EVOLUTION OF CAMARILLO STATE HOSPITAL'S YOUTH PROGRAM (1947-1986)

At present, the Youth Program houses the Children's Treatment Center, the Adolescent Treatment Facilities and the Re-Ed Homes. There is an on-grounds elementary school and high school, gym, swimming pool and playing field, all located within the Children's Treatment Center Complex. Care and treatment is provided for up to 168 mentally disabled youth 7-18 years of age.

The first hospital ward for mentally disabled children was opened in 1947. At that time, the Children's Ward was located within the Adult Patient Complex.

In 1955, through the efforts of Dr. Norbert I. Rieger, the Children's Treatment Center was constructed on its own spacious grounds, surrounded by softly rolling hills with a multitude of lawns and shade trees. Now, the children live in small brick cottages rather than on large hospital wards. Each of the three cottages provide 24-hour care and treatment for up to 30 mentally disabled children. Each living unit provides the services of a complete Interdisciplinary Treatment Team consisting of Psychiatrists, Psychologists, Psychiatric Social Workers, Rehab Therapists, Special Education Teachers, Psychiatric Nurses and Psychiatric Technicians.

In 1981, two on-grounds Re-Education Homes were added to the Centers Treatment Services. Children admitted to these homes live in a natural home setting on the grounds, attending the Center's school while involved in community-oriented services throughout the week. The purpose of the Re-Ed Homes is to provide a natural bridge between the community and the Hospital. Children within the Re-Ed Homes go home with their parents every weekend, whereas the children living within the Center's cottages go home on a contingency basis, due to the more serious nature of their problems. Many children are promoted from the Center's living cottages to the Re-Ed Homes for family reunification.

Since its inception, the Youth Program has provided developmentally oriented, normalization experiences for its clients along with individualized treatment activities. Daily Self-Care, Self-help Training conducted on the living units helps to teach independent living skills.

Many of the children and adolescents served are quite deficient in both basic living skills as well as socio-emotional maturity. For many, the Center is their first successful social experience after multiple failures and social rejections due to their serious problems.

Services are keyed to the special needs of each age group and type of problem involved. The youngest boys, for example, have their own Cub Pack, chartered with Ventura Boy Scouts of America. Boys ages 8-14 years old, like their nonhospitalized peers, are provided scouting experiences.

The older boys and girls are actively involved in a variety of social growth activities, such as co-ed sports, choir, plays and most recently, the schools own newspaper.

A group of 20 preadolescent co-eds ages 13-15 are enrolled in a Pre-Vocational Job Readiness Program, where they learn age appropriate work habits and skills in on-the-job settings. Along with on-the-job training, these same individuals are learning job seeking and career guidance within the school, and job interview skills through co-ed group counseling.

Within the context of normalizing experiences, all our clients are receiving individual, group and family therapies in keeping with their individual needs. This approach is especially evident in the weekly trips and outings to Ventura County's many cities, parks and entertainment facilities. Most of the clients visit distant recreation facilities, such as Disneyland, as part of the Monthly and Annual Trip Program.

For many of the clients, the Hospital outings provide their first opportunity to visit popular recreational locations. Prior to hospitalization, they were unmanageable and often excluded from these normal experiences.

Along with the overall treatment of the living units, the clients attend Special Education Classes at our Elementary, Jr. High and High Schools, taught by credentialed teachers. All the clients have individualized educational programs which are periodically reviewed by our interdisciplinary treatment teams. In this way, every client is assured their right to the best education possible.

A total treatment plan integrating needed medications, modified teaching techniques and an overall structured environment, permit many of our children to finally succeed in school. A major emphasis today that was not evident back in 1947 when the first Children's Ward was opened, is the important principle of "less restrictive environment." Even within a residential hospital setting, all our programming now is provided within the least restrictive conditions possible.

Although the younger children were treated starting in 1947, the process of developing programs for the adolescents started later.

Girls received the first attention. In 1955, they were gathered from throughout the hospital and were housed with older women on one unit. The thought was that the adolescents would stimulate the seniors, and the seniors would serve as grandmother figures to the younger girls.

