

## **STETSON SCHOOL INC.**

Stetson School, located in Barre, Massachusetts, was founded in 1899 by Henry Augustus Pevear. Initially operating as an orphanage for homeless boys from urban, industrializing communities, Stetson School has evolved into a national leader in the treatment of youth with psychosexual behavior problems, psychiatric and learning disabilities, and experiences of trauma and abuse. Today, Stetson School is a 117-bed premiere residential treatment facility and special education school with over 300 employees dedicated to the care of boys aged 9-22 with emotional and behavior problems and in need of on-site educational services. The organization has refined its clinical, residential, and managerial systems for treatment of youth with complex psychosexual problems since 1989 when treatment for adolescent psychosexual behaviors became the primary focus of our work. Key ingredients for success during the strategic development of services for youth with psychosexual behavior problems have included: recruitment and specialized training of qualified direct care and professional staff; alignment with and development of therapy approaches based on industry standards; and the construction of an integrated service model that is holistic in practice and intent. The creation of a relationship-based residential and classroom milieu program with daily opportunity for adolescent skill-building and healing also make Stetson School unique.

Desiring a personalized, nurturing and safe environment of care for youth, our facility offers single bedrooms for all students, assigned bathrooms, clear lines of sight inside and outside the buildings, and “STEPS” rooms (a youth-selected acronym for – Students Talking, Exploring, Problem-Solving) for time out sessions. Academic programs are based in the the Robinson Education Center which offers self-contained classrooms, science lab, computer lab, industrial arts workshop, and art room. Recreational facilities include a 5,000 square foot gymnasium, 3-season swimming pool, a game/music room, and a central cafeteria, softball field, soccer field, and camp site.

Stetson School brings a strong record of behavioral health and social rehabilitation services through in-depth knowledge of the field of juvenile sexual abuser treatment. The agency continues to evolve through continuous learning and program assessment. Stetson School’s mission statement, entitled, *A Culture of Recovery*, captures the spirit and emphasis of the agency’s services to youth. It reads as follows:

*“Stetson School maintains the belief that every child can succeed. We believe that every child deserves the opportunity to become a confident, capable adult, and a productive member of the community. Our philosophy encourages moral development, an inner sense of compassion, and personal and social responsibility. Such growth and development begins in a safe environment in which the child’s life experience has positive meaning and purpose and where nonviolence and treating others with dignity and respect are primary values.*

*“Stetson School serves boys and adolescent males with sexually reactive and sexually abusive behaviors. Preventing further sexual victimization is the primary purpose of placement. One of*

*our primary goals in treatment is to provide each child the opportunity to resign from a lifestyle of violence in a safe, rehabilitative environment. In order to accomplish this, we believe that we need to treat the “whole” child, not just his sexually reactive or abusive behaviors. Children are more than the sum of their behaviors and thus treatment must focus on a range of emotional, behavioral, social, and familial domains.*

*Stetson School’s treatment milieu supports our belief that a child’s behavior and attitude is influenced in part by his environment. We believe that all staff are agents of change. Relationships developed with children are expected to be therapeutic, supportive, and nurturing. Staff is essential in sustaining a “Culture of Recovery.” This culture values a healthy, rehabilitative treatment environment in which the thinking and actions of all staff demonstrate flexible responsiveness to children’s needs. Unconditional support and management of risk through structure and predictability are key components. Our staff secure environment provides structured external behavioral controls while the child develops self-control, with the goal of preparing each child for successful reintegration into the community.”*

The Stetson School treats youth fitting this general profile; and will individualize care to each youth based on formal assessment:

- (a) a history of sexually abusive or sexually reactive behaviors, significant conduct problems not amenable to outpatient care, and/or psychiatric and learning disability
- (b) youth will be ages 9 - 18 upon admission
- (c) IQ’s of 55 and above, with others reviewed on a case by case basis
- (d) Functionally able to participate in the treatment program, in an unlocked setting
- (e) Display some potential to benefit from therapeutic residential placement
- (f) Either have not completed high school and require educational services; or, prepared to participate in some type of continuing education, vocational/technical training, or college preparatory experience
- (g) History of acting out behaviors, angry, aggressive, and/or sometimes suicidal, with oppositional and defiant behaviors
- (h) History of sexual victimization, abuse, and/or neglect
- (i) May require medications management and review
- (j) May display periods of emotional loss of control, tantrums, or may engage in extreme behaviors requiring physical restraint
- (k) Fire setters and runners, may be considered on a case by case basis

Children who require detoxification services, stabilization of an active or untreated mental illness, require a locked detention setting, or who can be described as predatory in their sexual abusing history are not appropriate for the Stetson School.

Stetson School has developed the capacity of individualized and specialized approaches tailored to sub-groups of behaviorally disordered youth and youth with psychosexual behavior problems. For example, we recognize that youth with serious sexual trauma issues may not benefit from the same treatment services and environment as those primarily defined as sexually abusive. The Stetson School provides appropriate clinical tracking of students based on their history and presenting symptoms and may construct distinctively inclusive milieu environments and classrooms for a variety of youth need. Since 2001, Stetson School has provided special clinical and residential programming for youth with significant cognitive impairments in our

*Alternative Learning Programs* (ALPS) unit. Stetson School has from 24 to 30 latency age boys with trauma-only backgrounds and sexual impulse control problems. In addition, since 2004, Stetson School has offered services for 6 young adult (age 17-22) sexually abusive youth in the vocationally oriented *Youth Extended Services* (YES) program. This young adult program incorporates a rehabilitative focus with elements of vocational preparation, work simulation, job coaching during actual employment, and self-sufficiency skills with significant community contact.

### **THERAPEUTIC MILIEU**

Stetson School envelops some common concepts in all programs. These are:

- 1) Individual youths participate in their own plan of care. This demonstrates the agency's respect for the individual and his choices about participation in social and rehabilitation activity. We have observed that Stetson School youth display greater enthusiasm about available services and gain a sense of achievement when they have helped in the planning.
- 2) All milieu service components have clear objectives and established methods.
- 3) The scope and depth of milieu services matches the needs of the youth served, specifically, age and developmental level, time in treatment, culture/heritage, and personal preferences.
- 4) The milieu is balanced with free time and opportunity for spontaneous and informal, but still therapeutic, interactions with staff, peers, and visitors.
- 5) Each time youth practices adaptive recovery skills - positive interactions with others, problem-solving or critical thinking and planning, management of his own behaviors and feelings –regardless of the setting, he has the opportunity for learning and gains in satisfaction and fulfillment. All staff are trained to be alert to such cross-discipline and cross-activity learning opportunity and are available to the youth to promote his attainment of replacement behaviors.

