



CRTC

Resident

Handbook

*Please note program structure and rules may change based on treatment plans and resident needs.

I. Daily Schedule

A. Wake Up Routine

Residents have from 7 a.m.- 7:45 a.m. M-F to eat breakfast and get ready for the day, 7 a.m.- 10.00 a.m. on weekends.

B. Meals

Weekdays: Breakfast 7-7:45 a.m., Lunch 12:00 p.m., Dinner 5:00 p.m.

Weekends: Breakfast 7-10 a.m., Lunch 12:00 p.m., Dinner 5:00 p.m.

1. Residents are expected to eat something at every meal.
2. Residents must eat the required amounts to receive dessert and sweet snack (fruit is available at all snack times). The requirement includes half a serving of protein, carbohydrates, vegetables, and milk (unless under special dietary restrictions).
3. Residents will be approached on misbehavior at the meals. Failure to respond to redirection may result in the resident being timed out to the hall or returned to the unit depending on the circumstances. If behavior is significantly disruptive the resident may also be required to eat the next meal outside of his/her room.
4. Residents are not allowed to wear hats or bandanas at the table during mealtimes.

C. Snacks

1. If a resident chooses to eat less than half portions at breakfast, lunch, or dinner, they will receive a missed next sweet snack (MNSS), which means they will miss the opportunity for sweet snack. They can only earn one MNSS per day.
2. Fruit, juice, and milk are available at all snack times to any resident.
3. Residents may not have caffeinated beverages after 6:00pm. They are not allowed to have energy drinks.
4. Snacks are twice daily (one sweet snack time, one fruit snack time).

D. School

1. Residents attend school Monday-Friday from 8:00 a.m.-12:00 p.m. during the regular academic school year.
2. Eight weeks of summer enrichment programming is also provided by the residential counselors and typically runs from 9:00 a.m.-11:00 a.m. Monday through Thursday.

3. Residents will wear proper school attire. This includes socks with shoes in the winter, and sandals when the weather is above 65 degrees. No hats, bandanas, or coats are allowed in school.
4. A check system is used to cue inappropriate behaviors in school. After three checks within one period the resident will be asked to leave the classroom area. Depending on their behavior, the resident may return to class upon adequately processing the behavior with staff.
5. Residents who refuse to attend school or are dismissed from class due to behaviors will receive a 24-hour Unit Restriction.

E. Community Meetings (CM)

The Community Meeting is a here and now focused group therapy facilitated by the Residential Counselors, generally occurring two to three times daily based on the milieu schedule. The Community Meeting encourages the development of a positive peer environment and, due to the frequency and intensity of the meetings, has a significant impact on the setting and tone of the milieu. Sharing, self-disclosure, expression of feelings, and honesty are essential to the process of the Community Meeting. Through the process of the Community Meeting we work to achieve personal growth, interpersonal learning, reparative emotional experiences, and an opportunity to feel less isolated through establishing commonality.

Discussions in Community Meetings include addressing milieu concerns, exploring ongoing peer and staff relationships, seeking support and feedback from peers and staff regarding current concerns, and, as appropriate, exploring and understanding the impact that past experiences have on current functioning. The meeting incorporates various avenues of exploration and teaching, including group discussion, role-play, exercises, modeling, skills training, constructive confrontation and feedback, and an assessment of residents' problems. The meeting is also a place to discuss current societal issues. In effect, the Community Meeting provides a miniature real life situation for study and change of behavior.

The primary role of staff in the Community Meeting is facilitating the group process; encouraging residents to directly seek support and feedback from their peers; encouraging peers to provide each other with constructive confrontation, support, and questioning; and encouraging ideas and experimentation. We strive to expand the adolescent's repertoire of coping strategies, problem solving abilities, and conflict resolution skills, as well as providing an opportunity for socialization.

