

# ORCAS COTTAGE



**Communication**  
**Trust** **Autonomy** **Collaboration** **Respect** **Safety** **Honesty** **Courage**  
**Mastery** **Freedom** **Integrity** **Flexibility** **Loyalty** **Peace**  
**Commitment** **Support** **Collaboration** **Respect** **Safety** **Stability**  
**Challenge** **Empathy** **Responsibility**  
**Maturity** **Acceptance** **Responsibility**

**Child Study & Treatment Center**  
**8805 Steilacoom Blvd**  
**Lakewood Washington, 98498**  
**(253)756-2384**

# WELCOME TO THE ORCAS COTTAGE PROGRAM!

Orcas Cottage is a program for older adolescents within Child Study and Treatment Center (CSTC), the Washington State psychiatric hospital for children and adolescents. Orcas cottage generally admits youth who are a danger to themselves or others due to a psychiatric disorder. Behavioral characteristics of Orcas youth often include suicidal and para-suicidal behavior, aggression, interpersonal chaos, emotional instability, impulsivity, identity confusion, psychotic behavior, and in some cases an inability to manage basic self-care needs.

The focus of the Orcas Cottage program is to provide extended psychiatric treatment in order to help youth develop the skills necessary for them to successfully return to their families and communities. Dialectical Behavior Therapy (DBT) addresses many of the core issues of our client population and serves as the primary theoretical orientation underlying the Orcas cottage program. Additionally, other treatment modalities incorporated into the milieu include Positive Behavioral Support, Motivational Interviewing, Collaborative and Proactive Solutions, Trauma Focused- Cognitive Behavioral Therapy, and Adventure Based Therapies. All of these interventions are utilized to accomplish our mission to transform the lives of youth and families by promoting personal growth, skill development, and healing in a safe, supportive, therapeutic environment. We focus on engaging youth and families, providing individualized care, and promoting sustainable overall well-being.

Our mission and vision are grounded in five values. You will hear about them often because they are the core of the Orcas cottage program.

- 1) Open Communication
- 2) Respect
- 3) Collaboration
- 4) Autonomy
- 5) Safety

A major focus of the Orcas program is on relationships: between you and your counselors, counselors with each other, and counselors with clinical team members. Relationships often enable you to heal and learn to collaborate effectively with others.

Counselor-client relationships in DBT have a dual role:

- 1) They allow the counselor to be more effective in working with you.
- 2) The relationship is therapy.

At the bottom of some pages you will find some advice that previous Orcas youth thought might be helpful to you as you learn about our program. Please let Dr. Fran know if you would like to add a comment.

The strong relationship between you and your counselor helps you change your behavior and you are able to heal, become stronger, make changes, and “get better” by being in the relationship.

In order to build positive relationships the Orcas Treatment Team believes certain things about you.

We assume the following about you and your treatment:

1. You are doing the best you can.
2. You want to improve.
3. You cannot fail in treatment.
4. The lives of suicidal individuals are unbearable as they are currently being lived.
5. You must learn new behaviors in all relevant contexts on and off the cottage: in meetings, in the milieu, and ultimately in natural life contexts outside the hospital.
6. You may not have caused all of your problems, but you have to solve them anyway.
7. You need to do better, try harder, and/or be more motivated to change.
8. The cottage is, often rigid and invalidating, and may contribute to your emotional dysregulation; nevertheless, you must work toward your goals on the cottage.

Assumptions about Treatment in our Setting:

1. The most caring thing the counselors can do is to help you change in ways that make a life without hospitalizations a possibility.
2. Clarity, precision, and compassion are of the utmost importance in the context of treatment.
3. The relationship between you and your counselor is a real relationship between two equal people.
4. Because of the hospital hierarchy, counselors automatically have considerable power over you, and that power must be used compassionately and in a manner in line with Assumption #3.
5. The Orcas Treatment Team can fail to apply the treatment effectively.
6. Even when applied effectively, inpatient treatment can fail to achieve the desired outcome.
7. The Treatment Team working with you needs support and this is especially true of counselors.

## **RIGHTS AND RESPONSIBILITIES**

You have both rights and responsibilities while hospitalized. You have a responsibility to treat counselors in a civil and respectful manner which is consistent with the hospital’s commitment to maintain a respectful and considerate relationship with all youth and caregivers. Mutual respect supports communication and teamwork in a way that makes the hospital safer, more effective and better overall. Your responsibilities include providing information, asking questions, and treating others with respect.

### **Concerns about Your Care:**

If you, your family/guardians, or other support people in your life have concerns about your care, we urge you to speak directly with any of the Orcas team members about your concerns (please see the who's who list for names and phone numbers). If you would like support in expressing your concerns you can fill out a **Grievance Form** and the cottage supervisor, Program Director or the Director of Nursing will meet with you to discuss the issue and figure out how we can resolve the problem. You may also make a private phone call to either Disability Rights-Washington (DR-W) or the Department of Assigned Counsel. DR-W has advocates who work with adults and youth with developmental disabilities or mental illness who feel their rights have been violated. The Department of Assigned Counsel has court ordered attorneys that are assigned to youth at CSTC when the youth is ordered to stay for involuntary treatment. You may use this phone outside of school and therapy group hours and when your behavior is safe.

If a family member would like to make a formal complaint, they may obtain a copy of the **Grievance Form** and a copy of the Grievance Policy at the reception desk. They can also contact **Disability Rights-Washington** which is an independent advocacy service that investigates and mediates concerns /care of people with disabilities throughout the State of Washington (1-800- 562-2702).

