RESIDENT HANDBOOK

"We demand Greatness not Compliance"

Welcome

Welcome to Island View. We, the people working at Island View, have made a career decision of working with teenagers. The reason is simple, we like them. For the most part, teenagers are fun, open minded, and often have a sense of fairness and compassion for others. We particularly like to work with those youngsters who, for some reason, have experienced some difficulties and assist them in finding their way back to total health -- mind and body. This is very rewarding. We feel it is a privilege to have you with us. We commit ourselves to assist you in your journey to a better lifestyle.

I. INTRODUCTION

Island View is **not** a Mental Hospital or Correctional Institution. That means we are not dealing with young people who are criminals or have significant mental problems, like losing touch with reality. Island View is a Special School for adolescents who may experience some emotional and/or behavioral difficulties and because of those difficulties have become "stuck". Island View's principle purpose is to help you to become "un-stuck" and go on to live a happy productive life, free of the kinds of problems that will hold you back from achieving your worthwhile goals.

Island View recognizes that your family is a big part of all of this. In fact, we believe that your family is part of the problem and therefore must be part of the solution. For this reason, your family will be involved with you and the Island View staff on a weekly basis.

The program at Island View provides a safe, predictable, organized, and supportive environment where students are encouraged to get rid of problem behaviors and then challenged to make fundamental changes in their lives. This means that we are not simply satisfied with you becoming an "non rule-breaker", but to be able to go beyond just doing what you are asked to do to actively change your lifestyle, to assure success. For that reason ***We Demand Greatness not Compliance*** for our residents.

II. WHAT IS ISLAND VIEW ALL ABOUT

Anybody that knows anything about teenagers knows that they influence each other a great deal. Young people, like yourself, have the **POWER** to influence others and you may be influenced by others. That means that you have the power to influence others in a **NEGATIVE** or a **POSITIVE** direction. Some teenagers have such **LOW SELF-ESTEEM** that they are very easily influenced by others and will do just about anything to be accepted or to be "cool" -- even if it means doing things that part of them knows is not right, dangerous and/or self-destructive.

Island View has developed a unique program that helps teenagers like yourself to become a **POSITIVE LEADER** or a **POSITIVE PEER**. At Island View you will become a member of a team of fellow peers. Within that team, you have the opportunity to work together with other peers -- not to tear each other down, or try to get each other in trouble -- but help each other to live happier, more productive lives.

Helping each other achieve worthwhile goals such as preparing for college, preparing for the job market, getting back to regular school, getting rid of self-defeating behaviors, getting along with family

members and others, overcoming bad habits and learning new ones, etc., is what Island View is all about. The central purpose of your stay at Island View is to assist you in developing *self-worth, significance, dignity, and responsibility*. Equally important, we believe that you can not develop these kinds of things unless you are willing to help others achieve those qualities. This means that at Island View ***you will be expected to become a positive role model, directing other young people away from selfishness and conflict toward a spirit of concern and service for others***. At Island View you can discover that other peers have experienced the same or similar problems. YOU can become a POSITIVE LEADER by giving others hope and courage and through that help yourself to be a successful, healthy person.

To assist our residents in the achievement of their overall goals and objectives, Island View has "engineered" a program which includes a number of things, they are:

- *A code of conduct* - providing resident with basic guidelines and expectations of behavior contributing to a safe, predictable environment.
- *Terminology of Problems* - simplifying often complex psychiatric or psychological language into a "user friendly", easily understood language of problems which makes it easier to discuss therapeutic stuff between peers and staff.
- *A Phase System* - which provides residents with a guidepost to their individual progress and consequentially rewards therapeutic progress and/or regress.
- *Community Roles* - which provides residents with the opportunity to practice a variety of skills and provide short term reinforcement opportunities for pro-social behavior.
- *Therapy Process* - including individual, group and family therapy, that promotes trust and openness not invasion and exposure; a climate of change, not a climate of security; focuses on the here and now not the past; views problems as opportunities not trouble; and encourages greatness not obedience.
- *Community Meetings* - which foster a sense of community, provide leadership opportunities, promote cooperative group interaction, negotiation skills, organization skills and accountability, as well as give residents a forum for individual and/or group recognition.
- *School* - which provides a junior and high school curriculum that will meet your graduation requirements.
- *On and Off-Campus Activities* - which will include such things like mountain biking, skiing, rock climbing, ROPES course, swimming, bowling, white water rafting, sports, etc.

III. CODES OF CONDUCT

A. Hygiene/Dress/Grooming Code

It is important that the facility is clean and free from any agents that may jeopardize the health and well being of residents and staff. In addition, emotional health and personal hygiene, grooming and dress are

often interrelated. Poor hygiene, sloppy or negative appearance often contribute or indicate one's emotional pain or anger, or expresses opposition and defiance.

Hygiene Code

1. Shower one time each morning and after all physical recreation activities.
2. Keep hair clean and groomed or styled.
3. Brush teeth after every meal.
4. Wash hands before each meal.
5. Follow the individual treatment plan with respect to hygiene related issues.
6. Keep bedroom and bathroom clean at all times.
7. Change and wash personal linen at least weekly.
8. All dirty/used clothing must be washed at least weekly.
9. Clean-up after self when using general areas of the facility.
10. Residents must alternate use of shoes and socks/nylons to promote good foot hygiene.
11. Towels must be washed at least 2 times each week.

Dress Code

1. A resident is expected to be attired in activity appropriate clothing. Coats are to be worn outdoors only. Nylon looking pants/shorts are to be worn in recreational activities only. No layering over outer clothing (i.e. wearing jeans over gym shorts). Appropriate "workout" underclothing must also be worn during recreational activities at all times.
2. All clothing must be prominently labeled with the initials of the resident.
3. Only clean clothing may be worn. (Clothing with worn or specifically made holes, tears, patches, heavy fraying at the bottom, or that is badly worn is inappropriate.)
4. Clothing may not be gang related nor project a negative image. (Clothing with alcohol, cigarette, musical groups, sexually suggestive content, combat clothes, rave attire, tie die clothing, sagging pants and showing underwear, hip-hop and/or oversized pants are all inappropriate.)
5. No solid color outfits or gang related attire including socks is permitted.
6. Pants can be only 1 size larger than waist to prevent "sagging" and cannot be "baggy" in the legs. Shorts can not be longer than the knee and not shorter than mid-thigh. Skirts and dresses must be no shorter than knee-top length while sitting and are not to be worn over pants.
7. Shirts may be worn out unless specifically tailored to be tucked into pants. These include shirts with tails, uneven bottoms, etc. Shirts that hang down longer than the back pockets are also required to be tucked into pants.
8. No earrings for male residents and no gauged earrings for females. No body piercing (nose, tongue, belly rings, etc. for males or females); no more than two (2) earrings per ear for female residents; (earrings can not be of the dangling type and are to be no larger than the size of a quarter); only one (1) finger ring per hand, (1) bracelet or watch per wrist and ankle, phase cord counts as one bracelet for all residents and must be worn on the right hand wrist. Choker type jewelry is not allowed.
9. Hats can only be worn on off-campus activities and when outdoors. Brim of hat must be worn forward. Hats are to be activity and weather appropriate.
10. Sunglasses are not to be worn or placed on top of head while indoors.
11. Male and female residents must wear appropriate underclothing (bras for females). Underclothing should not be visible at any time and must be activity specific.

12. No sexually provocative clothing (i.e. short-shorts, halter tops, excessively tight or form fitting, pants, muscle shirts, low-cut tops, rolled-up sleeves, capped sleeves, etc.). Shirts need to be of appropriate length to prevent midriff or underclothing from showing especially when arms are raised. Tank tops may only be worn as underclothing and may not be visible.
13. For special events, ceremonies, etc. each resident needs a set of "nice" clothing.
14. No borrowing from fellow residents, nor "giving" of personal belongings to other residents. Residents will take all belongings with them upon discharge and not give them to other peers or donate them to the team.
15. "Punk-like" jewelry or clothing is inappropriate (chain chokers, spiked or studded leather wrist bands, etc.). Each resident is limited to wearing two (2) necklaces. Hemp jewelry is not allowed.
16. Tattoos of an inappropriate nature will be covered with long sleeve, long pants and/or bandage.
17. Dress code standards must be adhered to whenever residents are on campus including the time beginning, during or at the end of LOA's, at graduations or when visiting after discharge.
18. No steel toed footwear, platform shoes (soles/heels over 2 inches in height), or combat/army type boots.
19. Only slippers, flip flops and/or socks are to be worn in the dorm areas. Walking around bare foot is not appropriate at anytime.
20. All residents must be properly covered at all times when in bedrooms, common bathroom areas, or other places within the facility with the exception of time when showering or while using the toilet facilities.
21. Proper sleep attire should consist of pajamas or a t-shirt and shorts/pajama bottoms. Tank tops or sleeveless t-shirts are not appropriate. When residents are out of bed they should be properly covered at all times as sleep attire is not proper when in the hallway or when walking around in the room.
22. Backpacks are to have no writing or inappropriate material on them as outlined in other places in this manual. Backpacks should be appropriately stored when not in use (not laying in the hallways, blocking doorways, etc.).
23. No altering of clothing or shoes (i.e. writing/coloring on shoes, bags, clothes, pegging pants or sewing patches, etc.).
24. No writing/coloring on skin.
25. Jewelry is not to be worn during recreational activities.
26. No oversized or big belt buckles will be allowed.

Grooming Standards

1. Avoid the use of excessive make-up and remove make-up daily before bed.
2. Sharing make-up will result in loss of all make-up for a minimum of seven days.
3. Personal grooming such as hair combing, putting on make-up, nail cutting, etc., is performed in the privacy of the residents bedroom and/or bathroom.
4. Residents are not allowed to perform beauty procedures on other residents.

Haircut/Hairstyle Policy (Males)

1. Hair length in the back will be above the collar.
2. On the sides, hair will be no longer than the top of the ear.
3. In the front, hair will be above the eyebrows.

4. Side burns will be no longer than mid-ear.
5. There will be no areas cut closer than 1/4 of an inch.
6. No ponytails will be allowed.
7. No dyeing in radical colors. Only natural colors will be permitted and only then with their therapist prior approval.
8. No haircuts or styles will be allowed that attract undue attention. (This includes excessive use of gels or "slicked back or forward" styles, spiked, etc.)
9. All male students are expected to be clean shaven.

Haircut/Hairstyle Policy (Females)

1. There will be no areas cut closer than 2 inches.
2. No dyeing in radical colors. Only natural colors will be permitted and only then with their therapist prior approval.
3. No hair wraps or other semi-permanent/permanent hair attachments.
4. No haircuts or styles will be allowed that attract undue attention.
5. Hair may not cover the face or eyes.

Note: Residents whose appearance does not conform to dress code and grooming standards will be restricted to the unit and may result in Sherlock deficiencies until corrected.

Sherlock Marks

A "Sherlock Mark" is a deficiency logged by the Community Role of Sherlock, or designee, throughout the day for hygiene, grooming, or dress code infractions and for dirty personal and/or common living areas. During Morning Kick-Off, the Sherlock, or designee, along with the Team Coordinator and under the supervision of a staff member makes the rounds of the living quarters of the residents. The Sherlock inspects each person's room and their assigned clean-up areas methodically for appropriateness and cleanliness. Marks are recorded on the *"Sherlock Mark Log"* and then later recorded on the team board. The Sherlock will announce the results of his/her "run" during Morning Kick-Off by reading off the deficiencies by resident name. Immediately following Morning Kick-Off, residents are expected to correct any marks they received. Should a resident disagree with any marks received, they are not to enter their rooms but wait for the Sherlock and a staff member to go over their deficiencies with them.

