

ADOLESCENT TREATMENT PROGRAM



CAMARILLO
STATE
HOSPITAL

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Adolescent Treatment Program

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History of the Adolescent Program

Camarillo State Hospital opened in 1935 to serve the mentally ill. Adolescents were not placed on a separate unit but, instead, were mixed in with adult males or females, according to the criteria at the time. Around 1959, all the adolescent females, including the autistic, were placed on the same unit but with adult women also. Some time later, the adolescent boys were moved together, without adults. Since no school had ever been provided the adolescents, two Psychiatric Technicians on Unit 13, the boys unit, started an activity program in their day room which they called the "Lucky 13 School." They later occupied a temporary building near the auditorium and in 1965, they acquired a Teacher from the Children's Program and used adult clients as Teaching Assistants as well as Psychiatric Technicians. This was the official beginning of the school and by January, 1966, there was a full compliment of six Teachers.

Around 1966, the girls were placed on a unit without adults and in the same administrative division as the boys. For a short time, both were administered by the Director of the Children's Program. But the Hospital Director, Dr. Louis R. Nash, felt strongly that the adolescents should have a separate program. He arranged for three units to be remodeled, including a school. The Adolescent Division came into being and by August, 1968, four Adolescent Units and the School occupied their present location. The school was renamed the "Louis R. Nash High School" following Dr. Nash's death. In 1970, the units became co-educational and in 1975, Unit 59 became part of the Adolescent Program to treat aggressive acting out adolescents. In mid 1976, the autistic children and adolescents were placed in a new treatment program for autism with their own educational program.

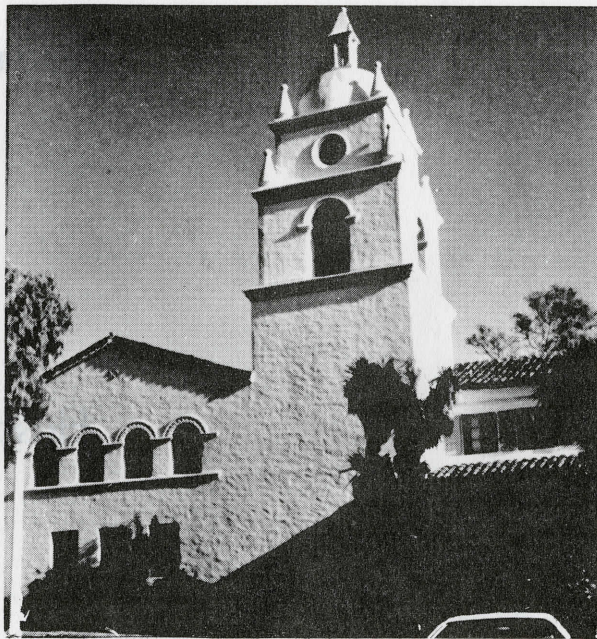


PHOTO BY JACK BREAKY, PROGRAM ASSISTANT

The composition of the Adolescent Program is at times influenced by legislation, social conditions, or the lack of resources in the community. Examples are the Lanterman-Petris-Short legislation, affecting the method of commitment to the hospital, the "Michael E. and Roger S." State Supreme Court decisions, specifically relating to adolescent admissions and discharges, development of more placement and treatment facilities in the community, and increased abuse of drugs by adolescents. Proposition 13 may also affect community resources and thus the quantity and composition of the Adolescent Program.

The current Adolescent Treatment Program is designed to meet the needs of 95 students, 15 through 19 years of age, most of whom come from Southern California. The Program consists of three co-educational residential units. One of the units is primarily for psychotic and severely neurotic students. The second unit offers a special treatment program for non-psychotic teenagers with severe acting-out behavioral problems. The third unit provides treatment for less mature behavior problem teenagers with less ego strength. The program is not approved to treat the Developmentally Disabled, which includes IQ's of below 70.

The Adolescent Program at Camarillo State Hospital is currently accredited by the Joint Commission on Accreditation of Hospitals (JCAH) as a Psychiatric Facility Serving Children and Adolescents.

