

Campbell House and Carrie's House

List of Services

INDIVIDUAL TREATMENT PLAN

The monthly individual treatment plan is viewed as the primary tool with which to ensure comprehensive, individualized, and consistent treatment for each individual. All treatment plans are based upon assessments of individuals' mental health condition and prognosis. Treatment plans are driven from the individual's DSM-IV mental health diagnosis. The mental health diagnosis is, of course, arrived at through clinical observation, psychiatric evaluation, psychological testing, past history, etc. The parents, referral sources, and individuals are all involved in the treatment planning process whenever possible. Parents and referral sources are notified when the individual treatment plan is due to be reviewed. At that time, all parties are notified to discuss progress, goals and strategies to resolve the individual's difficulties.

INDIVIDUAL THERAPY

All individuals receive individual therapy with a licensed (LCSW/LPC) or licensed eligible mental health professional. Individual therapy focuses on various aspects of the individual's mental health needs, which include behavioral control, mental health symptoms, exploration of family issues, identification of appropriate emotional and behavioral triggers, management of aggression, and acquisition of social skills. Individual therapy also focuses on daily milieu issues that are pertinent to the individual's mental health symptoms.

FAMILY COUNSELING

Each family will participate in family counseling sessions facilitated by a licensed (LCSW/LPC) clinical therapist. It is imperative and mandatory that a family member or significant other participates in the transition back into the home. The family session will focus on developing positive communication skills, identifying and processing family issues or concerns that have a negative impact on the family structure, restructuring family power and authority, developing clear rules and consequences, values clarifications, building family resiliency and self esteem, established discipline and structure, and developing respect for authority.

MENTORING

The mentor promotes self-esteem through positive structured activities and events, which exposes youth to different community resources. The mentor will also assist in teaching problem solving skills, assist with job readiness and training, develops life skills and independent living, identifies therapeutic recreation and experimental activities and assists with developing linkages with community resources.

EDUCATIONAL SERVICES

A counselor will coordinate efforts between the referral source and school officials at the individual's assigned school to insure the school placement is optimal. The counselor will also meet with school officials to actually enroll the individual in the local public school system. The individual's attendance, behavior, and progress will be monitored on a daily basis. Daily progress reports will be obtained to review the academic and behavior status of each individual. A variety of services will be made available to the individuals, including after school tutoring and structured homework time. Individuals who are ineligible to attend school will be enrolled in a G.E.D. preparatory program. Tutoring services are offered to assist the individual with remedial work and provide one to one assistance to those individuals who are classified as special needs students.

PSYCHIATRIC CONSULTATION

For those individuals who are under psychiatric care and are medications for such, the counselor will provide transportation to and from the designated psychiatrist appointment for monthly medication maintenance.

CASE MANAGEMENT SERVICES

Counselors are required to fully document all services being provided to clients, client responses to interventions, as well as staff's impressions and concerns regarding the client's level of functioning. A progress note will be documented on each individual daily and will specifically reference the objective of the treatment plan being documented, the interventions used, the client's response to the intervention, and the continued plan regarding that objective. All progress notes will be dated, timed, and signature is required. Counselors are required to complete daily progress notes, update progress notes, update treatment plan, and other documentation as required. A monthly progress report will be submitted to the referring agency and placed in the client's confidential records. A critical incident report will be filed in the case of an emergency or critical incident. A copy of the critical incident report will also be placed in the client's case record and forwarded to the referring source.

EMERGENCY and STABILIZATION SERVICES

When a client is admitted into the program, a preliminary treatment plan is developed within 72 hours identifying the individual's immediate needs and goals for treatment. Individuals are immediately enrolled in school, a vocational training program, or G.E.D. preparatory program, as suggested by the local school system. Basic needs such as clothing, medical and dental care, psychiatric /psychological services, and other provisions are made to access those services in a timely fashion. Other stabilizations plans will include the following:

- Immediate participation in individual, group, and family therapy sessions
- Administering medication at the required times as prescribed by a physician
- Resolving any immediate substance abuse issues
- Enrollment in an academic educational program

THERAPEUTIC RECREATION

Each individual will participate in group therapy sessions facilitated by a qualified counselor on a weekly basis. These sessions are designed to address problems using a therapeutic milieu approach to learning. Each individual will participate in the following group sessions as outlined in services plan goals and objectives (when applicable).

