

Secure Residential Treatment Program (Long-Term)

Mid-Atlantic Youth Services, Corp.'s (MAYS) Secure Residential Treatment Program is a highly structured, safe, and physically secure environment designed to meet the individual and group needs of delinquent male and female offenders. These offenders may often display other diagnosed maladies such as substance abuse problems, mental health issues, and/or a history of physical and sexual abuse (victims and victimizers).

The program design, as well as the physical lay-out of the facilities, provides the flexibility to deliver specialized programs and services to meet the needs of youth with multiple diagnoses. There is a high staff to youth ratio with a strong emphasis on relationships, role modeling, responsible attitudes and behaviors, and meaningful interactions, all done with close supervision.

MAYS plans and controls the use of the program environment and components as part of the treatment regimen to foster and support desired behavioral and cognitive changes in youth. MAYS uses this "therapeutic milieu" to coordinate and integrate residential living and the delivery of treatment services with other program components such as security, medical, psychiatric, social services, nutrition, education and recreation.

In residential settings, individual level relationships are complimented by the interaction between the resident and the environment. Relationships can be countered by negative influences of delinquent and disruptive peers. As such, MAYS will be systematic and take assertive action to create an environment that nurtures and reinforces positive relationships; and models and supports pro-social values and behaviors; and provides purposeful learning as a means of achieving changes in youth.

This will be accomplished by maintaining a high degree of structure, utilizing clearly defined norms, and expectations, and logical consequences. In addition, all members of the treatment team are expected to model appropriate behaviors and relationships. Each youth is expected to actively participate in their own treatment and participate as a member of a supportive, nurturing and caring peer group.

Goals/Objectives

The ultimate objectives of this program are to:

- Reduce the symptoms of mental illness
- Reduce drug and alcohol use and abuse
- Improve social, behavioral, and academic functioning
- Reduce delinquency
- Strengthen family unit
- Re-unite the family

The staff will also work to minimize the following defense mechanisms related to negative and problematic thinking, feelings, and behaviors:

1. Denial
2. Minimizing
3. Lying
4. Justifying
5. Rationalizing
6. Intellectualizing
7. Passive aggressiveness
8. Externalizing
9. Anger displacement
10. Projecting blame onto others

Admission Criteria

The criteria below applies to males and females with various behavioral disorders, traumas, and offenses.

- Adjudicated delinquent
- 12-20 years of age
- Court ordered to secure care
- IQ of 60 (considerations made on case-by-case basis)
- Expected length of stay is 9-12 months

Program Availability

Available to males and females at both facilities, Western PA Child Care and PA Child Care.

Sex Offenders and Fire Setters

MAYS' Secure Residential Program is also available to sex offenders and fire setters. Treatment places an emphasis on victim restoration and impulse control. Treatment for sex offenders/fire setters is available at PA Child Care only.

Admission criteria for sex offenders/fire setters:

- Adjudicated delinquent
- 12-20 years of age
- Court ordered to secure care
- IQ of 60 (considerations made on case-by-case basis)
- Expected length of stay is 9-12 months (offer varied lengths of stay)

Referral Process

Parents, legal guardians, police officers, juvenile courts, etc. can make referrals to Mid-Atlantic Youth Services. If an adolescent in your care is in need of help, please contact Corey Shumaker at 814-221-5684 or via email at cshumaker@midatlanticyouth.com.

Treatment Planning

Assessment and treatment planning begin immediately after the intake procedures are completed and continue as an on-going process throughout residency.

A Bio-psychosocial is the primary tool used to conduct this assessment and consists of:

- Comprehensive youth interview
- Family assessment
- Educational evaluation
- Psychological evaluation (provided by contracted psychologist)
- Psychiatric evaluation (if deemed necessary) Initial health screening (provided by nurse)
- Health and physical examination (provided by contracted physician)
- Integrated summary Mental health screening

A preliminary treatment plan will be developed by a master level clinical supervisor for each youth within 72 hours of admission that serves to provide the treatment staff and student with direction in the early stage of treatment. Initial treatment plans will be developed for each youth for their first 30 days of services. This plan will primarily focus on orienting the youth to the program services and expectations.

