognitive Behavior Therapy Good Lives model-and Motivational Interviewing. These empirically based approaches provide a foundation for change across all programs and departments and are described in detail in the Clinical Services section of this document.

We believe young people are best served in the least restrictive environment. We balance that belief with an understanding that all community members deserve protection and that this right to protection supersedes an individual's rights to remain in a community when they are causing harm. We recognize the need for adolescents to remain connected to their families and communities throughout the treatment process. Whenever possible, youth participate in family and community activities that provide practice for developing competency and social skills. Thus, the intent is that upon discharge youth demonstrate insight into harmful behavior, consistently display genuine motivation and commitment to lasting change, and practice pro-social behavior.

Waypoint for Young Men with Emotional and Behavioral Challenges

A waypoint can be a stopping place along a journey, a destination, or simply a point of reference useful in navigation. *Waypoint* is designed to be an ideal place to pause along the journey, heal pain, and learn to manage life's challenges without causing harm to self or others. Our programming is specifically designed to help young men navigate this often-difficult course.

Youth are taught how to effectively manage symptoms associated with mental illness and practice optimum decision making for health and wellbeing. Parents are offered guidance and training designed to build on existing strengths, improve communication with their son, and to consistently enforce effective evidence-based behavior management strategies that promote lasting change.





New Choices for Young Men with Intellectual Disabilities, Emotional, and Behavioral Challenges

New Choices is designed for intellectually and or developmentally disabled youth and encourages development of pro-social behavior and adaptive living skills. All services are specifically designed, or adapted for youth with intellectual/developmental disabilities, and programming includes an array of behavior-modification techniques that promote optimal functioning. *New Choices* modifies individual and group interventions to maximize experiential learning and behavioral rehearsal which research indicates is more helpful for these young men. Information is presented in smaller increments, usually at a slower pace, to reinforce learning and increase competency development. Communication and social skills, along with other adaptive behaviors, are taught through modeling, role-playing, prompting, contingent reward systems, and other recognized reinforcement techniques.

Moral reasoning, or making the right decision for the right reason, is a component of abstract reasoning that young people seldom understand until their brain reaches full maturity in their early 20's. Youth with intellectual disabilities can be limited by concrete thinking and their brains may never fully develop more sophisticated thought processes. *New Choices* strives to help these young men develop sufficient understanding of cause and effect so they can weigh potential consequences associated with harmful behavior. Such limitations make it difficult for some adolescents to generalize information across different settings and situations. Therefore, specific training in transitional community settings is available to help youth practice newly learned skills as they leave the program and return home or transition to a less restrictive environment.

Starting Pointe for Young Men with Problem Sexual Behavior

Starting Pointe supports young men in their efforts to consider and explore sexual health and wellbeing. This program offers a supportive starting point for youth to accept responsibility for sexual harm and to learn and practice effective ways to stop it.

The following therapeutic factors are generally accepted treatment components for addressing problem sexual behavior throughout the United States (ATSA, 2006; Office of the Surgeon General, 2001; Longo & Prescott, 2006, 2010; Schladale, 2014; Schladale, Langan, Barnett, Nunez, Moylan-Trigiano & Brown 2007; Torbet & Thomas, 2005; Thornton et al., 2002; Center for the Study and Prevention of Violence, 2006):

- Eliminating harm
- Teaching affect regulation
- Healing trauma
- Promoting competency development in social skills, moral reasoning, academic, workforce development, and independent living
- 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
- Teaching and modeling social psychology of gender
- Mentoring youth

Youth are supported in assuming responsibility and accountability for sexual harm and developing motivation to stop it. Personnel in all departments are trained to address any unique treatment issues relating to sexual harm. Emphasis is placed on providing youth and their families with education and therapy about the development, impact, and elimination of problem sexual behavior. The Good Lives Model provides an overarching framework for treatment that emphasizes strengths and helps motivate clients to develop safe and appropriate strategies to meet their needs, which do not include any harmful behaviors. 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.

Transformations for Young Women with Emotional and Behavioral Challenges

Transformations is the female equivalent of the *Waypoint* program for males. This therapeutic community serves young women with significant mental health, substance abuse, and/or behavior-management difficulties that include harm to self or others. These youth are encouraged to transform pain into healthy coping strategies that can improve their lives.

Dialectical Behavioral Therapy (DBT) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) are the primary evidence-based models used in this setting and are described in the Clinical Services section of this document.