The following describes the service elements comprising Stetson School's integrated programming, and includes details about methods, implementation, and relevance to recovery goals.

Educational and Academic Support: The education center at Stetson School has curricula aligned with the Massachusetts Curriculum Frameworks, with modified programming and differentiation of methods according to student needs. Each residential unit offers a twice -weekly academic enrichment time as well as reading time and reinforcement of cognitive skills during practical activities such as writing a letter or planning a menu. Attendance at the enrichment time is required for those youth who lost class time due to behavioral difficulties; and is available for youth needing special help with a subject or study time. Clinicians at Stetson School confer frequently with teachers and instructional aides with a goal of removing psychological, emotional, and behavioral obstacles.

Clinical Services: Under the direction of the Clinical Director, Clinicians have a caseload of approximately 7-10 youth. Frequency, duration, and content of clinical groups is established in written policy to insure universally high quality of service. All youth work with an individual clinician with whom they also have group and family therapies. Clinical services tailored to the youth's needs are defined early in the placement through the initial assessment process. A range of therapeutic styles and techniques are used by clinicians, including Cognitive Behavioral, Psychodynamic, and Experiential. For example, in group therapy, the clinician may introduce use of the Challenge Course to permit gentle confrontation and encourage therapeutic risk taking. Child Care Specialists and Milieu Supervisors will co-facilitate group therapy and may also be involved in individual and family sessions as contributors of important information relevant to the youth's style of interaction or ability to take responsibility for mistakes. All staff contribute data to support the psychiatric care of youth and the risk assessment decision-making process.

Vocational Career Guidance and Linkages: Work preparation and vocational exploration may occur at all phases of treatment. Youth may earn the privilege of participating in community service learning opportunities. At Stetson School youth participate in the Adopt-a-Highway public works program, volunteer to detail the town ambulances and police cruisers once per month, or help with farm work at the Heifer Project's Overlook Farm. This type of experience introduces youth to different roles and job functions, lets them observe other workers on the job, provides motivation to turn out a good day's work, and teaches job skills. The *Preparing Adolescents for Young Adulthood* (PAYA) curriculum is in use and provides a structured outline for direct care staff to instruct youth in completing a job application, handling a job interview and related skills. *Youth Extended Services* (YES) program youth at Stetson School review job postings, complete an application, practice a mock job interview and then attend an actual interview. They have a standard work schedule, complete a time sheet, and must comply with all the typical expectations of an employee, such as calling to report a late arrival, making suggestions for improvements of work procedures, and accepting constructive criticism. These youth have learned to keep a written personal calendar and create to-do lists to learn to manage time.

Health/Nutrition/Wellness: Each youth has his health, dental, and vision care monitored and managed by a registered nurse or LPN. Nurses on residential units are available for daily sick call as well as for health education counseling. Nurses are active members of our management teams and provide tri-annual progress reports about health care issues as well as consulting with the youth's primary care physician. Nurses consult with Youth Advocates to insure follow through with medically necessary treatments, restrictions, and care.

Direct care staff are trained to respectfully and privately assist youth with personal care instruction, until he achieves mastery. The activity schedule reflects time set aside for fitness activities. Youth benefit from structured physical education classes and health education. At Stetson School, a significant program improvement effort has been designed to provide optimal nutritional offerings in the cafeteria. The effort was sparked

by data indicating a serious problem with weight management among students on our campus. Written guidelines were designed to educate staff and provide instructions for working with youth around nutritional concerns. For example, youth are not permitted to purchase food from vending machines, and snacks are not permitted during television or movie viewing. Cooking clubs are required to focus efforts on healthy cooking and parents were sent an advisory of the need to manage snack foods more effectively. Among the improvements completed thus far have been: a consistent system of measuring youth body mass index each month, replacement of snacks with an approved list of healthy snacks, and providing diverse menu options to youth using a meal card system matched to each youth's caloric needs. Related work of the Wellness Committee has been a campus-wide campaign, "Walk Across America" contest, winter indoor active sports tournaments, and gradual replacement of fitness equipment with newer cardiac and weight equipment, as well as providing technical assistance to staff pertinent to teaching fitness activities to youth.

Advocacy Resources: Stetson School utilizes *Student Self-Advocacy Forms*. This provides youth with a starting point and a structure for informing program staff of a complaint or concern; at the same time, it teaches the youth one method of assertively and respectfully criticizing circumstances or another person. Once completed, with staff or peer assistance if necessary, the *Self-Advocacy* report is reviewed by the Milieu Supervisor. Methods of advocacy and dispute resolution include convening a mediation session with the youth and others; identifying a solution with the youth's participation; or providing information and instruction to the youth about the reasoning behind a particular procedure or situation

Independent Living Skills Development: Each living area at Stetson School is designed with several home-like features, including a living area, kitchen, laundry facility, and storage area. All youth are assigned a daily chore, including bathroom cleaning, vacuuming, and organizing unit supplies. In addition, he is responsible for maintaining a clear standard of order and cleanliness in his own bedroom. Youth at Stetson School receive a weekly allowance, tied to chore completion. Residential units include watching news programming in the daily routine, with opportunities to process and examine the information. Youth at Stetson School have access to a local newspaper which is a rich source of information about the community and a tie to news about cultural events and opportunities.

Hygiene/Grooming: Stetson School youth have scheduled time allotted to complete daily hygiene, morning and evening. Standards of neatness and self-care prevail, while allowing for individual levels of comfort and personal taste with unique concentration on the concerns that adolescent boys will have in these areas. Staff provide instruction in shaving, skin or hair care, and oral care if needed. Stetson School provides hygiene products (toothpaste, shampoo, razors, nail clippers) for each youth, including culturally appropriate products for hair and skin care. Youth who have difficulty maintaining motivation for self-care have a care plan addressing the goals and methods for improving self-care.

