

West Central Regional
Juvenile Center
Secure Residential
Program



**West Central
Regional
Juvenile
Center**

Nurturing Children Today . . .
for a Quality Tomorrow

729 11th St N
Moorhead, MN 56560
(218) 299.5150
wcrjc@co.clay.mn.us

I. Mission Statement

The WCRJC is a learning environment where the values of each individual are recognized, developed and matured for the betterment of our community.

II. Residential Treatment Program

The West Central Regional Juvenile Center residential treatment program provides services for youth with behavioral, mental health, substance use, and sexual specific issues. We offer 3-4 month, 4-6 month, 6-9 month, and open-ended (solely progress based) behavior modification programs with the ability to provide additional services for youth based on their individual needs. We also offer flexible options on a case-by-case basis.

Residents are assigned to a primary counselor that provides case management and oversight of their program. The counselor will be assigned based on being the most appropriate individual to fit each youth's needs. The counselors work closely with youth, parents, and outside agencies to develop in-depth case plans that are individualized to meet the needs of each youth. Youth are provided with individualized daily assignments in addition to multiple counseling sessions per week. Primary counselors are trained in motivational interviewing and trauma informed care.

Upon placement, primary counselors draft treatment plans for each youth based on their individual needs, areas of strength and weakness, and general behavioral guidelines. The plan is written with feedback from counseling staff, parents, probation agents/social workers, and the youth themselves. The treatment plan serves as the basis of the youth's individual program, and weekly progress notes are prepared reflecting on the youth's progress in the program.

The program is a therapeutic program structured on a culture of accountability and cognitive restructuring. The youth are encouraged to take accountability for their actions and to reflect on how their behavior has affected themselves and those around them. Constructive criticism and positive feedback are consistently provided to the youth on a daily basis to help them identify what they are struggling with in addition to the progress that they are making. Youth are provided with clear expectations that are designed to help them develop responsibility and self-sufficiency.

III. Treatment Plan

A treatment plan is drafted upon placement to develop guidelines, expectations, rules and privileges that can be earned during participation in the program. The plan also establishes individual goals that each youth will work towards while in the program. The treatment plan is used as the primary instrument to monitor the youth's progress towards their individual goals and the program in the general. The treatment plan is used to determine assignments to provide for our youth and encourage each resident to be an active participant in the

construction of the contract. The plan is agreed upon and signed by the program coordinator, youth, placing authority, and facility director.

