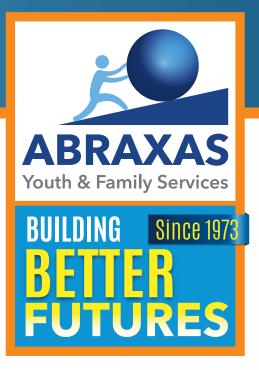
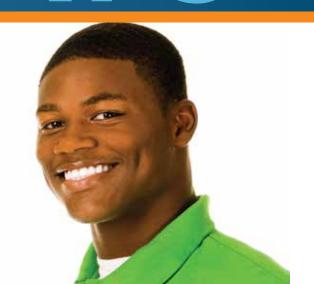
ABRAXAS YOUTH CENTER

Secure Residential Treatment (ReSET), Secure Juvenile Firesetting Treatment & Secure Sexual Offense Treatment





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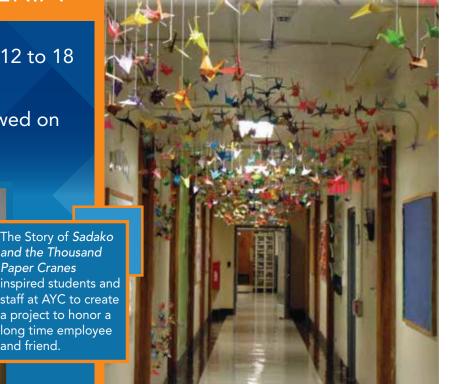
ABRAXAS YOUTH CENTER offers a multi-faceted treatment approach for adjudicated delinquent male youth with additional programming specialized for those with juvenile firesetting histories and/or sexual offenses in a secure residential environment.

WITH EMPHASIS ON accountability and a concerted effort to introduce structure and self-care, residents of the Abraxas Youth Center are provided the opportunity to break previous cycles of delinquency and establish healthier, more regulated relationships with both their families and communities.

ADMISSION CRITERIA

- Delinquent male youth ages 12 to 18
- IQ of 70 or above preferred, however others will be reviewed on a case-by-case basis

and friend.



FIRESETTING TREATMENT

With over 20 years of experience treating youth with firesetting behaviors, we understand and can characterize the primary motivational factors behind each individual's choice in utilizing fire. At Abraxas, we treat many of the co-morbid features of the juvenile firesetter effectively. When we 'treat the whole person,' the risk for recidivism can be significantly reduced. Thus, attention disorders, depression, conduct disorders, and other diagnoses are treated concurrently with specific firesetting issues. There is a growing body of clinical research on the underlying foundations out of which the most serious and pathological juvenile firesetters arise. These children frequently have developed with issues of early neglect and abuse. Healthy attachment processes are impeded, as are the development of more functional self-regulatory abilities. With therapeutic work, the juvenile firesetter can develop more functional patterns and coping strategies.

Juvenile firesetters often have experienced high levels of neglect, as well as abuse. Verbal, emotional, and physical abuse are common. The firesetting youth also exhibits a higher proportion of experiencing sexual abuse than other juveniles as well as victimizing others sexually. For this reason, sex offender treatment is also a part of the treatment milieu.

SEXUAL OFFENSE TREATMENT

When attachments are damaged by abuse or children are over sexualized, they often fail to learn appropriate boundaries and fail to understand reciprocal relationships, and as a result can engage in inappropriate sexual behaviors resulting in adjudication. Often times these youth use sex to solve problems resulting in the need for individualized treatment plans and groups that target trauma recovery and offense specific treatment. In addition, evidence based curricula such as ART®, Botvin Life Skills Training, Cognitive Behavior Therapy, and Healing the Experience of Trauma assist with the formation of pro-social skills and attitudes.

SECURE RESIDENTIAL TREATMENT (ReSET)

Abraxas Youth Center provides a highly structured, secure environment with emphasis both on treatment, and accountability in the Responsible Social Engagement Treatment (ReSET) Program. For those clients with histories of repeated delinquency unrelated to firesetting or sexual offense behaviors, a 6-month curriculum exists that can be individualized to each youth's needs in this more intensive environment. Utilizing a trauma informed approach, residents will attend daily groups with a primary focus on impulse control, moral reasoning, positive community engagement and relapse prevention. Each youth is assigned a master's level therapist who works to change attitudes supportive of delinquency and the opposition of authority.

