

KETRON COTTAGE

PROGRAM MANUAL

Child Study and Treatment Center

Mission Statement:

**Working with children, families, and communities
to promote effective treatment, healing, and growth
in a safe and nurturing
environment**

CONTENTS

1. INTRODUCTION
2. WHO'S WHO
3. WHAT YOU WILL BE DOING ON KETRON
4. SCHOOL
5. GROUPS
6. RECREATION
7. TREATMENT PLAN REVIEWS
8. STAGES OF CARE
9. MORE INFORMATION ABOUT LIFE ON KETRON
 - a. What to bring
 - b. What not to bring
10. CONTACT LIST
11. PARENT/GUARDIAN INVOLVEMENT
12. VISITS AND VISITING HOURS
13. PHONE CALLS
14. PETS
15. SMOKING
16. THERAPEUTIC LEAVES OR PASSES
17. CONCERNS ABOUT YOUR CARE
18. LEVEL PROGRAMS
19. SHIFT TO SHIFT LEVELS
20. INTAKE
21. FIRST 14 DAYS
22. FULL VALUE CONTRACT
23. KEEPING YOU AND OTHERS SAFE
24. MAJOR RULE VIOLATIONS
25. MINOR RULE VIOLATIONS
26. PERSONAL SOCIAL SAFETY PROGRAM
27. EXAMPLES OF WORDS AND ACTIONS ...
 - a. Hold Status
28. LEVEL PRIVILEGES
29. COMMUNITY MEETING RULES
30. COMMUNITY MEETING AGENDA
31. CURRENT WEEKLY SCHEDULE
32. WHO YA GONNA CALL..?
33. LINGO
34. KEY ELEMENTS
 - a. Re-ED Principles
 - b. Life Space Crisis Intervention Stages
 - c. Positive Behavioral Support
35. SUGGESTED READINGS

1. INTRODUCTION

Hi, this is the Ketron Cottage Program Manual. Like all of us it is a work in progress. The goal for this manual is to say what we actually do in a plain and simple way so you (Patients, parents, community team members, cottage staff, clinical team, and administration) will be able to understand what we do, why, and how. This will be a living document. From time to time we will update based on changes in the program, new insights from Patients, parents, and staff. This manual includes input from staff, Patients, and parents/guardians. Of course, no manual can include everything we do, but we are trying to give a good idea of most things we do. Let's start with the cottage itself.

Ketron Cottage is one of three cottages at Child Study and Treatment Center (CSTC). Ketron is a therapeutic *milieu* ("place or setting where something happens or develops"). This therapeutic milieu is made up of staff, kids ("older than a child but not yet an adult"), families, teachers, and community members working and living together to help Patients grow and develop skills for getting needs met in a good way.

On Ketron Cottage, we have a full schedule. Every part of the schedule is focused on helping Patients learn and grow in a safe, caring, and effective place. If you are like most kids who come here, you have tough problems with thinking, feeling, or behaving; and have been through other programs or treatment centers. We do our best to understand how you think, feel, and behave. We also want to understand ideas from your family and others who have worked with you, so we can be more effective for you.

We want Ketron Cottage to be a safe and trustworthy place where you can learn and practice **safe speech and actions, respect for self and others, responsibility for self, commitment to positive behavior, hopefulness, and skills** to be effective and positive whether on cottage, at school, at home, or in community.

Ketron staff work to be effective and caring for Patients. While you're here, staff will work with you, as you learn skills to help you better care for yourself and be safe with others. We want to help you become more skillfully aware of, and able to manage your **Thoughts, Feelings, and Actions** ... in an effective and balanced way. When you leave Ketron Cottage, we hope you will be prepared to successfully, and safely, go on to your home community.

Patient Responsibilities. CSTC patients have both rights and responsibilities while hospitalized. CSTC patients have a responsibility to treat hospital staff in a civil and respectful manner which is consistent with the hospital's obligation to maintain a respectful and considerate relationship with all patients and caregivers. Mutual respect support communication and teamwork in a way that makes the hospital safer, more effective and better overall. Patient responsibilities include providing information, asking questions, treating others with respect, and following all instructions and rules.

2. WHO'S WHO?

Primary Counselor - Primary Counselors are in charge of each pod (a living area within the cottage with individual rooms for 3-5 Patients). Your Primaries work with you during days and evenings on the cottage, during outings, and at school. Primaries are here to

- Keep Patients safe.
- Listen and understand your thoughts and feelings.
- Be the first person you go to if you have any questions or concerns.
- Keep your parents and/or guardians informed of your activities of daily living (ADL's) each week (by phone or in person when they come to visit you).
- Help you schedule and make phone calls to your family, guardian, probation officer (if you have one),
- Teach by example, how to be assertive, problem solve, and manage emotions.
- Show you how to take good care of your room and yourself.
- Coach you as you get along with other persons in a safe and respectful way.
- Help you set and keep treatment goals.
- Facilitate Patient led Ketron Cottage Community Meetings.
- Attend meetings with the treatment team to report on your progress.

Psychiatric Child Care Counselor Two (Shift Charge) –Neal Stewart, dayshift; Rachel Johnson, evening shift; and Dave Anderson, nightshift; (253.756.2381) are Ketron's "Shift Charges".

The work of the Shift Charge is to:

- Lead and work closely with Primary Counselors to keep the cottage safe and make the shift run smooth,
- Listen to you, to understand your concerns and ideas; and help you reach your treatment goals.
- When necessary, help you make a suggestion or file a grievance.

Cottage Supervisor – Ed Harris, (253.756.2391) is Ketron’s Cottage Supervisor (Psychiatric Child Care Counselor 3). The Cottage Supervisor is a member of the treatment team who supervises all the counseling staff and makes sure we are all working together to help you with your treatment plan. This person works closely with the Program Director, treatment team, leadership on the other two cottages, and CSTC’s hospital leadership to make sure Patients are safe and cared for at CSTC.

Psychiatric Social Worker - Ilys Hernandez, MSW, LICSW (253.756.2539) is Ketron’s Psychiatric Social Worker. The Psychiatric Social Worker is a member of your treatment team whose primary job is to coordinate your admission, treatment plan, and discharge plan with your family or guardian, and your community team. Your Psychiatric Social Worker works with you and everyone on your team to assure that your discharge plan includes:

- A safe place to live
- A well-formed school plan
- Medication follow up
- Therapist follow up
- Primary care physician
- Psychiatrist follow up
- And much, much more...when you leave Ketron

Your Psychiatric Social Worker often sees Patients individually, in group, or family sessions, and is a key person during Treatment Plan Reviews (TPR's). Treatment Plan Reviews are meetings where your team (Cottage, school, family, community) discusses with you how you are doing, changes your goals, and plans for your continued care.

Teachers and Para Professionals (Educators) at Firwood Secondary School **(253.756.2797)** are part of the treatment team at CSTC. Firwood Secondary School is part of the Clover Park School District. All Ketron students attend school unless they are physically ill and have a nurse or doctor excuse them.

Recreation Therapist – Ashley Skartvedt, CTRS (253.756.2550) is Ketron’s primary **Recreation Therapist**. She is a key person for introducing a bit of joy into each day. The Recreation Therapist is a member of the treatment team who helps you to explore a wide variety of healthy and enjoyable activities. Your Recreation Therapist, and the Recreation Department team, teach by example and participation; helping you to learn and practice skills like planning, problem-solving, playing, and self-confidence building through activities like:

Rock climbing – Kayaking – Skiing – Ropes course – Fishing – Snowboarding – Hiking and Camping – Acting – Ceramics – Doll making – Drum making – Song writing – Poetry – Story telling... and much more.

Nurses - Denise Johnson, RN; Chris Miranda, RN; Kim Stevenson, RN, Jesse Paez, LPN; and Mark Drummond, LPN; (253.756.2381) are nurses on Ketron Cottage. Their nursing duties include:

- helping with any physical problems you may have (feeling sick, getting injured)
- passing out medications (prescribed by Medical Doctors)
- schedule and (when staffing allows) take Patients to clinic appointments
- lead patient education or therapy groups
- provide individual counseling, and participate in all patient activities.