GROUP THERAPY

Group therapy allows individuals a free forum to process unit and personal issues. It is a time where the peers are used to gain an understanding of or to appropriately confront other peer's behavior. Group therapy allows for spontaneity and appropriate redirection.

SUBSTANCE ABUSE EDUCATION

These groups are established to focus on education and appropriate confrontation of the effects of substance abuse as it pertains to mental illness and poor behavioral control. The following are used to achieve this goal: these groups provide individuals with information on how substance abuse impacts their life, family, spirituality, peer group, and value system. These groups identify cognitive and affective defenses, which support and protect addictions, assisting individuals in recognizing their disease process and identifying signs of relapse. These groups also take advantage of negative thinking patterns often seen in individuals. They are appropriately confrontational with how their thinking leads to emotional suppression through the use of substance.

INDEPENDENT LIVING SKILLS

Youths are prepared for independent living through both formal and informal applications of a Life Skills curriculum. Youths learn to manage their physical, emotional, and social well being. Youths are taught how to find and keep jobs; money management; nutrition and meal preparation; household management; conflict resolution; social skills; and utilization of community resources.

ANGER MANAGEMENT/CONFLICT RESOLUTION

Each individual will participate in this treatment component and will learn the following:

- Resolving problems appropriately
- Negotiating
- Stress management techniques
- Identifying anger
- Relaxation techniques
- Effective communication
- Alternative methods to violence
- Stages of moral reasoning

Role-play situations and didactic learning will be used to enhance the learning process.

PEER DISCUSSION GROUPS

Youths will have the opportunity to discuss relevant issues in an open forum bi-weekly. Topics may include frank talks about teen pregnancy; teen fatherhood, drugs and alcohol; AIDS and STDs; violence prevention; self-esteem, etc.

SELF-IMAGE CLASSES

Self-image sessions will help students to identify their self-defeating patterns and to replace them with logic and reason. Sessions are designed to help foster a greater sense of self-pride and resourcefulness.

BEHAVIOR MANAGEMENT PROGRAM

The behavior management program established general and specific standards of conduct designed to help the youth accept responsibility for their actions and make a logical connection between their behavior and consequences derived. Standards of conduct are designed to promote the teaching of new methods of interactivity with parents, peers, authority figures, as well as the community at large. Behavior management rules are fairly applied to all individuals participating in the program and will be reviewed with each child prior to their admission. In addition, each individual receives a copy of the behavior management plan, which outlines the program rules and regulations and includes an explanation of the consequences and sanctions for specific rule violations. Individuals are expected to be accountable for their actions, exhibit appropriate behavior, and participate in all phases of program development. Specific restrictions may be imposed on an individual in order to ensure safety and maximize the learning process. Any restrictions imposed will be identified and enforced with the maximum involvement with the youth, parents, and the referral source. The behavior management program does not restrict the individual rights, and any restriction imposed will include intrusive aversive therapy, chemical or mechanical restraints, corporal punishment, or form of injuring others. These tactics will not be employed as punishment in any form. Behavior management procedures include the following:

- Ignoring – Inappropriate behavior that is not disruptive but simply annoying such as pouting or whining can be ignored. If the appropriate behavior is to be reduced, it must be consistently ignored and never reinforced with the attention of the staff.
- Verbal Limit Setting – In verbal limit setting, the purpose is to stop the inappropriate behavior that has become disruptive. The following procedure can be used to set a limit.
 - Verbally state limit – be calm, specific and brief, but give youth time comply. Example: “Johnny, please stop.”
 - Explain the reason for the limit – use this opportunity to explain why the exhibited behavior is not appropriate. Example: “Johnny, this is not an acceptable way for you to express your anger.”
 - State consequence for not limiting the behavior – Inform the individual of the consequences for continuing the behavior. Example: “Johnny, if you do not stop, you will receive a consequence for your behavior.”
- Recommend time out – you can recommend or suggest that a individual take a time-out in order to get themselves together or retain their composure in effort to discuss the problem that led to the behavior

and its consequences. **YOU CANNOT ORDER AN INDIVIDUAL TO TAKE A TIME OUT.** **Time-out** – Time out is always preceded by a verbal limit setting. It is a period of time in which the individual's room or other Location (chosen by the individual if appropriate). The individual is checked at fifteen (15) minute intervals and may be offered a talk down at that time. Staff will assess the readiness of the staff to complete a talk down, but each choice ultimately belongs to individual. Staff may suggest that the individual is not ready for the talk down and state they will return at a time agreed upon by both the staff and individual. It is appropriate to advise the individual that the staff is not ready for the talk down. To be successful, both parties must deal with their own feelings surrounding the situation. The purpose of the Time Out is to remove the youth from the attention of the group and to provide an opportunity to gain control of their behavior.

