



## LEO A. HOFFMANN CENTER'S "JOURNEY TO NEW BEGINNINGS" NEWSLETTER – MARCH 2015

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### **From the Desk of Gene Taylor, M.S., LPCC Executive Director**

*We truly have dealt with more cold this year than snow! Folklore predicts that if March comes in like a lion it goes out*

*like a lamb! While that hasn't been true as March weather has been more like a lamb and we will hope it doesn't go out like a lion. However, as Minnesotan's we will weather whatever nature throws at us.*

Hoffmann Center has been focusing on revitalizing a couple specific areas of programming. It is always important as a residential facility to update and revisit how we do what we do. Strategically, we have identified the need to strengthen the client's group philosophy about their identification to their specific group and developing values about helping one another through this process. This living – learning experience provides a sense of connectedness for all clients who share similar experiences and work together to make changes. This peer group works at developing more appropriate pro-social skills and cognitive adaptability.

Our therapeutic communities are continually evolving. Part of this evolution is making necessary changes to the Units to help them continue to develop an environment where they feel "safe" as well as supported and in the process developing self –awareness, responsibility and accountability for their problems. The focus now has been in renaming all the groups. The Clinical treatment team, led by Dr. Tom Kelly has been busy assisting the clients in making a decision about their particular group's name and "theme" of the group. Evergreen Cottage Unit I have changed their name to be called the "Wolves" group.

The older group of clients in Unit II changed their name to the "Falcons". North Cottage - Believers Unit changed their name to "Phoenix's" and the Achievers Unit changed their name to the "Knights". This process is still evolving and developing.

The Clinical Supervisor, Dr. Kelly and the clinical treatment team have been instrumental in revitalizing the therapeutic communities on campus. The clinical team recognizes that our clients generally are suffering from attachment issues and lack the ability to basically "trust" anyone. Through this process of take a risk to trust their group and staff, these individuals become more willing to address deep-seeded issues that have prevented them from moving forward and making positive decisions in their lives.

Also included in this edition of our newsletter, there is a great article written by our psychiatrist, Dr. Shane Wernsing, which talks about the psychiatric services at Hoffmann Center!

### **Software Advancement Announcement:**

As an agency we have decided to move forward with adopting and hiring "Procentive" as the company to assist Hoffmann Center in moving on with Web based Electronic Health Record system. This management software will assist everyone on campus to have more time to provide care to our clients as well as putting information at our finger tips that otherwise may have taken hours to collect or find. We are excited about this new founded partnership with Procentive.

### **Hoffmann Center Winter Activities:**

Our clients were pretty excited about the first snow this winter! Some of their winter activities included cross country skiing, ice skating and ice fishing when the weather would cooperate! It is always safety first!

Plans are already in the works to develop some awesome opportunities for the kids this spring! Therapeutic activities are designed to provide wholesome recreation and leisure opportunities and experiences that replace unacceptable sexual, self-abusive and delinquent behavior.

### **Quote of the day:**

***"Recreation's purpose is not to kill time, but to make life, not to keep a person occupied, but to keep them refreshed; not to offer an escape from life, but to provide a discovery of life."*** Author Unknown

## The Psychiatrist's Role in Residential Treatment

### Dr. Shane Wernsing



I was fortunate to have become involved with the Leo A. Hoffmann Center (LAHC) about five years ago. They contacted me in June of 2009 to cover for one month while their usual psychiatrist was on vacation. LAHC and I enjoyed working together enough that I moved from being their covering psychiatrist to their "usual psychiatrist," and I've been working with them since then. I try to avoid long vacations so that LAHC doesn't have cause to find a new "covering psychiatrist"!

In all seriousness, though, due to the great work of the staff here, my role in the student-patient's care is usually limited. Several of the boys are on no psychiatric medications at all. If we do use medications, my general principle is to start one medication at a time, to use the lowest effective dose, and to keep the medication list as simple as we can.

Referring to the psychiatrist's role in a treatment center such as LAHC, the American Academy of Child and Adolescent Psychiatry writes, "*The best place for children and adolescents is at home with their families.*" They acknowledge, however, that this isn't always feasible. There are times when a child or adolescent may need to be in a more restrictive environment in the short-run so that, in the long-run, he is poised to succeed.

I try to keep the idea of caution and balance in treatment in mind when I consider medications. Can we wait to treat a symptom to see whether it will get better with non-medication therapies at LAHC? If we start a medication, will it be necessary after the student-patient leaves LAHC? Are there better or different medications that might replace one or more current medications?

We sometimes have the pleasant surprise of being able to discontinue old medications. For example, I recall recently working with a boy who so excelled in treatment here that we could decrease some medications and even get rid of others. His knowledge, confidence, and skills increased enough that he was tackling problems that previously would have been "too much" for him and would have needed medication.

Having said that, successful treatment at LAHC is so important to the boys here that it weighs heavily in my decision-making. What I mean by this is that I realize that anything I can do to maximize their ability to be involved in their treatment is worth considering.

ADHD is a good example of a diagnosis that may need to be treated aggressively to maximize a boy's chances at treatment and schooling. Many symptoms of ADHD may improve with a therapeutic setting, better nutrition, a supportive school environment, and other non-medication treatments. I always appreciate when such things are helpful. Sometimes, however, the ADHD itself is impairing those very treatments. In those situations, I might begin a medication with the idea that it could be tapered or ended months later as the student-patient improves in other areas of life.

Depression and other mood disorders can also impact treatment. Compared to ADHD medications, depression medications can take much longer to "kick in." Hence, starting a medication for such a disorder is usually best done earlier rather than later.

Psychosis is one of the most distracting symptoms for a student-patient. Fortunately, it is also a rare symptom at LAHC. When it does appear, the goal is to effectively treat it while ensuring good laboratory, side effect, and symptom monitoring.

I often like to tell my patients that my goal is to make it so that they never have to see me again. This half-joke lets them know that few to no medications are one of our goals. It also helps me remind them that therapy, lifestyle changes, and other non-medication therapies may help them conquer their problems and illnesses with fewer or no medications.

Although many of the student-patients at LAHC might not achieve the goal of few to no medications, my hope is that they will nevertheless keep that goal in mind so that it can help drive their improvement through other means.

**Hoffmann Center** is licensed by the Department of Human Services as a Rule 2960 facility. **Counties who place boys with us are able to seek federal funds through Medical Assistance and Title IV-E.** This allows counties to be reimbursed for **over 59%** of the per diem costs! Hoffmann Center does not bill for clients who are on straight medical assistance (counties bill) but our programs are MA reimbursable! Hoffmann Center **DOES** bill the treatment portion to insurance companies for clients who are on Prepaid Medical Assistance (PMAP). This means that counties are only responsible for the Room & Board portion!

**Also**, did you know that **Hoffmann Center, as a Rule 2960 licensed facility, is frequently eligible for private insurance coverage?** We are very willing to work with counties and parents to check for eligibility of coverage prior to placement. In some cases, **Hoffmann Center has reimbursed the referring county 100% of the total per diem they paid!** If you have questions about this or would like additional information, please contact our office at (507)934-6122. We are very happy to work with counties in helping to keep placement costs down!