The Sherlock will also make another inspection run in the afternoon or evening and whenever the team is leaving the dorm. On these inspections the Sherlock will visually inspect the resident rooms from the hallway to ensure continued cleanliness and neatness. Additionally, the Sherlock, or designee, is responsible for ensuring that residents are adhering to the hygiene, grooming, and dress code standards throughout the day.

If a resident feels that marks are unjust or caused by another person, they should drop a slip on the responsible party and address it in problem-solving group. A resident cannot issue a verbal cue for receiving a sherlock mark.

A. Consequences:

1. Daily - Residents who receive 4 or more sherlock marks in a day will automatically lose a phase privilege for the next day.
2. Weekly - Residents who receive more than 12 sherlock marks for the week will automatically lose their movie privilege for the weekend and their late sleep on Sunday morning. Residents who have lost their late sleep will work with staff on special assignments on Sunday mornings.
3. Phases - Additionally, residents will lose all privileges for their current phase for the next week if they exceed the weekly amount of sherlock marks allowed for each phase which are:

Explore Phase:	(12) Sherlock Marks per week.
Apply Phase:	(10) Sherlock Marks per week.
Impact Phase:	(8) Sherlock Marks per week.
Test Phase:	(6) Sherlock Marks per week.

Note: Receiving more than 12 sherlock marks for two consecutive weeks will result in the automatic loss of the current phase for a resident.

4. The "Dirty Bird" Award - The individual team with the most unkept or disorganized unit will receive the dreaded "Dirty Bird" Award which results in the team being responsible for the cleanliness of the vans on Sunday mornings.

B. Recognitions:

1. Weekly - Residents who receive (0) sherlock marks for the week will be rewarded with a special recognition item from the Milieu Managers.
2. "Sponge Bob" Award - The individual team with the cleanest unit for the week will be awarded the prestigious "Sponge Bob Award" entitling their team to a special reward determined by the Team Director on their next movie night.

B. General Conduct Codes

Code for Fostering a Safe Environment

It is paramount to the treatment environment that all residents enjoy a sense of safety and not have to deal with any form of violation of property and/or person. Therefore, all residents need to feel safe from physical, sexual, emotional and property violations. For this reason all residents are expected to abide by the following Code of Conduct, and will **not** engage in the following:

1. Any form of violence. (i.e. pushing, shoving, hitting, kicking, biting etc.)
2. Threatening or hurting oneself by self-mutilation, suicidal threat, other unsafe and dangerous behavior.
3. Any real or implied threat of violence.
4. Any form of sexual acting out, including petting, touching, kissing, note writing, exhibitionism, or sexually offensive comments, etc. [Being "in the position" of the offense -- not actually engaging in them -- carries with it the same programmatic consequences.]

5. Any form of destruction, mutilation or damaging of facility, staff or other resident's property.
6. Any theft (including unauthorized use) of property of fellow residents, staff or facility.
7. The possession, transmittal or aiding and abetting the use or possession of contraband (weapons, drugs, alcohol, pornography, stolen items, or other items that are specifically forbidden by rule or policy).
8. Running, planning or participating in running away from the facility.
9. Violation of the confidentiality of residents, their families or the team.

Yellow Zone

A resident who violates one or more guidelines of the Safety Code is immediately evaluated by the interdisciplinary team as to whether the resident should be placed on **Yellow Zone** in an effort to insure safety for the resident and his/her peers, and minimize disruption to the therapeutic community at large.

Yellow Zone Procedure:

1. Residents are placed on Yellow Zone for **no less than 18 hours and not more than 72 hours**. The length of time a resident is placed on Yellow Zone should be based on the severity of the offense, number of offenses, level of responsiveness and any other contributing clinical or treatment issues.

2. When a resident is placed on Yellow Zone, he/she is suspended from all privileges (not to include basic resident rights). The following is a list of the restrictions and privileges associated with Yellow Zone Status:

   2.1 The resident is to be restricted to their dorm common areas for the duration of the Yellow Zone and until his/her Yellow Zone Written Assignment *(See Appendix B, Yellow Zone Written Assignment)* is satisfactorily completed.

   2.2 The Primary Therapist for the resident should utilize this time for a more individualized focus designed to encourage deeper reflection on current treatment issues. These may include, but is not limited to, therapy assignments, amends work, empathy processing, etc. This is not a time for the resident to check out of the program and relax in their room, engage in leisure activities, read a good novel or catch up on their sleep.

   2.3 The resident is to remain in staff's line of vision at all times. This includes at bedtime where the resident will be situated in the hallway and monitored throughout the night by the night staff.

   2.4 A resident on Yellow Zone is to attend all milieu groups, meetings, and therapy groups but **is not** allowed to participate. This is a time for the resident to listen and learn and to benefit from the positive role modeling from his/her peers. During these groups or meetings the resident should sit next to staff for increased support.

   2.5 The resident will be suspended from all community roles and any other milieu responsibilities.

2.6 The resident will not participate in off-dorm recreational activities. They will instead be given a daily substitute aerobic activity on the dorm. (Residents who have been placed on Yellow Zone within the **past 6 days** will also not be allowed to participate in the next off-campus day.)

2.7 While a resident is "serving" his/her time on Yellow Zone, the multi-disciplinary staff may consider further programmatic consequences for the resident contingent on the circumstances and nature of the safety code violation.

4. Removing a resident from Yellow Zone must be approved by the interdisciplinary team including at minimum the Team Director or Primary Therapist and a Milieu Manager. Staff may remove a resident from Yellow Zone at anytime **after** 18 hours **and no later** than 72 hours. Such clinical judgment is based on the following:

   a. The resident must complete a Yellow Zone Written Assignment, drop a link slip to attend the Yellow Zone Committee Meeting and must present assignment and have it accepted by the Yellow Zone Committee. Failure to do so will effect their ability to advance or regain a Phase, and will restrict other programmatic indicators such as LOAs, privileges, etc.
   b. The nature and severity of the resident's behavior that placed him/her on Yellow Zone;
   c. The behavior while on Yellow Zone;
   d. The resident's verbal and/or written plan of action reflected on their Yellow Zone written assignment which delineates the resident's strategies of how he/she can avoid being placed on Yellow Zone.

   <u>**Note:**</u> There may be times, for example, when a resident has been on Yellow Zone for 72 hours but continues to demonstrate a pattern of harmful, threatening or assaultive behavior **or** while on Yellow Zone there is a clinical indication of the resident's ongoing intent to place others in harms way. In these instances the resident is clearly demonstrating a need for increased levels of supervision, restriction and clinical intervention. Under these circumstances Yellow Zone would no longer be the appropriate intervention and should be discontinued in lieu of placing the resident on precautions and other restrictions or sanctions until such time as the resident no longer poses a danger to him/herself or others.

5. When a resident is removed from Yellow Zone he/she must then spend four (4) full days in the Orientation Phase. While in Orientation Phase the resident will be assigned a compass and comply with all of the milieu requirements for a "compee" who is being oriented to the milieu expectations and guidelines.

6. After spending the required four (4) full days in the Orientation Phase after the Yellow Zone time has been spent, the resident has the option to re-apply for a different Phase. For a first time offense of a particular safety code (1-9) the resident so affected may ask to transition back to the phase they were in prior to the Yellow Zone. For second and/or multiple offenses of a particular safety code (1-9), the respective resident may ask to transition to a phase that is one

below the phase they were in and must remain 14 days on that phase before he/she can ask to transition to the phase from which he/she was dropped for the second safety code violation.

Example A: *A resident is on Impact phase. He/she violates rule #3 of the safety code for the **first** time. The resident will be placed on Yellow Zone (18 to 72 hours; see Yellow Zone). After the resident comes off Yellow Zone he/she will be on Orientation phase for four (4) full days, after which the resident can **ask to transition back to Impact phase.** Transition to Impact phase is contingent on his/her conduct while on Orientation phase. The resident may be awarded <u>any</u> lower phase if the violation and subsequent behavior on Yellow Zone merits it.*

Example B: *A resident is on Impact phase. He/she violates rule #3 of the safety code for the **second or additional** times. The resident will be placed on Yellow Zone (18-72 hours; see Yellow Zone). After the resident comes off Yellow Zone he/she will be on Orientation phase for four (4) full days, after which the resident can **only ask to transition to Apply phase,** i.e. the resident will have regressed one phase. The resident will have to be on Apply phase for 14 consecutive days before he/she is eligible to ask to be considered for transition to Impact phase. Again, transition to Apply phase is contingent on his/her conduct while on Orientation phase. The resident may be awarded <u>any</u> lower phase if the violation and subsequent behavior on Yellow Zone merits it.*

<u>Yellow Zone Appeal</u>

Yellow Zone Appeal provides a formal process for residents to appeal placement on Yellow Zone Status when they feel this decision by staff was unjust or unwarranted.

Guidelines:

1. Appeals are to be submitted in writing on the appeals form *(See Appendix B, <u>Yellow Zone Appeals Form</u>)*.

2. The Team Director or his/her designee will review the appeal within 6 hours or the morning of the next business day if appealed during the weekend or after the end of the business day.

3. The response to the appeal will be communicated in writing to the resident on the bottom section of the appeals form.

4. When the resident has made an appeal, this will not alter his/her phase until a decision has been made on the appeal.

5. Abuses of the appeal process through repeated filing of frivolous or multiple unjustified appeals will result in additional program sanctions.

Code for Fostering a Positive Environment

Each person has a need to be treated with dignity and respect. A successful person is one who is able to handle him or herself in a dignified, mature manner even though he/she may not always agree with, or feel comfortable in all situations. For this reason, residents are expected to follow the guidelines listed below:

1. Shows respect for others by not embarrassing, provoking or bullying others. Does not seek negative attention.
2. Shows ability to get along with those in authority such as staff, parents, teachers, or peers in leadership positions.
3. Doesn't blindly follow others to "buy" friendship, makes own decisions, does not allow others to misuse him/her.
4. Does not mislead others into negative behaviors.
5. Knows how to channel anger appropriately, maintains control even when others attempt to embarrass, provoke or bully. Will seek appropriate help.
6. Knows/uses appropriate ways for getting things he/she wants/needs.
7. Willing to face failures and mistakes without rationalizing, minimizing or projecting.
8. Has no need to con people, act superior, or play the "show off" role.

General Floor Rules

1. Always leave an area better than you found it.
2. Do not swear or use profanity outside of a group therapy setting and then only within the context of the group and/or the emotions that arise.
3. Always follow the last instruction that you are given.
4. Do not talk about someone if they are not present to defend themselves.
5. It is not permissible to "drop" someone's name in an attempt to justify or approve actions if that person is not present to verify what was said.
6. No loitering in another resident's doorway or entering the bedroom of other residents unless accompanied by a staff member. Violation of this rule will result in transition back to Orientation phase. Residents on Orientation phase will have other programmatic sanctions applied.
7. No horseplay in resident rooms, the halls, community room and dining room.
8. Residents are not to leave the dorm area without staff permission. Crossing other team hallways is permitted only when supervised by staff for laundry, time-out, dining, pickup of supplies, or school.
9. Accept verbal cuing without responding with a verbal cue to that individual.
10. No feet on the furniture. This applies especially to feet being put up on the desks or personal areas in the rooms. Violation of this rule will result in losses of Phase privileges.
11. Pick up after self.
12. Keep noise at non-distracting levels.
13. Items restricted from being in the milieu:
    - magazines other than those checked out from library
    - electric guitars & amplifiers
    - additional bedding beyond the allotted items
    - select athletic gear (i.e. lacrosse stick, golf clubs, hockey sticks, etc.).

