



Onarga Professional Development Institute

Course Catalog

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YOUTH WITH SEXUAL
BEHAVIOR PROBLEMS

Risk Assessment

COURSE SUMMARY

When using the term “sex offender” many different thoughts come to mind. Often the term “sex offender” can elicit strong and often opposing thoughts and feelings. Does it matter if you place the word “juvenile” in front of “sex offender”? All too often a one size fits all approach for individuals who have engaged in harmful or intrusive sexualized behaviors towards others is implemented regardless of whether that individual is classified as a juvenile or an adult. Adults and juvenile sexual offenders are different populations and it is important to be able to differentiate between the two and implement tools that will assist with informed decision making about them. Determining how to manage juveniles with sexual behavior problems should be made with special considerations to their varying levels of risk, needs, development, and daily functioning. Over the past several years, as practitioners within the counseling, social work and mental health fields have become more invested in rehabilitation and treatment of juveniles with sexual behavior problems, understanding and estimating risks of re-offense has become more important and a helpful tool in assessing the risks, needs and management styles for these individuals.

This presentation will discuss the history of risk development for juveniles with sexual behavior problems, why using adult risk assessment tools are not appropriate for juveniles and current risk assessments used within Nexus-Onarga and its residential setting. Discussion will focus around the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) and how this tool is used in regards to Individual Treatment Plan development and in working towards discharge to a less restrictive environment based on risk levels. Static and dynamic risk factors will be explored in detail. Additionally, how to use information collected from this assessment to work towards addressing the principles of risk, need, and responsivity will be discussed.

Presenters: [Michael Simpson, MA](#); [Rebecca White, MA](#); [Jamie Kozma, MSED](#)

Objectives:

- a. Participants will learn the history of risk assessment.
- b. Participants will learn the ERASOR-benefits and weaknesses of assessing risks.
- c. Participants will learn Static Factors on the ERASOR.
- d. Participants will learn Dynamic Factors on the ERASOR.
- e. Participants will learn how to code the ERASOR using examples.

Abuse Cycle: Interrupting the Cycle

COURSE SUMMARY

Ever feel like your client has a good session and directly following it they get in trouble for the same exact thing you just talked to them about? Every clinician gets caught in trying to assist their clients with being able to break the chains and cycles of poor choices and negative behaviors with their clients. What is helpful is being able to assist the young person with being able to recognize the cycle and chain of thinking, feeling and behavior choices that they make. In this workshop, you will learn different variations of a 12 step model and a 4 step model of abusive behaviors/unsafe behaviors that a client gets caught in that can often be frustrating for clinicians, direct care staff and families. To be able to assist with fixing the problem, one has to be aware of the steps they take to making the same mistake over and over again.

Presenters: [Michael Simpson, MA](#); [Rebecca White, MA](#); [Jamie Kozma, MEd](#)

Objectives:

- a. Learn about different thinking patterns that fuel the abusive behaviors of our residential clients.
- b. Identify common triggers that can be addressed and understood in the 4 or 12 step model presented.
- c. Learn, in depth, what each step is, how a client progresses through these steps to engage in abusive behaviors, and where we can assist our clients in making more informed and healthy choices.
- d. Assist clinicians in not getting enmeshed with these typical client dynamics and to be able to avoid power struggles within these cycles.

Setting Up Behaviors (aka Grooming)

COURSE SUMMARY

This workshop will allow participants to become familiar with the “Setting Up” behaviors of youth within the residential treatment setting (as well as other types of settings). Setting up behaviors are tactics that individuals use in order to create an opportunity to engage in an abusive behavior. This workshop will allow you to become familiar with these tactics used and how to minimize them over time. Participants will also become familiar with the different categories of setting up behaviors and what interventions work for these different categories. Becoming knowledgeable about setting up behaviors will allow for better behavioral management on a day to day basis and reduce overall behaviors such as isolating, testing limits, and gaining power and control.

Presenters: [Michael Simpson, MA](#); [Rebecca White, MA](#); [Jamie Kozma, MEd](#); [Krista Karalevich, BA](#)

Objectives:

- a. Participants will gain understanding of the basic setting up behaviors displayed within residential treatment.
- b. Participants will become educated on the different categories of setting up behaviors.
- c. Participants will learn interventions to minimize setting up behaviors used.
- d. Participants will become aware of the behaviors associated with the setting up behaviors.

Offense Prevention Planning

COURSE SUMMARY

This workshop will assist clinicians, direct care staff and families with being able to address realistic safety concerns through education and training. A 4 step model regarding future safety planning will be discussed in depth and how to implement this plan in individual cases with different abusive behaviors (sexual and non-sexual behavioral issues).

Presenters: [Rebecca White, MA](#); [Michael Simpson, MA](#)

Objectives:

- a. Recognize what different high risk situations are for individuals with sexual behavior problems.
- b. Learn how to introduce safety planning early in treatment to enhance problem solving skills.
- c. Assist clinicians with helping their clients move from external motivators to change internal ones.
- d. Learn how to personalize safety plans for unique situations and clients.

Incorporating Good Life Model Principles within the Residential Setting

COURSE SUMMARY

The Good Lives Model is a model of offender rehabilitation which was originally developed with the adult offender in mind. However, its concepts are applicable to a wide range of clients. This presentation will provide a Course Summary of the Good Lives Model and will address its application in an adolescent residential setting.

Presenters: Jamie Kozma, MSED; Michael Simpson, MA

Objectives:

- a. Participants will be able to describe the Risk/Need/Responsivity principle.
- b. Participants will be able to explain the difference between approach and avoidance goals.
- c. Participants will be able to explain both primary and secondary needs of the clients.