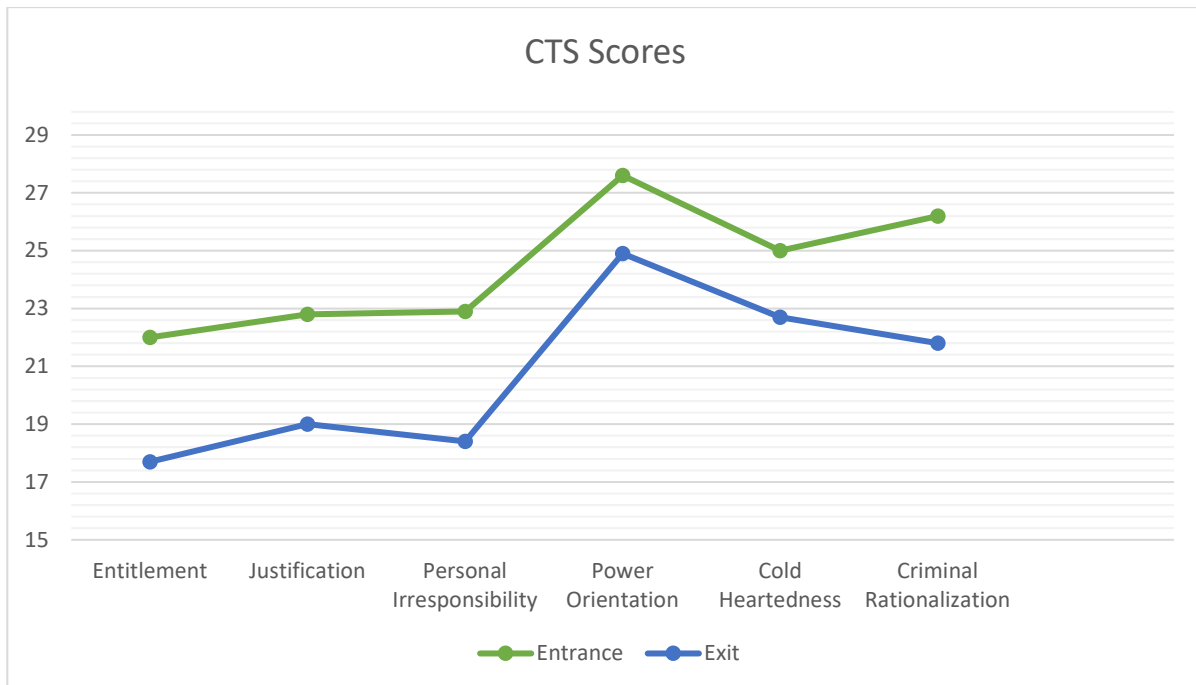
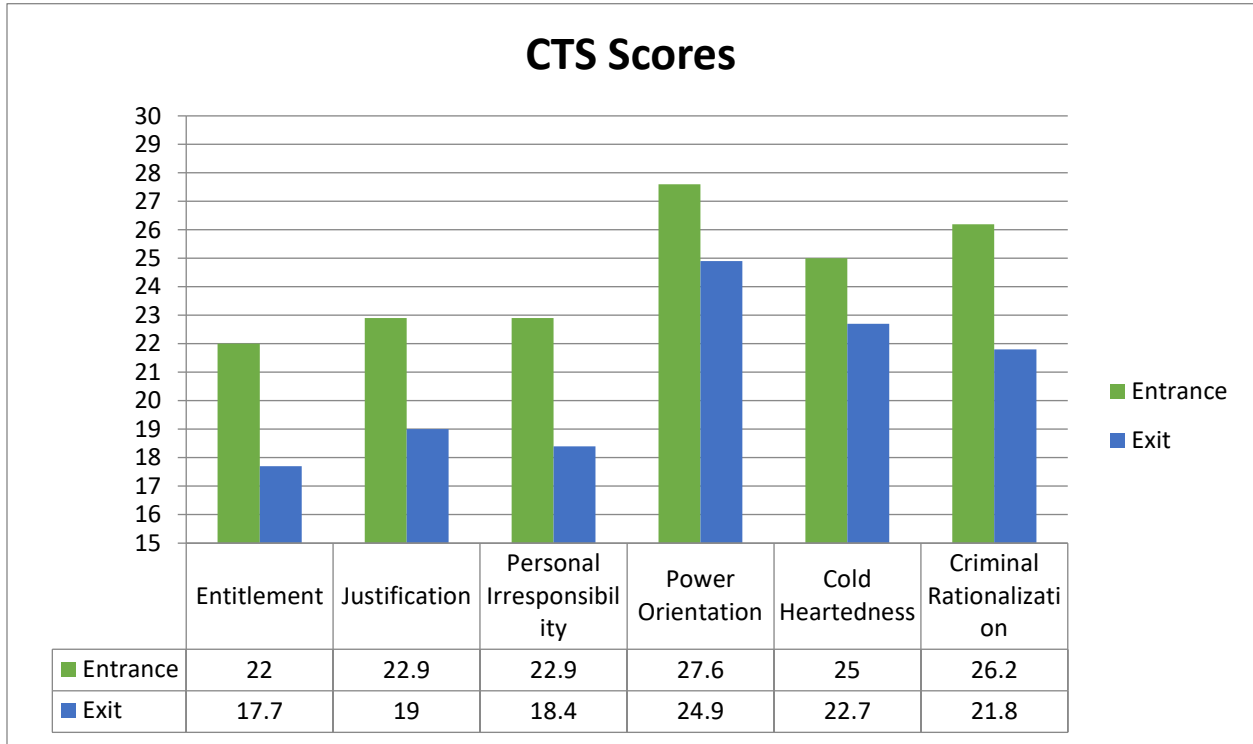
IV. Texas Christian University (TCU) Criminal Thinking Scale

As part of our effort to provide evidence-based programming, the juvenile center administers the Texas Christian University Criminal Thinking Scale. The scale has been thoroughly researched and has proven to be a valid and reliable measure of criminal thinking. The scale measures six constructs of criminal thinking: entitlement, justification, criminal rationalization, power orientation, cold heartedness, and personal irresponsibility (see below). The use of the tool has indicated that our cognitive based programming does have an impact at reducing the criminal thinking in the youth we serve.