These young women are taught to accurately assess how behavior impacts self-concept and relationships with others. They are then supported in *transforming* pain into healthy coping strategies for everyday life.

LEAP (Learning Enhanced Autism Program) for Young Men with Challenges associated with Autism Spectrum Disorder (ASD).

LEAP provides specialized programming for males ages 12 to 18 who are diagnosed with Autism Spectrum Disorder (ASD), both with and without intellectual and/or language impairments. This eight - bed program includes enhanced staff support, is completely self -contained and offers a full array of behavioral, speech and occupational therapies designed to help youth on the autism spectrum manage and adjust to the common challenges associated with ASD.

II. Clinical Services

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; it refers to a change in the organizational culture. 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).

The Substance Abuse and Mental Health Services Administration (SAMHSA) of the United States uses this definition of a trauma informed approach. We at New Hope understand the importance of providing trauma-informed care and work diligently to implement it throughout every aspect of our agency. All of our therapists are certified in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), an evidence-based approach for child maltreatment. Additionally, all direct care staff receive ongoing training in providing a trauma-informed therapeutic response in situations of daily living. Psychiatric services are provided to address any needs associated with childhood trauma. These are described in the Medical Services section of this document.

A trauma-informed approach for adolescent sexual health is vital to promoting lifelong sexual health and wellbeing for youth who have had adverse life experiences. Such an approach takes into consideration all of the challenges previously mentioned that may impede optimum sexual decision making. It also takes into consideration how sexual health can enhance a meaningful and productive life through development and maintenance of intimate relationships and effective communication.

Resilience is the ability to bounce back after adversity. When children have experienced trauma, resilience is assessed and monitored through a variety of protective factors that research indicates can diminish the chances of harm occurring again. According to the National Child Traumatic Stress Network (Cook, et. al., 2003), critical factors for promoting resilience involve: 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 (Cook et. al., 2003).

Empirical Foundation

We recognize that all children are unique and have individual treatment needs. Our experienced clinicians coordinate a variety of services, ensuring a comprehensive and integrated approach. All of these services are holistic in nature, addressing a youth's full ecological context relating to physical, social, psychological, and spiritual life domains.

Building Bridges 4 Youth is a joint resolution initiated by the Substance Abuse and Mental Health Services Administration (SAMHSA) "to advance a statement of shared core principles" that promote collaboration between residential and community-based providers, families, and youth. These core principles include 35 empirically based values that guide all service delivery. New





Hope fully supports the Building Bridges Joint Resolution. *Details are available at www.BuildingBridges4Youth.org.*

The Six Core Strategies (6CS) is an evidenced –based practice designed to achieve the cultural change that is required to successfully prevent and reduce the use of restraint and seclusion. The Six Core Strategies utilizes strength-based/recovery oriented, trauma-informed care and consumer/client and family driven foundation principles for operationalizing practices that result in significantly reducing the use of restraint and seclusion. The 6CS are based on these core beliefs;

- Leadership Principles drive effective change
- Utilizing a Public Health Prevention approach (anticipating risks, intervening early and using corrective actions to mitigate future occurrences)
- Embracing Recovery and Resiliency principles
- Value consumer and staff self-reports of what works
- Operationalizing knowledge of trauma and its effects on our clients
- Staying true to Continuous Quality Improvement principles

New Hope Treatment Centers Inc. fully supports and endorses these core beliefs through; Leadership that endorses changing the culture as needed to reduce/eliminate restraint and or seclusion (R/S), using data to inform our practice as we examine strategies to avoid R/S, developing our workforce to improve their ability to prevent and manage acuity and to better understand the risks and benefits of eliminating R/S, using prevention strategies to help consumers and staff better understand and utilize coping strategies when in distress, through the full inclusion of youth and family choices and by rigorously de-briefing every critical event in an efforts to understand the underlying causes and contributors in order to work towards an improved outcome and prevention of similar future event.

Positive Youth Development is a term used to describe a strength-based approach for interventions with “at risk” youth. It is based on the premise that focusing on resilience, strengths, resources, and protective factors is 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).

Factors that influence successful treatment outcomes in psychotherapy are based on four factors. 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). 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). Treatment is based on these concerns in order to reduce harm; enhance the lives of the children and families we serve; and create safer communities for everyone.

Affect Regulation is a person’s ability to manage emotions without causing harm to self or others (Shore, 2003). **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.