As previously discussed, the behavior management plan will be shared with the individual, family, and referral source upon admission to the program. The human rights policy will also be available for review which provides a detailed description of the individuals' rights and the procedures for filing a complaint with the local Regional Advocate.

STRUCTURED PROGRAM OF CARE

Campbell House will provide a structured program designed to adhere to the following:

- Meet the physical and emotional needs of the individual
- Provide protection, guidance and supervision
- Meet all goals and objectives as required in the service plan

A daily schedule will be posted at the facility. Each individual will be aware of the schedule of activities on a daily basis. A daily activity log will also be maintained to inform staff of significant appointments or problems experienced by the individual. Health and dental complaints and injuries shall be recorded and shall include the individual's name, complaint, affected area, and time of complaint. The identity of the Individual making each entry in the daily log shall be recorded. Routines will be planned to insure that each individual received the amount of sleep and rest appropriate for his/her age and physical condition. Staff will promote good hygiene, monitor supervise hygiene practices on a daily basis and will provide instruction and redirection when needed. Counselors will also monitor the individuals' behavior in compliance to the behavior management plan.

THE PHASE SYSTEM

Campbell House utilizes a four step phase system to assist individuals identify short and long term goals and to measure their success or progression towards accomplishing these goals and objectives. Progression from one phase to another is determined when all goals for each phase have been achieved. Campbell House uses a point system in which an individual has to achieve the prescribed amount of points to be considered for placement in the next phase. The individual is also required to submit a letter requesting his promotion to the next phase and clearly indicate reasons why.

Consequences will be given for extreme misconduct, which includes a loss of points and/or privileges. The individual, however, will have the opportunity to appeal his restrictions or loss of points to the treatment team. An explanation the phase system indicates the following:

PHASE I (BRONZE) – ORIENTATION: During this phase, the individual is oriented to the program and is introduced do staff and other individuals. The individual is also acclimated to the daily routine, is enrolled in school or vocational program, and begins the assessment program. In addition, the individuals participate in personal hygiene, house functions, individual and group counseling sessions, and therapeutic activities. At the orientation stage, the individual also agrees to adhere to the rules of conduct and there is the initial development of the preliminary service plan to assess the youth’s immediate needs for services. The individual has to maintain 80% out of 100% of her points on a daily basis. The orientation phase is designed not to exceed 30 days.

PHASE II (SILVER) – ASSESSMENT: During this phase, the individuals participates and completes the assessment process, identifies long and short term treatment plans, goals and objectives, has settled in school or vocational training, and begins participating in activities outside the facility. Family counseling sessions will commence during this phase. The assessment phase will conclude in approximately 3 weeks and is ongoing in conjunction with the orientation process.

PHASE III (GOLD) – TREATMENT: The individual begins to progress through the treatment plans, goals and objectives. The service plan is discussed and measured on a weekly basis. The individual is expected to discuss pertinent issues during the individual, family and group sessions. Regular attendance in school and vocational training is priority and each individual must comply with the compulsory school attendance policy. Individuals will be encouraged to be a peer facilitator within the therapeutic community and will be a positive role model for other individuals. The family therapy session will begin focusing on providing weekend passes for the individuals’ transition back into the community. This phase is approximately 2 to 5 months.

PHASE IV – DISCHARGE: During phase IV, the individual is gradually transitioning back into the home or their placement with a significant other. They have successfully met their treatment goals and objectives and are continuing to formulate their discharge plans. The individual is also volunteering in the community, attending school on a regular basis, is doing well academically and has found employment on a full or part-time basis. Individual and family sessions address transitional issues and aftercare planning. This phase is approximately 1 to 3 months and works cooperatively with the treatment phase.

NOTE: The average length of stay at Campbell House or Carrie House is six (6) months. The phase system is designed to work interactively with one another as the individual progresses through the treatment regimen.