Positive Sexuality

COURSE SUMMARY

There are many reasons why teaching and promoting positive sexuality is essential to effective treatment for this client population. Approach goals are always more effective and reinforcing than avoidance goals. The clients' abusive behavior was a misguided and ineffective attempt to meet actual needs and these needs will still exist even after the abusive behavior has been halted. The clients who are placed in residential treatment often have significant deficits within their cognitive, emotional and social development which makes effective relapse prevention difficult since their baseline functioning is sometimes well below that of their same age peers. It is important to identify and develop the existing and potential strengths of the client as well as correct the dysfunction. Overall, there is a general consensus that teaching and promoting positive sexuality would be beneficial, if not essential, to providing effective treatment for our clients.

There is, however, the thorny issue of the gap between teaching and promoting positive sexuality in theory and teaching and promoting positive sexuality in practice. Teaching and promoting positive sexuality encompasses more, much more, than providing basic information about the body parts, processes and laws concerning sexual contact and reproduction. There are also the social and emotional components to address, what is normal as opposed to what is abnormal, what is functional as opposed to what is dysfunctional, what will motivate clients to approach healthy sexual development and emotional intimacy rather than retreat into self-defeating and destructive patterns of abuse.

Providing information can be good, but it is not sufficient for teaching and promoting positive sexuality. Teaching positive sexuality effectively requires time, energy and attention to meet the clients at their level, involve them in the process and relate the material to their own experiences in a manner which has both meaning and value for them. Promoting positive sexuality requires just that, promotion, selling the clients on the idea that positive sexuality not only holds immeasurable advantages compared to their previous patterns of abusive behavior, but that the client also has the potential to access positive sexuality in much the same way as other adolescents their age. is, however, the thorny issue of the gap between teaching and promoting positive sexuality in theory and teaching and promoting positive sexuality in practice. Teaching and promoting positive sexuality encompasses more, much more, than providing basic information about the body parts, processes and laws concerning sexual contact and reproduction. There are also the social and emotional components to address, what is normal as opposed to what is abnormal, what is functional as opposed to what is dysfunctional, what will motivate clients to approach healthy sexual development and emotional intimacy rather than retreat into self-defeating and destructive patterns of abuse.

Teaching and promoting positive sexuality, then, requires more than curriculum. It requires a mission statement, an attitude, a comfort level and a sense of adventure shared not only with the instructor but also involving as many members of the treatment team as possible, both clinical and direct care staff, both males and females; those who have lived and loved and learned, as well as those who should have probably known better. This presentation will provide a set of guidelines and practical instruction for those seeking to teach and promote positive sexuality to their clients, involve the clients in the process and facilitate the development of positive prosocial behavior while the clients are still in treatment, while also preparing them for the larger playing field of the Real World.

Presenters: [Robert Poole, MSW](#)

Objectives:

- a. Participants will be provided with a curriculum for presenting positive sexuality concepts in a simple, clearly defined manner.
- b. Participants will learn a number of treatment exercises which can increase both engagement and retention of material.
- c. Participants will learn how to promote positive sexuality concepts with both clients and staff in a positive, affirming manner.

Empathy: What exactly is it and how the heck do we teach it?

COURSE SUMMARY

Many experts in the field agree with the importance of both teaching and promoting the development of Empathy with our clients to supplement the existing strategies of relapse prevention and cognitive restructuring. In other words, it is not sufficient for us to only teach the clients what they should not do (Victim Selection, Setting Up Behaviors and Abusive Behavior), we also need to teach our clients what they should be doing instead, especially when we are teaching adolescent clients in residential treatment. There are many reasons why teaching and promoting Empathy is essential to effective treatment for this client population. Approach goals are always more effective and reinforcing than avoidance goals. The clients' abusive behavior was a misguided and ineffective attempt to meet actual needs and these needs will still exist even after the abusive behavior has been halted. The clients who are placed in residential treatment often have significant deficits within their cognitive, emotional and social development which makes effective relapse prevention difficult since their baseline functioning is sometimes well below that of their same age peers. It is important to identify and develop the existing and potential strengths of the client as well as correct the dysfunction. Overall, there is a general consensus that teaching and promoting Empathy would be beneficial, if not essential, to providing effective treatment for our clients.

However, there can be a considerable gap between treatment theory and treatment practice, especially as this relates to the day to day programming on the milieu, when there are no treatment groups in session and no therapists on hand to explain the necessity of promoting these principles. The "real" treatment in a residential treatment program take place in the day to day practices on the milieu and are implemented by the direct care staff. This training provides a very simple, very practical and very understandable guide for teaching Empathy development to clients, their families and even their staff, incorporating elements from the latest findings in brain development, attachment and emotional regulation. This training incorporates factors associated with other treatment concepts as well as promotes the development of positive social skills and healthy relationships. The training will also include materials related to the Seven Step Apology Process for putting these skills into practice.

Presenters: Robert Poole, MSW

Objectives:

- a. Participants will learn a functional definition of empathy to utilize when working with clients.
- b. Participants will learn a number of treatment interventions which can increase both engagement and retention during training.
- c. Participants will learn how to teach new staff how to talk about and model empathy within their interactions clients and their families.

Treatment Culture Development for Youth with Sexual Behavior Problems

COURSE SUMMARY

Within a residential treatment setting, the use of a multidisciplinary treatment model is very common and even expected by various standards and licensing bodies. When asked about the various modalities used in their residential program, most staff would be quick to describe their Family, Sexuality, and Recreational Therapy components. However, most would not include a description of their treatment culture as a change agent or treatment component. Given the fact that kids live, grow, succeed, and fail in this environment of a treatment culture for the vast majority of their stay in a residential program, we should focus at least as much attention on the culture as a change agent as we do other components of the program.

This workshop will provide participants with a theoretical and clinical perspective regarding cultural development as a treatment component and will also provide practical application strategies by describing how and why themes are chosen at Nexus-Onarga to work with youth with sexual behavior problems. Using Program 4, NASCAR, as an example, this presentation will provide information about NASCAR specific terms, privileges, daily procedures, rules, and boundaries, as well as how treatment outcomes and objectives were incorporated into the culture and privilege system. The materials, resources, processes, and methods used to create a culture within a program (including cost effective and creative interventions, degree of resident participation/development of the theme, and the correlation between theme and treatment investment) will also be identified. This presentation will address the importance of structure, family, and rituals which are at the heart of the Nexus philosophy and “Cornerstones” of treatment.