A framework of positive youth development that promotes resilience through competency development leads to affect regulation, which is required for enduring change. Youth must be able to integrate knowledge into consistent practice. Demonstration of optimum decision making indicates successful outcomes.

Empirically-Informed and Evidence-Based Approaches

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 receiving regular refresher courses taught as part of our internal in-services training, youth receive empirically-based, predictable, and consistent messages from everyone in all facets of their New Hope experience.

Trauma-focused Cognitive Behavioral Therapy: (TF-CBT) (Cohen, J. A., & Mannarino, A. P, 2012) addresses the multiple domains of trauma impact including but not limited to Posttraumatic Stress Disorder (PTSD), suicidal ideation, self-injury, depression, anxiety, externalizing behavior problems, relationship and attachment problems, school problems and cognitive problems. TF-CBT includes skills for regulating affect, behavior, thoughts and relationships, trauma processing, and enhancing safety, trust, parenting skills and family communication. (NCTSN.org) All New Hope therapists are trained in the TF-CBT model and incorporate this intervention to address traumatic events in a resident’s history. Such trauma can include sexual abuse, sex trafficking, physical abuse, neglect, chaotic home environment.

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 identify 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.





Dialectical Behavior Therapy (DBT) (Linehan, 2014) is an evidence-based model for young people. It uses core strategies of validation 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. Further, direct-care staff assists youth in competency development for distress tolerance, interpersonal effectiveness, emotion regulation and mindfulness.

Short-Term Stabilization and Assessment

In addition to our traditional Psychiatric Residential Treatment services, New Hope Carolinas also offers short-term stabilization and assessment services. Designed to be *no more than 30 days in duration*, youth referred for our **Turning Point Services model** receive a comprehensive behavioral health assessment which examines medical, psychological, educational and social functioning. Specific objective testing for intelligence, achievement, adaptive functioning, personality, trauma, substance abuse, autism and sexual harm can be utilized. Due to the intensive nature and, thus, short duration of this program, South Carolina does not require interstate compact prior to admission for this service.

Our Turning Point service employs highly skilled clinicians and staff who embrace a positive psychology philosophy of care and are trained in a trauma-informed treatment approach. Residents are taught a variety of DBT (Dialectical-Behavioral Therapy) skills specifically designed to help the resident regulate emotions and improve distress tolerance. Brief, solution-focused therapy, within a Rogerian approach which includes Motivational Interviewing concepts is utilized to quickly help the resident see the benefits of choosing behavior which is prosocial and aimed at personal success.

Safety planning and intensive family work are offered to transition the youth home, as well as case management services to coordinate outpatient services and seek to fill prior service gaps, to successfully transition the youth within 30 days.

Treatment Process

Evaluation and Assessment: When a resident arrives at New Hope they receive a trauma-informed evaluation assessing all major life domains in order to develop an individualized treatment plan. This evaluation provides a foundation for identifying strengths and needs, including resilience, which is the ability to bounce back after adversity. Specific components include: personal and family history, cognitive (including education), social, emotional, medical (including psychiatric), spiritual, and physical development (including fitness and recreation). Additionally, youth are screened for nutritional needs and substance abuse. Exploration of core competencies helps staff assess social and moral reasoning skills, workforce development, and independent living skills. New Hope contracts with an array of ancillary medical providers, should any child require further diagnostic evaluation and/or specialized medical treatment. Youth with





problem sexual behavior are evaluated through a designated template addressing specific concerns relating to such behavior.

All of this information provides the foundation from which a crisis management plan and treatment goals are created. Once the initial evaluation is complete, ongoing assessment continues throughout a youth's stay at New Hope. Treatment progress and readiness for discharge are assessed on a monthly basis and formally reviewed with youth, their parents or guardians, and treatment team members.

Discharge planning is a critical part of each youth's treatment. In general, discharge is recommended when youth demonstrate a significant decrease in the symptoms that led to admission. New Hope embraces active discharge planning for all youth referred. Active discharge planning requires the Child and Family Team (CFT) to begin planning for discharge at admission, and to identify the type of services and placement needed early in the course of treatment. Transitional services are offered to ensure each resident has the appropriate skills and family or other supports necessary for successful community reintegration. Discharge plans are prepared by clinical staff and include specific discharge criteria, a summary of the progress made toward each criteria and recommendations for aftercare.

Clinical and/or residential staff accompany youth during initial community visits. Additionally, clinical and /or educational staff can provide on-site and phone consultation throughout the transition process and following discharge for youth, families and other service providers.