Later, the boys were gathered on two units. Both boys and girls were brought together solely on the basis of age (15-21), and included all diagnostic categories from conduct disorders to autism.

In 1965, Louis R. Nash, M.D., then Assistant Superintendent and later Superintendent, established a separate facility for adolescents, including an accredited high school. When the Hospital was divided into programs, the adolescent project was already in operation. There were five units, each either male or female. The decision was made to go coeducational, the first program in the Hospital to do so, in order to produce a more normal environment. Next there was the separation out of boys and girls who were autistic, and designing therapeutic units for them. Autism was then defined as a developmental disability and a separate program was developed to meet their needs. The three remaining adolescent units were revamped into the populations currently in existence.

Admitted now, are adolescents ages 15-17 who are not mentally retarded. Occasionally very sophisticated, "street-wise" 14-year olds who are not appropriate for the Children's Units are accepted. Also, occasionally 18-year olds and even 19-year olds are accepted providing they are making primarily adolescent identifications; and therefore, are not appropriate for the adult part of the Hospital.

Patients admitted are generally from Southern California, however, there are no specific catchment areas per se. Referrals come from probation departments, departments of public social services, public and private agencies, and individuals. Approval from the appropriate county mental health department must be obtained for both voluntary and involuntary admissions. Adolescents are also referred by the California Youth Authority.

The Treatment Program on Unit 15 is designed to serve adolescents who are experiencing very serious emotional problems, most of whom require long-term inpatient treatment. These people are diagnosed as having psychotic or severe neurotic reactions, or having organic brain damage, and the nature of their illnesses are such that they cannot be treated on an outpatient basis.

The Program on Unit 17 is intended to meet the treatment needs of emotionally disturbed, aggressive, acting-out adolescents. These adolescents have histories of impulsive acting-out, e.g., runaway, assaultive and combative behavior, arson, theft, suicide attempts, incorrigibility, etc., and may have had many previous placements. In addition, these adolescents may show difficulty in relating to authority and to their peers.

Three other characteristics are also important for admission to this Unit:

1. The teenagers are not psychotic, although there may have been previous psychotic diagnoses.

2. IQ's of 90 or above, although the Unit can accept teenagers with IQ's of 80 to 90 if they are not readily intimidated or victimized and can readily communicate on a verbal level.

3. The teenagers have not committed felonious assaults (attempted to kill or inflict permanent injury) without remorse or a sense of guilt.

Patients admitted to Unit 19 are not currently psychotic, although they may have had psychotic episodes, then reconstituted, and now present problem behaviors and emotional disturbances requiring inpatient therapeutic intervention.

These adolescents are not able to handle the "heavy" confrontation of the treatment program of Unit 17; they are not as aggressive or present as "tough" a front as the patients on Unit 17.

Contraindications for admission are easy intimidation by more aggressive patients currently in residence and commission of felonious assaults without remorse or sense of guilt.

There are some similarities in the treatment approaches used by each of the units. There are three periods of school in the mornings and two in the afternoons. Academic classes are small, usually 6-8 students conducted by Teachers and Teacher Aides. Since the students are in Special Education (most need remedial work of one sort or another), individual plans are developed and subject to frequent review.

Staffing is also similar: a Psychiatrist, a Psychologist, two Social Workers, a Rehabilitation Therapist and Nursing Personnel augmented by Foster Grandparents, Psychiatric Residents, Psychology Interns and other students from throughout the country.

Although Group Therapy is used on Unit 15, the primary approach is Individual Therapy. Each patient has a therapist assigned and Family Therapy is also available. Since most of the boys and girls have psychotic reactions at the time of admission, psychotropic medications are used.

On Unit 17, Group Therapy is used extensively, however, Individual Therapy is available for those that need it. Groups focus on particular problem areas, e.g., Boys and Girls Groups, Personal Identity Group, Family Problems Group, etc. Psychotropic medications are rarely used.

The treatment approaches used on Unit 19 are a combination of those used on Units 15 and 17. There is Individual and Group Therapy and an emphasis is placed on structure.

Helping the patients deal with the problems which precipitated hospitalization is the treatment aim of all the units. The Program produces these changes as rapidly as possible, and returns the patients to the community, whether it be to their families or to special placements.