F. Activities

1. Residents participate in both in-Center and community-based activities.
2. Due to maintaining safety, residents will be placed on 1:1 status after two weeks in the program. On 1:1 status, residents must be within arm's length of a designated staff at all times. This staff person is not responsible for supervision of any other residents during the activity, so opportunities for participation in activities if on 1:1 status may be limited due to staffing constraints. After 2 weeks on 1:1 status, residents will be moved to Shadow status. Shadow status is the basic status that all residents have for community-based activities where they are required to always be within eyesight of staff (shadow status). This status progression may be deviated from if there are additional safety or elopement concerns.
3. Residents who have problems or misbehave on an activity may lose the privilege of attending the next activity.
4. Interaction with people in the community is to be structured and always monitored by staff.
5. Residents must wear seat belts at all times in CRTC vehicles.
6. Residents are responsible for entering and leaving the building in a quiet and orderly manner. Staff should enter and leave the building first on activities and give authorization for the residents to proceed.

G. Laundry

1. Residents are responsible for doing their own laundry on assigned days. The Center will provide residents with a laundry bag and laundry detergent.
2. Residents must complete laundry on their assigned days by their assigned time or they will earn an early bedtime (EBT) or be responsible for making other laundry arrangements.
3. Residents are expected to change bed linen weekly on assigned days.

H. Bedtime

1. Residents are expected to be in their rooms at 9:30 p.m. Sunday through Thursday, with lights out at 10:00 p.m.
2. Residents are expected to be in their rooms at 10:00 p.m. on weekends (Fri/Sat), with lights out at 10:30 p.m.
3. Residents need to turn radios off by 11:00 p.m.
4. Early bedtimes or Unit Restrictions may be given for poor bedtime behavior.
5. Weekday bedtimes will be in effect if a resident is on restriction during a weekend.

6. Residents are expected to wear pajamas to bed and sleep under their sheets. Robes or appropriate pajamas and socks, slippers, or shoes are to be worn at all times when residents are out of their rooms after bedtime.

II. Rewards and Incentives

Our program is a relationally based program, and believes that relationships are the most powerful venue within which residents make changes. As such, we strive to develop strong and effective relationships with the residents we serve, as well as building effective relationships between the residents themselves. We meet this goal by daily group interactions, community outings, focus on unit functioning, and supporting effective relationships between the residents. In addition, utilizing rewards and incentives allows us to more effectively teach and encourage the use of alternate emotional and behavioral skills, such as emotional regulation, social negotiation, direct communication, and behavioral self-control (to name a few). Rewards and incentives may be individualized according to a resident's individual treatment plan. A few of the more common ones used in the program are listed below:

- A. Each unit can earn special organized activities, such as unit breakfasts, for meeting client developed treatment goals.
- B. Residents can earn individually identified fun activities for meeting specific client developed goals. These activities can include painting finger nails, playing recreational games, going on walks with staff, etc.
- C. Sticker programs are often developed, along with the resident, to help focus on specific goal areas.
- D. Residents can be in the All-Plus Club and receive rewards for meeting clean room expectations.
- E. Staff recognize specific goals obtainment by giving kids written feedback through our "Big-Ups" and "Kudos" program. Residents who have received these "Big-Ups" and "Kudos" are then eligible for rewards such as \$5 gift card to CVS, sitting in the van's front seat, picking the activity of the day, etc.
- F. Staff recognize hard work and specific goal obtainment on a daily basis by giving verbal praise or giving high fives.
- G. Particular attention is paid to building relationships among residents and staff, such as by planning special unit activities, earning special time with a resident's primary, spending extra bonding time between resident and staff while participating in special interest activities (e.g., playing magic cards, playing chess, drawing, knitting).
- H. Day to day unit activities are often rewarding and fun. As such, residents are motivated to not receive any restrictions listed below, and they often believe that on-going participation in every day unit activities is rewarding, in and of itself.

III. Restrictions and Limit Setting

Restrictions and limits are therapeutic interventions and consequences imposed for significant violations of the rules of conduct. The goal of the restriction is to help the resident learn accountability and self-control from the experience. The restriction is an opportunity to teach alternate behaviors/appropriate skills, for the adolescent to demonstrate amended behaviors, and for staff to assess the resident's behaviors/functioning through the use of writing assignments and processing. Interventions and expectations may be individualized according to a resident's individual treatment plan.