Community Reintegration: We understand the importance of helping youth return to the community as quickly as possible and we embrace interventions designed to ease such an important transition. Restorative Independent Living Skills (RILS) are continually taught as a core component of each child's New Hope experience. Recreation staff facilitate a range of community-based activities designed to both teach and help youth practice skills needed for community success.

Therapeutic Time at Home (TTH) is routinely scheduled well in advance of discharge, in order to provide opportunities to practice new skills in less restrictive settings and refine those skills prior to discharge. These visits also afford community caregivers opportunities to support youth as they all learn to collaborate and interact respectfully. When youth are returning home, family therapy focuses on assessing everyone's coping strategies and plans for successful interaction.

The Bridge Program

The Bridge program is a unique offering at New Hope Carolinas that is currently offered to certain youth based on their insurance carrier. The purpose of the Bridge program is to help youth integrate back into their homes after discharge more successfully and eliminate recidivism. The Bridge program employs full-time transition specialists who will be working with the parent/guardian of the youth in PRTF and work with them throughout the duration of their stay, and then up to 90 days post-discharge. These transition specialists will work in the actual home/community of the *parent* while the youth is receiving PRTF. We believe firmly that in order for true change to happen, the entire family system needs to make changes and all too often





in residential services no one is intentionally working with the family system. The transition specialists sole purpose will be to help ensure the parents of these youth have the resources, tools, and support they need to successfully receive the youth back in their home.

Treatment Modalities

Team meetings provide a foundation for multi-disciplinary communication, collaboration, and coordination of all service delivery. They are vital for determining optimal interventions, assessing ongoing progress, and discharge planning. Psychiatric, medical, educational, recreational, and clinical disciplines meet weekly to coordinate services through a treatment team model.

Additionally, monthly Child & Family Team (CFT) meetings for each youth are attended by the youth, his or her parents, or legal guardians, staff representatives from each department and outside agencies serving the youth in order to assess discharge readiness.

Individual interventions create an avenue for addressing private struggles, considering and planning new initiatives, and for building a partnership based upon support and assistance. Each youth is offered individual therapy with a master's level therapist for at least 90 minutes per week. These sessions focus on problem identification, analysis, and problem solving in order to enhance competency development that promotes optimal coping strategies for self-regulation.

Family therapy offers an opportunity for healing pain within a family by planning for safety and promoting reconciliation with a goal for reconnection and reunification when indicated. New Hope places great emphasis on services for youth within the context of his or her family. We recognize the importance of healthy family relationships and make every effort to engage parents, legal guardians, and other family members in treatment. When reunification is an identified goal, specific therapeutic activities guide transition planning.

We encourage weekly family therapy for every child and we assist out-of-state families with transportation costs in order to promote regular contact. When weekly sessions are not an option family therapy occurs as frequently as family availability allows. We are acutely aware of the hardships family therapy at New Hope may impose. While geography is a primary barrier, lack of financial resources for transportation often impedes successful therapeutic engagement with parents and other family members. We are committed to involving families throughout treatment and provide financial assistance for travel that may include transportation, lodging, and meals for two non-local family members twice a year. For families within driving distance who demonstrate financial hardship, New Hope may offset travel costs proportionate to the amount typically provided for non-local families.

Family therapy is not indicated when parental rights have been terminated, juvenile justice has issued no contact orders, or child welfare has determined that a youth will not likely be returning home. In such cases individual therapy provides the setting for addressing the impact of childhood trauma including family dissolution.

Group Therapy provides an opportunity to learn health-promoting information in a setting that models pro-social behavior and provides opportunities for youth to practice such behavior. It





provides opportunities to plan for safety, demonstrate honor and integrity, and explore respect. Psycho-education provides knowledge participants need to stop harm.

