CRTC

Parent Handbook

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Introduction

The Parent Handbook was developed as a tool for parents 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 parent'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 client 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.

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 objects. Client's belongings are so subject to be searched by staff at any time for possible unsafe 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 client ratio maintained on two living units, allows the Center to provide a highly focused and individualized treatment program. The average length of stay for clients completing the program during

the past two years was approximately 10 months, with lengths of stay ranging from 7 to 12 months.

Clients 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 clients. The Center also does not serve clients 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.

DBT Skills Group: All residents will participate in DBT skills group three times a week, one hour each group. The groups are on an ongoing cycle of focusing on Core Mindfulness, Distress Tolerance, Emotion Regulation, Interpersonal Effectiveness, and Middle Path skills. Groups are co-facilitated by Master's Degree level clinicians and a residential counselor. Groups focus on practicing Mindfulness, learning a new skill, completing homework, and reviewing homework in the group.

Individual Therapy: Provided once weekly to all clients, 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. Clients also have many opportunities for informal counseling interactions with Residential Counselor staff, which serve to enhance the overall therapeutic focus of the program.

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 class and parent support group.

Psychiatric Consultation and Medication Management: All clients 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 client's specific needs. Clients 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 clients

at Children's Residential Treatment Center take psychoactive medications, our goal is to have clients 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. 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, language arts, social studies, and science. Students also receive two credit hours related to CRTC recreational programming and groups.

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. Recreational programming is primarily community-based and involves going to the YMCA and utilizing various local parks and recreational facilities. Participants also take part in non-contact sports such as softball, kickball, basketball, and flag football, as well as attend community-based sporting and cultural events. Use of the onsite fitness center is also a part of the scheduled recreation program.

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. It is important that you bring the following to this meeting:

Insurance information/cards
Contact information for past providers
Telephone numbers (for adults to be on the telephone list)
Calendar
Medications (a minimum of 3 days supply; a minimum of 1 week is preferred)
Adolescent's belongings (see attached CRTC Clothing List)
Completed physical examination form
A copy of your adolescent's Individualized Education Plan (IEP)

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 parent 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. In addition, it is expected that family in coordinate transportation for medical appointments throughout the course of treatment. Please contact the Nursing Department of appointments or if you are unable.

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 parents' permission. Client 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.

Each parent household will be permitted a total of four incoming and/or outgoing calls per week, other adults on the approved telephone list will be permitted less frequent calls, and service agents will be permitted contact as requested. 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. Visits are coordinated with your Treatment Coordinator and CRTC staff. As CRTC serves 20 clients 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 Treatment Coordinator. People visiting must be on the approved contact list.

Expectations

When you arrive at CRTC for 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. No telephone calls should be made 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. We do offer lockers for your convenience. If you wish to utilize a locker please inform a staff prior to the visit beginning. Items on your person such as phone, purses, cigarettes, lighters, ect will be secured in the locker and if you need access to them during a visit please call a counselor to have them monitor your son/daughter during this time. Our lockers ensure the safety of our residents, but if you chose not to use a locker, the resident will be subject to a body search vs. a person search if you do use a locker. Please inquire with a counselor for any clarification on this policy.

Passes

Scheduling

Please see the 'Pass Recommendation' Guide at the end of this Handbook to be able to understand how passes progress, when to expect community-based passes, and when we recommend home passes begin. During family therapy, your family therapist will be able to explain the guidelines and expectations of starting passes, and how to set those up. During the first few months of treatment, passes progress from onsite to the community, gradually increasing in length and frequency, eventually working up to home passes. If there are concerns that arise with scheduling passes, your Treatment Coordinator will discuss these concerns and look for solutions that meet your family's needs.

Expectations

When you arrive at CRTC to pick up your adolescent for a pass, staff will verify your identification with a copy of your driver's license. If you designate someone other than yourself to pick up the resident, you must inform the Treatment Coordinator ahead of time or the pass will not happen (in case of an emergency you may alert the Unit). Even if that person is on the approved contact list, we ask that you go through the proper channels of informing staff ahead of time so we know who to expect for pass pick-up. ONLY THOSE APPROVED FOR PASSES **PRIOR** TO THE SCHEDULED PASS WILL BE ABLE TO TAKE THE RESIDENT OUT THE BUILDING. Guardians are the only ones who can schedule a pass. Before leaving the building, staff will give you any needed medications that are to be administered during the pass time. 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. 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. The adolescent should have no contact with other CRTC residents while home.

