

GEORGIA DEPARTMENT OF JUVENILE JUSTICE
SPECIALIZED TREATMENT UNIT



Program Plan

(12/22/15)

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INTRODUCTION

The Specialized Treatment Unit (STU) is a secure residential treatment unit that provides intensive treatment to youth served by the DJJ system who have had: (1) sustained difficulties engaging in treatment/making progress in treatment; (2) sustained difficulties with peer and/or staff interaction; and (3) a sustained pattern of difficulty with affect regulation. Only YDCs may operate an STU.

The program has an average length of 12 week, although youth having difficulty making treatment progress may stay longer, as determined by the STU Committee. Units are capped at 20 beds, but may be smaller depending on facility physical plants and youth needs.

PURPOSE

The purpose of the STU is to treat youth who need more intensive behavioral health programming than available in the general population of a YDC. By cultivating a safe therapeutic environment with an array services, the STU is designed to help motivate youth to participate in treatment programming in order (1) to learn to bond and interact with others in prosocial ways, (2) to develop emotional and behavioral regulation skills, (3) to improve adaptive living skills, (4) to address their specific psychological challenges and needs, and (5) to think and act responsibly and non-violently. Upon leaving the program the youth should be equipped to think and behave consistently in a safe, stable, and responsible manner in the general population or community.

GUIDING PRINCIPLES

Trauma-informed Approach -- The STU is a trauma-informed service system that:

1. Understands trauma including complex or developmental trauma;
2. Implements evidence-based, trauma-specific services;
3. Creates a safe and welcoming service system climate minimizing the re-traumatization of youth and their families;
4. Coordinates services both within the ITU and with other agencies; and
5. Attends to the work-related stress and compassion fatigue of staff.

Accordingly, all staff is trained in trauma and its effects with special attention to the role of trauma in the lives of the youth served by the STU. Each staff member is sensitive to the critical part that he or she plays in creating a trustworthy, physically and psychologically safe, collaborative, and empowering therapeutic milieu.

Positive Staff Culture

To develop a positive peer culture, the STU staff culture also must be positive. Toward this end, staff members help one another:

1. To be involved and committed to one's treatment team and to the different components of ITU;
2. To take the initiative, accept responsibility, and contribute beyond one's job description when necessary;
3. To understand oneself (e.g., thoughts, feelings, values, beliefs, abilities, limitations, needs);
4. To communicate with co-workers exchanging information with them;
5. To listen competently attending to instructions, important information, and what others say and mean and asking questions to enhance understanding if necessary;
6. To participate willingly in shared decision-making;
7. To be forthright, open, and responsive to feedback motivated by a desire to improve and to help others improve; and
8. To persevere in one's commitment to youth and staff and in following through with the implementation of treatment plans and team decisions (adapted from Gibbs et al., 1995).

PARTICIPANT REFERRAL AND SELECTION

All facilities with an STU will have an STU Committee that meets weekly at minimum. Admission decisions are made by the STU Committee.

The facility behavioral health treatment team, multidisciplinary team, and sex offender treatment team may make referrals to the STU Committee. Referral criteria are:

- Sustained difficulties engaging in treatment/making progress in treatment;
- Sustained difficulties with peer and/or staff interaction;
- A sustained pattern of difficulty with affect regulation; and
- A four-month minimum time remaining on the youth's secure confinement.

Exclusionary criteria are:

- Cognitive functioning that is too limited to permit them to engage in the EQUIP Program treatment model; and
- Active mania/psychosis/other serious mental health disorders or symptoms that would limit their ability to engage in the EQUIP Program treatment model. (Note: youth could be considered once these symptoms are stabilized.)

When the STU Committee receives a referral, the facility Clinical Director will complete a psychodiagnostic evaluation of the youth to gather information specific to the possible need for STU

programming. The Clinical Director reports this information to the full STU Committee, which determines whether any additional evaluations (checklists, screening tools, etc.) would be useful in making the decision of whether the youth could benefit from STU services.

ADMISSION

The STU Committee will manage admissions thoughtfully, giving careful consideration of the individual youth's needs and current composition of the therapeutic milieu on the STU. As much as is feasible, youth will be grouped into admission cohorts that receive EQUIP as a series of closed groups. Youth may be added to a cohort if the group has not progressed beyond the sixth group session. The assigned SSP and JDC will provide the youth with the necessary information in individual sessions to allow them to join their cohorts at the appropriate level of participation. Youth will not be added to a cohort after the sixth group session has been provided to the cohort.