All Residents will be allowed due process if they believe they received a restriction in error in the following way: 1) Each resident will be asked if they have concerns about the restriction they received when it is given; 2) If a resident has a concern about a restriction, they can request a meeting with their Unit Supervisor, Treatment Coordinator, Program Director, and Director, in that order; 3) No resident will be subject to adverse action by the Center or a Center staff for following this process.

A. Unit Restriction (UR)

An automatic 24-hour unit restriction will be imposed for the following:

1. Overt disrespect.
 2. Refusal to participate in part of the program or dismissal from part of the program, e.g., school, community meeting, therapy, activity.
 3. Skipping a meal.
 4. Failure to report knowledge of others' self-destructive behavior, e.g., elopement plans, self-mutilation, purging.
 5. Note passing/Sneaky behavior.
 6. Intentional breaking of physical boundaries.
 7. Failure to appropriately complete assignments from the milieu.
- During a unit restriction, a resident is confined to the unit except for meals, school, and therapy sessions. Residents are expected to attend Community Meetings, school, individual therapy, group therapy, and family therapy sessions.
 - Residents must be in their rooms while the peer group is on activity (no more than 2 hours). Use of personal games and toys during a unit restriction will be at staff discretion. No use of electronic games or radios will be allowed.
 - Weekday bedtimes apply when a resident is on a unit restriction on the weekend.
 - Unit restrictions may impact passes under certain circumstances.

- Visits may occur during a unit restriction at the Treatment Coordinator's discretion.
- Phone privileges during a unit restriction are limited to parents/guardians, social workers, probation officers, attorneys, etc., and are based on the resident's functioning/behaviors.
- Television is not allowed when a resident is on a unit restriction.
- Residents are expected to process the behavior or incident that earned the unit restriction with staff prior to the restriction being lifted.
- Residents are expected to process the behavior or incident that earned the unit restriction with their peers in a Community Meeting. Inadequate processing will result in a restriction being extended or reinstated until processed adequately.

B. Total Restriction (TR)

An automatic 24-hour total restriction will be imposed for the following:

1. Physically hurting, attempting to hurt or threaten a person.
2. Running away.
3. Property destruction.
4. Encouraging or aiding peers in unsafe or self-injuring behavior.
5. Possession of matches, cigarettes, or other items deemed unsafe by staff.
6. Stealing.
7. Hiding from staff's sight by barricading doors.
8. Being under the influence of alcohol or other illegal chemicals. (For example this would include, when you return from a pass you may be asked to complete a UA. If that UA is positive, you will receive a TR and your parents will be notified).
9. Bullying Behavior (this includes but is not limited to: making fun of someone race, ethnicity, gender, or sexual orientation).

- Residents must remain outside of their room, except for activities such as sleeping and dressing.
- Residents will not be allowed free time, but must instead work on therapeutic or school work.
- Residents will be on managed contact with all other residents on the unit, meaning they will be unable to interact with other residents outside of therapeutic activities.
- Residents will eat meals and snacks outside their rooms.
- Residents are expected to attend Community Meetings, school, individual therapy, group therapy, and family therapy sessions. Otherwise residents are expected to remain on the unit outside their rooms.

- Residents are only allowed to have telephone contact with their guardian, social worker, clergy, or other medical professionals.
- Residents are not allowed to have access to radios, toys, games, etc., during a total restriction.
- Residents do not have access to the unit office during a total restriction.
- Residents will follow all expectations of a Building Restriction.
- Residents are expected to process the behavior or incident that earned the total restriction with staff prior to the restriction being lifted.
- Residents are expected to process the behavior or incident that earned the total restriction with their peers in a Community Meeting within the 24-hour restriction was served. Inadequate processing results in a restriction being extended or reinstated until processed adequately.

C. Building Restriction (BR)

Building restrictions can be implemented as a therapeutic intervention or as a necessary safety measure. As a therapeutic intervention, when residents first arrive at CRTC they will remain in the building for 2 weeks. If a building restriction is implemented as a necessary safety measure, it will be reviewed by their treatment team. An automatic building restriction may be imposed for concerns regarding the safety of self and others.

