



CRTC

**Family
Handbook**

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Introduction

The Family Handbook was developed as a tool for guardians who are either considering or have placed their adolescent at the Children's Residential Treatment Center (CRTC). It is important to read this handbook in conjunction with the Resident Handbook. A guardian's involvement, understanding and support of the program are critical to an adolescent's success. CRTC hopes that each adolescent's placement is a collaborative process with families and their communities. We welcome you to ask questions and address concerns as they arise.

Philosophy

The professionals providing care at CRTC believe that therapeutic work with adolescents can best occur through the development of individualized treatment programs and in a caring and supportive environment. The program focus is to assist the resident in developing skills to relate constructively to his/her environment through the use of intensive psychotherapies and cognitive and emotional skill building. The family is clearly an essential part of successful treatment and is expected to take an active role in the therapy process. Program structure is based on the core issues of safety, trust, and respect.

Five Pillars

Our program is based on the five core pillars of safety, family, community involvement, skill development, and identity development. These five pillars provide the basic structure that guides our program interventions.

Safety

Our program values the physical and emotional safety of our residents over all else. Our physical environment is arranged in such a way that provides safety to our residents. If a resident is considered to be at risk for self-harm in any way, items that they can use to self harm are restricted, and therapeutic interventions are focused on helping the adolescent to increase their ability to internalize their own desire to keep themselves safe. Therapy and skills work will also consistently focus on building the skills the resident needs to increase their commitment to keep themselves safe.

Family

CRTC firmly believes that the family is an essential part of successful treatment and an essential component of an adolescent's continued mental health aftercare success. To this end, we emphasize weekly family therapy and frequent family contact. Passes and visits with family members are discussed and processed during multiple components of our therapeutic process, from community meetings on the unit to family therapy to all aspects of treatment planning.

Community Involvement

CRTC focuses on building an adolescent's healthy involvement with community resources. We offer community activities on a daily basis, as a way to increase an adolescent's repertoire of interests. We expose our kids to a wide range of activities, including free activities, everyday activities such as grocery shopping , special activities such as the opera, those activities that are

therapeutic in nature and activities that are purely fun. We try to visit communities throughout the metro area so our residents have an opportunity to learn what different communities offer.

Skill Development

Adolescence is a time of great growth and progress. During this time in their life, they are acquiring new skills, new ways of thinking, and new behaviors. Our goal at CRTC is to help support this growth. In addition, mental health and skill development goes hand in hand. In order to increase the mental health of our adolescents, they need to also learn new skills to manage their thoughts, emotions, and behaviors. As such, CRTC provides multiple opportunities to learn skills such as social skills, emotion regulation, distress tolerance, time management, life skills, and many more.

Identity Development

The development of positive self identity is a focus of all adolescents. Many of our residents at CRTC struggle with developing a stable, let alone positive, sense of self. As such, we support their exploration of who they are related to gender, sexual orientation, culture, race, identify, and many other factors. Our goal is to help our residents develop a stable, positive, and integrated identity.

Program Description

Volunteers of America of Minnesota - Children's Residential Treatment Center (CRTC) is a locked 24-bed, psychiatric facility specializing in the treatment of adolescents and pre-adolescents between the ages of 11 and 17. Typically CRTC serves 20 adolescents with 10 on each of two units. CRTC has been in operation since 1976 and has been a part of Volunteers of America of Minnesota since June 1, 2000. The Center is licensed through the Minnesota Department of Human Services as a Children's Residential Facility providing locked mental health treatment in a group residential setting. As a locked setting, the facility doors are locked and units are secured for dangerous items. This allows the program to work with adolescents who are a danger to themselves and at-risk for self-destructive behaviors. Once admitted to the program adolescents remain in the building only as long as necessary to establish safety. Residents work towards out of the building activities and home passes as they are individually able. A favorable staff to resident ratio maintained on two living units, allows the Center to provide a highly focused and individualized treatment program. The average length of stay for residents completing the program ranges from 5 to 8 months.

