



CRTC

Handbook

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Volunteers of America, Minnesota

Vision: Uplift All Lives

Mission: Help People Regain Self-Reliance, Dignity, and Hope

**Values: Collaboration, Compassion, Excellence, Integrity,
Respect**

The following program does not encompass all possible scenarios or solutions/interventions that may be utilized. It is the most accurate guide to this date, July 2017. Any changes or corrections to the program will result in an addendum. In some situations or instances, staff have the ability to implement their own discretion as needed or appropriate.

Mission Statement

CRTC exists to help youth with emotional and behavioral struggles who have not found success with previous interventions. The program will help residents change their unhelpful thoughts, feelings, and behavioral responses and processes and replace them with better coping skills and self-management techniques. Residents will be able to advance through skills-based phases to successfully complete the program and return to a less restrictive setting

Program Description

Children's Residential Treatment Center (CRTC) works to provide a secure and safe environment for you and your child throughout their stay. CRTC is a program designed for adolescents and families who have not experienced a remediation from symptoms of self-harm, suicidality, and trauma at a lower level of care. CRTC practices a variety of interventions to assist you and your child while they stay at our facility. Those include, but are not limited to, individual and family therapy, medication management, milieu therapy, and therapy/skills groups. CRTC focuses its treatment on the teaching and practicing of Dialectical Behavior Therapy (DBT), which is offered in a group setting 3x weekly. CRTC also involves different modalities of therapy, such as Trauma Focused Cognitive Behavior Therapy (TF-CBT) and Eye Movement Desensitization and Reprocessing (EMDR) that work to move your child through traumatic experiences that they may still be carrying. All modalities of treatment focus are seen on an individual basis, and our treatment team partners with you and your child to create an individualized program that best meets yours and your child's needs. Minneapolis Public Schools provides an in-home school program. The secure setting is seen as providing an additional level of safety to CRTC residents and is not intended as a secure detention setting. The average length of stay for residents completing the program is approximately eight months.

Additionally, CRTC values the role of family involvement in a child's overall wellness and success in life. CRTC recognizes that all families have their own set of beliefs, attitudes, structure and norms of behavior and stress management which nurture their child's functioning. Our model of growth and success comes from the belief that through systemic change the resident and the family will improve family identity, balance, organization and connectedness.

CRTC Program Principles

- All residents want to be successful.
- All residents have the capacity to make changes and will progress at their own rate.
- Residents will be most successful with the support of their families and when their families also make changes.
- We believe the decision to change comes from an increased awareness of self and the nature of the problem.
- We believe that healthy coping skills, self-care, and pro-social behaviors will increase overall wellness and minimize the consequences associated with meeting needs in unhelpful ways.
- Structure and consistency are healing, and a necessary component of CRTC programming as well as a skill that is important for all families to learn.

Children's Rights

In the program, it is recognized that a resident has basic rights that include, but are not limited to the following:

- Right to reasonable observance of cultural and ethnic practice and religion.
- Right to a reasonable degree of privacy.
- Right to participate in development of their treatment and case plan.
- Right to positive and proactive adult guidance, support, and supervision.
- Right to be free from abuse, neglect, inhumane treatment, and sexual exploitation.
- Right to adequate medical care.
- Right to nutritious and sufficient meals and sufficient clothing and housing.
- Right to live in clean, safe surroundings.
- Right to receive a public education.
- Right to reasonable communication and visitation with adults outside the facility, which may include a parent, extended family members, siblings, a legal guardian, a caseworker, an attorney, a therapist, a physician, a religious advisor, and a Clinical Coordinator in accordance with the resident's case plan.
- Right to daily bathing or showering and reasonable use of materials, including culturally specific appropriate skin care and hair care products or any special assistance necessary to maintain an acceptable level of personal hygiene.
- Right to access protection and advocacy services, including the appropriate state-appointed ombudsman.
- Right to retain a reasonable amount of personal property.
- Right to courteous and respectful treatment.
- Rights stated in MN Statutes, sections 144.651 and 253B.03, if applicable.
- Right to be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation.
- Right to be informed of and to use a grievance procedure.
- Right to be free from restraint or seclusion use for purposes other than to protect the resident from imminent danger to self or others.

CRTC's Resident and Family Grievance Procedure

Residents, their families or any concerned party have the right to make a formal complaint or suggestion, or express a concern about any aspect of the resident's care. A resident who has a complaint is expected to discuss the issue with a staff person from their living unit. If a resident is unsatisfied with the resolution or if the resident or if the resident does not believe for some reason that the issue can be addressed by staff, then the resident may either talk directly with the unit supervisor or file a written grievance. A parent who has a complaint or concern is encouraged to speak to the staff or the unit supervisor or file a written grievance. A parent who has a complaint or concern is encouraged to speak to the staff or the unit supervisor. If they are not satisfied with the result, they should contact the agency's Program Director. CRTC will provide a person wanting to file a grievance with the necessary forms and assistance to file a grievance.

Ombudsman Contact Number: 800-657-3506 OR 651-757-1800

Family Involvement

Residential treatment is an extensive and long-term commitment to facilitate on-going change and success in the youth. In order for treatment to be most effective and to have an overall effect on everyone involved, family involvement is a vitally important component to this treatment process. Research shows that family participation is one of the key factors in the child's transfer of learning to the home. Therefore, it is the ***expectation of the program that family members are involved*** in the following activities. **For residents who do not have immediate family or those not in close proximity, alternative measures will be taken to provide opportunities to participate and have passes.

- Attend intake and all Treatment Plan Reviews.
- Attend IEP meetings.
- Weekly phone calls to the child and reception of calls from the child.
- Weekly contact with Clinical Coordinator.
- Attend at least 3 Family Nights throughout your adolescent's stay.
- Family therapy, 4 hours per month or more if determined necessary or families are unable to attend Family Night.

Additional activities the family is encouraged to attend:

- Attend CRTC's school related activities, talent shows and awards ceremonies.
- Aftercare planning and aftercare skills sessions.

Stages of Change

Pre-contemplation: Not yet acknowledging that there is a problem behavior that needs to be changed.

Contemplation: Acknowledging that there is a problem but not yet ready or sure of wanting to make a change.

Preparation: Getting ready to change, begin planning the changes on the treatment plan.

Action: Resident begins carrying out new plans to change previous use behaviors. Recognize ones own power and ability to make choices.

Maintenance: Resident will be responsible for continuing to use self-inventories (ie: HALT-Hungry Angry Lonely Tired) and use plan repetitively.

Relapse: Returning to older behaviors and abandoning the new changes. Relapse will be dealt with in a therapeutic manner if it occurs.

Core DBT Skills

Core Mindfulness Skills: Mindfulness skills in DBT come from the eastern spiritual traditions. These skills help members focus on the present and attend to what is happening in the here and now in a calm way. It helps people slow down and focus on doing what is needed to care for oneself in the moment. Members learn the value of wise mind instead of succumbing to intense emotions and acting in a destructive way.

Distress Tolerance Skills: Distress tolerance helps people get through difficult times when emotions are running high. It teaches people to soothe themselves in healthy ways when they are feeling upset rather than becoming overwhelmed by emotions or hiding from them. This allows individuals to make wise decisions about whether and how to take action, rather than falling into the intense, desperate and often-destructive emotional reactions. Crisis survival skills are also taught so that one does not engage in problematic behaviors and ultimately make the situation worse. Reality Acceptance Skills focus on helping people fully accept reality and provide a guideline for responding to painful aspects of life.

Interpersonal Effectiveness Skills: Interpersonal effectiveness skills involve helping people understand what their needs are in their relationships and helps develop effective ways of dealing with others in order to get one's wants or needs met in a healthy way. This involves respecting the self and others, listening and communicating effectively, dealing with difficult people, repairing relationships and being able to say no.

Emotion Regulation Skills: The DBT emotion regulation skills help people understand their emotions. It teaches people to decrease the intensity of their feelings and helps them ride out strong emotions without acting on them. It provides education about the function of emotions and how to not be swamped by them.

Phase System

Purpose:

The purpose of the phase system is for all residents to have the opportunity to be taught and to master essential skills for their mental and emotional wellbeing and to be able to use these skills to achieve their individual goals. The phase system includes Orientation and then 4 Treatment Phases, which are based on the stages of change and a targeted DBT module. Each Phase and Orientation have objectives, expectations and privileges. The privileges are earned based on advancement through phases. All privileges will carry over through phases; however, there may be circumstances of safety or specific misuse where this may not be possible. Some privileges will require use of Kudo rewards.

Orientation/Engagement (First two weeks only)

Purpose: To facilitate a smooth transition into life at CTRC. Residents take this time to adjust to a structured environment, daily schedule, and rules and expectations. They will be introduced to the program, staff and other participants. They will join with clinical staff on their team to prepare their

treatment plan, and be introduced to the core skills of the program. Residents will not be able to leave the building during these first two weeks.