### **WHO'S WHO ON ORCAS COTTAGE**

- **Psychiatrist – Dr. Jon Kuniyoshi, PhD, MD.** is a medical doctor. He is the member of your treatment team who will work with you to understand your problems and design a treatment plan to help you meet your goals. If you need any medications, Dr. Jon will review your medications, and work with you to find the most effective combinations. Each new youth has an interview with Dr. Jon and has a physical examination shortly after being admitted. Dr. Jon can be reached at **(253) 756-2384 or (206) 291-8984.**
- **Program Director – Francesca Dewalt, PhD.**, is the psychologist on your treatment team. She works to develop the cottage program and create opportunities for you to achieve your treatment goals. She can be reached at **(253) 761-7618.**
- **Social Worker – Richard MacLeod, MSW.** is the Orcas Cottage Social Worker. He is the member of your treatment team who will have regular individual meetings with you to discuss your treatment progress and discharge goals. Mr. MacLeod plays a key role in intake and discharge planning. He schedules Treatment Plan Review meetings and also works to ensure that you remain connected with your family and community supports. He can be reached at **(253) 756-2379.**
- **Cottage Supervisor – Amber Robinson, PCCC3.** is the cottage supervisor. She is the member of your treatment team who coordinates staffing, and works with the Program Director to make sure that the cottage runs smoothly. She can be reached at **(253) 756-3926.**

“You’re going to get through this, put your best effort into your treatment.”

- **Shift Charges, PCCC2s:** Each shift has a shift charge: **Jennifer Snope (Days), Lance Smith (Days), Cody Jones (Evenings), and Tony Cook (Nights)**. They are the members of your treatment team who make staffing assignments for each shift and help to make sure your treatment plans are being followed. They can be reached at **(253) 756-2384 or (253) 756-2746**.
- **Psychiatric Child Care Counselors** – PCCC’s are the members of your treatment team that assist you daily in achieving your individualized treatment goals. They are there to provide you with coaching when you are having a hard time coping on your own. Additionally, PCCC’s help you practice the skillful behavior that you learn about during therapy groups. Please see a list of current PCCC staff names on page 27.
  - **Primary Counselor** - You will be assigned a PCCC who serves as your Primary for each shift. This is the PCCC who works most closely with you, your family, and the other members of your treatment team. Your Primary will work with you to decrease target behaviors and develop more skillful actions. They work with you to create your Safety Plan and provide the treatment team with input for you Treatment Plan Reviews (will be discussed further later). Your Primary will also have weekly contact with your guardian to notify them of your progress in treatment. It is important to note that your Primary will change when/if you move from CAP to GP or vice versa.

**My Primary Counselor for Day shift is:** \_\_\_\_\_

**My Primary Counselor for Swing shift is:** \_\_\_\_\_

- **Nurses** – There is a registered nurse (RN) scheduled to work each shift: **Lowell Cowan, RN (Dayshift), James Knight, RN (Swing shift)**. Some of the counselors are also licensed practical nurses (LPNs) including **Emma Cantic, LPN, (Dayshift)**. Nurses are the members of your treatment team who give out medications, make and take you to medical appointments, give immunizations, provide basic first aid or medical assessments, and answer any questions you might have about your health or medications. They can be reached at **(253)756-2384 or (253)756-7953**.
- **Recreation Therapists – David Elmore, CTRS** is the member of your treatment team who works with you to develop a wide range of healthy and enjoyable leisure activities. He along with the other Recreation Therapists on campus lead Recreation Therapy groups and activities. Our recreation staff can be reached at **(253)756-2550**.
- **Secretary Senior – Stacy Boyd**. Stacy helps track such things as cottage schedules, money, and staffing. Stacy can be reached at **(253) 756-2394**.
- **Housekeeper – Charlee Wong** is the Orcas Cottage Housekeeper. She works with everyone to keep our cottage clean and safe.
- **Cook** – **Kim (lunch and dinner), Ann (breakfast), Rose (lunch and dinner), John, and V.** are our cooks on Orcas Cottage. They work hard to prepare nutritious meals.

“Don’t have intimate boy/girl relationships, focus on yourself.”

## **THINGS TO KNOW ABOUT LIVING ON ORCAS**

**Cottage Layout:** The Orcas cottage layout consists of two separate living areas for youth: General Program (GP) and the Close Attention Program (CAP). The GP side has two pods (one for boys and one for girls) that have bathrooms, showers, a tub room, and four single bedrooms each. Additionally, GP has a day hall, TV room, dining room (meals, snacks, and group meetings), kitchen, nurses' station, conference room, and office areas. CAP has a multipurpose area, a dining room, bathrooms with showers, and seven single bedrooms. Most youth will initially begin their treatment on CAP, but they may move to the GP side of the cottage as they demonstrate the ability to be more independent and responsible in their treatment. Some youth may remain on CAP if they need closer attention due to concerns related to 1) aggression, 2) self-harm behaviors or thoughts, or 3) inability to maintain their basic activities of daily living (ADLs) without close supervision. You must ask permission to enter all areas on the cottage including the pod and the day hall. **Going into another youth's room is never allowed on GP or CAP. Additionally, two youth are never allowed to be together unsupervised.**

**Your First Day:** When you arrive at Orcas cottage you will meet several members of your treatment team but first, staff from the Medical Records department will have you read and sign documents related to your hospitalization. They will also take a picture of you for your chart. After this, you'll meet with Dr. Jon for a psychiatric intake and physical. Finally, you'll meet with Richard to do a Social Work intake and complete a Trauma Checklist. During your first two weeks, you can also expect to receive laboratory examinations, a dental check-up, and hearing and vision screenings.