Attending Child Psychiatrist - Mick Storck, MD (253.756.2397) is Ketron's Attending Child Psychiatrist. The Child Psychiatrist is in charge of your medical care while you are on Ketron Cottage. He works with you, your parent or guardian, and treatment team to design a treatment plan for you which may include:

Medications - Individual therapy - Group therapy - Family therapy - Specialty clinics

Professionals in training - While on Ketron Cottage, you may have a chance to work with one or more persons in the final stages of their professional training. Ketron Cottage is very lucky to have many such persons from the following professions:

Psychiatry - Social Work – Nursing - Recreation Therapy - Psychology

Program Director/Clinical Psychologist – Michelle Giresi, Ph.D., is Ketron's Program Director. The Program Director is responsible for the overall leadership and direction of Ketron's Treatment Milieu. This person is a member of the treatment team who helps you and your treatment team:

- Design your individual treatment plan.
- Make sure your individual treatment needs are getting addressed.
- Develop and implement specialized Continuous Treatment Interventions (CTI's).
- Work with your family or guardian to help you all keep or improve a quality relationship.

Secretary Senior – Monica (253.756.2381) is Ketron’s Senior Secretary. The Senior Secretary helps take messages, connects callers with team members during their work days, and keeps medical charts in proper order. The Senior Secretary helps the Cottage Supervisor with scheduling, vouchering, supplies, correspondence, and many other tasks which must be done or the cottage would not function well at all.

Custodian - Kenneth Gadd (253.233.0032) is Ketron’s Custodian. The Custodian works with all of us to keep the Cottage clean and in shape. Along with your Primary Counselor, the custodian helps to make sure that you learn how to keep your room neat and that you follow cottage rules about respecting our living space.

Cooks – Rose, and Travis (253.756.2206) are Ketron’s Cooks. Cooks prepare meals and snacks, and follow Doctors' orders for any special dietary needs you have. Our cooks, along with your Primary Counselor and Nurses, will provide education about your diet and health needs.

3. WHAT YOU WILL BE DOING ON KETRON

You will have a full schedule of activities while you’re on Ketron. You are expected to take care of your own personal hygiene needs (dressing, taking showers, brushing your teeth, etc.) and basic community living activities (keeping your room neat, washing your laundry, picking up after yourself). If you do not already know how, staff will help you to learn. Staff will include your self-care and room-care in points they award that effect your privileges while you are on Ketron. Most weeks, there will be room checks which will help you to know how you are doing at keeping your room in good order and how your pod is doing compared with other pods.

4. SCHOOL

During the school year and most of the summer, all Patients on Ketron attend school. Each Patient has a passport from school that is brought to the cottage at the end of each school day. The passport helps to show daily participation at school and homework assignments. These assignments are to be completed and the passport signed off in the evening (by your swing shift primary); then returned to school the next morning.

Most Ketron Patients attend Firwood Secondary School on Campus. Firwood is part of the Clover Park School District. When you leave CSTC your school record will show that you attended school in the Clover Park School District. It will not show that you were in a hospital at the time.

Firwood's school day starts at 8:00 AM and goes to 2:30 PM, with a break from 11:30-12:30pm for lunch (on cottage). At 2:30 PM, you'll return to Cottage. (Wednesdays School ends at lunch and Patients return to the cottage at 11:30am). Most days there will be a thirty minute transition time from 2:45 TO 3:15 pm while day and swing shift share information. This is followed (most days) by community meeting and/or treatment groups prepared and lead by recreation and cottage staff working together. There are several groups each week, on Ketron. All Patients are involved in groups each week.

5. GROUPS

Ketron groups are designed to help you to:

- Learn to take care of your own hygiene
- Understand your own changing body
- Communicate clearly and effectively
- Tell the story of your life and learn to write positive new chapters to add to your story
- Learn to get along socially with others
- Learn to manage your emotions, instead of having your emotions manage you
- Learn about healthy personal boundaries (verbal, physical, and sexual)
- Learn to be assertive instead of aggressive
- Learn to use good skills while being active in play and sports
- Safely discuss painful memories from your past so you can put those memories in their proper place and move ahead with a life worth living

"From the Patients Out"

Some of the Ketron Patients' needs for Patient education groups and therapy groups stay pretty much the same year in and year out. Other needs, or the intensity of needs, change(s) quite a bit, based on the Patients who are on Ketron at the time. On an ongoing basis the Ketron team has a discussion about the group needs of the current group of Patients on Ketron Cottage and Patients who are expected to be admitted in the near future.

We work "From the Patients Out" to

- Fine tune our groups and keep what is working well
- Set aside, for now, groups that are not needed, for now
- Develop new groups to address identified needs
- Figure out which Patients are working on which issues at present
- Assign Patients to groups based on their current treatment emphasis

All groups were created based on this "From the Patients Out" idea. We have drawn from a broad range of "evidence based" or promising therapies. We do this based on the knowledge that -

- Many therapeutic strategies have something to offer.
- No one has all the answers
- We must always be willing to add a tool to our tool belt

Most groups are after school: (afternoons, evenings, and weekends). Here's a list of the core topics of groups offered on Ketron Cottage:

Emotion Regulation (*Dialectical Behavior Therapy Skills*)

Social Skills (*Skill Streaming*)

Interpersonal Boundaries (*Boundary Waters*)

Community Living (*Community Meeting*)

6. RECREATION

Each week there are recreation participation and recreation therapy opportunities. (See the posted monthly schedule in the day hall). Recreation Participation and Recreation Therapy are different. You may or may not be allowed Recreation Participation based on level and previous behavior in Recreation Participation.

All Patients participate in Recreation Therapy Groups (unless they are medically excused by the nurse or are immediately unsafe / refusing). Patients who refuse or are unsafe cannot earn treatment participation points during the group time. This can affect their eligibility for evening privileges on cottage. This is the same as with any therapy participation.

Sometimes you will have special clinic appointments, family visits, or other special community trips, and you may be excused from participation in the regular schedule of activities. The decision will be based on safety and how you are doing on the cottage. You will also earn the opportunity to go on recreational outings (going to the skate park, state parks, fun food places, public libraries, etc.) or participate in recreational outings: such as rock climbing, cross-country skiing, snowboarding, hiking, kayaking, and more.

7. TREATMENT PLAN REVIEWS

On admission, at 14, 30, 60, and every 60 days after that your treatment team meets to discuss your individual treatment plan. You will be invited to every treatment plan after the 14 day review (which is to finalize the treatment plan that came from your intake interviews).

Your **Treatment Plan** includes a set of short – term goals / target behaviors, created by you and your Primary Counselor with input from your parents/guardians, and Ketron's clinical team, to help you prepare for life after Ketron Cottage. You are an important part of that plan and your input is key. Your parent(s)/legal guardian, Primary Counselors, Psychiatrist, Psychiatric Social Worker, Psychologist, Recreation Therapist, Nurse, and Teacher are all part of your treatment team. Your team will check with you to make sure you're on track with your treatment goals. If your treatment plan isn't working for you or needs change, ask your Primary Counselors to help you let the rest of your Treatment Team know your concerns or to change the plan so you can be more effective. Your family (parents, grandparents, brothers or sisters, foster family) and/or caseworker, probation officer, *Guardian Ad Litem*, and other important people in your life are invited to attend your reviews and to be part of your treatment here.

During your Treatment Plan Review your team will make a decision about what stage of care you are in and how we need to respond, to help you.

8. STAGES OF CARE

We have noticed that a Patient's stay on Ketron cottage often (but not always) parallels the Nine Psycho-educational Stages described by Nick Long and colleagues in the Re-ED model. Parents have also reported some comparable stages for them as their child goes through treatment. You may experience these stages during your stay here. The stages with our added comments are:

1. **Honeymoon** - Patients are gathering information about how things are on Ketron Cottage and trying to imagine being here.
(Some parents report they sometimes feel relief that their child is finally here but also fear that we will not see their child as needing the level of care we provide.)
2. **Limit Testing** - Patients are checking to see if we will be consistent about the rules and our commitment to be here for them.
(Some parents report they feel an even greater relief at this stage because they know we are seeing that their child needs to be here.)
3. **Active Resistance** - Patients often notice that the rules and staff are actually in place to help. Some Patients increase their testing of rules to see if we can actually stay the course with them.
(Some parents report it can be hard to see their child struggle with the rules. Parents may feel tempted to “rescue” their child even though their child needs to learn and practice new skills. At this stage parents benefit from steady and regular communication with the team and especially Primary Counselors to be sure all adults are “on the same page”.
4. **Beginning Trust and Acceptance** - When Patients are beginning to work together with us and their peers to benefit from being here.
(When possible family sessions for some begin to help parents to hear the same information Patients are hearing so that consistency here and at home is more possible. Parents have reported at this stage they sometimes fear that their child will be discharged too soon.)
5. **Program Acceptance and Progress** - When major growth and development of new skills and ways of seeing things often occur.
6. **Negative Personal Demands and Jealousy** - When you may notice that others are ahead, behind, and beside you in their time here and you find yourself wanting and feeling deserving of more of the help and privileges that come from your good work here.
7. **Clear Academic and Social Improvement** - When improvement becomes more yours and yours alone and less because of the environment and staff around you.