C. School Conduct Code

School is an essential element of the daily milieu program and offers residents the opportunity to continue their academic progress as well as the chance to make up lost credits. School attendance and active participation in the academic program is required by all residents in order to succeed within the treatment community. To ensure a classroom environment conducive to learning all residents are required to abide by the following School Conduct Code:

1. Specific guidelines established by individual teachers for their classroom will be respected.
2. Students must comply with teacher's assigned seating arrangements in each of their classes.
3. Personal Boundaries:
   a. No talking to members of other teams outside of class.
   b. No talking about class members or class business outside of class.
   c. No talking about other class members unless they are present and included in the conversation.
   d. No talking about team business or activities during school.
   e. No disclosing personal issues or information (addresses, phone numbers, etc.).
4. Personal Contact:
   a. Physical contact of any kind with another resident is strictly forbidden.
   b. Writing or passing notes to another resident will result in school suspension and Yellow Zone.
   c. Flirtatious behavior (attention seeking, posturing, excessive eye contact, etc.) will result in disciplinary action.
5. Study notes are to be exchanged with other students only through the teachers.
6. No exchanging or borrowing paper/school supplies without first getting the teacher's permission.
7. Students who leave class for any reason (therapy, transport, etc.) must check out with the milieu manager in the hallway and sign out on the appropriate sheet.

Behavior Between Classes

1. There are no interactions once classes are dismissed by the teacher.
2. Students will line up in the section of the hallway assigned to their team. Students are not to line up within 2 feet of any doorway.
3. Class appropriate interactions will be allowed by the teachers after they call the class to order.

Missing Assignments

Students at Island View rarely fail courses if all of the work has been turned in, whether on time or late. Within the constraints of the Island View schedule, it is realized that timely completion of work may be difficult (and sometimes even feel impossible to students at times). However, the amount of work done in class combined with homework assigned is the bare minimum to allow for the ethical issue of credits for the courses offered at Island View. In an effort to minimize the "nasty build up" of late and incomplete assignments the following consequences will be applied:

1. Students missing assignments in any class by the end of the school day on Thursday each week will automatically result in an *Academic Detention* and loss of the next off-campus day.

2. Failure to make up missing assignments for another week will result in immediate transition back to the previous phase and loss of off-campus day.

Disciplinary Action

A resident who violates the guidelines set forth in the School Conduct Code will immediately be evaluated by the teaching staff to determine the course of action required to correct problems. The teaching staff will first attempt to utilize classroom consequences in an effort to extinguish inappropriate or disruptive behaviors in the least restrictive manner possible. Residents who fail to respond to classroom consequences or exhibit violations of a more severe nature will be subject to the more restrictive disciplinary actions of detention or suspension. All available teaching staff will be involved in decisions to place a resident on detention or suspension and will document their decisions on a disciplinary action slip *(See Appendix B, Disciplinary Action Slip)*. A copy of the completed form will be given to the resident, mailed to the residents' parents and placed in the resident's chart.

Classroom Consequences

This represents the least severe consequence and will be assigned by the teaching staff for minor violations of classroom etiquette and behavior.

Detention

In School: Result of disruptive behavior requiring dismissal from class for the remainder of the class period or until readmission to class is approved by teaching staff. Detention will be served by doing school work at a desk in the school hallway during the class period.

Academic: Failure to complete assigned school work or maintain a passing grade. Detention will be served on Off-Campus days in the Detention Classroom during school hours. Detention will continue until missing school work is completed.

Note: Detentions may result in a transition back to an earlier phase for Test, Impact, and Apply phases. Residents in Explore phase will be determined on a case by case basis as some students have made recent changes to advance but are academically behind due to prior problems.

Suspension

Represents the most severe consequence that is given for behavior that is grossly inappropriate and/or disruptive to the learning process. Students who are suspended will be given a suspension slip, removed from school and will complete school work on the unit. Suspensions will be time limited as determined by the teaching staff. A resident will be required to complete a school admission request form *(See Appendix B, School Admission Request Form)* and have a meeting with a disciplinary board consisting of their teaching staff, milieu manager, and primary therapist to obtain approval for readmission. Suspensions will result in a transition back to an earlier phase.

IV. THE VERBAL CUE SYSTEM

Residents, upon admission to a treatment facility, have often developed negative behavior patterns and/or inappropriate behaviors that have become habitual. Negative and/or inappropriate behavior is often displayed for a myriad of reasons including but not limited to: boasting and acting tough, covering up feelings of inadequacy, unresolved anger, etc. The verbal cue system is designed to bring inappropriate behavior to the attention of the resident in a non-aggressive manner. This will permit the resident to take note of the unacceptable behavior and replace it with more appropriate, pro-social patterns of behavior.

A. The Cues

1. <u>Step 1</u> - *Verbal Cue*

The resident is verbally cued to correct his/her inappropriate (agitating) behavior. It is universally issued in the following manner, while addressing the resident by name and ensuring eye contact, "Your (inappropriate behavior) needs to stop," or "You need to stop (inappropriate behavior)." Example: "Billy, you need to stop using profanity in the classroom."

2. <u>Step 2</u> - *Stop NOW*

If the resident does not respond to the verbal cues issued in step 1 a second verbal cue is issued. Example: "Billy, you need to stop using profanity *NOW*."

B. The Use of the Verbal Cue System

It is a fundamental belief of Island View that a residents progress in achieving the goals and objectives of his/her treatment is related to his/her willingness to become involved in the betterment of the lives of his/her fellow peers. This fundamental process of calling attention to appropriate and inappropriate behaviors of other residents is a curative factor imbedded in the group therapy process. Island View's milieu program takes this concept one step further by encouraging residents to verbally cue fellow peers on their inappropriate behavior throughout the day within the structure of the staff supervised therapeutic environment.

Thus, residents are encouraged to cue each other during **"non-structured"** activities, that is when a staff member is not directly in charge and/or supervising an activity. Activities during which residents will not verbally cue each other are those which are directly led by a staff member. Those are: group therapy, classroom time, recreation groups, community meetings, etc.

Important: a. Verbal cues issued to residents by fellow residents are allowed under the guidance and/or supervision of staff. Misuse will result in restrictions from using verbal cues up to specific program consequences.

b. Verbal cues are issued in a neutral, non-judgmental tone of voice. A resident who issues an "inappropriate cue" or otherwise misuses a verbal cue should be cued by staff about the inappropriateness of the cue. The ability to issue verbal cues may be restricted from a resident if he/she repeatedly misuses them.

c. Residents should accept verbal cues without responding with or "firing" a verbal cue back to the individual. Use of the verbal cue system as a weapon is extremely inappropriate and will result in program sanctions.

d. Residents who have disagreements over verbal cues are strongly encouraged to drop a slip and address problems in the appropriate forum of Problem-Solving Group.

e. In order for a resident to progress through the phase system (see below), he/she must support fellow residents in their change process by issuing appropriate verbal cues.

f. A resident who, during the execution of his/her community role or during other forms of therapeutic community interaction, is unwilling to cue other residents cannot transition to new phases.

V. TERMINOLOGY OF PROBLEMS

At Island View, where adults work with youth, we have many different professions, each with a separate language. Teachers, milieu managers, social workers, psychologists, marriage and family therapists, psychiatrists, recreational therapists and others, including parents, speak a different language and therefore are often on a different "wavelength" when discussing problems. Since it is very important that we all understand each other when we discuss problems, we use simple terms to explain what can be complex problems.

All discussion of problems revolves around an easily understood set of labels covering most of the difficulties young people may experience. These terms include three general labels and nine more specific labels. These include:

A. General Problems

1. *Low Self-Image* - has poor opinion of self; often feels put down or of little worth.
2. *Inconsiderate of Others* - does things that are damaging to others.
3. *Inconsiderate of Self* - does things that are damaging to self.

B. Specific Problems

1. *Authority Problem* - does not want to be managed by anyone.
2. *Misleads Others* - draws others into negative behavior.
3. *Easily Misled* - is drawn into negative behavior by others.
4. *Aggravates Others* - treats people in negative, hostile ways.
5. *Easily Angered* - is often irritated or provoked or has tantrums.
6. *Stealing* - takes things that belong to others.
7. *Alcohol or Drug Problems* - misuses substances that could hurt self.
8. *Lying* - cannot be trusted to tell truth.
9. *Fronting* - puts on an act rather than be real.

Since a problem is defined as anything that damages oneself or another person, all problems theoretically can be encompassed within "inconsiderate of self" or "inconsiderate of others." If a behavior or feeling does not in any way hurt another person or the self, it is not a problem. Although "low self-image"

overlaps with "inconsiderate of self". The first is so pervasive that it merits a special place on the list. Since a classification system with only two or three categories would not facilitate clear and precise communication, several additional specific problems are included. These labels refer to particular patterns of troublesome behavior that occur quite frequently among youth.

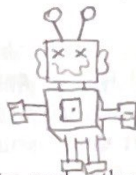
There are many connections between the first three general problems and the subsequent nine specific problems. For example, a resident who is easily misled may really have a low self-image. Before one can resolve the basic problem though, it may be necessary to focus on more specific problems. A group of peers may readily notice that a youth is always led into trouble by others, but they may initially fail to recognize the more subtle connection with self-concept.

The term *fighting* is not listed because the negative behavior is better described as "aggravating others" or being "easily angered" or "inconsiderate of others," none of which carries the negative connotations of fighting often perceived by troubled adolescents.

Sex problems are not specifically included because residents must accept the list as a valid description of problems. The inclusion of such a sensitive subject would be threatening enough to prevent residents from entering willingly into a program that appears to focus on such issues. This does not mean that sexual problems are not discussed in group therapy; rather, they may be discussed as they relate to a person's self image or as to being inconsiderate of self or others.

Family problems are also discussed in group but are not listed because of the tendency of troubled youth to hide behind the handy excuse of a troubled family rather than directly face his/her own problems.

Contemporary slang words for problems should not be substituted on the problem list, although the peer group may not necessarily be discouraged from using such expressions in their discussion. Most slang expressions have emotional connotations that interfere with the proper and serious consideration of a problem. For example, the slang term *ripoff* has a much more daring, flippant, and masculine image than does the somewhat more "sneaky" concept portrayed by the word *steal*. The problem labels on the list are neither supportive nor highly disparaging. Rather, the tone is mildly negative to neutral, which allows the youth to communicate about problems in an objective manner and makes the list equally useful to all individuals, adults and youth alike.



VI. THE PHASE SYSTEM

A. Purpose

Researchers, practitioners, parents and others working with adolescents recognize that the developmental stages of adolescence are characterized by many unique and potentially vulnerable events. The onset of puberty, the new search for self identity and the increasing magnitude of peer group influence are just a few of the factors impacting in a new way.

