

## ***BETTER TOGETHER***

2018 ATSA Conference | Thursday October 18 | 10:30 AM – 12:00 PM

**T-14**

### **Family Interrupted: When Sexual Abuse Happens**

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Imagine you are caregiver in a family experiencing stressors or even a crisis. Perhaps, you struggle with your own mental health issues or encounter domestic violence or substance abuse. Perhaps, finances and housing are a monthly struggle. Perhaps you also struggle to parent a child who is increasingly out of control. Now imagine that one of your children has come forward to tell you that his or her sibling has been sexually abusing them...

Historically, youth presenting with sexually abusive behaviors have received assessments and treatment focused only on this identified high risk behavior. However, many youth present with multiple high risk behaviors, either co-occurring or in a progression over time. Data continues to mount which identifies the comorbidity of sexually abusive behaviors and mental health diagnoses. In the scenario described above, treating sexually abusive youth in a silo approach, without recognizing the needs of the whole family system will simply not suffice. Rightly so, current best practice calls for a more comprehensive approach to treating the whole youth and the whole family system.

Hillcrest Educational Centers (HEC), a residential treatment program in Western MA, has been committed to utilizing comprehensive assessment and treatment interventions for youth who present with sexually abusive behaviors and acute mental health symptoms, amidst a family in need. In this presentation, we aim to share our creative and innovative treatment approach. This model encompasses work based on the Risks-Needs-Responsivity approach. Our treatment model for youth and families utilizes a comprehensive assessment and clinical formulation process that results in treatment services in three key areas: facilitating skill acquisition; implementing environmental safeguards; and utilizing natural and formal supports. The goal of this approach includes minimizing safety risks for the family and community while creating a realistic approach for restoring the family unit.

**Part 1: Assessment and Clinical Formulation.** This presentation will provide information on conducting assessments that include a multipronged approach of family assessment, comprehensive psychosocial risk assessment, trauma assessment, and identification of strengths, resources, and protective factors. Discussion will revolve around a

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comprehensive clinical formulation that will drive the treatment plan with an eye not just to the youth, but also to any victims within the family system, and to the whole family unit.

Part 2: Skill Acquisition. Presenters will share HEC's journey of developing skill acquisition strategies – moving from prescribed group treatment tasks and phases, to a more comprehensive approach of individual and group therapy, in home services, family therapy and family skill coaching, "Family Strong" events, and milieu skill coaching.

Part 3: Environmental Safeguards. In order to ensure that youth are provided quality treatment in the lowest level of care possible, it is important to ensure that environmental safeguards are in place. HEC's model allows for youth to practice skills and obtain support from their resources while in residential care, and also teaches them how to utilize these skills in other environments in preparation for transitions to lower levels of care. It ensures that programming is individualized in a manner that mitigates their risk while in our care. This presentation will elaborate on practices that involve staff interventions, physical plant considerations, and individualized treatment interventions.

Part 4: Natural and Formal Supports. By utilizing a family focused, or a family strong, approach to treatment, the natural supports of youth and families are actively involved each step of the way. This approach focuses on strengthening the familial bond that exists through a variety of interventions both in the residential setting as well as in the youth's home and local community. Working collaboratively with formal supports, including social service and educational agencies, ensures a multi-disciplinary approach is provided. This presentation will explore and teach participants about the techniques this agency uses to involve both natural and formal supports in the youth's care.

### **Bibliography**

- Knight, R. A., Ronis, S. T., & Zakireh, B. (2009). Bootstrapping Persistence Risk Indicators for Juveniles Who Sexually Offend. *Behavioral Science and the Law*, 878-909.
- Yoder, J. R., Ruch, D., & Hodge, A. (2016). Families of Youth Who Have Sexually Offended: Understanding Shared Experiences and Moving Towards a Typology. *Journal of Child and Family Studies*, 1581-1593.
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### **Learning Goals:**

- Participants will be provided with a Risks-Needs-Responsivity approach for creating comprehensive risk management and family service plans for the treatment of youth with sexually abusive behaviors.
  - Participants will acquire information regarding commonly found mental health disorders in youth who are sexually abusive.

