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Today's Discussion

Introduction	Sample Programming
Standards for Residential Treatment	Creativity & Thinking Out of the Box
Additional Services	Point System
Admission Criteria	Rewards Incentive Programs
Funding	Behavioral Contracts
Levels of Care	Security Systems
Residential Team	Aftercare
Roles of Residential Team	Case Review
Clinical Director Role	Use of Psychotropics

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A Little Bit About Me



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Standards for Residential Treatment

Services should be provided in accordance with the needs of the client, as well as identified in the treatment plan:

- Individual counseling
- Group counseling
- Family counseling
- Substance abuse education, such as strategies for avoiding substance abuse or relapse, coping skills, health problems related to substance abuse, and motivational enhancement and strategies for achieving a substance-free lifestyle;
- Trauma & PTSD
- School

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Standards for Residential Treatment

- Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery training, decision-making, relationship skills, and symptom management
- Non-verbal therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the client with alternative means of self expression and problem resolution;
- Training or advising in health and medical issues;
- Employment and educational support services to assist clients in becoming financially independent; and,
- Staff Coverage: Providers shall maintain awake, paid staff coverage 24 hours-per-day, 7 days per week.
- Caseload. No primary counselor should have a caseload that exceeds 15 currently participating clients.

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Enhancing the Mind, Body and Spirit

- **The Mind:** Therapy, Education, The 12 Steps of Recovery
- **The Body:** Physical Training, Yoga, Sports and Nutritional Counseling
- **The Spirit:** Meditation, Knowing the inner-self, Recognizing a higher power, Mindfulness

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Admissions Criteria

- Primary Diagnosis & Dual Diagnosis
- Stick to what you do best
- BOGO
- Sex Charges
- Arson
- Gang Affiliations
- Mandated vs Volunteer Clients
- Readmissions
- Age at Admission


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Funding

- General Funders:
 - ✓ Medicaid Plans
 - ✓ Specialty Funders
 - ✓ Scholarships
 - ✓ Private Pay
 - ✓ Commercial Insurances
 1. Utilization Review
 2. Step-Downs

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Residential SUD Levels of Care

Step Downs:

- RTC (Residential Treatment Center)
- PHP (Partial Hospitalization Program)
- IOP (Intensive Out-Patient)

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Residential Team

Medical (Medical Director/Primary Care Physician, RN/LPN): Physical Exams
 Psychiatrist: Psychiatric Assessment, Medication Management
 Clinical Director: Licensed & Qualified Supervisor
 Master's Level Clinicians:


- Biopsychosocial Assessments & Screenings
- Therapy (Individual, Family Therapy & Group)
- Individualized Treatment Plan, TPR's, ASAM
- Therapeutic Activities

Peer Specialist: Relapse Prevention, NA/AA, Walked Path
 Education: Educational Plans
 Operations: Director/BHT Manager, BHT's- Safety & Security, Offsite Activities
 Admissions
 Utilization Review
 Discharge Planner
 Kitchen Staff

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Clinical Director's Role

- Treatment Team
- Behavioral Contracts
- Level/Phase System
- Documentation Approval & Tracking
- Higher Levels of Care
- Supervision
- Audits, Supervisor & Peer Reviews
- Parental Interface
- Programming Schedule

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Security Systems

Guard Tour Readers




NO-ADSDCH Checkpoint Tag

ObservSMART



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Level 0 to Level 1 Worksheet

Name: _____

Administrative Welcome Signatures Completed
Orientation Manual Signatures
Open Rules Signature
Review 12 Steps of W/A Write 1 page paper on which step you feel you're on and discuss what it is that you need to do in order to reach the next step
Safety Plan Completed w/ Therapist
Mine WRAP Completed w/ Peer Specialist
7 page Avoidance paper
1 page paper: "Why am I here."
Letter of Control

Please have BHT, Education, Nursing and Therapist sign to acknowledge the following:

- You have followed all daily schedule, group and educational requirements
- You have not engaged in aggression, bullying, harassing, racial, sexual language or gestures towards staff or peers. No substance use with friends of group or individual therapist and no gang discussion or use of gang gestures.

	SIGNATURE	DATE
BHT Manager Approval to move up to Level 1		
Education Approval to move up to Level 1		
Education Approval to move up to Level 2		

Therapist confirms less than 3 redirections per day (Tuesday- Monday): _____

(Therapist Signature)

Return this worksheet and all assignments to your therapist.