Objectives:

- Read and understand Program Handbook; to be reviewed with Clinical Coordinator.
- Meet with Clinical Coordinator to prepare treatment plan (develop jointly).
- Meet with Individual Therapist to prepare treatment plan (develop jointly).
- Be introduced to the five modules of DBT by Clinical Coordinator
- Be taught DBT's Bio-Social Learning Theory in individual therapy and with their family in family therapy.
- Complete "Orientation & Engagement" packet. A counselor will assist resident in completion of orientation packet.
- Learn basic expectations and routines, review with a counselor.
- Complete Orientation Daily Reflections.(DO WE WANT??)
- Complete a "Pros and Cons of Change" worksheet.

Expectations:

- Residents will not be allowed to leave the building for the first two weeks.
- Residents, with the help of counselors, will be expected learn and understand the program.
- Residents will meet with their Peer Mentor, who will help during Orientation.
- Parents are encouraged to set up in advance on site visits with residents through their Clinical Coordinator. To ensure that residents are getting the most out of their time at CRTC, and to fully engage themselves in the therapeutic process, we ask that parents use that as a guide for how many times they visit weekly
- Participate in screening, assessment and ongoing individual treatment planning.
- Around 30 days post admission, the resident, parents/caregivers, and other concerned parties attend an initial Team Meeting to review the resident's treatment plan and progression in CRTC's program.
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Privileges:

- Newspaper, magazines and books at staff discretion for appropriateness
- Television and movies (at staff discretion).
- Start earning weekly allowance.
- Newspaper, magazines (staples will need to be removed) and books at staff discretion for appropriateness.
- Can have jewelry made out of soft materials (i.e. rubber bracelets, string necklaces, etc.; no metal or hard plastics). No metal or hard plastic jewelry.
- Can use their iPod or radio if safety concerns are not present; always staff discretion.

Phase 1: Pre-Contemplation/Core Mindfulness

Purpose: Recognition of mental and behavioral health symptoms. Recognition of where regulation is lacking and begin to develop plans/skills for regulation with the use of Mindfulness.

Objectives:

- Complete reading on core mindfulness skills; process understanding of reading with a counselor
- Teach three mindfulness skills learned to three counselors, in family therapy and to individual therapist
- Create poster on "what mindfulness is and what mindfulness is not"
- Share and discuss poster with Primary Counselor and in family and individual therapy
- Develop Mindfulness Plan with Individual therapist.

- Complete “Risk Factors” and “Strengths You Have and How To Use Them” worksheets from the stage advancement packet; process with counselor
- Complete “Strengths You Have and How to Use Them” worksheet; process with counselor

Expectations:

- Understands and accepts treatment
- Decrease life threatening behaviors
- Regularly attends school and groups
- Redirected after one attempt
- Practicing DBT skills while on the unit with skills coaching from counselors, with family on passes and in school.
- Practicing DBT skills while on passes or in the community with assistance from family

Privileges:

- May have necklaces, bracelets, and/or watches made out of hard plastic, including restricted items at staff discretion.
- Can have radio in room until 11pm.
- Can go on off-site activities.
- May shave within counselor supervision. Razors will be kept in a locked cabinet in the counselor office.
- May use approved electronic devices (not connected to the internet and may not take pictures).
- May start to earn community passes with family.
- May come back from Sunday Pass at 4pm; must be approved by Clinical Team

Phase 2: Contemplation/Distress Tolerance, Middle Path and Emotional Regulation

Purpose: Stabilization of the symptoms learned in Phase 1 and to learn Distress Tolerance skills in order to cope with difficult events or emotions. Residents will also learn Middle Path skills to increase their ability to think dialectically and valid self and others.

Objectives:

- Learn Distress Tolerance (DT) and Middle Path (MP) Skills through groups and therapy.
- Teach three skills from DT or MP with two counselors and in family therapy.
- Read Distress Intolerance and complete worksheets; process with counselor.
- Complete Emotion Regulation Module; process with counselor.
- Complete “Changing to Be a Healthy Person” worksheet; process with counselor.
- Complete “Building a Life Worth Living” worksheet; process with counselor.
- Get feedback from three staff (can be counselors, supervisors, or clinical team) regarding your use of DT and MP skills.
- Write the feedback down and present a plan for increasing the areas described and process in family and individual therapy.

Expectations:

- Decrease self- injurious behaviors, suicide attempts, high risk suicidal ideation, plans and threats
- Decreasing therapy interfering behaviors (e.g. missing or coming late to therapy sessions, refusing groups/school, run talk).
- Decreasing milieu destroying behaviors (e.g. extreme and persistent negative talk regarding CRTC and the treatment process, physically or verbally aggressive behaviors).

Privileges:

- May start earning overnight passes.
- May have plant in room—no glass or pottery
- Late night until 9 pm (must use Kudos)

- May lead any groups (counselor discretion)
- May use approved musical instruments.

Phase 3: Preparation/Interpersonal Effectiveness and Empathy

Purpose: 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 with emotional regulation and building relationships with interpersonal effectiveness skills, as well as addressing and exploring some of the deeper or more complicated reasons behind recent behavioral difficulties. Residents will more actively practice being assertive with their peers, staff, and their family. They will practice saying no, and saying yes in a way that honors both themselves and their relationships.

Objectives:

- Complete Interpersonal Effectiveness Module; process with counselor
- Read “Healthy/Unhealthy” Relationships handout and complete Relationship Worksheet; process with individual therapist and in family therapy.
- Write down 10 examples of when empathy and interpersonal effectiveness was used; process with two counselors
- Receive feedback from three staff on your ability to take responsibility for your behaviors.
- Use feedback from above objective to develop a plan for increasing effectiveness in the areas described; present in family therapist and with individual therapist.

Expectations:

- Elimination or decrease in mental health symptoms, anger outbursts, attention seeking behavior, apparent competency, and crisis generating behavior.
- Using/practicing DBT skills while on the unit independently and with skills coaching from counselors
- Doesn’t miss groups or school unless excused.
- Display increased leadership skills in the milieu.
- Accept responsibility for behaviors (able to admit responsibility and that it is a problem, ability to recognize their role in a problem, ability to face problems and learn from mistakes, able to learn/recognize “what is my part in this?” and “what do I need to do to solve the situation?”)
- Ability to look at situations dialectically
- Demonstrate the ability to identify emotions and the ability to “experience” them.
- Verbalize and demonstrate understanding of mental health diagnosis
- Practice skills learned to manage mental health symptoms
- Regularly use skills at home and in the community

Privileges:

- Can have radio in rooms at all times including overnights, with staff discretion and no safety or behavioral concerns
- Can be on off-site visits on non-school days until 8pm
- Late night until 9:30 pm (must use Kudos)
- May add one, treatment team approved, friend to the contact list for phone calls ONLY
- May have a pet fish in a plastic tank

Phase 4: Integration & Transitions/Action

Purpose: To achieve “ordinary” happiness and unhappiness and reduce ongoing disorders and problems in living. In this stage, residents will be able to effectively use their "wise mind" and mindfulness skills in order to make the best decisions in each situation. In this stage, residents will be able to use dialectics, problem solving, and all the skills components in order to achieve and maintain a level of functioning that is appropriate for their functioning at school, home, and in the community. This is the stage they will demonstrate their ability to apply all the skills learned through treatment.

Objectives:

- Complete “Your Support System” and “Rewards From Everyday Life” worksheets.
- Complete “Healthy Living” packet.
- Complete “Relapse Prevention Plan”.
- Open your “Letter to Myself” and write a reflection on where you are now.
- Finalize aftercare plans with your family.
- Complete Family Contract (in family therapy).
-

Expectations:

- Using/practicing DBT skills while on the unit without skills coaching from counselors (coaching is still offered, expectation is for more independent skills usage).
- Able to make amends and reparations as needed
- Meet all home visit expectations and complete home visit assignments
- Meet expectations and utilize skills in community settings a majority of the time and asks for help when struggling.
- Demonstrate sincere, honest, care and concern for group members.
- An obvious display of selfless behavior on a regular basis (ability to recognize and understand the needs and rights of others).
- Be positive role model, set a good example

Privileges (includes all privileges in prior stages)

- Late night can be earned until 11:00pm on weekends
- Contact with approved friends by phone and on home visits with permission from treatment team; number of friends to also be determined by treatment team.
- Can walk around the park without a counselor escort; behavior permitting and staff discretion. (is only applicable with full team agreement).
- Can do treatment time work outside at a picnic table or other designated area (without direct counselor supervision); (is only applicable with full team agreement).
- Can use their personal cell phone at home with parent permission (discussed in family therapy).
- May go to their friends’ houses with parent permission only during weekend passes (1-2 hours only, must plan ahead with Supervisor/family therapist)
- Can pick their own ½ hr long physical activity; must be during scheduled physical activity time, at staff discretion and must be active the whole half hour. (Must use Kudos)
- Can use flat or curling iron, make- up, and nail polish in room, but must be kept in office when not in use. If the resident has a roommate who is not on Stage 4 and physically in the room, this will be up to staff discretion due to safety concerns.
- Can be on off-site visits on non-school days until 8:00pm.
- May use portable electronics in room (must have no internet access, no camera’s, no video camera) turn into staff office when not in use and a possession waiver must be signed before bringing.