Social Support and Skill Development/Social Rehabilitation: Both formal and informal social skill development methods benefit Stetson School youth. Intrinsic skill development occurs mimetically as youth observe all types of interactions between peers and with staff. Stetson School's inservice training emphasizes for all staff their role as models of pro-social skills. Staff learn to demonstrate manners, language usage, and demeanors which support the values of good sportsmanship, compassion, and responsibility which we are attempting to inculcate in youth. Using a coaching approach, staff may help a boy anticipate a difficult situation and then informally rehearse the event with the youth. Stetson School has written rules and expectations pertaining to the social environment, youth have a clear understanding of standards and consequences involved in areas such as: respect for property and belongings; appropriate language; fairness and non-discrimination in actions and speech.

More structured skill-building options are also incorporated in the residential schedule of activities. The *Prepare Curriculum's Skill-Streaming* program is a fun, high-interest role-playing group for adolescents. Using this model, staff and youth "stage" hypothetical interpersonal situations and then dramatize the dialogue. Youth may chose to role-play a positive or a negative outcome, but either form provides enhanced sense of control and management of challenging social situations. The *Prepare* components also include: *Anger Reduction* and *Stress Reduction*.

Personal Enrichment/Mentoring: Youth at Stetson School are permitted to personalize their living spaces and to own and keep materials and belongings that support their personal interests. As noted earlier, each youth is a participant in formulating his areas of interest. Given the tendency for many youth to have had histories of disrupted placement, Stetson School staff will recognize that many youth have had interruptions in their ability to explore what interests and excites them, often leading to one-dimensional interests in passive activities. At Stetson School, residential teams have a variety of materials to improve access to leisure choices for youth. Examples include: a sewing machine, easels and art supplies, sporting goods, and an aquarium

Information and Knowledge Acquisition: At Stetson School, those students who have off-campus privileges and can go to the library, hold a brief house meeting beforehand to "take orders" for reading materials of interest to their peers who cannot yet go off campus. The library crew receives community service points for taking this responsibility. The unit's knowledge acquisition needs are met, but, in addition this simple process: provides a feeling of leadership and success, requires clear personal communication, and promotes cooperation and service to others. As noted, all units have access to local newspapers and include educational programming and news programming among the approved media. Older students at Stetson School participate in current events groups and book discussion.

Recreation/Physical Activities: Stetson School has experience offering Project Adventure based groups and games for students and this has proven a tremendous way to involve even those youth who lack experience in physical recreation. Many adolescents experience themselves as awkward or unskilled in physical activity, and

many have vulnerabilities which reduce comfort level in this type of programming. Staff are encouraged to be as inclusive as possible in recreational services, and to provide non-confrontational motivation and encouragement for the more reluctant youth. Stetson School offers full range of physical activities: softball, basketball, volleyball, walking track, gym bowling, Frisbee, weight training and cardio fitness.

### **BEHVIORAL HEALTH SERVICES**

Since 1989, Stetson School has focused on therapeutic care for latency aged and adolescent males with psychosexual behavior problems. Stetson School defines sexually reactive children as those who have been exposed to inappropriate sexual activities or sexually abusive relationships, and have subsequently initiated non-consensual sexualized behaviors with others. Juvenile sexual abusers may or may not have been adjudicated for a sexual crime and may have engaged in a range of unacceptable sexual behaviors ranging from rape to molestation and exhibitionism. Such behavior is defined by the National Task Force on Juvenile Sexual Offending as a) without consent, b) without equality, or, c) as a result of coercion.

Although sexually abusive patterns of behavior and sexually reactive trauma responses vary widely by individual child, some broad treatment goals have been articulated for every student in our care. These objectives specify that successful participation in juvenile sexual abuser treatment means understanding and interrupting those thoughts, fantasies, feelings, urges, beliefs, and behaviors that contribute to abusive, coercive, or aggressive behavior. Youth must accept responsibility for personal choices and behavior, without minimization or justification. Treatment success is also defined as identification and understanding of the ways that past trauma contributes to one's responses to stressors. Experiential practice in sensitive and respectful attitudes toward others, and knowledge about normative sexual development, practices and appropriate behaviors are also essential ingredients in the Stetson School model of treatment. Stetson is a therapeutic ("healing") setting, and every staff is trained to understand and avoid damaging assumptions about youth's behavior. For example, it is not true that every child who engages in offending behavior will become an adult sexual offender; and, it is not true that sexually abusive behavior is unresponsive to clinical intervention. Stetson School's treatment philosophy holds that youth receiving treatment for sexually abusive behavior cannot exclusively be treated for that behavior as though sexually abusive acts are distinct from the rest of their lives and activities. Stetson School has established that in order to prove effective, sexual abuser treatment must be directed toward a range of emotional and behavioral conditions and must focus on the systemic environments and personal circumstances in which the sexualized behavior developed.

Stetson School youth typically may have other behavioral health needs. Many, if not all, have diagnosable conditions meeting criteria for mental health/behavioral disorders as defined by the *Diagnostic and Statistical Manual of Mental Disorder* and as many as 80% may be prescribed psychiatric medications. Experience in behavioral health care also means having qualified and experienced clinical staff, nurses, and psychiatrists who are aware of and responsive to the biologically driven aspects of behavior in the

context of vulnerabilities including abuse, losses, and family violence. Stetson School offers every child an initial psychiatric consultation, with medication management when indicated. Written policies dictate steps for obtaining informed consent, certification of staff for medication administration, reporting of adverse medication effects, and monitoring of medication errors. Stetson School emphasizes the right of parents and legal guardians to participate in the process of behavioral health treatment, and to customize the youth's care within parameters of culture, language, and personal beliefs.

### **CLINICAL SERVICES**

The Stetson School uses an integrated treatment model. A licensed professional clinician, specially trained in psychotherapy techniques with adolescent males, becomes the care coordinator for the youth's services and is involved in all aspects of the youth's care and life at Stetson School. The clinician begins with a comprehensive assessment during the first 90 days following admission. The resulting evaluation includes a risk assessment process as the cornerstone for treatment. The risk for a relapse to sexually abusive behavior serves as an initial foundation for determining the intensity of treatment; and the risk assessment becomes a means to assess response to treatment over time. It is a key element in ongoing assessment of the need for higher levels of care and is revisited every quarter in the cross-discipline Individual Service Plan meeting. The assessment covers developmental, family and social history; prior treatment and its results; medical and legal concerns; educational and cognitive strengths and needs; and describes target behaviors for treatment. The assessment establishes the specific array of services most important to the child and his family and identifies the youth's areas of strength and talent. Stetson School's system of care is has been extensively detailed in two recent works authored by Stetson School Clinical Director, Phil Rich, Ed.D: *Understanding, Assessing, and Rehabilitating Juvenile Sexual Offenders*, (2003), and, *Attachment and Juvenile Sexual Offenders* (2005).