8. **Separation and Regression & Expression of Real Feeling** - When departure appears closer and the excitement of moving on mixes with the sadness of leaving a place where you have come to feel safe and cared for.
9. **Attachment and Sadness** - When you actually leave and feel safe enough and connected enough to call back to Ketron and let us know how you are doing.

9. MORE INFORMATION ABOUT LIFE ON KETRON

You will have your own room and space to store your personal belongings.

Please keep within the following list when deciding what to bring for your stay on Ketron Cottage:

What to bring (NO MORE THAN):

2 jackets: (1 light, 1 heavy)	1 pair sandals or flip flops	15 original CD's (no parental advisory)
12 sets underwear (top, bottom, & socks)	1 pair slippers	7 pair jeans
8 t-shirts (positive images only)	4 sweat shirts & 4 pair shorts	1 twin Quilt/Coverlet
2 pair tennis shoes	4 pair sweat pants	1 blanket & 1 pillow
	1 radio/CD player	5 stuffed animals

You are allowed to have a cordless, rechargeable, electric shaver purchased for you by your legal guardian/parent.

What not to bring:

No razors (except as described above)	No technology capable of down loads, text messaging, wireless communication, DVD playing, pictures
No perfume bottles or glass of any kind (including nail polish)	No PSPs/DVD players
No lamps	No clothes printed with defiant, sexualized, drug/alcohol, violent images.
No DVD's or parental advisory CD's	No large dangling earrings/ necklaces
No M rated video games	No metal studded bracelets, belts, clothes
No PG 13 or more rated VHS'/DVD's	
Not more than 4 electronic games (value not to exceed 50.00 each)	
No communication devices	

Additionally, **do not bring any individual item which is valued at more than 50 dollars or which has high personal value.** We cannot guarantee against lost or breakage. We have a no gift, no borrow/loan, no trade/sell policy on Ketron, but you are the person who can best protect your possessions by always closing your door and not loaning your possessions to others.

Information about personal MP3 players and iPods: MP3 players and small iPods are permitted on Ketron as long as they are not capable of wireless communication and do not include a camera. Remember, they should not cost more than 50 dollars. Parents and legal guardians will be responsible for downloading music and monitoring song content. Ketron staff cannot download music onto MP3 players/iPods for patients. These devices may only be listened to in the pods or in your room, and cannot be used during treatment programming such as groups or recreational therapy activities. You may not bring these devices to school for any reason. You may not borrow or trade these devices with other patients. If your personal MP3 players and iPods are used inappropriately at any time, they will be taken away by staff and turned into the Program Director. The Program Director will then have a meeting with you and your primary Counselor to figure out how you can earn back the privilege of listening to music on your MP3 player/iPod. You have to be a level 1Y or higher to use your MP3 player/iPods.

Information about burned CDs: Burned CDs must be reviewed by the program director before they will be permitted for patients' use on Ketron. The burned CDs cannot contain "parental advisory" songs.

When you are first here your Primary Counselor will go through your things with you (Inventory) and also whenever you bring new things to the cottage. He or she will document your possessions for the record. You will be asked that "not allowed" items be returned home or to your guardian.

- A few items can be stored in your "blue box". This is a large container that's in a locked storage closet on cottage. If you bring or later accumulate too many items, your counselor will help you decide which ones to send home (or to your guardian) or to store (a few items) until you can take them with you at discharge.
- You may keep a small amount of money on the cottage. We have envelopes for each patient to keep money secure in the Ketron Lockbox. The envelope shows money that is deposited and money that is withdrawn. When Patient's have a large amount of money, it is deposited in an individual account with the Business Office. You may withdraw money from the Business Office by signing a slip, which is cosigned by the Cottage Supervisor or Program Director.

- Many Patients on Ketron cottage are on medications. Drinking caffeine beverages may interfere with the benefits of these medications, and so is discouraged. In some cases there may be a doctor's order to not allow a particular Patient any beverage which contains caffeine. Patients bringing large quantities of caffeinated beverages from home will be asked to give them back to their parent/guardian. All parents/guardians are encouraged to keep to absolute minimum the amount of caffeine a Patient is allowed when on Therapeutic Leave (pass) to home. Patients are not to be allowed to drink caffeinated beverages after dinner on Ketron Cottage.
- From time to time an individual patient's room or the entire cottage will need to be searched for contraband to assure the health and safety of all Patients and adults who live and work here. A doctor's order is required every time this is done. When this is done, **if at all possible**, you will be present during the room search. You will always be informed as to any contraband items found in your room. Staff will make every effort to be careful and respectful of your possessions as they search.

10. CONTACT LIST

When you are first here, Ketron's Psychiatric Social Worker will work with you and your parent(s) or guardian to make a list of family and friends you are allowed contact with while you are on Ketron Cottage. It shows what contact each person may have (phone calls, in person visits, day passes, etc...) and what supervision is required for the contact. This list can be changed later by you with the agreement of your parent(s)/guardian, subject to review by CSTC's treatment team.

With proper notice, approved persons on your visitors list may be invited to participate in a number of cottage program activities. Visitors are encouraged to learn the same skills you learn so they can support you and participate with you as you grow and develop. We will also try to arrange home visits when members of your treatment team go with you to your home community to help learn more about you and prepare your discharge plan.

11. PARENT/GUARDIAN INVOLVEMENT

We believe that interactions with parents/guardians must be clear, timely, and respectful. We also believe that Patients' opportunities for future success are improved when parents and guardians learn some of the same skills Patients are learning while at CSTC. Speaking common language and having common expectations across settings is very important.

There are a number of ways that your parents/legal guardians/and other family members may be involved in your care. Multiple Family Group Treatment (Second and Fourth Thursday evenings in the large conference room), State-wide Parent Retreats, Parent Council, and Recreation Department hosted Center-wide Events (Blast Off, Fish Pond, Summer Jam, and Holiday Celebration) are some of the ways your parents/guardians/ family can be involved in your care and learn skills.

The progression from day passes, to home visit, to Therapeutic Leaves affords you and your family many opportunities to practice new skills in a safe manner across settings; and to debrief afterward, in preparation for more skill building and practice. This is all intended to prepare you, and your family, for you to eventually return to community living. Some few Patients do not return to their family. If you are one such Patient effort is made early in your stay with us to identify to where you will be discharged and to help prepare you and them for a successful discharge.

If the cost of travel, from great distances, to participate in a Patient's care at CSTC, is a hardship for families, some community agencies may be able to help. Ketron's Psychiatric Social Worker will help parents connect with these sources of help.

Of course, all participants in each Patient's care on Ketron must be on the approved contact list.

*****If parental rights have been terminated but some resumption of contact is considered beneficial, we encourage your legal guardian to work with the court to require a background check of the birth parent(s) before resuming contact; If the court approves contacts are supervised, brief, and occur in a way that matches with your treatment needs and plans.**

12. VISITS AND VISITING HOURS

Best times to visit are between 5:00 PM and 8:00 PM Monday through Friday and 9:00 AM to 8:00 PM Saturday, Sunday, or Holiday. Each visit may last up to 3.0 hours. Frequency of visits should be discussed with the treatment team, as Patients have therapeutic activities throughout the day and evening. ***In most instances visits should not interrupt or interfere with scheduled treatment activities.*** Parent or guardian is welcome to observe their child in school. This should be scheduled in advance by calling the cottage (253 756 2381) and/or school (253 756 2797). Approved visitors who travel from great distances and are not able to visit frequently may call and request some adjustments as to the visiting hours.

