



Volunteers
of America®
Minnesota

CRTC

Handbook

Volunteers of America, Minnesota Vision: Communities where

all lives are uplifted

Mission: We help people build hope, resilience and well-being

Values: Compassion, Integrity, Perseverance

The following handbook does not encompass all scenarios or solutions/interventions that may be utilized. It is the most accurate guide to this date, October 2022. Any changes or corrections to the program will result in an addendum. In some situations, or instances, staff can 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 safe environment for you and your child throughout their stay. CRTC is a program designed for adolescents and families who have not experienced 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 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 your and your child's needs. District 287 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 connection.

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 does not believe 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.
- Attending IEP (Individualized Education Program) meetings.
- Weekly phone calls to the child and reception of calls from the child.
- Weekly contact with Clinical Coordinator.
- Attend Family Psychoeducation Group when offered.
- 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 one's own power and ability to make choices.

Maintenance: Resident will be responsible for continuing to use self-inventories (i.e.: 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 a 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 act, rather than falling into intense, desperate, and often destructive emotional reactions. Crisis survival skills are also taught so that one does not engage in problematic behaviors and 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, including Orientation, has 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.

Orientation (First two weeks maximum)

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 the first week. If residents complete the Orientation packet early, they are eligible for offsite activities as early as one week.

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

- Complete the “Trust Packet”
 - Understand expectations and privileges of Orientation
 - Be taught DBT’s Bio-Social Learning Theory in individual therapy and with their family in family therapy.
 - Complete “Orientation” packet. A counselor will assist residents in completion of orientation packet.
 - Write a “letter to my future self.”
 - Learn basic expectations and routines, review with a counselor.
 - Complete a “Pros and Cons of Change” worksheet.
- Expectations:
- Residents will not be allowed to leave the building for the first week.
 - Residents, with the help of counselors, will be expected to 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.
- Privileges:
- 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.

Phase 1: Engagement

Purpose: Begin focusing on engaging with their treatment and recovery. Develop a greater understanding of their strengths, what brought them to CRTC, circles of support, and the body’s alarm system. This will provide a solid foundation to learn about emotional regulation and distress tolerance in the following phases.

Objectives:

- Complete “Risk Factors” and “Strengths You Have and How to Use Them” worksheets and process with counselor.
 - Complete “understanding the problem” and process in individual therapy
 - Complete “changing to be a healthier person” and process with a counselor
 - Complete “goal development” reading and worksheet process with a counselor
 - Complete “circles of support” and process in individual therapy
 - Read the “body’s alarm system”, and complete the worksheets
- Expectations:
- Understands and accepts treatment.
 - Decrease life threatening behaviors.
 - Regularly attend 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.
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- Practicing DBT skills while on passes or in the community with assistance from family.

Privileges:

- Can do off-site activities.
 - May use approved electronic devices (not connected to the internet and may not take pictures).
- May start to earn community passes with family.

Phase 2: Regulation: Improving Emotion Regulation

Purpose: Stabilization of strong emotions and increasing awareness of emotions. Learn more about feelings, how to improve emotion regulation, and begin regulating emotions independently. Learn and use skills to manage strong emotions and overwhelming experiences.

Objectives:

- Learn Emotion Regulation skills through groups and therapy.
- Teach three emotion regulation skills to two counselors and in family therapy.
- Complete “Window of Tolerance” reading and process the worksheet with individual therapist
- Complete Emotion Regulation Module; process with counselor.
- Complete Emotion Regulation worksheets; process with counselor.
- Get feedback from three staff (can be counselors, supervisors, or clinical team) regarding your use of emotion regulation skills
- Write the feedback down and present a plan for increasing the areas described and process in family and individual therapy.
- Present packet in front of peers and staff.

Expectations:

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

Privileges:

- May start earning overnight passes.
- May have plant in room—no glass or pottery.
- May lead any groups (counselor discretion).
- May use approved musical instruments at appropriate times.

Phase 3: Building Regulation: Distress Tolerance

Purpose: To actively utilize and increase skills to regulate emotions. Learn how to effectively experience and control your emotions. Learn how to identify emotions appropriately and then how to respond to each emotion as it occurs. Learn how to improve your relationships with others and be able to ask for your needs more effectively. This Phase will build upon stabilization by developing mastery with emotional regulation and building relationships with interpersonal effectiveness skills.