Once an adolescent has reached a state where healthy development and expression has been replaced by various forms of maladaptive behavior, the teenager typically can benefit from a variety of therapeutic interventions. Many researchers and practitioners alike have agreed that troubled adolescents best benefit from a therapeutic regime if the following issues are addressed. The issues presented here are not all inclusive but represent those that we believe to be of most significance in fostering change.

- *Safe Environment* - Adolescents who feel unsafe and are preoccupied with physical and emotional safety cannot effectively focus energies on the change process. Hence a safe environment is fundamental to the treatment of all problems. The codes of conduct promote a safe environment, while the phase system provides each resident with a predictable pattern of feedback/consequences contingent on the compliance to these codes.

- *Predictability* - One of the contributing factors for the acquisition and maintenance of emotional security is the ability to achieve a degree of predictability about the future and/or consequences of behavior. The phase system provides a relatively detailed outline of how each resident can progress in treatment contingent on a number of variables such as compliance and integration of basic codes of conduct, involvement in treatment, recreational therapy, education and in the therapeutic environment. Hence, consequences for program participation become very predictable and provide the resident with a sense of security.

- *Sense of Achievement* - The phase system provides the resident with a "step-ladder-like" scheme of how he/she can progress through the treatment program and hence reap the benefits of pro-social behavior. The rewards and privileges associated with each phase provide the resident with both long term and short term reinforcement. These reinforcements provide the resident with a sense of achievement.

- *Consequential Feedback* - Providing the resident with predictable, consequential feedback regarding his/her behavior significantly contributes to the development of pro-social behavior. In addition, maladaptive adolescents learn through this process that behavior, both positive and negative, does not occur in a vacuum but impacts not only the self, but the therapeutic community as a whole.

- *Road-map to Success* - The descriptors associated with each phase provide each resident with a clear "un-jargon" like map of how he/she can become involved in their own treatment and reap the successes associated with positive changes. Each resident also is involved in the development of a master treatment plan which specifies goals and objectives to be completed during treatment.

- *Support and Reassurance* - The fact that fellow residents experience the same or similar problems, difficulties, failures and/or successes in the phase system provides the resident with a sense of camaraderie which fosters support and reassurance. An occasional "set-back" along the progressive trail of the phase system is often easier overcome and appropriately dealt with if a fellow resident shares his/her experience and indicates that difficulties can be overcome. In that sense, residents may provide positive role modeling for each other.

- *Real Life* - To a degree, the phase system provides the resident with approximations of "real life" experiences, where positive, pro-social behavior is typically rewarded and maladaptive behavior is met with negative consequences. To that end, the phase system is a further attempt to create, within the therapeutic environment, a "real" setting as opposed to a setting that is free from consequential feedback.

B. Overview

The Phase System consists of five (5) different phases that residents progress through during treatment. In addition to the five phases, a security status referred to as Yellow Zone is designed to ensure residents who have violated safety rules of conduct are closely monitored (for details on Yellow Zone see page 5). In ascending order the five phases are named: Orientation, Explore, Apply, Impact, and Test. As a resident progresses through different phases, he/she is encouraged to move from external controls to internal ones, from simple compliance to a genuine desire to change. Correspondingly, as the resident progresses through the phase system he/she enjoys progressively greater and complex positive consequences.

Typically residents will move up and down in the phase system throughout the course of their treatment in response to various therapeutic and programmatic indicators. Residents are evaluated on an ongoing daily and/or weekly basis by the various members of the treatment team (i.e. milieu managers, therapists, teachers, activity staff and CD staff) for possible phase changes. Any member of the treatment team may suggest a phase change for a resident, up or down, which in turn is evaluated by the other members of the treatment team. If all members of the treatment team are in agreement then the phase will be adjusted either up or down as the case may be. If there is not a general consensus among the treatment team then no changes will be implemented to prevent undermining or splitting between all areas of treatment.

To assist in this ongoing evaluation and assessment, once a week every resident will be required to assess their treatment progress. The format for doing this is the "Weekly Self-Evaluation Report" *(See Appendix B, Weekly Self-Evaluation Form)* which is designed to be a self-evaluation form where residents will evaluate their progress or lack of progress in each area of their treatment (therapy, milieu, education, recreation, and C.D.). At the end of the form the resident has an opportunity to state what phase they think they are in and why. These forms provide invaluable information for the treatment team to not only assess the level of insight and awareness of each resident but also to understand the resident's perception of treatment progress and change.

C. Learning Experiences

During the course of treatment residents struggle within the treatment process and become resistive to the change process. When this happens, the staff may issue Learning Experiences or "L.E.s" to address problematic or inappropriate behaviors. There are two types of Learning Experiences that are employed in these instances:

1. **Phase Specific L.E.** - This represents the standard use of a learning experience where specific privileges associated with a particular Phase is taken away in order to apply consequences for manifested problems.

Example: *A resident on Impact phase may lose his third weekly phone call because he is extremely negative and verbally abusive on the phone with his parents.*

Another resident may lose her privilege of the radio/walkman because she has been caught repeatedly listening to the radio during times when radio listening is off limits. Or the radio privilege may be suspended because the resident fails to follow through

with a therapy assignment in the CD track. Taking the radio would be a natural consequence to motivate the child to follow through with assignments instead of lounging around listening to the radio.

Depending on the severity of the problems, the staff could take away more than one (1) phase specific privilege from a resident at a time. However, loss of a phase specific privilege may not be less than 24 hours and not exceed 72 hours or one (1) week for those privileges that occur only once a week (i.e - movie, off-campus, etc.).

In the event that *all* privileges associated with a particular phase are taken away as a result of problem behavior or consequences, by definition, the resident reverts automatically back to the previous phase. In other words, a Test Phase resident who has lost all Test phase privileges will automatically transition to Impact Phase, etc.

Residents on Explore Phase are exempt from this rule and can not transition to Orientation Phase. A resident may revert back to Orientation Phase on account of being placed on Yellow Zone. (See Yellow Zone for details).

2. **L.E. Other** - Residents that are struggling in their treatment or are unresponsive to a loss of phase privileges may benefit from an alternative type of intervention known as a Learning Experience (L.E.). An L.E. is designed to have the resident perform a task that is closely linked to the issues and problems manifested by the resident. The L.E. is designed to get the residents attention and focus on the manifested problem areas and assist him/her to negotiate the obstacles keeping the resident from making the desired positive changes.

Example: *Billy is verbally abusive on the phone with his parents. An L.E. may require Billy to write a paper on reflective listening.*

Susie is struggling with low self-esteem and continually mopes around the unit in a depressive stupor. An L.E. may be given to Susie to formally introduce herself to 30 peers and staff and ask them what they like about her.

Learning Experiences Guidelines

1. Before a resident is considered for removal from his/her L.E., he/she must, during the Wrap-Up Meeting, give a 1-2 minute presentation of how the L.E. was beneficial (i.e., the resident verbalizes what he/she learned from the L.E.).
2. Both phase specific loss of privileges and an L.E. can be assigned in any combination to the residents in order to individualize the consequences and individual treatment effect desired by the multi-disciplinary treatment team.

D. Peer Feedback Session

A "Peer Feedback Session" (P.F.S.) is the forum wherein residents are provided feedback and guidance on problematic or dysfunctional behaviors and contingent Learning Experiences are

delivered. It is the philosophy of the milieu program to promote positive change with the minimum amount of pressure and maximum reliance upon the curative properties of the therapeutic community.

A Peer Feedback Session (P.F.S.) is the next step following a corrective verbal cue in helping the resident to be aware of the inappropriateness of his/her actions and to reinforce the need for positive change. Peer Feedback Sessions will be conducted in a flexible, relaxed and informal manner to emphasize the process as being a cooperative venture as opposed to an authoritarian form of providing feedback. For example, it will not be required that any of the participants follow an exact script of verbal interaction as long as the process is adhered to. The Milieu Program Director, or his designee, is responsible for monitoring the usage of the Peer Feedback Session and coordinating with the resident's treatment team.

Procedure:

1. Assessment

Residents should be given two verbal cues for the same behavior before a Peer Feedback Session is indicated unless the behavior is so extreme or disruptive to warrant addressing it immediately. This affords the resident several opportunities to correct his/her behavior without consequence. However, there are two notable exceptions to this guideline:

a. In the event that you are addressing a major rule infraction, i.e. aggressive outbursts, it would not be prudent to wait for three infractions before addressing this behavior. Thus it would be advisable to have a Peer Feedback Session after one verbal cue.

b. In dealing with the various community roles and their responsibilities it is advisable to utilize Peer Feedback Sessions following two verbal cues for failure to perform their specific functions. This encourages residents to take responsibility for the various duties they are assigned and promotes the development of organizational, leadership, and decision making skills.

Once it has been determined that a Peer Feedback Session is indicated it will then be the responsibility of the milieu manager (or other clinical staff) to decide on the type of Learning Experience to be utilized, organize the meeting, and subsequently meet with the resident.

2. Meeting Format

a. A Peer Feedback Session will consist of a milieu manager (or other clinical staff), the Team Mentor or Team Leader or possibly another peer exhibiting leadership and the resident receiving the feedback. The staff member would first meet with the resident leader providing the feedback to discuss the issue being addressed and to provide direction or suggestions on how best to provide the feedback.

b. To summon a resident for a Peer Feedback Session, the Milieu Manager or other staff, will inform the recipient that they are needed for a P.F.S. and ask them to come with him/her to a meeting place (any room where privacy can be assured).

c. Once in the room, the resident providing feedback along with the staff member will have a discussion with the resident providing feedback as to the negative, inappropriate, or dysfunctional behavior displayed. Suggestions of more appropriate alternatives and the issuance of any learning experiences will also be included. Peer Feedback Sessions should contain the following:
   i. The specific event or behavior that resulted in the P.F.S.
   ii. Rationale on why this behavior is not appropriate and suggestions on ways to correct the behavior.
   iii. Relate the problem to everyday life situations.
   iv. Deliver the Learning Experience and P.F.S. form.
   v. Make sure he/she understands the feedback they have been given before ending the session.
   vi. Build up the resident's self-esteem or confidence by highlighting some of his/her positives.

d. The resident receiving feedback should be given an opportunity to interact to a degree which is clinically appropriate, to express concerns they might have or a lack of understanding about the feedback or Learning Experience received. A dialogue between those involved in the session concerning the antecedent behavior and the learning experience is strongly encouraged to promote greater understanding, acceptance, and to foster positive change through personal ownership by the resident being given feedback.

e. The entire process will merit close supervision by the Milieu Manager or other clinical staff in attendance to ensure that it is carried out in a therapeutic manner for each resident. Only one way exists to deliver a P.F.S., that is in a very positive, constructive, non-threatening and non-intimidating way with the resident. No harsh admonishment, yelling, or chastising of a resident will be permitted or tolerated in delivering a Peer Feedback Session.

f. Peer Feedback Sessions may contain up to three (3) peers and a staff member to deliver the feedback depending on the situation and therapeutic indication. These participants must be at a similar or higher phase and have demonstrated positive role modeling and characteristics.

E. The Phases

Orientation Phase

On the date of admission, each resident is placed in the Orientation Phase. The purpose of this initial step of treatment is to accomplish the following tasks:

1. On the day of admission, milieu managers are responsible to provide you with this "Handbook" and answer any questions relating to its content.

2. On the day of admission, milieu managers are responsible to provide you with a copy of the Resident Rights handout.

3. Orient you to the unit. This is done by assigning another resident (with the community role of compass) to work with you. The compass will orient you to all the codes of conduct and familiarize him/her with the daily routine.