- ***All visitors must be on the approved visitors list*** and must call Ketron Cottage (253 756 2381) **before** coming to visit. We have a very active school and treatment program during the day, groups, recreation therapy, outings, incentive outings during the evenings and weekends. By calling ahead, your visitor can be certain you will be available. (In some instances approved visitors may be able to observe during a community meeting or recreation activity on campus.)
- **Only visitors on the official visiting list will be allowed on cottage.** Visitors should bring current government issued picture identification and show it whenever asked.
- For therapeutic reasons or at the request of your legal guardian, or in compliance with court order, your visitation or phone contact may need to be supervised or limited. If this is the case your legal guardian, the visitor, and you will be told the reason.
- While parents and guardians may have a brief tour of their family member's room, **usual visits do not occur in patient rooms** or on the pod.
- Visitors are to spend their time with the patient they came to visit.
- **Staff are instructed that they have the responsibility and authority to ask any visitor to leave if the visitor 1) is not following the above rules, 2) is ignoring safe directions from staff, 3) is disruptive to the milieu, 4) is not dressed appropriately, or 5) if conditions on the cottage require visitors to exit for safety reasons. All visitors must promptly follow staff directions if asked to abbreviate a visit, move to another area, or exit the cottage.**

13. PHONE CALLS

Persons on the approved contact list for a patient may call that patient. Most calls are limited to 10 minutes to allow all Patients a chance to connect with their family. The best times to call are between 6:00 PM and 8:00 PM Monday through Friday and 10:00 AM to 8:00 PM Saturday, Sunday, or Holiday. If you receive a call during school, group, meal time, transition time; a message will be taken and you will be allowed to return the phone call later. (See current weekly schedule later in this manual.)

Patients are allowed outgoing calls to approved persons on their contact list. Permission to make such calls will depend on safety concerns, time of day, and sharing available time with peers who also wish to use the phone. All patient calls must be dialed by staff.

Some Patient calls are monitored or on speaker phone for legal or therapeutic reasons. If this is the case, all parties involved in the call will be informed of this before the call or at least at the beginning of the call. Some calls will be preceded by counselor to caller coaching in preparation for a successful call. Counselors may interrupt or end a phone call if the content is inappropriate, unsafe, or too intense.

14. PETS

Patients and visitors are not allowed to bring pets onto CSTC's campus.

15. SMOKING

CSTC's campus is a no smoking area with the exception of one sheltered area next to the maintenance building. This prohibition includes smoking in buildings, on grounds, and in all vehicles on the grounds.

16. THERAPEUTIC LEAVES (TL's OR PASSES)

Everything you do on Ketron is intended to help you to do better today, when you return to live in the community (with your family or foster family or in a group living setting), and throughout your life.

Therapeutic Leaves are part of the Ketron experience. Lots of Patients call them "passes".

- You may be considered for TL after you have been on Cottage at least 14 days.

- TL's usually progress from brief day passes, to longer day passes, to overnight TL's. There is usually a home visit before the first overnight TL.
- **TL's for the weekend may be requested by Patients and parent(s) or guardian by Wednesday of the week.**
Parent/guardian may call 253 756 2381 or speak to a member of the clinical team to state the time and purpose of the TL that is requested.
- Decisions on TL's are reviewed during Ketron Treatment Team at the 9:00 AM Wednesday Rounds and finalized during the Thursday 1:00 – 3:00 PM Ketron Intershift meeting.

Therapeutic Leaves (TL's) allow you to practice safe and healthy behavior away from CSTC in the community and at home. T.L. decisions are made based on safety (including your recent behavior), therapeutic concerns, the plan you and your parent or guardian have proposed, any legal requirements or court orders.

Before you leave on T.L., we ask that you and your parent or guardian spend a few minutes with your primary or one of the staff to write down the goals for your T.L. We usually discourage special activities that require money. We also discourage contacts with other CSTC patients while on Therapeutic Leave. The main purpose of Therapeutic Leaves is to practice skills you have learned with your family, in community. The person picking you up and returning you must be on the approved contacts list. When you return from your T.L., we ask that you spend a moment with your primary or one of the staff reviewing how you did on your T.L. goals, and checking in or out any changes to your personal items inventory.

17. CONCERNS ABOUT YOUR CARE?

You are entitled to basic rights as a Patient at CSTC and you are given a copy of these rights when you are admitted. Ketron Cottage has the following times for you to give input on your care:

- | | |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| ○ Community Meeting (weekly) | ○ Open Office (monthly) |
| ○ Suggestion Boxes: (continuously)
CEO an Program Director/Grievance | ○ Individual contacts with your Nurse, Primary
Counselor and Primary Clinician |

If you do not feel your concern can be dealt with through your Nurse, Primary Counselor, or Primary Clinician you may file a grievance with the Program Director. He or someone he assigns will read your grievance, meet with you, and attempt to solve it within 3 working days. If that solution is not acceptable to you, you may appeal to the CEO who will attempt to solve it within 5 working days

You may also call Disability Rights of Washington (DRW)(attorneys), Office of Assigned Counsel (OAC)(attorneys), or CSTC's Chief Executive Officer (Dr Rick Mehlman), if you have concerns about your care. There is a phone on Ketron for this purpose. All these calls are confidential. You have access to this phone during outside school hours as long as you are safe.

18. LEVEL PROGRAMS

On Ketron Cottage we use a Level system to help you know how you're doing in your treatment and what privileges you are eligible for. Twice a day, staff will share with you daily ratings on specific target behaviors -- like a report card. Some Patients may struggle more than others on some of the target behaviors, so effort on those target behaviors may get more weight when points are earned.

All Patients have common target behaviors/goals:

- School Participation
- Interactions with Staff
- Interactions with Peers
- Personal and Room Hygiene
- Treatment Participation
- Shared Living

Each Patient also has personal target behaviors/goals like:

- Ask for help in a safe way
- Identify and own your feelings
- Express feelings
- Disagree without being disagreeable
- Listen to others' opinions and show interest
- Practice the skills:
 - Listening,
 - Summarizing,
 - Empathizing,
- Wondering
- Notice when feeling unsafe and ask for help (early)
- Ask a brief question and wait for a response
- Take responsibility for own words, feelings, actions
- Participate in individual and group therapies
- Enter rooms in a safe manner
- Take "no" for an answer without escalating to unsafe behavior
- Communicate with parent(s) or guardian(s)
- Positive cooperation in school/recreation
- Design a safety plan for your outing or pass
- Help a peer

THE LEVELS

Phase of Treatment	Daily Average Points
Starting out or Restarting	Points are Tallied but not awarded
Level I	25% - 44%
Level 2	45% - 64%
Level 3	65% - 84% 3 days No LQR
Level 4	85%-100% No LQR 7 days
Level 5	Level 5 takes several weeks and proposal to Team

The chart above shows the levels, phases, and requirements to earn each of the levels. Each level has certain responsibilities and privileges

- On admission all Patients start on the Assessment Level for up to 14 days (with privileges of a Level II).
- During these first 14 days, staff will be scoring your behavior and averaging your points, but you won't be assigned to either the **shift to shift** or **week to week** Level Program until the end of the 14 day period.
- Once you're familiar with the cottage program (usually by the end of the first 14 days), your average points each Sunday night will determine whether you start the next week (Monday morning) on Level I, II or III.
- From then on your level can advance only one level at a time upward ☺ (It can go down faster ☹).
- At any point in your stay here if you are really struggling with keeping safe behavior, the team may decide to assign you to 72 hours of Re assessment as a way of restarting your program. During this restart you will be allowed Level I privileges.

- Most Patients' points are averaged and levels change once a week on Sunday night. A few will be on **Shift to Shift** (see below).
- The points you will need, to be assigned each level, are shown in the chart above.
- Based on average weekly points your level can move up, at most, one level.
- Based on behavior during the week your level can be lowered for anything from a few hours to the full week.

19. SHIFT TO SHIFT LEVEL PROGRAM AND PRIVILEGES

- For some Patients a shift to shift level program (as opposed to weekly) is needed to get started on the level program. If this applies to you, your team will place you on a shift to shift program. Each day and swing shift you start on the level you earned the previous swing or day shift, resp. (No rise in level is possible points during night shift but it is possible to lose a level during night shift.)
- If you are on Shift to Shift the highest level privileges you may earn are Level 3. Even if you are currently on Level 1 you may, by your efforts, earn Level 3 for the next shift. If you consistently earn high levels while on Shift to Shift, your Primary Counselor and Treatment Team will discuss with you moving up to the weekly level program. While on shift to shift program, *If you commit a major unsafe act your level may be frozen at Level 1 and Red for 24-72 hours while you stabilize, (begin amends community service, or complete a learning task and restart) before you resume participation in the shift to shift program. Weekly points are calculated and retained to see patterns and readiness to be on Week to Week Levels. Previous Weekly points are not used to determine current shift to shift levels.*

SHIFT-TO-SHIFT PROGRAM PRIVILIGES

* You are encouraged to contract for safety with your Primary Counselor and Group Leader and may be allowed to participate.

** May be "considered" for brief, nearby, **Off-Campus Outings** if 3 G for 24 consecutive hours prior to outing's start time.

