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### PARENT-CHOICE

#### When Parent Involvement Is Not Optional

By: Lon Woodbury



One of the common elements in all the schools and programs I work with is what I call Parent-Choice. It is an attitude, or even a philosophy, more than just a technique.

I use this term because it is unique from the traditional procedures of finding residential help for struggling teens. These are troubled children who have enough problems they need a residential experience where they cannot manipulate their parents or others around them. To be successful with these children the residential program must have skilled staff working with them 24 hours a day. Traditionally, when a parent had an "acting out" child, the usual procedure was to go to some professional for help. The parent might go to a Doctor, hoping the Doctor could find a place or therapist that would help, or go to State Social Services and hope the problem was serious enough that the state would place the child in a suitable place. Or, if the child was doing something illegal, the parent might even report the child hoping the court system and Juvenile Justice could give him/her the help needed. In this traditional procedure, the professional was the decision maker and the parents were mostly passive bystanders in both finding a suitable place and in the treatment. The model these professionals often had were the parents were the problem, and professionals were the solution.

Although society has come a long way from those days, I still at times find this old attitude on the part of some professionals who by their actions, and sometimes by their words, seem to be telling the parents – "You screwed up your kid. Bring him/her to us, don't bother us, and we'll fix the child."

With this attitude and philosophy, parents are optional. Of course, many professionals working with kids placed by professionals make attempts to involve the parents in the intervention. Still, everybody knows parents involved with this kind of program are optional, powerless and could be removed from the intervention at any time some professional thinks they are being a bother. The only antidote to this sense of powerlessness is Parent Empowerment through the parents having real responsibility and power in decision making regarding their child.

All the research I've read has concluded the most important factor in a child's education, healing or even just growing up is the involvement of the parents. The Internet is full of tips and ideas for professionals about how to get parents more involved in both their children's schools and in his/her healing. The problem is most of these efforts are attempts to get parents to do what the professionals want done, in the way the professionals want. The net result is that parents are still relatively powerless, with limited responsibilities, and they often act accordingly – with lukewarm involvement. Not only do parents in this situation sometimes feel powerless and thus show modest interest, they sometimes also get the sense of entitlement – which means they think they deserve the service without having to do anything on their own.

One example that comes to mind is a situation I watched when a public school district needing money for playground equipment for the children asked the school parent group to help. A chili feed was put together and financially it was a success, raising enough money for the equipment. This was good, but I noticed among the parents were doctors, lawyers, contractors and many other parents with successful careers.

Surely those successful parents had more to offer the school system and the students than simple duty as short order cooks, waiters and waitresses! However, at this time this was the only way the local educators would allow parents to be actively involved. In essence, parent involvement was structured to be limited and controlled. A similar dynamic occurs in most public funded programs for troubled teens. The parents, knowing they have little or no say tend to get into the mindset of expecting the professionals to "fix" their child and that it has little or no relationship to their own parenting.

The dynamics are entirely different when parents have responsibility in both the selection of a service and in the treatment or education of a child. When parents see that they have some say and responsibility in the situation, most parents will rise to the occasion and take more responsibility for the

## PARENT CHOICE

success of their child. And if the parents are reluctant to exercise responsibility, it is the responsibility of the program to help educate the parents in how to work with the program and to explain the advantages to both parent and child of this parent involvement. At least this has been what the schools and programs in the network I work with have found. Of course some parents will not or cannot participate, but this is no excuse to exclude all parents and eliminate the positive effect of having those parents actively involved.

These schools and programs have found the best way to get parent involvement is to start by having the parents exercise a vital say in the selection of a school or program for their child. Parents can choose the program they want their child to be in, and if they are disappointed with the performance of the staff, they have the power and responsibility of changing their mind and finding a different place for their child. Although there are exceptions, most of the time parents make good decisions, especially when they take advantage of professional help like engaging a competent professionally trained and experienced independent educational consultant or the program takes on the task of educating the parent in what they can do to help their child by working with the program. What initiates all these positives is the ability of parents to choose to place their child on their own, without needing to ask permission from some professional or to allow a situation to deteriorate until the State needs to take action.

Another thing many of these schools and programs do are welcome the parents as part of the solution by organizing parent-child workshops at the program and some even put the parents on a parallel program so they are experiencing much the same things as their child. This level of involvement encourages greater parent commitment to their child's healing and education, and prepares the parent to be better able to understand and work

with their child both in the program and when he/she comes home. By facilitating the parent and child sharing in the experience, the parent-child bond is enhanced.

Many therapies are oriented to working with the child as a part of the family system. This is not only compatible with Parent-Choice, but is a natural extension of it. When parent involvement is successful in any stage of intervention or education, the family is strengthened, the child is healing or maturing, and parenting becomes the rich experience it was meant to be.

This can only be accomplished when the parents are accepted as full partners in their child's healing and education. The program actively helping the parents to be responsible for some of the experience is the only effective way to accomplish this.

Thus, Parent-Choice is not just an idle slogan, or just a technique, but a breakthrough in successful healing and education for a child with problems. These lessons learned are not just for "troubled" children, but are helpful to every child to grow up to become a healthy and functional adult. The first step is for the parent to take responsibility for the placement of their child when it is needed by choosing where the child will be placed. Continuing this attitude by professionals accepting parents as partners in the school or program experience is a natural and effective continuation.

Public programs and schools could do well to find ways to emulate this Parent-Choice mentality in the context of public programs whenever possible.

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~ Mark Twain

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# ANHEDONIA

## Part I

By Trace Embry

*(The following is the first of two essays regarding the impact of the modern digital revolution, and uses a term for the negative impact on the brains and behavior of adolescents that is the downside of the digital revolution.)*

Today, it seems many teenagers can barely walk from point A to point B without wearing headphones. Why are five people sitting in a car so often observed talking to five people outside the car via cell phone? How often is a family is observed dining out together—all engaging someone (or something) else, other than their family via a techno-gadget or cell phone? These situations are not uncommon. The implications for relationships are obvious; but, few know what to call this phenomenon or what to do about it. And even fewer have pondered the devastating implications of it for individuals, families, the church, or for the culture at large. When do people—especially teenagers—take time to contemplate the deeper issues of life—such as origin, meaning, morality, and destiny? Studies show they don't. In fact, biologically, many can't! Look around; the frightening implications of anhedonia are everywhere for those who can still think!