**Treatment Planning:** At the time of admission, you, your family, your community support team and members of your Orcas cottage treatment team will draw up a list of behaviors that you need help with. These behaviors are called **target behaviors** and will form your initial Treatment Plan. We will discuss your progress with you, your family, and your community team at Treatment Plan Reviews (TPR's), which are held at 14-days, 30-days, 60-days, and every 60 days after that until you are discharged.

**My first Treatment Plan Review is scheduled for \_\_\_\_\_**

**The Educational Program:** All youth on Orcas are provided educational services through Firwood Secondary School, which is located on the CSTC grounds and is a part of the Clover Park School District. It is a unique school because all of the teachers are trained and experienced in teaching adolescents with emotional and behavioral disorders. Each class has approximately 8-12 students, a Para-educator, a teacher and 1-2 PCCC's who will go with you from the cottage and stay with you throughout the day. Each student will receive an educational assessment, and the school staff contacts your guardians and your community school to help develop an educational plan based on your unique learning needs. The successful completion of any high school subject may earn credits that can be transferred to any high school attended in the future. Youth who are unable to leave the cottage for safety or other reasons will receive educational services on CAP.

“Do good in school so you can prosper.”



We feel strongly that school is one of the most important activities in adolescents' lives. That's why our school program is a very important part of your treatment program and you will be expected to attend every day. Many students who come to CSTC have been unsuccessful in other school settings and we understand that this might be a big challenge for you. But we are committed to helping you be as successful as possible in an educational setting. Our PCCC staff will attend classes with you and will be there to help support you. The Treatment Team works closely with the educational staff to make sure that your treatment and educational needs are well coordinated. If you refuse to go to school or are late (without being excused) you will need to do a chain analysis to identify barriers and solutions to your absenteeism (chain analysis will be discussed in more depth later in this packet). Additionally, if you miss or do not attend school you will need to complete schoolwork or community service for the amount of academic time you missed. For example, if you are one hour late to school you will need to complete a chain analysis as well as one hour of academic work or community service on the cottage before you can access privileges.



**Cottage Routine:** The Orcas schedule is highly structured and includes meal times, school hours, group meetings, recreational activities, community outings, and bedtime. The specific groups and activities that you participate in depend on your needs and the time of year (we have many seasonal activities). Your schedule is also impacted, in part, on how you are doing in the program and how safe your behavior is (See an Orcas Schedule on page 28). You will also have some free time, where you can choose what you would like to do. Being able to identify leisure or fun activities is an important developmental task that Orcas counselors will help you with. You must be involved in an activity to be in public areas (the day hall, TV room, dining room). To give your Treatment Team an idea of what you like to do fill in the information below, you can talk to a counselor to see what is available on the cottage if you're unsure.

**List 5 non-media activities that you can do by yourself:**

- 1.
- 2.
- 3.
- 4.
- 5.

**List 5 non-media activities you can do with others:**

- 1.
- 2.
- 3.
- 4.
- 5.

**Sleep Hygiene:** Developing and maintaining healthy sleeping habits is a skill that we encourage on the cottage. We do our best to create an environment that promotes sleep between 8:30pm and 7am (Quiet Hours). Swing shift counselors will work with you to make sure that you are able to **complete** all final requests **before your bedtime**. This includes requests for tea, hot coco, one-to-one counselor time, laundry, and hygiene (shower, bath, brushing teeth). Because good sleep habits are important to your overall wellbeing and health, counselors are unable to fulfil requests made after bedtime, with the exception of using the bathroom or getting water. It is expected that you quietly remain in your room from your designated bedtime until 7am. Many youth who come to Orcas cottage have difficulty falling or staying asleep, if this is a concern for you talk to a member of your Treatment Team and they can share with you some strategies that can help you.

**Visits and Passes:** Families and community team members are an important part of your care here at CSTC and their support of you is essential. Adults over the age of 18 (and siblings over the age of 7) are welcome to visit as long as they are approved by your legal guardian and are pre-arranged with the social worker. Although there are no set visiting hours, visits should take place during the times that you are not in school, recreational therapy, or group therapy. In general, visits and passes should end by 8:00 PM. Visits may be off-campus when you demonstrate responsible, safe behavior. Passes to visit home are a part of the treatment process and therapeutic goals will be identified by you, your family, and your Treatment Team.

**Contraband Checks:** Whenever you enter the cottage you and your belongings will be checked for contraband. Counselors will ask you if you have anything that is not allowed on the cottage and then you will be instructed to empty your pockets and take off your shoes. The counselors will also wand you with a metal detector, if it beeps then they will ask you more questions.

**Telephone Calls:** You may receive phone calls on the cottage phone. **No cell phones are allowed on cottage.** The cottage cannot accept any collect calls. You may only receive and make calls to people on your approved phone list. Unless specifically prohibited by the Treatment Team, you may call the people on your approved contact list at reasonable times, once each day. Please try to limit all phone calls to 15 minutes in length and between 2:30 pm - 8:30 pm on weekdays and 9:00 am - 8:30 pm on weekends. You may also request to make phone calls during lunch break. Phones are generally not accessible during school hours and therapy groups. You have the right to contact **Disability Rights Washington** (formerly known as The Washington Protection and Advocacy Service or WAPAS) at any time if needed, as long as you are not presenting dangerous behavior with the telephone. Based on your treatment needs, your phone calls may be monitored (staff stay nearby and listen to you as you speak on the phone) or supervised (staff listen to your call on speaker phone).