- **If your child at any time engages in unsafe behavior we ask parents to call 911, bring them to the hospital, or bring them back to CRTC**

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 form 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. Your child may be asked to complete a UA upon return, due to your specific family contract or random selection. If your child's UA is positive, you will be notified and the resident will receive a TR (total restriction).

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 theses 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 Resident Handbook, note the different restrictions (Timeout, Unit Restriction - UR, Room Restriction - RR). 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 pace to explore this 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, RR) 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 Phase 1 packet and followed up with one to one discussions with staff. Initially, an adolescent may be placed on 1:1 supervision status in order to manage safety and establish trust within the community and then moved to a 3:1 status after they have demonstrated trust on activities. 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 and you and your adolescent getting to know the program. An Admission Review will be scheduled after this time to summarize observations of the child, family, and identified clinical issues. This progress review meeting will include the entire treatment team, including the child, parents, and outside providers as appropriate, along with multiple members of the CRTC treatment program.

After this meeting the Treatment Coordinator will develop a more detailed Master Treatment Plan (MTP) for your child. 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 child, and others who attended the meeting will receive a copy of this document, along with a narrative summary of 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 90-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.

Phases of Treatment

CRTC utilizes a Phase System approach to treatment that includes 4 Phases of treatment. Upon intake, a resident will receive Phase 1 packet, and begin working on the Phase work to help facilitate learning about CRTC's programs, rules, and treatment goals, along with assignments to complete and a concrete list of requirements to be eligible to advance to the next Phase.

A. **Phase 1: Orientation (2 weeks)**

During Phase I, we are primarily focused on developing a relationship with each other, building trust, orienting to the overall CRTC Program and expectations, and identifying treatment goals. As we are just getting to know the new resident and understand what may be potential triggers for target behaviors, we do not begin to schedule any off-site passes. Family members and treatment team members (i.e. social worker) are encouraged to visit onsite 2 times a week for about 2-3 hours each visit.

Phase 1 work focuses on learning and practicing Core Mindfulness skills. In order to move from Phase 1 to Phase 2, every resident will be expected to attend two weeks of Mindfulness skills groups, and complete their Phase 1 packet.

B. **Phase 2: Stabilization (minimum of 2-3 months)**
The goal in Phase 2 is to successfully and consistently stabilize the safety-related behaviors, or the most concerning behaviors, that led to being in treatment. The focus in this stage is learning Distress Tolerance skills in order to cope with difficult events or emotions without resorting to behaviors that endanger one's safety or create larger problems in life. Residents will also learn Middle Path skills to increase their ability to think dialectically rather than get stuck in conflict with others. Middle Path also teaches about validation - both about how to validate yourself and validate others, to reduce intensity of situations.

C. **Phase 3: Building Mastery (minimum of 3 months)**
The goal in Phase 3 is to actively utilize the aspects of life that one can control in order to effectively, and in the long-term, build the life that one desires. This phase will build upon stabilization by developing mastery in the areas regulating emotions and building relationships, as well as addressing and exploring some of the deeper or more complicated reasons behind recent behavioral difficulties. During Phase 3, residents will learn Emotion Regulation and Interpersonal Effectiveness skills.

D. **Phase 4: Integration & Transition (approximately 4 weeks, plus after care group)**
This group is for residents soon to discharge from CRTC, and for those who have recently discharged successfully, and would like support after their return home. The overall goal is to integrate all that has been learned and practiced throughout treatment in preparation for (or life in) the community and home full-time. Discharged residents will be invited to

continue to participate in Phase 4 group after discharging as long as the resident continues to be appropriate and actively engaged in the group.

E. The Process for Advancing Phases

I. Phase 1 – Resident will be on Phase 1 for two weeks. Residents are able progress onto Phase 2 after completing their Phase 1 packet and meeting the percentage requirements listed below. To transition from Phase 1 to Phase 2, a resident will not present to team, but instead will be focusing on building relationships with counselors, peers, and their clinical team.