### What is Anhedonia?

According to Dr. Archibald Hart, anhedonia is a destruction of the pleasure center in the brain. Most mental health care professionals understand it only as a manifestation of depression and are mistakenly dispensing medications that too often only complicate the problem. Dr. Hart writes in his book, "Thrilled to Death" that anhedonia is also a condition independent of depression. It comes largely from the over stimulation of pleasurable and exciting activities along with multitasking. Dr.

Hart claims that Modern technology is a prime vehicle for anhedonia in teenagers today. He claims 80% of the American public suffer with it from one degree or the other. I would say, in the teenage population, unless one is Amish, it's virtually one hundred percent! It's just a matter of degree. The brain was never designed to handle the degree of stimuli that so many Americans, today indulge in so often and for so long. Anhedonia could be considered a much more subtle and effective form of slavery.

A troubled teen often results when his excitement and adrenaline level must be regularly amped up until the very thing that used to bring him pleasure now bores him to tears. Lethargy, depression, anger, rage, and self-destruction are the natural progression. His insatiable pursuit often leads to habits and addictions—too often sinful or harmful addictions. But, an anhedonic teen can also be addicted to things that are otherwise healthy, such as food, exercise, music, technology, etc. What seems to be capturing this generation is an addiction to technology and the excitement and pleasure it brings virtually around the clock. As Junior engages in endless pursuits of technology at home, parents falsely assume that because Junior isn't pursuing sinful vices in the streets that they can breathe easy. Unfortunately, these gadgets are too often being used for warping the minds, emotions, and spirits of those captivated by them. Unhealthy attitudes, behaviors, and relationships result—rivaling that of other vices.

It's never been 2010 before. With every new generation come more new and more complicated issues that parents must keep abreast of. At the turn of the 20th century, when technology was moving at the speed of sound, the automobile, telephone, and the radio, were just a few of the many technological advances that forced parents to deal with new scenarios not faced by previous generations. It took decades for their posterity to realize all the

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## ANHEDONIA

precautions needed to engage in these new inventions safely. How many people had to be injured and killed in automobiles before we realized brakes, turn signals, headlights, horns, seat belts, etc., were a good idea? Today's dangers are much greater, though they don't immediately manifest themselves in the physical domain. In time, unfortunately, they do. Troubled teens, today, are harming themselves and killing themselves in record numbers. They are microwaving their souls from the inside out; yet few realize it—largely because we have become a society whose worldview is preeminently based on empirical evidence only.

Today, with technology now moving at the speed of light, we are yet to fully understand all of the negative effects to the critical, constructive, and creative thinking capacities of the brain caused by the abuse of technology—much less prevent them. But, we do know this damage is real. Atrophy takes place in these areas of the brain that push-button technology is largely responsible for. Just try getting your order right at McDonald's these days! This is not to mention its effect on the areas of the human experience that cannot be measured empirically, such as the heart, mind, emotions and spirit. We at SHF understand that if an anhedonic troubled teen cannot think critically, constructively, or creatively, his capacity to love and think and empathize like God through a biblical worldview drastically diminishes. God becomes an abstract too difficult and boring for the anhedonic brain to conceive or desire. It is virtually impossible for him to acquire a congruent understanding of Scripture, because bible study, like homework, becomes an exercise in mental brutality.

The good news is that anhedonia is reversible—but, it doesn't come through medications! It comes by engaging the teen in some form of critical, constructive, or creative thinking activity—preferably using his hands, feet, and back. But, because of many parents' out-of-control situations with their teens at home, they're often helpless to make their teens engage in the activities necessary to rebuild the pleasure centers in their brains. Pulling the plug on TV might be a start. SHF offers the perfect environment to engage teens in these healing activities. Teens get a chance to enjoy the endless array of healthy and wholesome activities that God has given teens to enjoy life with. This happens when teens are relieved of the many negative influences of our culture and are immersed in an outdoor wilderness-type environment that requires these thinking skills for the most fundamental details of life—without all the technology. Once a teen's full mental faculties are returned to him, he is much more likely to accept the logical and natural God-given truths of life—especially as they pertain to moral living and eternal destiny. In turn, his ability to make independent choices that are congruent with healthy living becomes an outworking of his heart change induced by the loving year-long Christ-centered authoritative community environment that Shepherd's Hill Farm provides. But, without the understanding of how so much of our culturally-induced (i.e. technology) stimuli is affecting our teens through anhedonia, the positive changes we see in teenagers wouldn't be as drastic or happen as often as they do. This understanding is just one of the things that makes Shepherd's Hill Farm a wise choice for parents of a troubled teen.

*About the Authors: Trace and Beth Embry are the Director and Assistant Director of Shepherd's Hill Farm, a Christian oriented residential outdoor program for struggling teens. They can be contacted at 706-779-5766, [shepherdshillfarm@windstream.net](mailto:shepherdshillfarm@windstream.net), [www.shepherdshillfarm.org](http://www.shepherdshillfarm.org).*

"The only thing necessary for the triumph of evil is for the good men to do nothing."  
~ Edmund Burke



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## VISIT REPORTS...

### INTERMOUNTAIN

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Visit by: Kristie Campbell, August 2010

We arrived at Intermountain an hour earlier than scheduled on the day we dropped in for a visit. Intermountain is a non-profit program that provides year round treatment for children ages 4-13 at admission. The students often come to Intermountain with issues such as depression, anxiety, intractable anger, aggression toward self/others, poor social skills, attachment and relationship issues, loss and grief issues and difficulty in school. Additionally, Intermountain may work with children with other issues such as sexual reactivity, autistic spectrum disorder, neuropsychological concerns and/or seizure disorders.