Allowed Earn Levels: (1-3) Allowed Earn Colors: (R/Y/G)	1 st 14 DAYS	1 R	2 R	3 R	1 Y	2 Y	3 Y	1 G	2 G	3 G
Bedtime Su-Th	8:30 PM	8:00 PM	8:00 PM	8:30 PM	8:00 PM	8:30 PM	8:30 PM	8:00 PM	8:30 PM	8:30 PM
Bedtime Fr-Sa	9:00 PM	8:00 PM	8:00 PM	8:30 PM	8:00 PM	8:30 PM	9:30 PM	8:00 PM	9:00 PM	9:30 PM
In sight and hearing of staff unless in room	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
All interactions supervised unless in room (or Level 5 contract)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
On cottage recreation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
On campus recreation participation	*N	N	N	N	Y	Y	Y	Y	Y	Y
Outside cottage group activities (on campus)	N	N	N	N	15 MIN	30 MIN.	30 MIN.	Y	60 MIN.	Y
On campus recreation THERAPY/cottage THERAPY groups	*Y	*Y	Y	Y	Y	Y	Y	Y	Y	Y
Off campus Outings	N	N	N	N	N	N	N	N	N	**Y
Access bikes/skateboards	N	N	N	N	N	N	N	N	N	Y
Access TV/music room	N	N	N	N	N	30 MIN.	30 Min.	N	30 Min.	60 MIN.
Radio/CD in room	N	N	N	N	N	N	30 MIN.	N	30 MIN.	Y
Game boy/video games on cottage (during designated times)	N	N	N	N	N	N	N	N	N	60 MIN.
Game boy/video games in room	N	N	N	N	N	N	N	N	N	N
Up to 5\$ pocket money on person (own money)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Help serve snack	N	N	N	N	N	N	N	N	N	N
Keep non-toxic non-glass hygiene products in room	N	N	N	N	N	N	N	N	N	N
Contract for line of sight outside with 15" check ins	N	N	N	N	N	N	N	N	N	N
Contract walk to and from school unescorted	N	N	N	N	N	N	N	N	N	N
Contract individual privileges	N	N	N	N	N	N	N	N	N	N
Call to parent/guardian evening/weekend, if safety/time allows	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

20. INTAKE

Here is a description of what you can expect during intake and your first 14 days on Ketron Cottage. A chart showing what you are allowed to do based on your level and PSSP color is item # 27 of this manual.

During Intake you will meet with Ketron's Treatment Team. This is a time for us to begin to:

- Get to know you. Hear your story in your words
- Answer your questions about who we are and how we do things
- Show you around Ketron Cottage
- Introduce you to Patients and staff who live and work on Ketron
- Help you feel safe and welcomed
- Introduce you to your Ketron team
- Hear your family and community team members tell their view of your story
- Include your family and community team members in your care on Ketron Cottage
- ***Give your parents or guardians information about opportunities for parent support and involvement during your stay on Ketron Cottage.***

This is your chance to begin to know who is on your team on Ketron and to ask questions of us as well.

21. FIRST 14 DAYS

During the first 14 days you will be expected to:

- Interact in a safe way with other Patients and staff
- Follow directions from staff
- Attend school and participate in on-cottage activities
- Meet with your Doctor / Nurse to identify any special health or dietary concerns
- Review this cottage manual with your Primary Counselor and learn cottage rules
- Complete Safety Plan with your Primary Counselor
- Set dates and times for weekly calls to family and Probation Officer (if you have one)
- Work with your Primary Counselor to identify personal treatment goals

22. FULL VALUE CONTRACT AND CONSEQUENCES

In order to make Ketron a safe and successful therapeutic milieu, all Patients and staff are expected to keep the Recreation Department's **Full Value Contract**:

In a positive way, we all agree to:

- **Have and work toward individual and group goals**
- **Be safe for ourselves and others**
- **Listen to understand the other person's ideas and feelings**
- **Not discount others thoughts, feelings, efforts**
- **Not discount our own thoughts, feelings, efforts**
- **Keep commitments and give support and positive feedback**
- **Take safe risks**

The **Full Value Contract** is the basic safety plan that makes it possible for us all to participate in activities and adventures. At first, it usually takes a while for Patients to learn the **Full Value Contract**. Staff and peers will be able to coach you as you are learning.

Once you know the Full Value Contract you will be asked to agree to keep it in order to participate in most activities at CSTC and in the community. Refusing to keep this basic agreement for safety may put you “off program” for a period during which you may not earn points and you may lose some of the privileges of your level. Once you again demonstrate willingness to keep the Full Value Contract you will again be allowed to participate and to earn participation points.

Though we like to emphasize adding new positive skills and behaviors, there are certain behaviors that are not tolerated in the Ketron community, like:

- | | | |
|-----------------------------|------------------------------------------|----------------------------|
| • Threatening | • Mean-spirited teasing | • Running away |
| • Attempting to hurt others | | • Hiding dangerous objects |
| • Bullying | • Attempting to destroy others' property | • Setting others up |
| • Harassing | | • Inappropriate Speech |

- Making dangerous objects
- Sexually inappropriate behavior
- Sneaking dangerous items into the cottage

The above behaviors are signals to the treatment team that a Patient is not being safe. This will result in a major loss of trust and possible loss of:

- Passes or Therapeutic Leaves
- Community Outings
- Program participation
- Off cottage activities

You will also be expected to restore your trust level in the community and make restitution or complete community service.

23. KEEPING YOU AND OTHERS SAFE

There may be times when you (or one of the other Patients) behave in an unsafe way. At those times, whenever possible, staff will teach/remind you about when and how to request a timeout. Their goal is to help you and other Patients be safe.

- You may be asked to take a time out in a certain location, to calm yourself and prepare to safely resume activities
- Or you will be given an opportunity to go to your room or the quiet room to calm yourself
- Once you are in a safe place, staff may ask you questions and listen as you **DRAIN OFF** intense emotions
- If you are immediately dangerous to yourself or others, the staff may have to escort you to a place of seclusion.
- Anytime you are placed in seclusion, a doctor's order is required authorizing you to be kept there until you are safe to join the community again.
- The staff will be outside the seclusion area to be certain you are safe.
- Staff will briefly check with you off and on to see what mood you are in and whether you are ready to follow a simple direction like " Please wait for 10 minutes sitting by the opposite wall" to show that you are ready to safely discuss what has occurred.
- Staff will not discuss what has happened with you until you can be safe and follow a simple direction.
- When you are ready to safely discuss what has happened, staff may ask you to do a **TIMELINE** or chain analysis noticing what happened before, during, and after your upset.
- You may be asked to do your chain analysis in writing and then to talk about it with one of the staff who was there during your upset.

- Some Patients may be asked to just talk it out.
- You will be asked to identify things that happened earlier in the day or week that made you more vulnerable or likely to get upset.
- You will be asked to state what you could have done differently for a better outcome and what we could have done differently that would have been more helpful to you.
- Then, you will be asked to work with the staff to identify the **CENTRAL ISSUE** of your upset as you “process out” of the quiet room.

A chain analysis will often be necessary before you can leave the quiet room and return to participation on the cottage. You will often have a period of time alone to think about this before a staff will help you with the Chain Analysis.

The goals when helping you during a quiet room placement are to:

1. Keep you and others safe
2. Help you to agree to get along better with whomever has been hurt or offended by your actions (this may include other Patients, staff, or even the whole cottage and people who live and work here)
3. Create a plan for you to put right whatever harm or damage your actions caused to the milieu, or others, or the cottage
4. Turn this difficult situation into an opportunity to make sense of or **GAIN INSIGHT** from what happened
5. Figure out what **NEW SKILLS** you need to learn so you can have a better way of expressing your thoughts, managing your emotions, and behaving, and
6. Allow you to **TRANSFER LEARNING** to another setting.

A Chain Analysis is not meant to blame or punish you.

It is meant to help you to:

- Notice and describe the "links of the chain"
- Notice cues for your own upset earlier next time
- Identify things you can do instead of going out of control.
- Identify things we can do to better help you.
- Learn from your difficult times as well as from your successes

You may be asked to complete a “learning task” in a specific place, at which time you will probably hear the phrase (or a similar one):

“When you have completed your learning task and are ready to discuss what happened with ‘at least a neutral attitude and tone of voice’ we can begin. Are you ready? If not ready yet, you may be asked to remain in time out “until you are ready” with that ‘neutral or better attitude’”.

This “until you are ready” phrase is a **“Key in the pocket”** for you. Staff do not want you to stay out of activities, but we want you to make a decision to complete your learning task and work your way back into participating in the cottage activities. The “key” is in your pocket and you can choose when you are ready to do the consequences you have earned with a neutral or better attitude and to move forward.