II. Phase 3 & 4 – Resident will need to present to team once they are 'eligible.' A week prior to presenting, the resident and their primary will check in – the primary will let the resident know if they have met their percentages. Additionally, a resident should get a minimum of 2 staff's feedback about current functioning. A resident will come to team on the Thursday following their eligible date (not prior unless staff decide due to the number of residents needing to present). The resident will give a summary of how they are doing, what skills they have learned, why they think they are ready to progress. Staff will ask the resident to step out so they can discuss and vote. If a resident is approved, they immediately are considered on the next Phase; if not, they will be given concrete feedback about why, what they need to work on, and usually (depending on specific resident/concerns) and timeline of when they are eligible to represent.
   - Phase 2 – Needs to demonstrate overall behavior stabilization of most concerning behaviors. Minimum of 8 weeks on Phase 2 before eligible to progress, will meet the percentages below, not currently be on safety checks, and complete all their Phase work.
   - Phase 3 – Needs to continue to have overall stabilized behaviors, and also be demonstrating improved relationship skills and emotion regulation skills. Minimum of 12 weeks, will meet the percentages below, not currently be on safety checks, and complete all their Phase work.

Phase Percentage Expectations

	Phase 1	Phase 2	Phase 3	Phase 4
School Attendance	75%	80%	90%	100%

Phase Group Attendance	75%	80%	90%	100%
Phase Homework	80%	80%	90%	100%
Individual & Family Therapy	80%	80%	90%	100%

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 clients 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 has 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 the Phase 4 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. Residents that successfully discharge are invited to continue to participate in Phase 4 groups, as long as is clinically appropriate. CRTC does not provide ongoing Individual or Family Therapy after discharge. 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.

CRTC Pass Recommendation Guide

Phase 1 - Orientation

During Phase I residents are not allowed to leave CRTC (except for medical appointments for which a residential Counselor will transport for).
Family members and other treatment team members (i.e. Social Workers, Guardian Ad Litems, etc) are encouraged to visit on-site. While onsite, visitors must maintain constant supervision of the resident. Going outside of CRTC (i.e. to sit on picnic tables) is only permitted with staff approval.

- Month 1 - Onsite visits only; no off-site visits

Phase 2 - Stabilization

During Phase 2, a resident is beginning to stabilize the behaviors that lead to residential treatment placement. Because of the level of safety and structure CRTC provides, we focus on integrating residents back into the community and their homes slowly and purposefully. A resident becomes eligible for starting off-site visits after they have been at CRTC for at least 30 days. In order to be eligible, a resident may not be showing any significant safety concerns, may not be on an increased levels of supervision (i.e. 'Checks'), and must be willing to follow expectations for off-site visits.

- Month 2: A resident will be eligible to start with a short community pass (2 hours max). The initial community pass will typically be after family therapy so that pass expectations are clearly explained. There needs to be 2-3 'successful' 2 hour community passes before moving onto 1/2 day community passes.
    - Once a resident begins having regular 1/2 day community passes, it is also appropriate to have a community pass once during the week (typically this occurs after family therapy or dinner time) throughout the course of treatment.

- Month 3: A resident will be eligible for their first visit home during the 3rd month. The first few visits home will focus on safety - completing a safety search of the resident's room and the rest of the house, identifying vulnerabilities in the home that may be triggers or may provide access and opportunity for self-harm/target behaviors.

Phase 3 - Building Mastery

During Phase 3, a resident has stabilized the most significant behaviors that lead to residential treatment, and is now beginning to focusing on mastering being able to experience emotions safely and relationship skills. It is usually during Phase 3 that more internal work is done, and often there may be some increased behavioral concerns resurface. While this is a normal part of treatment, it is important for any safety/behavioral concerns to be discussed in family therapy to ensure that each person understands how to support the resident to be safe.

- Month 4: During the 4th month of treatment, a resident will focus on increasing safety in their home environment by spending more time home, working up to their first overnight home visit. The first overnight will be shorter in duration (suggested 4pm pickup on Friday and returned Saturday in the afternoon. Following the first overnight, all subsequent single night passes are recommended to be Saturday afternoon to Sunday evening.
    - Once a resident begins having regular single night overnights, it is also appropriate to have a pass once during the week (typically this occurs after family therapy or dinner time) throughout the course of treatment. This pass may be home or in the community.

