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A Rural, Community-Based Program of Day Treatment Wraparound Services for At-Risk Youth

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When the Bricker Clinic, Inc. opened a year ago, a needs assessment survey was conducted to identify services perceived as needed by the community and to target development toward those services. In an effort to avoid duplication of existing services and "plug the holes" in the continuum of care, the survey asked for input from business leaders, the local Council on Alcohol and Other Drug Abuse, treatment providers, the school system, Ozaukee County social services, law enforcement, third-party payors, and parent groups. One identified need was to be able to provide an alternative to either incarceration or hospitalization for high-risk youth.

The Need for an At-Risk Youth Program

The target population of adolescents 14 to 18 years of age tend to be multiple-problem, multiple-system clients from troubled families. These young people have several defining characteristics:

- Low academic skills and motivation
- Alcohol and other drug abuse (AODA) problems
- School discipline problems, truancy, and/or expulsion
- Repeated contacts with social services and law enforcement
- Family of origin problems
- High-risk sexual behaviors.

Abstract

During its first months of operation, the Adolescent Day Program of the Bricker Clinic, Inc., located in rural Saukville, Wisconsin, appears to be successful in providing cooperative, wraparound services to high-risk youth in this rural community. The At-Risk Youth Development Program is a truly community-based initiative, bringing together a consortium of schools, county social services, corrections and law enforcement, local churches, and community organizations to support the alcohol/drug and family therapy interventions of the Bricker Clinic. The program utilizes several innovative techniques, including Sylvia Rimm's Parenting Curriculum, computer-assisted alcohol and other drug abuse (AODA) education, special education services, and a voluntary community service component. The program sequentially addresses both Erikson's stages of psychosocial development and the high-risk factors for youth identified by the Center for Substance Abuse Prevention.

In looking at the array of available services for this population, we found some excellent programs available within our systems: a Student Assistance Program here, an excellent adolescent AODA counselor there, and good Exceptional Education services at another school. But there were no providers who could coordinate programs across systems to help youths maximize and generalize gains in all life areas. Improvement in functioning tends to be short lived for these youths, because they are psychosocially delayed, heavily influenced by a troubled peer group, and often unable to maintain new skills within a dysfunctional family system. There appeared to be a need for wraparound services to bridge the transition points between service systems.

Planning the New Program

In June 1994, the authors convened a Community Advisory Board to address this perceived need for a program to serve high-risk youth. This board was comprised of representatives from Ozaukee County social services, the Cedarburg School District, the Saukville police, the Ozaukee County Council on AODA, local businesses, and churches. Over the course of several meetings, a consensus was forged on the following requisite characteristics that a successful program should include:

- An Exceptional Education component so youths could continue to earn academic credits
- Counseling on AODA and mental health issues
- Education on HIV and high-risk sexual behavior
- Family therapy and parenting skills classes for parents
- "Sane and sober" recreational skills to help adolescents forge healthy peer relationships
- Opportunities for both emotional and physical expressive therapy
- Close coordination with existing programs and services
- Transportation services
- Services available after school and on weekends
- A "community volunteer service" component to help instill the intrinsic value of work.

Representatives agreed to investigate and make available a modest amount of discretionary funding to support the program. The Bricker Clinic, Inc. agreed to provide staffing and site support. This is a clinic committed to address community needs in the area of mental health and AODA services. The Bricker Clinic mission is to offer effective, cost-efficient treatment that is community based and family focused. The staff of the program provided by the Bricker Clinic includes one full-time AODA-certified Independent Clinical Social Worker (the principal author), who is also a licensed teacher certified to teach emotionally disturbed/learning disabled children; a part-time AODA counselor; an art therapy intern; a dual-diagnosis specialist (the second author); a part-time psychiatrist; and a part-time support staff person.

Because of the requirements of State licensure (such as provision of meals) and limitations of the clinic site, it was decided not to license the program as Adolescent Day Treatment. Rather, a flexible continuum was designed for service delivery that includes intensive outpatient (up to 6 hours per day), outpatient, and continuing care (for the program schedule, see figure 1). The program was initiated in September 1994 and currently has an enrollment of one full-time and five part-time youths.