The Process for Advancing Phases

Resident will automatically move to Phase 1 after Orientation (2 weeks). Residents are eligible to earn the next phase once they have completed all of their objectives and are consistently meeting the Phase's expectations. After objectives are met and signed off the resident will present to the team why they have earned the next Phase and answer any questions the staff may have. Once the resident has presented, staff will discuss and determine if the next Phase was earned. The resident will be informed the day they present.

Aftercare

Purpose: The purpose of aftercare is to assist residents in the maintenance of learned skills/strategies and change plans set forth while they were in treatment. 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. 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.

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 peers following discharge is discouraged.

Objectives:

- Staff will arrange and participate in weekly phone contact with residents for 3 months post-discharge.
- Staff will review discharge goals during aftercare calls and inquire as to progress and/or struggles with those goals.

Successful Resident Discharge Procedure

Purpose: The purpose of the discharge procedure is to celebrate successes and to facilitate healthy closure of relationships.

Cake and ice cream and an in-building activity of their choice (a movie, game, etc.) during activity time.

Due to kitchen requirements, special food requests must be filled out 1 week in advance.

- Clinical Coordinator will provide 'Goodbye' sheets to staff and residents when a resident is nearing discharge. Clinical Coordinator will review the sheets to ensure that peers do not include phone numbers, addresses, email address, etc. There may not be swearing, drug references, or glorification of past negative incidents.

Kudo Rewards Program

Purpose: The Kudo program is a reward program that promotes prosocial and other positive choices by rewarding residents for healthy and safe behaviors. This program is meant to be immediate, although not always possible and individualized. Rewards are determined by phase. As resident's progress through the phases they will carry over rewards from previous phases. Kudos may not be taken away.

Kudo can be earned in a multitude of ways for example, but not limited to: completion of primary goals; making healthy choices, use coping skills, are re-directable, following program, staying out of unhealthy choices by others, or any behaviors warranting positive rewards.

Phase 1 Rewards (5 Kudos per reward purchased)

- 5 minutes extra phone time.
- 1st in line for lunch and dinner.
- Pick one item from prize box (one time per week).
- One piece of gum or candy
- One on One prescheduled walk around the park with staff (15 minutes)

Phase 2 Rewards (10 Kudos per reward purchased)

- One extra 10 minute phone call or 10 additional minutes to one call
- Get out of chores free day, not to exceed one day per week
- 15 minute nap pass/walk pass with staff (staff availability is taken into account)
- Can skip a quiet time while using an independent skill outside of room.
- Access to art closet during a scheduled room time (if items require unit lounge, no more than 20 minutes)
- 30 Minutes of TV time to play video games (must be during purchased evening lounge time)
- Get two pieces of gum or candy.
- One on one prescheduled time with staff (cannot exceed 30 minutes)

Phase 3 Rewards (15 Kudos per reward purchased)

- 60 minutes lounge time during evening room time, not to exceed 10 PM (LATE NIGHT).
- 30 minutes rec time during evening room time.
- Ride in the front seat of van, choose radio station.
- One extra 15-minute phone call—maximum of 1 time per week.
- Can earn extra 15 minutes of free time.
- Movie night with up to two other residents on your unit (staff availability considered)
- 30 minute nap/walk time (staff availability considered and must be used during free time).
- Make a phone call after 8:30 PM--not to exceed 9:30PM.
- One on one prescheduled time with staff (cannot exceed 1 hour).

Phase 4 Rewards (20 Kudos per reward purchased)

- Go on an out of building social/school activity on a week day.
- Take a trip to the library.
- Movie night with up to five other residents from either unit (staff availability considered)
- One on one prescheduled time with staff (time is at staff discretion)

Kudos can be earned in a multitude of ways for example, but not limited to: completion of primary goals; making healthy choices, use coping skills, are re-directable, following program, staying out of unhealthy choices by others, or any behaviors warranting positive rewards. Using a Kudo is up to staff discretion and programming needs, as well as meeting daily expectations. Kudo rewards can be created, modified and added to by Resident Council.

If a resident is *placed* into transitions phase as opposed to *earning* their transitions phase, they will continue earning rewards from the phase which they have earned.

Visiting and Pass Guidelines

Visits

Purpose: To encourage family connectedness between the resident and family throughout treatment.

Expectations and Procedure

- To set up visits parents and other approved visitors are encouraged to schedule a visit with their child in advance by talking to their Clinical Coordinator or any appropriate team member when Clinical Coordinator is not available. Although it is encouraged you do not have to get prior permission to visit.
- Visits may occur at the outside picnic tables if the resident is on shadow status and is currently not on a safety precaution.
- Residents are not to use cell phones or make phone calls or access the internet during visits.
- When you arrive at CRTC for visits, only approved names on the contact list are permitted to visit with the resident. 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.
- 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.
- 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, etc. will be secured in the locker. 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.

Community/Home Pass

Purpose: The purpose of passes is for residents to practice and implement skills/strategies that they are learning in treatment, to accomplish therapeutic goals with their support network and become familiar with their home community. Resident passes will be determined through family therapy and consultation with the clinical team.

Expectations and Procedures

Residents will have passes with guardians and others on the approved contact list per arrangement with the Clinical Coordinator. We ask that this is decided upon by 12p on Thursday afternoon. Residents will be expected to complete a Pass Planning Form and Pass Goal Sheet prior to Team approval. Residents and family will process the pass with a staff member upon return to CTRC and submit a completed pass goal sheet.

- 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 Clinical Coordinator ahead of time or the pass will not happen (in case of an emergency you may alert the Unit). **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.
- We ask and expect that the adolescent remain within your direct supervision and follow the other health and safety rules of the CRTC, 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.
- No contact with other CRTC residents or past residents while on pass.
- Rules surrounding nicotine consumption and consequences for not following those rules will be determined in family therapy.
- No drugs/alcohol use.
- No breaking the law.
- Contact with friends must be determined with family and family therapist and will be pre-approved.
- In family therapy, residents will make a plan with therapist and family on appropriate rules regarding contact with friends and significant others, following family rules and expectations.
- Residents may be asked to call into the unit at least once per day by 9:00pm.
- Random calls may be made by staff to resident on pass for concerns of safety.
- Parents have the right and will be encouraged to enforce the determined family rules while the resident is out of the building, and may determine to return the resident early if deemed necessary.
- Staff is responsible for asking the resident to share details of pass with staff upon return. Issues and concerns will be addressed further in family therapy.
- Parents and Residents have the right to shorten visits for any reason; will process in family therapy.
- Pick up times for Friday visits are after 4:30pm, pick up time for Saturday/Sunday visits is no earlier than 8:00 a.m. Residents will arrive back at CRTC by 8:00pm. Some circumstances may require a deviation from the expectation and will be approved by family therapist.
- Residents and families who have difficulty following the pre-arranged pass expectations including returning on time will discuss the safety concerns in family therapy.
- Families will be encouraged to call in to inform staff of your estimated return time when running late.
- **If your child at any time engages in unsafe behaviors we ask parents to bring them back to CRTC. In the case of life threatening crisis we ask you to call 911 or bring them to the hospital.**

Procedure for Personal Items and Pass Assignment

- The resident will pack prior to pass and review their clothing count with staff in order to determine what clothing items are leaving the building. The staff member will highlight the items on the resident's clothing count so that when the items are checked back into the building, the resident retains an appropriate clothing count.
- Family/approved adult will read the pass assignment, check personal items that are leaving the building, and sign resident and personal possessions out in the sign in/out book.
- Upon return from a pass: Parent/guardian will sign resident and personal possessions back into the building. Staff, resident and Parent/guardian will process pass request worksheet to ensure goals were accomplished and to discuss any difficulties.
- Resident will be checked in according to procedure.

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 CRTC. 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 from a pass due to either suspicion of use, or if your child has a history of substance use problems. If your child's UA is positive, parents will be notified and residents will receive individualized interventions.

Pass Progression

The following is a general guideline and may differ per individualized treatment plans and safety concerns.

- 2-6 hour pass with family in the community X2.
- 8-12 hour day pass ½ at home, ½ in community x2.
- 24 hour overnight pass x2.
- Weekend Pass (two to three nights).

After Orientation and one week of residents going on off-site activities, residents may start the process of having passes with their families/guardians. Families are required to have at least three family therapy sessions prior to the first community pass, and four family therapy sessions are required prior to the resident going home for any period of time (i.e. the 8-12 hour day pass ½ at home, ½ in community).

The purpose of these family sessions is to collaborate with the family to create a safe structure so that the family and resident can be prepared for a healthy pass experience. For continued home, overnight and weekend passes, the family must consistently attend family therapy and have regular communication with their Family Therapist/Clinical Coordinator. The family and resident must also consistently display safe behaviors at CRTC and on passes and must meet the expectations as outlined below and as discussed in family therapy.

Monday through Sunday the latest return time is 8:00pm.

Friday pick-up time: 4:30pm.

Sunday return times: Phase 1: return no later than 4:00pm.