D. Elopement Response

An Elopement Response is utilized after a client elopes. Upon eloping from the program (running away), a client will not be allowed to leave the building for one week. After one week has passed the resident will be allowed to leave the building if they have had no additional concerning unsafe behaviors and have created a run vulnerability assessment/plan where they identify potential issues surrounding running. The resident must also be willing to commit to using the plan in order to leave the building.

E. Redirection/Choices (verbal warning)

The Resident is informed of the negative behavior/program violation and is given a choice to either discontinue the action and choose another positive action or continue the action and receive further consequences and/or staff will choose the redirected action.

F. Personal Space

Personal space is an intervention in which a residential counselor informs the resident of the negative behavior/violation and directs a resident to remove himself/herself from an ongoing activity to a safe area in the immediate vicinity. (i.e. in the same room but away from other residents

or in an adjacent room or hallway that is directly visible by staff) and where the resident remains until the precipitating behavior stops, the resident completes his/her personal space consequence, and the resident indicates to staff that he/she is ready to resume participation/positive activity.

Personal Space may be used when the following are present:

1. Swearing.
2. Name-calling.
3. Rude or angry comments or gestures.
4. Refusal to follow directions or limits.
5. Any other time that staff feels behavior is inappropriate or unacceptable.

G. Time Out

A treatment intervention used to interrupt problematic behaviors, in which a residential counselor removes a resident from an ongoing activity to an unlocked room or other separate living space that is safe and where the resident remains until the precipitating behavior stops. Time-out's are used when staff have exhausted other lower level forms of behavior interventions such as "redirection, verbal warning, and personal space" and the resident is continuing to escalate their behaviors. The goal of the time out is to help the resident learn accountability and self-control from the experience of being disciplined and make more effective choices the time out is ended as soon as the precipitating behavior has stopped and has been adequately processed.

Time-Outs

1. Time-outs are used as a nonemergency behavior management technique which is used to intervene on an undesirable behavior and allow the resident to reflect and become calm before returning to ongoing activities at the facility.
2. Staff will escort a resident to an unlocked room or separate living space in the facility that is safe if a resident is refusing to as directed.

H. 5-Second Rule

Staff will use this intervention whenever there is an unsafe situation present. Staff will call out "5 second rule" and residents are expected to go **immediately** to their rooms and **close** their doors. Residents should remain in their rooms until staff tells them otherwise. As soon as possible staff will check in with residents in rooms to ensure their safety.

F. Clear Door/Blue Door Rule

Staff will use this intervention whenever there is an unsafe situation present and residents need to leave the unit. Staff will call out either “Clear Door” or “Blue Door” (depending on which door they want the residents to line up at). Residents are expected to immediately line up at the appropriate door. Staff will accompany residents off the unit to another part of the building.

I. Physical Holding

A therapeutic intervention used only to interrupt damaging, self-destructive, or out-of-control behaviors. Physical holding will only be used when less restrictive measures are ineffective or not feasible and when the resident is acting in a manner that is either physically or psychologically threatening to him/herself, other residents, or staff. The physical holding is ended as soon as the threat of harm to self and others has stopped.

J. Locked Seclusion

A therapeutic intervention used only to contain a resident who is out of control, self-destructive, or is physically or psychologically threatening to him/herself, other residents, or staff.

K. Self-Injurious Behavior Monitoring

A therapeutic intervention used to interrupt/contain intentional self-injuring behaviors, e.g., cutting, scratching, piercing, etc. The intervention includes a 24-hour Building Restriction and all personal items being locked up. After 24 hours, the resident will be reassessed by either their individual counselor or a Residential Counselor to determine if SIB Monitoring needs to continue for another 24 hours.

L. If a resident is reporting suicidal ideation, and/or desire to die, or counselors have reason to believe that the resident might be at risk as evidenced by heightened emotions, withdrawal or reported stressor, a counselor may place a resident on safety checks, or suicide prevention. Whichever is most appropriate and adequately addresses the safety concern and need of the resident.

Safety Checks (5 minute)

1. **Supervision:** Residents on Checks must be watched closely, with documented 5 minute checks. Residents may sleep in their room with close observation, documenting every 5 minutes.