Throughout this process it became apparent that thematic program development is not just for younger children’s programs and that a well-defined therapeutic community promotes greater leadership skills, responsibility, and positive empowerment within the residents. A slide presentation of how the NASCAR culture was incorporated into the milieu and videotape of the resident’s individual accounts of the theme and examples of certain program rituals will be included to illustrate practical and beneficial applications of culture development.

Presenters: [Tricia St. Pierre, MA](#)

Objectives:

- a. Gain an anthropological and clinical perspective on the use of the treatment culture as a component of treatment.
- b. Participants in this workshop will learn how to develop and create a unique treatment culture for adolescents who have demonstrated sexual behavior problems.
- c. Participants will be able to identify means in which to foster therapeutic investment and promote change when working with adolescents and their families through emphasizing theme development, structure, rituals, and family values.



Onarga Professional Development Institute

TRAUMA ISSUES

Looking Through a Trauma Lens: How Understanding the Impact of Trauma on Youth is Vital in Residential Treatment

COURSE SUMMARY

In a residential setting, clients often display signs of complex trauma which impact their everyday living. This training focuses on the importance of looking at clients through a “trauma lens” in order to gain a better understanding behind the behaviors exhibited and more effectively address the trauma reactions clients are experiencing. During this workshop, participants will learn the effects of trauma in children and how to effectively address behavioral issues that are caused by trauma reactions. In addition, time is spent discussing self-care for staff who works with victims of complex trauma and how to reduce staff burn out in residential.

Presenters: [Stacy Jewell, MA](#); [Leya Barrett, MSW](#); [Krista Karalevicz, BA](#)

Objectives:

- a. Participants will be able to distinguish different types of trauma and how trauma influences behavior in a residential setting.
- b. Participants will learn how to look through a “trauma lens” when dealing with trauma reactions which result in negative behaviors by children in residential.
- c. Participants will learn about resiliency in children who have complex trauma and how to strengthen resiliency.
- d. Participants will learn techniques to appropriately respond to trauma reactions in order to help the child address trauma issues.
- e. Participants will understand the importance of self-care and explore ways to improve mental health to avoid burn out in the workplace.

Creative Art Activities

COURSE SUMMARY

This workshop provides participants with several art based therapeutic activities to help facilitate the treatment process. The purpose and objective of each intervention is explained and the activities instructions, needed materials and client examples are also provided. Participants are given with the opportunity to personally participate in some of interventions shared in the workshop. The interventions included in this workshop cover topics such as assessment, communication skills, self-concept, personal growth, problem acknowledgement, safety, trust and abusive behavior.

Presenters: [Leya Barrett, MSW](#); [Robert Poole, MSW](#); [Krista Karalevycz, BA](#)

Objectives:

- a. Participants will be able to identify how art based activities can be beneficial to the therapeutic process.
- b. Participants will be able to identify at least 15 art based activities that can be used with clients to aid in the therapeutic process.

Creative Interventions for Survivors of Trauma

COURSE SUMMARY

This workshop will identify the core topics to be addressed in trauma work with adolescents and provide examples of creative therapeutic interventions to be used to address these topics. The materials and methods used to facilitate all of these creative therapeutic interventions will be identified. Participants will be informed of how Play Therapy and experiential activities have been beneficial in engaging clients and families in treatment. Examples of clients' therapeutic work will be included to illustrate practical applications of these approaches. Participants will have the opportunity to experience some of the interventions presented.

Presenters: [Leya Barrett, MSW](#); [Robert Poole, MSW](#); [Krista Karalevich, BA](#)

Objectives:

- a. Learn at least one creative intervention to help clients define trauma.
- b. Learn at least one creative intervention to help clients identify their personal after effects of trauma and share their own story.
- c. Learn at least one creative intervention to help clients develop coping skills.



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BRAIN DEVELOPMENT

The Impact of Trauma on the Brain

COURSE SUMMARY

Current studies have shown that brain development, especially in children, is negatively impacted by trauma experiences. This training goes into detail on how the brain processes information and how normal brain development can be negatively influenced by traumatic experiences. By understanding how the brain is impacted by trauma experiences, workers gain a better understanding of a youth's thought processes, emotional regulation and behavior decision-making. As a result, programs can become more trauma sensitive, create a supportive environment for youth, and help youth learn how to "re-train" their brains in order to reduce maladaptive and harmful trauma reaction in everyday life situations and promote healthy coping skills.

Presenters: [Leya Barrett, MSW](#); [Stacy Jewell, MA](#); [Robert Poole, MSW](#)

Objectives:

- a. Participants will be able to identify at least 5 ways that trauma negatively impacts the brain.
- b. Participants will learn at least 5 ways to create a trauma sensitive treatment environment.
- c. Participants will learn at least 3 ways in which they can help youth "retrain" their brains in order to reduce trauma maladaptive and harmful reactions.

Brain Development as a Treatment Modality: The Evolution of an Offense Free Client

COURSE SUMMARY

Regardless of a helping professional's education and experience, the youth with whom we work can be incredibly challenging, even for people who have received years of education and/or training regarding mental health issues, family issues, adolescent development, group dynamics, learning theories and therapeutic models. How much more daunting must the clients appear to new staff who have no prior experience working with this population and who have no prior training in counseling, when these new staff are called upon, as they often are, to act as an individual counselor, an evaluator, a mediator and/or a group leader almost from the moment they are introduced into the milieu? This is much like teaching people to swim by throwing them into the deep end of the pool. The majority may find some way to remain afloat, but there will be deficits in style and technique as well.