The next phase is the youth's deepening involvement in the treatment process facilitated by weekly individual therapy and 90 minute group therapy session three times per week. All licensed clinicians work on a variable scheduling system that permits weekend and evening appointments. Stetson School's clinical approach is "holistic." It is based on multi-dimensional needs of children and adolescents and it treats general behavioral health needs, while treating sexually abusive and sexually reactive patterns of behavior specifically. Behavioral health treatment at Stetson School encompasses the broadest range of interactional, emotional, psychiatric, and developmental concerns that are typical of children and adolescents who display sexually abusive behaviors. Because no one set of therapy techniques or theories can fit all youth, Stetson Schools psychotherapy model varies depending on the phase of treatment and the needs and abilities of the youth served. In addition to a well-defined and results-focused program theory, Stetson School has continuous improvement activities focusing on several principles of program evaluation. These include: a sound model, strong program design, measured adherence to the program theory, measured adherence to the frequency and duration of service delivery, and measured quality of program delivery. While there is no absolute evidence of the value of any one model over the others, there

is emerging focus in the treatment literature on the importance of the child's relationships as the key factor in positive treatment outcomes. Stetson School's therapy approaches are congruent with works in the field of trauma-informed care for boys. Application of trauma-informed treatment means that Stetson School's treatment teams will recognize how significant trauma and chronic distress results in certain predictable behavioral symptoms and biological changes. These include mood swings, sadness, anger and aggression. Youth who develop such symptoms become less competent over time in personal relationships, and experience less enjoyment and satisfaction from daily activities and accomplishments. Social alienation and estrangement from others results. Syndromes of shame and unworthiness may result. Biologically, chronic stressors abuse the boy's natural stress responses, further collapsing the youth's resiliency. Stetson School aims at adaptability, resiliency, and recovery. Clinical staff teach youth with trauma and stress-related conditions to build-up a repertoire of strengths which, in turn, develops the youth's protective emotional "shield". Such protective factors help to organize and mobilize cognitive skills and leads to more adaptive problem-solving. Clinicians, Supervisors and Child Care Specialists who come into direct contact with the youth learn to help them problem-solve using real-life relationships and situations "in the moment." Treatment for sexually inappropriate behaviors for children in this category must address the trauma background by helping the child form an emotional "infrastructure" before focusing on tools and concepts in a cognitive-behavioral strategy.

People and program systems must be predictable and stable for such children to progress. Clinicians and direct care staff work together to emphasize even mundane details which are controllable – such as the time for basketball group or bedtime – while helping the child to overcome the inevitable occurrence of not-controllable events such as losses and disappointments. Limit-setting for children with a trauma history at Stetson School involves discussing the rules, explaining the reasons for rules, and setting limits with the utmost respect to avoid the child's interpretation of "no" as a rejection. Sexually reactive children or children who experienced domestic abuse or physical abuse/neglect will gradually accomplish the key aspects of ego development that include frustration tolerance, interdependence in relationships, and the ability to trust.

To be truly integrated, Stetson School's treatment activities pervade the activities and relationships formed by the youth across disciplines, roles, and schedules. Clinicians focus upon both technique and the quality of the therapeutic alliance formed with each youth. Clinicians and paraprofessional staff together teach concepts such as "thinking errors," and behavior cycles, as well as empathy for others. In self-study, youth may use workbooks, videotapes, journals and other materials to apply treatment tools and concepts to their own histories as well as their daily routines. The concepts of relapse prevention, where needed, will help youth process his trips into the community, service learning activity, and family visits. A unique feature of the Stetson School model is the direct care staff's continuous role in teaching and reinforcing treatment concepts. As youth master adaptive behaviors and begin to explore their community and themselves, Child Care Specialists become a resource and a coach in the process. Peers may take

turns researching treatment relevant topics to present in a psychoeducational groups, oral presentations, musical performance, or psychodrama. Topics such as bullying, handling peer pressure, overcoming loss or disability, promoting a non-violent lifestyle are examples of treatment concepts that can be worked into powerful, expressive learning opportunities in school, therapy group, or in the residential milieu. Systems for cross-disciplinary communication must be established to support the active roles of each staff member. Direct care staff share observations with the clinician which is used to shape the emphasis of therapy sessions. In turn, clinicians might inform and advise residential staff about the youth's handling of demanding family therapy sessions; or ask direct care staff to help measure the occurrence of a specific behavior or mood. Clinical work is documented in progress notes. Treatment summaries are created according to established time lines and data submission requirements for each state, or for performance measurement activity. At a progress meeting involving the entire internal and external care teams, the youth helps to write his goals for the upcoming quarter. The ISP meeting is the forum for comprehensive transition planning. Participants set the behavioral criteria for youth's movement to a less restrictive environment, insure that all aspects of the service plan are on track, and develop alternatives when obstacles emerge.

Stetson School offers in-house nursing care, art therapy, and individual, family and group therapy resources. Primary medical care, pharmacy services, nutritional services, psychological testing, speech and occupational therapies will be contracted for with local providers. Such services are arranged on a fee-for-service basis or, when possible, are covered through third party reimbursement.

Stetson School's multi-faceted behavior management system includes:

- 1) Every aspect of the environment contributes to behavioral self-regulation.
- 2) Behavior may not be controlled, only shaped and modeled.
- 3) Children often present their emotional needs in the form of a behavioral "riddle" which must be solved by the staff assisting him.
- 4) Behavioral change is a process; certain interventions are helpful at various stages of the change process.
- 5) Behavioral self-sufficiency, not compliance, is the goal.