- 1. Entitlement** - A person scoring high in this area would convey a sense of privilege and misidentify wants and needs. This type of person feels that the world owes them something and they deserve special consideration.
- 2. Justification** - This person has a thinking pattern characterized by minimizing the seriousness of antisocial acts by justifying actions based on “circumstances.” A person scoring high in this scale would rationalize antisocial acts as justified based on social injustice.
- 3. Personal Irresponsibility** – This scale assess the degree to which an individual is willing to accept ownership for their antisocial behaviors. A person scoring high in this scale will cast or project blame on another for his or her actions.
- 4. Power Orientation** – This is a measure for the need for power and control. People who score high in this scale will show outward displays of aggression in an attempt to control their environment. They may also attempt to control their environment through manipulation.
- 5. Cold Heartedness** – Individuals scoring high in this scale lack emotional involvement or an understanding of the emotional feeling of others.
- 6. Criminal Rationalization** – Individuals who score high in this scale generally have a negative attitude toward the law and authority figures. These types of people view their antisocial acts as being no different than the antisocial acts they believe authority figures commit.

The WCRJC Effect on Criminal Thinking

Below you will find the breakdown of the last 169 residents whose criminal thinking was measured before and after treatment was applied. A paired t-test was conducted and the results of all the measurement areas (1-6 above) indicate a statically significant drop in criminal thinking ($p < .001$).



V. Ohio Youth Assessment Screening (OYAS)

The facility uses the OYAS residential and reentry tools with youth to help develop comprehensive case plans for while they are in treatment and to identify their risk level of engaging in further risky or criminal activity once they return to the community. The instrument is administered through use of a face-to-face interview, file review, self-assessment questionnaire, and communication with collateral contacts.

Upon entrance into the program, the case manager administers the residential tool which is used to help in the treatment planning process. Once a resident is nearing completion of the program, the transitional coordinator administers the re-entry tool to assess the risk for resident re-offense.

VI. Staffings

Each youth will have a minimum of two staffings during their time in the program. These will primarily take place towards the middle and end of the youth's stay. The staffing consists of a meeting between the youth's counselor, transitional coordinator, placing agent, therapists, parents, and the youth. These meetings are designed to discuss the youth's progress in the program and to develop future recommendations for the youth in the program and beyond.

The content of these meetings includes but is not limited to the following: family history/relationships, criminal history, behavioral issues, past abuse, substance use issues, hypersexual behavior, interpersonal relationships, progress in programming, progress towards goals, schooling, group activity participation, transition planning, and future recommendations.

VII. Education Program

Youth attend school each day during scheduled hours that follow the Moorhead Public Schools calendar. Educational staff work with youth and their home school to determine curriculum that they will follow during their stay. Residents are able to earn credit hours for their completed work and attendance that are able to be transferred back to their home school upon their discharge. All youth are required to attend school unless they have already earned a high school diploma. Those that have earned a general equivalency diploma (GED) will be required to attend school as well.

The juvenile center's classrooms are highly organized, and youth are provided with work that will keep or get them back on track to graduate. Teachers are provided through Moorhead High School and come to the facility to teach their specific field of study. Students rotate classrooms on an hourly basis just like public school. Students are expected to maintain appropriate behavior in the classroom including remaining on-task and displaying a positive attitude towards educational staff.

Youth that have severe credit deficiency may work on GED preparation material while they are in the program. The youth's counselor will communicate closely with educational staff, placing agencies, and parents to determine if this is an appropriate approach.

VIII. Group Programming

Youth in the treatment program will participate in a minimum of one group activity per day.

The facility's group structure is as follows:

Thinking for a Change (*Mondays, Tuesdays, Thursday*)

The facility provides facilitation of all 25 lessons of the Thinking for a Change cognitive behavioral program. The program is broken down into three modules including social skill development, cognitive self-change, and problem-solving skill development. The program utilizes interactive discussions, modeling skits, and repetition through homework and other assignments. All program youth will have the opportunity to complete the program in its entirety during their stay.