In recent years, Nexus-Onarga has sought to better equip our workforce with an employee orientation, training and ongoing staff development process. By incorporating elements from the latest research on brain development, attachment and emotional regulation in a more concrete manner that is easier to grasp, we are better able to help our employees utilize intervention strategies with youth and their families that are more individualized and therapeutically focused. This training draws parallels between brain development, behavioral management and treatment interventions utilizing a wide variety of modalities that, when learned, are relatively easy to implement and promote therapeutic progress by helping to stimulate growth in both the brain's hardware (neural pathways) and the brain's software (cognitive schemas).

Presenters: Robert Poole, MSW

Objectives:

- a. Participants will learn the parallels between brain development and the development of behavioral control, emotional regulation and empathy skills.
- b. Participants will learn a number of brain development techniques and principles which can increase both engagement and retention during training.
- c. Participants will learn how to teach new staff that brain development skills will help them both manage and understand their clients.



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CREATIVE TREATMENT MODALITIES

Digging Up the Dirt: Sand Tray Therapy for Youth with Sexual Behavior Problems

COURSE SUMMARY

Alternative creative methods of therapy are often necessary to successfully engage the clients and their families in the treatment process. Sand tray is one method that Program I has utilized to access valuable information regarding core treatment issues which might have otherwise proven too difficult for the clients to address using a more traditional approach. Since sandtray therapy may not feel like “therapy” clients and their families are less resistant, less defensive, and more open to the therapeutic process.

Sand tray therapy allows clients and their families to conceptualize treatment issues and depict dynamics within their relationships. Treatment issues can be labeled in non-threatening, nonverbal ways, through visible demonstration. Clients and families who may be unable or unwilling to process treatment issues through more traditional techniques are provided an alternative means of expressing themselves. Sand tray therapy often bypasses clients most commonly used defenses providing rich material to process during the session.

This workshop will provide participants with a description of how Program I has utilized sandtray therapy with clients and their families. The materials and methods used to facilitate sandtray therapy will be briefly identified. Participants will be informed of how sandtray therapy has been beneficial in engaging clients and families in treatment for sexual behavior problems. A slide presentation of client’s sandtrays will be included to illustrate practical applications of this approach.

Presenters: [Leya Barrett, MSW](#); [Krista Karalevich, BA](#); [Robert Poole, MSW](#)

Objectives:

- a. Participants will learn how sand tray can be beneficial to the therapeutic process of youth, families and youth who have demonstrated sexual behavior problems.
- b. Participants in this workshop will learn the purpose of utilizing sand tray with adolescents and families.
- c. Participants will be able to identify therapeutic skills which are useful when facilitating sand tray work with adolescents and their families.
- d. Participants will be able to identify at least 5 sand tray interventions they could facilitate with a client and/or family.

Experiential Treatment Interventions

COURSE SUMMARY

This workshop presents a variety of therapeutic treatment interventions that can be used with adolescents and their families. These interventions cover a wide range of topics and modalities. Modalities include sand tray, art, movement, music and team-building. Topics address communication skills, emotional regulation, coping skill development, brain based interventions, relaxation skills, healthy thinking, self-esteem, safety planning and other treatment related issues.

Presenters: [Leya Barrett, MSW](#); [Robert Poole, MSW](#); [Krista Karalevich, BA](#)

Objectives:

- a. Participants will learn the benefits of using experiential treatment interventions with youth.
- b. Participants will learn at least 10 experiential interventions that can be used with youth to address therapeutic issues.
- c. Participants will learn how to adapt therapeutic interventions to meet the needs of their clients.

Integration of Clinical Issues in the Educational Setting

COURSE SUMMARY

The Grand Prairie School specializes in educating students from a wide variety of special education eligibilities. Staff at the school utilizes a number of different strategies and teaching techniques that are individualized to meet the needs of the 75 students. In addition to mental health disabilities, teachers aid in managing students with extreme family conditions, transition to new placements, and rigorous treatment schedules. This presentation will demonstrate several different techniques that school staff uses to help students with disabilities learn at a high level.

Presenters will discuss the specific types of IEP eligibilities seen at Nexus-Onarga. They will explain techniques that work best with each individual eligibility, as well as the other educational strains that come with being a student in residential treatment.

Presenters: [Jessie Marquis, MEd, MA](#)

Objectives:

- a. Participants will develop a basic understanding of special education eligibilities and how they apply in the school setting.
- b. Participants will learn how school personnel maximize the opportunities for students to learn and develop new skills.
- c. Participants will learn new techniques and teaching strategies for managing a wide range of special education eligibilities.

Expressive Arts Interventions to Address Sexual Behavior Problems

COURSE SUMMARY

This workshop will provide creative therapeutic interventions to use throughout the course of treatment for youth with sexual behavioral problems. Play therapy and other expressive arts interventions to use with both adolescents and their families will be explored. Specific interventions will be discussed for each step of a basic treatment curriculum for youth demonstrating sexual behavior problems: assessment, engagement, problem identification, broadening emotional identification and expression, cognitive distortion work, coping skill development, abusive behavior cycle work, safety planning, empathy and apology work and family reunification.

The materials and methods used to facilitate all of these creative and effective therapeutic interventions will be identified. Participants will be informed of how Play Therapy has been beneficial in engaging clients and families in treatment. Examples of clients' therapeutic work will be included to illustrate practical applications of these approaches. Participants will have the opportunity to experience a number of the interventions presented.

Presenters: [Leya Barrett, MSW](#); [Robert Poole, MSW](#); [Krista Karalevich, BA](#)

Objectives:

- a. Learn at least 25 creative interventions to use with clients demonstrating sexual behavior problems.
- b. Learn 3 interventions to help clients address their cognitive distortions.
- c. Learn 3 interventions to help a client learn additional coping skills.