The STU is a three stage program. Each stage corresponds to a treatment unit in the EQUIP curriculum, and lasts approximately four weeks. The stages are:

- Stage 1: Youth in stage 1 will receive all programming separately from general population. Education, treatment groups, and recreation/leisure activities will be provided out of rooms, in the unit classroom, dayroom, or other designated area.
 - Youth who are dually enrolled with local technical colleges for vocational education will typically have up to nine absences before they must be unenrolled from the class per the tech school. The STU Committee will evaluate these youth on a case by case basis to determine whether the youth can resume participation in vocational education classes in a timeframe that allows them to remain on track to complete the course.
- Stage 2: Youth in stage 2 will receive school in general population, but will continue to live in the STU dorm and receive all other services there.
- Stage 3: Youth in stage 3 will live in a general population dorm and will receive school in general population, but will complete the EQUIP programming with their STU cohort.

PBIS in STU

Program expectations are developed by the Positive Behavior Intervention & Support Team in accordance with DJJ 18.6, Positive Behavior and Intervention Support. All expectations are phrased in positive terms. Expectations are described in the Youth Handbook and are displayed prominently throughout the facility.

All youth are expected to participate in all programs and services. If a youth must be removed from education or programming, the expectation is that staff will provide the youth with the support necessary to gain control over the situation and return to the scheduled activity as soon as possible.

Responses to negative youth behaviors will not include sanctions that remove a youth from scheduled programs and services.

Youth will be eligible to earn STU-specific PBIS reinforcements. These reinforcements should be tied to therapeutic activities or social skill development and should encourage the youth's treatment progress. Some examples of STU-specific PBIS reinforcements include:

- Time to journal, a special journal, a special writing utensil;
- Time to draw, special paper, crayons/colored pencils, etc.;
- Earning the opportunity to create a PBIS poster for their room or to be taped to wall directly outside of room in view from their door window;
- Brief opportunities to 'take a break' – journal in their room with the door open, sit by self away from others in common area or while eating, 3 minutes of quiet time at end of activity in same room with others;
- Earning time to play a social skills game focused on skills of need (e.g., anger management, losing, etc.);
- Access to soft covered books focused on therapy topics;
- Earning additional time in the common area in an assigned seat (similar to what is expected in general population);
- Being allowed to eat a meal in the common area in an assigned seat (similar to what is expected in general population); and,
- The opportunity to serve as the co-facilitator of a group therapy activity.

Earning of PBIS reinforcements in STU is tied to a youth's treatment progress, and may be used to further treatment goals. For example, a youth may earn an extra phone call with their parent or caregiver to describe their progress in the program.

A youth may also earn facility-wide PBIS reinforcements ("stamps", "bucks", etc.). In addition, a youth must have a minimum of 25 reinforcements in the "bank" in order to successfully complete STU (youth are not required to spend reinforcements in order to exit STU.) However, a youth may not bank any more than 50 reinforcements during their stay in STU.

Youth will be provided with daily opportunities to cash in their reinforcements to purchase participation in STU PBIS activities such as those outlined above. There will also be regularly scheduled PBIS activities in STU, as there is in general population.

TREATMENT PROGRAMMING

STU staff will focus on the youth's treatment needs throughout their stay. In the beginning, anger and behavioral control are the main focus. As the youth is able to show more control on a consistent basis, other treatment needs are also addressed.

Beginning Treatment Goals

1. Reduce or end the amount of confinement, and SIRs.
2. Stop aggressive and destructive behaviors by encouraging youth to increase their trust in others, and learn how dangerous and negative actions can be changed and replaced by healthy ones. Often, youth in STU have very low trust in others. They do not realize their thinking and behavior have been influenced by past experiences.
3. Control negative behavior and confinement enough to begin transfer to a general population setting and to the next level of goals (Advanced Goals).

Advanced Treatment Goals

1. Teach youth necessary behaviors and skills to replace maladaptive behaviors with more pro-social behaviors and increase the treatment of their special needs. Youth are expected to be both more responsible and more motivated.
2. Begin transition to a general population setting where he will have an opportunity to exercise and test new skills for managing emotions, behavior, and relationships. There may be times when a youth is not showing enough interest in working on his treatment program, or has acted out in an aggressive manner, where a return to the STU will have to happen. However, the team tries to keep working with the youth and continues their care even if they have to return to the STU.

Skill Building Treatment Groups

The EQUIP Program: Teaching Youth to Think and Act Responsibly through a Peer-Helping Approach (Gibbs et al., 1995) - A variation of the empirically grounded Aggression Replacement Training model, the EQUIP group treatment program is tailored for serious juvenile offenders in secure facility settings. It targets their interrelated problems in managing anger, thinking accurately about their own and others' social behavior, behaving constructively in difficult interpersonal situations, and making mature socio-moral decisions. The program involves:

- Group "Equipment" skills training sessions,
- "Mutual help" meetings led by the youths with adult coaching in which they apply their newly developing skills to help one another to think and act

responsibly and to contribute the development of a positive, caring peer culture and prosocial climate, and

- Completion of an individual performance plan for each youth and objective assessment of his progress in the domains targeted in the EQUIP curriculum.