I say "dropped in" because I didn't really give much notice that I was even coming. I pulled up to the parking lot and noticed a group of students coming out of the school at that moment across the campus from where we sat. Watching from a distance, it was obvious that the children felt safe in their group and were comfortable exploring. The teachers would talk and all the children would watch their examples then try to accomplish the task. The children would move away from the teachers in circling patterns and then change movements and return to them, going further each time and returning faster or slower depending on which instruction they'd been given. Later I learned that this was a PE class teaching the students to freely explore movements and spaces.

When we arrived at the campus, I called Sami Buttler, RN, Professional Relations Manager, to let her know that we'd arrived an hour early. She explained that although there were many meetings going on that day, including a conference call she had to attend to and a few key people being on vacation before the start of the fall trimester, she would find someone to accommodate my visit to the program right away. Other programs at this point will often make you wait for your scheduled visit, but this program was readily willing to accommodate my inconvenience on them.

Within a few minutes of my call, Sara Murgel, Admissions Manager came to the administrative office to meet me. We took proper precautions to ensure the identity of the children would be kept safe and then moved to one of the cottages where the children live. The cottage was definitely a home for children. The first thing I saw when we walked into the house was a quasi-closet off to the side of a large room that was filled with toys and games obviously played with daily. The open living room had couches and chairs arranged in a large square in the middle of the room. In this area, "family" gathered for weekly family meetings. On the other half of this large room was the dining area where numerous tables were put together to create one large family dinner table where the children eat home meals family-style.

Along the outside walls of this very large room were the children's bedrooms. Each child at Intermountain has his/her own bedroom with a private bathroom and can decorate it how he/she chooses. Several of the rooms were decorated with posters on the walls, personalized quilts, and more toys. The rooms were well lived in, not all of them were tidy; however, everything was at least attempted to be put away with beds made.

Each cottage houses up to eight children with a variety of ages. This way the atmosphere feels more like a true family than a program. There are direct care counselors in each cottage and a

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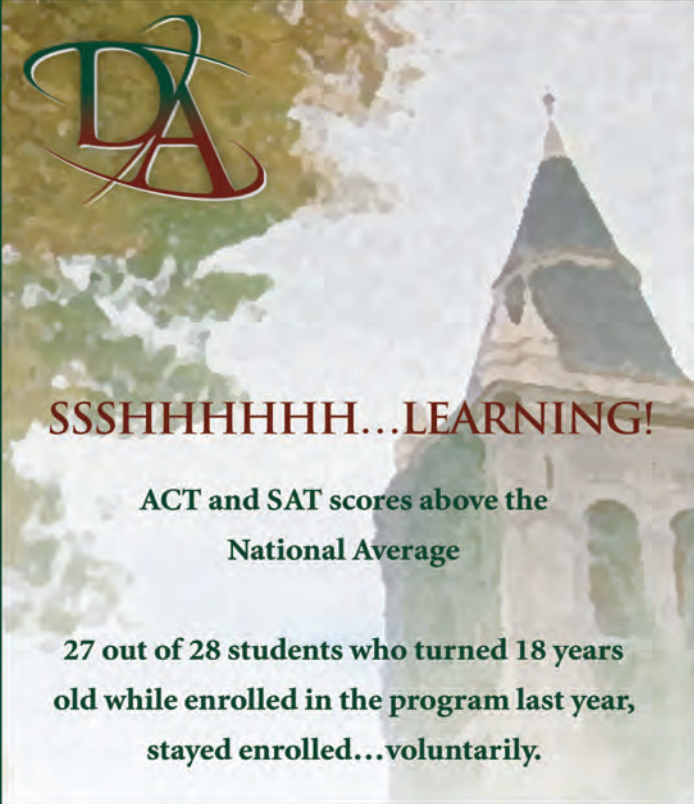


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## INTERMOUNTAIN

full-time cottage supervisor who does all the planning for the home, in addition to a therapist.

Since I visited on a school day, the children were in classes by the time I arrived. Sara discussed the staff rotation with me as we walked over to the Intermountain School. Because of the intensity of the children's needs, Intermountain requires a minimum two-year commitment from any employee who works with the children. Because they pay close attention to the needs of their staff and schedule them accordingly, Intermountain has a very low turnover rate as fewer direct care staff suffer from burnout.

The school was decorated with student projects, done during the summer session. Intermountain follows a lighter schedule during the summer session to create a sense of normalcy for the children. Watching the children interact with the teachers in their classes was amazing. Knowing that many children come with issues surrounding underachievement or other school issues, it was refreshing to see how excited and interactive the classes were and how much the students participated. There was much laughter and a lot of playfulness. Although I was invited to enter the classes, I watched interactions from the outside so as to not disrupt the schedule. We went on to another classroom where there were a handful of students varying in age. Sara introduced me to the staff members in this room who explained that this room was designed for the students who needed a break from the classroom or those who were not ready to join the privilege of attending class yet. The children in this room stopped to look up at me and smiled. A little boy, who had been struggling to keep his attention on anything for more than about two minutes, had found a task that kept his attention for the last five minutes. We watched him for another five minutes before moving on.

A decoration on the way to the school office holds a lot of meaning for not only staff, but for the children as well. Tile art on the walls (created by Intermountain staff) spread down the hall

like the roots of a tree. Each child contributed a piece of themselves to the project as a way to give back to the school and leave a small part of themselves for future students.

Intermountain also offers a private day school to area children who need added emotional support. With these students, often their parents will come in throughout the day to participate with their child in their education and/or in therapy sessions. In addition, there is an optional Chaplain's program available to support student's spiritual needs.

The overall atmosphere at Intermountain is safe and structured with a loving environment. Most importantly, the staff members genuinely care for these children, and strive to teach them how to be children, learn to play and have fun as they work through complex emotional, psychological and behavioral issues.

## LEELANAU SCHOOL

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Visit by: Judith E. Bessette, Ed D, July 21 - 22, 2010

For professionals who work with high school students with ADHD, executive functioning issues and/or language-based learning issues, if you've never visited the Leelanau School on the eastern shore of Lake Michigan near Traverse City, do yourself a favor and go visit. If you haven't visited recently — since Matt Ralston became the Head of School last year — you should visit again!