With Great Power Comes Great Responsibility; Using Super Heroes in Treatment

COURSE SUMMARY

One of the more colorful and popular additions to the Program I therapeutic tool box has been the incorporation of comic book culture into several treatment groups and group activities. Many adolescent males already have an interest in comic book heroes, their images and their movies, the equivalent of a modern mythology. By incorporating comic book related themes into existing treatment curriculum and by designing a role play group based around such a paradigm, the Program was quite literally hitting these kids where they already live, thereby increasing the chances of making a therapeutic impact and getting the treatment messages across. This workshop will include many examples of how to include comic book themes (visual, conceptual and philosophical) to create yet another tool in the therapeutic tool box for working with this diverse and problematic population.

Presenters: [Robert Poole, MSW](#); [Leya Barrett, MSW](#)

Objectives:

- a. Participants will learn how the use of Super Heroes can be beneficial to the therapeutic process.
- b. Participants will be able to identify at least 10 therapeutic treatment interventions to use with clients that are Super Hero based.



Onarga Professional Development Institute

FAMILY DRIVEN CARE
IN RESIDENTIAL FACILITIES

Apology & Reunification

COURSE SUMMARY

Apology and reunification between youthful offenders and their victims is often a controversial topic. When guided carefully however, apology and reunification can be accomplished in a manner that can be healing and beneficial to both victim and offender. This presentation will seek to explain the accepted best practices around apology and reunification.

Presenters: [Jamie Kozma, MEd](#); [Rebecca White, MA](#); [Michael Simpson, MA](#)

Objectives:

- a. Participants will learn the criteria involved in making the decision whether apology and reunification can be attempted.
- b. Participants will be able to explain various methods for preparing both offender and victim for apology work.
- c. Participants will learn a step by step method of gradually introducing contact in the safest manner.



Onarga Professional Development Institute

COUNSELING SKILLS/
MILIEU MANAGEMENT

Suicide Prevention: The Importance of Being Prepared in Residential

COURSE SUMMARY

Each year, nearly 30,000 Americans commit suicide; at least 1 of every 10 suicides is completed by a young person. Although there are no official statistics on attempted suicide, it is generally estimated that there are 8 to 20 attempts for each death by suicide. The good news is that suicide can be prevented. This presentation will recount the steps in one agency's process of revising comprehensive Suicide Prevention Policy and the creation of a Risk Assessment Protocol.

Certain risk factors can increase the likelihood that a young person will become suicidal. The more factors that are present, the greater the likelihood of suicidal behavior. Youth placed in residential treatment due to pervasive sexual behavior problems are more frequently presenting with higher prevalence of the risk factors commonly associated with suicide. Removal from the home often represents a significant loss as loved ones are no longer present on a daily basis. Psychiatric disorders and/or substance abuse are now typical diagnoses of clients entering substitute care. Perceived lack of social support, feelings of isolation, and the stigma linked to sexually problematic behavior often leave clients with a sense of hopelessness or helplessness. Early identification of the presence of these factors and immediate intervention are keys to preventing the tragedy of death by suicide.

This presentation will demonstrate the need for residential treatment providers to examine current policy and procedure for responding to suicidal ideation/behavior. Discussion will focus on recent trends in the residential treatment population, liability concerns, and the lack of suicide risk assessment instruments for youth in residential care, and ways to increase organizational awareness of the need for specific training in suicide prevention. Presenters will review, step-by-step, the process of developing a comprehensive Suicide Prevention Policy and in-service training for staff at the Nexus-Onarga. Elements of the risk assessment instrument developed for Nexus-Onarga clients will be presented as a model for building agency specific assessment tools in other organizations/settings. The session will conclude with an open discussion of the merits of presenting suicide awareness and prevention trainings to youth in residential treatment.

Presenters: [Steve Greenlee, MA](#); [Michael Simpson, MA](#); [Jamie Kozma, MEd](#); [Stacy Jewell, MA](#)

Objectives:

- a. Participants will learn how characteristics of different client populations can influence strategies for assessment, intervention, monitoring, and follow-up with youth at risk for suicide.
- b. Participants will learn how workers in residential treatment facilities can maximize opportunities to identify and treat clients who may be at risk for suicide.
- c. Participants will learn about techniques used by Nexus-Onarga to prevent client attempts and deaths by suicide.

Managing a Therapeutic Milieu: The Lord of the Flies is Always Lurking

COURSE SUMMARY

Residential treatment centers can be incredibly challenging environments, even for people who have received years of education and/or training regarding mental health issues, family issues, adolescent development, group dynamics, learning theories, and therapeutic models. How much more daunting must the clients appear to new staff who have no prior experience working with this population and who have no prior training in counseling? It is not uncommon for a new staff member to be called upon to act as an individual counselor, an evaluator, a mediator and/or a group leader almost from the moment they are introduced into the milieu. This is much like teaching people to swim by throwing them into the deep end of the pool. The majority will find some way to remain afloat, but there will be deficits in style and technique as well as a considerable “mop up” effort afterwards.

This presentation is one result of efforts at Nexus-Onarga to update and modernize the new employee orientation training process. By creating methods, materials and modalities for teaching new (or not so new) staff the milieu management skills necessary to turn ordinary day-to-day activities into teaching moments, we have accelerated the acculturation of recent hires. Participants will learn therapeutic interventions that extend the treatment lessons learned in individual and group therapy sessions into an everyday context. These skills were drawn from years of practice, trial-and-error, various presentations, accumulated war stories, and vicarious learning. The recommendations have been reworked and retooled into a presentation with a language and format that was both engaging and easily understood by staff from a wide range of educational backgrounds. The presenters were subsequently assigned based on having worked at their craft long enough to have mastered some skills, while maintaining a sense of infectious enthusiasm about what they were doing.

Presenters: [Robert Poole, MSW](#); [Krista Karalevycz, BA](#); [Stacy Jewell, MA](#)

Objectives:

- a. Participants will learn the parallels between educating their clients on the treatment curriculum and educating their staff on these same principles.
- b. Participants will learn a number of milieu management techniques and principles that can increase both engagement in the treatment process and retention of practical skills.
- c. Participants will learn how to teach new staff that learning these training concepts is in their own vested self-interest.

