

February 2010

Dear Friends, consultants and advocates,

We are writing to update you on the Penikese Island School, a private therapeutic school founded in 1973 working with boys 15 to 18 years old presenting a broad range of needs and challenges. Of particular note, we wish to inform you that Penikese is expanding its outreach to include educational consultants and advocates, and the private pay families and clients you work with, especially (but not limited to) those struggling with adoption issues.

Until recently most Penikese students have been referred from Massachusetts child service agencies. Perhaps because of this lengthy history with public agencies, Penikese has found itself working with a significant number of adoptees, most falling into the following categories:

- Children with traumatic pre-adoption histories adopted into healthy functioning families, only later manifesting behaviors consistent with psych trauma and broken attachments.
- Children in state custody with no intact family and/or histories of unsuccessful adoptions or multiple foster home placements, now needing to prepare for independent living.
- Children adopted under optimal circumstance who, along with other normative adolescent challenges, struggle with making meaning out of their unique history.

As a result Penikese has developed considerable expertise working with this population. The school's rustic island setting, one-boy-at-a-time philosophical foundation and clinical expertise have proven ideal in supporting work with boys who do not "do therapy" in traditional settings. Penikese is also aware that late adolescents with the above histories can be among the most difficult to place.

Penikese is therefore making this special effort to notify the NATSAP and IECA communities about expanding its availability and services to private pay referrals matching these profiles. Please read the enclosed for more information. If you have further questions, wish to explore Penikese as a referral option, or to schedule an island visit, please contact us. You can also learn more by visiting our web at [www.penikese.org](http://www.penikese.org).

Sincerely,

Toby Lineaweaver, Executive Director  
[tlineaweaver@penikese.org](mailto:tlineaweaver@penikese.org)

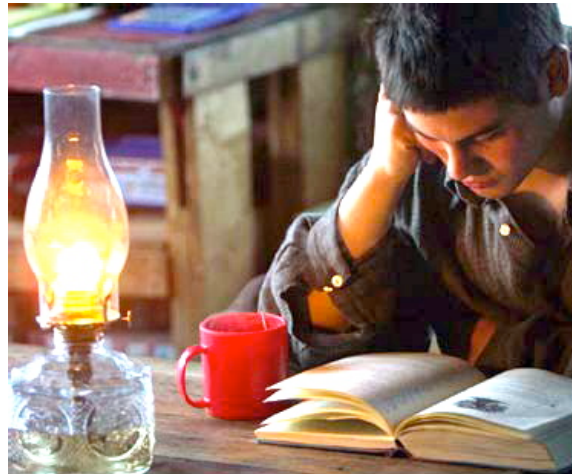
Pam Brighton, Clinical Director  
[pbrighton@penikese.org](mailto:pbrighton@penikese.org)

# Penikese Island School

## Additional Program Information

**Opportunities afforded by the setting and philosophy:** Penikese's remote setting and staffing pattern (staff live and work on the island with the students) helps promote a work-intensive and interdependent community where each individual's choices and behaviors have an impact on the community as a whole, as well as the individual.

Penikese's small program size, limited to 9 students at a time, favors a highly individualized approach (more like a family than an institution) where the program strives to develop effective strategies for each student, rather than expecting every student to fit into the one program. Small program size also enables the school to hold students consistently and sensibly (rather than rigidly) accountable, and minimize splitting and other undermining behaviors.



Penikese's philosophical emphasis on choice (rather than external control) and efforts to engage in treatment *with* its students rather than do treatment *to* them combine to lower barriers to change such as patterned oppositionality and trauma-related vigilance. Since staff and students live and work side-by-side, staff tend to be regarded less as a "them," allowing the formation of genuine connections that can be later drawn upon during conflict and transition.

With work and behavior tied to community passes and progress towards graduation, students begin to experience their choices making a tangible difference, and over time their trauma-based worldview and external locus of control shifts accordingly. Penikese's emphasis on choice rather than coercion, and its ability (by virtue of the island setting) to allow physical space, enables the school to work more effectively with volatile emotionality to successfully deescalate students with few restraints.

Although Penikese's setting is rustic, the school maintains a sophisticated clinical approach to working with trauma that includes *neurofeedback* to provide greater affective regulation, which in turn lowers the fear response threshold and attendant vigilance, allowing greater tolerance for anxiety and connection.

**Populations and needs best served:** Penikese has worked with a broad range of circumstances and needs common to this population including learning disability, substance abuse and mood disorders. Because of its setting and philosophy Penikese is generally best suited for higher energy *acting out* types and less successful with those presenting a depressive picture or tending to *act in*. Penikese has also experienced less

success with younger teens (ages 12 to 14), mostly for developmental reasons and their need for tighter behavioral structure.

Because of Penikese's commitment to long-term connections and aftercare for program graduates, many regard Penikese as an ideal placement for those approaching the age of majority and needing to prepare for independent living.

**Gross contraindications include:**

- Untreated, un-medicated and/or unstable major mental illness<sup>1</sup>,
- Chronic histories of suicide, sexual aggression, fire setting and/or aggression with weapons.

Penikese can be seen as an appropriate step down for those with prior histories of sexually reactive behavior but have completed initial interventions. Since all behaviors occur on a continuum, those falling in the debatable middle can be evaluated on a case-by-case basis.



**Intake procedure:** Initial call to provider to determine available openings, information package to Clinical Director for review and follow-up, then student interview.

**Questions and referrals:** Pamela Brighton, Clinical Director, 508-548-7276, extension 205 or [pbrighton@penikese.org](mailto:pbrighton@penikese.org); school web: [www.penikese.org](http://www.penikese.org).

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<sup>1</sup> Penikese maintains a working relationship with an adolescent psychiatrist and accept students on medications for impulse and attention disorders, minor mood disorders, opposition spectrum disorders, and some major mood disorders, (e.g. BiPolar). Students on atypical anti-depressant medications (e.g. Seroquel, Risperdal) are evaluated on a case-by-case basis.