Youth are required to apply what they have learned outside of group settings. Thinking reports and modeling skits are utilized in daily interactions as educational tools to help modify a youth's behavior in order for them to achieve a more desirable outcome. Thinking reports aim to help a youth pay attention to their thinking, identify the errors and risk in that thinking, and use new thinking that will lead to a less risky outcome. Youth are required to complete thinking report forms but also encouraged to repeat the process in their minds in order for it to become more natural and effortless.

Mindfulness Meditation

The facility partners with Dr. Lelwica of Concordia College to provide mindfulness groups to our youth on a weekly basis. Dr. Lelwica and several students provide the facilitation. This evidence-based program utilizes meditation and other exercises to clear the individual's mind and help them focus on what is happening at the present moment. The practice has shown to have both physical and mental health benefits and has been shown to work well with correctional populations.

Feedback Group (*Fridays*)

Youth are required to participate in weekly feedback sessions while in treatment. These sessions provide residents with a structured time in which they are allowed to voice any concerns they have with other residents or staff, set goals for the upcoming week, and reflect on their overall progress. This is an appropriate time for youth to handle conflict and confront others in a prosocial manner. Youth are encouraged to provide feedback and constructive criticism to their peers during this time.

Transition Group (*Wednesdays*)

The facility transitional coordinators facilitate weekly transition groups with all of the treatment youth. The groups are interactive and are designed to teach youth independent living skills and prepare them for life after treatment. Residents receive information on each skill, walk through the skill with staff, and are assigned transition homework to gauge retention and encourage continued application. Transition group topics include but are not limited to the following:

1. Budgeting
2. Banking
3. Applying for assistance
4. Vehicle maintenance
5. Housing (leasing/renting)
6. Applying/Interviewing for jobs
7. Cooking/Nutrition
8. Applying for college/financial aid/continued education

Social Skills Group (*Saturdays, Sundays*)

Youth participate in social skills groups every weekend. These social skills groups are based off of the curriculum taught in the Thinking for a Change program.

Sexual Health and Adolescent Risk Prevention (*Once during stay*)

All residential treatment youth are able to participate in the Sexual Health and Adolescent Risk Prevention (SHARP) program during their stay. The SHARP program is specifically designed for high risk youth who become involved with the criminal justice system. The SHARP program is an intensive, single session program that lasts between three and four hours. The program incorporates the use of lectures, group discussion, videos, and activities to increase STI/HIV knowledge, improve correct condom use, and reduce sexual risks and alcohol use. Youth are also able to become aware of how risky sexual activities and alcohol use can affect their future goals.

CPR/First Aid Certification (*Once during stay*)

The WCRJC provides opportunities for residential youth to attain certification in CPR/AED and First Aid. This two-session class is facilitated by an American Red Cross certified instructor and uses videos, discussions, games, and realistic, hands-on practice scenarios to prepare students to properly respond to health emergencies. Treatment techniques covered include care for cardiac arrest, heart attack, stroke, choking, cuts, burns, heat illnesses, EpiPen Auto-injector use, and more. Upon successful completion of the in-house course, residents earn their two-year certification in American Red Cross CPR/AED and First-Aid at no cost to them.

Myers Briggs/Strong Interest Inventory

The WCRJC partners with Minnesota State Community and Technical College to provide the Myers Briggs Type Indicator and Strong Interest Inventory assessments to youth in the program. Youth are able to take the assessments and meet with a counselor from the college to discuss the assessments and how to apply them to future planning. Residents are able to learn their own unique personality types as well as potential education and career options that may align with their personality types. Residents are given copies of the assessments to take with them upon discharge.

IX. Community Service

Community service is a requirement of each youth's individual program. Hours completed at the facility can serve as hours to satisfy orders of the Court, restitution, or voluntary hours. Residents are provided with several opportunities onsite to complete hours through general cleaning and completion of simple tasks. Records of these hours are kept electronically and forwarded to placing agents after youth have completed the program.

The facility also provides several community service opportunities offsite for those that have been granted outside privileges. Residents have the opportunity to clean county fleet vehicles, tend to the facility garden, and volunteer at the local homeless shelter. Additionally, residents help prepare meals on wheels to provide to the elderly and those that have difficulty leaving their homes. These off site opportunities are provided several times per week, and preference is given to residents in the best behavioral standing.