Building Therapeutic Rapport: Out of the Office and Into the Relationship

COURSE SUMMARY

Gone are the days of the sterile “textbook” therapist/client relationships. In the new therapeutic era, the therapist should be as approachable and inviting as their office and learn the value of moderate self-disclosure as a means to promote rapport in the therapeutic relationship. Another clear, but vastly important, distinction in the new therapeutic era is the difference between outpatient and residential treatment. First and foremost, THERE IS A DIFFERENCE, but there are commonalities as well. Although this presentation will be based on methods and techniques used in our residential treatment program, many concepts can be utilized in an outpatient program as well. In residential treatment, you are with the client 24/7, holidays, birthdays, weekends, when they first wake up and when they go to bed; not just 1 hour a week in a neutral location. Because of that, you experience and “live” the treatment process with them, including all of the ups, the downs, the good times, and the bad times. Not only does this venue allow you to learn more about the client, the client learns more about you as well. Through this process, maintaining a “zero” self-disclosure level is nearly impossible. Through day-to-day living, the client subliminally learns about you, your likes and dislikes. We have recognized that instead of maintaining the “I’m the staff-you are the client” no self-disclosure teachings, you can work with it to build rapport, explore similar interests, and to learn new things, without divulging your deepest, darkest secrets, or anything else that would hinder rather than help the therapeutic relationship. However, as clinicians we need to maintain awareness that sometimes self-disclosure does constitute a boundary violation when it has more to do with the staff’s needs rather than the client’s.

Work with what you have in your surroundings, there is no need to re-invent the wheel; you just need to tweak it a bit and take credit for the things you are doing well. This presentation will help define the benefits of rapport and will prove its effectiveness in a treatment setting. Our premise is that treatment is easier on all, and much more effective, if you are able to develop a trusting/working relationship with a client before having to consequence, confront, and/or redirect him/her. This is based on the premise that therapeutic relationships are like withdrawing money from a bank. You have to put something in, before you get something out. We are in the process of incorporating Marshall et al’s research into our programming, which validates the premise that working collaboratively with offenders and creating a strong therapeutic alliance is a pivotal component of effective treatment. In doing so, we are working collaboratively with offenders to establish treatment goals which create a stronger therapeutic alliance, emphasizing therapist features such as displays of empathy and warmth, encouragement, and rewards for progress facilitate the change process BUILDING THERAPEUTIC RAPPORT: OUT OF THE OFFICE AND INTO THE RELATIONSHIP 28 OAPDI TRAINING CATALOG in offenders. Through outings, volunteering, game play, respect, talk, and treatment culture, we will share the secrets of our success in programming and discuss what led us to have higher client success rates, decreased lengths of stay, reduced staff turnover, and higher results on staff satisfaction surveys.

Presenters: [Tricia St. Pierre, MA](#); [Jamie Kozma, MSED](#)

Objectives:

- a. Participants will learn the value and benefit of building rapport in therapeutic relationships.
- b. Participants will learn a variety of techniques/strategies to build rapport in a variety of situational contexts.
- c. Participants will learn ways to incorporate methods used to build rapport in a residential setting.

Nurtured Heart within the Residential Setting: How to Avoid Watering the Weeds

COURSE SUMMARY

In this presentation, our trainers take concepts from The Nurtured Heart Approach, created by Howard Glasser, and apply them to the residential setting. We introduce participants to the basic concepts of Nurtured Heart and discuss ways to utilize those concepts in everyday activities in the milieu setting. Trainers use real life examples of how effective the Nurtured Heart Approach can be when used consistently by staff with adolescents in residential treatment facilities. Additionally, we discuss ways in which staff can reduce power struggles with youth by applying concepts learned.

Presenters: [Stacy Jewell, MA](#); [Jamie Kozma, MSED](#)

Objectives:

- a. Participants will learn basic premise and concepts related to the Nurtured Heart Approach created by Howard Glasser.
- b. Participants will be able to identify at least 2 ways in which they can reduce power struggles with the residents.
- c. Participants will learn how to help residents succeed in the milieu by applying Nurtured Heart concepts.

Language Choice Therapy within the Residential Setting

COURSE SUMMARY

Language Choice Therapy is a cognitive-behavioral treatment model developed by Cognition Works to address a wide range of mental health issues – focusing on the exploration of individual and group accountability. In this training, presenters take the concepts of Language Choice Therapy as adapted by Nexus-Onarga and apply them in the general residential setting. We discuss how to recognize thinking errors in adolescents and how to assist them in making choices that will alter their cognitive processes into their future. Using real life examples and media clips, we teach participants how to avoid getting into power struggles in the milieu by helping the youth “own” his/her personal behavioral choices.

Presenters: [Stacy Jewell, MA](#); [Jamie Kozma, MSED](#)

Objectives:

- a. Participants will learn the basic concepts of Language Choice Therapy developed by Cognition Works.
- b. Participants will be able to identify at least 3 thinking errors that youth in residential care may use in efforts to avoid accepting accountability for their actions.
- c. Participants will learn how to apply concepts learned in the milieu in order to avoid power struggles.

Professional Boundaries: The Key to a Healthy Milieu

COURSE SUMMARY

In the residential treatment setting, it is extremely important to establish and uphold professional boundaries throughout the entire life of the case and into the future. As workers enter into a caretaking role for children and/or adolescents boundary lines can become blurred, and unfortunately crossed, whenever boundaries are not consistently sustained. In situations where professional boundaries are not being maintained and respected there is a negative impact on the daily milieu functioning of a program, triggering of trauma reactions, or abuse. In this training, we will discuss what constitutes good professional boundaries when interacting with youth, why they are vital for a healthy milieu, and the importance of supportive staff interactions in achieving positive treatment outcomes. There will be open discussion on boundaries that are considered “gray areas” as well as staff behaviors that can be considered “red flags” in identifying poor professional boundaries.