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- Participants will engage in steps for developing comprehensive formulations of sexually abusive youth's complex presenting treatment issues
- Participants will learn how to mitigate risk while providing treatment to adolescents in the least restrictive setting possible
  - Participants will be educated on the types of students Hillcrest Educational Centers serves in their residential program
  - Participants will learn how the treatment model at Hillcrest Educational Centers has shifted over recent years from a predominantly group approach to a systems approach
  - Participants will learn skill acquisition techniques and environmental safeguards employed to give students pro-social experiences while residing in residential care
- Participants will learn how to incorporate a family focused approach to the youth's treatment
  - Participants will understand why outcomes are improved with familial involvement
  - Participants will be able to identify concrete interventions that encourage healthy familial connections

### **Ashley Kellogg, LICSW, Program Director of the Highpoint Program**

Ashley Kellogg is the Program Director of the Hillcrest Educational Centers Highpoint Campus located in Lenox, Massachusetts. She is responsible for overseeing the successful operation of the Highpoint Program. The Highpoint Program specializes in the care and treatment of adolescent males who are in need of sexual abuse specific treatment and specializes in treating adolescent males who have been exposed to abuse and neglect have a significant trauma history and engage in significant high risk behaviors. Ashley collaborates with the campus administrative team to ensure a trauma informed care environment is provided to students in all areas of program on the Highpoint campus. Additionally, she collaborates with the admissions department regarding referrals and admissions to the programs. She has held multiple positions within the agency over her 13-year tenure. Prior to becoming the Program Director of the Highpoint Campus these roles have included clinical Case Manager, Clinician, Lead Clinician and Clinical Coordinator at multiple campuses throughout the agency. She has also been on the Board of Directors for the Central Berkshire Habitat for Humanity since June of 2017.

### **April Slater Roche, LICSW, Director of Clinical Services.**

April joined Hillcrest Educational Centers in 1996 as a direct care staff. In 1998, after completing her Masters Degree, April became a member of the clinical department. She has held positions of Clinician and Lead Clinician at various HEC sites, and has held the position of Director of Clinical Services for the past 7 years. April has been involved in the development and ongoing implementation of Hillcrest's trauma-informed treatment model called "Skills for Life." In her role as Director of Clinical Services, April provides oversight for agency-wide clinical services including individual, group, and family therapies, crisis

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assessment work, as well as funding agency compliance measures. Her clinical experience includes work with youth and families addressing acute mental health and trauma-related issues including aggression, self harm, fire setting, and problem sexual behaviors. April is the mother of two children, an avid AT hiker, and can be found supporting her family-owned farm. She is also an active member of her community. She holds the elected office of Planning Board member, is a part of her local Lions Club, and volunteers regularly with her sons' Boy Scout troop.

### **Christopher Smith, MBA, *Senior Vice President***

As Senior Vice President, Mr. Smith oversees residential programming for adolescent girls, adolescent boys and the sexual-abuse specific program. Additionally, Mr. Smith is responsible for program development and implementation through the direct supervision of Hillcrest's Education Director, Nursing Director, Clinical Director and Quality Assurance Director. Mr. Smith is also responsible for overseeing Hillcrest's Admissions and Marketing department and working in conjunction with programs to maintain Agency census. Before coming to Hillcrest Educational Centers, Inc. Mr. Smith had experience working with both adolescent boys and girls during his time living in upstate New York and Vermont. During his tenure with Hillcrest, Mr. Smith has worked in most areas of residential including: direct-care, supervisory, program management and group facilitation. Additionally, Mr. Smith has held several key management positions including Program Director for the Intensive Treatment Unit, Program Director of the Highpoint Campus and Vice President of Residential Programs.