**Orcas Youth Phone Numbers:  
(253) 756-2384  
1-800-283-8639**



**Mail:** You are encouraged to write letters to your friends and relatives. You will receive mail that is sent only if the sender is on your approved contact list. Incoming mail will be opened in the presence of staff to insure that no prohibited items enter the facility. Mail can be addressed to you as follows:

**YOUTH'S NAME**  
**C/o Orcas Cottage**  
**8805 Steilacoom Blvd. SW,**  
**Lakewood, WA. 98498-4771**

**Diet & Food Stuff:** The hospital strives to meet your nutritional needs and provides breakfast, lunch, dinner, and snacks. Families are welcome to bring in foods of ethnic origin, and hold family picnics. For health and safety reasons, we request that no food be made for other cottage youth. We also ask that families try to provide healthy and nutritious snacks that are in line with our Healthy Dietary Guidelines for the CSTC campus (for more information please ask the nurses or doctors about this). The food you bring should be nonperishable (e.g., crackers, Gatorade, chips, peanut butter). Your items will be stored in your **Blue Box** (2x2x2) which you will have the opportunity access during certain times on each shift. We do not allow caffeinated drinks on the cottage. Also, there are NO cans or glass containers allowed on the cottage.

**Chores:** You do not work during your hospitalization; however, you are required to complete basic chores to help you learn responsible behavior. Chores include:

- Making your bed in the morning
- Keeping your room clean and neat
- Washing you laundry (with assistance as needed)
- Wiping off dining room tables
- Folding towels



\*You can also do extra chores to earn Jerome bucks which can be used to buy items from the incentive store (e.g., candy, clothing, art supplies etc.).

Before you can access privileges your room will be inspected by your Primary for cleanliness.

**Seclusion (Quiet Room):** When you engage in behavior that puts you in immediate risk of harm to yourself or others, you may be physically restrained by our specially trained counselors and nurses. If you're calm, the staff will let go and closely monitor you to make sure you stay safe. However, if you are unable to calm, you will be physically escorted to the Quiet Room and a counselor will remain outside the door closely monitoring your safety. If the door to the Quiet Room is locked a doctor or nurse will come and assess you to also make sure you are safe. At CSTC, we are committed to continually decreasing the use of seclusion and restraint and we will work with you to develop strategies to help you calm and stay safe without the use of the Quiet Room.

**Emergency Quiet Time:** If someone is engaging in unsafe behavior a counselor will ask you to "clear the floor." This means that you need to go stand by your bedroom door and wait for a counselor to open it for you to enter. You need to remain in your room until a

counselor tells you that you can come out. We try to make this time as short as possible and we will give you \$1000 Jerome Bucks to spend at the Jerome Store (more on the Jerome Store later) if you stay in your room until the “clear the floor” is over.

**Levels of Observation:** If you present with the risk of suicide, running, or inflicting harm to yourself or others Orcas counselors may use three distinct levels of observation:

- ❖ **Extra Vigilance:** requires that you will be checked every 15 minutes by a counselor, you may leave the cottage but must be in continual and direct contact with a staff. Potentially dangerous items may be removed from your room.
- ❖ **Close Observation:** requires that you are always in direct sight of a staff, confined to the cottage, sleep in an observable area, and be accompanied everywhere by staff (staff must be within arm’s length of you). You may participate in school and recreational therapy programs with a Doctor's order. Potentially dangerous items will be removed from your room.
- ❖ **Maximum Precaution:** you have one-to-one constant supervision by staff, are confined to the cottage, sleep in an observable area at all times, and are accompanied everywhere by staff (staff must be within arm’s length of you). Potentially dangerous items will be removed from your room.

**Safety Precautions:** If you demonstrate significant difficulty interacting safely with your peers, being safe off the cottage, or keeping yourself safe you may be placed on one of the precautions below.

- **10ft:** A 10ft order means that you should not get within 10ft of a specific person. For example, if you are placed on a 10ft from Johnnie you would need to stay at least 10ft away from Johnnie at all times.
- **30-30:** A 30-30 means that you spend 30 minutes in one area of the cottage and then 30 minutes in a different area. For example if you are on a 30-30 with your room and the day hall, you would spend 30 minutes in your room and then 30 minutes in the day hall. This pattern repeats during waking hours.
- **Cottage and Campus Restriction:** If you are placed on cottage restriction you are not allowed to leave the cottage for any reason. If you are campus restricted you can leave the cottage to attend school and therapy groups but you are not allowed off campus.
- **Room Strip:** If your room is striped ALL items will be removed except for a pillow and blanket. This order may be modified so you can have certain items in your room, for example one set of clothing, a book, or crayons.
- **Room Search:** Sometimes counselors will search your room for contraband (items not allowed on the cottage). Items that are not allowed will be sent home, placed in the basement, or thrown away. You have the right to observe your room being searched as long as you can stay safe.

“It gets so much better, Orcas becomes your home and your world.”

## **ORCAS PROGRAM OVERVIEW**

All youth are on the **ORCAS Stages Treatment Program**. Some individuals may also have additional treatment programs to assist them in achieving their treatment goals. The general Orcas Stages Treatment Program is described more below.

### ORCAS Stages of Treatment Program:

The stages approach is used to indicate which of your behaviors need the most attention and focus right now. The behaviors you are working on may be different from the behavior that your peers are working on. The treatment team will work with you to figure out which behaviors are most important for you to work on in each stage of treatment. You do not need to progress through each stage because you may not display any of the behaviors in a particular stage. In other words, it is possible to skip a stage. The purpose of figuring out your current stage of treatment is to pick out the behaviors that are making success difficult for you and to keep treatment focused on these behaviors. In this way you and the treatment team are not overwhelmed with too many behaviors to address.