The intent of the system is to promote adaptive behaviors while maintaining the safety of staff and youth in the program. Techniques range from a structured processing exercise, the Life Space Interview, to physical restraint or brief suspension from program activities. Staff is trained to recognize that a youth's misbehavior presents an opportunity to understand the issues and feelings of the youth. The youth's role in behavior management is to participate in his own care by joining in the selection of consequences after exploring the causes of his behavior. Staff are skilled in eliciting information from the youth and using their relationships with youth to provide support when the child is expressing vulnerability and difficulty coping. The verbal de-escalation components of Therapeutic Crisis Intervention include Structuring, Active Listening, Teaching, Directing, and Relating to help youth use coping skills instead of behaviors which harm others. Stetson School staff work from the viewpoint that excessive feelings

of failure or shame are counterproductive and de-motivating for children, therefore, staff focus on the problem presented by the behavior and maintain a valuing stance toward the youth as a person who can muster skills to overcome adverse circumstances. We also hold that behavioral change takes time, and that healthier replacement behaviors must be mastered prior to youth relinquishing maladaptive behaviors. Positive behaviors must be reinforced through modeling by staff and the use of verbal praise and incentives. In the spirit of optimism characteristic of the “Culture of Recovery,” students have ample opportunity every day to achieve incentives through a daily point system; to experience recognition in the classroom for a job well-done; to join peers in a service learning project such as “adopt a highway” or a bake sale fund-raiser for hurricane relief; or to complete tasks required to participate in an off-campus trip. As students become successful identifying problem behaviors on their own, the student may convene a group of peers in his dormitory to request from his peers the assignment of a behavioral consequence.

Stetson School staff learn and use the Therapeutic Crisis Intervention method of physical restraint to manage severe behaviors. Severe behaviors are clearly defined as imminent risk of harm to self or others. For calendar year 2005, Stetson School’s restraint statistics showed a decline from 140 restraints in the first quarter to 54 in the final quarter of the year. Restraints and escorts are documented in detail and reviewed by a restraint coordinator. The agency's restraint committee meets monthly to analyze trends and develop best practices approaches to physical management of behavior. Twelve hours of training each year keeps staff up-to-date in the use of these skills.

### **MULTI-CULTURAL COMPETENCY**

Stetson School defines culturally competent practice as a system of values, beliefs, and behaviors within the organization which enable individuals to be effective in cross-cultural situations. Such practice is rooted in the Stetson School “Culture of Recovery” mission statement, which espouses dignity and respect, tolerance, and an end to victimization. We take a broad view of culture – to include complex patterns of thoughts, communications, customs and values shared in common by those of a specific class, race, ethnicity or social group. Providers who deliver child care services or treatment services must work to increase the quality of services and outcomes by gathering knowledge of the community culture and transforming it into specific standards and practices. No employee may subordinate the cultural, language, or ethnic traditions or needs of any youth or family member. All staff are expected to display flexibility, adaptability and the capacity to learn about cultural expectations of Stetson School’s youth. The child’s understanding of and appreciation for his heritage and culture is a component of permanency as it creates a sense of belonging and protects against some feelings of loss. Stetson School provides inservice training in cultural competence to employees. We engage in staff recruitment and hiring practices aimed at hiring culturally diverse employees. Bilingual staff are hired and receive a stipend for providing informal translation to assist students and their families. New policies and procedures are written within the frame of cultural awareness. The case managers at Stetson School provide the primary link to parents/guardians and families. Case

Managers inform the team of the unique needs of every family and accommodations are made to reinforce an alliance with the family. For example, a family of limited means is offered the agency's toll-free telephone number to make sure that parents have frequent contacts with the treatment team; or, a child who identifies his god-mother as a central figure in his life in addition to his biological parent and she is subsequently included in case planning and all important notifications.

In the areas of child care, residential teams engage students in activities linked to culture such as cooking and music appreciation and youth may observe preferred religious traditions. Direct care staff are encouraged to talk with youth about his customs, habits, preferences and dislikes in order to avoid cultural pitfalls. The cafeteria service incorporates two special multi-cultural meal days with appropriate music each month. Appropriate hair and skin care products are provided to African American youth placed at Stetson School and serious efforts are made to help the child maintain his hair in the way that the child feels most comfortable.

Resources such as *Making Cultural Connections: Hair and Skin Care for Children of African Descent*, J.Costa (2003) is available in the staff library.

### **FAMILY INVOLVEMENT**

Stetson School places great importance on family (including extended family and kinship ties) involvement. Stetson School recognizes that parents/family of youth in care are experiencing their own stresses. They may be upset, ashamed, and fearful. The youth's actions may have harmed or alienated members of the family. Many parents will be "system weary." Furthermore, parents/guardians have the ongoing demands of work, care for other children or elderly relatives, financial and transportation pressures or housing problems.

Stetson School youth and their family members are offered psychoeducation relevant to the youth's phase of treatment. Upon admission, parents/guardians receive written materials detailing how residential care will assist their child. In a series of sessions with a Case Manager the youth's family contacts come to understand the terminology used in juvenile sexual abuser or mental health treatment and get help to adapt to the child's placement in specialized residential care. This strengthens their ability to supervise and respond to the youth's behavior.

### **EDUCATION**

Stetson School includes an on-site 766 licensed school at the residential facility. The school curriculum is aligned with statewide curriculum frameworks. Youth admitted to the residential program attend the self-contained school year-round. No youth is discharged from Stetson School without a confirmed educational plan.

As students return to public school educational transition planning occurs through the Individualized Education Planning process under the direction of the Director of Education. Stetson School provides transcripts and exchanges information about

educational modification and differentiation of teaching methods for each student. The Director of Education, or a designee, is responsive to the youth's Local Education Agent (LEA) and the parent/guardian about academic progress, learning style, and vocational interests. Within the parameters dictated by confidentiality, Stetson School makes recommendations to the LEA for alternative school or public school educational programming which best matches the child's emotional and social/ developmental needs. Preparation of the youth for the transition from the high structure programming of the residential school to public school will be addressed with the family by the Clinician and Case Manager in discharge preparation groups.

The Youth Extended Services Program increases the top age of students at Stetson School from 18 years to 22 years, Stetson School has been successful supporting young adults' attendance at local community college classes for enrichment and credit. In addition, Stetson School has established protocols for working with high school seniors and their parents to facilitate a college/technical school search, application, college visits/open house attendance, and the financial aid process when required.

### **DAILY OPPORTUNITIES**

Residential units and classrooms at Stetson School follow a posted activity schedule daily, insuring integrity in the implementation of the program model. As stated in the *Stetson School Guide to Supervision of Students*,

"Staff know and follow established, posted activity schedules during each shift. Senior Counselors and Supervisors are responsible for insuring that activities including indoor and outdoor recreation, social skills groups, chores, meals and bedtimes occur according to the posted schedule. Structured activities helps maintain order and provides students with incentives for positive behaviors."