Objectives:

- Read “distress intolerance” and complete worksheets, process with counselor
- 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
- Don'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:

- May add one, treatment team approved, friend to the contact list for phone calls ONLY
- May have 2, 15-minute breaks in the backyard, supervised by staff
- May have additional weekday pass to do a healthy activity approved by clinical team
- Contact with approved friends by phone and on home visits with permission from treatment team; number of friends to also be determined by the treatment team.
- Can use their personal cell phone at home with parent permission (discussed/approved in family therapy).

Phase 4: Competency: Self-development and Identity

Purpose: To focus on your life outside of treatment, developing your identity and strengths, and transitioning out of CRTC. You will work on improving your problem-solving skills, you will be able to effectively use your wise mind and mindfulness skills to make the best decision in each situation. Also, you will be able to use dialectics and all the skills components to achieve and maintain a level of functioning that is appropriate for your functioning at school, home, and in the community.

Objectives:

- Complete "Healthy Living" packet.
- Complete "Relapse Prevention Plan".
- Complete "Your Support System" and "Rewards from Everyday Life" worksheets; process with counselor
- Complete "My Unique Strengths and Positive Affirmations" and process with a counselor
- Complete "Future Self drawing and Identity Shield" and process with individual therapist
- 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).
- Complete management plan and review in family therapy
- Complete "thinking error sheet and boredom relief" and process with a counselor
- Complete "goals after CRTC" and process in individual or 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 ask for help when struggling.

- Demonstrate sincerity, honesty, 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 a positive role model, set a good example

Privileges (includes all privileges in prior stages)

- Can walk around the backyard without a counselor escort; behavior permitting and staff discretion. (Is only applicable with full team agreement).
- May go to their friends' houses with parent permission only during weekend passes (1-2 hours only, must plan with Supervisor/family therapist)
- May add additional friend to phone list with treatment team approval

May keep 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

Residents will automatically move to Phase 1 after Orientation (maximum 2 weeks). Residents are eligible to earn the next phase once they have completed all 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 residents will be informed the week 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 District 287 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.

Dessert 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.

- The Clinical Coordinator will provide 'Goodbye' sheets to staff and residents when a resident is nearing discharge. The 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.

Safety Program

Purpose: The safety program is a reward program that promotes prosocial and others positive choices by rewarding residents for healthy and safe behaviors. This program tracks the residents hourly and staff either give a safe mark or an unsafe mark. Residents receive unsafe marks for things such as engaging in self-harm, refusing programming, skipping meals, and other unsafe choices. Eligibility for activity is dependent on safety marks for the day, and if a resident gets 3 or more unsafe marks, they cannot attend offsite activity that day. Residents are also rewarded with sweet snacks if they receive all their safety marks for the day.

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 the 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 not on building restriction 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 are 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.

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. If a resident has family involvement, they will not be able to utilize staff passes unless approved by a therapist.

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 4pm on Thursday afternoon

- 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/approved adults are the only ones who can schedule a pass.
- Before leaving the building, staff will give you any medications needed 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.
- 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.
- Not breaking the law.
- 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 8:00pm.
- 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 are responsible for asking the resident to share details of the 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 a life-threatening crisis, we ask you to call 911 or take 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.
- Residents will be checked in according to procedure.

*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. 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 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.

Resident money while on pass:

- Prior to leaving for a pass, the resident is expected to request on their weekly pass sheet if money needs to be pulled.
- 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 a 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 safe in the administrative office. Any additional incoming money will be counted and documented properly.

Resident Body Search Procedure

- Residents may be given body searches anytime that they have been without CRTC staff supervision.
- To start body search, residents will be taken to the check-in room.
- Any personal items brought with you, such as purses and bags, etc. must be put to the side for staff to go through as time permits.
- Residents will be checked in the check-in room.
- Staff will look in the area before the resident goes behind it to undress to make sure there is no contraband.
- Residents will then completely undress behind the shower curtain, 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 body search 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 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 may use a metal detector wand on resident if available.
- Staff will check behind the shower curtain 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 residents.
- Residents will not turn water on or flush toilet until instructed.
- Residents will provide sample in the cup when done and may flush the toilet and wash their hands after UA cup is given to the staff.
- Staff will cover UA with label in front of resident and then test the UA. It is a rapid test that will be done within the facility.
- 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 unauthorized 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 or weapons will be stored while the 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.
- Razors/Nair hair removal products
- 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, 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.