The ORCAS treatment program also allows for you to have access to more privileges as you progress in stages of treatment and work on your problem behaviors. Access to privileges is determined by two factors: your stage of treatment and your Individual Behavior Plan (see a list of privileges by stage on pages 21 and 22). Your Individual Behavior Plan is updated regularly to reflect your current target behaviors, your stage of treatment, and incentives that work well to motivate you. Every month, but sometimes more often, your IBP will be reviewed and modified by you and your Primary, to ensure that ongoing progress towards your goals are being made. You have a lot of important input into your IBP, as you will see when you read about the ORCAS stages.

Each stage of the ORCAS treatment program is described below with specific information about the expectations and general goals of each stage. You will also find out how to show your readiness for the next stage of treatment.

### **1<sup>st</sup> stage: Orientation and Commitment**

- You will start on this stage when you are admitted to Orcas cottage. The focus of this stage is on learning the program, building your commitment to treatment, and forming relationships with your Primary and other members of your Treatment Team. Privileges during this stage are limited because the main priority is you committing to your treatment plan. Please see the last page of this manual which lists the incentives that you will get while on the Orientation and Commitment stage of treatment. There are 4 accomplishments that must be achieved for you to demonstrate your readiness to advance to the second stage of treatment.

1) *Complete the Orientation and Commitment Packet.* This packet describes for you the cottage program and expectations. At the end you will be asked to identify behaviors that you feel you need to work on. After completing this assessment (on pages 23 and 24) you can work with your Primary and other members of your Treatment Team to identify 2 specific behaviors that you would like to commit to working on in the next stage of treatment. Keep in mind that your target behaviors should address what needs to be

focused on first in your treatment, and your Primary can help you prioritize this. The target behaviors you listed will be used to create your IBP.

2) *Create a Safety Plan.* Your Safety Plan tells you and your treatment team important information about your strengths, triggers, copings skills, what it looks like when you feel overwhelmed, and how we can help you when you're having a hard time coping on your own. Once you have worked on your Safety Plan your Primary will review it with you and may ask you some questions to make sure your treatment team has a good understanding of how to help you when you're having a hard time. You will be updating your Safety Plans regularly with your Primary as you develop new strengths and skills, and more insight into potential triggers.

3) *Complete Chain Analysis.* There is a lot of information about chain analysis later in this packet but the overall goal of completing an analysis is to gain an understanding of how you can engage in more skillful behavior to reach your treatment and life goals. The chain analysis that you do during this stage of treatment is aimed at introducing you to a new way of looking at and thinking about the circumstances surrounding problem behaviors. You will complete the chain analysis on the behavior that preceded you coming to Orcas. Your Primary will help you with your first chain analysis to answer any questions that may come up.

4) *Attend at least 2 Orientation and Commitment groups.* Dr. Jon leads this group on Wednesday's. He will talk to you about the cottage program and you can bring up issues or concerns you have about participating in treatment. This group includes the other youth on the cottage and they may also provide you with information about treatment on Orcas.

- Once you have accomplished the 4 goals listed above you can fill out an "I'm Ready for The Next Stage of Treatment- Orientation form" (on page 26) and hand in all of these documents to your Primary. **All forms must be to your Primary no later than 1pm on Tuesday.** Your Primary will share the work you have done with the rest of your Treatment Team who will then give you feedback by 5pm that day about their view of your readiness to move to the next stage of treatment. As noted before, this stage is intended to help you learn the cottage program, and once you progress to the next stage of treatment you will never come back to this stage again. Staying committed to treatment is expected throughout your stay on Orcas and challenges you may have will be addressed at all stages when needed.

## **2<sup>nd</sup> stage: Responsible for my Safety**

- In this stage you're already committed to treatment and making changes in your life so you can achieve your goals. Now you're working on behaviors to keep yourself and others safe. Target behaviors may include physical aggression, verbal threats, self-harm, sexual gestures, possession of contraband, violating doctors' orders or property destruction. More dangerous behaviors will be targeted first. Please see pages 21 and 22 for information about privileges you will have when on this stage. There are 6 accomplishments that must be achieved for you to demonstrate your readiness to advance to the next stage of treatment.

"Staff aren't going to be rude to you here, there here to help you."

1) *Demonstrate safe behavior for a minimum of 2 weeks.* This goal will vary for each youth and will be more specifically identified by you and your Treatment Team on your IBP. Specific behaviors may include no aggression, self-harm or suicide attempts.

2) *Attend at least 2 skills groups.* The goal of attending group is for you to learn skillful behaviors. You will learn about skills to regulate your emotions, tolerate distressing situations, navigate relationships, and be more mindful of your life experiences. These skills, if practiced and used, can help you improve your ability to keep yourself and others safe. The facilitators of this group will give you weekly practice assignments so you can start to build mastery over the new skills outside of group.

3) *Attend Diary Card group daily for a minimum of 2 weeks.* Diary card group will give you a chance to keep an eye on your urges, behaviors, and skill development. Improving your awareness of your urges, behaviors, and skills, and asking for support from counselors when needed, will help you decrease your target behaviors. Diary card group occurs daily on swing shift.

4) *Complete ALL chain analyses for unsafe behavior (if necessary).* Chain analyses are provided to you when you engage in unsafe behaviors outlined on your IBP. The process of completing a chain analysis will be clearer when you complete your first chain during stage 1. All chain analysis need to be complete to demonstrate your readiness for the next stage of treatment. If you do not engage in any unsafe behaviors during this stage of treatment then you will not have any chain analysis to complete.