Residents accepted into the program typically are having significant problems in multiple areas of functioning: at home, in school, and with peers. Most have a history of prior mental health interventions, but continue to struggle with issues related to personal safety, trust, self-esteem, and identity. Some are victims of sexual, physical, and/or emotional abuse, and have developed self-destructive patterns of coping. Typical diagnoses include: Major Depressive Disorder, Bipolar Disorder, Posttraumatic Stress Disorder, Personality Disorders, Attention-Deficit Hyperactivity Disorder, Anxiety Disorders, Reactive Attachment Disorder, and Eating Disorders. The program does not serve primary Conduct Disorder/juvenile delinquent or primary Chemical Dependency residents. The Center also does not serve residents with a significant history of uncontrolled physically aggressive or assaultive behaviors.

CRTC provides a therapeutic milieu within which the psychological, intellectual, social, and physical needs of the resident can be evaluated and treated. Group and individual therapy is provided twice

weekly and family therapy is provided once each week. Educational modules, as well as social skill electives, supplement an in-house school program. Chiefly influenced by developmental, psychodynamic, and learning theories, the therapeutic experience strives to provide residents with the tools to understand and change their self-defeating patterns of thought and behavior.

CRTC staff includes Residential Counselors who staff the two treatment units, with Unit Supervisors and Treatment Coordinators overseeing the functioning of the units, a Consulting Child & Adolescent Psychiatrist, a Registered Nurse, Individual Therapists, Evening Supervisors, and additional administrative and support staff. The two Treatment Coordinators, who provide the Family Therapy and are responsible for treatment planning, and the Individual Therapists, who provide the Individual and Group Therapy, are Master's Degree prepared clinicians. Teachers are provided through Minneapolis Public Schools. Other consultants are available through Children's Hospital and Clinic, the University of Minnesota Hospital and Clinics, Park-Nicollet Medical Center, and the Volunteers of America of Minnesota Mental Health Clinics.

Therapeutic Services

Milieu Therapy

24 hours daily, therapeutic living environment facilitated by Residential Counselor staff. Milieu therapy is focused on providing planned structure, support, routine, and a "therapeutic culture" to allow for improved daily living skills, coping skills, and interpersonal relationship skills. Trust, safety, and respect are core components of the program's philosophy.

Individual Therapy

Provided twice weekly to all residents, facilitated by Master's Degree level clinicians. Intensive individual therapy is a significant component of the treatment program at Children's Residential Treatment Center. The goal of individual therapy is to assist the adolescent in developing an improved understanding of their emotional and mental health problems, to process and work through past difficulties and traumas, and to develop skills in effectively communicating their needs and feelings, problem solving, and coping with their emotional and mental health needs. The Individual Therapists coordinate and consult with the Treatment Team to compliment work being done in other areas of the program. Residents also have many opportunities for informal counseling interactions with Residential Counselor staff, which serve to enhance the overall therapeutic focus of the program.

Group Therapy

Provided twice weekly, facilitated by Master's Degree level clinicians. Group Therapy is ongoing and both dynamically and skill oriented. The content of the group is largely determined by the issues of its members and often focused on relationships, self-esteem, sexuality, and other normal adolescent or treatment issues.

Family Therapy

Provided once weekly, facilitated by Master's Degree level clinicians (Treatment Coordinator). The family is an essential part of successful treatment and a critical factor in the long-term success of children after they leave our program. Families are expected to take an active role in the treatment process. The goal of family therapy is to assist the family in developing improved

communication and problem solving skills and to learn to more effectively understand and meet their adolescent's unique emotional needs. In addition, families have the opportunity to participate in a parent education groups. These groups are generally held Monday evening, and focus on issues such as general parenting strategies and teaching DBT (Dialectic Behavior Therapy) skills. Parents and guardians are expected to attend these groups, and they are offered approximately three times throughout the year.