Ralston came to Leelanau from the Hill School near Philadelphia, PA. Having been at Hill for seventeen years,

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serving in a variety of academic and administrative positions, he was looking for a new challenge and felt drawn to work with students whose learning styles were different. Leelanau began changing its focus from more traditional students about five years ago to students with learning differences. With a new track to run on, Ralston has begun to fine-tune the program. He brings both a critical eye and understanding of what a truly fine boarding school should be to the campus.

The physical plant, set amid a north woods forest (and yes, a river does run through it) has had a recent facelift. The refurbished dorms are beautiful... with two students per room, generous closet space and ample study area. The common areas are comfortable — and equipped with Franklin stoves in keeping with the classic country feel the campus engenders. The remodeling embraced a green approach — a commitment that reflects the location itself.

I was fortunate to be able to visit while summer school was still in session — a four-week term during which kids can complete two classes — and while Edward (Ned) Hollowell, MD was there, conducting the fourth annual ADHD Summer Enrichment Camp for families.

I spent a couple of hours listening to Hollowell. He started that morning by reading a commencement address he had given at Eagle Hill School in Massachusetts, revealing to the graduates that they were not “disabled” (either as learners or otherwise)...but rather members of a secret society of “magnificent minds”...individuals with special gifts and talents...gifts that merely need to be “unwrapped” in a different way.

For most of the parents in the room at Leelanau— there were about 32 there — it seemed this was the first time someone talked to them about their kids being extraordinary versus handicapped by having a different learning style. At lunch, I spent some time talking with Hollowell. He shared with me his belief that from

the Head to the kitchen staffs at Leelanau “these people get these kids in an amazing way.”

As I had the opportunity to meet faculty, I began to understand why Hollowell feels this way. I spent time with Rob Himburg who is the Director of Education during the school year and Hollowell’s partner in the Summer Enrichment Camp. (Hollowell works primarily with the adults while Himburg works with the kids.) I was impressed with his passion for these kids, his vision for improving the academic program (starting this fall) and watching him work with real, live kids...kids whose learning styles were truly all over the map!

These kids (5th grade to 9th...the older kids were in a different group) had only been together for two days but seemed to have been together much longer. With some students listening to soft background music, others manipulating play-doh and still others doodling, Rob led a discussion about how to use their various learning styles to improve their organization, time management and study skills. And the kids stayed engaged and contributed great ideas to what would be an on-going discussion for the rest of the week.

Back in his office, Rob and I talked about what strength-based means at Leelanau. It’s easy to see how a strength-based approach is right in line with Hollowell’s thinking about these kids being extraordinary versus disabled...but it’s not so easy to understand how this approach also encompasses remediation when that is necessary. That’s when I learned about the Learning Resource Center or LRC as everyone calls it at Leelanau.

The LRC helps students learn about their learning styles, their areas of strength and their areas of weakness. It is in understanding their areas of weakness that students are offered remediation or work that allows them to shore up those weaknesses. The school has added a new faculty member this fall

CONTINUED: LEELANAU/ 8



Photo by Skyler Jenson

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## LEELANAU

who is fully trained and experienced in the Orton-Gillingham approach to language based learning issues.

While I was in line for lunch (good food — much of it organic and local — the staff is great and connected to the kids) I had the opportunity to speak to a couple of regular summer school students. Both were sophomores — one making up a class from his freshman year and another coming in this fall who wanted to get familiar with the campus and meet a few students. They gave their teachers high marks and talked about the friendly, family-like atmosphere of the school.

Students are required to take seven courses each semester. These courses include the core academic areas — English, Mathematics, Science, and History as well as some electives. The Fine Arts Program, impressive for a small school, includes drama, photography, animation, studio art and music. All the students participate in an afternoon physical activity four days each week. Like other small boarding schools, Leelanau offers a variety of competitive sports — baseball, basketball, golf and tennis. In keeping with the out-of-doors setting at Leelanau, the school also offers Footsteps, a program that offers rock-climbing, hiking, mountain-biking, kayaking, canoeing, skiing and snowboarding. Working with Northern Pines Farm in nearby Maple City, Leelanau is able to offer an outstanding equestrian program. From simple “schooling shows” to “rated” shows, the program has something to offer to the novice as well as the experienced rider.

I enjoyed learning about the way the school embraces the notion of exploration for every student at Leelanau — using the beautiful setting of the Leelanau Peninsula surrounded by Lake Michigan. Every September, all students and faculty take a five-day trip to learn about their surroundings, about their fellow students, and, of course, about themselves. The trips vary a bit from year-to-year, but typical examples are:

- Freshmen camp at Leelanau State Park, go salmon fishing and learn about cherry-growing. They have time to consider what they're good at, how they work with others, and what they have to contribute.
- Sophomores build on the knowledge they've gained while exploring Wilderness State Park, a geologically “new” and fascinating area near the Straits of Mackinac. Students focus on learning how to communicate more successfully, make productive decisions, and resolve conflict.
- Juniors, canoe on the Manistee River, rich in natural and cultural history, pushing past personal boundaries and pulling together to overcome obstacles.

After three years of anticipation, seniors set off on a 20-mile journey in voyageur canoes to Lake Huron's Les Cheneaux Islands. Using the skills and knowledge they've gained at Leelanau to prepare for the challenge, from constructing their own paddles to planning their meals, they rely on their trust in each other and in themselves.

For a student with learning issues who also has significant emotional or behavior issues, a more therapeutic school setting would be a better starting point. However, Leelanau may very well be a good step-down for the learning-challenged student who has gotten those issues under control. The school has a health center, staffed by RNs from 7:00am to 11:00pm each day...and on call 24/7. The school also has a relationship with a child psychiatrist who comes to the school regularly and can help with med management. Local psychologists and therapists are available for students who need counseling support.

So...if you're working with a student with a learning difference who wants a boarding experience in an amazing setting, at a school that has a genuine feeling of family...take a look at Leelanau.