Residential direct care teams must include a range of daily passive and active activities and staff are trained to arrive on shift prepared to engage in active outdoor play. Examples include: basketball, softball, use of the music room, playing board games, listening to music, hiking or camping, and homework help time. Students and staff meet in a daily house meeting for the purpose of planning together, making announcements about student accomplishments, resolving difficulties between peers, and to elicit student input about preferences for activity time. Time limits and content limits are established for passive entertainment such as television viewing and video games. Media guidelines govern student's exposure to violent, sexualized, or antisocial content in television, movies, video games, print media and music lyrics. Because Stetson School is a treatment oriented environment where optimal conditions for healthy adolescent development are promoted, media use is limited to that content which promotes the values of fairness, non-violent problem-resolution, tolerance of diversity, honesty, personal responsibility, and respect for laws and learning.

A sample residential program daily routine may be as follows:

Time <b>Weekday</b>	Activity	Time <b>Sa/Su</b>	Activity
6:30am-7:00am	Wakeup, personal care	8:30am-9am	Wakeup, personal care
7:00-7:15am	Planning, reflection time	9am-10am	Breakfast and cleanup chores
7:30am-8:00am	Breakfast and clean up	10am-10:30am	Community Meeting: daily planning, announcements.
8:00am-8:30am	Community Meeting	10:30am-11:00am	Unit Chores, Laundry, Phone Calls
8:30am-9:00am	Exercise or Homework Prep	11:00am-1:30pm	Outdoor Recreation Activity or Off-Campus Activity: eg. Cultural Fair, library
9:00am-2:00pm	School	1:30pm-3:00pm	Community Meal: includes family/friends visitors
2:00pm-4:00pm	Afterschool Enrichment/Clubs	3:00-4:30pm	Skills Groups: Anger Reduction
4:00-5:30pm	Therapy Group	4:30-5:30pm	Free time: hobbies, recreation, phone calls, visits
5:30-6:30pm	Dinner and clean up	5:30-6:30pm	Dinner and cleanup
6:30pm-7:30pm	Current Events Group: youth facilitated	6:30-7:30pm	Community Meeting: youth-facilitated
7:30-8:30pm	Music /Reading/Art Activities & Journalling	7:30-8:30pm	Music/Reading/Art Activities and Journalling
8:30pm-9:30pm	Room time, planning, personal care, Advocate time, lights out	8:30-9:30pm	Room time, planning, personal care, Advocate time, lights out

### **LEARNING AND EXPLORATION**

Activities and skill exposure are seen as primary to adolescent development. Acquisition of a variety of active and expressive skills and interests establishes a foundation of enjoyment and achievement for a lifetime. Youth at Stetson School require physical outlets and reflection time to balance the significant demands of constant behavioral shaping and processing of painful experiences that accompanies intensive residential treatment. Activity selection will be guided by the youth’s interest, needs, abilities, and previous life experiences and should not be limited by the residential placement, whenever possible. Staff will motivate youth and seek “buy-in” to new experiences. This is accomplished by preparing youth with detailed instructions about the activity or event, and using the successes of more skillful peers to mentor less enthusiastic participants, in a system of interdependent skill-building. Youth have an opportunity to observe, to ask questions, and to benefit from modeling and coaching by Child Care Specialists, Clinicians, and Milieu Supervisors. Special events tied to holidays, seasonal sporting events, camping trips, campus-wide contests, student birthdays, family visits and other hallmarks of childhood are ways youth in care have fun and have a full range of crucial childhood learning experiences.

Informally, direct care staff teach students how to complete chores, care for personal belongings, select healthy snacks, manage appointments, prepare for a test in school, and complete daily grooming tasks. In a more structured format, for example, youth may be offered the *Prepare* Curriculum. This is a well-researched set of interactive skills groups designed to enhance pro-social skills in youth who have demonstrated conduct problems. A key feature is *Prepare’s* focus on transfer of skills to real-life situations. The curriculum teaches youth skills, and teaches them how to perceive

situational appropriateness for use of those skills. Residential staff trained in group facilitation skills engage students in four hours per week of groups including *Anger Reduction Training*, *Stress Management*, *Morals and Values*, and *Skills Streaming*. The *Project Adventure* experiential group curricula are also in use within Stetson's program. In *Project Adventure*, youth and staff engage in playful, creative cooperative games which also have a processing element. Youth will have the chance to practice and reflect on their own performance of skills such as cooperation, taking turns, being a leader, teamwork, and managing frustration. Training materials for staff are stored in a resource area for continuous reference and preparation time will be arranged "off-line" for direct care staff to constantly update knowledge. Examples of materials that have supported staff's work at Stetson School are : Mood, D. (1999) *Sports and Recreational Activities*, and, Michaelis, B. (2000). *The Game and Play Leader's Handbook: Facilitation Fun and Positive Interaction*, and Lewis, B. (1995). *The Kid's Guide to Service Projects: Over 500 Ideas for Young People Who Want to Make a Difference*.

Normalization and integration into the community will be implemented based on individual skills and progress in self-regulation. As a student readies community integration, a student will have demonstrated the desire to eliminate the dynamic risk factors related to his sexually abusive history and will have shown the ability to draw on coping skills when he encounters obstacles. Stetson School requires a youth to demonstrate self-regulation on campus first.

### **STAFFING PATTERNS**

Stetson Schools setting is staffed 24-hours per day with a combination of Milieu Supervisors, Clinicians, Child Care Specialists, and Overnight staff. A 1:3 is maintained at all awake hours. During sleep hours a 1:6 ration is maintained. Direct care staff are the only staff considered in maintaining the 1:3 ratio. This enables Clinicians, Directors, and Supervisors the flexibility to meet the needs of youth as needed. The interdependence of the employees' work roles is supported by the work schedules of the staff. This means staff will have varied first and second shift hours with some overlap to permit staff interactions and discussions about youth care. The on-site school is staffed with qualified special education teachers and classroom aides, maintaining the required 1:3 staffing ratio.

### **STAFF SUPPORT AND SUPERVISION**

Stetson School has a strong tradition of valuing individual supervision of staff as a method promoting staff skill, retention of staff, and securing uniform and consistent implementation of services that is critical to program integrity. Every job role has a supervision agenda, outlining key job tasks and responsibilities to be assessed and developed through the supervision process. Among currently employed direct care staff at Stetson School, approximately 70% have been in their positions for over 12 months, attributed at least in part to a strong supervision program.