Two weeks from the date of admission, you will automatically transition to the next phase – Explore Phase. However, residents may be placed at a higher phase by the treatment team following the initial two week orientation period depending on the therapeutic progress made in placements prior to Island View.

<u>*Orientation Phase Privileges*</u>

1. *Decoration of Personal Area* - Residents are encouraged to display family related photos. Photos may only be displayed directly above the residents bed and/or the residents desk.

2. *Bed* - Residents are encouraged to personalize their beds by utilizing quilts, up to two (2) stuffed animals or pillows brought from home.

3. *Weekly Phone Calls* - Residents in Orientation phase will receive two (2) 10-minute scheduled phone calls each week to only parents/guardians 2 weeks after admission.

4. *Weekly Movie* - Residents, who are new admits, have an opportunity to watch a movie in the group room with the rest of their team.

<u>*Orientation Phase Restrictions*</u>

1. Residents in Orientation phase are not eligible for any off campus activities.

2. Residents in Orientation phase may not participate in the weekly scheduled "Off-Campus Day" activities.

3. Residents in Orientation phase do not have visitation privileges unless clinically indicated and approved by the treatment team.

4. Not eligible for community role assignment.

<u>*Phase Transition*</u>

1. You will be on Orientation phase for 14 consecutive days after which you will normally transition to Explore phase or higher phase depending on previous therapeutic progress or possible programmatic setbacks within the first two weeks.

2. Residents placed on precautions are still eligible to transition to Explore phase after 14 days although they may not be able to use all Explore phase privileges due to restrictions stemming from their precautions.

Explore Phase

The Explore Phase is the first step in the treatment process. A resident in this phase is not really committed to the betterment of the self. He/she are often partially or totally in denial about their issues that brought them to this point in their life. Some residents, in fact, may see little wrong about their problem behavior.

Many residents in this phase may go through the motions because of external pressure to comply but lack the internal commitment and desire to make true changes. Such a resident does not disclose much about him/herself and takes little or no healthy risks.

It could be said that such a resident is going through the motions with little or no personal involvement and commitment.

(Please Note: The above description of Explore phase is a very **general description** only).

Explore Phase Privileges

1. *Decoration of Personal Area* - Residents are encouraged to display family related photos. Photos or other personal effects may only be displayed directly above the residents bed and/or the residents desk. At Explore Phase and above, residents are encouraged to also display posters, pictures, paintings etc. on the board above the personal study area. Only items which have been approved by staff may be displayed. (i.e. display items containing negative images associated with nudity, rock groups, seductiveness, drug usage, violence, satanic practices and/or gang related behavior are inappropriate).

2. *Bed* - Residents are encouraged to personalize their beds by utilizing quilts, up to two (2) stuffed animals and/or pillows brought from home.

3. *Weekly Phone Calls* - Residents on Explore phase will receive two (2) 10-minute scheduled phone calls each week to parents only.

4. *Weekly Movie* - Residents have an opportunity to watch a movie in the group room with the rest of their team.

5. *Board Games/Cards* - May participate in the use of board games or card games with other residents.

6. *Free Time in Room* - May utilize unscheduled time for own personal use in dorm room.

7. *Leisure Activities* - Able to engage in personal leisure activities, i.e. hobbies, crafts, etc.

8. *Musical Instrument* - Eligible to use personal musical instruments during free time or structured leisure.

9. *Community Roles* - Eligible to participate in community roles.

10. *Visitation* - Eligible for visitation as approved by the treatment team and according to the visitation policy guidelines.

Explore Phase Restrictions

1. New residents must transition to Apply phase before they are eligible for any off campus activity.

Phase Transition Requirements

A resident must meet the criteria listed below for each area before he/she is eligible for consideration for transition to Apply phase and once attained to maintain Apply Phase.

Milieu:

1. I have completed my autobiography and had it accepted.
2. I have received 10 or less "Sherlock Marks" per week for the past two weeks.
3. I participate minimally in all milieu groups and activities.
4. I am generally compliant with program rules with little attitude.
5. I am not disruptive on the team and am supportive of my teammates.
6. I still struggle with trust and am hesitant to confront negative behavior.
7. I am starting to take accountability and responsibility for myself.

Therapy:

1. I tend to be externally motivated.
2. I can name my general treatment issues.
3. I am somewhat open to other perspectives and feedback.
4. I am beginning to have some insight into how my behavior has impacted myself and others.
5. I minimally participate in sessions.
6. I am starting to accept structure.
7. My family has completed assigned therapy work.

C.D.:

1. I have completed, presented and had my "Wall" assignment accepted.
2. I have openly disclosed my substance use history to my group and parents.
3. I attend and participate minimally in all C.D. groups.
4. I approach individual C.D. sessions with an open mind.
5. I am able to identify how my substance use negatively effected my life.
6. I regularly attend onsite 12-step meetings to develop resources for helping in my recovery.

Education:

1. I usually complete and submit my assignments on time.
2. I am passing all my classes.
3. I usually make effective use of class and study time.
4. I sometimes ask for help and I'm not always aware of when I need it.
5. I usually show integrity in my work.
6. I don't engage in cheating behaviors.
7. I have had no suspensions in the last 7 days.
8. I usually exhibit socially appropriate behavior.

9. I am compliant with school/class rules and staff requests.
10. I demonstrate respect to peers and staff.
11. My attitude does not negatively impact my classmates.
12. Follows school conduct code most of the time.

Recreation:
1. I minimally participate in outdoor education programs.
2. I sometimes refuse activities that are not what I want to do.
3. I am somewhat open to learning new skills.
4. I occasionally demonstrate fair judgement and decision making skills.
5. I partially participate in health and fitness programs.
6. I usually keep clear and accurate fitness logs.
7. I understand use of heart rate monitors.
8. I am compliant with rules and staff.
9. At times I encourage others, support my team, and am a positive role model during activities.

Apply Phase

This phase is characterized by a resident who is beginning to apply some strategy for personal change. Such a resident can partially verbalize his/her issues but finds it difficult to "walk the talk." He/she may be buying into the therapeutic community of change but often succumb to personal and outside interference. A resident on Apply Phase is often tested by negative peers and the previously learned maladaptive behavior time and time again and will either pass or fail these trials depending on the decisions he or she makes.

It could be said that a resident in this phase is beginning to do the right things for the right reason, but not on a consistent basis and finds him/herself seduced by internal and/or external distractions.

(Please Note: The above description of a Apply phase resident is a very **general description** and is not meant to be all inclusive)

Apply Phase Privileges

Apply phase has all of the privileges of Explore phase with the addition of the following:

1. *Weekly Phone Calls* - Residents on Apply phase will receive two (2) 10-minute scheduled phone calls each week to parents only.

2. *Visitation* - Eligible for visitation as approved by the treatment team and according to the visitation policy guidelines.

3. *Foosball Table* - Able to play foosball during free time, structured leisure or other appropriate times.

4. *Nintendo* - Able to play Nintendo during free time, structured leisure or other appropriate times.

5. *Radio Walkman* - Residents on Apply Phase may use a headphone type radio. Headphone radios are not supplied by Island View, i.e. residents need to bring their own. (Stereos, CD/cassette players, MP3s / Ipods, etc. are not permitted).

6. *Electronic Games* - Apply residents are given privilege of using personal electronic equipment such as game boys, hand held games, etc.

7. *Off-Campus Activities* - Eligible to participate in off-campus activities.

8. *Off-Campus Day* - Eligible to participate in off campus day activity.

Phase Transition Requirements

A resident must meet the criteria listed below for each area before he/she is eligible for consideration for transition to Impact phase and once attained to maintain Impact Phase.

Milieu:

1. I have completed my "letter of intent" and had it accepted.
2. I have received 8 or less "Sherlock Marks" per week for the past two weeks.
3. I participate fully in all milieu groups and activities.
4. I am mostly compliant with program rules with a good attitude.
5. I am usually supportive of my teammates and starting to emerge as a leader on the team.
6. I am beginning to develop trust and am comfortable confronting negative behavior.
7. I take accountability and responsibility for myself.
8. I have passed my Food Handler's Test.

Therapy:

1. I am becoming more internally motivated.
2. I can identify goals for each of my treatment issues.
3. I am open to feedback and seek it out to manage myself better.
4. I am using insight to develop new strategies to help myself and to promote change.
5. I initiate work in therapy and am invested in the process by completing therapy work on time.
6. I am able to manage myself with minimal external structure.
7. My family has completed assigned therapy work.

C.D.:

1. I have completed, presented and had my "King Baby" assignment accepted.
2. I am willing to sever ties with my substance using peer group at home and share this with parents.
3. I participate fully in all C.D. groups and provide helpful feedback to others.
4. I initiate work in individual C.D. sessions and am invested in the recovery process.
5. I am beginning to use insight about my substance use to develop strategies for change.
6. I am able to manage myself by remaining alcohol, drug, and tobacco free since earning my apply phase.

Education:
1. I nearly always complete and submit my assignments on time.
2. I am passing all my classes to my potential.
3. I nearly always make effective use of class and study time.
4. I usually ask for help when I need it.
5. I usually show pride and integrity in my work.
6. I have had no suspensions in the last 21 days.
7. I impact my class in a positive manner through productive work habits, communication, and participation.
8. I am a positive role model to others in my class.
9. I always demonstrate respect to peers and staff.
10. My attitude does not negatively impact my classmates.
11. I contribute to a positive classroom environment.
12. My attitude positively impacts my classmates.
13. Follows the school conduct code.

Recreation:
1. I participate in nearly all outdoor education programs.
2. I participate in most activities but prefer activities that I want to do.
3. I am open to learning new skills and can demonstrate skills taught.
4. I usually exercise good judgement and decision making skills.
5. I participate in most health and fitness programs.
6. I almost always keep clear and accurate fitness logs.
7. I can verbalize 5 components of physical fitness.
8. I am helpful to staff and peers when asked.
9. I usually encourage others, support my team, and am a positive role model during activities.

Impact Phase

This phase is descriptive of a resident that is fully involved in the change process. Such a resident is actively participating in all facets of Island View program including, the milieu, activity, school, and treatment. A resident on Impact knows his/her issues and is no longer in denial about them. Such a resident displays behavior in a way that spells "I want to change for the better." He/she may not always succeed in being at the top of the game, but for the majority of time is doing the right thing for the right reason.

It is evident that such an adolescent is less externally driven. He/she is far less susceptible to negative and distracting influences. Such an adolescent finds it less and less important to gain the approval of negative peers while sacrificing personal, healthy values in the process.

It could be said, that such an adolescent is going to do the right thing for the right reasons and is motivated to become emotional and behaviorally healthy, driven by internal value systems not external pressure.