Youth are expected to participate in a variety of group processes at least three times a week. New Hope Carolinas provides three core group curriculums chosen based on their relevance in overall harm reduction. Affect Regulation Group teaches residents Dialectical Behavioral Therapy (DBT) skills and other affect regulation strategies including mindfulness and the use of kinesthetics (brain gym). Healthy Sexuality Group provides residents with information about human reproduction, safe sex practices and pregnancy prevention. The curriculums utilized for this group have been approved for use in teens by the Centers for Disease Control (CDC), and presenters include representatives from the local Health Department. The Good Lives Group is modeled after the Good Lives Theory (Ward & Stewart, 2003). This innovative, strength-based approach to general rehabilitation emphasizes assisting youth in the development of meaningful life plans, free from harming themselves or others. This modality is engaging to youth, increasing their overall investment in the treatment process, as it is designed to help them improve their overall life versus focusing on a particular problem area. The goal of all group activity is competency development to enhance self-esteem, communication, social skills and affect regulation. For residents identified with high probability for substance use disorders, New Hope provides an evidenced based, therapeutic educational module through Prime for Life. PRI has demonstrated success in significantly altering attitudes, increasing abstinence, and reducing high risk drinking and drug use from early teen years through early adulthood. The SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress) program is specifically geared for teens that have been exposed to chronic trauma and /or stress. This group model aims to help chronically traumatized/stressed adolescents find that “spark” of light within themselves and enhance their strengths and resilience. As a strength-based approach, SPARCS was designed to help adolescents find the wisdom in their responses, support skills they already possess, and foster new ways of coping.

Therapeutic community groups, recreation therapy, and the overall milieu structure and expectations promote positive peer interaction. Staff monitor adherence to daily program schedules and provide corrective feedback via motivational interviewing and reality therapy based interventions as needed to help residents improve skills. Conflict-resolution activities occur when needed to teach and reinforce negotiation and mediation skills.

Recreation Therapy uses activity-based interventions that include an onsite low-element ropes course to improve each child’s physical, mental, emotional, and social functioning. The overall mission is to prepare and educate young people for a lifetime of healthy living. It is offered daily to all youth and is facilitated by certified recreation therapists. Daily activity therapy groups are designed to improve physical abilities including muscle strength, balance, coordination, flexibility, physical stamina and agility as well as to provide opportunities that build self-esteem and confidence. It encourages youth to: set challenging goals to do their best, 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. Other benefits include helping youth gain greater self-reliance, which is essential to independent living skills, and increasing interpersonal skills by encouraging youth to join in activities that nurture social relationships. Specialized activities teach youth skills necessary for successful community reintegration and provide





opportunities for youth to practice the skills in a variety of ways including community service projects and educational outings.

New Hope offers physical fitness programming for all youth modeled after the nationally acclaimed *Girls on the Run* program. We offer two versions of this program: Girls on Track for young women and Building on Youth Success for young men. These programs provide opportunities to train for a 5-K run with warm-ups and workouts designed to encourage physical, cognitive, emotional, and social development.

A Master Recreation Therapy Plan is developed for each youth at admission to determine how best to meet identified needs for daily body movement. Interventions target specific needs and build on existing strengths. Each child's Master Recreation Therapy Plan is reviewed every 90 days and revised to ensure she/he is meeting targeted goals. Recreation therapists teach personal hygiene, monitor the hygiene skills of all youth, and ensure that everyone has all necessary hygiene items and services such as haircuts provided by licensed cosmetologists and barbers.

Problem Sexual Behavior in Youth

Research indicates significant diversity among youth with problem sexual behavior (Hunter & Chaffin, 2005). Additionally, youth and families receive services from a variety of systems with an interest in the youth's success but with potentially conflicting agendas. A collaborative, multidisciplinary approach meets the complex and myriad needs of the youth and family (Hunter & Chaffin, 2005). A youth's support by, and connection to, the community are critical to successful treatment outcomes.

Successful treatment outcomes require understanding of the complex nature of sexual harm by youth (Longo & Prescott, 2006; Morrison, 2006). Trajectories leading to problematic sexual behavior are multi-determined (Becker, 1998) and recidivism risk includes non-sexually harmful behavior (Chaffin, Bonner & Pierce 2003). Successful treatment is not limited to behavioral modification of sexually harmful behavior. Approaching youth as multifaceted individuals addresses relevant needs that contribute to a youth's overall long-term success.

Since recidivism rates of youth who have caused sexual harm indicate a higher risk of non-sexual delinquent behavior (Hunter, Gilbertson, Vedros, & Morton, 2004; Langstrom & Grann, 2000; Schram, Milloy, & Rowe, 1991; Worling & Curwen, 2000), programs should make a concerted effort to adhere to the developing body of literature on youth violence prevention. Program structure should be consistent with evidence from resources such as Youth Violence: A Report of the Surgeon General (Office of the Surgeon General, 2001); Blueprints for Violence Prevention (Center for the Study and Prevention of Violence, 2006); and Best Practices of Youth Violence Prevention: A Sourcebook for Community Action (Thornton, et al., 2002). These sources indicate a need for treatment services that prioritize family involvement, home-visiting, social-cognitive, and mentoring strategies.