## NEW PERSPECTIVES...

*[New Perspectives schools and programs are those new to Woodbury Reports, Inc., and are presented to expand your knowledge, with the disclaimer that we know little more about them at this time than what appears here. Inclusion in Places for Struggling Teens™, of course, does not imply any endorsement by Woodbury Reports, Inc. -Lon]*

## EPWORTH CHILDREN'S HOME

Columbia, South Carolina  
Deborah Keller, Admissions  
803-256-7394

[dkeller@epwothsc.org](mailto:dkeller@epwothsc.org)  
[www.epworthchildrenshome.com](http://www.epworthchildrenshome.com)

Founded in 1896, Epworth Children's Home is a residential care and counseling center for youth aged 4 to 18 who are in need of a safe and stable environment. Children can be referred or placed in the home by family members.

President and CEO of Epworth Children's Home, Reverend John E. Holler, Jr. has served as the Executive Director of Carolina Pastoral and Family Counseling Service and Minister of Counseling for Trenholm Road United Methodist Church. He is a professional counselor and a licensed marriage and family therapist. Epworth Children's Home is licensed by the SC Department of Social Services and accredited by the United Methodist Association of Health & Welfare Ministries.

The youth who live in Epworth Children's Home reside in cottages on campus that resemble a family-like atmosphere. Each cottage houses up to ten children separated by age group and staffed by several caregivers. The Social Services Center on site provides individual and family counseling for residents. Psychological testing and substance abuse education are available to the youth as well. Therapeutic techniques used include play therapy, trauma therapy, and group therapy. The program also offers parenting education and support groups. Residents attend the Barnes Learning Center for after-school tutoring after attending local schools.

Epworth Children's Home provides the opportunity for recreational activities such as organized team sports, after-school clubs, extra-curricular trips, etiquette classes, guest speakers, and other activities like bowling. The campus also includes a full health center with medical staff on site.

*[This information came from the Epworth Children's Home website.]*

## FERGUSON BEHAVIORAL HEALTHCARE CENTER

Los Angeles, California  
800-624-2650

Mike Ferguson, Executive Director  
[mike@fergusonbhc.com](mailto:mike@fergusonbhc.com)  
[www.fergusonbhc.com](http://www.fergusonbhc.com)

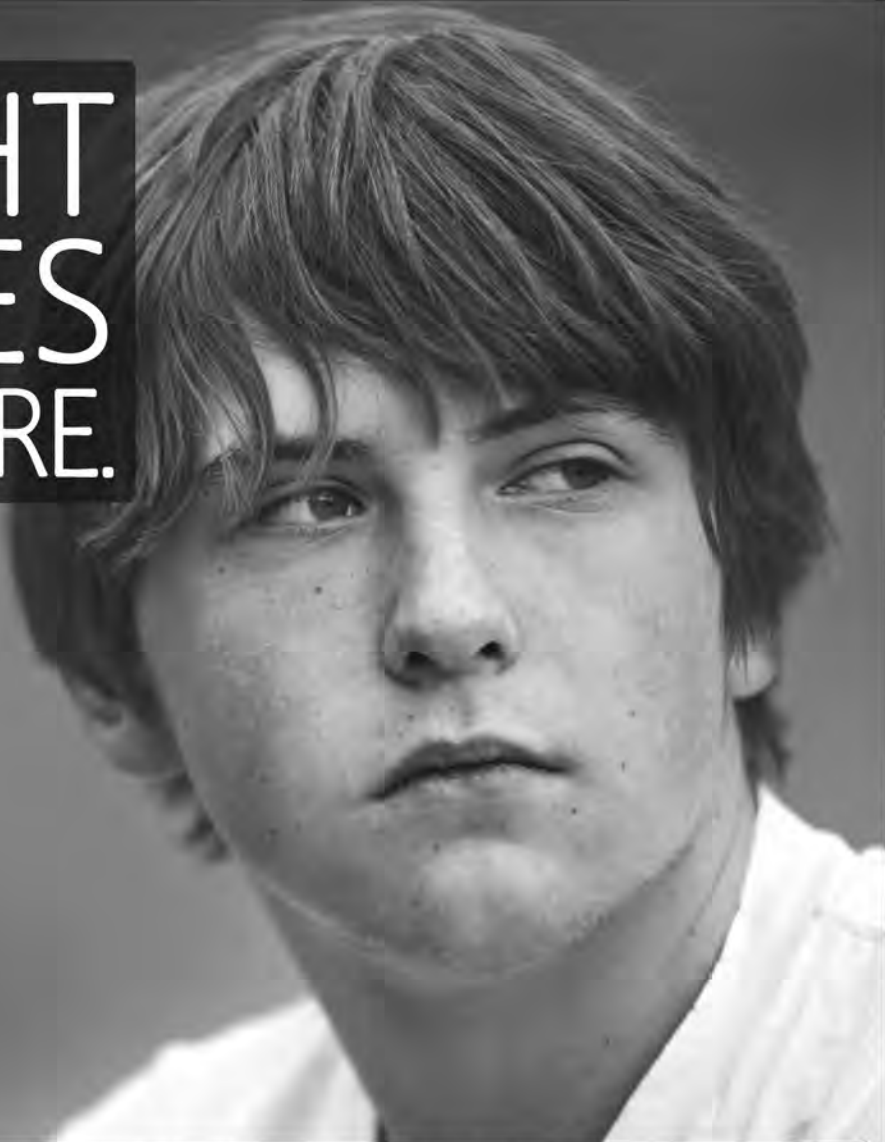
Ferguson BHC (Behavioral Health Consulting) offers a variety of services to families needing assistance in therapeutic placement, intervention resources, therapeutic transporting and aftercare planning, in addition to offering services for treatment providers that include: customized marketing plans, website and social networking marketing management, marketing executive recruitment and staff trainings and referral placement, business development, admissions and intake services.

Mike Ferguson is the Executive Director of Ferguson BHC and Dr. Brigitte Lank, MA, PhD is the Clinical Director.