An Individual Service Plan will be completed for each youth after 30 days of admission by a master level clinical supervisor and in coordination and collaboration with juvenile probation officers, educational personnel, parents/guardians, therapists, psychologists, certified teachers, case managers, and child care workers. Through this process, an assessment of the youth and their family's strengths and needs (developmental, emotional, intellectual, social, cultural, physical), will be used to establish the plan's short and long-term goals which will be accomplished while in treatment. This plan will be reviewed on a monthly basis.

Each youth will have a primary master level clinical supervisor that will assist them in achieving their identified goals and objectives. Youth will be afforded consistent and timely feedback regarding his performance via pre-established meetings (process and procedure), as well as informal interactions during one-on-one sessions with on-duty staff. The student will also be given more individual feedback concerning his/her Individual Service Plan (ISP) from his assigned caseworker. These mechanisms will allow the staff to confront the inappropriate and reinforce the positive. At the same time it will allow the student to realistically gauge his/her performance on a regular and ongoing basis.

Gender Responsive Programming

In light of gender-specific research, residential programs for young women need to be holistic and comprehensive. Young women have many complex problems and issues that need to be addressed. Many have been physically and sexually abused and have become hopeless, depressed, and have an overwhelming feeling of powerlessness.

Clearly, a female's developmental pathway to delinquency is unique. Therefore, the programming and interventions for females must be different. MAYS will establish partnerships with organizations that have evidence-based models and approaches that are applicable to the treatment of female offenders. Further, programming will be utilized/developed to assist with physical, sexual, emotional, relational, intellectual and spiritual development.

At a minimum, programming will be grounded in the following principles:

Relationship Building/Communication

Females need to develop positive peer relationships through meaningful conversations in a setting that is emotionally safe, supportive, and nurturing. The program will encourage, develop, and promote relationships of trust and interdependence with other women and help students develop skills that enable them to develop non-exploitive and non-abusive relationships. There will be a concentration on healthy relationship building with staff, family, peers, and friends. A "Relational Development System" will be utilized on a daily basis to reinforce and develop positive relational skills.

Specialized Services

Programs need to empower females to fully appreciate their personal and cultural strengths. Programs will address mental health, substance abuse, spirituality, and trauma based (sexual, physical, and emotional abuse) issues. These services will be provided by trained and competent professionals on a weekly basis.

Research shows that females are cognitive learners and express themselves through art. They receive validation and build self-esteem through external sources. Therefore, creative art projects, music, drama, crafts, etc. are vehicles of expression and sources of self-esteem that will be utilized.

Females need education based on human sexuality. Programs related to how their bodies function, pregnancy, contraception, and sexually transmitted diseases and their prevention will be utilized. Females also need to explore the value and meaning of appropriate sexual relationships and conflicting cultural messages about sexual behavior. Programs will include age-appropriate maturation and development education that is female specific. Groups will focus on reproductive health, parenting skills, motherhood, etc. The nursing department will be instrumental in this education and facilitate psycho-educational groups on a weekly basis.

Gender Specific Staff Training

Females need mentors who can reflect empathy with their real life experiences and who can model personal growth

and development, therefore promoting positive changes. Staff will receive gender specific training to allow them to be positive role models with a comprehensive understanding of female specific issues and challenges.

Professional boundaries will be strictly enforced with staff. The roles of male and female staff must be clearly defined. Female staff must model self-sufficiency, assertiveness, and confident behavior. They must dress appropriately and not provocatively. Male staff must model respect for the young women and female staff. Interactions between male and female staff must demonstrate respect for personal boundaries. While many youth in our care need affection, a "no touch" policy will be adhered to a part of boundary training.

Self-Reliance

Females need to understand and learn the value of networks and support systems that promote the idea of independence through interdependence. Programs will provide training and skills to allow females to be self-supportive and sustaining. Including females in the design, operation, and evaluation of the services, they will receive positive support which will encourage self-reliance.

Emotional Safety

Youth need to be physically and emotionally safe within a positive normative culture that minimizes negative influences. Key norms will include confidentiality by staff that eliminates the use of private and personal information to confront, re-direct, or de-escalate a youth. Also, staff will be vigilant to ensure that youth do not try to hurt or upset others by sharing confidential information with others.