Psychiatric Consultation and Medication Management

All residents see a Board Certified Child and Adolescent Psychiatrist as part of the initial evaluation process and on an ongoing basis. Frequency of ongoing psychiatric contact depends on each resident's specific needs. Residents are seen minimally on a monthly basis and can be seen as frequently as weekly if indicated. The Psychiatrist meets weekly with the Clinical Staff and Nurse for case consultation. While most residents at Children's Residential Treatment Center take psychoactive medications, our goal is to have residents take the lowest doses of psychoactive medications necessary to effectively treat their mental health conditions.

Nursing

Nursing services are provided as needed, including management of physical illness, doctor's appointments and medication management. The Nurse is available to answer medical and medication questions for residents. The Nurse will contact you regarding your adolescent's regular medical appointments as well as any significant medical concerns. If the Psychiatrist recommends a medication change the Nurse will contact you to seek your consent.

Other Services

Education

Provided on site by Minneapolis Public Schools, the school day runs from 8:00 am to 12:00 pm during the regular school year. In addition, school runs from 9-11 for five weeks during the summer. Credits are accrued and transferred to the student's home school at the time of discharge. CRTC staff is actively involved in supporting and working cooperatively with Minneapolis Public Schools staff and are generally present in the classrooms to provide additional behavioral and academic support. Students attend classes with their unit, with classrooms having up to 10 students. Students work independently on their studies based on their grade level and abilities. Studies are focused on the four core academic classes of mathematics, English Language Arts, social studies, and science. Students also receive two credit hours related to CRTC recreational programming and groups.

Summer Programming

When Minneapolis Public Schools (MPS) are not in session, supplemental programming is provided by residential counselor staff. Programming runs for five weeks during the summer; three weeks in June and July occur before the MPS summer school session, and two weeks in August follow. Each week of summer programming consists of two one-hour sessions on four weekdays. Five counselors from each unit volunteer to teach a week of summer programming, and teach their four one-hour lessons to residents on each unit. Subjects are determined by each counselor, and may promote cultural awareness, independent living skills, social skills, community involvement and/or critical thinking skills. Past subjects have included: sequential art,

music appreciation, cooking, gardening, essay writing, use of public transportation resources, strength training, and American Sign Language. Emphasis is placed on theoretical understanding of the subject and hands-on implementation of skills learned.

Recreation and Leisure Time Programming

Recreation and leisure time are a vital part of the treatment process. We provide participants with a wide variety of organized group and individual activities used to teach cooperation, social skills, and constructive use of leisure time. Residents participate in cultural and recreational programming in the community and at CRTC. Cultural programming may include museum tours, theatrical and musical performances, volunteer opportunities at community organizations and visits to local libraries. At CRTC, residents participate in game nights, birthday and goodbye parties and a variety of holiday themed events. Eligible participants utilize the YMCA, various local parks and recreational facilities and take part in non-contact sports such as softball, kickball, basketball, and flag football. Residents also have semiweekly opportunities to utilize cardio and strength-training machines in the center's on-site fitness facility.

Placement

Referral material required by CRTC in order to make a decision regarding the appropriateness of the placement includes: a current diagnostic assessment with treatment recommendations, a social/family history, records of any past out of home placements or other mental health interventions, and reports of any psychological or neuropsychological testing that has been completed. Funding for placements is generally received through private medical insurance or county social services.

Parents also need to make an active decision about placement. It is important for families to be ready and committed to having their adolescent in a long-term residential treatment placement. This includes believing that sufficient less restrictive treatment options have been explored and determined to not be sufficient to meet the adolescent's emotional and mental health needs. It is also important that each of the adolescent's legal guardians agrees to and support the placement, as these situations can otherwise lead to splitting and lack of overall progress. While we recognize that most placements to CRTC are on a voluntary basis, the adolescent's full completion of the treatment program, typically 9-12 months in duration, is the best predictor of successful resolution of their emotional and behavioral difficulties. We ask parents to remain committed to the goal of completion of the treatment program.