*[This information came from the Ferguson BHC website.]*



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Doug Czyz, National Admissions  
Office: (402) 498-1973 | Cell: (402) 990-5371  
[doug.czyz@boystown.org](mailto:doug.czyz@boystown.org)



## FOUNDATION HOUSE

Portland, Maine  
Patrick Babcock, Founder/Executive Director  
207-767-1717  
[recovery@foundationhouse.net](mailto:recovery@foundationhouse.net)  
[www.foundationhouse.net](http://www.foundationhouse.net)

Foundation House is a peer supportive sober living facility for men ages 18 and over that provides short and long term transitional living, in addition to relapse prevention. By utilizing the specific standards or agreements as the foundation, this drug and alcohol free family style environment creates safety and security for all house members.

PK Holdings Inc. (DBA 'Foundation House') was founded in 2002 by Patrick Babcock who started this sober house and named it after his best friend from childhood Peter Kellerman, who was killed in the 9/11 World Trade Center tragedy. Patrick specializes in PTSD, Cognitive Behavioral Therapy, the Gorski-CENAPS model of treatment and relapse prevention and life skill mentorship. Tim Maxfield is the Program Director and is a Certified Residential Medicine Administrator (CRMA), Michael Patnaude, DO is the consulting psychiatrist and Barbara Howenaic and Cecily Rich serve as psychotherapist working with the men.

Residents participate in outside 12 step meetings, house meetings, groups and either work, go to school, volunteer or are involved in an outpatient program during the day. They also share in regular house chores and cook their own meals. Foundation House maintains 2 homes that are each staffed by a manager who lives in the house and works with the program director to help residents with life skills, study groups, job

placement, house outings that may include beach BBQ's, baseball games, bike riding or skiing and snowboarding, alumni support and medication management if deemed necessary.

*[This information came from the Foundation House website.]*

## HOPE BY THE SEA

Laguna Niguel, California  
Penny Carlsen, R.N., Administrator  
866-930-4673  
[www.hopebythesea.com](http://www.hopebythesea.com)

Hope by the Sea, Inc is a residential treatment center for adults 18 and over, struggling with the addictions of drug and alcohol, offering a rehabilitation program for those seeking acute treatment, detox, residential treatment, outpatient treatment and long term care. Located just miles from the Pacific Ocean, Hope by the Sea is a dual diagnosis program, working with both the addiction and the co-occurring underlying issues.

Established in 2003 by Chad Carlsen and his father Ernest Carlsen, PhD, MD, Hope by the Sea's Clinical Director is Dr. Helene O'Mahony, PhD, Penny Carlsen, RN, is the Administrator and Cyndie Dunkerson, BAS, CMA is the Director of Operations and Intake Coordinator.

Upon intake, clients are evaluated, go through detox if necessary, and then begin the process of therapy, individual and group, in addition to 12 step meetings, an individualized exercise program and cleansing their bodies with a healthy diet and rest. Also available is Equine Psychotherapy, family



## High Frontier

High Frontier is a non-profit Residential Treatment Center for emotionally disturbed adolescents, ages 12 to 18, with a documented history of severe behavioral and/or emotional problems who cannot be served in a less restrictive environment.

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- Develop a discharge/aftercare plan

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Fort Davis, Texas      Fax: 432-364-2261

[high.frontier@sleschools.org](mailto:high.frontier@sleschools.org)

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Admissions: 800.914.3937  
[www.EckerdAcademy.org](http://www.EckerdAcademy.org)



therapy, Yoga, therapeutic massage and Spiritual counseling. Hope by the Sea works with clients with addictions to: alcohol, amphetamines, Barbiturates, club drugs, Prescription drugs, tobacco, and street drugs such as heroin, cocaine and crack cocaine, marijuana, hashish, LSD and other narcotics.

*[This information came from the website and brochure.]*

## REBECCA'S HOUSE

Lake Forest, California  
 Rebecca Cooper, Founder  
 800-711-2062  
[www.rebeccashouse.org](http://www.rebeccashouse.org)

Rebecca's House offers women ages 18 and over several different options for intervention and healing through their eating disorder treatment program, treating those who struggle with bulimia, anorexia, food addictions, binge eating and overeating. In addition, Rebecca's House works with those who have the addition of drug and alcohol abuse with their eating disorders. Programs available include residential sober living, women's sober living, women's outpatient programs, adolescent girls (ages 12-18) outpatient program, men's eating disorder outpatient program, Diets Don't Work® Structured Program, in addition to individual therapy, family support groups and aftercare groups.

Rebecca Cooper, founder of Rebecca's House, is also the president of several eating disorder outpatient programs, a licensed marriage and family therapist, MA in Clinical Psychology, IAEDP Chair President in Orange County, CA, a certified eating disorder specialist and author of Diets Don't

Work®. Rebecca's House is accredited by the Joint Commission and a member of the National Association of Addiction Treatment Providers.

Clients who enter Rebecca's House need structure and direction for their recovery or have completed another "in patient" treatment program and need help in transitioning back to their lives. In their home like setting, clients participate in group therapy, weekly individual therapy, family education sessions and therapy, weekly sessions with the registered dietician and nutrition education groups. Treatment also includes meditation, exercise addiction education, body image therapy and 12 step support group meetings.

Rebecca's House is located minutes from the Pacific Ocean's, Laguna Beach and offers its clients several activities on site including a gym, flower gardens and vegetable garden, a Jacuzzi and sauna, a pool, meditation cottage and outdoor fire circle.

*[This information came from Rebecca's House website.]*

"The game of life is  
 the game of boomerangs.  
 Our thoughts, deeds and words all  
 return to us sooner or later...

And with astounding accuracy."

~ Florence Shinn

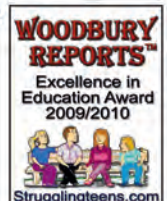


For many young men and women, leaving home and transitioning to college or the work world is a daunting and overwhelming challenge. Thrust into the real world alone, with few advocates, they often are overwhelmed by isolation and lack of structure and support. Robert Fischer, M.D., psychiatrist, co-founded **Optimum Performance Institute** in 2004 to meet the needs of these young adults, ages 17-25.