Females respond to cognitive approaches that allow for verbal expression. They respond to experiential activities and learning, artistic expression, role-playing, and social activities and events. The following Gender Specific Groups will be provided to treat and address emotional and developmental issues:

- Post-Traumatic Stress Disorder
- Parenting Group
- Grief and Loss Group
- Prenatal Classes
- Life Skills
- Aggression Replacement Training (A.R.T.)
- Drug and Alcohol Seminars
- Self-Esteem Groups
- Women's Issues
- Conflict Resolution
- Stress Management (relaxation, recreation, etc.)
- Family Issues/Health
- Arts/Crafts
- Sexual Development
- Gender Identity
- Parenting Skills
- Survivors of Abuse
- Journal Writing

Treatment Staffing

A high staff to student ratio will be maintained to support the integration of identified treatment services. Each unit will be comprised of one Youth Services Supervisor, one Clinical Supervisor (therapist) and 10 Youth Services Specialists. The staff to student ratio will be:

- One therapist for every twelve youth
- One staff for every four youth during working hours
- One staff for every twelve youth during sleeping hours

Therapy/Counseling

Individual and group counseling and therapy will be provided on a daily basis. These services will be provided to address individual behavioral, psychological and social issues. Specialized group sessions in the areas of drug and alcohol issues, sexual offender, sexual victim, anger management, and post traumatic stress disorder will be offered to those students demonstrating a need. Both individual and group treatment modalities will be competency based, with well-defined goals and measurable outcomes. An emphasis on the need to begin to “give back” to the community (past victims), as well as establish themselves as a positive/productive member of their communities, will be clearly indicated in their treatment plans.

Visit www.midatlanticyouth.com for more information concerning the therapy/counseling services offered at both MAYS facilities.

Family Involvement and Visitations

MAYS believes that family involvement is critical to the success of youth in our care. MAYS therapists and staff will maintain regular and constant communication with family/guardians. Clinical Supervisors will contact the family on a weekly basis to provide treatment updates. Family Therapy will occur via conference calls, videoconferencing and/or family visitation.

Daily Schedule

Daily programming will be intensive and similar to the following schedule:

7:00 AM - 7:05 AM: Wake-ups
7:05 AM - 7:30 AM: Showers/Room & Cleaning Jobs/Meds
7:30 AM - 7:45 AM: Room Inspections/Finish Cleaning
7:45 AM - 7:55 AM: Breakfast Meeting/Hygiene Inspection
7:55 AM - 8:20 AM: Breakfast
8:20 AM - 8:40 AM: Room time/Hygiene
8:40 AM - 8:55 AM: Morning Meeting/Hygiene Inspection
9:00 AM - 3:15 PM: School
3:15 PM - 3:30 PM: PM Homeroom/Snacks
3:30 PM - 4:00 PM: Homework/Personal Time/Meds
4:00 PM - 4:50 PM: Structured Recreation Time/Meds
4:50 PM - 5:45 PM: Life Skills Group
5:45 PM - 6:15 PM: Dinner
6:15 PM - 7:00 PM: Personal Time/Hygiene/Showers
7:00 PM - 8:30 PM: Group Therapy
8:30 PM - 9:00 PM: Clinical Study/Medication distribution
9:00 PM - 9:30 PM: Snacks/Unit Meeting
9:45 PM - 10:00 PM: Room Time/Lights Out

Security Measures

Physical barriers consist of electronically controlled security door locks and security windows with break-proof security glass restricting movement outside of the program without authorization. The facility also has a state-of-the-art camera security system to provide enhanced surveillance of all hallways, day rooms in each unit, and common areas. There will be 15-minute bedroom checks completed 24 hours a day, 7 days a week.

MAYS maintains high staff-to-resident ratios and pro-actively plans staff schedules to best meet programmatic and individual resident needs. Staff ratios are within, or exceed, the state mandated requirements. Supervisory staff is on duty during all shifts and upper level management is on call at all times.

Program Services

Visit www.midatlanticyouth.com for a list all health, medical, educational, psychiatric, and recreational services provided at both MAYS facilities. Services may vary by program.