

# Program Description

Revised 1/27/09

The adolescent sexual adjustment program is a long-term Psychiatric Residential Treatment Facility for minors utilizing a Positive Peer Culture milieu and Cognitive Behavioral Therapy. The ASAP program utilizes a holistic and strength – based approach that promotes personal goals reducing and managing risk for future offending. This resident center approach is comprehensive and addresses all areas of adolescents' lives and includes emotional development, cognitive restructuring, behavior management, building social skills, and understanding of the cycles of behavior and relapse prevention.

The primary goal is to reduce the adolescent's risk of re-offending and to have each adolescent understand and control their sexual acting out behavior. The ASAP treatment philosophy includes a strong belief in the adolescent's accountability and responsibility for their own offending. Spirituality is also an important component of the ASAP program. Therefore, efforts are made to meet individual spiritual needs of each adolescent through coordination of activities that are spiritually beneficial for the adolescents.

The program consists of four stages. These include the evaluation / orientation stage, accountability stage, sexual safety stage and re-socialization stage. Each stage is progressive in nature and each individual gains new skills, knowledge and privileges as they move through these stages.

## **Treatment services include:**

- ❖ Five days a week 90 minute groups modeled after "Positive Peer Culture" treatment approach.
- ❖ Weekly Individual and Family Therapy available as indicated.
- ❖ Weekly Relapse prevention and or Educational Drug and Alcohol Groups.
- ❖ Daily monitoring, documenting and intervention with problematic sexual behaviors and unhealthy cycles of behavior.
- ❖ Individual treatment plans for each resident developed within 14 days of placement and revised every 30 days thereafter.
- ❖ Three days a week ASAP psychoeducational groups that focus on sexually maladaptive behaviors, grooming, victim impact, human sexuality, ways individuals meet their needs and other important areas.
- ❖ Therapeutic Recreation two hours per day.
- ❖ A full academic curriculum consisting of daily class time and staffed by certified and special education teachers.
- ❖ Anger Management education groups once a week.
- ❖ Alateen, AA and NA groups are available once a week.
- ❖ Nursing Services are available for the resident's physical and psychosocial needs.
- ❖ Family Group Education is provided during the course of the resident's placement.

- ❖ Available spiritual and cultural enrichment activities for all interested residents.
- ❖ Aftercare services for residents provide initial assistance in developing and educating future placement staff and continued assistance up to six months after discharge.

**Additional Criteria for Admission:**

- ❖ The behavior is such that he does not require frequent restraint or seclusion for assaultive or destructive behavior. While Our Home ASAP is equipped to handle the physically aggressive residents, we cannot house extremely aggressive residents who regularly disrupt the treatment of other residents.
- ❖ The resident does not have a moderate to profound intellectual handicap that would prevent him from benefiting from the treatment program. Our Home ASAP program does not accept residents with intellectual handicap below a 68 IQ. However, each referral is assessed individually as to adaptive functioning, including reading, writing, listening, verbal, cognitive and social skills in addition to documented intellectual functioning to determine if the residents are appropriate for our treatment program.

Discharge planning is a critical area or focus for the ASAP program's treatment model. Residents are recommended for successful discharge when they are considered to be at a significantly lower risk to re-offend and to have made substantial progress meeting individual treatment goals. Access to potential victims and contact with previous victims are key components in determining whether a particular aftercare placement is recommended or appropriate. Discharge plans, risk assessment and recommendations are provided by the clinical staff and address the nature, extent, severity and risk of sexual offending using best available methodologies upon discharge, as well as including detailed recommendations for aftercare treatment and supervision.