III. Education Services

New Hope's educational program is fully accredited through COGNIA. 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 COGNIA. Dedicated to advancing excellence in education, COGNIA provides accreditation, research, and professional services to 23,000 schools in 65 countries, serving 15 million students.

New Hope Carolinas provides comprehensive educational services in a residential setting. The primary purpose of our educational programming is to help each student succeed academically. We strive to provide a positive experience by building on each student's existing academic strengths and encouraging his or her investment in school. We want all students prepared for a successful transition to their next educational experience.

The Education Department at New Hope provides instruction in core content areas based on South Carolina curriculum standards. Each student is given an educational assessment at admission to determine his or her academic strengths and vulnerabilities. Coursework is then based on the student's grade level and individual needs. All eligible students receive special education and vocational training. Students attend classes in core subjects, and receive formal instruction in workforce development and independent living skills. Course content is presented in a manner designed to accommodate various learning styles. Our year-round school has 12-week quarters, separated by one-week classroom breaks, providing educational activities 215 days a year. Our typical student-to-teacher ratio is 12:1 and residential staff are always in the classroom to provide behavioral and academic support.

Although we operate a private school, the Local Education Agency (LEA) in a youth's home school district is expected to maintain enrollment and contract with New Hope for educational services. We provide education services in accordance with the needs of each LEA. In the absence of home school participation, we provide educational services in accordance with the student's assessed needs. Our school maintains permanent attendance records, grades, and transcripts on each student. Students earn individual grades in all courses and may receive credits for a high school diploma or certificate of attendance based on grades and completed coursework in compliance with the LEA. Students that do not have the educational background or coping skills necessary to complete a regular high school program, and who meet eligibility requirements, can work towards a GED. All students at New Hope are required to participate in some type of educational programming. Students who have completed high school requirements have the opportunity to attend on-line courses through the local community college or to complete online vocational certifications such as Work Keys.

Students are never expelled from educational services at New Hope. When an educator identifies non-academic counseling needs for a student, they forward any concerns to the youth's therapist. Youth are offered individual instruction in a safe location when problematic behavior warrants temporary removal from the classroom.





Education staff use a variety of strategies and incentives to encourage learning and academic success. Incentives vary based on student's age and interests and are individualized to encourage motivation. As students prepare for community reintegration they can meet with teachers and other members of the treatment team for counseling and guidance specific to discharge needs and opportunities.

IV. Medical Services

New Hope Carolinas provides comprehensive medical services for all youngsters and enjoys excellent relationships with a broad array of local doctors, nurses, and allied health professionals including dentists and x-ray technicians. We contract with board-certified child and adolescent psychiatrists and nurse practitioners to provide onsite clinic services seven days a week and on-call emergency back-up services 24 hours a day. Our Medical Director, also a board-certified child and adolescent psychiatrist, oversees clinical/psychiatric programming, including case consultation/reviews and program improvement initiatives. We also provide round-the-clock nursing care by licensed RN's, medical case management, and transportation for routine medical needs when indicated. New Hope contracts with a 24-hour urgent care center conveniently located in a full-service hospital just a half-mile from our campus. A local pharmacy delivers medications, provides specialized staff training and audits youth medication records.

All youth receive a comprehensive physical examination at admission and annually thereafter. They also receive bi-annual dental, vision, speech, and hearing screenings. All required immunizations are reviewed and updated on admission and all youth are offered free flu vaccines during influenza season.

A team of board-certified psychiatrists oversees all treatment needs and medication. Each youth has an assigned psychiatrist who conducts a comprehensive psychiatric evaluation upon admission and meets with the youth at least weekly throughout his or her stay. Psychiatrists participate in weekly treatment team meetings to review progress and provide guidance for treatment planning and milieu interventions.

Summary

New Hope PRTF is here to help young people change their lives. New Hope takes pride in our ability to treat some of the most traumatized, and often marginalized, youth populations in our system of care. We know that every youth has a story. And we know that every behavior a youth exhibits makes sense in the context of that story. We also know that far too often our kids are given a label and given a message that their life is going to be limited by their mental health challenges and their childhood trauma. Many of them accept this narrative and come to us at a point of abject hopelessness. Our team at New Hope is here to help rewrite those limiting narratives so every youth knows they have deep inherent value; that their life matters; that their future matters and their future has boundless potential. We are here to give them hope: **New Hope**.





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