As a background to developing program strategies, staff reviewed research done by the Center for Substance Abuse Prevention (U.S. Department of Health and Human Services, 1987) under the High-Risk Youth Demonstration Grant Program. Staff also elicited ideas from many Ozaukee County groups, including the Council on AODA, Ozaukee County Department of Health and Human Services, various church leaders, special education and regular education staff, and the Saukville police department. The following risk factors seemed common among the Ozaukee County at-risk population:

- Individual-based risk factors
- Family-based risk factors
- School-based risk factors
- Peer group-based risk factors
- Community-based risk factors.

Obviously, no single initiative can hope to address the many issues stemming from divorce, economic dislocation, the significant decrease in family and community cohesion, and a significant rise in the number of families in which both parents are employed outside the home. However, it is hoped that a program jointly designed and monitored by the Ozaukee schools, the Ozaukee Department of Health and Human Services, and the staff of the Bricker Clinic—with continued input from community businesses, churches, and police forces—can be the most effective and cost-conscious means for providing service to this at-risk population.

Figure 1. The Bricker Clinic Adolescent Program Schedule
Daily Program Schedule

Monday	11:30 – 1:00	Pick-up and transport from home/school
	1:00 – 2:00	Art therapy or dual diagnosis group
	2:00 – 2:15	Break/snack
	2:15 – 3:45	Study skills group
	3:45 – 4:00	Break/snack
	4:00 – 5:00	Dual diagnosis art therapy or group therapy*
	5:00 – 5:30	Goal setting for the evening/next day
Tuesday	11:30 – 1:00	Pick-up and transport from home/school
	1:00 – 2:00	Dual diagnosis group therapy
	2:00 – 2:15	Break/snack
	2:15 – 3:30	Study skills group
	3:30 – 4:00	Transport to work adjustment group
	4:00 – 5:00	Work adjustment group
	5:00 – 5:30	Goal setting for the evening/next day
	5:30 – 6:30	Transport home
Wednesday	*See Monday schedule.*	
	5:30 – 6:30	Individual/family session
	6:30 – 7:30	Individual/family session
Thursday	*See Monday schedule.*	
	5:30 – 6:30	Individual/family session
	6:30 – 7:30	Individual/family session
Friday	11:30 – 1:00	Pick-up and transport from home/school
	1:00 – 4:00	Recreation and social skills therapy
	4:00 – 4:30	Goal setting for the evening/next day
	5:30 – 6:30	Transport home
Saturday	9:00 – 10:00	Adolescent STEMSS group*
	9:00 – 10:00	Parenting group*
	10:00 – 10:15	Break*
	10:15 – 11:30	Multifamily group*
	11:30 – 1:00	Lunch (pot luck—family members)
	1:00 – 5:00	Monthly structured family activity*

**Denotes Intensive Outpatient Program participation*

Figure 1 (continued). The Bricker Clinic Adolescent Program Schedule

Intensive Outpatient Adolescent Program Schedule

Monday	3:45 – 4:00	Break/snack
	4:00 – 5:00	Dual diagnosis group or art therapy
	5:00 – 5:30	Goal setting for the evening/next day
	5:30 – 6:30	Individual/family session
Tuesday	3:30 – 4:00	Travel to work site
	4:00 – 5:00	Work adjustment group
	5:00 – 5:30	Goal setting for the evening/next day
Wednesday	*See Monday schedule.*	
Thursday	*See Tuesday schedule.*	
Saturday	9:00 – 10:00	Adolescent STEMSS group
	9:00 – 10:00	Parenting group
	10:00 – 10:15	Break
	10:15 – 11:30	Multifamily group
	11:30 – 1:00	Lunch (pot luck—family members)
	1:00 – 5:00	Monthly structured family activity

Continuing Care Adolescent Program Schedule

Monday	4:00 – 5:00	Dual diagnosis or art therapy group
	5:00 – 5:30	Goals group
Wednesday	*See Monday schedule.*	
Saturday	9:00 – 10:00	Adolescent STEMSS group
	9:00 – 10:00	Parenting group
	10:00 – 10:15	Break
	10:15 – 11:30	Multifamily group

Figure 2. A Developmental Approach to Community Interventions for "At-Risk" Youth and Families