Date presented to Treatment Team: _____ Approved for Level 1: Yes No

Notes: _____

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Level 1 to Level 2 Worksheet

Name: _____ Date: _____

Completed Accountability Paper
Identified all substances used and the frequency
Timeline of Substances
"Why's" paper completed
Triggers for substance use paper completed
5 Major reasons you want to stop using substances paper completed
Review chapter 5 of HA book and write one-page paper summarizing the chapter, including what you got out of it personally

Please have BHT, Education, Nursing and Therapist sign to acknowledge the following:

- You have followed all daily schedules, groups and educational requirements
- You have not engaged in aggression, bullying, disparaging, racist, sexual language or gestures towards staff or peers. No substance use talk (outside of group or individual therapy) and no gang discussion or use of gang gestures.

BHT Manager Approval to move up to Level 2: _____

Education Approval to move up to Level 2: _____

Nursing Approval to move up to Level 2: _____

Therapist confirms no more than 3 redirections weekly (Tuesday- Monday): _____

(Therapist Signature) _____

Return this worksheet and all assignments to your therapist.

Date presented to Treatment Team: _____ Approved for Level 2: Yes No

Notes: _____

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Level 2 to Level 3 Worksheet

Name: _____ Date: _____

Completed Amends letter to each person identified in your Accountability Paper
Present Amends letters to family members during family session
Complete Permission to use substances paper
Level of Control developed and presentation developed and presented
Extended Relapse Prevention Plan Completed
Triggers Paperwork Completed
Future Life Plan developed and presented

Please have BHT, Education, Nursing and Therapist sign to acknowledge the following:

- You have followed all daily schedules, groups and educational requirements
- You have not engaged in aggression, bullying, disparaging, racist, sexual language or gestures towards staff or peers. No substance use talk (outside of group or individual therapy) and no gang discussion or use of gang gestures.

BHT Manager Approval to move up to Level 3: _____

Education Approval to move up to Level 3: _____

Nursing Approval to move up to Level 3: _____

Therapist confirms no more than 2 redirections weekly (Tuesday- Monday): _____


(Therapist Signature) _____

Return this worksheet and all assignments to your therapist.

Date presented to Treatment Team: _____ Approved for Level 3: Yes No

Notes: _____

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Level 3 to Level 4 Worksheet

Name: _____	Date: _____
_____	Complete Centeredness Assignment
_____	Complete Control Assignment
_____	Extended Relapse Prevention Plan presented to family and group
_____	Verbal Testimony given to family
_____	Continue to be a dorm leader
_____	Complete "Seeing Oneselves Clearly" Assignment
_____	Complete "The Price of Dishonesty" Assignment

Please have BHT, Education, Nursing and Therapist sign to acknowledge the following:

- You have followed all daily schedules, groups and educational requirements
- You have not engaged in aggression, bullying, cheating, racial, sexual language or gestures towards staff or peers. No substance use talk (outside of group or individual therapy) and no gang discussion or use of gang signs.

BHT Manager Approval to move up to Level 4: _____

Education Approval to move up to Level 4: _____

Nursing Approval to move up to Level 4: _____


Therapist confirms 7 consecutive days of no more than 1 redirections (Tuesday- Monday).

(Therapist Signature)

Return this worksheet and all assignments to your therapist.


Date presented to Treatment Team: _____ Approved for Level 4: Yes No

Notes:



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Sample Behavioral Contract # 1



BEHAVIORAL CONTRACT

02. Expressing how I see I am progressing with my change efforts in house meetings with a focus on honesty:

03. Writing assignments: (1 page typed each in Times New Roman 12 font)

- What does honesty mean to me and how does practicing it support my recovery?
- How does expressing how I am feeling with support people support my recovery?
- How does complying with my Drug Court mandates influence my recovery?
- What does perseverance mean to me and how does practicing it effect my recovery?
- Describe where I want to see myself one year from today.
- What does willingness mean to me and how does practicing it support my recovery?
- What are my strengths and most valuable qualities? How do embracing them support my recovery?
- Read a story from the AA basic Text and compose a reflection on it.
- What is the benefit of weighing the "risk vs reward" when making decisions and how can doing so benefit my recovery?
- Describe my short-term and my long-term goals.
- What does mindfulness mean to me and how does practicing it support my recovery?
- What qualities do I want in my support system and how will those qualities support my recovery?
- What is my sobriety maintenance plan and discharge plan? (Detailed plan)
- What have I learned from complying with this behavioral contract?