There may also be other "response costs" and "learning tasks". On Ketron we like to tailor these to match your abilities, behavior, and emotional needs. All response costs and learning tasks are meant to help you learn to cool off, think about what you did, and learn from the situation so you can make better decisions for better outcomes in the future.

Learning tasks will be different for different Patients and for different situations. In general, though, they will be similar. The main purpose of learning tasks will be to take an upsetting situation and learn how to have things go better in the future. Also "response costs" help to remind us of our responsibility for our own actions and the impact our actions have on others.

Examples of possible response costs and learning tasks.

Depending, on behavior, attitude, stage in treatment, level of ability, and understanding ... (if you violate a major or minor rule) you may receive one or more of the following **response costs**:

- ◆ Use money from your account to make payments to cover the cost of something you damaged or destroyed
- ◆ Wait in your room until you are ready to begin your learning tasks in a neutral or better manner
- ◆ Spend a specified period of time in your room (at a time when the rest of the cottage is doing something that is a lot of fun) (This requires a doctor’s order.)
- ◆ Not be allowed in the same area as another Patient who was involved in the same incident with you. (This may be called a 30-30 and requires a doctor’s order)
- ◆ Lose your level and the privileges that go along with it
- ◆ Have a change in your Personal Social Safety Program (PSSP) color (More information on PSSP in later pages)

And learning tasks:

- ◆ Clean up a mess you made ... and more as well
- ◆ Write and read in front of the Cottage, at Community Meeting, an apology for your behavior which kept others from participating in Recreation
- ◆ Write a story about a Patient who was rude to a peer, telling how the peer felt and thought
- ◆ Paint a picture as a gift for a peer to whom you were rude
- ◆ Identify ten (or more) positive and honest statements you could make toward a peer to whom you made hurtful statements
- ◆ Play a table game or participate in another cooperative activity for 30-60 minutes with the person you were upset toward
- ◆ Do a Chain Analysis
- ◆ Talk with staff and/or with a peer
- ◆ Look a staff member or peer straight in the eyes and tell what you did and what you could have, should have, done different
- ◆ Call your parent or guardian and tell them what you did and ask what consequence your parent or guardian would assign
- ◆ Some other task designed to remind you of what you have done, how others probably feel about it, and to attempt to make it better or soften the harm

24. MAJOR RULE VIOLATIONS

There are certain behaviors that are considered Major Rule Violations of the program:

1. Major acts of Physical aggression or attempting major acts of physical aggression. For example, hitting, punching, spitting, tackling, choking, throwing objects, pulling hair, kicking..
2. Destroying property or attempting to destroy property, including your own.
3. Unauthorized Leave (U.L.)
4. Bringing and/or using contraband onto the cottage or to CSTC for example: drugs, sharps, lighters, pornography, weapons, or other dangerous items.
5. Sexually inappropriate behavior
6. Extreme harassment using foul or threatening language.
7. Verbal abuse or making hurtful comments, like racial slurs.

Response Costs and Learning Tasks for these behaviors will be determined by the specific situation surrounding the incident.

25. MINOR RULE VIOLATIONS

Minor rule violations are still considered serious. They include:

1. Touching or attempting to touch people without their permission.
For example: pushing, shoving, tripping, horseplay.
2. Disrespectful language or swearing.
3. Stealing.
4. Bringing items on to the cottage that are not allowed but not necessarily dangerous.
(For example Parental Advisory CD's, Burned CD's, M or higher rated video games, or suggestive magazines)
5. Inappropriate dress. (No "bagging", "sagging", or revealing dress allowed) Underwear must be worn at all times.

Response Costs and Learning Tasks for these behaviors will also be determined by specific situation surrounding the incident.

Possible Response Costs for Major/Minor Rule violations: (* requires doctor's order)

Level or PSSP color change, *pod time, *restriction to pod/room/cottage, *30/30, *change in therapeutic leave (duration or activity).

Possible Learning Tasks Include: Apology letter, community service, essay, art project, chain analysis, make amends

26. PERSONAL SOCIAL SAFETY PROGRAM

The Personal Social Safety Program (PSSP) is a way for us to help you learn safe verbal, physical, social, and sexual boundaries. The plan is for you to learn and practice problem-solving strategies now and for your future, while helping to maintain a safe cottage environment today.

All Ketron Patients are on the PSSP. If you come to Ketron with a history of safe verbal, physical, social, and sexual boundaries you can be on "green" status from the date you begin your Level Program, shortly after admission. Your behavior while here will determine whether or not you continue on green status at discharge.

How the PSSP works:

1. You will have a color assigned within the PSSP.
2. Your color will be Green, Yellow, or Red based on your current behavior on Ketron cottage, in community, and at school.
3. Your PSSP color is the direct result of your behavior while you are a Patient at CSTC.
4. Staff or Treatment Team, will change your color based on your words and /or actions.
5. Whenever possible, the staff who changes your color will explain to you what you did that resulted in the change and what you can do to continue or improve your "color".
6. As long as you are following safe Cottage, School, and Community expectations you will be on "green". If you display unsafe behaviors you will be put on Yellow or Red status and will be assigned a learning task. This change may be for 24, 48, or 72 hours at each step as you progress to the next higher color. It can also last until the next weekly points calculation. At each level you will be given learning tasks that must be done before you can take the next step up the color ladder. Your attitude must be neutral or better for you to move up the color ladder. It is not just the passage of time.

27. EXAMPLES OF WORDS AND ACTIONS LEADING TO ASSIGNMENT OF PSSP “COLORS”

Green Status:
Following Safety Guidelines
When appropriate, talk to Counselor/Clinician about healthy boundaries, feelings, behavior
Being able to problem solve instead of using inappropriate language or behavior
Asking for help when you are worried about keeping safe
Yellow Status:
Minor violations of safety guidelines
Intruding on others' personal space
Passing inappropriate notes (threatening, foul, or sexual content)
Making mildly inappropriate comments, cussing, or mild sexual gestures
Red Status:
Major violations of boundary guidelines (kissing, hugging, hitting, attempting to touch others' private parts)
Disrespecting your own personal body privacy (exposing yourself, purposely undressing where others can see you, sleeping without clothes on)
Disrespecting the personal privacy of others (peeping, walking in)
In room or bathroom with another Patient.

Hold Status: Some patients may have a medical or legal "hold" based on their past or current behavior, medical condition, or legal status (“RCW 10.77 “ or other). This will be written: (e.g. **Level III Y - Medical Hold**" or **Level III Y - Legal Hold**)) on the shift report board to alert staff that the Patient is not allowed off campus and to check with the Attending Psychiatrist or Program Director before considering any off cottage activities. A "hold" must be sustained or revised weekly at Medical Rounds or at Treatment Plan Review to see whether it is still required.

This is used to guide cottage and recreation staff when planning for safe activities on and off the cottage. It helps staff as they decide who is or is not allowed to participate, what staff coverage are needed, what activities are appropriate, and where activities can or must occur.

28. *LEVEL PRIVILEGES (See *, **, and *** below)

Privileges Levels: 1,2,3,4,5 Safety Colors: Red, Yellow, Green	1ST 14 DAYS	I R	I Y	I G	2 R	2 Y	2 G	3 Y	3 G	4 Y	4 G	*5 G
Bedtime Su-Th	8:30 PM	8:00 PM	8:00 PM	8:00 PM	8:30 PM	8:30 PM	8:30 PM	9:00 PM	9:00 PM	10:00 PM	10:00 PM	10:00 PM
Bedtime Fr-Sa	9:00 PM	8:00 PM	8:00 PM	8:00 PM	9:00 PM	9:00 PM	9:00 PM	10:00 PM	10:00 PM	11:00 PM	11:00 PM	12:00 PM
In sight and hearing of staff unless in room	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
All interactions supervised unless in room	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
On cottage recreation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
On campus recreation participation	Y*	N*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Outside cottage group activities (on campus)	Y*	N*	N*	Y	N	30 MIN.	60 MIN.	30 MIN.	Y	30 MIN.	Y	Y
On campus recreation therapy/cottage therapy groups	**Y	**Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Off campus activities	N	N	N	N	N	N	N	N	Y	N	Y	Y
Access bikes/skateboards	N	N	N	N	N	N	N	N	Y	Y	Y	Y
Access TV/Library	N	N	N	N	N	30 MIN.	30 Min.	30 Min.	60 Min.	30 MIN.	Y	Y
Personal Radio/CD in room	Y	N	Y	Y*	Y*	Y	Y	Y	Y	Y	Y	Y
Borrow Cottage Radio /Borrow Cottage Shuffle	N	N	N	N	N	30 Min.	60 Min.	60 Min.	Y	Y	Y	Y
Game boy/video games on cottage (during designated times)	N	N	N	N	N	N	N	N	60 Min.	Y	Y	Y
Game boy/video games in room	N	N	N	N	N	N	N	N	N	N	Y	Y
Up to 5\$ pocket money on person (own money)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Help serve snack	N	N	N	N	N	N	N	N	N	N	Y	Y
Keep non-toxic non-glass hygiene products in room	N	N	N	N	N	N	N	N	Y	N	Y	Y
Contract for line of sight outside with 15" check ins	N	N	N	N	N	N	N	N	N	N	N	Y
Contract walk to and from school unescorted	N	N	N	N	N	N	N	N	N	N	N	Y
Contract for independent activities	N	N	N	N	N	N	N	N	N	N	N	Y
Call to parent/guardian evening/weekend, if safety/time allows	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