(Please Note: The above description of an Impact phase resident is a very **general description** and is not meant to be all inclusive)

Impact Phase Privileges

Impact phase has all of the privileges of Apply phase with the addition of the following:

1. *Additional Phone Call* - Residents on Impact phase will receive three (3) phone calls each week, two (2) scheduled phone calls to parents and one (1) unscheduled phone call for parents or for individuals on their approved phone list.
2. *Visitation* - Eligible for visitation as approved by the treatment team and according to the visitation policy guidelines.
3. *Off-Campus Breakfast* - Impact and Test residents have the privilege of bi-monthly off-campus breakfasts with staff members.
4. *Late Sleep* - Eligible to sleep late one (1) school day per week. Must be prepared for the first group/activity (8:30 a.m.). Also are still responsible for hygiene and cleaning assignments.
5. *Courtyard Travel* - Eligible to walk on own to and from school and meals through the courtyard area. Must check out with a milieu manager prior to using this privilege.
6. *Skateboarding* - May use own personal skateboard during appropriate time and in accordance with the skateboard policy.
7. *Game Night* - May participate in weekly game night to be held in the cafeteria with other residents having this privilege.
8. *Extra Phone Time* - Residents on Impact phase will receive three (3) phone calls each week and have an additional 5 minutes (15 minute phone calls) per call.
9. *Same Gender Interactions* - Eligible to interact with all same gender phases on other teams. Confidentiality rules still apply with infractions possibly resulting in transition to a previous Phase.
10. *Impact Outing* - Impact phase residents are eligible for a weekly special outing.

Phase Transition Requirements

A resident must meet the criteria listed below for each area before he/she is eligible for consideration for transition to Test phase and once attained to maintain Test Phase.

Milieu:
1. I have completed my future, long term goals in 5 areas of life and had it accepted.
2. I have received 6 or less "Sherlock Marks" per week for the past two weeks.
3. I actively participate in all milieu groups and activities.
4. I am compliant with program rules with a positive attitude.
5. I regularly encourage my teammates and am considered a leader on the team.

6. I have developed trust and will confront negative behavior without hesitation.
7. I am accountable and responsible for myself and am a positive role model for my peers.

Therapy:
1. I am internally motivated and am able to balance my wants and needs.
2. I am able to identify assignments and objectives for my treatment issues.
3. I accept feedback received and can apply it to myself and others.
4. I utilize strategies for myself and others and can generalize them to other situations unprompted.
5. I generate assignments on my own, am proactive in guiding sessions and am taking more ownership of the process.
6. I am creating my own support networks and structure.
7. My family has completed assigned therapy work.

C.D.:
1. I have completed, presented and had my written Step 2 and 3 (or other assignments given by my counselor) accepted.
2. I demonstrate personal integrity in my actions and words.
3. I actively participate in all C.D. groups and demonstrate leadership in all discussions.
4. I am proactive in guiding individual sessions and am taking ownership of the process.
5. I have identified my support resources and am beginning to utilize them in my recovery.
6. I am able to manage myself by remaining alcohol, drug, and tobacco free since earning my impact phase.

Education:
1. I complete and submit my assignments on time with few exceptions.
2. I am passing all my classes according to my potential and I offer support to others to do the same.
3. I always make effective use of class and study time with few exceptions.
4. I am aware of when I need help and nearly always ask for it when appropriate.
5. I always show pride and integrity in my work.
6. I have had no suspensions in the last 35 days.
7. I impact my class in a positive manner through productive work habits, communication, and participation and I encourage others to do the same.
8. My classroom behavior could provide others with an example of excellent classroom citizenship.
9. I always demonstrate respect to peers and staff.
10. I always contribute to a positive classroom environment and encourage others to do the same.
11. My attitude positively impacts the class and I encourage others to maintain a positive attitude.
12. Follows the school conduct code and cue others to do the same.

Recreation:
1. I participate in all outdoor education programs.
2. I participate in all activities despite what I want to do.
3. I seek out new skills and can verbally and physically demonstrate skills taught.
4. I always exercise good judgement, decision making and leadership skills.

5. I participate in all health and fitness programs without comment.
6. I never have problems keeping clear and accurate fitness logs.
7. I am capable of leading one or more physical fitness activities.
8. I am consistently supportive and helpful to staff.
9. I encourage others, support my team, and am a positive role model during activities.

Test Phase

Up to now, the resident was supported by programmatic structure and daily expectations and demands. Before the resident is recommend for discharge it is important to "test" him/her to assess how much change has taken place and how internalized it has become. A resident on Test Phase is able, with half the "fence" removed, to maintain changed behavior despite internal and external distractions. The time to "fly" has arrived. We want to assess to what degree the resident has truly internalized the changes he/she has been practicing.

It could be said that we want to assess whether a resident can indeed "walk the talk" with the training wheels removed.

(Please Note: The above description of a Test Phase resident is a very **general description** and is not meant to be all inclusive)

Phase Requirements (to maintain Test Phase)

1. Maintain and uphold all Island View milieu expectations and guidelines.
2. Follow hygiene/dress/grooming standards without exception.
3. Maintain Test standards with school performance and participation.
4. Regular attendance and participation at required groups and activities.
5. Complete, present and have "Relapse Prevention Plan" accepted.
6. Continue to live up to all the expectations leading up to my earning my Test Phase.
7. Maintain Test standards with recreation and health & fitness performance and participation.
8. Obtain milieu manager's permission before leaving team (requests must include where they are going, what they will be doing, and when they will rejoin the team).
9. Be on time for all scheduled obligations (groups, school, RT, etc.).
10. Complete "Team Service Project" as developed in conjunction with Team Leader.

Test Phase Privileges

Test phase has all of the privileges of Impact phase with the addition of the following:

1. *Additional Phone Calls* - Residents on Test phase will receive four (4) phone calls per week, two (2) scheduled phone calls to parents and two (2) unscheduled phone calls for parents or for individuals on approved phone list.

2. *Extra Phone Time* - Residents on Test phase will not have a time limit on any phone calls but will be limited based on the milieu manager or unit clerk's availability to monitor.

3. *Late Sleep* - Eligible to sleep late (2) school days per week. Must be prepared for the first group/activity (8:30 a.m.). Also are still responsible for hygiene and cleaning assignments.

4. *Optional Group Attendance* - Attendance is optional for certain groups to allow additional free time. These groups include Kick-Off, Wrap-Up, and Structured Leisure.

5. *Campus Travel* - Able to travel on campus without being escorted or supervised. Campus access is limited to public or common areas **and** either individually or in groups of three residents or more only, not team hallways/units and only during daylight hours. Use of gymnasium needs to be pre-approved and then only with same gender residents unless supervised. All residents **must be** with their respective teams before dark.

6. *Campus Interactions* - Able to interact with all residents. (The purpose of this Phase is to readjust residents to the normalcy of being a teenager which includes socializing with the opposite sex.)

7. *Campus Radio Walkman & Electronic Use* - May use these devices anywhere and at anytime on campus with the exception of therapy sessions, milieu groups, activities and during school.

8. *Open Meal Time* - Eligible to go to meals anytime during the scheduled meal times for resident's respective gender.

9. *Open Television* - Residents on Test Phase may watch T.V. in the group room when not in use. This privilege is not to be used in the presence of lower phases.

10. *Test Outing* - Ability to go on select outings with the Team Directors and other Test Phase residents.

11. *Team Director Privilege* - May select a privilege if approved by the Team Director.

NOTE: Transition to a previous phase should be addressed in the same manner as all other phases. Depending on the severity of problem, a Test Phase could lose multiple privileges or receive L.E.s to the point requiring transition to a lower phase.

VII. COMMUNITY ROLES

While the Phase system provides the rehabilitating adolescent with some guide-posts, which encourages him/her to strive for consistence and progressive improvement in his/her overall therapy, it may sometimes be limited in meeting the individual, dynamic needs of a struggling adolescent. Some youth may have at times difficulty delaying gratification, or may need reinforcers that are relatively closely spaced in order to provide him/her with enough momentum and incentive to keep him/her on the track of rehabilitation. Therefore, Island View has developed a number of therapeutic community roles to meet such needs. *(Refer to Appendix A, "Community Roles" for a complete description.)*

Each adolescent may be assigned a Community Role. The assignment of a Community Role to a resident is not based on their particular Phase (with the exception of Team Leader, Compass, and Tour Guide). Such assignments allow an adolescent to become meaningfully involved with his/her peers regardless of Phase. Conversely, an advanced Phase resident may not function in a community role as he/she may be very involved in treatment issues, after care planning, etc., without programmatic consequences.

Performance in Community Roles will be taken into consideration in all Phase transition decisions. Community Roles are *designed to provide the resident with positive feedback*, opportunities for recognition and/or allow him/her to *experience the consequences of environmental feedback* when behaving in inappropriate ways. Community Roles allow residents to experience the positive effects of job accomplishment, as such roles have many of the *precursor properties to job-skill building*.

A resident may hold more than one community role at the same time. However, staff must be cautious not to "overburden" a resident with roles. Some residents may request single or multiple roles. In all role assignments, staff should use proper clinical judgement.

Detailed descriptions of each community role can be found in Appendix A. It must be emphasized *that additional temporary roles can be created* to meet the individual therapeutic needs of each resident at any point along his/her treatment path. These "temporary" roles should not be crystalized as permanent roles as this needs approval by the Clinical Director or his designee.

VIII. THE COMMUNITY MEETINGS

Community meetings provide residents with a forum to practice a variety of skills that will assist them in moving toward healthy lifestyles, maturity and improved self-confidence. The meetings are so structured as to provide maximum participation of residents. This fosters a sense of ownership, community and belonging. Such community meetings encourage open interaction which enhances negotiation skills, cooperative interaction, leadership, and organizational skills. It provides a community platform for group and individual recognition and accountability thereby contributing to a sense of self-worth and esteem. In addition, such community meetings help structure day to day activities and provide structure and predictability, thus contributing to a sense of security for the resident.

There are two types of community meetings which are: a) the *standard* scheduled meetings and b) those meetings which are called on *spontaneous* basis to meet the needs of the therapeutic community.

A. Standard Community Meetings

Morning Kick-Off Meeting - is designed to get every resident "off on the right foot" and set the general tone of the day. This is a brief meeting lasting approximately 10 to 15 minutes. The meeting is facilitated by the "team leader" under the direct supervision and instruction of a milieu manager. During the meeting several items of business will be addressed ranging from specific team business to fun activities. The following is the agenda to be followed for Morning Kick-Off Meeting:

1. Meeting is called to order by the team leader or by the milieu manager in the absence of a team leader.

2. The Team Leader will excuse the "Sherlock" and "Team Coordinator" who, supervised by a milieu manager, will perform a "sherlock run" or inspection of all residents' rooms and the unit for cleanliness and compliance with hygiene/dress/grooming codes. Deficiencies will be noted on the Hygiene/Dress/Grooming Checklist (*See Appendix C, Hygiene/Dress/Grooming Checklist*) and later reported at the end of morning kick-off meeting.
3. The community role of "Link" reviews the daily schedule and indicates that the daily schedule board has been updated.
4. The link circulates request slips where residents make their written request of staff, supplies and/or issues pertaining to the physical plant.
5. The community role of "Ma Bell/Pa Bell" reviews the phone schedule and makes modifications if needed.
6. The community role of "Ajax" reviews the daily wash schedule and makes modifications as needed.
7. The community role of "Mr/Mrs Clean" reviews cleaning performance and assigns daily cleaning assignments in the cafeteria and community areas.
8. Team Mentor and/or milieu manager sets team and/or individual goals for the day.
9. Sherlock reports the findings of the "sherlock run" and corrective action required.
10. The team coordinator will review role assignments, make revision if needed and give special instructions regarding role responsibilities.
11. The community role of "Oscar" will end the meeting by making any special presentations and/or facilitates some type of entertaining activity designed to boost morale such as short skits, joke telling, songs, games, etc.
12. Meeting adjourned by the team leader or by the milieu manager in the absence of a team leader.