To reinstate rights and/or privileges, please meet with your Primary Therapist to review your progress in completing the items selected above. Not following this agreement may result in a Multidisciplinary Team meeting, in which your participation will be invited.

Person Serviced

Clinical Director

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Sample Behavioral Contract # 2

Village IMPOWER Grove
BEHAVIORAL CONTRACT

00 Expressing how I see I am progressing with my change efforts in house meetings with a focus on honesty.

00 Writing assignments: (1 page typed each in Times New Roman 12 Font)

- NA Book: Jails, Institutions / Recovery (pg. 147)
- NA Book: Start a Meeting They Will Come (pg. 161)
- NA Book: Grow Up Together (pg. 176)
- NA Book: Growing Up in NA (pg. 250)
- What have I learned from complying with this behavioral contract?

To reinstate rights and/or privileges, please meet with your Primary Therapist to review your progress in completing the items selected above. Not following this agreement may result in a Multidisciplinary Team meeting, in which your participation will be invited.

Person Served

Clinical Director

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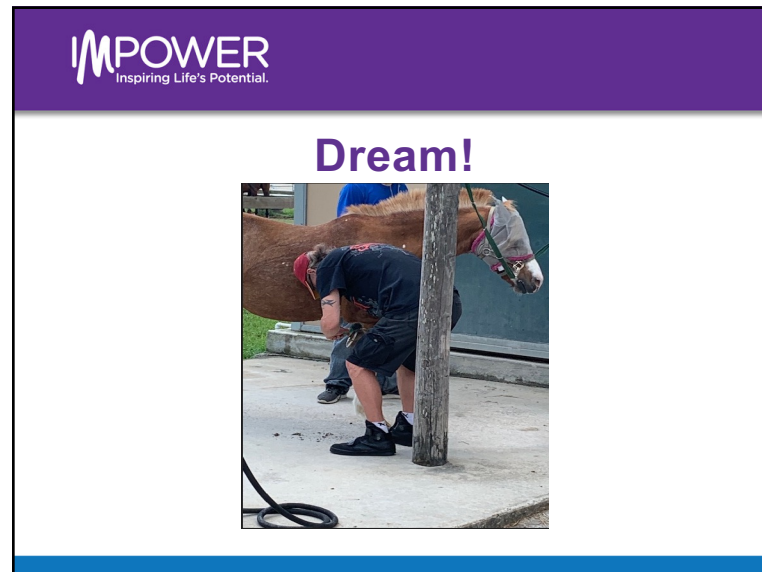
“Oscar, I’ve got an Idea!”

- Olympics
- Staff Olympics
- Advisory Council
- Equine Therapy
- Aqua Therapy
- Guided Meditation
- On-Site Yoga
- Grove Rewards Incentive Program
- Alumni Program
- Proxiguard

“This program will not look the same one year from now.”

E.M. Driver

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Aftercare

All youth who leave Residential should have:

- Transition Plan
- Referral for Medication Management (if needed)
- Referral for Intensive Outpatient (IOP) or Outpatient (OP)
- Alumni Program Info

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Case Review # 1: Harvey

Client is a 15 y/o male referred for substance use residential treatment. Client endorsed use of cannabis since age 13 and consistently since age 15. Client denied diagnostic history, per collateral client has been assessed for bipolar disorder, and possible schizophrenia. Client has presented with delusions and paranoia. Client presented with flat affect, and at times presenting with disorganized Speech. Per collateral, client has been prescribed Zyprexa however it is unknown if the client is compliant. Per collateral, client has history of aggression, anxiety and paranoia. Client appears to be in contemplative stage of change as evidenced by recognizing to some extent his need for treatment to "fix his mental".

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Case Review # 2: Cali

Cali is a 15 year old female who identifies as heterosexual. Client reported that she was referred to treatment by her probation officer and mother as it would assist with her probation and because she kept testing positive for Cannabis in drug court. Client reported that she is currently on probation for her battery charges. Client reported that charges are for physical altercation with her cousin. Client stated that she recently Became reconnected with her father about a year ago. Client reported her history of being expelled from school for having "weed" on campus. During the assessment, client appeared guarded at first, but after rapport was built, client became open.

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"When you a therapist, you're client is the individual, family or group. When you're an Administrator, your client is the organization."

Patricia Caballero
Professor
Barry University

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