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## AUTISM SPECTRUM DISORDER:

Another Look  
Tim Langerholc

Among serious developmental ailments affecting children and young adults, autism is among the most common, striking about 1 in 110 individuals. The disorder is more prevalent in children than juvenile diabetes, childhood cancer and pediatric AIDS combined, and is often both pitiless and perplexing.

An aggressive new approach to identifying and treating autism spectrum disorders—pioneered by Dr. Andrew Rubin, a clinical psychologist and clinical researcher—is offering renewed hope to patients and families facing the multiple challenges of this affliction. Today, Rubin's innovative program, drawing on decades of intensive autism research and hands-on clinical experience is being adopted, with impressive results, in treatment programs across the country.

Dr. Rubin attended college at the University of Connecticut, New York University, and earned his PhD in Clinical Psychology from the Illinois Institute of Technology's Institute of Psychology. It was during Rubin's subsequent clinical work at Rush Presbyterian Hospital in Chicago however, that he began to develop a path to more effective treatment of ASD and the co-morbid problems often associated with this unique class of disorders. These disease symptoms include elevated levels of anxiety, depression, poor frustration tolerance, extreme rigidity, poor social functioning and an overall lack of independence.

Autism spectrum disorders can affect patients in three interrelated domains, each requiring specialized attention:

- Neurologic deficit affecting normal brain development
- Psychological aberrations involving cognitive, emotional, and behavioral development
- Socialization disorders affecting normal interactions with others

For ASD patients functioning at higher cognitive levels, the social deficits produced by the disorder may present the most severe hindrance for those aspiring to an independent adulthood. Rubin stresses that for these patients, intensive refinement of social skills through weekly role playing exercises, instruction of social skills and daily management



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techniques, along with focused interactions with clinicians and fellow patients can often make the difference between supervised life in a group home and a fruitful and productive integration into society.

Dr. Rubin explains that the varied symptoms and conflicting therapeutic approaches to this unique matrix of illness have left families confused and often disheartened about where to seek the best possible care: “Many of the symptoms that individual doctors treat in this specific population,” he says, “are actually secondary to ASD. Without a comprehensive analysis and approach, the nuances of the disorder and the client’s individual treatment requirements simply fall through the cracks.”

New Directions—a flagship facility for the treatment of autism and the first of its kind in the country, was established in 2007 and now comprehensively treats approximately 50 clients annually. Clients live in their own apartments with corporate facilities also located inside the community. The model has been so effective, that health care providers and insurance companies are enthusiastically embracing it as an option offering markedly improved patient outcomes at substantially lower cost, compared with competing methodologies.

New Direction’s approach, which employs a coordinated multidisciplinary treatment model or CMT, integrates clinical, academic, vocational, and life management areas into a holistic effort. Rubin favors individualized treatments rooted in the latest scientific literature on ASD, integrating cognitive behavioral therapy, developmental theory, and neuropsychology.

Pat Maloy is Chief Executive Officer of Therapy Review Systems Inc, a company that conducts prior peer review studies on behalf of over 1 million clients seeking physical, occupational and speech therapy services. “What we observe in Drew’s practice,” Maloy notes, “is an ideal environment where the patient’s services are coordinated and managed on a daily basis by a single case manager. Our experience is that this coordinated practice method fosters patient progress during treatment and produces optimal improvement outcomes.” The approach is in marked contrast to conventional treatment methodologies for ASD, in which a given child may be shuttled to 4 or more therapists in a week, with insufficient coordination and sharing of client information between caregivers.

“I’m excited about this new platform of treatment for young adults,” Rubin says, explaining that his focused, systematic approach to ASD is designed to mold around each specific client, targeting their problematic neurobiologically related symptoms and behavioral anomalies and treating these in tandem. Skinnarian and cognitive behavioral targeting interventions are designed and implemented from the beginning of the treatment regimen, to effectively address the wide variety of symptoms that may appear.

For individuals with autism spectrum disorders, such symptoms often include problematic social interactions, anxiety disorders (including obsessive compulsive disorder), attention deficit disorder, poor life management skills, and a lack of financial management skills, among other symptoms. “They don’t call it a spectrum for nothing,” jokes

Dr. Rubin, adding that the diverse manifestations of the disease are often bewildering to the uninitiated. “This platform first comprehensively assesses, and then treats all of the unique symptoms that are associated with ASD.”

While much remains to be learned about the causes and treatment of ASD, recent research on many fronts, from neurophysiology to genetics, from behavioral psychology to medical imaging have given science a new window into this highly prevalent disorder, long shrouded in mystery. As Maloy stresses, a holistic, multidisciplinary interaction among caregivers is essential to successful therapy. “One thing that impresses me about Dr. Rubin,” he says, “is the high quality network of professionals he is engaged with. In cases where patients may have unusual conditions or comorbidities, he is able to draw on the varied expertise of fellow practitioners, using best practices and his coordinated care model to achieve optimal outcomes.”

As the many branches of ASD research continue to rapidly develop, it has become clear that the best hope for progress is rooted in a person-centered rather than system-centered approach—one keenly tailored to the practical needs of each individual.

Dr. Drew Rubin has held a variety of clinical, academic, and research appointments throughout his career in both hospitals and training institutions, including The University of Chicago Hospital, Department of Child Psychiatry; Rush-Presbyterian-St. Luke’s Medical Center; Tulane University Medical School, Department of Psychiatry and Neurology; Tulane-DePaul Behavioral Health Center; Louisiana State University Health Science Center; The Medical Center of Louisiana (Charity Hospital); Illinois Masonic Medical Center; and the Pain and Rehabilitation Clinic of Chicago (PRCC). Dr. Rubin has also served as the lead psychologist at the Unicorn Child Development Clinic at Nova Southeastern University’s Mailman Segal Institute for Early Childhood Studies.