2. **Clothing:** The resident cannot have belts, shoelaces, sweatshirt strings or scarves. Shoelaces can be during physical activity and if they go off-site for any reason (i.e. court or medical appointment).
3. **Items:** The resident must use markers or crayons to write, pens can be used in group, in the presence of a counselor. The resident cannot have CDs, radios or musical instruments in their room. The resident cannot use flat or curling irons, electronics, or razors. The resident's room will be safety searched to ensure resident doesn't have any items with which they could harm themselves.
4. **Visits:** Residents on the Safety Checks protocol can have visits on CRTC grounds. During the visit staff is responsible for documenting and must view the resident during every 15 minutes. Due to this need, visits may have to take place in a location easily accessible to the staff.

Suicide Prevention Procedures

1. **Supervision:** The resident needs to be under constant visualization. During showers or bathroom use, maintain a conversation with them the entire time. They also must sleep where they can be seen at all times. The resident must be within arms-length of counselor's presence at all times, and counselors must maintain a visual of the front of the resident's body and hands.
2. **Clothing:** Residents on Suicide Prevention must wear CRTC provided medical scrubs or similar-type clothing, cannot wear belts, scarves, shoes with shoelaces or any item that has a zipper or string. A long-sleeved shirt or sweater without zippers, pockets or string may be worn to increase comfort in colder weather. If needing to leave the building for a medical appointment, a coat can be worn when outside.
3. **Items:** While on Suicide Prevention, residents cannot have or use pens, pencils, scissors, electronics, musical instruments or jewelry of any kind. Necessary items will be taken out of their rooms, if there is a potential danger.
4. **Visits:** Residents on the Suicide Prevention protocol can have visits on CRTC grounds. During the visit staff are still responsible for documenting and must view the resident every 15 minutes or have the visitor sign a consent form. If the resident is going to leave the designated

visiting room for any reason, staff must be contacted to accompany the resident.

M. Standard Consequence For Incidents of Physical Assault Against Other Residents Or Staff

1. 24-hour total restriction.
2. Building restriction until reviewed in team meeting and/or by the Treatment Coordinator.
3. Resident must process the incident with the group and the individual(s) who was assaulted.
4. On-Call supervisory staff will be involved in identifying what will be considered an incident of assault.
5. CRTC and the individual(s)/staff member(s) involved may report the incident to the Minneapolis Police Department for prosecution.

N. Property Destruction:

Excessive and intentional property destruction may result in charges being filed with the Minneapolis Police Department.

IV. Therapy

A. Skills Group

Residents will participate in a DBT skills group three times per week. They will learn Mindfulness, Distress Tolerance, Emotion Regulation, Interpersonal Effectiveness, and Middle Path skills on a rotating basis.

B. Individual Therapy

Residents will participate in individual therapy on a once-weekly basis. Many of our individual therapists are trained in a variety of therapy modalities, such as in Trauma-Focused Cognitive Behavioral Therapy (TFCBT), Eye-moment Desensitization and Reprocessing (EMDR) and Dialectical Behavioral Therapy (DBT).

C. Family Therapy

Residents will participate in family therapy sessions as determined by the Treatment Coordinator (usually weekly or biweekly).

V. Money

A. Allowance

1. Residents will receive \$10.00 per month for allowance unless they have incurred fines.

2. Residents may not have money in their possession. Residents needing money for pass or activity will need to ask the unit supervisor in a timely manner.

B. JOBS

1. Residents are expected to clean their rooms on a daily basis. Failure to have rooms clean by 8:00 a.m. on weekdays and 10:00 a.m. on weekends will result in a 25 cents fine per day from allowance. If a minus is received, the room will need to be cleaned before a resident is allowed to participate in recreational activities. Failing to prepare their room for identified cleaning days (i.e., wet mopping or sink cleaning), leaving undergarments exposed in their rooms, or excessive room messiness results in a double minus (50 cent fine).
2. Residents may sign up for unit jobs when the opportunity arises to earn extra spending money. If a resident is on All Plus Club, they may sign up for unit jobs on a monthly basis to earn extra spending money. Lack of responsibility in completing the jobs may result in loss of the job or privilege.