Admission

Prior to admission your adolescent will need a physical examination. On the day of admission you and your adolescent will need to be present. If your adolescent has one, your adolescent's social worker or probation officer may also wish to attend. On this day you will sign the necessary paperwork to admit your adolescent to CRTC and enroll him/her in Minneapolis Public Schools. Please plan for this admission meeting to take 2-3 hours. It is important that you bring the following to this meeting:

- Insurance information/cards (both medical and dental)
- Social Security Cards (parent and adolescent)
- Contact information for past providers
- Telephone numbers (for adults to be on the telephone list)

Calendar
Medications
Adolescent's belongings (see attached CRTC Clothing List)
Completed physical examination form
A copy of your adolescent's Individualized Education Plan (IEP)
Copy of any legal paperwork related to custody and orders of protection

The Treatment Coordinator for your adolescent's unit will meet with you to complete the admission process. This is the person who oversees your adolescent's treatment and provides family therapy services for your family. The Treatment Coordinator will work with you to determine visit times and to schedule family therapy. This person will also answer any questions you might have regarding the treatment program and process. The Treatment Coordinator will be your primary contact while your adolescent is in placement at CRTC.

Family Contact

Initially contact with your adolescent is somewhat limited, but will gradually increase as your adolescent becomes involved in the treatment program. This is an essential component in allowing your adolescent to gain control over their emotional/behavioral difficulties. Although we recognize that this is challenging for both the adolescent and their family, we encourage parents to support this philosophy. The goal of family contact, whether it is through mail, telephone calls, visits, or passes, is to build a positive relationship between family and adolescent and to practice the skills you are learning as a family. Remember that these times are for you as a family. If conflicts arise that you are unable to resolve, we suggest that you disengage and bring these issues to your next family therapy session.

Mail

You and your adolescent are encouraged to write letters. CRTC will provide stamps and envelopes for your adolescent to write you. If they wish to write others they can purchase stamps through the receptionist. We do not restrict incoming or outgoing mail unless there is clinical justification for such restriction. We do not monitor mail unless there is a specific, documented safety concern.

Telephone calls

Telephone calls are limited. At admission an adolescent's telephone list will be determined. This list will include the immediate family members, adults who are approved by the parents (i.e., grandparents, godparents, aunts/uncles, etc.), social worker/probation officer, and/or attorney. Friends are **NOT** allowed on the calling list. Additions to the list will be reviewed through team meetings and only with the guardian's permission. Resident privacy is important to us. Therefore CRTC staff will ask you whom you are when you call in, so that they can determine if you are an approved caller.

Residents typically receive telephone privileges of four incoming or outgoing calls per week to each parent household. Residents are allowed preferred access to make one 10 minute telephone call per parent household on an every other night basis, based on whether they make calls on an "odd" or "even" day. Residents are able to make additional calls on their designated day and calls on the

opposite day as time permits. Telephone calls are limited to 10 minutes in duration each. Residents are provided regular opportunities for making telephone calls and you and others that you have approved may call the unit to speak with your child. Times on the schedule listed as FREE TIME are the best times to call; otherwise your adolescent is likely to be in a group or on an activity. There are no telephone calls after 9:00 p.m. If you reach the voice mail, please leave a message and staff will have your adolescent return the call as soon as they are able.

Visits

Scheduling

Visits are scheduled up to twice weekly. The Treatment Coordinator will offer you times to visit. As CRTC serves 20 residents and their families, we attempt to schedule visits so that each family has one of the visiting spaces available. Visit times are typically during evenings and on the weekends. Visits often occur over meal times; allowing you to share a meal with your adolescent and limiting times that your adolescent will miss programming. Often one visit may be scheduled following a family session and one on the weekend. CRTC encourages families to visit regularly at scheduled times to allow the adolescent predictability. Of course visit times can always be adjusted as needed by contacting the unit counseling staff.