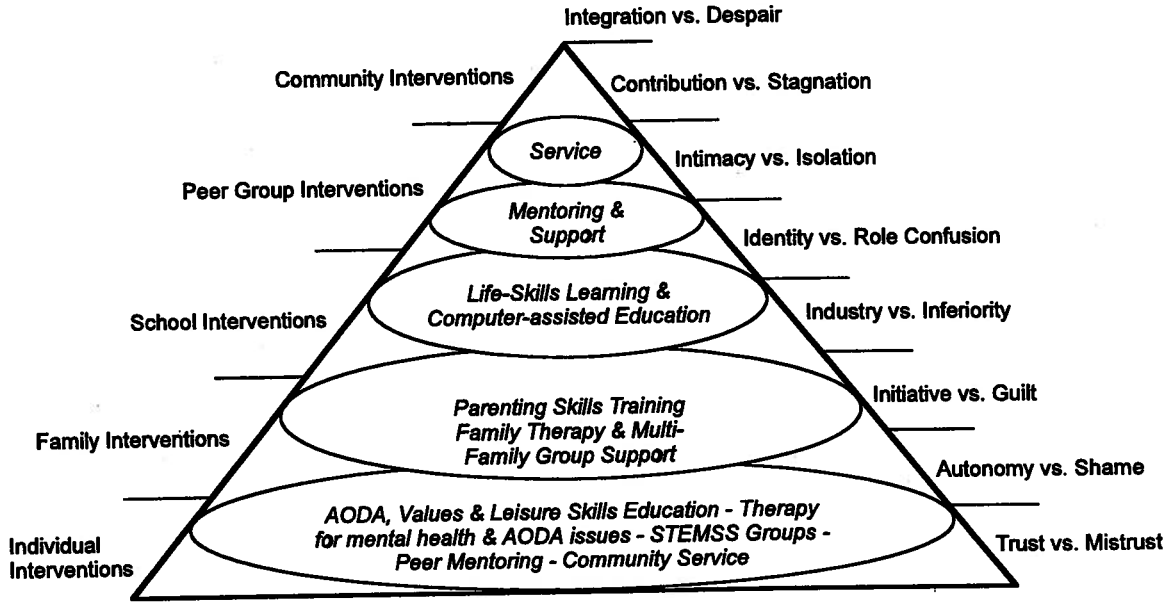

Figure 2 depicts the Bricker Clinic's developmental approach to community interventions for at-risk youth and their families. The following are strategies being developed at the clinic that are specifically designed to address the five types of identified risk factors for these youth.

1. Individual-based risk factors: Risk factors identified include inadequate life skills, lack of self-control, poor assertiveness and peer-refusal skills, low self-esteem and self-confidence, emotional and psychological problems, favorable attitudes toward alcohol and other drug use, rejection of commonly held values and religion, school failure, lack of school bonding, and such early antisocial behavior as lying, stealing, and aggression, often combined with shyness or hyperactivity.

Strategies

- Social and life-skills training
- Alternative activities
- Dual-diagnosed individual/group therapy.

These interventions help develop communication, problem solving, and decision-making skills; help youth find ways to control their anger and aggressive impulses; and help them identify, access, and verbalize their emotions with congruent statements of need.

Alternative interventions include the following:

- Monthly nature appreciation classes and activities at Riveredge Nature Center
- Weekly tai chi classes
- Quarterly interaction with community police (such as jail/morgue visits with an AODA focus and police-patrol rides)
- Monthly community volunteer activities sponsored by area churches and the Chamber of Commerce
- Weekly individual and group art therapy
- Daily individual and group therapy focused on AODA and mental health
- Weekly peer tutors and homework support activities.

2. Family-based factors: Risk factors identified include family conflict and domestic violence; lack of family cohesion; heightened family stress, such as financial and career strains; social isolation of families; family attitudes favorable to drug use; ambiguous, lax, or inconsistent rules and sanctions regarding drug use; poor child supervision and discipline practices; and unrealistic developmental expectations.

Strategies

- Family therapy
- Family skills training
- Play therapy
- A parent training program
- A parent involvement program.

Alternative interventions include:

- Structural/functional, intergenerational family therapy with a dual-

diagnosis perspective for AODA/mental health issues
- Weekly multifamily parenting classes focused on AODA/mental health (the model used is the Sylvia Rimm Parenting Curriculum with group leaders certified as Parent Trainers); these classes include built-in AODA education and group therapy for support of clients in dealing with specific problems that exist concurrent to programming
- Peers contacted by Families Anonymous/Parents Anonymous to accompany family members to their first support group outside of therapy
- Structured family involvement outings to enhance parenting education and to encourage family involvement and networking, as well as stress reduction, as a way of receiving ongoing community support.