Presenters: [Stacy Jewell, MA](#); [Jamie Kozma, MSED](#)

Objectives:

- a. Participants will learn at least 5 red flags behaviors.
- b. Participants will understand the impact professional boundaries have on youth in residential.
- c. Participants will learn the connection between professional boundaries and maintaining a healthy milieu.
- d. Participants will understand when working with human behavior, not all boundaries are black-and-white.
- e. Participants will be able to name at least five “gray areas” which may be crossing the boundary line and how to avoid those issues.

Power & Control: How to Avoid the Conflict Cycle

COURSE SUMMARY

During the course of daily interactions with children and adolescents, staff in caretaking roles can sometimes become stressed and engage in power struggles with clients. Once in the conflict cycle, if staff cannot step outside of that cycle, client behavior can escalate to the point of physical aggression and/or violence. In order to increase therapeutic interactions and decrease the chance of physical harm to staff and/or clients, it is essential that staff is able to recognize the cycle and utilize therapeutic tools for engaging, instead of enraging, the client. In this training, we will discuss how the conflict cycle works, techniques for staff to utilize in order to stop the conflict cycle, and how self-care and self-awareness are vital in building and maintaining therapeutic relationships with clients.

Presenters: [Stacy Jewell, MA](#)

Objectives:

- a. Participants will learn how the conflict cycle of power and control works in human interactions.
- b. Participants will learn at least 3 intervention tools that they can apply to any interaction to stop the conflict cycle.
- c. Participants will learn how staff burnout can lead to power and control struggles and the importance of self-care.
- d. Participants will develop their own self-care plan.

Collaborative Problem Solving

COURSE SUMMARY

The Collaborative Problem Solving Method (also known as Collaborative and Proactive Solutions), developed by Ross Greene and Stuart Ablon, seeks to break free from traditional punishment-heavy methods of dealing with “difficult” kids. CPS seeks to empower youth to join with adults in finding solutions to their problems. Through this approach, CPS also seeks to teach kids lifelong skills in problem solving, social skills, and decision making. This presentation provides an overview of the CPS goals and strategies with opportunities for practical application of the core concepts.

Presenters: Tricia St. Pierre, MA; Jamie Kozma, MSED

Objectives:

- a. Participants will be able to describe the characteristics of an “inflexible-explosive” child.
- b. Participants will be able to explain the “drilling down” technique of helping a child explain what is wrong.
- c. Participants will be able to explain the use of the ALSUP form with youth.

Criminal Thinking: Helping Clients Find Motivation to Change Their Thought Process

COURSE SUMMARY

Clients and staff often seem to be speaking different languages when talking about concepts such as what is fair, what is acceptable, and what is a preferable outcome. This is because the principles of criminal thinking not only change the meaning of words and concepts; these principles define a person's world view, the meaning of behavior, and the motivation for change. This training is designed to educate participants on the principles of criminal thinking. The presentation highlights multiple pathways toward teaching and promoting more effective, pro-social patterns of thinking and behaving.

Presenters: Michael Simpson, MA

Objectives:

- a. Participants will learn the cognitive schemas and underlying belief systems associated with criminal thinking.
- b. Participants will learn at least 3 intervention tools that they can utilize when identifying and addressing criminal thinking.
- c. Participants will be provided with materials for teaching both clients and staff about criminal thinking and its associated thinking errors.

Aggression Replacement Training Group on Residential Units: Ease of Use and Client Satisfaction

COURSE SUMMARY

This presentation covers material presented during a workshop on Aggression Replacement Training (ART) hosted by Indian Oaks Academy in December, 2013. ART is a cognitive behavioral intervention focused on adolescents, training them to cope with their aggressive and violent behaviors. It is a multimodal program that has three components; Social skills, Anger Control Training and Moral Reasoning. ART was developed in the US in 1981 and is now used in human services systems including, but not limited to juvenile justice systems, human services, schools, and adult corrections throughout North America as well as Europe, South America, and Australia. The presenter attended the training, along with another Nexus-Onarga staff, and then conducted a 10-week group on the Nexus-Onarga campus. Three additional staff members have been trained and have successfully facilitated this group on their respective programs. The ART group has proven to be exceedingly easy to train, conduct, and document for Medicaid reimbursement. Additionally the clients are engaged and responsive during the group and appear to look forward to each session.

Presenters: Jamie Kozma, MSED

Objectives:

- a. Participants will be able to name the 3 components of Aggression Replacement Training.
- b. Participants will be able to explain the method by which ART teaches social skills and anger control to youth.
- c. Participants will be able to explain the process by which ART teaches Moral Reasoning to youth.

We're all on the Same Page: Teaching Basic Counseling Skills to Frontline Staff

COURSE SUMMARY

This presentation is one result of efforts at Nexus-Onarga to update and modernize the new employee orientation training process. By creating methods, materials and modalities for teaching new (or not so new) staff the individual and group counseling skills for working with this population that our most experienced clinicians learned from years of practice, trial-and-error, various presentations, accumulated war stories and vicarious learning. Recognizing that most direct-care staff has no formal training in developmental theories or counseling techniques, the presenters cover basic skills necessary to turn ordinary day-to-day activities into teaching moments in order to support the change and growth during formal therapy sessions. The concepts and lessons have been reworked and retooled into a presentation with a language and format that was both engaging and easily understood by staff from a wide range of service delivery backgrounds. The presenters work to maintain a sense of infectious enthusiasm about the material while providing opportunities to practice newly acquired skills.

Presenters: [Robert Poole, MSW](#)

Objectives:

- a. Participants will learn the parallels between educating their clients on the treatment curriculum and educating their staff on these same principles.
- b. Participants will learn a number of treatment exercises which can increase both engagement and retention during training.
- c. Participants will learn how to teach new staff that learning these training concepts is in their own vested self-interest.