5) *Complete a Therapeutic Learning Project.* This project will be different for each youth but overall will demonstrate the new skills and achievements that you have focused on during this stage to improve your ability to keep yourself and others safe. Your individual therapist or Primary will help you identify and work on your therapeutic learning project.

6) *Review and modify your Safety Plan.* During this stage of treatment you have been attending groups, completing chain analysis, and working with your Primary and other counselors on developing new skills to help you engage in safe behavior. This valuable information needs to be updated on your Safety Plan so you and your Treatment Team are aware of your new strengths and skill set.

Once you have accomplished all six things listed above and you feel ready to move to the next stage of treatment you will need to hand in your updated Safety Plan, two weeks of diary cards, your therapeutic learning project, and your "I'm Ready for The Next Stage of Treatment" form to your Primary. Remember all documents must be to your Primary by Tuesday at 1pm. The treatment team will discuss your input and provide you with feedback about their view of your progress in treatment by 5pm that day.

### **3<sup>rd</sup> stage: Collaborating Effectively with Others**

- In this stage you are able to keep yourself and others safe and are now focused on decreasing behaviors that interfere with you getting therapy or with other youth's

treatment. Examples include non-collaborative behaviors, noncompliant behaviors, hostile and critical remarks to others, violating cottage rules, and pushing adults' and peers' personal limits. Again like stage 2, you and your Treatment Team will specifically identify these behaviors. Because you are able to engage in safe behavior you will have access to more privileges (see pages 21 and 22). There are 6 achievements that must be accomplished to demonstrate that you're ready to move to the next stage of treatment.

1) *Continue to demonstrate consistent safe behavior.* Although safe behavior is not being targeted during this stage of treatment it is important that you maintain safety for yourself and others. If you engage in unsafe behavior during this stage of treatment your privileges will be temporarily suspended until you are able to refocus on skillful behaviors you can use to stay safe and also make amends for any damages that you may have caused. The time for analyzing skillful behaviors and making amends is called Refocus and Repair. You will read more about this process later in this packet. If you engage in a series of unsafe behaviors or have an incident that is significant a member of your Treatment Team will talk with you about changing the focus of your treatment to maintaining safe behavior. If you have had any unsafe behaviors, you will need to complete all expectations for Refocus and Repair (described on page 17 and 18) before you are able to move to the next stage.

2) *Actively participate in ALL therapeutic activities and school for at least 3 weeks.* It's important for you to continue to develop new skills that you can use to keep yourself and others safe. Additionally, participating in therapeutic activities and school will help provide you with many opportunities to work collaboratively with others. Recommended therapy groups include Diary Card group, Skills group, Soccer group, Relaxation group, and Recreation Therapy (e.g., Boys Build, Girl Power, DBT Challenge).

3) *Demonstrate collaborative behavior.* Working with the treatment team to figure out how your treatment should be focused is what we call **collaborative behavior**. Collaborative behaviors will be outlined on your IBP. This may include attending treatment, being respectful towards staff and peers (including not getting in the way of your peers participating in treatment), or complying with cottage rules. You will want to track your own progress and behaviors on your Diary Card so you know when you are ready for new targets or a stage of treatment change. Engaging in problematic behaviors (e.g., threatening others, refusing treatment, not respecting others' personal limits) will result in the need to complete a chain analysis so more skillful solutions for the future can be figured out.

4) *Complete a Therapeutic Learning Project.* In this stage, the Learning Project will give you an opportunity to show how you use your newly learned skills and your progress in treatment. You will identify what your project will look like with a member of your Treatment Team.

5) *Review and modify your Safety Plan.* During this stage of treatment you have been going to more groups, completing chain analysis, and working on practicing new skills to help



you engage in safe behavior. This valuable information needs to be updated on your Safety Plan so you and your treatment team are aware of your new strengths and skill set.

Once you have accomplished all six things listed above and you feel ready to move to the next stage of treatment you will need to hand in your updated Safety Plan, documentation of participation in treatment and school (can be diary cards or other format), your Therapeutic Learning Project, and your “I’m Ready for The Next Stage of Treatment” form to your Primary. Remember all forms must be to your Primary by Tuesday at 1pm. The treatment team will discuss your input and provide you with feedback by 5pm that day about their view of your progress in treatment.

#### **4<sup>th</sup> stage: Autonomy**

- Youth in this stage are working skillfully with others to achieve their goals and are capable of keeping themselves and others safe. During this stage the focus is on you having the chance to develop more independence and mastery in using skillful behaviors to manage difficult situations. It is expected that you are able to use skills more independently and that you will ask for coaching from others when you need it. At this stage, you are also actively working on behaviors that improve your quality of life. Goals will vary but may include working on having better relationships, or decreasing symptoms of depression and anxiety, or treating trauma. You will be able to accept and tolerate inconsistencies in the environment and encourage your peers. You are being safe, working well with others, and are building more independence. As a result, you will have access to more privileges than the previous stages of treatment (see pages 21 and 22). There are five achievements that must be accomplished to demonstrate your readiness to advance to the last stage of treatment.

1) *Demonstrate ongoing safe behavior and commitment to treatment.* Although safety is not a target at this stage, you are expected to engage in safe behavior. If you engage in unsafe behavior privileges of this stage will be suspended until you have Refocused and Repaired the damages of your behavior. Also, it is expected that you are working well with others and participating in your treatment by attending all therapy groups and school when you are on this stage. If you demonstrate non-collaborative behavior when you are on this stage of treatment your privileges will be suspended until you Refocus and Repair. If your behaviors require you to Refocus and Repair more than twice a member of your Treatment Team will talk with you about changing the focus of your treatment to match your area of struggle. Remember, Refocus and Repair will be talked about more on pages 17 and 18.