Evening Wrap-Up Meeting - is designed to bring closure at the end of the day and provide each resident with some feedback about how he/she has handled his/her day and how the team collectively has functioned. This meeting should last approximately 30 minutes. The feedback is provided by milieu managers or other staff members in a supportive, encouraging manner. All efforts should be made to avoid heavy clinical issues, confrontation, etc., to avoid escalating emotions or behaviors prior to bedtime. This meeting may also be utilized as a platform to make special award presentations, community role assignments, etc. Unlike the morning kick-off meeting, this meeting is conducted by only a milieu manager who encourages maximum participation from residents. The following is the agenda to be followed for Evening Wrap-Up Meeting:

1. Meeting is called to order by a Milieu Manager.
2. Milieu manager elicits feedback from residents on issues that require immediate attention such as safety, contraband and elopement issues and will make decisions regarding the management of such issues accordingly.
3. The "Team Leader" will be given an opportunity to provide feedback to the team.
4. The "Team Coordinator" will be given opportunity to review performance of community roles including praise and removal of warnings, constructive criticism, warnings and reminders.
5. Team Leader will allow each community role to give any instruction, clarification or praise to other residents in relation to the community role if needed.
6. Resident's who received any consequences, learning experiences or sanctions during the day will review them with the team.

7. The Milieu Managers will remove resident's from learning experiences or sanctions by having them present to the team what they have learned by their experiences.
8. Time permitting, residents will then be allowed to present treatment assignments to the group (autobiography, letter of intent, yellow zone, etc.).
9. Milieu manager will also provide constructive feedback to individual residents regarding any problems occurring during the day as well as recognizing individual accomplishments and progress.
10. The community role of "Reporter" will review the daily newspaper and consolidates materials into a brief overview which he/she provides to the team. The reporter should particularly focus on major national and international headlines, positive interest stories and events from the local area.
11. Meeting adjourned by the Milieu Manager.

Problem Solving Group - is designed to facilitate the resolution of daily problems associated with the discord that may arise between residents. Often, unresolved discord has a "domino" effect and may negatively influence the therapeutic community. Frequently residents are unskilled in the resolution of interpersonal conflicts which is mediated in their inability to resolve family conflict. Hence, the Problem Solving group provides an optimal forum to solve problems that may arise from the interaction within the communication and problem resolution skills which may be applied across settings including the family and community. The format for the Problem Solving Group is as follows:

1. The group is facilitated by the Team Director or his/her designee.
2. The group will meet once per week and meet as an entire team.
3. Any resident who wishes to confront or "bring an issue," to a fellow resident and/or staff will do so by "dropping a slip" (depositing a small card in a special box). The card must contain the date the slip was dropped, the name of the person receiving the slip, the name of the person dropping the slip and the nature of the concern or issue being addressed. These slips may be deposited throughout the course of the entire week.
4. Prior to the group, the group facilitator will categorize the "slips" into general areas of concern in an effort to familiarize him/herself with the content of the problems listed and to recognize issues that may not be appropriate to discuss in the group format.
5. The group facilitator will attempt to address all the "slips" and provide a forum for residents who have submitted an issue by "dropping a slip" to voice their concerns.
6. Once the group is brought to order, the group facilitator will review the rules and expectations for the group which are:
   a. What is said in the group stays in the group. No violating another's confidentiality.
   b. Must focus on the use of "I feel" type statements. For example: "It makes me _________ when you _________" or "I feel ____________ when you _____________."
   c. Need to be seated directly across from the person you are addressing.
   d. Must be seated in an open/receptive posture (feet on floor, arms uncrossed, etc.).
   e. Maintain eye contact when being addressed.
   f. Be open and honest in all interactions.
   g. Show courtesy by not talking over the person addressing you.
   h. No violence or threats of violence.
   i. No excessive use of profanity.

j. No flipping the issue back on the person who is addressing you.
k. Can't confront the person on something they can not change (family, hair, feet, nose, etc.).

7. The group facilitator will then arrange the seating to make sure that the two participants are seated facing each other in an open and receptive posture and with staff members situated between them. At this point, the group facilitator, looking at a slip, dropped by Bill would say: "Bill, what is your issue/problem for John?". If Bill acknowledges that he has an issue with John and correctly identifies the issue, he would then be allowed to simply begin talking about his issue.
8. The group facilitator allows Bill to express his feelings freely, but should encourage him to do so in an accurate, non-aggressive, assertive yet calm manner. He/she should make use of "I-statements," and aim at a mutually acceptable resolution of the issue presented. If Bill cannot accurately recall the problem on his slip prior to group, the group leader may decide to assist Bill in remembering the issue, if it is a pertinent issue, or refuse to allow the issue to be presented.
9. The group facilitator will assist John in responding appropriately to Bill and thus, assist Bill and John in the mutual resolution of their conflict.
10. After the issue has been satisfactorily resolved, the group facilitator will then move onto the next slip or group of slips following the same procedure.

Leadership Meeting - is a meeting to address the increasing demands and pressures of being a positive peer or leader on the team and to coach the leaders on the team to help shape team dynamics. Each transition to a new phase is accompanied by a new set of higher expectations and additional responsibilities to oneself and to the members of the team. Over the course of treatment residents often get lost in the status associated with a particular phase and forget about their obligations as positive peer leaders. Hence, the Leadership Meeting is designed to be a forum wherein Impact and Test Phases can give and receive feedback, resolve conflicts pro-socially and receive coaching or instruction on ways to improve leadership skills.

Meeting Structure:

Leadership Meetings are held several times each week and are chaired by the Team Mentor or Program Peer Mentor under the direct supervision of the Milieu Staff. In the absence of a Program Peer Mentor or Team Mentor a Milieu Manager will chair this meeting. Impact and Test Phases are required to attend and will address any problems with each other in this forum. Hence, issues between these phases will no longer be addressed during problem-solving groups. These meetings are to be private and confidential and therefore need to be held in the group rooms of each respective team with the hallway doors closed. The room will be set-up with the person chairing the meeting and the Milieu staff sitting at the head of the room with a parallel row of seats in front of and on each side of the chairperson/milieu staff in the front facing each other. The highest phases will be seated on one side of the room with the lower phases in attendance on the opposite side. The following rules will be adhered to at all times:

1. What is said in the group stays in the group. No violating another's confidentiality.
2. Must focus on the use of "I feel" type statements. For example: "It makes me _________ when you _________" or "I feel ___________ when you ____________."
3. Need to be seated directly across from the person you are addressing.

4. Must be seated in an open/receptive posture (feet on floor, arms uncrossed, etc.).
5. Maintain eye contact when being addressed.
6. Be open and honest in all interactions.
7. Show courtesy by not talking over the person addressing you.
8. No violence or threats of violence.
9. No excessive use of profanity.
10. No flipping the issue back on the person who is addressing you.
11. Can't confront the person on something they can not change (family, hair, feet, nose, etc.).

Meeting Agenda:

1. The Team Mentor/Program Peer Mentor or Milieu Staff calls the meeting to order.
2. Review of the rules for the meeting.
3. Issues are addressed among the attendees from lower phase to upper phase. (Note: A resident is never to be given issues while a resident with a lower phase is present.) The order in which attendees address each other will be as follows:

   3.1 Impact Phases to/from each other **then** Impact, Test, Team Mentor/P.P.M. and staff **then** each of the upper phases and staff to Impact. Impact Phases would then leave the room.

   3.2 Test Phases to/from each other **then** Test to, Team Mentor/P.P.M. and staff **then** Team Mentor/P.P.M. and staff to Impact. Test Phases would then leave the room.

   3.3 Team Mentor/Program Peer Mentor to/from Milieu Staff. **(Note: For this to occur their needs to be another staff member present to chair the meeting.)**

4. The meeting is adjourned by the Team Mentor/Program Peer Mentor or Milieu Staff.

Weekend Clean-Up Meeting - conducted by the milieu managers, is designed to organize, set deadlines, hand out supplies and make specific assignments for a unit-wide weekly clean-up. Not only is the objective of the weekend clean-up to promote hygiene and cleanliness, but encourage teamwork, pride in job-accomplishment and promote a sense of community/group.

a. A milieu manager makes assignments to the residents of each room in terms of cleaning personal bedroom/bathroom areas.

b. Under staff supervision, the community role of "Mr./Mrs. Clean" assists other residents in the use of equipment, location of supplies and the training of fellow residents in cleaning technique.

c. The milieu manager also makes cleaning assignments for other community living areas which may include general areas.

The ensuing "community clean-up" is supervised by the milieu managers of each respective team of residents.

B. Spontaneous Community Meetings

Special Award Meetings - are designed to provide residents with recognition for significant accomplishments, progress, effort, etc. These meetings are designed to provide inspiration and motivation not only for the recipient, but for the therapeutic community at large. Such special meetings may occur for Phase transition, job-skill accomplishment, community role performance, significant treatment gain, academic performance, important contribution to fellow residents, etc. While residents and the community role of Oscar may have suggestions for such award meetings, it is the staff who conducts all special award meetings. Such meetings range from brief verbal praise, to formal meetings including food, decorations, tangible awards, etc.

Intro Meetings - are designed to introduce the new resident of the Island View Treatment Center to the therapeutic community. Intro Meetings may facilitate and expedite the new residents integration into the therapeutic community and aide him/her in developing a sense of belonging. The Intro Meeting will symbolically communicate to the new resident and fellow residents a new beginning and an extension of help and friendship. Prior to the meeting, the community role of "Compass," under the supervision of staff, will acquaint him/herself with general demographic information in a non-intrusive fashion. Information to be presented may include, Name, birthplace, age, interests, hobbies, family make-up and schools attended. The meeting should not be routine, but have elements of surprise and reflect an effort of preparation.

Graduation Meeting - is designed to recognize the significant accomplishments of a resident while in treatment at Island View Residential Treatment Center. As a result, Graduation Meetings are reserved for only Impact and Test Phase residents. This meeting also serves as a forum to bring therapeutic closure, give the resident an opportunity to express their feelings/thoughts about their stay/treatment at the center and to provide fellow residents and staff with a formal opportunity to recognize his/her accomplishments. It is a forum to provide the resident with some "then" and "now" information relative to his/her overall progress. It is a time for all the residents to reflect on the therapeutic movement of the graduate and to apply such reflection to their own situation. The graduate meeting should contain:

a. Adequate time should be given to the meeting (45 to 60 minutes).
b. People attending the meeting should include, the graduate and his/her family, (special care should be taken to insure that family members are seated at a place of prominence and accessibility to the ceremony), fellow team residents, milieu managers, teachers, therapeutic recreation staff and support staff as available.
c. Outside food and/or gifts are specifically forbidden at graduations.
d. Each resident and/or staff member (excluding the Primary Therapist) may say a few words to the graduate.
e. Family members are also offered an opportunity to express their feelings regarding the graduate and his/her progress at Island View.
f. The meeting will be organized and led by the Primary Therapist of the graduating resident and he/she, at the end of the meeting, may present the resident with a personal token as a symbol changes made and a remembrance of the relationships formed during their stay.

IX. RESIDENT COUNCIL

The Resident Council is an organized group of representatives that generally holds meetings once or twice weekly. The Resident Council is composed of two (2) representatives from each of the six treatment teams selected by the consensus of current members, Team Directors and the Milieu Program Coordinator. Selection is based on ones ability to be a positive change agent and representative within the milieu and team.