Teaching & Monitoring Social Media Use in Residential Care: Importance of Safety

COURSE SUMMARY

Social media for youth in care has presented a problem for residential care providers for many years. It is challenging for staff to help youth engage in typical adolescent activities online and/or use mobile phones and ensure safety for the youth and the public. When you work with youth that have sexual behavior problems, the necessity for safety becomes paramount. There is a thin line between reintegrating youth in treatment back into teenage normalcy and wanting to shelter youth from any harm the social media can cause that may set them back in therapy.

In an attempt to reintegrate adolescents, many with sexual behavior problems, back into teenage normalcy, Nexus-Onarga has developed our own policy and treatment concepts regarding when and how to integrate social media. Incorporating the Department of Children and Family policy and contract on social media, Nexus-Onarga has developed policy and a contract to address the specific concerns for youth who have demonstrated sexual behavior problems. In addition, we have developed individual and group therapy activities in order to teach our youth how to be safe on the internet, how to appropriately use social media/mobile phones, educate on how social media can become harmful, how to develop and maintain appropriate relationships with family and friends, and how to link youth to positive support systems as they prepare for transition into independence.

Presenters: [Stacy Jewell, MA](#)

Objectives:

- a. Participants will learn how and the importance of teaching youth to reach out on social media to find family members and positive community supports.
- b. Participants will learn how to use individual therapy sessions to help youth identify patterns of abusive and/or negative relationships, learn how to develop positive healthy relationships, and understand social media responsibility.
- c. Participants will learn what Nexus-Onarga is doing in regards to dating and the use of social media/mobile phones.
- d. Participants will learn how to identify and overcome barriers when registering youth on social media who have a history of sexual behavior problems.
- e. Participants will be taught how to identify clinical readiness for clients who want to use social media.

TRAINER BIOS

Leya Barrett, MSW, LCSW, LSOTP is the Clinical Supervisor on Program 1, “The Field of Dreams” which serves youth between the ages of 11-14 with sexual behavior problems. Leya has been employed at Nexus-Onarga for 18 years. She started her career as a Case Manager and then a Unit Coordinator. These positions helped to prepare her for later becoming a Family Therapist for over 9 years before becoming a Clinical Supervisor. Leya has co-presented at local and national trainings about using Expressive Arts Therapies as well as co-authored book chapters on the same topic. Leya finds pleasure in expanding her knowledge and finding new and creative ways to engage her clients in the treatment process. She also enjoys facilitating the professional development of her teammates through LCSW supervision, training and support.



Steve Greenlee, MA is the Quality Improvement Supervisor at Nexus-Onarga. He has been with the organization in various capacities for more than twenty years and has over twenty-five years of experience in hospital and residential treatment settings. His current areas of responsibility include agency regulatory compliance, program evaluation, performance outcomes measures, and crisis intervention training.



Stacy Jewell, MA is the Training Coordinator for Nexus-Onarga. She has over 24 years of experience in case management, therapy, supervision, and training in the residential and foster care realms. Stacy is responsible for the development, planning, and execution of training approximately 200 employees that work with youth who have sexual behavior problems, severe complex trauma, and behavioral issues.



Krista Karalevicz, BA is the Unit Coordinator for Nexus-Onarga’s youngest adolescent unit. She has over 8 years of experience at Nexus-Onarga in milieu management, case management, supervision and training in working with youth with sexual behavior problems in the residential treatment setting. Krista enjoys the diversity of duties involved in the Unit Coordinator role. She is active in client Art Therapy and helping Academy staff develop a trauma sensitive approach to their work with clients, as well as safe and effective milieu management skills.



Jamie Kozma, MSED, LCPC, LSOTP, LSOE as a Clinical Director, Jamie Kozma supervises the residential units who serve the younger adolescent population as well as the Group Home. Jamie holds a Master's degree from Eastern Illinois University in Counseling, and is a Licensed Clinical Professional Counselor as well as a Licensed Sex Offender Treatment Provider and a Licensed Sex Offender Evaluator. Jamie has worked at Nexus-Onarga for 16 years, variously as a Family Therapist, Sexuality Therapist, and Clinical Supervisor. Jamie's areas of specialty include Nurtured Heart and Victim Clarification and Reunification.



Jessie Marquis, MEd is the Assistant Principal for the on-grounds special education school of Nexus-Onarga. She has over 9 years of experience in teaching and school administration in the residential setting. She is responsible for overseeing all student enrollments, IEP schedules and development, records tracking, transcript monitoring, curriculum development and execution, and the overall daily functioning in the school setting.



Robert Poole, MSW is a Family Therapist for Nexus-Onarga. He has 23 years of experience in case management, supervision, training and therapy in the residential field. Robert is responsible for the development, planning and implementation of family therapy on Program 1, the youngest adolescent unit at Nexus-Onarga. He also has experience dealing with therapeutic crisis intervention, as well as complex trauma issues.



Tricia St. Pierre, MA, LCPC, LSOTP, LSOE has been employed at Nexus-Onarga for the past 17 years. She was a Case Manager and Senior Case Manager for 3 years as she completed her Master's degree in Community Counseling. Following that she spent 7 years as a Sexuality Therapist until she became a Clinical Supervisor at Nexus-Onarga for the past 7 years. Tricia supervises staff and residents of a middle adolescent 15 bed residential treatment program specializing with youth who have sexual behavior problems, severe complex trauma, and behavioral issues.



ACCREDITATION

Nexus-Onarga is a provider of youth and family solutions. Our agency is accredited by the Council on Accreditation for professional excellence.

CEUs

Nexus-Onarga is licensed by the State of Illinois Department of Financial and Professional Regulations to provide Continuing Education Units upon training completion for Licensed Social Workers, Licensed Clinical Social Workers, Licensed Counselors, and Licensed Clinical Professional Counselors. The trainings offered regarding working with youth with sexual behavior problems are compliant with the Sex Offender Management Board (SOMB) requirements for professional licensure in the field of working with youth experiencing sexual behavior problems.