C. Lending/Borrowing/Selling

1. Residents may not borrow money from staff or peers.
2. Residents may not engage in any trading, selling, or giving away of personal property.
3. Borrowing is not allowed.
4. Residents are responsible for their own property.

VI. Outside Contacts

A. Telephone

1. All telephone calls are made on the Unit, preferably in the unit office.
2. Residents are assigned to a phone night and are minimally allowed to place calls every other night.
3. Residents do not receive telephone privileges with peers.
4. Residents have telephone privileges with social workers, probation officers, lawyers, advocates, and guardian ad litem as requested.
5. Telephone calls should be made during free time and should be completed before 9:00 p.m.
6. Telephone calls will be supervised as directed by the Treatment Coordinator.

B. Mail

1. Residents mailing letters to immediate family members will not be required to pay for postage.

2. Incoming and outgoing mail may be supervised if there is a clinical justification per the Treatment Coordinator.
3. Staff will visually check incoming mail for any potentially harmful objects or contraband.

C. Visits

1. Residents will have regular visitation (usually once or twice per week) with family members per arrangement with the Treatment Coordinator.
2. Visits will be supervised as directed by the Treatment Coordinator.
3. Visits are generally 1-2 hours in length.
4. Visits may be at the outside picnic tables if the resident is on shadow activity status and is not currently on a restriction.
5. Residents are not to use cell phones to make phone calls or access the internet during visits.

D. Passes

1. Residents will have passes with family members per arrangement with the Treatment Coordinator and Team approval. Residents will be expected to complete a Pass Planning Form and Pass Goal Sheet prior to Team approval.
2. Residents and family will process the pass with a staff member upon return to the Center and submit a completed pass goal sheet.
3. Residents of CRTC should not have contact with each other while on pass unless there is prior approval by the Team.

VII. Miscellaneous

A. Clothing

1. Residents are required to wear something on their feet at all times (e.g., socks, slippers, shoes). Bare feet are not allowed due to health concerns, including in showers.
2. Residents may wear shorts when the temperature is expected to be at least 65° F.
3. Residents may not wear clothing with drug or alcohol related slogans, gang symbols, with violent or satanic messages, or other inappropriate references as determined by staff.
4. Clothing must be presentable and modest.
5. Staff will intervene in clothing choices if attire is unsuitable for any reason including weather condition.

B. Personal Supplies

1. Residents will be provided with shampoo, conditioner, toothpaste, deodorant, and soap on an as-needed basis. Residents may be charged for personal supplies that are lost, destroyed, or used in excess. These supplies may be monitored or distributed by staff if they have reasons to be concerned about a resident's overall safety.
2. Residents will be supervised using both disposable razors and electric razors. All razors will be kept in the resident's restricted bin.
3. Residents will keep those personal items that are in glass containers in the office. Curling irons and hair dryers are allowed in resident's room unless the privilege has been abused. It is an expectation that these appliances be unplugged when not in use. Failure to do so may result in loss of use for a minimum of one week.
4. Restricted belongings that the residents will never be allowed to use should be temporarily stored in a locked bin in the office until they can be sent home.
5. Residents must adhere to a detailed "check-out" system in order to use selected restricted items from the office.
6. Residents will be asked to sign a Receipt of Belongings at the end of their stay in order to assure that they are leaving with all of their personal belongings.

C. Rooms:

Residents are not allowed in other's rooms.

D. Self Care:

Residents are expected to shower daily (and if needed after physical activities).

E. Music/T.V./Movies:

Content is expected to be appropriate in nature. Inappropriate materials may be confiscated/restricted or sent home.

F. Reception Area

1. Residents will not have access to the main office equipment, e.g., typewriter, copy machine, fax machine, etc. Coffee is for visitors only.
2. Residents are not allowed behind the desks without staff permission. This includes after hours and on weekends. The telephone in the visitor's lounge is for family use and to contact the unit during visits. Residents are not to make telephone calls to others during visit times. This includes the usage of cellular devices for phone call or internet use.

VIII. Phase System:

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 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 2, 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 12 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%