3. School-based risk factors: Risk factors identified include availability of tobacco, alcohol, and other drugs and youths' lack of bonding to school.

Strategies
- Cooperative learning
- Peer tutors
- Enhancement of school bonding.

Alternative interventions include:
- Audiovisual study assignment alternatives to the regular didactic teaching methods
- Interaction directly with teachers in working toward specific classroom behaviors and/or specific assignment goals that may be different from the norm
- Individualized study assistance with a focus on the strongest modality for the student
- Peer tutoring in a supervised setting
- Community service volunteer activities that may result in attaining academic credits
- Random urine screens to ensure drug abstinence.

4. Peer group-based risk factors: Risk factors identified include association of youths with delinquent, drug-using peers; association with peers who have favorable attitudes toward drug use; and being susceptible to peer pressure.

Strategies
- Positive peer groups
- Correcting youths' perceptions of group social norms
- Peer resistance training
- Positive peer models
- Peer leadership and counseling interventions.

Alternative interventions include:
- Participants will practice life skills, alternative activities, and attend family-focused events designed to increase cultural awareness and help support health-promoting choices
- Accurate information will be presented concerning peer norms (most kids are not users) and this will decrease the pressure to use
- Interactive role-plays will teach saying "no" to alcohol and other drugs, as well as to antisocial behaviors
- Youth will learn to identify negative family, peer, or media pressure and to practice different ways of resisting old behavior and in getting themselves to a safe place
- Arrangements will be made to provide participants with nonusers or former drug users who will serve as Big Brothers and Sisters for positive peer modeling
- Participants will help facilitate prevention activities for younger youth within the school system.

5. Community-based risk factors: Risk factors identified include communities that lack the fiscal resources to create drug-free opportunities for children and families, thus setting up an environment in which drug problems are most likely to develop; communities in which young people do not feel as though they belong—for example, where youth do not identify with neighbors, where they feel as though people do not care about their welfare, where they have difficulty in finding positive role models, and where there is a lack of cultural pride; communities in which large numbers of adults believe that AOD use is acceptable; communities where it is relatively easy for youths to obtain alcohol and other drugs; and communities that offer inadequate youth services and opportunities for prosocial involvement.

Strategies
- Cultural enhancement activities
- Orientation to community services
- Development of community responsibility
- Positive drug-free youth/family groups
- Community service activities
- Community media education activities
- Safe haven activities.

Alternative interventions include:
- Interaction with the Historical Society in preparing for next year's Saukville "Rendezvous"
- Assessment of parent/child awareness of community services; development of access to these resources
- Field trips to community art exhibits, historical sites, area parks, and places where recreation can occur without the use of mood-altering chemicals
- Development of a drug-free alternative handbook for teen recreation that spans a four-county area and will eventually be distributed to area schools
- Development of a peer-facilitated Support Together for Emotional/Mental Serenity and Sobriety (STEMSS) support group
- Volunteer activities, such as assisting at nursing homes, assisting specific families in need as identified by area churches, cleaning up parks, and helping with area food pantries

- Teaching/supporting already existing prevention activities
- Development of multimedia campaigns opposing drug use and promoting healthy lifestyles.

Conclusion

The At-Risk Youth Development Program of the Bricker Clinic, Inc. has several unique and defining characteristics:

1. It is the result of a collaborative community effort to provide a linkage of wraparound services.
2. The wraparound services provide "state of the science" interventions for AODA/mental health treatment, computer-assisted education, parenting skills training, and family therapy.
3. The program provides for psychosocial development based on the research of Erik Erikson.
4. The program offers unique benefits to the participants, their families, and the community through volunteer community service.

Since the program has been in operation only a short time, it would be premature to draw definitive conclusions. However, initial reactions from the participants are encouraging. We hope that this initiative will spark the interest of other rural communities and encourage them to investigate starting such a program. For other areas as well as ours, a multifaceted, intersystem cooperative effort may be a practical method for providing cost-efficient wraparound services for at-risk youth and their families.