Communications between licensed Master’s level clinicians, the program director and supervisors, and direct care advocates is frequent and valued. Direct care staff assist clinicians in process groups, contributing to the clinicians knowledge of the youth’s behavior on the unit at the same time that the advocate acquires in-depth knowledge of clinical matters. In order to implement and maintain a wide array of activities, hobbies, and new experiences all staff are expected to share a part of themselves with youth and with the program, including administrators and other professionals. Relationships between staff at Stetson School can best be characterized as an interdependent versus hierarchical. Our belief is that each person has an important contribution to make to the quality of service.

Formal supervision provides staff with job knowledge, procedural information, and time to conceive and plan activities and events. In addition, individual supervision is valued as a source of support and stress management for staff working with challenging youth.

### **TRAINING**

All staff experience 80 hours of classroom training and a minimum of 80 hours of pre-service observation at the Stetson School. A highlight of the training is the involvement of every level of organizational staff for a true welcome to new employees. The formal inservice training is outlined in the following table. Learning objectives for the inservice orientation are:

1. Be able to identify components of the Stetson School organizational structure and understand the Culture of Recovery and its history. To recognize the importance of each care givers’ relationship to each youth served.
2. To gain technical knowledge of the treatment program and modifications designed to serve survivors of trauma, youth with sexually abusive behaviors, various age groups, and levels of abilities.
3. To understand the organizational commitment to sensitivity, dignity and respect for all youth in our care and their families.
4. To demonstrate in writing and in practice the skills required to safely perform the verbal de-escalation and physical restraint methods of Therapeutic Crisis Intervention.
5. To demonstrate in writing and in practice, the skills and knowledge to attain certification in CPR and First Aid.

#### **INSERVICE TRAINING WEEK ONE**

Day/Time	Topic	Presenter
Mon. 8-8:30am	Welcome and Training Plan	Training Director, Human Resources Director
8:30-10:30 am	Characteristics of Target Population: Sexual Abuse and Trauma	Clinical Director/Asst. Clinical Director
10:45-11:45am	Organizational History and Evolution of Care	Customer Services Staff
11:45-12:45pm	Professional Responsibilities: Ethics and Boundaries	Executive Director/Program Director
12:45-1:15pm	Customer Service Expectations	Customer Services Staff

	and Admission Process	
1:45-3:00pm	Facilities Safety, Emergency Preparedness	Operations Management Staff
3:15-4:00 pm	Mandated Reporting and Critical Notification	Unit Administrative Staff
Tues. 8:00-10:00am	Tools and Concepts: Working with Youth with Sexual Behavior Problems	Clinical Director/Asst. Clinical Director
10:00-11:00am	Diversity and Cultural Competence	Unit Administrative Staff
11:00-12:15pm	Agency Mission: Culture of Recovery Dignity and Respect	Program Director
12:15-12:45pm	Therapeutic Play for Staff	Training Manager and Recreation Coordinator
12:45-1:15pm	Housekeeping & Food Services Operations	Food Services Manager
1:45pm-3:30pm	Understanding Learning Disabilities and Appreciating Learning Styles	Director of Education
3:30pm-4:00pm	Questions & Answers-Experiential	Training Director
Wednesday 8am-9:45am	Boundary Awareness & Confidentiality	Overnight Supervisors
9:45am-11:00am	Incident Reporting & Documentation Procedure	Education and Residential Supervisors
11:00am-12:00noon	Understanding Milieu Programming	Residential Supervisors
12:15pm-1:15pm	Psychiatric Services Overview	Nursing Team
1:45pm-2:30pm	Questions & Answers – Experiential	Training Director
2:45pm-4:00pm	Safe Travel and Van Driving Certification	Drivers
Thursday 8:00am-2:00pm	CPR/First Aid Training and Testing	CPR and First Aid Trainers
2:00pm-4:00pm	Therapeutic Games and Activities	Recreation Coordinator
Friday 8:00am-12:00pm	Behavior Management Systems: Care Philosophy and Tools	Residential Director
12:00pm-1:00pm	Constant Supervision – Experiential	Direct Care Staff
1:00pm-2:00pm	Impact of the Work and Self Care	Residential Director
2:15pm-3:45pm	Nursing Care and Health	Nursing Staff

### **INSERVICE TRAINING WEEK TWO**

Monday 8:00am-4:00pm	Therapeutic Crisis Intervention (TCI)	TCI Instructors
Tuesday 8:00am-4:00pm	Therapeutic Crisis Intervention	TCI Instructors
Wednesday 8:00am-4:00pm	Therapeutic Crisis Intervention	TCI Instructors
Thursday	Therapeutic Crisis Intervention:	TCI Instructors

8:00am-4:00pm	Testing and Certification	
Friday 8am-4pm OR 2:00pm-10:00pm	Structured Program Observation – hours based on staff positions	Individual Supervision Meeting, locations by arrangement

Training methods are interactive and experiential, with built-in times for staff reflection. Staff at all levels – administrative, support services, clinical, and direct care – experience training together, sending an important message of team-focused, non-hierarchical engagement in the treatment of youth. This inservice is Phase I of a three phase training program. All staff have a 90-day orientation period following hire. Phase II is accomplished through an 80- hour observation period. Under the tutelage of a seasoned employee, each staff works through a checklist of tasks; for example, leading a house meeting, supervising recreational activity, or completing an incident report. Staff gradually increase responsibility within the job function. They receive feedback from their mentor staff and ongoing review with a supervisor. Clinical case managers observe process and psychoeducation sessions, and clinical assessment activities. At the conclusion of Phase II, staff who successfully complete their training receive a written evaluation. Additional training units after the 90-day period required for all staff include: *Off-Campus Expectations*, *1:1 Staffing Assignments*, and *Healthy Touch*.

Clinicians will complete continuing education credits consistent with professional licensure requirements. This may be accomplished through a combination of in-house trainings and external workshops. Stetson School currently offers Clinicians a 24-hour training in Juvenile Sexual Abuser/Sexually Reactive Treatment, a 24-hour training in Attachment Issues Related to Sexually Abusive Behaviors, and an 8-hour training in Family Therapy. Licensed Practical Nurses must have a minimum of 6-months of pre-service experience and Registered Nurses must hold a minimum of an Associates Degree with 6-months of pre-service experience.

### **DISCHARGE**

Stetson School has a documented record of discharging youth to lower levels of care. For the period July 1 to December 31, 2005, 84% of Stetson School youth were discharged to lower levels of care including 31% discharged home, 15% to a foster home, 50% to a community group home, and 4% to independent living programs. Treatment teams strive toward the shortest duration of care in a restrictive environment that makes sense for the youth's needs. The teams at Stetson School constantly measure a youth's mastery of treatment concepts and self-regulation skills by collating data from the youth's advocate, teachers, family, clinician and based on observations of his participation in formal and informal treatment activities and interpersonal relationships.