***About the Author:** Tim Langerholm attended the University of Central Florida where he majored in English: Creative Writing and graduated cum laude. Throughout his career, he has taught English at schools in Barcelona, Poland and Vietnam. He returned to the States in 2008 where he began teaching at New Directions For Young Adults. For more information about New Directions For Young Adults, visit the website [www.newdirectionsfya.com](http://www.newdirectionsfya.com), or call Dr. Drew Rubin at 954-571-5102.*

“It is only by tracing things to their origin that we gain rightful ideas of them. And it is by gaining such ideas that we discover the boundary that divides right from wrong.”

~ Thomas Paine

## SEEN N HEARD...

### Anniversaries:

Happy 17th Birthday Elk Mountain Academy! On January 10, 2011, Elk Mountain Academy will celebrate its 17th birthday.

### New Programs:

Gatehouse Academy opened a new facility located 3.5 miles north of the mountainous city of Clark Fork, Idaho, and 38 miles from the Canadian border.

Talisman Programs in conjunction with Talisman Academy announced the opening of our Talisman Transitions, a program for young adults.

Highlands Preparatory School plans to open September 2011.

### News:

Gary Ferguson, author of the book *Shouting at the Sky* and 1998 graduate of Aspen Achievement Academy, gave a keynote speech at NATSAP 2008. The video of his speech is now available online.

American HealthCare Lending announced its plan to open enrollment for its lending service to both programs and educational consultants.

Friends of Families Collaboration thanks all their supporters who allow their work to help families afford programs in time of need.

Rosecrance Health Network and Janet Wattles Center joined forces to create a comprehensive behavioral health network in the state of Illinois.

Shortridge Academy announced the jurors of the Professional Women's Photographers 35th Anniversary International Call selected Art Teacher Mary Ellen Bridges' for entry.

The Academy at Sisters Therapeutic Boarding School hosted Greg Kersten's O.K. Corral Equine Assisted Psychotherapy/ Learning Certification Seminar.

Two adolescent specialists from SUWS of the Carolinas wilderness therapy program made a presentation on the rise of permissive parenting to members of the Independent Educational Consultants Association in Cincinnati.

Dr. Triston Morgan, Admissions Director at Discovery Academy, co-authored a new research article studying the effectiveness of various kinds of family therapy.

Three young adult clients at Living Well Transitions reached the 14,267-foot summit of Torrey's Peak in October 2010.

Amity Foundation is opening a new downtown Tucson gallery. Proceeds from a silent auction will benefit Amity Foundation's new capital campaign, "Dragonfly Village" which is aimed at building a new, state of the art, 13 building, Children's and Family Reunification Center in Tucson.

Universal Health Services completed acquisition of Psychiatric Solutions to create a premier facilities-based behavioral healthcare provider.

Waltham House - The Home for Little Wanderers received one of the 2010 Awards for Excellence presented by The Greater Boston Business Council.

The staff and faculty of Bridges Academy in Bend, Oregon, recently participated in a day of professional development focusing on Cognitive Self Change.

Eighteen seniors received New York State Regents diplomas at midyear graduation ceremonies at the Family Foundation School in Hancock, New York on December 18, 2010. An additional four FFS students completed the school's character education program and returned home to complete high school. Fifteen of the graduates have been admitted to two or four-year colleges, two are entering the armed services and one is undecided.

Outward Bound Intercept began offering new courses in Central California.

Back 2 Basics officially gained their 501(c)(3), nonprofit organization status.

Auldern Academy and Stone Mountain School joined forces in December to create a Winter Wonderland dance for their schools.

The 21st edition of the Parent Empowerment Handbook is now available!

Silverado Academy joined forces with American Healthcare Lending to offer a wide array of financial options for families. Living Well Transitions adopted one of the signature city parks in Boulder and received accolades for the volunteer service their staff and clients have provided.

### People:

Joshua Miller joined Silverado Academy as part of the clinician team.

Annette Davis joined Talisman Academy in October 2010 as the Academic Director.

Pacific Quest welcomed Dr. Shelley Ham, Psychiatrist to the clinical team.

Katie Vena was appointed Intake Specialist at South Shore Academy in Kouts, IN. She will be working with families in need of residential services as well as professionals who may want to refer a client for services.

Rosemary Tippet joined IECA staff as Outreach Coordinator. Sharon Laney announced her departure from Sequel, stating "I have enjoyed running and growing programs and several start-ups, along with representing our organization both locally and nationally."

David Melear was appointed new Executive Director of Island View Residential Treatment Center.

Troy Knight joined forces with The Gersh Experience, located in Buffalo, NY.

Jeana Thomsen, LCSW, an Assistant Clinical Director at New Haven Residential Treatment Center, was named one of Utah Valley Business Quarterly Magazine's Top 40 Under 40!

CRC Health Corporation announced that R. Andrew Eckert was appointed the company's new Chief Executive Officer.

Dr. Stan Selinger was named Family Therapy Coordinator at Timberline Knolls.

PRN For Families expanded working relationships by adding college interns from the University Of Denver Graduate School Of Social Work to the staff. Stephanie Thiel, a field placement graduate student for the 2010-2011 school years and Danielle Harper, a Marketing Intern from Colorado State University, are this year's interns at PRN.

### Program Enhancements:

The University Of Central Florida College Of Medicine signed an affiliation agreement with Pasadena Villa.

The Pinnacle Schools received an increase in its license capacity at the Elk River campus from 48 residents to 60.

### Upcoming:

2011 NAPSEC Annual Leadership Conference, January 16 - 19, Captiva Island, FL

NATSAP 2011 National Conference, Jan 20 - 22, Tucson, AZ  
41st Annual CASE-NAIS Independent Schools Conference, January 23 - 25, Chicago, IL

32nd Annual Training Institute on Behavioral Health & Addictive Disorders, January 25 -28, Clearwater, FL





# The Parent Empowerment Handbook™

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  - Anger management
  - Grief and loss
  - Social phobia
  - Sexual abuse/trauma
  - Adoption

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Mark P. Vogel, Ph.D.

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