Phase 2 return no later than 4:00pm.

Phase 3 returns no later than 6:30pm.

Phase 4 returns no later than 8:00pm.

No pick up or drop off times during meals any day: 12:00-12:30, 5:00-5:30.

Resident Money while on pass

- Prior to leaving for pass, the resident is expected to request that staff check out a specified dollar amount from the money binder, located in the staff office. At that time, staff will check the resident's money tracking sheet to verify the resident's balance, then confirm with the resident that the money will be packed.
- Staff will then complete the money tracking sheet, noting the dollar amount checked out and the dollar amount remaining on the unit in the binder.
- The resident's money will be packed into a labeled envelope with the resident's name, the date(s) of the pass, and the dollar amount.
- When the parent/guardian arrives to pick up the resident for pass, staff will hand the money directly to the parent/guardian.

- Upon return from pass, residents must turn in their money to staff to be properly checked in and returned to the money binder in the unit office. Any additional incoming money will be counted and documented properly on the money tracking sheet.

Resident Check-In Procedure

- Residents may be given check-ins anytime that they have been without CRTC staff supervision.
- To start check-in, residents will be taken to the unit bathroom with no less than two staff. Any personal items brought with, such as purses and bags, etc. must be set to the side for staff to go through as time permits.
- Residents will be checked in the unit bathroom using the stall area.
- Staff will look behind in stall area before the resident goes behind it to undress to make sure there is no contraband.
- Residents will then completely undress behind the cubicle wall, including undergarments and socks and hand them to staff.
- Staff will thoroughly search all items of clothing and hold on to the items until the check in is complete.
- When residents have fully undressed, staff will hand residents a gown and step out in front of staff. With the garment on residents will:
 - Glide their hands down themselves in the front.
 - Turn and glide themselves down in the back.
 - Do 5 jumping jacks.
 - Do 5 squats.
 - Do a total of 5 lunges, alternating legs.
 - Show staff the bottoms of both feet, behind both ears, shake out their hair if applicable, and show staff the inside of their mouth, including under their tongue.
 - Demonstrate that any remaining jewelry is has not been tampered with and does not contain or conceal any prohibited items.
 - Stand facing the staff with their arms out in a 'T' shape, while the staff uses a metal detector wand to scan the areas of the body covered by the gown. The resident will then turn around, allowing the staff to scan the covered areas.
- Staff will check behind the cubicle wall again to make sure that no items were left behind.
- Residents will then be allowed to redress.
- Staff will go through any extra items that residents have brought back to the unit such as jackets and purses.
- Any large bags or things brought back from passes will be checked in by staff when time allows. Items needed immediately (hygiene and coping skills) will be searched and checked in that day/evening.
- New incoming items will be entered on the clothing/personal items sheet.

Chemical Use Procedures

Relapse can be a part of the treatment process. It is the belief of CRTC that in order to address this, honesty is a vital part of the treatment process in order for staff to be able to help the resident identify ways to avoid future problems with relapse. If a resident has a relapse, a worksheet and processing opportunities will be offered to assist the resident in taking a look at the thought processes that went along with the decision to use. If the behavior is on-going, additional interventions may be implemented.

UA Procedure

- Resident to wash hands.
- Staff opens UA cup in front of resident.
- Resident will not turn water on or flush toilet until instructed.
- Resident will provide sample in cup when done and may flush the toilet and wash hands after UA cup is given to staff.

- Staff will cover UA with label in front of resident and then prepare it to be shipped to testing agency.
- If staff suspect that a resident has altered the UA, they will repeat.
- Staff may do random UA's when they are suspicious of use or if there are changes in behavior as determined by staff or parents.

Authorized Leave

- Authorized leave includes: approved passes, hospital stays, detention stays, funerals, etc. Leaving without permission or being unaccounted for, for any reason, is considered an un-authorized leave.

Prohibited Items

A resident's possessions will be examined at the time of placement and following each pass. Prohibited items will be confiscated immediately and returned to the parent, authorities, or destroyed. Any illicit substances, paraphernalia or weapons will be stored while incident is being reviewed. Depending on the severity, the local police department may be contacted. These items will not be returned to the resident.

The following items are not allowed to be in CRTC's or in a resident's possession:

- Tobacco products (including E-Cigarettes) any over the counter or medication including: prescription medications (not prescribed for the resident) or non-prescription medications including aspirin, Tylenol, cough preparations, vitamins; commercial mouthwash containing alcohol, any alcoholic beverage, as well as any illicit substances. These items will be disposed of and not returned to the residents.
- Aerosol cans of any kind.
- Cell Phones
- Metal nail files.
- Mirrors or glass, including those in a makeup compact.
- Volatile substances such as toxic glue, paints, lighter fluid, etc.
- Non-flammable substances such as liquid paper, non-water based markers, etc.
- Plastic gloves.
- Pornographic, violent, or drug/tobacco oriented magazines, books, posters, music, t-shirts, hats, literature, etc.
- R-rated movies unless previously approved by parents for educational purposes.
- Matches and lighters.
- Heavy belt buckles, studded belts, steel tipped boots, or work shoes, wallets with safety chains, or other thick chains or thick necklaces.
- Heavy rings that can be used as weapons.
- **All jewelry** will need to be approved by staff. Most will be accepted unless concerns for risk of safety.
- Sharps of any kind, i.e. razors, scissors, nail files, etc. will be kept in medication room.
- Pens with springs.
- Safety pins, metal hair clips, bobby pins, paperclips, paper clamps, staples.
- Metal spiral bound notebooks.
- Additional items may be considered as prohibited items and/or a safety risk and confiscated by staff.

Expectations for Safety and Respect

Residents will learn the importance of empathy and respect through daily programming and the phase system. Resident expectations of respect will include: using non-threatening language, using basic manners, being polite, using “I feel” statements and healthy assertiveness skills, avoiding name calling or prejudicial language.

Basic Expectations

While in treatment, residents are expected to complete and follow basic daily expectations to learn self-care and positively contribute to their community. When the following basic expectations are not met, staff may utilize appropriate interventions to maintain the structure.

- Wake up on time
- Clean room in the morning (make bed, pick up clothes, pick up bathroom).
- Attend and participate in school and groups.
- Attend therapy (individual, family).
- Clean up after meals.
- Stay within staff supervision.
- Be respectful to staff and be redirectable
- All personal possessions must be clearly labeled/initialed with a marker. If they are not, they will be confiscated and sent home.
- All bags/suit cases and backpacks are kept in unit closets. Staff will remove those items if not turned in.
- Keys and/or Fabs are handled by staff and will open doors for residents.
- Art cabinet and cubbies will only be opened by staff.
- Due to safety concerns, rocking in chairs is not permitted.
- Stamps must be provided by resident or purchased from allowance. Stamps are provided
- Scissors and sewing needles will be kept in locked areas, checked out and used only in front of staff.
- Residents must be under staff supervision at all times and must be monitored when going outside or returning to the building unless on approved phase privilege.

When a resident is not able to meet these daily expectations, they may lose privileges such as attending off-grounds activities, using their iPods/MP3 players, using Kudo’s, or participating in Late Night. **NOTE: This is not an all-inclusive list of consequences for not meeting expectations. Staff may choose on an individualized basis and at their discretion.**

Resident Feedback

Residents will be encouraged to give each other feedback in a healthy, sincere, and constructive manner. This includes using “I feel” statements, giving feedback when calm, using positive language and acknowledging strengths as well as avoiding sarcasm, being rude, joking, hurtful or insulting, or otherwise unhealthy. Residents will be encouraged feedback in the moment, when they are regulated enough to do so. Some residents may be more comfortable utilizing primary group, therapy group and/or community for providing feedback and may be allowed to do so.

Residents are encouraged to use the following template for giving feedback.

When I see/hear ____ I feel ____ so I think ____.
I challenge you to ____ and I offer to help you by _____.

Use of CRTC Equipment

CRTC provides opportunities to have relaxation and fun activities to engage in. Keeping those items in good condition is very important. If any of the below items are broken or misused residents are responsible to inform staff. **NOTE: If these items are abused at any time residents will lose the privilege of use. Time lost will be up to staff discretion.**

Residents will have the opportunity to use the following items when requested from staff:

- DVD's
- DVD players/VCR
- TV
- Art Supplies
- Foosball/Pool/Ping Pong
- Rec room and recreation equipment
- Games-may be requested for quiet room time

Borrowing, Loaning, and Trading

CRTC does not allow residents to borrow, give, trade or buy personal possessions for others. CRTC /Staff is not liable for any lost, stolen, or damaged items in relation to this topic. Staff are not allowed to share, buy, trade, or gift any items to residents.

- Any milieu conflicts in relation to this topic will result in confiscation of items to be sent home.
- Buying peers gifts or treats is not allowed.
- No sharing of snacks provided by CRTC or those brought in by parent during visit.
- Staff/resident borrowing is not permitted.
- Staff/residents may donate items to CRTC as a whole, not to individuals.