Expectations

Visits should only be with immediate family members unless otherwise approved through the Treatment Coordinator. Privacy and safety is a concern with people entering the building. Other families may also be visiting while you are here, so please be respectful of their time together as well. There should be no interaction between CRTC residents during visits. It is important that you monitor your adolescent at all times during the visit and report any concerns to staff. Your adolescent is not allowed to make telephone calls during visits using either land or cell phones. Residents also should not be sending text messages, emails, or accessing the Internet or social networking sites during visits. You are welcome to bring in food and use the microwave or refrigerator in the small visitor lounge. Please clean up the space prior to leaving your visit. Visits may be at the picnic area if the adolescent is on Shadow activity status and is not currently serving a restriction.

Passes

Scheduling

Passes typically begin after approximately 4-6 weeks in treatment. An adolescent needs to have earned Shadow activity status in order to begin out-of-building passes. These initial passes are shorter in length, typically 2-4 hours, and are held in the community. At approximately 8-10 weeks of treatment, an adolescent can begin day passes, which are longer in length and allow the adolescent to visit home. Single overnight passes typically begin at 3-4 months of treatment, and double overnight passes typically begin at 4-5 months of treatment. Factors that are considered when starting passes include the resident's progress on their treatment goals, family's confidence in managing their adolescent at home, adolescent's confidence in maintaining their safety at home, and an adolescent's commitment to safety (e.g. no immediate suicidal ideation) while at CRTC. The Treatment Coordinator will collaborate with the family in deciding when their adolescent is ready for passes, and the Treatment Coordinator will encourage identifying a date and time for the

pass. Each pass will be determined on an individual basis, based on your adolescent's participation and progress in the treatment program, and with the adolescent's and family's needs kept in mind. Typically a pass replaces one of your scheduled in-Center visits for that week.

Requesting a pass

Once it has been identified that an adolescent is eligible for passes, the adolescent will need to complete a pass request form. This includes identifying the plan for the pass, goals, and potential concerns. The adolescent will then need to complete "Pass Talks" with Residential Counselor staff prior to the Unit's team meeting (Wednesday morning for Unit B and Thursday morning for Unit A). Staff review pass requests during this meeting and determine if the adolescent is eligible for the pass. The expectations for earning passes are individualized for each adolescent and based on their stage of treatment. However, all passes will be based on your adolescent engaging in effective behaviors, demonstrating genuine communication regarding their thoughts and feelings, and their ability to keep themselves safe. Your adolescent will call you to let you know if they received the pass or not. It is important that he/she take personal accountability for this. Additional information regarding pass determinations is available through the Treatment Coordinator.

Expectations

Passes are considered an extension of treatment, and we strive to develop consistent expectations between CRTC and home. When taking your adolescent out of the building we ask that the adolescent remain within your direct supervision and follow the other health and safety rules of the Center, including no chemical use, eat appropriate meals, get adequate sleep, take medications on time, etc. Initially, it is important to be consistent with the expectations utilized within the Center, such as no telephone calls, no contact with friends, no computer time, etc. CRTC will also support individual house rules and effective interventions when they are in our care. Our hope is to work together as a unified team to support the progress of our adolescent. In addition, the adolescent should have no contact with other CRTC residents while home. If your adolescent is not able to meet these expectations or if safety concerns arise, you are encouraged to bring your adolescent back to CRTC early. Over the course of treatment you and your adolescent will develop a family contract, which will help you to determine rules for passes and home that fit your family and adolescent's needs. This contract will include items such as telephone use, computer use, contact with friends, unsupervised time, etc. Completing the identified goals should be a primary focus of the pass. Please complete the pass goal sheet prior to returning to the Center. It will be reviewed with you by unit staff upon your return and will be discussed in your next family therapy session.

Program

Structure

An important aspect of the program is structure. This external structure is the foundation upon which an adolescent learns to develop internal structure. This allows the adolescent greater personal control over his/her emotions and behaviors. This process is essential in learning personal accountability, emotional containment, and distress tolerance. Within this structure there is an emphasis on issues of trust, safety, and respect, towards self and others. Structure within the program is provided through the daily routine, expectations, and limits. In order to understand these, it is important to review the CRTC Daily Schedule and the CRTC Resident Handbook.