- Pens with springs.
- Safety pins, metal hair clips, bobby pins, paper clips, paper clamps, staples.
- Metal spiral bound notebooks will be kept in resident restricted bin.
- Magnets
- Batteries
- Additional items may be considered as prohibited items and/or a safety risk and confiscated by staff. Residents may only have as many restricted items fit within their restricted bin.

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/suitcases and backpacks are kept in the medication room. Staff will remove those items if not turned in.
- Keys and/or Fobs are handled by staff and only staff will open doors for residents.
- Cupboards will be opened and accessed by staff only.
- Stamps are provided for mailing letters.
- Scissors and sewing needles will be kept in locked areas, checked out and used only in front of staff.
- Residents must be always under staff supervision 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-ground activities, using their iPods/MP3 players or other activities deemed appropriate. **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 to give feedback in the moment, when they are regulated enough to do

so. Some residents may be more comfortable utilizing primary groups, therapy groups 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 relax and fun activities to engage in. Keeping those items in good condition is very important. If any of the items below 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:

- PS4
- TV
- Art Supplies
- Gym and Recreation Equipment
- Games

Borrowing, Loaning, and Trading (BLT)

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 parents during the visit.
- Staff/resident borrowing is not permitted.
- Staff/residents may donate items to CRTC, not to individuals.
- Only individuals that do not have adequate clothing are able to utilize the donation room.

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: loss of daily privileges, and in extreme cases or patterns physical escorts may be used. Staff are allowed to offer hugs if it is a therapeutically appropriate situation. Residents are not allowed to hug each other.

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 is not allowed at CRTC. Additionally, no Nair or other chemical hair removal products can be used.

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 outside 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 the Medication 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 8pm.
- 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 the internet are not allowed at CRTC.
- The music needs to be at a volume that is respectful to others. Staff or peers 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.
- Radio is allowed in residents' rooms as staff permits with appropriate volume and appropriate music content.
- Radios are allowed in the lounge during free time and treatment work time with appropriate volume and music. Both above points are based on staff discretion.
- Violations of volume and music content will lead to staff removing the radio and potentially sending it home.
- Extension cords are not allowed.

Mealtime Expectations

- Residents are provided with all nutritional components at each meal and are offered the recommended amount at lunch; this includes a glass of milk, a meat or meat by-product, a fruit, a vegetable, and a grain. Residents are also provided with two snacks per day.
- The units alternate eating first every other day; the last unit to eat can get seconds on meals if available.
- 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 mealtimes (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 snacks to the room when snacks occur.
- Wrappers and apple cores will be placed in hallway garbage's.
- Daily snacks cannot be stored for later consumption.

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.
- Caffeine is not allowed on the unit by residents other than for a special event.

News/Movies

- Residents may watch **G, PG, & PG13 (dependent on staff discretion for content)** rated movies. No personally recorded tapes or DVDs 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.
- One light is to always remain on.
- 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 *the Peer Mentor Checklist* given to them by staff.

Items to discuss with the new resident:

- Morning routine
- Weekday: school, jobs/chores, breakfast, lunch, medication times
- Weekend: morning meditation, movies
- Afternoon routine
- Groups, activities
- Evening routine
- Dinner, snacks, community groups, activities, leisure time
- Phase System/Weekly review goals
- Quiet Space/Quiet Room use
- Passes
- Phone calls
- Laundry

Bring new resident to the following:

- Meals
- Groups
- School/classrooms
- Medication room
- Gym
- Main office
- Lunchroom
- Laundry

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

Expectations for the return of a Resident from Unauthorized Leave

- Full body search to be completed, including a UA. (See body search procedure and chemical use procedure).
- CRTC does not do internal body searches.
- Vitals may be completed.
- **If a resident was on the 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 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.
- Desk organized neatly.
- All clothing is put away in closet, either folded neatly or in laundry bag.
- The sink area is clear other than toothbrush, soap toothpaste.
- No extra linen in the room or closet.
- No dishes, liquids, or food in the room or in the bedroom garbage.
- Nothing is to be taped to windows, ceiling tiles and/or mirror, and posters should be hung with masking tape only.

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

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

Room Expectations

- The doors of the residents' rooms are to be closed at all times unless they are on a safety precaution.
Staff can at any time deny a resident's 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 prop bedroom doors open.
- If a resident is waiting for staff to open the bathroom door, they must stand outside in the hall 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.