2) *Independently utilize skills in the moment to manage difficult situations or emotions AND appropriately requesting support when needed.* You are not expected to manage all situations on your own. The focus here is on you being able to self-regulate and request support when you need it.

3) *Actively address behaviors negatively impacting your quality of life.* As with previous goals, your specific target behaviors will be determined by you and your Treatment Team. For example, if you are working on decreasing negative thinking patterns associated with

depression your IBP may include doing a daily thought log that will be used in individual therapy to change unhelpful thoughts. As in the previous stages of treatment, engaging in target behaviors will result in the need to complete a chain analysis so you and your Treatment Team can identify strategies that will be helpful in decreasing the behavior from occurring in the future. All chain analyses will need to be complete before applying for the next stage of treatment.

4) *Complete a Therapeutic Learning Project.* This Learning Project will give you a chance to show what newly learned skills you are practicing and your progress in treatment. You will figure out what your project will look like with a member of your Treatment Team.

5) *Review and modify your Safety Plan.* As you continue learning about yourself in treatment, you will update your Safety Plan with newly identified triggers, coping skills, and information about how you are able to cope on your own. This lets your Treatment Team know how they can best help you when things get hard.

In addition to these 5 achievements, you will also need to continue attending school and all therapeutic activities. Once you have accomplished all five things listed above and you feel ready to move to the next stage of treatment you will need to hand in your updated Safety Plan, documentation of participation in treatment and school (can be diary cards or other format), your Therapeutic Learning Project, and your "I'm Ready for The Next Stage of Treatment" form to your Primary. Remember all documents must be to your Primary by Tuesday at 1pm. The treatment team will discuss your input and provide you with feedback by 5pm that day about their view of your progress in treatment.

### **Stage 5: Stability**

- During this stage you have successfully demonstrated consistent safe behavior and have completed a variety of tasks to get you ready to return to the community. The goal for this stage is for you to be able to demonstrate your autonomy and use of skillful behavior needed to live in a less restrictive setting. In this stage you are being safe, working well with others, and demonstrating more autonomy, therefore, you will have more privileges than the last stages of treatment (see pages 21 and 22).

1) *Demonstrate ongoing safe behavior, commitment to treatment, and effectively collaborate with others.*

2) *Independently utilize skills in the moment to manage difficult situations or emotions.* At this stage, while you will generally be able to independently utilize skills to successfully manage situations and self-regulate, you are not expected to manage all situations on your own. You can still request support when you need it.

3) *Actively work on behaviors impacting your ability to return to the community:* As with previous goals, your specific behaviors will be identified by you and your Treatment Team.

4) *Actively participate in discharge planning*: You will be asked to provide your Treatment and community team with information about supports you will need when you discharge. You will also start participating in more activities in the community, including meeting with outpatient treatment providers and attending school planning meetings.

**Refocus and Repair** (“R and R”) is a time for you to look at how you can prevent maladaptive behaviors from happening in the future and also repair any damages that your behaviors may have caused. Damages can be to property and/or relationships. You are in the Refocus and Repair stage when you engage in behaviors that are unsafe and/or inconsistent with the stage of treatment that you are actively working on. All privileges of your current stage of treatment will be suspended until you have done the following:

- 1) Complete the R and R chain analysis
- 2) Review chain with your Primary and make changes as needed
- 3) Update your safety plan to include what you learned from the analysis
- 4) Complete repairs
- 5) Have Primary sign off on completion of repairs

Chain analyses go into a lot of detail about different things that lead to the behavior of concern. You complete chain analyses on your own and then get feedback and support from a counselor. When doing a chain analysis, the focus is on non-judgmentally describing a behavior. In other words, you will not be saying if the behavior is “good” or “bad.” You will focus on the facts and replace the behavior that led to R and R with skilled behaviors that will help you achieve your long-term goals. The chain helps you identify more skillful ways to change behaviors and decrease the chances that a problem behavior will happen again in the future. The new information that you get from the analysis should be shown on your safety plan so you and your Treatment Team can work together to help you change your behavior.

The final component of the chain analysis is to repair the damages caused by your behavior. **Overcorrecting** means “correcting something beyond what is needed.” For example, if you draw on the wall in the day hall the repair would be to clean the wall until the marks are removed, the overcorrection (going beyond what is needed) would be to make something to hang on the wall or to buy a poster for the wall.

Once you have accomplished all five of the goals of R and R you will return to your previous stage of treatment and privileges will be available. R and R is not a consequence but a time for you to focus your attention on a specific behavior that is stopping you from living successfully in the community. If you require several R and R or you engage in a significantly unsafe act you and the Treatment Team will discuss changing your stage of treatment to make sure that the behavior is appropriately targeted and diminished. Finally, Dr. Fran and Dr. Jon are not permitted to spend extra time with you while you are on R and R. Once you have completed all five goals you can submit a “Problem Solve with a Doctor” form to let the Dr.’s know that you would like their help.

## **Counselor Coaching**

When you're having a hard time coping, counselors will follow a protocol to help you self-regulate and make positive choices. Here is what you can expect.