Youth are expected to be on their best behavior and follow all guidelines when completing community service. All cleaning is to be done to the expectations of staff. Youth must be on their best behavior and remain in the sight and sound of staff at all times while offsite.

X. Transitional Services

Our transitional coordinators work closely with each of our treatment youth to determine their specific needs and provide services to help them transition back into the community. They work with parents and placing agents to determine exactly what services would benefit each youth the most and help the youth work towards reaching goals.

The transitional coordinators help our youth attain tangible things that they can take with them once they have left the facility. Some of these things include but are not limited to the following: government issued identification, bus passes, birth certificates, driver's permits, food assistance (SNAP, EBT) and health insurance.

Youth are also able to integrate into the community through our transition program. The transitional coordinators have the ability to take residents on college tours, job interviews, and various other activities in the community. Additionally, they work closely with housing agencies

to help identify appropriate aftercare living situations for youth that are close to adulthood or in need of housing.

XI. Client Specific Programming

The facility contracts with several outside agencies to provide programming specific to each youth's case plan. The juvenile center currently offers the following programs:

Substance Use Disorder Programming

The facility contracts with Drake Counseling of Fargo, ND, to offer group and individual therapy for youth that have been diagnosed with substance use disorder. The program is an outpatient program that is provided onsite. Group facilitation is provided three times per week. The program consists of a minimum of 30 group sessions in addition to weekly individual sessions. Family sessions are highly encouraged.

Residents are required to complete several assignments that must be presented in front of the group as well as additional homework that must be completed outside of group. Youth are expected to be respectful to their peers and provide active participation.

Rule 25 substance use assessments may be provided onsite if requested by placing agencies.

Pathways Program

Pathways is a community-based program tailored for youth who have engaged in sexual misconduct or problematic sexual behaviors. Our program aims to help youth and their families identify individual strengths and resolve concerns that may have contributed to abusive behavior. The Pathways treatment model is designed to support youth in learning about themselves, their behaviors, their attitudes, and to explore and understand how their behaviors have affected others.

Programming is delivered by Master and Doctorate level mental health professionals who possess advanced training in this area. Each youth's individual risks, strengths, and needs are assessed prior to beginning the Pathways program through a completed comprehensive psychosexual evaluation completed by another professional. Ongoing assessment of needs is completed throughout the duration of treatment. The Pathways program adheres to ethical treatment guidelines established by the Association for the Treatment of Sexual Abusers (ATSA), an international, multidisciplinary organization dedicated to preventing sexual abuse.

The average length of programming is contingent upon the achievement of each youth's intervention objectives. This treatment approach is based on the idea that successful treatment requires that youth not only learn effective adaptive skills, but also develop and demonstrate healthy thinking and behaviors to prevent sexually abusive or problematic behaviors. The program consists of a primary phase, followed by aftercare. Pathways provides up to four hours of individual and group therapy per week to each youth.

Polygraph examinations are not included as a standard component of the Pathways program; however, they can be scheduled at the placing authority's request. If a polygraph examination is requested, Pathways will work with the youth to prepare for the polygraph. In addition, we can assist the placing authority in securing a polygraph examiner and providing office space for the polygraph to be conducted. Payment for the polygraph will be the responsibility of the placing authority.

Individual Therapy

The facility partners with Lutheran Social Services to provide trauma therapy onsite with our residents. An initial trauma assessment is conducted to determine the level of care needed and if standard trauma services, trauma focused – cognitive behavioral therapy (TF-CBT), or eye movement desensitization and reprocessing (EMDR) is more appropriate. Mental health professionals provide individual therapy to youth based on the level of care that they require. Therapists are also able to provide family therapy to families that would benefit from the service. Therapists are heavily involved in the treatment process including assisting in treatment planning, implementation, and discharge plans.

