

CENTER FOR ADOLESCENT RELATIONSHIP EXPLORATION

C.A.R.E. is a residential psychiatric treatment facility owned and operated by the State of New Mexico. The CARE facility is licensed as a specialty Residential Treatment Center by the State of New Mexico and is accredited by the Joint Commission on Accreditation of Health Care Organizations. The governing body of the New Mexico Behavioral Health Institute assumes overall responsibility for the CARE's operation.

Population Served: CARE is designed to provide treatment to male adolescents who have been diagnosed with a mental illness that has produced a history of disturbances in behavior, age-appropriate adaptive functioning, and psychological functioning. These adolescents have frequently attempted to cope with problems by engaging in self-destructive behaviors that has limited their ability to function adequately in a less restrictive environment. The severity of these disturbances requires 24-hour supervision within a structured therapeutic setting.

Program Philosophy: CARE provides a safe, structured, and supportive environment that is essential for successful treatment. The program design is based on the premise that a significant number of these juveniles have themselves been victims of abuse and/or neglect. Their offending behaviors are often the result of multiple etiologies that have created unresolved developmental issues and learned maladaptive behaviors that can be modified through individualized and multidisciplinary treatment interventions. The course of treatment is 12 months, but may vary depending upon the level of complexity and degree of pathology exhibited at the time of admission and thereafter during treatment.

Treatment Interventions: Treatment is provided under the direction of a board certified or board eligible psychiatrist and licensed psychologist. A variety of modalities are utilized to help residents achieve their treatment goals. These include; offender treatment, a therapeutic milieu, psychopharmacological therapy and physician ordered interventions.

I. Offender Treatment: Treatment occurs through individual and group therapy. The resident explores issues defined in the "Maladaptive Sexual Conduct Stages of Treatment". Different therapeutic issues are introduced at each stage and constantly re-visited during the process. Stages of Treatment as follows:

1. Therapeutic Engagement: Encounter with the therapeutic environment that establishes the basis for change. Foundation for trust is initiated as mal-adaptive behaviors are addressed in a safe, non-punitive, and consistent manner. The resident begins to develop an awareness of problematic behaviors and the need for change.

2. Facing Up To the Abuse: The resident acknowledges his offenses and accepts treatment interventions. The resident begins to identify his abusive behaviors and begins understanding the dynamics of abuse using the Trauma Outcome Process, ABC's, or other psychosocial interventions.

3. Mapping the Influence of Abuse: The resident examines his past lifestyle, addresses experiences that played a part in his decision to engage in offending behaviors. The resident begins to separate past traumatic events from present situations and becomes aware of the consequences of his behavior and impact on others. The resident applies interventions to interrupt mal-adaptive behaviors and begins to develop healthy emotional coping strategies to deal with conflict/stressors.

4. Create a Plan to Eliminate the Abuse: The resident explores the thoughts, feelings, and beliefs that lead to abusive responses. The resident identifies and interrupts thinking errors that have fueled and justified taking control by acting out and develops a self-intervention plan using the T.O. P., ABC's, or other psychosocial interventions.

5. Practicing the Plan and Planning for Success: The resident enhances his potential for success by practicing new ways of responding to daily stressors and conflicts. The resident examines experiences and refines his prevention plan with each new experience in preparation for eventual discharge

Individual offender treatment also serves to address other issues that impact the resident such as substance abuse, unresolved grief, etc. These issues are processed and help the resident to understand how other factors contribute and affect treatment. Family therapy is integrated into the resident's comprehensive offender treatment. Sessions serve to address issues that have impacted the family and to foster positive changes within the family structure. Family sessions also serve to promote the resident's engagement in the treatment process, and prepare the resident and the family for eventual discharge.

II. Therapeutic Milieu provides opportunity for the resident to integrate offender treatment into practical daily living. The resident experiences relationships in a safe and structured environment. The milieu has a set of values and norms for behavior with defined expectations. The resident explores creating and maintaining healthy relationships with others in context with milieu expectations. The resident examines the effectiveness of his relationship skills through community feedback as he practices new adaptive social skills and emotional coping. Staff members serve as role models and interact with residents teaching, through example, principles inherent in healthy relationships. The resident builds a sense of value and self-empowerment as he gains trust, privilege, and autonomy. Using individual interactions and group therapies, residents are encouraged and learn to:

- Respect personal and community boundaries.
- Resist impulsive reactions and resolve conflict using the group process.
- Appropriately share thoughts, feelings, and beliefs; learn to tolerate differences.
- Address issues with authority figures rather than inviting control by acting out.
- Become aware of the effects of behavior on others.

Group Therapies are the cornerstone of the milieu; it establishes the therapeutic culture, provides for a collective process of treatment engagement, and a venue to share experiences. Each individual is encouraged to freely share his perceptions without verbally abusing others. The purpose of groups is to practice appropriate expression and grievance and interrupt problematic behaviors. Residents are encouraged to intervene and address conflicts while they are still manageable.

Safety Considerations: Establishing a therapeutic milieu requires maintaining a safe environment. "Safety Conditions" have been created to provide congruence between responsibility and freedom. Freedom and privilege is obtained by complying with expectations of safety and responsibility. Conditions are divided into three categories. Each category is associated with a level of structure and guidance equal with the resident's ability to function safely in the milieu. As the resident demonstrates healthier coping skills and diminishes offending behaviors, he obtains access to greater freedom and privilege.

Condition III provides the highest level of program structure without a physician order. The purpose is to monitor and interrupt the resident's pattern of behaviors that have historically led to injury of self and others. Stimulus is decreased to assist the resident in building an alliance with the therapeutic process.

Condition II occurs once the resident has demonstrated compliance with condition III expectations and has not been placed on a physician ordered level in past preceding five days. The resident obtains condition II after he has received affirmation from a community consensus. Condition II is congruent with work in Treatment Stages 1-4. This is considered the "working" phase of treatment. The resident is provided opportunity to practice healthy relationship skills as he encounters the stress of living within a community system without endangering himself or others.

Condition I is the beginning step of completing treatment at CARE. The resident is practicing new coping skills and preparing for transition to a less restrictive environment.

III. Psychopharmacological Therapy is used for residents who may benefit from medication in conjunction with their psychiatric treatment. Psychopharmacological therapy is provided and monitored by the attending psychiatrist and is incorporated into the treatment plan. CARE practices utilizing the least restrictive pharmacological intervention and does not use medications for behavioral management.

IV. Physician Ordered Interventions include:

- *Level I suicide watch* is a 24-hour staff direct observation due to the resident expressing thoughts or gestures of self-injury. Level II is an observation occurring every 15 minutes.
- *Special 1 to 1 and 15 minute checks* occurs when the resident requires increased monitoring and supervision due to a temporary emotional/behavioral situation.
- *Seclusion* occurs when a resident is physically acting out and presenting a danger. Staff utilizes Crisis Prevention Intervention (CPI) techniques. NMBHI procedures for seclusion use are followed.
- *Intensive Treatment Program* is a maximum 24-hour 1:1 staff intervention designed to assist the resident who acts out in a threatening or aggressive manner and jeopardizes the safety of the community. The resident is separated from the community and receives one to one staff monitoring and clinical support to process events leading to the aggressive/threatening behaviors. Reintegration into the community occurs after the resident regains emotional stability and problem behaviors remit. The Intensive Treatment Program does not require suicide level precautions and monitoring unless the resident expresses thought of self injury.