CLINICAL SERVICES

THE PROGRAM IS BASED ON A FOUR PHASE CURRICULUM:

PHASE I:

Clarity and Ownership (Introduction and Disclosure of Problematic Behaviors)

PHASE II:

Cognitive Distortions and Cyclical Patterns (Impulse Control, Affect Management, and Correcting Negative Cycles of Behavior)

PHASE III:

Balanced and Restorative Justice (Victim and Community Impact, Moral Reasoning, and Developing Empathy)

PHASE IV:

Relapse Prevention and Planning (Positive Goal-Setting, Future Planning, and Relapse Prevention Strategies)

Upon admission and prior to discharge, every youth receives a psychiatric evaluation. Various evidence and competency based curricula are utilized throughout the course of treatment.

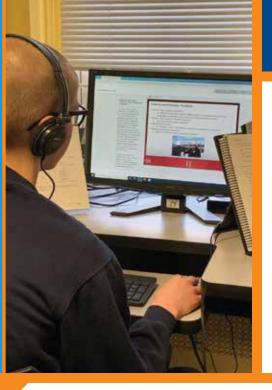
■ Aggression Replacement Training (ART®)

- Pathways
- The Good Lives Model
- Pennsylvania Victim/Community Awareness
- Cognitive Behavioral Therapy
- Healing the Experience of Trauma
- Botvin Life Skills Training: Teen Violence, Substance Abuse Psycho-Education
- Casey Life Skills
- Healthy Masculinity
- SELF Psycho-Education
- Safe Dates



Residents participate in daily group counseling and have individual sessions once a week with a counselor and bi-weekly with a master's level clinician. The program offers an individualized emphasis on trauma recovery and issues related to PTSD.

EDUCATIONAL SERVICES



All residents attend school year-round at our private, licensed on-site school. We offer a full range of Special Education services. Many residents are able to make up education deficits (credit recovery) and progress more quickly than they have in the past. Core subjects include: English, Language Arts, History, Mathematics, Physical Education and Health, Science, and Life Skills. Smart Boards are used in every classroom and the on-site computer lab helps increase each resident's computer skills. Residents are strongly encouraged to set and meet high academic standards. Additional tutoring is available from the teachers for those who need it. Students are rewarded for academic accomplishments and positive behavior. Both diploma and GED tracks are offered. PSAT and SAT testing is also available.

CAREER & TECHNICAL EDUCATION

The Abraxas Youth Center provides residents with opportunities for career exploration, and vocational experiences. As an affiliate of Pennsylvania Academic & Career/Technical Training (PACTT), these experiences can lead to certifications and job training. Residents can participate in programming focused on Building & Property Maintenance, Construction, Culinary Arts, Gardening, Graphic Art & Commercial Advertising, Graphic Communications, Microsoft Office Specialist Suite, and Raising Small Animals. The opportunity for youth to work in a small business, and learn customer service skills and money management in a fully functioning business model also exists through participation in the AYC Coffee Cart Cafe.

- Certifications can be obtained in ServSafe®, CPR & First Aid through the Red Cross® & OSHA-10
- Certification in Microsoft Word, PowerPoint, Excel, Access & Outlook
- O*NET career aptitude assessment tool

All students will complete a portfolio and take it with them at discharge.



- ALL CERTIFICATIONS RECEIVED COMPETENCY LISTS
- RESUME

EVALUATIONS

ASSESSMENTS

- PROFESOR: Protective + Risk Observations For Eliminating Sexual Offense Recidivism
- Casey Life Skills
- MAPP: Multidimensional Addictions and Personality Profile Addiction
- **■** Transitions to Work Inventory
- Psychiatric evaluation at intake and discharge

DIFFERENT Firesetters Require DIFFERENT Treatment Approaches;

this is NOT a 'one size fits all' clinical population.

Abraxas Youth Center offers a residential diagnostic evaluation to examine firesetting risk and appropriate treatment interventions, as well as long term treatment options based on a 52 week core group curriculum.

JUVENILE FIRESETTERS ARE
A HIGH RISK POPULATION
IN SEVERAL DIFFERENT WAYS.

Juvenile firesetters do considerable damage to their communities.

Children "playing" with fire start over 100,000 reported fires annually in the US.

The monetary damages that result from juvenile set fires are substantial. Fire protection costs and property loss attributed to fires set by youth exceeds \$350 million dollars annually. Annually, Juvenile firesetters cause more damage than all other natural disasters combined. 55% of all arson arrests in the U.S. are children under the age of 18.