Admission Criteria And Procedures

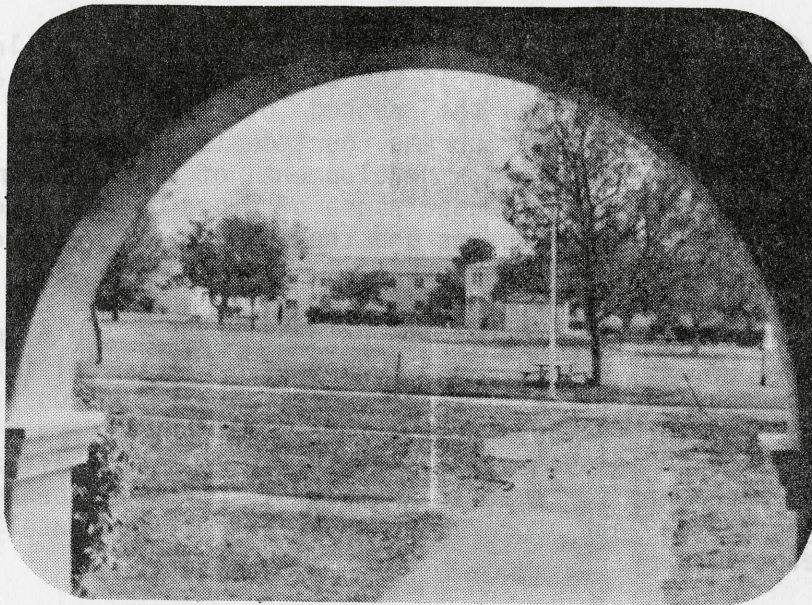
To be accepted for the Adolescent Treatment Program, the adolescent must be evaluated to determine that he needs psychiatric hospitalization and that there is a treatment program from which the individual can be expected to profit. To this end, the Adolescent Treatment Program is not to be considered a "placement" but a treatment facility.

To determine if an adolescent meets the Program's admission criteria, initial contact is made through the Adolescent Program Admissions Coordinator, (805) 484-3661, Ext. 2520 or Box A, Camarillo, California 93010. Initiation of that contact may be by Probation Officers, DPSS Social Workers, Conservators and courts, as well as by parents. All admissions, except those from California Youth Authority, must have the approval of the Mental Health Department of the county from which the adolescent is a legal resident. This approval is obtained on a Short-Doyle Form MH 1570, which accompanies the person to the hospital. Direct referrals are accepted from the California Youth Authority.

Criteria For Admission to Unit 65:

Most students admitted to Unit 65 are not currently psychotic, although they may have had a psychotic episode, then reconstituted, and now present problem behavior and emotional disturbances requiring inpatient therapeutic intervention. These adolescents are not able to handle the heavy confrontation of the treatment program of Unit 59; they are not as aggressive, nor do they present as "tough" a front as the patients on Unit 59. In fact, some patients could decompensate under the pressures of the unit 59 program.

Contraindications for admission, as determined by the Admissions Coordinator, are easy intimidation by more aggressive patients currently in residence and commission of felonious assault without remorse or sense of guilt.



Criteria For Admission to Unit 59:

The program on Unit 59 is intended to meet the treatment needs of emotionally disturbed, aggressive, acting-out adolescents. These individuals have histories of impulsive acting-out, such as runaway, assaultive and combative behavior, arson, theft, suicide attempts, incorrigibility, and may have had many previous placements. In addition, these adolescents may show difficulty in relating to authority and to their peers, may display negativism, and may lack overt motivation for personal change.

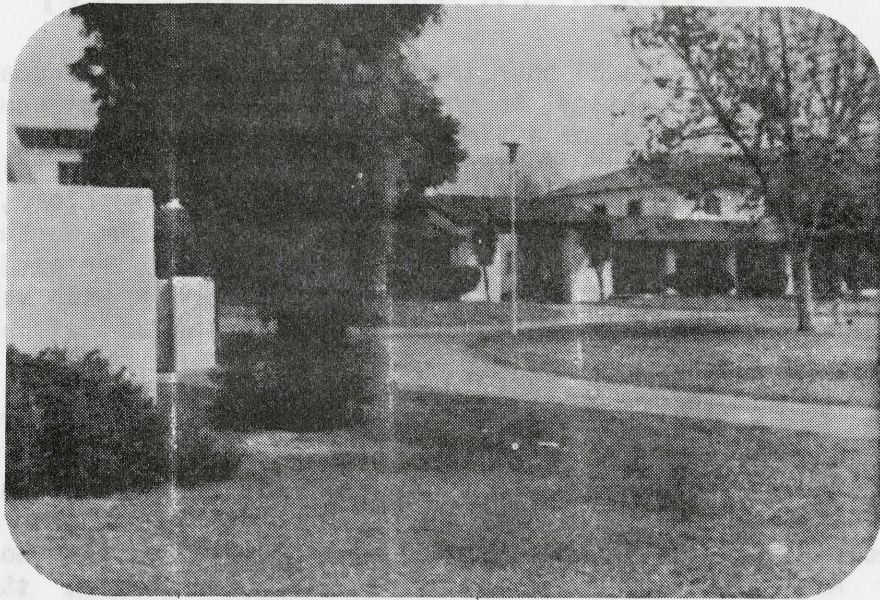
Three other characteristics are also important for admission to the unit: (1) the teenager is not psychotic, although there may have been a previous psychotic diagnosis, (2) IQ 90 or above, although the unit can accept a teenager with an IQ of 80 to 90 if they are not readily intimidated or victimized, and (3) the teenager has not committed a felonious assault (attempted to kill or inflict permanent injury) without remorse or a sense of guilt. Students on this unit receive no psychotropic medication.