Blankets/Linens

- Residents must have pillowcases, and a fitted sheet. CRTS will provide a fleece blanket.
- 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 (i.e.: in folder, neatly stacked on desk)
- Residents are allowed to shower during non-programming times. Showers and bathrooms may be locked for 60 minutes (one hour) after mealtimes to accommodate individual treatment needs.
- Residents who do not have the necessary hygiene items may obtain them through stock items kept in the med room accessible by staff.
- 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

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 expectation given is that clothing be "appropriate", and it is always up to staff discretion to help maintain 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 outside of the building. NO bare feet.
- Residents will be asked to wear boots, jackets, hats, gloves and/or scarves if the weather permits. This will be based on weather/temperature of the day.

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 worn at all times outside of your room.
- No clothing with drug glorification or violence.
- The clothes iron must be used and kept in the designated area and is not permitted in resident rooms.

NOTE: Staff will always have discretion over clothing guidelines to help keep and promote safety. If counselors see clothing that's inappropriate, they will ask you to change it 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 to prepare for their day by performing hygiene tasks, medication, eating breakfast, making their beds, and picking 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 7-8 a.m., Lunch 12:00 p.m., Dinner 5:00 p.m.

Weekends: Breakfast 8-9 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/Group Work Time

- 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 the quality of work when signing them off.
- Residents are only excused from treatment time when they are sick, 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 weekly 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. CRTC will provide residents with laundry detergent. 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.
- 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.
- Bedtime will start at 8:00. Residents will identify 3 needs to be met before bedtime (example, ice, water, warmie heated up, essential oils, etc.)
- Evening meds can start being passed at 7pm-9pm.
- For respect of roommates, staff request that residents are quiet after 9 PM.
- Reading in bed may be allowed until 10 pm with vanity light.
- All radios need to be turned off by 10pm.
- 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.-3p.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.-12pm 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-ground 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 the nurse if after business hours.

Mail

- Letters are to be given to the case manager prior to being mailed out. Residents 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.
- CRTC will provide stamps for letters
- All incoming mail first goes to the clinical coordinator.
- Residents will shake out mail and turn in envelopes 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 will 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 parents 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 or monitored when the 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 purposes 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 demonstrate behavioral concerns while on previous activity.
- Staff may return all residents 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 a 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.
- The staff is in control of radio use, station, and volume. Radio will be immediately turned off if residents are disrespectful, disruptive, talking secretively. If the 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 body search.
- Residents are subject to body search 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 for an 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 always visible to staff.
- Respect for CRTC rules as well as any YMCA rules. Includes pool rules, weight room restrictions due to age, and adult only gym use. If the resident is not following the rules, call CRTC to request someone to pick up the resident. If that is not possible, bring all residents back to CRTC. Each resident is responsible for contributing to positive behavior during group activities; this includes holding each other accountable.
 - No Smoking/picking up tobacco products.
 - No swearing.
 - No talking to outside people.
 - Headphones are allowed.

- All residents must be in the all ages locker-room. There is no use of the adult locker-room or sauna.
- Residents must have 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 their 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 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 assigned groups/seats by staff.
- Keep noise to a minimum to respect the neighbors.
- Sunscreen is required when going outside or you will not be eligible to go.

Gym Rules

- Full contact during sports is not allowed unless prior approval from staff.
- Pick up equipment after use.
- Active participation in assigned activities 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 the 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.
 - 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).
- Redirection or other alternative suggestions for healthier coping.
- Re-Focusing Group
 - If a resident, the group, or several 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 the 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 room 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.

- 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 a resident refuses a time out, they 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.

Clinical Intervention Plan & 5-day review:

The intention of a clinical intervention plan is to discuss and review all interventions that the team has put in place for the resident to be successful at CRTC. Once a clinical intervention plan is made and a resident is still having difficulty at CRTC, a 5-day review can be put into place:

- 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 once 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, hats, sheets, pillowcases, 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

- **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 there are no ongoing safety concerns.
- **Suicide Watch**
 - 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.
 - 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 the 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
- **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
 - 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-ground 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.
 - Tattooing/Piercing others
- **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**
 - Parents and workers will be notified of incidents that occur involving the resident. Regarding Critical Incidents, parents/guardians will be notified by the end of the working shift. Non-critical incidents will be included 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 and interpersonal relationship skills. Trust, safety, and respect are core components of the program's philosophy.

Individual Therapy: Individual therapy is provided to all clients weekly 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 complement work being done in other areas of the program. Clients also have many opportunities for informal counseling interactions with Residential Counselor staff, which enhance the program's overall therapeutic focus.

Family Therapy: Family therapy is provided weekly 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 Minnetonka 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 once a resident fills out a nursing request form. 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.

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