Fire can and does lead to serious injury or even death including both to innocent victims as well as firefighters. 1 in 3 children who die in fires, die in a fire they started.

Firesetting also is frequently a precursor to significant criminality. Worse yet, it is true that very violent criminals have had histories of juvenile firesetting, a proposition proven in retrospective studies of some of the most notorious offenders.



The below listed juvenile firesetter typology can be used to help recognize behaviors and begin to identify treatment needs. Effective outcomes are even more frequent when we carefully match treatment intensity to the seriousness of the juvenile firesetter's problems.

TYPES	CHARACTERISTICS	TREATMENT NEEDS
CURIOUS OR ACCIDENTAL	Younger children who do not understand the basics of fire such as it hurts, it spreads, etc.	Fire Safety Education, including their caretakers (when possible). Possible counseling/therapy to help the child deal with the impact of their fire when indicated.
CRISIS/CRY FOR HELP	Children who use firesetting as a method (however distorted) to manage or resolve a crisis situation. Either they do not know how to get help or have psychological impediments to getting help.	Fire Safety Education, social service and/or counseling therapy to resolve the underlying crisis. Relapse prevention so that future crisis situations do not lead to firesetting recidivism.
DELINQUENT	Usually middle school aged, these children derive pleasure from their intent to be destructive and the anti-authority aspect of setting a fire. Usually set fire with peers.	Implementation of legal and financial consequences. Education regarding other potential and realistic consequences. Balanced and Restorative Justice initiatives such as restitution, containment when safety needs to be ensured and possible highly structured residential care in more serious cases.
REVENGE*	Children, usually teenagers, who use fire to obtain revenge. This is easy to ascertain when the revenge is direct but more difficult to discern when the target is random.	Consequences for setting the fire are necessary. Residential care is often necessary. Treatment should focus on down regulation of anger as well as exploratio of other underlying emotions that magnify anger (fear, shame, hurt, etc).
MALADAPTIVE COPING*	For these teenagers, firesetting becomes a solution to feelings of alienation, poor self-esteem, anxiety, and the like.	Residential care is frequently indicated. Work must focus on removing fire from being a solution to in-depth psychological problems. These problems will also require considerable clinical work.
FIRE FASCINATION*	These teenagers have almost always had an interest in fire as youngsters and, as they develop, their interest in fire grows with them to become quite unhealthy. They psychologically 'light up' when seeing or thinking of fire.	Residential care is usually required. These teenagers need to be externally curtailed from stimulating their fire interest until they can quell this fascination internally. They require considerable clinical care.
THRILL SEEKING*	These teenagers get equal enjoyment from their firesetting as they do from their attempts to elude being caught. Their firesetting usually rapidly progresses to become more and more serious.	Highly structured residential care is mandated to interrupt their progressive firesetting and to clinically deal with underlying issues.
COMPLEX FIRESETTERS*	These teenagers will have a combination of types of firesetting sub-types. They thus have an all too high psychological interest in firesetting and use fire to regulate themselves in complex ways.	Highly structured residential care with intensive clinical care is necessary.

*PATHOLOGICAL SUB-TYPES

RESTITUTION & COMMUNITY SERVICE

We offer opportunities for both restitution and community service. Residents engage in community service activities with such groups as the National Fire Academy, Fort Loudon Historical Society, Michaux State Forest and other local organizations. Youth who owe restitution can participate in programming focused on working to eliminate or pay down court costs and monies owed.

Residents are required to develop and present a BARJ Project to their treatment team and peers, and when permitted, they present to their referral agency or other outside groups.

FAMILY INVOLVEMENT

- Families are encouraged to visit on a bi-weekly basis and transportation assistance is available.
- Families are invited to participate in Individual Service Plan meetings and therapeutic family sessions.
- Families receive weekly phone calls and monthly reports.
- With Court approval, home passes can be earned for those residents transitioning home.

DISCHARGE PLANNING / REINTEGRATION

- The final phase of treatment is 'Planning & Relapse Prevention' but discharge planning starts from day one. Counselors work with the placing agency to gain information on reintegration services available in the area.
- The treatment team can make recommendations and assist in the transitioning of residents either to home or an appropriate step-down program.
- Abraxas staff conducts both 30 day and quarterly follow ups with clients up to 1 year post discharge.









FOR MORE INFORMATION:

Contact your local Admissions and Customer Relations Liaison or email info@abraxasyfs.org

Abraxas Youth Center

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