Criteria For Admission to Unit 67:

The program on Unit 67 is designed to serve adolescents who are experiencing very serious emotional problems, most of whom require long-term in-patient treatment. These adolescents are diagnosed as having psychotic or severe neurotic reactions, being organically impaired, or exhibiting suicidal and/or assaultive behavior requiring frequent physical intervention by staff.

Although most are long-term patients, this unit also acts as admission for acute, short-term cases as a "back-up" for county mental health facilities when there are no short-term county beds available.

Upon acceptance into the Program, admission is by appointment and generally occurs between 8:30 A.M. and 4:30 P.M. Monday through Friday, with Friday afternoon the least desirable. W & I Code 5150 emergency admission for evaluation and treatment can be accepted without an appointment outside these hours and on weekends if beds are available. Persons with medical/surgical problems requiring special nursing skills and care cannot be accepted to the Program.



Discharge Criteria

The basic discharge criteria for all units is as follows:

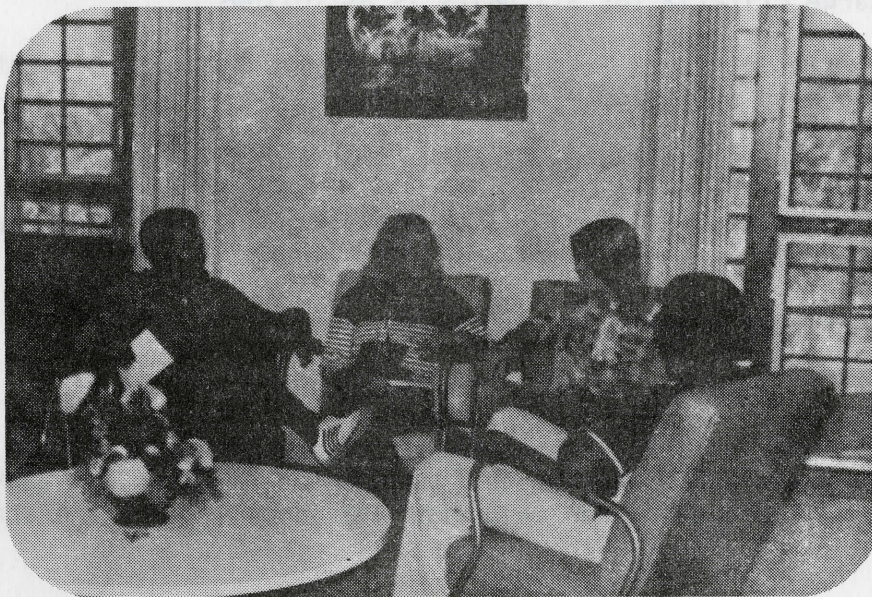
- A. Progression through the unit level system by showing greater responsibility and improved condition.
- B. Otherwise obtained maximum benefit from the program.
- C. Totally unmanageable or consistently non-cooperative and non-participating in the program.
- D. As an extreme disciplinary measure.
- E. Removal by parents, conservator, or a court.

Except when discharge is sudden, thorough discharge planning is made with the student, parents, and agency representative to find the most appropriate setting and aftercare treatment plan available which can reinforce the gains made by the student.

Treatment Program

The basic unit program is a 24 hour inpatient setting with the goal of a constantly predictable environment necessary to help restructure internal equilibrium and maladaptive behavior with the view of a timely return to the community. Attainable goals are selected for each student, which are appropriate to the disturbance and the available treatment modalities. The broad treatment goals, therefore, become two-fold. The first goal is to decrease pathology both by preventing further regression and reducing symptoms. A second broad goal is to better prepare the patient for the "here and now" of everyday life, based on effective ways of dealing with various situations. Growth is experienced through interpersonal relationships with staff and peers.

The interdisciplinary treatment team on each unit consists of a Physician or Psychiatrist, a Psychologist, two Social Workers, a Rehabilitation Therapist, nursing staff including Registered Nurses, Psychiatric Technicians, Licensed Vocational Nurses, and Child Care Practitioners. In addition, the Adolescent Program staff includes a Psychometrist, a Speech Development and Correction Therapist, six Credentialed Teachers, a Reading Specialist, three Teaching Assistants, Hospital Workers, a Clinical Dietician, and Administrative, Clerical and Clinical Support staff. This varied staffing is ably suited to provide diagnostic and treatment services to our adolescents with an individualized plan geared to meet their needs. Continuing education and in-service training is considered essential so that staff, and thus the students, can benefit from new developments in the field of mental health.



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