*** Nearly all the time the Level and Color you earn determines your privileges. In rare cases your primary may consult with the shift charge and the clinical team and make a one-time exception.**

**** You are encouraged to contract for safety with your Primary Counselor and Group Leader and to participate.**

****** Level V is a very special level that few Patients reach. In order to be on level V you must be on Level IV and PSSP Primary Color Green for several consecutive weeks, and have no “Holds”(medical or legal) on your privileges. Then, with your Primary Counselor’s help, you must prepare a letter or complete a form requesting a Special Contract. In the letter or form you need to describe:***

- 1. How you have been demonstrating "Role Model Behavior",***
- 2. What special privileges you would want, and***
- 3. What project you want to do to “give back to the community”;***

Level V Special Contracts must be brought to the Intershift for approval. Each Special Contract is slightly different but some include: 15 minute walks on campus without escort, special one on one outings, transition times outside, and being "staff assistant".

29. Ketron Cottage Community Meeting - Patients' Rules

- 1. Raise Your Hand To Speak**
- 2. Keep it focused (Community Not Individual Issues)**
- 3. Keep it Brief (Period)**
 - a. Observe Time Limits for Each Section**
 - b. Respect Yourself and Others**
- 4. Wear Shoes or Sandals (or at least clean socks)**
- 5. No Hats (unless you have a positive attitude)**
- 6. Use Positives and Encouragements**
 - a. No Set Ups and No Put Downs**
- 7. Keep Your Hands and Feet to Yourself**
 - a. Keep Your Feet Off the Furniture**
- 8. Appropriate Language - Use Indoor Voices**
- 9. When Called Upon, You may "Pass" (but not every time, all the time)**
- 10. Three Strikes (Staff say how many strikes per incident)**
 - a. 1st Strike = Reminder**
 - b. 2nd Strike = Warning***
 - c. 3rd Strike = Out of meeting and **Off Program for the Shift**

*** May also get response cost and therapeutic task**

**** "Off Program" affects what activities you may participate in and points you may earn for the rest of the shift ...**

30. Ketron Cottage – Community Meeting Agenda

1. (1 minute) **15 Seconds of Silence** (if interrupted start over)
2. (1 minute) **Read Rules** (ask someone else to read)
3. (8 minutes) **Goals ... Asking for Support ... Feeling** (everyone)
 - a. Use: “I am working on _____”
“My plan of Action for reaching this goal is _____”
or
“The community could support me with this, by _____.”
“I feel _____”
4. (8 minutes) **Community Issues**
 - a. Use: “I would like to see _____” statements.
 - b. Leader picks a “Starter Topic” each day from the list below:
(Try not to repeat recent topics)
 - *Cottage Safety: What can we do to make our cottage safer?*
 - *Cottage Respect: What can we do to be more respectful?*
 - *Cottage Cleanliness: What can we do to keep our cottage clean?*
 - *Cottage Commitment: What can we do to show more commitment?*
 - *Cottage Responsibility: What can we do to be more responsible?*
 - *Open Forum*
5. (8 minutes) **Positives and Encouragements**
 - a. Use: “Your positive is _____”
“and I want to encourage you to _____”

Leave out words that say what to stop or reduce, like “**avoid, quit, stop, don’t, not, no, opposite, quit, instead of,**” etc...

Keep it brief - Keep it positive. One Patient starts. No repeats – if time allows, all get to participate.

End with the same Patient who started.
6. (3 minutes) **DBT Skill of the Week** (refresh/remind)
7. (3 minutes) **Patient Announcements**
 - a. Use “I know for sure _____.” “I hope that _____.”
8. (3 minutes) **Staff Announcements**
9. (0 minutes) **Meeting Adjourned** – Wait for your primary in your pod.

Group Leader _____ **Note taker** _____ **Date** _____

31. CURRENT WEEKLY SCHEDULE

Ketron	Dayshift Schedule							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
645	Shift Change	Shift Change	Shift Change	Shift Change	Shift Change	Shift Change	Shift Change	645
700	Cartoons	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	cartoons	700
730	Cartoons	TDS starts	TDS starts	TDS starts	TDS starts	TDS starts	cartoons	730
745	Cartoons	TDS	TDS	TDS	TDS	TDS	cartoons	745
800	Cartoons	School	School	School	School	School	cartoons	800
815	Wash up	School	School	School	School	School	Wash up	815
830	Breakfast (opt)	School	School	School	School	School	Breakfast (opt)	830
900	Room Cleanup	School	School	School	School	School	Cottage Activity	900
1000	Cottage Activity	School	School	School	School	School	Cottage Activity	1000
1030	Cottage Activity	School	School	School	School	School	Cottage Activity	1030
1100	Cottage Activity	School	School	School	School	School	Cottage Activity	1100
1130	Cottage Activity	School	School	School	School	School	Cottage Activity	1130
1145	Cottage Activity	School	School	School	School	School	Cottage Activity	1145
1200	Cottage Activity	School	School	School	School	School	Cottage Activity	1200
1215	Wash up	Lunch	Lunch	Lunch	Lunch	Lunch	Wash up	1215
1230	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	1230
1245	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	1245
100	Pod Bonding	School/TPR	School	Cottage Activity	School	School	Cottage Activity	100
130	Cottage Activity	School/TPR	School	Cottage Activity	School	School	Cottage Activity	130
200	Cottage Activity	School/TPR	School	Cottage Activity	School	School	Cottage Activity	200
230	Cottage Activity	Migrate	Migrate	Cottage Activity	Migrate	Migrate	Cottage Activity	230