Touch-Policy

Appropriate physical interactions include: handshakes and high fives. If this privilege is abused it will be lost on an individual or whole unit basis. Physical touch or breaking personal boundaries outside of handshakes and high fives may result in staff intervention: building restrictions, loss of daily privileges, and in extreme cases or patterns physical escorts may be used.

Breaking Confidentiality

Maintaining a safe environment to work through personal issues is an imperative element of a successful treatment program. The resident must feel free to disclose personal information, trusting that this information will not be used to cause harm. This includes: using a past resident's full name or sharing personal information of your peers outside of CRTC, even to your parents. A good motto to follow is: "What happens in the group stays in the group."

Razors

Shaving occurs once a week every Saturday. Once completed each resident must hand razor back immediately. CRTC provides razors to all residents but they may be brought from home and kept in the restricted items if the resident chooses.

- No Nair or other chemical hair removal products can be used.
- Residents who are currently on increased supervision (Suicide Prevention, 5 Minute Checks or SIB Monitoring) will not be allowed to shave.

Staff office/Medication Area

The following items are placed in the unit office/medication area upon intake and may be checked out by residents at the allotted times. Items, unless otherwise noted, will be returned before bedtime each day.

- Residents are NEVER allowed in medication area.
- When waiting for medications, residents will wait behind the door.
- The provider/RN will determine whether a medication will need to be crushed as an intervention and the RN will indicate in their MAR.
- Items to be kept in Staff Office:
 - Tweezers.
 - Nail clippers.
 - Hairspray, hair gel, mousse, and body spray.
 - Hair straighter, curling irons, and blow dryers: may be requested for use and turned in before programming begins in the morning and if used in the afternoon needs to be turned in by 9pm.
 - Shaving gel.
 - Razors.
 - Acne wash/cleansers.
 - All powdery substances-face, foot, baby, etc.
 - Nail polish and remover-not to be used in resident room.
 - Cologne.
 - Items with alcohol in first three active ingredients.

Electronic Devices

- iPod/MP3 players
 - iPods/MP3 players that can record (audio/video), take pictures, or access internet are not allowed at CRTC.
 - The music needs to be at a volume that is respectful to others. Staff or peer may ask to have you turn down the music at any time.
 - Singing along out loud to music is accepted unless asked otherwise.
 - Do not bring iPod/MP3 player to groups or school.
 - Do not use iPod/MP3 player during meals.
 - If an iPod/MP3 player is lost, stolen, borrowed/traded, CRTC is not responsible for replacing it.
 - Using iPod/MP3 player is a privilege, even when using it as a skill. While music can be very therapeutic, it is important for residents to learn to use a variety of skills, so at times, a staff may challenge you to try a different skill if using music at the time is not appropriate.
- Radios
 - Radios are allowed in residents' rooms as staff permits with appropriate volume and appropriate music content.
 - Radios are allowed in the lounges during free time and treatment work time with appropriate volume and music. Both of the above points are based on staff discretion.
 - Violations of volume and music content will lead to staff removing the radio and potentially sending home.
 - Extension cords are not allowed.

Mealtime Expectations

- Residents are provided all nutritional components at each meal and are offered the recommended amount at lunch; this includes a glass of milk (at breakfast and lunch only), a meat or meat by-product, a fruit, a vegetable, and a grain. Residents are also provided with two snacks per day.
- After resident meets all required food components, the resident may have an extra serving with a focus on smaller, healthier food options at dinner.

- Mealtime goals are to socialize appropriately with staff and other residents.
- If a resident is not able to eat due to an appointment or therapy session during mealtime, staff will inform the kitchen staff to save a meal.
- Residents will be excused by staff from the cafeteria when the entire group is ready.
- Residents will clean their personal area before leaving.
- Residents who are vegetarian/vegan will receive an alternate option at meal times (to be determined at intake).

Snacks

- Two snack times a day.
- Snacks are pre-set in content and amount.
- Snack will be completed at designated time or discarded.
- Residents may not bring snack to room when snack occurs.
- Wrappers and apple cores will be placed in hallway garbage's.
- Daily snacks cannot be stored for later consumption.
- Residents who did not participate in eating a full meal at mealtime, will not be eligible for "sweet snack", and may instead have a healthy option of fruit.

Caffeine

- No energy drinks allowed at any time during family therapy or during visits. We ask parents to be mindful of giving energy drinks prior to returning to CRTc.
- Only plastic bottles allowed.
- Only one soda pop, no larger than 24 oz, is allowed per family therapy session or visit. It must be purchased before the meeting and disposed of or finished by the end.
- Soda is distributed by staff for "sweet snack" or special events on the unit.
- Recycle the plastic bottle.
- Caffeine is not allowed on the unit by residents other than for sweet snack or a special event.

News/Movies

- Residents may watch **G, PG, & PG13** rated movies. No personally-recorded tapes or DVD's brought in by residents are allowed. If a resident is under 13 parents will need to give permission for their child to watch PG-13 movies. R-rated movies may be viewed only with parent/guardian permission and only for therapeutic and educational reasons.
- Residents cannot share pillows or blankets when watching a movie. Residents on increased safety precautions will not be allowed these items.
- One light is to remain on at all times.
- Upon successful completion of treatment a goodbye movie can be arranged with staff in advance (see Successful Discharge section for details).
- Residents will not be permitted to talk during the movie.

Resident Council

Purpose: The purpose of resident council is to provide an opportunity for residents to develop leadership skills through positively impacting the community by developing plans to improve daily programming or expectations, address any alterations in rules, speak on behalf of the resident community to advocate for additional needs or rewards, plan out of building activities and present the previous areas to the CRTc staff. Residents will be selected for resident council through an interview process. Any alterations to this process will be determined by the clinical team.

Responsibilities of a Peer Mentor-Intake

Purpose: to describe to a peer the norms and expectations of the CRTc community. A peer helper is selected based on a resident's current positive behavior, knowledge of the program, and leadership

ability. Being selected as a peer helper is a compliment and is designed to share a resident's knowledge with a new resident. Residents will use *Peer Mentor Checklist* given to them by staff.

Items to discuss with the new resident:

- Morning routine
 - Weekday: school, jobs, breakfast, lunch, medication times
 - Weekend: morning meditation, movies
- Afternoon routine
 - Groups, activities
- Evening routine
 - Dinner, snack, community groups, activities, leisure time
- Phase System/Weekly goals
- Quiet Space/Quiet Room use
- Passes
- Phone calls
- Laundry
- Help to make name tag for client phase board

Bring new resident to the following:

- Meals
- Groups
- School/classrooms
- Medication room
- Dayroom
- Main office
- Lunchroom
- Laundry
- Gym
- Show where the bathrooms are

Residents will be instructed to communicate in a way that does not break other's confidentiality.

Expectations for a return of a Resident from Unauthorized Leave

- Full check in to be completed, including a UA. (See check-in procedure and chemical use procedure).
- CRTC does not do internal body searches.
- Vitals may be completed.
- **If a resident was on run and returns to CRTC, a nurse will be called and further action will be determined by staff in conjunction with the nurse. This may include going to the hospital to be medically cleared**

Expectations for a Clean Environment

To ensure the safety and well being of staff, residents and guests, it is important for the living space and building as a whole to be neat and orderly. It has been found that a messy space decreases a person's ability to focus on healthy development and is connected to having disorganized thinking and decision-making.

Daily Bedroom Chores

- Beds neatly made every day.
- No garbage, clothing, or miscellaneous items should be on the floor or extra bed.
- Undergarments and other personal items need to be out of view and put away.
- Nightstand and desk organized neatly.
- All clothing put away in closet, either folded neatly or in laundry bag.
- Sink area is clear other than toothbrush, soap toothpaste.
- No extra linen in room or closet.
- No dishes, liquids, or food in room or in bedroom garbage.
- Nothing is to be taped to windows, ceiling tiles and/or mirror, and posters should be hung with masking tape only.

Tuesdays-Bed linens need to be bussed and beds need to be clear.

Wednesdays-Sinks need to be cleared off completely.

Thursday-Floors need to be cleared off, with the chairs up on desks and nothing on the floor.

Unit Chores

Daily Unit Chores

- Food week
- Dish bin

Sunday- Each resident will be assigned a one unit chore every week, to be complete on Sunday. These chores will alternate between residents.

- Each resident is responsible for the cleanliness of their areas in the room.
- If there are two residents in a room, both are responsible for the sink area.
- Everything should be off when resident is not in the room (lights, radios, etc.)

Room Expectations

- The doors of the resident's rooms are to be open at all times, unless a resident is using their room to change clothes. Or if a resident asks to take a "break" in their room. Staff at any time can deny a residents request to take a break with their door closed if there are concerns for safety.
- Staff will have access to rooms at all times.
- Residents are allowed only in assigned rooms. If another resident goes into an unassigned room all residents assigned to that room are expected to come out immediately and inform staff.
- Close the bathroom door when using it. Other residents are NOT allowed in the bathroom/shower room when in use by other residents or staff.
- Residents will not open bedroom doors for others.