The main focus of the Resident Council is to be an avenue for communication between teams and administration and to establish more consistent and predictable norms across all treatment teams. Additionally, the Council provides a forum where residents can voice feedback and concerns, assist in planning and organizing campus activities, model pro-social behaviors and foster the promotion of a positive peer culture. Participation on the council has the added benefit of enhancing a sense of empowerment and increasing feelings of importance for the resident while at the same time boosting confidence and self-esteem.

X. DAILY SCHEDULE FOR RESIDENTS

The daily schedule for the residents has been designed to meet the therapeutic, recreational, educational and leisure requirements of the residents. Depending on the number of teams (a group of up to 20 same gender residents), the Day 6 schedule will vary. The schedule provides five full days of school with an off-campus day occurring on the sixth day either on Friday or Saturday. The Sunday schedule is more relaxed and allows for increased phone calls, visitation and free time. *(See appendix C, <u>Master Resident Daily Schedule</u>)*

A. Off Campus Days

1. Apply and above phase residents are required to attend the off-campus activities. Orientation & Explore phase residents are not privileged to attend the off-campus day activities under any circumstances.

2. Residents who are placed on Yellow Zone while on an off-campus activity will miss the next two off-campus day activities.

3. Residents who refuse to participate in off campus activities will experience programmatic consequences by not being able to progress through the Phase system. (Phase transition is contingent on participating in all scheduled activities; see section on Phases).

4. In order for a resident to participate in the off-campus activity the resident is required to have 80% attendance record (not to be confused with efficiency record) in school and not on academic detention, have an 80% attendance record in regularly scheduled recreational activities for the previous week, have no physical/activity limitations per physicians order, nursing or physical therapist and have adequate, safe clothing for the activity.

Expectations:

a. All Island View rules are still in effect.
b. Confidentiality is maintained by not allowing the general public to overhear conversations indicating the group is from a treatment center.
c. Boundaries and conversation with members of the public is kept to a minimum and conversations are held only on surface topics. This relates closely to keeping the confidentiality of the group.
d. Dress code standards are to be maintained especially all participants being required to have activity appropriate clothing.
e. Residents must maintain constant line of sight contact with staff members at all times except when permission is given by a staff member to be out of sight (as in the case of using the bathroom).

B. Camping Trips

1. Impact and above phase residents are eligible to attend camping trips (special circumstances may allow for lower phases to attend).

2. In order for a resident to participate in the off-campus activity the resident is required to have 80% attendance record (not to be confused with efficiency record) in school and not on academic detention, have an 80% attendance record in regularly scheduled recreational activities for the previous week, have no physical/activity limitations per physicians order, nursing or physical therapist and have adequate, safe clothing for the activity.

3. All expectations listed above for Off Campus activities apply to all camping trips.

4. Sleeping arrangements will be determined by staff members and followed by residents.

XI. RESIDENT RIGHTS

1. General Overview

Island View makes every effort for the guarantee of individual human dignity and the protection of the rights of all its residents and their family members. At the same time Island View is requiring of you to make every effort to protect the rights of others, both peers and staff. Every effort is made to safeguard the legal and civil rights of all residents and to make certain that they are kept well informed of their rights.

The Island View Center maintains written policies and procedures which describe the rights of residents and the means by which these rights are protected and exercised. Resident rights are explained to you, and your family, or to your legal guardian during the informing interview which is performed at the time of admission to the Center. If you have a question about resident rights, please contact your Primary Therapist who will give you an explanation of these rights.

2. Policies and Procedures

The written policies and procedures that are followed by the Center are:

2.1 Access to treatment/school is guaranteed without discrimination by race, religion, sex, ethnicity, age or handicap.

2.2 Each resident's personal dignity shall be recognized and respected in the provision of all care and treatment.

2.3 Each resident shall receive individualized treatment which shall include the following:

2.3.1 The provision of adequate and humane services regardless of source(s) or financial support;

2.3.2 The provision of services within the least restrictive environment possible;

2.3.3 The provision of an individual treatment plan;

2.3.4 The periodic review of an individual treatment plan;

2.3.5 The active participation of residents and/or parent or guardian in treatment planning; and

2.3.6 The provision of an adequate number of competent, qualified, and experienced professional staff to supervise and implement the treatment plan.

2.4 Each resident's personal privacy shall be assured and protected within the constraints of the individual treatment plan.

2.5 The resident's family and significant others, regardless of their age, shall be allowed to visit the resident unless such visits are clinically contraindicated. Restrictions of visits because of clinical contraindications will be waived if specific state laws have superseded this policy.

2.6 Suitable areas shall be provided for residents to visit in private unless such privacy is clinically contraindicated by the resident's treatment plan.

2.7 Residents shall be allowed to send and receive mail without hindrance. In circumstances where it is known to parents/guardians and /or clinical staff, that receipt or sending of mail to/from particular individual's would be clinically injurious to a resident, the following mail policy will be in effect with parental/guardian consent:

When residents desire to mail any material to any person, they are required to provide the material to the Center, sealed, in an envelope or other package, without postage. The Center

then takes the package or envelope, without opening or inspecting the contents, and forwards the envelope or package to the resident's parent or legal guardian.

Likewise, when any mail from any person other than approved by the parent or legal guardian arrives at the Center addressed to a resident, the Center takes that mail, unopened, and delivers it to the parents of the resident.

In cases where the presence of contraband material (e.g., drugs, inappropriate pictures, etc.) is suspected within incoming mail, the envelop or container must be opened by the resident in the presence of a staff member. If this is refused by a resident, the mail will be returned unopened. In no instance may a letter or message be read by a staff member without the resident's explicit approval.

2.8 Residents shall be allowed to conduct private telephone conversations with family and friends unless clinically contraindicated.

2.9 If restrictions are placed on visitors, telephone calls, or other communications for therapeutic reasons, these restrictions shall be evaluated for therapeutic effectiveness by the clinically responsible staff at least every seven days. When in the judgement of a physician a resident is restricted to bed rest, or prohibited access to the outdoors, the physicians order is reviewed at least every three (3) days.

2.10 If limitations on communications are indicated for clinical and/or practical reasons (i.e., expense of travel or phone calls etc.), such limitations shall be determined with the participation of the resident and the resident's family. All such restrictions shall be fully explained to the resident and his/her family. Parents/legal guardians are responsible for informing staff as to names of people they feel should not communicate with the resident. Such parental/legal guardian imposed restrictions shall be fully explained to the resident.

2.11 Each resident has the right to request the opinion of a consultant at his/her expense, or to request an in-house review of the individual treatment plan.

2.12 Each resident shall be informed of the rights contained in this statement in a language that he/she understands with appropriate documentation being made in the resident's clinical record that this was performed. Resident will also have access to personnel who speak their languages or can communicate with hearing and or visually impaired when appropriate.

2.13 Each resident shall receive a written statement of resident rights and a copy of the resident rights shall be posted in resident day-rooms, and other gathering places within the Center.

2.14 The resident, resident's family, or the resident's legal guardian shall be fully informed about the following:

2.14.1 The rights of residents;

2.14.2 The professional staff members responsible for his/her care, their professional status, and their staff relationships;

2.14.3 The nature of the care, procedure, and treatment that he/she will receive;

2.14.4 The current and future use of and disposition of audiovisual techniques and special observations such as tape recorder, television, movies, photographs and one way mirrors.

2.14.5 Risks, side effects, and benefits of all medications and treatment procedures;

2.14.6 Available alternate treatment procedures;

2.14.7 The right to refuse to participate in any research project without compromising the resident's access to the Center's services;

2.14.8 The right, to the extent permitted by law, to refuse specific medications or treatment procedures;

2.14.9 The responsibility of the Center to seek appropriate legal alternative or orders for involuntary commitment and treatment when the resident refuses treatment, or to terminate the relationship with the resident upon reasonable notice. In all cases, the consideration of these alternatives will be in accordance with the highest legal and professional standards.

2.14.10 As appropriate, the itemized cost of services rendered;

2.14.11 The source of the Center's reimbursement and any limitations placed on duration of services;

2.14.12 Reasons for any proposed change in the professional staff responsible for the resident or for any transfer of the resident either within or outside the Treatment Center;

2.14.13 The rules and regulations applicable to the resident's conduct;

2.14.14 The right to initiate a complaint or grievance procedure and the appropriate means of requesting a hearing or review of the complaint; and a timely reply on behalf of the Center to a complaint placed by resident and/or parent(s) or legal guardian and to be able to be informed of procedures and mechanisms to do so if desired.

2.14.15 The discharge plans;

2.14.16 The plans for meeting continuing mental and physical requirements following discharge.

2.15 A written, dated, and signed informed consent form shall be obtained from the resident, the resident's family, or the resident's legal guardian, as appropriate for participation in any research project and for use or performance of the following:

2.15.1 Unusual medications;

2.15.2 Audiovisual equipment;

2.15.3 Behavior modification techniques which utilize painful stimuli;

2.15.4 Hazardous assessment procedures and;

2.15.5 Other procedures where consent is required by law.

2.16 The maintenance of confidentiality of communications between resident and staff and of all information recorded in resident records shall be the responsibility of all staff.

2.17 Island View treatment center shall provide continuing training for all staff and specific orientation for all new personnel in the principles of confidentiality and resident rights.

2.18 Residents will be required to perform personal housekeeping tasks without compensation.

2.19 As part of the pre-vocational and vocational skills building program of Island View treatment center, residents are encouraged to work during designated hours of the week in and around the Center. The condition of such work is as following:

2.19.1 Any such work performed is part of the individual's treatment plan;

2.19.2 Is performed on a voluntary basis;

2.19.3 No wages are paid to residents participating in the pre-vocational and vocational skill building program. (educational credits are earned toward high-school graduation).

2.20 A resident has the right to wear his/her own clothes and to keep and use his/her own personal possessions, unless such clothing or possessions are clinically contraindicated. However, if at any time during treatment it is suspected that the resident has drugs, alcohol, weapons, or other dangerous items in his/her possession, an independent licensed practitioner may order a body search and a search of personal belongings.

2.21 Unless state law provides otherwise, it has been the judgment of the professional staff of the facility that due to the sensitivity of the information contained in the clinical record that it is in the best clinical interest of the resident and his/her parents that the resident have the right to have his/her clinical record reviewed and/or interpreted by the Medical Director of his designee to provide appropriate information to the resident and his/her parents regarding his/her problem(s), treatment received, alternative forms of treatment available, progress in

the facility, and recommendations for the future. All residents may request that the clinical record be released to appropriate agencies, their attorney, or their physicians.

2.22 A voluntarily admitted (non-court committed) resident always has the right to leave the facility upon the filing by the custodial parent or guardian with the administration of the Center a written request for release from the facility. This will occur unless a authorized mental health officer in the State of Utah, professionally believes and can validate through a concurrent mental examination within 48 hours (excluding weekends and holidays) after the custodial parent or guardian have filed the written requests for release, that a) the resident is mentally ill; that b) because of the resident's illness, there is an immediate danger that the resident will injure himself, herself or others if allowed to remain at liberty; and that c) there is no appropriate less restrictive alternative to a court order for hospitalization. In that case, the resident will be detained for this 48 hour period while a petition for the involuntary hospitalization of the resident is filed with the appropriate judicial authority according to the laws of the State of Utah.