Trauma Focused – Cognitive Behavioral Therapy

TF-CBT is widely considered the gold standard for treating trauma in children and adolescents. It is evidenced-based and shown to be highly effective. Research indicates that it is appropriate up to age 18 and for clients of all cultures and backgrounds. This form of therapy is typically brief; an average treatment consists of 12-20 sessions. TF-CBT also utilizes a client's caregivers into the model to promote caregiver support to the child, enhance communication between client and caregiver, and offers parenting skills. At WCRJC, therapists will involve a client's parents/guardians, treatment providers, and WCRJC staff as appropriate

The goals of TF-CBT are to help clients learn skills to cope with trauma, face and resolve trauma and related concerns, as well as effectively integrate their traumatic experiences and progress through life in a safe and positive manner. Clients are guided through three phases of the model to meet each of these goals. While TF-CBT is a structured therapy that follows a clear path, it is also flexible and can be adaptive to each individual client. A therapist using TF-CBT places an emphasis on developing a strong therapeutic relationship with the client and supports recovery through an individualized treatment plan.

Eye Movement Desensitization and Reprocessing (EMDR)

EMDR is an evidence-based therapy approach that has been effective in treating a number of psychological disorders including (but not limited to) PTSD and trauma related disorders, anxiety, phobias, substance use, behavioral addictions, depression, pain and chronic illnesses, and dissociative disorders. It can be used for all ages and clients of all backgrounds.

EMDR is thought to help an individual reach an adaptive understanding of their memories. Some theories believe this is achieved by evoking similar brain patterns to REM sleep; a time

when we process information and consolidate memory. It is also thought to work by helping a person process a disturbing experience in a healthy and adaptive healing process rather than keeping a person stuck in a stress response to the event.

EMDR may be a preferred form of therapy for some clients. It does not require a person to talk in detail about their trauma, thus reducing re-experiencing and avoidance symptoms associated with PTSD. It may also reduce client drop out in therapy. This form of therapy may also help a person process trauma stored in the body, whereas other forms of therapy may focus on the cognitive aspect of healing trauma.

This form of therapy can offer relief quickly for some clients but may take time to fully address all trauma for others. A proficient EMDR provider can offer this form of therapy in different ways, for example by addressing acute symptomology to processing complex trauma across a person's life. Due to this it is difficult to put a timeline on how long a person would need EMDR therapy.

Transgender Programming

The facility works diligently to make accommodations for youth that are gender non-conforming or identify as transgender. Youth may make recommendations for specific accommodations, and the facility will work with the youth to make reasonable accommodations.

XII. Personal Visitation

The juvenile center allows personal visitation for parents, grandparents, legal guardians, and siblings under 10 years of age. Other visitors may be permitted, but they will need prior supervisory approval. Visitors are encouraged to call ahead in order to reserve a visiting rooms. Visits are scheduled for a duration of one hour but accommodations may be made for families traveling from out of town.

XIII. Phone Policy

Residents are allowed one 10 minute phone call per day. Treatment youth can earn the privilege of two personal phone calls per day after earning 500 points in their program. Personal phone calls are only permitted to parents, grandparents, and legal guardians. Any other personal phone calls require prior supervisory approval. All long distance phone calls must be made collect or with a calling card.

All calls to professionals such as probation agents, social workers, attorneys, therapists, and clergy will be made free of charge and will not count against a resident's personal call.

XIV. Treatment Point System

All youth in the treatment program are placed on a point system to track behavior and work towards privileges. They are able to earn points for their attitude, behavior, participation in programming, and general activities throughout the day. Residents can lose treatment points for a variety of reasons such as poor behavior, non-compliance with programming, and failure to meet expectations. Points are tracked daily, and records of points are maintained to determine which privileges a resident has earned.

Youth are able to earn up to 20 points each day. Each resident must earn up to 16 points each day to be eligible for privileges the next day. If a resident scores lower than 14 points, they will not be eligible for points the next day and will need to make up any days that they have not passed.

XV. Privileges

Youth in the treatment program can earn a variety of privileges while they are in the facility. These privileges are meant to reward positive behavior and provide youth something to work towards. The following are examples privileges that youth can earn while in the facility:

1. Leisure recreation
2. Additional phone calls
3. Commissary
4. Outings with staff
5. Various off site activities
6. Furloughs

XVI. Furloughs

Youth are able to earn furloughs as part of the treatment program. Furloughs will only be authorized with prior approval from the youth's counselor, placing agent, and legal guardians, and residents must be making appropriate progress in the program. Youth must remain with their parents at all time during their furloughs. The amount of furloughs authorized will be based on the youth's individual program.