- If resident is waiting for staff to open the bathroom door, they must stand outside and be completely visible to staff.
- Residents may have drawings, pictures and posters hung in their personal room space as long as they are respectful and appropriate. Poster putty/tape must be used for all hangings.

Blankets/Linens

- Residents must have pillowcases, a fitted sheet. CRTC will provide a fleece blanket if necessary, and must be used on top of the mattress and not as a cushion.
- Can bring one egg cushion from home.
- Limited to two pillows at any time.
- Residents may bring in personal blankets or comforters.
- Bedding to remain in bedroom and may not be out on the unit.

Staff reserve the right to deny certain bedroom luxuries if they are deemed a safety concern (large stuffed animals, certain comforters, etc)

Individual Expectations

- Throw away all trash in garbage receptacle.
- Keep clothing picked up off the floor, folded and in proper place.
- Separate dirty from clean clothes in laundry baskets.
- Keep papers in organized fashion (ie: in binder, neatly stacked on desk)
- Residents are allowed to shower during non-programming times. Showers and bathrooms may be locked for 45 minutes after meal times to accommodate individual treatment needs.
- Hygiene items may be kept in the room and each resident may have one of the following:
 - Shampoo
 - Conditioner
 - Soap-liquid or bar
 - Face wash
 - Toothpaste
 - Toothbrush
 - Lotion
 - Deodorant
 - Hair gel/product
 - Comb or brush
- Residents who do not have the necessary hygiene items may obtain them through stock items kept in the med room accessible by staff.
- Recycle non-confidential materials and plastic in recycling receptacles.

Cutting/Dying Hair within Facility

Hair cutting and dying is not allowed in the building per the Health Department. Residents can use a pass for hair cut/color.

Clothing Expectations/Dress Code

The given expectation is that clothing be "appropriate" and is always up to staff discretion to help keep and promote safety:

- Clothing must cover undergarments.
- No cleavage, stomach or buttocks showing.
- No see through clothing.

- If you are wearing shorts/skirts, you must be able to bend over/pick something up without exposing anything private. If you are standing with your arms at your side, the shorts/skirts need to be at least to your fingertips.
- Residents aren't allowed to wear slippers without hard soles out of the building. NO bare feet.

General Clothing Expectations

- All residents will inventory their items and clearly label and initial. If items are found unlabeled staff will confiscate until owner of clothing is determined.
- A clothing count will be done with the assistance of staff.
- Shirts must remain on at all times.
- Pajamas or shorts/pants and a shirt will be worn while sleeping.
- Bras must be at all times outside of your room.
- No clothing with drug glorification or violence.
- The clothes iron must be used and kept in designated area and are not permitted in resident rooms.

NOTE: Staff will always have discretion over clothing guidelines to help keep and promote safety. If counselors are seeing clothing that's inappropriate, they will ask you to change and will ask you to bring those clothes home. Items may be immediately sent home if deemed inappropriate during the check in process upon intake.

Daily Programming Expectations

Wake Up Routine

Residents wake up at 7:00 am Monday through Friday in order to prepare for their day by performing hygiene tasks, medication, eat breakfast, make their beds and pick up their area (i.e. clothes in closet or in basket). Residents wake up at 8:00am-9am on the weekends and non-school days and maintain a similar routine in the initial wake up hour.

Meals

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

Weekends: Breakfast 8-9:45 a.m., Lunch 12:00 p.m., Dinner 5:00 p.m.

Groups

- Group Rules will be determined by the group facilitator and reviewed at the beginning of group rotations and again as needed. Residents will need to bring the appropriate items for groups. See below for group expectations:
 - Be respectful
 - Confidentiality
 - No swearing
 - Take turns
 - Actively participate
 - Use the bathroom during hourly breaks
 - Chair legs and resident feet on floor
 - No feet on furniture
 - No rocking on chairs

Treatment Work Time/Passive

- Residents will be given the opportunity to complete assignments in a quiet area that promotes focusing skills which may include their room.
- Residents are excused from their treatment time only when on pass or attending therapy.
- Staff will monitor quality of work when signing them off.
- Residents are only excused from treatment time, when they are on a sick day, on a pass or visit.

Community Meeting

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.

Expectations for staff offices

- Residents are never allowed in the office.

Laundry Time

Residents are responsible for doing their own laundry on assigned days. CRTC will provide residents with laundry detergent.

Residents must complete laundry on their assigned days by their assigned time or they will be responsible for making other laundry arrangements.

Residents are expected to change bed linen weekly on assigned days.

Quiet Time:

- Residents head quietly to their rooms.
- Residents are responsible for asking for any soothing items before quiet time starts.
- During quiet time they only request BMWS (bathroom, medical, water or safety) related questions.
- Any other requests need to be saved for free time.
- This is a quiet time for transitions in the day so music and conversation in rooms needs to be kept to a low volume.

Bedtime Expectations

- Residents will wear proper sleeping attire; may not wear only undergarments to bed.
- BTA will start at 8:30. Evening meds can start being passed at 7pm-9pm.
- Sunday-Thursday In room at 9:00pm, & lights out at 9:30pm. Friday/Saturday in rooms by 9:30pm and lights at 10:00pm.
- For respect of roommates, staff request that residents are quiet after 10 PM.
- Reading in bed may be allowed until 10:30 pm with vanity light.
- All radio's need to be turned off by 11pm.
- Residents are recommended to come out of their room only in cases of emergency and/or safety concern on the overnight.
- If residents are awake when staff are doing room checks, they are to raise their hand or alert staff to them being awake so staff can track sleep patterns.

School Expectations

- Residents attend school Monday-Friday from 8:00 a.m.-12:00 p.m. during the regular academic school year.
- Three weeks of summer programming is also provided by the residential counselors and typically runs from 9:00 a.m.-11:00 a.m. Monday through Thursday.
- 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 or coats are allowed in school.
- Residents who refuse to attend school are not eligible to participate in any off-grounds activities unless pre-approved (by a therapist). This is not a 'building restriction' that requires processing off; it simply means they cannot go to any unit community activities. On-going school attendance issues may impact passes.

Sick Day

If a resident is feeling sick, the nurse will be contacted to assess and determine whether the resident will be placed on sick day, allowing them to sleep during school or programming. If there is no improvement or symptoms worsen, further medical attention will be sought the next morning.

Expectations:

- Lasts the entire day.
- Resident will not attend programming.
- Resident will eat meals on the unit.
- No free time on the unit.

Serious Illness Procedures

Assess vital signs and arrange further assessment by nurse and/or provider at clinic or urgent care. Resident may need to be isolated from other residents until assessed by medical staff. Call nurse if after business hours.

Mail

- Letters are to be given to staff prior to being mailed out. Resident will show staff the front and back of the letter to be scanned for confidentiality purposes, shake out the letter, shake out the envelope, place it in the envelope, and seal. If anything is deemed inappropriate by staff, staff will give the letter to the resident's Clinical Coordinator.
- CRTC will provide stamps for letters to immediate family members; stamps available for purchase with allowance.
- All incoming mail first goes to unit supervisors.
- Residents will shake out mail and turn in envelope to staff before reading. Residents may write down addresses.
- No mail between treatment/correctional facilities unless approved in advance.
- Mail between former and current residents with go through therapists.

Phone Rules

- Phone calls are 10 minutes long and residents may only call people on the approved phone call list. Each resident has a list of names and numbers that have been approved by the Clinical Coordinator and parent for phone calls and visits. **Only the phone number in the book may be dialed if a resident wants to make a call.** If a number has changed it is the Clinical Coordinator's responsibility to change it in the call book.
- Staff will dial all outgoing calls, wait to confirm that the person called is the person reached, and then hand the phone to the resident.
- Residents may request to speak with their Social Worker, Probation Officer, Guardian Ad Litem, Attorney or another advocate, which may be done during business hours, so long as it doesn't conflict with groups or school.
- Staff will give one warning but will hang up the phone when calls are becoming disrespectful or escalated.
- Calls may be arranged to be on speaker when clinical team deems necessary.

Community Activities

Activity is a mandatory part of programming. Outside activity is not a right but a privilege. Activities are planned to expose you to a wide variety of things and not solely just to have fun. We hope you do have fun, but therapeutic recreation serves many places in treatment.

- Prior to leaving, staff and residents will meet together by the front door. Residents will review what the goals of the activity are including length of time, behavior expectations, van assignments and which staff is responsible for which resident.
- 1:1 staffing with a resident during activity time may be implemented for residents who may be demonstrating behavioral concerns while on previous activity. If at any time residents are demonstrating ongoing behavioral concerns while on activity.
- Staff may return all residents back to CRTC at any point for any reason. Residents keeping each other accountable will be important in reducing this happening and returning everyone to CRTC.
- All passengers, including staff and driver, must wear seat belts. Vans go nowhere until staff has checked to verify each resident is wearing a seatbelt. This includes chest and lap strap. The van is to be pulled over immediately if any resident removes their seat belt. Lack of compliance will result in cancellation of the activity and immediate return to CRTC.
- Residents may not recline seat backs to the point where the shoulder strap is not touching them.
- Staff is in control of radio use, station, and volume. Radio will be immediately turned off if residents are disrespectful, disruptive, talking secretly. If staff is comfortable with delegating this duty to the resident sitting up front that is okay, but the driver has ultimate say.
- If a resident needs to leave the group to use the restroom, he/she must first ask permission and then upon return do a full check.
- Residents are subject to full check in procedures upon returning to CRTC if staff deem appropriate.
- Residents are not to have conversations with people not from CRTC unless arranged and accompanied by staff.
- Sexualized comments, swearing, threatening, or any other unhelpful or unsafe communication will first be dealt with on an individual basis. If, after multiple attempts of redirection a resident continues, the entire group may be brought back.
- Upon returning from the activity, all water bottles/containers must be emptied and turned in to staff during check-in.
- Residents may not climb over seats or use the back door as exit.
- Afternoon medication(s) can be given prior to leaving for activity.