As identified in these references, each adolescent is responsible for managing themselves respectfully as well as implementing the emotional and interpersonal skills into their interactions on the unit. Treatment is about providing the adolescent opportunities for “corrective emotional experiences.” Essentially, when an adolescent is being unsuccessful in their interpersonal interactions or emotional management, as residents of the program have, the milieu staff and therapists provide opportunities for the adolescent to learn how to be successful. Each resident can expect to be challenged and given constructive feedback on these skills. This aspect of treatment can be quite difficult for the adolescent and sometimes for the parent as well.

If your adolescent expresses feelings or complains to you about these expectations or limits, please listen to your adolescent but also encourage them to talk with staff directly. This can be an excellent learning opportunity in being assertive and meeting his/her own needs. Please encourage the adolescent to accept their consequences and to work to process off of any restrictions they may receive. If you have concerns, please feel free to discuss these directly with the Treatment Coordinator. It is important that you and the Treatment Coordinator and staff work effectively together as a team to send your adolescent a consistent message.

As you review the Student Handbook, note the different restrictions (Timeout, Unit Restriction - UR, Total Restriction - TR). An extensive and restrictive safety program is instituted for one week following any incident of self-harm, i.e., the SIB Program. The staff are trained to use the least restrictive consequence that is considered appropriate and effective for each individual child, given the presenting behavior. The goal of a consequence is to interrupt an ineffective or inappropriate behavior, to give the adolescents the time to explore this situation in order to develop insight into or learn about the origin of behavior, and to allow the adolescent an opportunity to identify and develop alternate responses. This is called “processing.” The length and extent of the space (Timeout, UR, TR) depends on the seriousness of the presenting behavior.

A central component of the program is trust. Every adolescent is placed on an automatic 2-week Building Restriction (BR) until basic trust is established. This is initially developed through completion of a Trust Packet, followed up with one to one discussions with each staff, called Trust Talks. Once completed, an adolescent may request to go on out of building activities through the weekly Unit Team Meeting. Initially, an adolescent may be placed on 1:1 supervision status in order to manage safety and establish trust within the community and then may request to be on Shadow status after they have demonstrated trust on activities. Shadow status indicates that your adolescent does not require 1:1 monitoring, but continues to remain within eyes and earshot of staff. Shadow Status is CRTC’s least restrictive status. After the initial orientation period, trust is evaluated and communicated regularly through the Unit Team Meetings, where each adolescent’s functioning and progress is discussed and pass requests are evaluated. After each Team Meeting children receive feedback on their progress and goals for the next week. If an adolescent presents with significant trust or safety issues they may be re-placed on BR or given another restrictive program.

Treatment Planning

An Initial Treatment Plan (ITP) is written following intake. This is the plan for orienting your adolescent to the program and identifies initial areas of focus of treatment. The initial 30 days of

placement are focused on staff getting to know you and your adolescent as well as you and your adolescent getting to know the program. An Admission Review will be held after this time to summarize observations of the adolescent, family, and identified clinical issues. This progress review meeting will include the entire treatment team, including the adolescent, guardians, and outside providers as appropriate, along with multiple members of the CRTTC treatment program.

After this meeting the Treatment Coordinator will develop a more detailed Master Treatment Plan (MTP) for your adolescent. This document will be used to guide the course of treatment in the milieu and individual, group, and family therapy. This is a fluid document that allows for changes over the course of treatment. You, your adolescent, and others who attended the Admission Review will receive a copy of this document, along with a narrative summary of the information presented at the meeting. Please familiarize yourself with this report and document, offer suggestions, and/or ask questions. The MTP will be updated after each subsequent progress review meeting throughout the course of treatment, held every 60 days following the initial meeting. You, and other professionals/providers that you authorize, will receive a summary report of the Review Meeting and a copy of the MTP by mail.