- Month 5 - 6: During Months 5 and 6, a resident will begin having more frequent single night overnights, working up to a 'weekend' pass. A weekend pass is from Friday evening until Sunday evening. The focus will be on increasing structure by adding expectations and privileges that are consistent with how things will be after the resident returns home. Parents/guardians are expected to take the lead on creating structure that is consistent with their values in order to ensure success and follow-through.

Phase 4 – Transition & Integration

The final phase of our program is focused on transitioning back into the community and preparing to successfully discharge from CRTC. The transition phase of treatment can stir up many complex emotions that are important to identify and process, so they don't build up. A resident will be gaining more independence and privileges to match their continued stabilization and skillfulness.

- Month 7 - 8: During the final month of treatment, a resident will be expected to be going home every weekend. Home visits should mimic 'normal life' as much as possible, including having rules/expectations, a clear consequence structure established, increased privileges, chores, etc. Contact with approved friends will happen more frequently (as agreed upon in family therapy).

Points to Remember

- What makes a visit or pass successful is discussed in family therapy. The expectations are agreed upon by the family and resident, and are consistent with CRTC's recommendation
- Having problems arise during passes is expected and a necessary part of treatment.
- We are not looking for perfection
- Home visits are a **continuation of treatment**, **not a vacation** from treatment
- Residents are expected to be supervised at all times
- In order for visits to be successful, and truly support the resident and family in making healthy and sustainable changes, there cannot be secrets about what happens during passes.

- It is very important parents/guardians follow the recommendations and expectations outlined in order to promote success. When parents/guardians do not follow the Pass/Home Visit expectations, it will be considered a Therapy-Interfering Behavior (TIB) and addressed accordingly in Family Therapy. Ongoing TIB by a parent/guardian will require a meeting with the treatment team and Program Director to problem solve the issue.
- If a resident does not earn the next Phase, passes will be at the last week of their Phase until progressing to the next Phase (i.e. a resident does not earn Phase 3, passes will follow the Month 2/Week 8 recommendation of 1/2 day community pass)
- Passes may not interfere with Phase Groups or school.

The following grid is a guideline for how passes progresses at CRTC.
In order to have passes consistent with the grid below, a resident MUST be on the corresponding Phase, not be on any increased levels of supervision, and not be displaying any significant safety concerns.

Month/Week	Phase	Visit Recommended
1/1	1 - Orientation	Onsite only
1/2	1 - Orientation	Onsite only
1/3	2 - Stabilization	Onsite only
1/4	2 - Stabilization	Onsite only
2/5	2 - Stabilization	2 hour community pass
2/6	2 - Stabilization	2 hour community pass x 2
2/7	2 - Stabilization	1/2 day community pass
2/8	2 - Stabilization	1/2 day community pass
3/9	2 - Stabilization	1/2 day community pass x 2
3/10	2 - Stabilization	1/2 day community pass x 2
3/11	2 - Stabilization	2 hour home***
3/12	2 - Stabilization	2 hour home pass
3/13	2 - Stabilization	1/2 day home pass
4/14	2 - Stabilization	Day Pass
4/15	3 - Building Mastery	Day Pass
4/16	3 - Building Mastery	Single night overnight
4/17	3 - Building Mastery	Day Pass
5/18	3 - Building Mastery	Single night overnight
5/19	3 - Building Mastery	2 day passes
5/20	3 - Building Mastery	Single Overnight
5/21	3 - Building Mastery	Single Overnight
6/22	3 - Building Mastery	Weekend Pass
6/23	3 - Building Mastery	Single Overnight
6/24	3 - Building Mastery	Weekend Pass
6/25	3 - Building Mastery	Single Overnight
6/26	3 - Building Mastery	Weekend Pass
7/27	4 - Transition	Weekend Pass
7/28	4 - Transition	Weekend Pass
7/29	4 - Transition	Weekend Pass
7/30	4 - Transition	Weekend Pass

When planning passes, please be mindful of the following timeframes in order to best support your child's treatment:
Monday -Saturday the latest return time is 8:00 pm.
Friday pick up times: Phase 3 & 4 kids can leave any time after 12:00pm.
Phase 2 kids can leave any time after 4:30pm
Sunday return times: Phase 2 return no later than 3:00 pm
Phase 3 returns no later than 4:30 pm
Phase 4 returns no later than 5:45 pm
No pick up or drop off times during meals any day: 12:00-12:30, 5:00-5:30.