<i>Ketron</i>	Swingshift Schedule	<i>As of 12 11 2011</i>					<i>Swingshift Schedule</i>	
	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	
245	<i>Trns/Shft Chg</i>	<i>Trns/Shft Chg</i>	<i>Trns/Shft Chg</i>	<i>Trns/Shft Chg</i>	<i>Trns/Shft Chg</i>	<i>Trns/Shft Chg</i>	<i>Trns/Shft Chg</i>	245
300	<i>Transition</i>	<i>Transition</i>	<i>Transition</i>	<i>Transition</i>	<i>Transition</i>	<i>Transition</i>	<i>Transition</i>	300
315	<i>Cottage Activity</i>	<i>Comm Mtg</i>	<i>Comm Mtg</i>	<i>DBT Challenge</i>	<i>Rec Tx</i>	<i>Boys Build</i>	<i>Cottage Activity</i>	315
345	<i>Cottage Cleanup</i>	<i>Comm Mtg</i>	<i>Comm Mtg</i>	<i>DBT Challenge</i>	<i>Rec Tx</i>	<i>Boys Build</i>	<i>Cottage Activity</i>	345
400	<i>Cottage Cleanup</i>	<i>DBT ER Soccer</i>	<i>Pod Activity</i>	<i>DBT Challenge</i>	<i>Rec Tx</i>	<i>Boys Build</i>	<i>Cottage Activity</i>	400
430	<i>Cottage Cleanup</i>	<i>DBT ER Soccer</i>	<i>Pod Activity</i>	<i>DBT Challenge</i>	<i>Rec Tx</i>	<i>Boys Build</i>	<i>Cottage Activity</i>	430
445	<i>Washup</i>	<i>DBT ER Soccer</i>	<i>Pod Activity</i>	<i>DBT Challenge</i>	<i>Washup</i>	<i>Washup</i>	<i>Washup</i>	445
500	<i>Dinner Room Check</i>	<i>Dinner</i>	<i>Dinner</i>	<i>Dinner</i>	<i>Dinner</i>	<i>Dinner</i>	<i>Dinner</i>	500
530	<i>Study Time</i>	<i>Study Time</i>	<i>Study Time</i>	<i>Study Time</i>	<i>Study Time</i>	<i>Study Time</i>	<i>Study Time</i>	530
600	<i>Cottage Activity</i>	<i>Cottage Activity</i>	<i>Cottage Activity</i>	<i>Cottage Activity</i>	<i>Rec Part/ Cott Activ</i>	<i>Cottage Activity</i>	<i>Rm Chck/Cttg Actvty</i>	600
630	<i>Cottage Activity</i>	<i>Cottage Activity</i>	<i>Cottage Activity</i>	<i>Cottage Activity</i>	<i>Rec Part/ Cott Activ</i>	<i>Cottage Activity</i>	<i>Cottage Activity</i>	630
700	<i>Cottage Activity</i>	<i>Cottage Activity</i>	<i>Cottage Activity</i>	<i>Cottage Activity</i>	<i>Rec Part/ Cott Activ</i>	<i>Cottage Activity</i>	<i>Cottage Activity</i>	700
715	<i>Washup</i>	<i>Cottage Activity</i>	<i>Cottage Activity</i>	<i>Cottage Activity</i>	<i>Rec Part/ Cott Activ</i>	<i>Cottage Activity</i>	<i>Washup</i>	715
730	<i>Snack</i>	<i>Snack</i>	<i>Snack</i>	<i>Snack</i>	<i>Snack</i>	<i>Snack</i>	<i>Snack</i>	730
800	<i>Cttg Actvty</i>	<i>Cttg Actvty</i>	<i>Cttg Actvty</i>	<i>Cottage Activity</i>	<i>Cttg Actvty</i>	<i>Cttg Actvty</i>	<i>Cttg Actvty</i>	800
830	<i>Cttg Actvty</i>	<i>Cttg Actvty</i>	<i>Cttg Actvty</i>	<i>Gd Bdtm Grp/Activity</i>	<i>Cttg Actvty</i>	<i>Cttg Actvty</i>	<i>Cttg Actvty</i>	830
845	<i>Clear Dayhall</i>	<i>Clear Dayhall</i>	<i>Clear Dayhall</i>	<i>Gd Bdtm Grp/Clr Dh</i>	<i>Clear Dayhall</i>	<i>Clear Dayhall</i>	<i>Clear Dayhall</i>	845
900	<i>Begin Bedtimes</i>			<i>Good Bedtime Grp</i>			<i>Begin Bedtimes</i>	900
915				<i>Good Bedtime Grp</i>				915

32. WHO YA GONNA CALL...?

Even on a small cottage like Ketron it can be challenging knowing who to ask to get accurate answers. If you find yourself asking the same questions to several different staff you may want to try using the following guide. By addressing your question to the right person you will likely get a clearer, more accurate response. Staff are also being asked to direct questions to the proper responder So...

Discharge Planning, next Treatment Plan Review 253 756 2539 to speak to Psychiatric Social Worker

Medications, Medical/Dental/Eye/Specialty Clinics, Passes ... 253 756 2381 and ask to speak to Psychiatric Nurse or Psychiatrist

Activities of Daily Living and Target Behaviors ... 253 7562381 and ask for your child's Primary Counselor

Overall Management of Cottage Staff and Target Behaviors call 253 7562371 and ask for Cottage Supervisor

Recreation Therapy call 253 7562550 and ask for the Recreation Therapist assigned to Ketron

School Performance, class assignment, IEP or 504 plan ... call 253 756 2797 and ask for your child's teacher or the Principal

Formal Grievance regarding the care your child is receiving ... call any of the numbers above or call CEO at 253 756 2735

33. LINGO

Like every organization, we have words and abbreviations (“Lingo”) that is frequently used; like:

- Aggressive: Verbal, physical, or sexual threats, force, or harm to try to make someone else to do something.
- Assertive: Claiming my thoughts, emotions, hopes, emotions, plans, self.
- Calming Room: An unlocked space where the Patient may take time to recover their calm and then return to activities.
- DBT (Dialectical Behavior Therapy): Learning to regulate our own emotions instead of having them regulate us.
- DT/DT (Developmental Therapy / Developmental Teaching): Learning to understand and help patients and adults based on stages of development; with special attention on Thinking, Doing, Saying, and Social skills.
- 504 Plan: A plan which identifies special learning helps a student needs and the way the school will accommodate those needs. (Students have certain rights in this.)
- IEP (Individualized Education Plan) A more detailed plan which identifies students' learning disabilities and identifies the school's plans to meet those needs. (Students have rights in this.)
- ITA : Involuntary Treatment Act or Washington State law which allows patients to be hospitalized based on their being judged a danger to self or others or gravely disabled due to mental illness. The ITA law is used only when necessary and then only with patient's legal rights protected by legal representation and a hearing in court.
- Passive: Inactivity.
- Passive- Aggressive: Trying to make someone else do or not do something by being passive. This usually also is an attempt to avoid looking like we are controlling the situation even when we are trying to.
- P.T.O. (Personal Time Out): When the Patient requests their own TO.
- QR : Quiet Room or a place where the Patient requests or is required to go and calm enough to become safe and then return to activities.
- Seclusion: Keeping a Patient in a place away from others: Used only when a Patient is unsafe, is known from recent experience to become unsafe very rapidly, or is setting others up and encouraging them to become unsafe.
- T.O.: (Time Out) When a **person** goes away from an activity to recover and return.
- T.L. (Therapeutic Leave): When a Patient is allowed (by doctor's order to go off campus with a non-staff person (from their contacts list). T.L.'s include therapeutic goals and follow up to see if goals were met.

34. KEY ELEMENTS:

Here are some of the underlying ideas upon which we base much of what we are doing with Patients and families. We believe that the same ideas are useful at CSTC, in community, in school and at home. Ask us about them.

Re-ED Principles:

- | | |
|---------------------------------------------|------------------------------------------|
| 1. Feelings should be nurtured | 7. Intelligence can be taught |
| 2. Self-control can be taught | 8. Trust is essential |
| 3. The group is important | 9. Ceremony and ritual give order |
| 4. A child should know some joy in each day | 10. Time is an ally |
| 5. Communities are important | 11. Competence makes a difference |
| 6. Life is to be lived now | 12. The body is the armature of the self |

Life Space Crisis Intervention Stages (for moving through and learning from the bumps in the road:

Highlighted terms in the following list are reminders that there is a process within Life Space Crisis Interviewing (L.S.C.I.) that is very helpful when a Patient is emotionally escalated and we are helping them to be safe and reconnect and turn the crisis into a learning opportunity. The steps of that L.S.C.I. Process are:

1. Drain Off - where we listen to you, supportively and without criticism, as your emotions flow until you get to the point where you are more able to think clearly enough to discuss what has occurred.
2. Time Line - describing the sequence of events setting the stage for and leading up to your upset.
3. Central Issue - Identifying the central issue that you need to look at. Different central issues require different interventions.
4. Gain Insight - Helping you to understand how the upset occurred and if there is a pattern for you in such upsets.
5. New Skills - Teaching you a new way to manage or get help earlier for your upset.
6. Transfer Learning - Helping you to prepare to re-enter the milieu and take what you have learned with you.

35. SUGGESTED READING:

- Child Study and Treatment Center Skills Training for Adolescents; Landis, Seidlitz, Steinmetz, Hernandez, Bacon, 1993. *Adolescent DBT-lite*.
- How to Talk So Patients Will Listen and Listen So Patients Will Talk; Faber and Mazlish, 1982. *Works for all ages*.
- Life Space Crisis Intervention, 2nd Edition; Long, Wood, and Fecser, 2001. *Every crisis is an opportunity*.
- Motivational Interviewing, Preparing People for Change; 2nd Edition, Miller and Rollnick, 2002. *Stages and tasks to match*.
- Narrative Means to Therapeutic Ends; White and Epston, 1990. Theory informs practice informs theory informs practice informs.
- Raising an Emotionally Intelligent Child; Gottman, 1997. *Seeing more than traditional IQ's in ourselves and our Patients*.
- Skill Streaming the Adolescent: Revised Edition; Goldstein and McGinnis, 1997. *Social skills as foundational tools to healthy futures*.
- Teaching Responsible Behavior; Developmental Therapy – Developmental Teaching for Troubled Children and Adolescents; 4TH EDITION. Wood, Quirk, Swindle. 2007. *Setting the bar high enough to challenge but not discourage*.
- Your Perfect Right; Alberti and Emmons, 1974. *Claiming our own thoughts, bodies, lives, emotions, beliefs, our everything*.