Some activities may require additional or modified rules depending on circumstances. Staff will discuss any such rules as they arise or prior to leaving on activity with residents. Issues on an activity may restrict a resident from future participation in activities.

YMCA Expectations

Purpose

To develop healthy wellness and exercise habits. Maintaining appropriate boundaries in public, being polite and respectful in public; practicing what they learn at CRTC.

Safety and Rules:

- All residents must remain in one area unless accompanied by staff and be visible to staff at all times.
- Respect of CRTC rules as well as any YMCA rules. Includes pool rules, weight room restrictions due to age, and adult only gym use. If resident is not following rules, call CRTC to request for someone to pick up the resident. If that is not possible, bring all residents back to CRTC. Each resident is responsible for contributing to the positive behavior during group activities; this includes holding each other accountable.
 - No Smoking/picking up tobacco products.
 - No swearing.
 - No talking to outside people.
 - Headphone are allowed.
- All residents must be in the all ages locker-room. There is no use of the adult locker-room or sauna.
- Residents may not weigh themselves at the YMCA.
- Residents must have on appropriate attire. This includes tennis shoes, socks, sports bra if female, knee length shorts, and no Speedos. In the winter, residents must have jackets, hats, gloves and pants on when walking outside.
- Residents are responsible for your own belongings at the YMCA. Do not bring anything of substantial value to the YMCA.

Religious Ceremony Expectations

- CRTC welcomes residents to have opportunities/ceremonies in which they can attend; may include church, mosque, temple, etc.
- Behavior must be appropriate and respectful before leaving.
- Cannot participate in communion (wine).
- If a resident has a specific request to attend a church or service, arrangements can be made with parents through Clinical Coordinator.

Outdoor Activity Area Expectations

- Picnic tables may not to be moved by residents or families.
- All recreational equipment is stored in the building.
- Residents will not sit in groups unsupervised by staff and will be gender separate.
- Keep noise to a minimum in order to respect the neighbors.
- Sunscreen is required when going outside or you will not be eligible to go.

Rec Room Rules

- Full contact during sports is not allowed, unless prior approval from staff.
- Pick up equipment after use.
- Active participation in assigned activity is expected.

Interventions

"You were given the power to fly your own plane and explore the world. You can fly it anywhere you desire and you're the only one who can control it. This is the power of your brain."

Purpose

The purpose of an intervention of any kind is to help teach residents alternative and healthy ways of responding to stressors, both internal and external. The ultimate goal is to provide safety without restrictive means. It is our goal to enhance the therapeutic milieu by providing more skills coaching in the moment, strengthening the structure and daily expectations, and allowing natural consequences to discourage unhealthy behaviors as much as possible. In the resident's individualized treatment plan, discipline recommendations from the resident's IEP will be addressed, if needed.

Staff's role

We expect residents to follow basic hygiene and unit expectations, attend and genuinely participate in school and groups, and treat each other with respect. When a resident displays a behavior that interferes with the therapeutic milieu, staff will utilize different interventions to help the resident change their behavior in the moment. If the behavior continues to escalate, staff will follow appropriate protocols and assessments to determine the least restrictive intervention necessary to ensure the safety of all residents, staff, and the milieu.

Staff reserves the right to put appropriate interventions in place to help maintain the safety of the resident and other program participants. These interventions will also help guide the resident to further understanding of the program expectations. All processing will be done verbally as opposed to use of intervention sheets during the orientation period.

Interventions

- Positive Reinforcement
 - Staff will utilize positive reinforcement to encourage behaviors that are safe, helpful, healthy and effective. Staff will listen to residents, praise them when they are trying and acknowledge little steps and achievements along the way.
- 'Natural Consequences'
 - When possible, staff will utilize and point out natural consequences to respond and discourage undesirable behaviors. Utilizing natural consequences does not mean there will be no 'traditional consequences,' but that instead staff will look at the situation to assess what is appropriate given the specific incident. The following are examples of natural consequences:
 - Borrowing/Trading – the item may be lost (and not replaced by CRTC); if staff learn about Borrowing/Trading, they will take the item and send it home with the resident's family.
 - Refusing Groups/Dismissed from Group/Not going to school – not eligible for off-grounds activity.
 - Acting out in cafeteria during meal time-Will eat next meal on the unit.
 - Staying up late/refusing to follow late night expectations – difficulty waking up the next morning, not earning privileges for the day.

- Bringing iPods to groups/meals, not giving the iPod to staff when asked, will lose iPod for 24 hours (may be longer if it's a pattern).
 - Using fidgets inappropriately or causing a distraction, will lose that fidget 24 hours (may be longer if it's a pattern).
- On-Grounds Restriction
 - A resident will not be allowed to leave CRTC grounds for 24 hours.
 - Cannot participate in in-house activities (sweet snack, movie, etc.) and
 - Unable to use Kudos points.
 - Residents will not be allowed to check out restricted items (
 - NOTE: This is not an exhaustive list and it is always up to staff discretion.

Below are a list of behavioral concerns that if displayed will result in an On-Grounds Restriction (not an exhaustive list)

- Sexual Comments or Behavior
 - Property Destruction (depends on severity)
 - Threatening the Safety of Others
 - Physical Aggression
 - Riot Situations
 - Unauthorized Leave/Running Away
 - Chemical Use
 - Bringing Chemicals into CRTC
 - Bullying
 - Derogatory/Homophobic/Racist comments with the intention of harming another
 - Violation of a 5 Second Rule
 - Or any other concerning behavior that disrupts the therapeutic milieu per staff discretion
 - If a resident appears to have a pattern of engaging in specific, unsafe/unhealthy behaviors, the Team may make the decision to increase the amount of on-grounds restrictions, as well as utilize other tools to help the resident change their behaviors.
 - **NOTE: On-grounds restrictions will be from 24, 48, to 72 hours depending on severity but will not exceed 72 hours.**
- Redirection or other alternative suggestions for healthier coping.
- Re-Focusing Group
 - If a resident, the group, or a number of residents are creating distractions to the point that the milieu becomes unsafe or unproductive, a community group may be called to help them refocus. Staff will announce to community that they will meet in a designated area and process how to get the group on track. All programming stops until safety and respect are restored.
- Taking space/Quiet space
 - Quiet space can be utilized in the unit quiet rooms or in resident rooms. This is an area that residents may use to help regulate themselves, take a break, journal, take some time away from their peers. Residents need to ask permission unless the space is being used as a timeout.
 - A resident may take a self-directed break to regulate or refocus before re-joining the group.
 - Breaks are time limited (5/min increments).
 - They are not for socializing or processing treatment work.
- Momentary Restrictions
 - This may be utilized in the moment and for a short duration of time. Examples of this included: peer restriction

- Time out
 - Time out is a specific therapeutic intervention that directs a resident to a safe and specific area to regulate themselves and deescalate.
 - Time out may occur in the quiet space or any other designated area assigned by staff.
 - When residents are directed to the space, they will need to remain compliant/respectful to process and rejoin programming.
 - When calm, processing will begin.
 - If resident refuses a time out, (s)he will be escorted to the designated space determined by staff. They will not be allowed to move onto the next scheduled activity or group until they have processed the behavior which led to the time out and are safe and calm to do so.
- CRISIS EXPECTATIONS-“5 second rule”
 - During a physical intervention, or when an unsafe situation that could potentially result in a physical intervention occurs on the unit, “5 second rule” is called. When “5 second rule” is called, for the safety of the unit as well as privacy of the resident(s) involved, there are specific expectations that need to be followed. These expectations are:
 - Residents should go to their rooms or another counselor designated area.
 - Residents are not to ask questions unless it is an extreme emergency.
 - Residents are not to intentionally observe or interfere with the crisis or any interventions occurring.
 - Residents should find individual skills to use in their room, because counselors may not be available to help them if they do experience some distress.
 - Counselors will check on residents that are in their rooms as often as possible during the crisis situation. Also, it is important to process the situation with all of the residents that were around or affected by the crisis situation.
- Behavioral Checks
 - Staff observations on a resident's behavior written in 15 minute increments unless otherwise specified. This may be used to help with medication management or clinical needs.
- 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.
- 5 Day Review
 - The intention of a 5-day Review is to confer with interested persons (family, workers, clinical team) when a resident is being considered for discharge prior to the completion of treatment plan goals due to safety concerns to self or others, or community.
 - During this review period, the treatment team determines whether they have put in place all options to create a positive learning opportunity for the resident, including special interventions or proper medication management.
 - The resident may be removed from the facility for this review period if there is a safe alternative to the treatment center.

