ABRAXAS
Open Residential Firesetting and Sexual Behavior Treatment Program
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Since 2006, the Abraxas Open Residential Firesetting and Sexual Behavior Treatment Program has been working with male youth who have displayed varying levels of fire misuse and sexual behavior problems.

Statistical data shows that both firesetting behaviors and sexual behavior issues are being recognized at earlier ages and can be symptoms of more deeply rooted traumatic experiences and clinical issues. This can include neglect, abuse, disruptive attachments and various mental health disorders. Until these issues are adequately addressed, youth may work to process trauma or manage stress in unhealthy ways. This can result in children using fire as a means to solve their problems. Early treatment intervention can be critical in eliminating the progression of these behaviors.

The same clinical issues leading to fire misuse can often lead to inappropriate sexual behavior. Often times, youth with sexual behavior issues have been exposed to sexual behavior or material at a young age without appropriate guidance or adult intervention. When combined with disrupted attachments, poor boundaries and limited coping strategies, these youth become over-sexualized. The Open Residential Program offers specialized treatment for male youth with a history of sexual behavior problems.

Located in South Mountain, Pennsylvania on the grounds of the South Mountain Restoration Center,

Abraxas designed this program TO SUPPORT THE NEED FOR EARLY INTERVENTION for youth in a non-secure environment.
ADMISSION CRITERIA
- Dependent or delinquent male youth between the ages of 11 and 16 with firesetting and/or sexual behavior issues
- Preferred IQ of 70 and above, however each case is reviewed individually

CLINICAL SERVICES
The clinical program is facilitated by a master’s level clinical director and overseen by a consulting psychologist.
The program is based on a four phase curriculum:
- **Phase I:** Introduction, Disclosure of problematic behaviors and Fire Safety Training
- **Phase II:** Critical Beginning Skills (Impulse Control and Affect Management)
- **Phase III:** Critical Intermediate Skills (Criminal Personality Theory, Cognitive Distortions, Moral Reasoning, and Developing Empathy)
- **Phase IV:** Critical Advanced Skills (Triggers and Cues, Victim Cycles, and Relapse Prevention)

Upon admission and prior to discharge, every youth receives a psychiatric evaluation. Various evidence and competency based curricula are utilized throughout the course of treatment.

- Project Alert
- The Council for Boys and Young Men
- SELF - Psycho-Education
- Aggression Replacement Training (ART®)
- Pathways
- Pennsylvania Victim/Community Awareness
- Cognitive Behavioral Therapy
- PTSD Residential Treatment Curriculum
- Casey Life Skills
- Fire Safety

Youth participate in daily group counseling, weekly individual sessions with a counselor and bi-weekly sessions with a clinician. The program offers an individualized emphasis on trauma recovery and issues related to PTSD.

ASSESSMENTS
- FRAT-Y – Firesetting Risk Assessment Tool for Youth – Firesetting specific
- ERASOR: Estimate of Risk of Adolescent Sexual Offense Recidivism - Sexual Behavior specific
- Casey: Life Skills Training
- Psychiatric evaluation at intake and discharge

SEXUAL BEHAVIOR TREATMENT
Residents learn to take responsibility for their behaviors, develop a thorough understanding of their offense cycle and deviant arousal patterns, explore the life experiences that may have contributed to their behaviors, increase their awareness of others and the impact of their behaviors, and develop a relapse prevention plan as they prepare to transition from the program.

Due to the age range of the population served in the Open Residential Program, as well as the fact that residents are treated in an open environment, special consideration is paid to the potential risks to other residents and to the community and is a significant factor in determining the appropriateness of placement.

The treatment process at Abraxas is designed to address these issues with youth in an individualized manner. We work with each youth to develop healthy boundaries, establish appropriate attachments, cultivate age appropriate social skills, expand coping strategies, process trauma, and develop an understanding of and correctives for their behaviors. Residents are provided with numerous age-appropriate and experiential learning techniques to express themselves in more socially appropriate ways. This includes community service events, field trips and challenge course activities.
Different firesetters require different treatment approaches; This is NOT a ‘ONE SIZE FITS ALL’ clinical population.

The below listed juvenile firesetter typology can be used to help recognize behaviors and begin to identify treatment needs. Effective outcomes are even more frequent when we carefully match treatment intensity to the seriousness of the juvenile firesetter’s problems.