Stages of Treatment

CRTTC is a relationship based, insight-orientated program. As such we do not utilize specific “levels” or task completion as an indicator of completion of treatment and readiness for discharge. Instead the focus is on demonstrating effective emotional, interpersonal, coping, and problem solving skills. We believe that this allows for a fuller, deeper level of change that is reflective of functioning within families and the community. The following is a guideline as to what to expect as your adolescent progresses in treatment. The Treatment Coordinator, along with information received during Review Meetings, will help you to assess where your adolescent is at in his or her treatment.

Introduction Phase (Admission –2nd Month)

Each adolescent’s response to placement varies. Some are very focused on not wanting to be here, others present with exceptional compliance or a “honeymoon,” while most are somewhere in-between. During this time your adolescent may ask you to take him/her from the program or report that they have already done all that they need to do in order to be successful outside of a treatment setting. It is important to explore these issues in family therapy sessions, but if you focus too much on this issue the adolescent will likely struggle with accepting placement and progressing in treatment. Each adolescent and his or her family experience a range of emotions regarding placement, which are important to acknowledge including grief, loss, anger, regret, guilt, and even some relief.

As these feelings are addressed, there is frequently a turning point for the adolescent. It might be a recurrence of negative behaviors or another otherwise challenging event. We do not take this as failure or as a set back, but rather a learning opportunity for the child. This often allows him/her to find acceptance of the need for further treatment. During this time treatment is typically aimed at goal setting and skill acquisition, including communication, coping, conflict resolution, and problem solving skills. The adolescent is learning how to accept expectations and limits. Overall this is a period of acclimation.

Contact with your adolescent during this time is limited to the standard mail, telephone calls, visits, and family therapy sessions until the adolescent has begun to accept treatment. Short community-based passes may begin during this time. Contact is focused on the positive aspects of your relationship with your child.

Active Working Phase (3rd-6th Month)

After the adolescent has accepted treatment and developed a foundation of skills, he/she is ready to begin actively working. This is the process of applying skills to present issues, while working through significant events and experiences of the past. The adolescent's progress is typically marked by peaks, valleys, and plateaus, rather than continuous improvement. During this phase, mood issues may become more pronounced or significant as the adolescent is no longer able to rely on the negative coping skills that he/she has developed and new positive coping skills have not yet been fully established. Overall it is necessary for adolescents to experience both successes and failures with their newfound skills in order to allow him or her to become fully integrated into his or her way of being.

Contact with your adolescent during this time typically increases to include more regular passes, including spending time at home and possibly overnight passes. This process is aimed at the family identifying potential concerns at home and actively engaging in problem solving them.

Transition (5th-8th Month)

As your adolescent is able to demonstrate increased emotional and behavioral stability, the transition phase will begin. An adolescent is often ready to move on when he or she is content with being here. He/she has likely begun to internalize the skills they have learned and values their newly developed skills. During this phase residents are encouraged to apply and practice skills on the unit as well as at home, recognizing that it is important to develop a full toolbox of skills, as not all skills work in all situations or every time. Some adolescents report that this is the hardest part of treatment because they have learned a lot, but now it needs to be proven.

As the adolescent is able to consistently transition these skills to their home environment, the discharge plan is solidified (see DISCHARGE). For some residents once a discharge date is set their symptoms reappear, but these often remit quickly. The last 30-days of placement are focused on saying good-bye and summarizing the adolescent's treatment. This is a critical period for residents, as they put closure on their stay and the many close relationships they have built while at CRTC.

Contact with your adolescent during this time is very regular. Every other weekend home passes along with various day passes are encouraged, often including every weekend passes during the final month of stay. Contact is aimed at demonstrating skills at home.

Discharge

The process of assessment, goal development, and discharge planning will continue throughout the treatment stay. The Treatment Team will always be re-evaluating the diagnosis and treatment plan for your child. In each Review Meeting this will be discussed, along with possible aftercare providers/placements. The Treatment Coordinator will assist you with referrals, coordinate planning with

your family's social worker/probation officer, and provide the necessary information to new providers. It is often recommended that residents begin seeing outpatient providers prior to discharge. It is strongly recommended that appointments be made prior to discharge. This transitional piece will allow your adolescent to establish a therapeutic alliance on which to rely through the challenges of discharge and post-discharge.