- The review will not exceed 5 days.
- Unit Flips
 - Unit Flips are anonymously conducted one time per month. The purpose of the building flip is to ensure that residents are adhering to safety measures taken by CRTC, and to create the safest environment possible.
 - During a unit flip the following items are thoroughly checked:
 - All clothing items, shoes, and hats, sheets, pillow cases, comforters, blankets.
 - Mattresses.
 - Around and under all bed baseboards, desks, and wardrobes, sinks, mirrors, and vents
 - Journals (journals are scanned for content and images that may alert the staff to safety concerns, as well as any items that may be stored).
 - Any plant with dirt or rocks will be sifted through, with or without resident, to check for any items that may be hidden.
 - Bathroom: Stalls, showers, windows, vents.
 - Lounges: Furniture, windows, vents.

Safety Protocols/Interventions

- Safety Review
 - Suicide Watch will be utilized when there is concern about suicidal ideation and increased supervision is necessary to help the resident maintain safety.
 - On Suicide Watch, a resident is not able to attend off-ground activities (medical appointments depend on type of appointment and based on resident's current risk level).
 - Anyone can place a resident on Suicide Watch using the *Suicidal Ideation Protocol Assessment*.
 - To be removed from Suicide Watch, the resident will be assessed by a Mental Health Professional (or by a therapist when in consult with MHP) for current safety risks and ability to demonstrate ability to maintain safety.
 - The resident must display safe behaviors and ability to follow safety plan/expectations for a minimum of 24 hours (or longer if MHP deems appropriate).
- Suicidal Prevention
 - Suicide Prevention will be utilized when a resident expresses or displays significant safety concerns due to suicidal ideation, including (but not limited to) clear intent and desire for suicide, suicidal gestures, suicide attempt, or unwilling to engage in and follow safety planning.
 - A resident will not be able to attend off-grounds activity and will be under constant visual supervision (showers and bathrooms will maintain constant verbal contact; may be required to shower in swimsuit or use restroom with door propped if warranted by safety concerns).
 - Residents will be person searched before entering the bathroom.
 - Staff must be able to see hands.
 - Resident will be documented every 5 minutes.
 - Anyone can place a resident on Suicide Prevention. This will be assessed using the *Suicidal Ideation Protocol Assessment*.
 - **Clothing and Items**

- Resident must wear scrubs or similar type clothing, cannot wear belts, scarves, shoes with shoelaces, or any item that has a zipper or string.
 - A long sleeve shirt or sweater without a zipper or strings may be worn under scrubs during cold weather.
 - No CD's, radios or musical instruments are allowed in room.
 - No flat or curling irons, electronics, razors, or other restricted items
 - Resident is allowed one fitted and flat sheet, one marker or crayon, one notebook, a water bottle, one fidget, one comfort item, one book, and one religious item.
 - Only an MHP (or a therapist when in consult with MHP) can remove a Resident from Suicide Watch/Prevention.
 - After removing from Suicide Prevention (minimum of 2 days of safe behaviors), resident will be placed on Suicide Watch.
 - The resident must continue to display safe behaviors and ability to follow safety plan/expectations for a minimum of 24 hours after being placed on watch after prevention (or longer if MHP deems appropriate).
 - **Visits**
 - Staff will maintain visual every 15 minutes or the visitor will need to sign a consent form obtaining all responsibility of supervising resident.
 - If consent signed, visitor must have constant supervision of resident at all times.
 - If supervision becomes an issue, consent will be revoked and staff will monitor visits
- **Self-Injurious Behavioral (SIB) Protocol**
 - The SIB Protocol will be utilized for self-harm urges or actions.
 - Anyone can place a resident on SIB Protocol using the *Self Injurious Behavior Monitoring Assessment*; reassessed every 24 hours by a residential counselor.
 - SIB Protocol is discontinued if no ongoing safety concerns.
- **Staff Shadow**
 - Staff Shadow may be utilized whenever a staff deems a resident such a risk to self or others that they need to be on Staff Shadow. **This requires the resident to be within arm's length of a staff member.**
 - A resident may be placed on Staff Shadow for the following behaviors, but not limited to:
 - Bullying
 - Suicidal Threats/acts
 - Threats and/or Intimidation
 - Tattooing/Piercing others
 - Sexual Behavior/Conduct
 - Physical Assault, Physical Aggression
 - Property Destruction (depending on severity)
 - Causing or Attempting to Instigate a Riot
 - Making/Possessing Weapons
 - While on Staff Shadow, a resident may not participate in off-grounds activity.
 - A resident will be placed on Staff Shadow for a minimum of 24 hours (from time concerning behaviors end), and after fully processing the concerning behaviors; deemed by the counselor and clinical team.

- **Crisis Management and Restrictive Procedures**
- **Hospitalization**-If it is determined that hospitalization is required staff will follow policies and protocols outlined in CRTC's policy and procedure manual (EAP)

Notification of Incidents

- Parent and workers will be notified of incidents that occur involving the resident. In regards to Critical Incidents, parents/guardians will be notified by the end of the working shift. Non-critical incidents will be including in weekly updates.

Groups and Services

Therapeutic Services

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

Groups: All residents also participate in Community Meetings, which are process and skills groups that occur on the living units two times each day. These meetings are 45-60 minutes in length and are led by Residential Counselors. The meetings provide residents an opportunity to discuss issues related to unit functioning, rules, and relationships and to learn and develop skills in independent living, relaxation, problem solving, and conflict resolution. The effectiveness of these meetings is reviewed each week in team meetings of the treatment staff working on the living units.

Individual Therapy: Individual therapy is provided to all clients on a once weekly basis by Master’s level clinicians. Our Individual Therapists are trained both in DBT and Trauma Focused Cognitive Behavior Therapy (TF-CBT). Intensive individual therapy is a significant component of the treatment program at Children’s Residential Treatment Center. DBT is effective in treating the emotional intensity and severe behavioral symptoms-self-harm, suicidal thoughts and attempts seen in adolescents with a variety of diagnosis that CRTC treats. TF-CBT is effective for teens in reducing the amount of PTSD symptoms, and acting out behaviors, as well as greater improvement in depressive symptoms, and greater improvement in social competence. The goal of individual therapy is to assist the child 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 so 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: Family therapy is provided on a weekly basis by Master’s level clinicians. Our Family Therapists are having training in both in DBT and TF-CBT. 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 child’s unique emotional needs. In addition, families have the opportunity to participate in parent education and support groups.

Educational Groups: Therapy groups are not designed to provide specific, topical information on issues. Mindful of the fact that adolescents need information on such topics as sexuality, drugs, self-esteem, independent living skills, etc., the Center provides educational modules, typically lasting 8-16 “class hours,” at various times during their stay at CRTC. The modules are facilitated by Residential Counselors.

The modules are updated and modified based on feedback surveys given to participants upon completion of the modules and ongoing review by treatment staff.

Recreational Services: In addition to the therapy and educational services, the Center recognizes the importance of exercise and recreation. CRTC provides regular opportunities for recreation and exercise as reflected in the CRTC Daily Schedule. Our goal is to provide a wide variety of recreation and leisure time activities to encourage physical and social well-being. The recreation activities are intended to be health enhancing and promote cardiovascular fitness, muscular endurance, flexibility, and overall physical health. The activities include various group games, individual exercise opportunities, and a variety of leisure activities. The activities promote the relationship between physical health and mental health and the importance of effective use of recreation and free time. Group activities include components of various social skills including interpersonal relationships, communication, teamwork, and displaying proper etiquette. Activities include components of describing rules, developing skills, and learning strategies. Activities include use of gymnasium and swimming pool facilities at the Ridgedale YMCA, outdoor sports & activities including basketball, flag football, soccer, softball, broomball, sledding, and hiking, use of the CRTC Fitness Center, arts & crafts activities, movies, cultural events/activities, etc.

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. Residents are seen on a monthly basis, at minimum, and can be seen as frequently as weekly if indicated.

Nursing: Nursing services are provided as needed, including management of physical illness, doctor's appointments, and medication management. The CRTC nurse is available to answer medical and medication questions for residents. The nurse will contact parent/guardian(s) regarding their child's regular medical appointments as well as if there are any significant medical concerns. If the Psychiatrist recommends a medication change the nurse will contact parent/guardian(s) to seek informed consent.

Primary Counselor: Primary Counselors are an identified residential counselor with whom the resident can develop a closer relationship with in order to support their work and progress in treatment. Primary Counselors will meet weekly with the resident for at least 15 minutes, without others around and identify goals ('Primary Goals') the resident wants to work on during the upcoming week. The Primary Counselor is responsible for completing the resident weekly forms. Clinical Coordinator will be responsible for making weekly updates to parents.

Any changes or corrections to the program will result in an addendum