<table>
<thead>
<tr>
<th>TYPES</th>
<th>CHARACTERISTICS</th>
<th>TREATMENT NEEDS</th>
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<tbody>
<tr>
<td>Curious or Accidental</td>
<td>Younger children who do not understand the basics of fire such as it hurts, it spreads, etc.</td>
<td>Fire Safety Education, including their caretakers (when possible). Possible counseling/therapy to help the child deal with the impact of their fire when indicated.</td>
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<td>Crisis/Cry for Help</td>
<td>Children who use firesetting as a method (however distorted) to manage or resolve a crisis situation. Either they do not know how to get help or have psychological impediments to getting help.</td>
<td>Fire Safety Education, social service and/or counseling/therapy to resolve the underlying crisis. Relapse prevention so that future crisis situations do not lead to firesetting recidivism.</td>
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<td>Delinquent</td>
<td>Usually middle school aged; these children derive pleasure from their intent to be destructive and the anti-authority aspect of setting a fire. Usually set fire with peers.</td>
<td>Implementation of legal and financial consequences. Education regarding other potential and realistic consequences. Balanced and Restorative Justice initiatives such as restitution, containment when safety needs to be ensured and possible highly structured residential care in more serious cases.</td>
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<td>Revenge*</td>
<td>Children, usually teenagers, who use fire to obtain revenge. This is easy to ascertain when the revenge is direct but more difficult to discern when the target is random.</td>
<td>Consequences for setting the fire are necessary. Residential care is often necessary. Treatment should focus on down regulation of anger as well as exploration of other underlying emotions that magnify anger (fear, shame, hurt, etc).</td>
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<td>Maladaptive Coping*</td>
<td>For these teenagers, firesetting becomes a solution to feelings of alienation, poor self-esteem, anxiety, and the like.</td>
<td>Residential care is frequently indicated. Work must focus on removing fire from being a solution to in-depth psychological problems. These problems will also require considerable clinical work.</td>
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<td>Fire Fascination*</td>
<td>These teenagers have almost always had an interest in fire as youngsters and, as they develop, their interest in fire grows with them to become quite unhealthy. They psychologically ‘light up’ when seeing or thinking of fire.</td>
<td>Residential care is usually required. These teenagers need to be externally curtailed from stimulating their fire interest until they can quell this fascination internally. They require considerable clinical care.</td>
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<td>Thrill Seeking*</td>
<td>These teenagers get equal enjoyment from their firesetting as they do from their attempts to elude being caught. Their firesetting usually rapidly progresses to become more and more serious.</td>
<td>Highly structured residential care is mandated to interrupt their progressive firesetting and to clinically deal with underlying issues.</td>
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<tr>
<td>Complex Firesetters*</td>
<td>These teenagers will have a combination of types of firesetting sub-types. They thus have an all too high psychological interest in firesetting and use fire to regulate themselves in complex ways.</td>
<td>Highly structured residential care with intensive clinical care is necessary.</td>
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*PATHOLOGICAL SUB-TYPES

Annually, youth firesetting causes more damage than all other natural disasters combined. 55% of all arson arrests in the U.S. are children under the age of 18.
**FAMILY INVOLVEMENT**

Family involvement is highly encouraged and paramount for successful reintegration upon completion of the program. Families are encouraged to visit youth bi-weekly for family conferencing sessions which are facilitated by the youth’s counselor and directed by a master’s level clinician. Families are contacted by both the facility and the youth weekly to discuss treatment progress. In the event that families are unable to visit the program, conference sessions are made available via telephone or video. Transportation assistance is available upon request.

**EDUCATIONAL OPPORTUNITIES**

All students attend our private, licensed, on-site school. Certified Special Education teachers are on staff to provide support to students by adapting assignments and assessments to meet the individual developmental needs of each youth. Upon arrival, students are assessed and placed in the elementary/middle school or the high school classrooms depending on their age and ability level. Both classrooms are designed to closely parallel public school practices to ensure positive academic performance upon discharge from the program. Cooperative learning and hands on manipulatives are commonly used to supplement lessons. Students visit the on-site library to encourage reading and literacy improvement outside of the classroom. Students are consistently rewarded for academic accomplishment, achieving honor roll and maintaining positive behavior in the classroom. For older or more academically advanced students, preparation programs are offered along with PSAT and SAT testing to prepare for post-secondary education.
Aftercare planning begins upon admission and is the primary focus of the fourth and final phase of the program, *Relapse Prevention and Planning*. Residents work with their treatment team to develop a detailed relapse prevention plan to support them in transitioning from the program. Youth are encouraged to participate in a series of day and/or home passes to help them integrate the concepts they have learned throughout treatment in their home community. Counselors work with referring agencies and families to determine available resources in their area and make recommendations specific to the youth’s treatment needs.

**COMMUNITY SERVICE & RESTITUTION**

The Open Residential Program has community service partnerships with numerous local fire departments and universities. Through these partnerships, youth are able to participate and experience the importance of giving back to others. Residents participate in activities such as painting fire hydrants, cleaning fire equipment, teaching others about fire prevention and other activities that promote awareness around trauma and victimization. Youth can earn $250 annually towards court ordered restitution. Participation in these activities helps our youth experience and develop empathetic thought, which is a significant factor in reducing recidivism.

**DISCHARGE PLANNING & REINTEGRATION**

Appropriate intervention is essential in preventing the escalation of firesetting behavior and reducing recidivism.
Abraxas Open Residential Firesetting and Sexual Behavior Treatment Program is licensed by The Commonwealth of Pennsylvania Department of Human Services and partnering with the Sanctuary Institute for clinical and organizational change.

FOR MORE INFORMATION:
Contact your local Client Relations Liaison or email us at info@abraxasyfs.com

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