### **LINKAGE**

Stetson School actively collaborates with social services agencies and school systems from 10 northeastern states. This occurs through the activities of the Admissions and Marketing Staff, the Business Manager, Case Managers, Administrators, and the Directors of Education and Nursing. The agency is currently licensed by the

Massachusetts Department of Early Education and Care (DEEC), and the Massachusetts Department of Education and Stetson School is subject to all the standards for reporting of data, environment of care, and service delivery of DEEC and DOE.

Stetson School is a member organization in the National Association of Private Schools for Exceptional Children (NAPSEC). Our Executive Director, Kathleen Lovenbury, is currently the President of the Massachusetts Association of Private Schools (MAAPS). Clinical Director Phil Rich, and other Stetson School Clinicians are clinical members of the Association for the Treatment of Sexual Abusers. Dr. Stuart Copans, the Stetson School psychiatrist, provides continuing education for residents in adolescent medicine from the University of Massachusetts Medical School. The medical school also provides annual trainings to Stetson School's nursing team. The Director of Education engages in networking and mutual assistance with other local residential providers including the Devereux School and the Perkins School. Stetson School is also active in the larger professional community providing treatment of sexually reactive children and adolescents with sexually abusive behaviors. We are represented at and often provide presenters for nearly all major national and regional conferences. These include: the Association for the Treatment of Sexual Abusers (ATSA), the National Adolescent Perpetration Network (NAPN), the Massachusetts Association for the Treatment of Sexual Abusers (MATSA), and the Massachusetts Adolescent Sexual Abuser Coalition (MASOC).

We share with neighbors and community leaders their desire for safe communities – in fact, that has been the basis of Stetson School's work with juvenile sexual abusers since 1989. Stetson School works to develop community alliances through a process of open discussion about the objectives of reducing and eliminating sexual victimization in communities by providing high quality adolescent treatment services. We believe that the presence of youth with psychosexual behavior problems and psychiatric disabilities is a public health issue, that is, it affects everyone, either directly or indirectly. The use of public health interventions sponsored by those who have evidence-based expertise involves local residents and community agencies in the effort to support Stetson School and pave the way for high quality services.

### **SERVICE SYSTEMS**

Stetson School has an established service system. This includes the board of directors, administrative leadership, purchasing and accounting, program development/evaluation and marketing, customer service, human resources department, information/technology services, clinical care, nursing care, and facilities management elements.

Looking at youth's episodic needs for intensification of services, Stetson School has established an internal level of care system within its residential system. Such levels of supervisory structure and staffing ratio make remaining at Stetson School a possibility for youth displaying extreme behavioral disruption. The continuum is built on a strength-based frame recognizing the youth may require more intensive care and staffing on a

temporary basis, and that youth will be less likely to experience placement failure if he can remain in a setting with familiar people, places and structures. The levels of care have established time frames, criteria to start, criteria for continuation, and criteria for discharge or transfer. Each level of care also has specific review criteria and further authorization requirements. Specific staffing patterns and treatment activities, as well as restrictions, are associated with each level of care. Most importantly, ongoing review by treatment team members who know a student well provides a quick return to a less restrictive model of care at the earliest sign of improved self-regulation.

### **QUALITY IMPROVEMENT**

Customer satisfaction surveys are distributed to all participants at Stetson School Individual Service Plan meetings – parents, guardians, social workers, probation personnel, and placement specialists. Surveys may be completed anonymously with comments forwarded to the Program Director. The survey allows Stetson School to identify and address concerns or complaints immediately, to look at developing programs and procedures, and allows us to hear candid feedback from others pertinent to what we do well. In the short term, the feedback is processed with each Unit Administrator. It has been a helpful way to provide team and employee recognition for high performance. The program has plans to periodically modify the survey to gather information about specific focus areas, for example, in our recent efforts to upgrade the nutritional health of Stetson School students, we added customer satisfaction survey questions about the quality of meals.

Additional methods of client satisfaction survey include meetings with placement specialists and gatekeepers about their current and projected needs. Such conversations are facilitated and documented by marketing and admissions department personnel. Information from this source was instrumental in conceptualizing the need for programming at Stetson School for a vocational rehabilitation program for students age 18 and over.

Stetson School has written protocols and practices for nearly all program operations. There are over 30 written residential protocols governing youth care in the milieu. High risk areas such as medical care have well-defined written practices for informed consent, maintaining HIPAA guidelines for confidentiality of medical (and clinical) information, requirements for medication administration, including training plans for all staff involved with medication administration, and protocols for emergency and routine medical or psychiatric care and post-injury/illness care on campus. The nursing staff has infection control and disease management protocols for students; and human resources practices for infectious disease reporting requirements for staff.

Other risk management policies and protocols include: mandated reporting, runaway/elopement policy, security check practices and visitor registration practices. Within human resources, procedures are standardized for receiving and managing employment applications, CORI checks, employment reference checks, affirmative

action/EEO reporting, benefits/compensations notification to employees, and tuition reimbursement policy.

Policy implementation procedures deserve as much attention as does policy content. New and existing policies must be disseminated and reinforced through instruction and training to employees governed by the policy. Furthermore, policies must be regularly updated to remain relevant and useful to staff. For example, Stetson School developed the *Staff Secure Environment: A Guide to Supervision of Students at Stetson School*. This manual is distributed to all new staff. It is particularly useful to direct care staff because it outlines expectations for constant supervision of youth during all types of activities. It draws on written policy to summarize the key rules for immediate use in the classroom or residential milieu. Also contained in this manual are full copies of the agency's Behavior Management Policy, Masturbation Guidelines, Special Programs and Program Suspension Policy, Media Use Guidelines, Gift-Giving Policy, Visitation Policy, and instructions for conducting room searches and handling student belongings. As part of continuous improvement efforts, a small working group holds meetings with staff to request input about needed revisions. Various Stetson School committees and working groups – Safety Committee, Restraint Committee, Wellness Committee- may recommend writing of new policy and procedure. Stetson School has an active Policy Committee, meeting weekly to revise old policies and procedures and to produce new documents. Members of the Policy Committee include the Director of Human Resources, Program Director, Clinical Director, Residential Director, Education Director, and Program Project Manager.