When it is determined by the Treatment Team that your adolescent has completed the treatment process, discharge will be recommended. Our licensure requires that we provide a discharge notification and discharge plan. When a date and providers have been identified a Discharge Notification will be sent to you. During the last month of treatment the goal is for your adolescent to find closure to his/her stay, by reviewing the work completed and the work still remaining to complete, as well as to find closure to the relationships he/she has developed here. During this time the adolescent completes "Good-Bye Talks" with each staff member, along with completing a Healthy Living Packet that helps them to identify skills learned during their stay. During this time the adolescent also completes a Safety Plan and the family completes their Family Contract. The adolescent will have an opportunity to celebrate their accomplishments through a Discharge Party and Good-Bye book. On the day of discharge you will be given all current medications, prescriptions, and medical information.

Aftercare

Each adolescent's aftercare plan is developed according to the needs of the family and the child, with the goal of assisting the adolescent and family to be successful on a long-term basis. The Treatment Team will make recommendations, but ultimately the parents or guardians make the final decision. As CRTC is a highly structured and restrictive program, it is sometimes difficult for children to transition directly home. Therefore the Treatment Team may recommend day treatment, a group home, therapeutic foster home placement, or a less restrictive residential treatment placement.

It is recommended that all residents receive on-going therapeutic services for at least one-year post discharge. This typically includes individual, group, and family therapy, along with psychotropic medication management. Aftercare sessions may be offered through CRTC with either or both the individual and family therapists. The adolescent is encouraged to maintain regular appointments, medication administration, adequate sleep and nutrition in order to achieve a successful transition.

A copy of the Discharge Summary, including these recommendations, will be sent to you and to other professionals/providers that you authorize. A receiving school setting is also determined, in coordination with the on-site Minneapolis Public Schools personnel. All school records and transcripts are forwarded to the receiving school at the time of discharge.

Contact with CRTC

After discharge it is not uncommon for children to have ongoing contact with CRTC. Casual contact with CRTC is restricted for 30-days after discharge to allow children to develop relationships with their outpatient team and community support system. After this period children are welcome to return to the Center to visit with peers and staff. Visitation can be arranged

through the Treatment Coordinator. Also, children may wish to write to peers or call staff for support. If your adolescent calls the Center, at any time following discharge with a safety concern, we will be supportive, but also direct the adolescent to their aftercare team. In the case of a safety concern, a staff member will contact you. You are also welcome to call CRTC if you have any questions, concerns, or need for support. Often children may contact former residents of CRTC. This is usually a positive and supportive alliance; however we recommend that you establish contact with the other adolescent's family and provide supervision, as you would with any of your adolescent's peer relationships.



CHILDREN'S RESIDENTIAL TREATMENT CENTER
Required Personal Items List

Required

- Pajamas (2)
- Underwear (7)
- Bras (2)
- Socks (10)
- Jeans/Pants/Shorts (3)
- Shirts (7)
- Sweatshirt (1)
- Sweatpants (1)
- Athletic Shoes (1)
- **Residents wash laundry twice weekly

Important Materials used Daily:

- Shower Shoes/Flip Flops
- Re-usable Water Bottle
- Exercise Clothing (2)
- **Residents exercise 3-5 times per week

Optional:

- Pillow/Bedding
- **CRTC does provide bedding and towels
- Posters
- Stuffed Animals
- Radio/Boom Box (Sorry, no iPods)
- Alarm Clock
- Fidgets/Independent Coping Skills
- Stationary
- Stamps
- Books
- Sketch Pads
- Markers/Colored Pencils/Pens

Personal Grooming:

- Hairdryer
- Curling/Flat iron
- Make-up
- Razor for shaving
- Lotion
- **CRTC is scent-free, so please do not bring perfumes or body spray for daily use

Seasonal Outerwear:

- Lightweight jacket
- Winter jacket
- Snowpants
- Snow boots
- Mittens/Gloves
- Winter Hat
- Scarf

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