All staff are familiarized with the EQUIP program and terminology (e.g., different thinking errors, problem names) so that they can support and prompt the youths' use of the EQUIP skill sets and development of a positive peer culture. In addition, security staff is provided with additional training and supervision allowing them to assist the group leaders in the "Equipment" and "mutual help" meetings.

Activity Therapy – Youth are involved in activity therapy groups designed to help the youth learn and practice problem solving skills, sportsmanship, teamwork, goal-setting, positive peer relations, and to help build self-esteem and confidence.

Life Skills Groups – Psychoeducational groups to address basic healthy living skills are provided by counseling and activity therapy staff. Life skills groups address interpersonal communication skills, healthy habits, leisure skills, physical fitness, basic hygiene, and self-care. Selected topics may be facilitated by other staff under the direction of the Clinical Director.

DISCHARGE FROM STU

Youth may be discharged from STU for two reasons:

1. Successful completion of the STU program, or
2. Determination by the STU team that the youth is persistently unable or unwilling to engage and progress in treatment. Substantial and ongoing documentation of efforts to engage the youth should be completed prior to discharge for treatment refractory status

Each STU cohort will have a graduation for youth who have successfully completed the program. In addition, all youth who successfully complete STU will receive a certificate for their file.

SECURITY EXPECTATIONS

- All youth must be searched upon entering and leaving the dorm.
- Cell doors must remain locked at all times, whether the youth is in the room or not. Cell doors are not to be opened to allow youth to exit a cell unless two (2) security staff are present.
- JCOs must maintain accountability of the youth in their charge by always knowing how many youth are at the location, exactly where they are and which youth are on suicide precautions and/or Special Management Plans.

STAFF ASSIGNMENTS

Security staff: Captain develops schedules to ensure sufficient JCO1 and JCO2 and shift supervisor coverage on every shift.

Behavioral health staff: The Clinical Director and SSC ensure on-site mental health coverage to include regular evening and weekend coverage. The Clinical Director and SSC arrange on-call mental health coverage all other times according to DJJ 12.4, Staffing and on Call Mental Health Services. Mental health coverage schedules are placed in all Emergency Books and posted in the Main Control room.

Medical staff: The Designated Health Authority ensures on-site medical coverage weekdays, including evenings, and weekends. The Designated Health Authority arranges on-call medical coverage all other times in accordance with DJJ 11.40, Medical Autonomy. Medical coverage schedules are placed in all Emergency Books and posted in the Main Control room.

Recreation staff: Recreation staff maintains a schedule to ensure coverage during recreation and peak leisure times in accordance with DJJ 18.2, Recreation Programming.

Administrative Duty Officer: Director shall designate members of the facility's management staff to function as Administrative Duty Officer (ADO) during weekends, holidays, and other times when the Director and other administrative staff are absent from the facility in accordance with DJJ 8.2, Administration Duty Officer. The ADO schedule is placed in all Emergency Books and posted in the Main Control room. The ADO also visits the unit outside of normal business hours at least once per week.

STAFF DEVELOPMENT

All STU staff will be dedicated staff who are selected, trained, and assigned specifically to work on the STU. Prior to beginning work on STU, all staff will be provided with three days of STU-specific program training. This training includes information on:

- Adolescent growth and development;
- Trauma and its impact on youth development and behavior;
- Information on developmental theory relevant to youth placement on STU, including:
 - Social Control Theory (Hirschi, 1969) - Aggressive and antisocial behavior occurs when pro-social bonds to school, pro-social peers, family, and other conventional activities are weakened or broken.
 - Defiance Theory (Sherman, 1993) - In the absence of pro-social bonds, an individual may respond to deterrent sanctions with a defiant lack of shame and increase in aggression. This is more likely to occur when the sanction is perceived to be unfair or directed at him personally rather than related to his behavior.

- Decompression Model (Caldwell & Van Rybroek, 2002) - Deterrent sanctions and defiant responses can become vicious cycle when a sanction produces a defiant response (increased aggression), and that response is sanctioned, resulting in more defiance and further repetition in the cycle. The Decompression treatment model works to preserve or promote prosocial bonds to interrupt the cycle and reorient the youth.
- Information on development of positive youth and staff culture, including information on mutual help training with the youth.
- Training in Motivational Interviewing/ Motivational Enhancement and effective communication with youth.

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