- 1) A counselor will notice that you are becoming dysregulated, either by you verbally telling them or by your behavior. These behaviors may be outlined on your safety plan as signs that indicate you're having a hard time coping.
- 2) The counselor will approach and validate you, asking you about what is going on right now.
- 3) The counselor will then ask if you have used any skills. If you have they will ask you to name them.
- 4) The counselor will then coach you on other skills that may be useful for you to try.
- 5) These first four steps may be repeated more than once.

If you need some additional support after receiving coaching from a counselor you can fill out a "Problem Solve with a Doctor" form to request support from Dr. Jon and/or Dr. Fran. One of the Dr.'s will see you within 24 business hours after receiving the request.

## **Jerome Store**

Jerome Bucks are given to you for engaging in treatment related activities. For example, you can earn Jerome \$ by going to school, participating in group, and following through with counselor's requests. Once a week, if you are safe, you will be able to spend your Jerome Bucks at the Jerome Store. The Store has many different items you can purchase including food, candy, clothing, games, and hygiene products. Give us an idea of the items that you would like us to add to the Jerome Store.

**Things that I would like to buy from the Jerome Store:**

- 1.
- 2.
- 3.
- 4.
- 5.

## **Positive Behavioral Support**

We are committed to fostering an environment of nurturance and recovery on Orcas Cottage by using the strategies of Positive Behavioral Support (PBS). PBS is a system that we use across the campus which emphasizes teaching youth the skills they need to be successful when they leave CSTC. Using PBS, everyone at CSTC tries to model, teach, and coach you as you learn four values; you will notice that several overlap with the Orcas Cottage values:

- 1) Respect
- 2) Responsibility
- 3) Commitment/Support
- 4) Safety



## **WHAT TO BRING AND WHAT TO LEAVE BEHIND**

**Belongings:** We have very limited space on Orcas cottage so please do not bring any additional items other than those allowed in your room. ***The Orcas staff and CSTC will not be held responsible for the breakage or loss of any personal valuables that you bring to the cottage. Please do not bring any single item with a value of \$50 or more.*** Do not bring cameras, television sets, tools, knives, weapons, cell phones, or video game systems. We reserve the right to request that any personal item be returned home. Personal items may be taken away if they are used in an unsafe way. Handheld video game systems (without wireless connections) and portable DVD players are allowed, but only when approved by your Treatment Team. All cords that exceed 12 inches will be zip tied when you arrive. If you are unsure of whether you should have an item on Orcas, please ask a counselor or a member of your Treatment Team.

**Money:** You are allowed to have up to \$10.00 on you at a time. The accounting office will keep funds over this amount in your Trust Fund. When you go on outings, you are allowed to spend your own money, but CSTC will pay for the basic costs of outings (food, admissions, etc). We urge families and friends not to give you more than \$20 at any time to avoid the money being used inappropriately. If your parents or family/friends give you money, please let the staff know and have them put in the nurses locked box for safe keeping.

**Clothing:** You will be washing your own clothes so they should be easy to care for. Generally guidelines will follow:

- 1) Clothing should be free from sexual, drug/alcohol, gang-related or offensive graphics or messages.
- 2) Pants should fit without being too tight, no sagging with undergarments showing. Leggings are only allowed if you have a top that is no more than 3 inches above the knee.
- 3) Shirts should cover the midriff, with no undergarments or excessive cleavage showing.
- 4) Shirts should have a strap of at least one inch over the shoulder.

**Due to a limited space for storage, you should bring no more than what is listed.**

Approximately, 2 15 gallon bins worth of items will be permitted on cottage. The following is a list of suggested clothing items.

2 pairs tennis shoes	1 jacket or coat	1-3 sweaters/sweatshirts
6-8 pairs of socks	1 pair slippers/flip flops	1 swim suit
6-8 underwear/boxers	5 pairs jeans, pants, or shorts	
6-8 sports bras or bras	6-8 T-shirts/shirts/blouses	

**Personal Hygiene and Grooming Products:** CSTC will supply you with generic essential personal hygiene products, but if you prefer a certain brand of product, you will want to bring it with you. All products must be in plastic or paper containers and they will be kept

in a locked hygiene cabinet outside your room. The staff will lock and unlock your cabinet when you need to get access to those items. Make-up, hair dryers, flat irons, curling irons and electric shavers are allowed only on GP. They will be kept in the nurse's station and used only with staff supervision when you are demonstrating safe behavior.



**No Razors, cans, glass containers, mirrors, or aerosols are allowed on the CSTC campus.**

<b><u>Items allowed in your room on the Close Attention Program (CAP)</u></b>	<b><u>Items allowed in your Room on the General Program (GP)</u></b>
<ul style="list-style-type: none"> <li>• Clothing (1 week supply –see above)</li> <li>• Photographs without frames – no photos of current or past patients</li> <li>• Books &amp; Magazines with appropriate content</li> <li>• Sports Cards (not plastic)</li> <li>• Posters (appropriate content)</li> <li>• Stuffed animals (after being searched)</li> <li>• Alarm clocks</li> <li>• Personal bedding</li> <li>• Art supplies (approved by staff)</li> </ul>	<ul style="list-style-type: none"> <li>• Clothing (1 week supply-see above)</li> <li>• Photographs without frames – no photos of current or past residents</li> <li>• Books &amp; Magazines with appropriate content</li> <li>• Sports Cards (not plastic)</li> <li>• Posters (appropriate content)</li> <li>• Stuffed animals (after being searched)</li> <li>• Stereos played at low volume</li> <li>• CD's (only if approved by staff)</li> <li>• Games including electronic games (approved by staff)</li> <li>• Personal bedding</li> <li>• Writing supplies</li> <li>• Jewelry/earrings</li> </ul>

**Music, video games, DVDs, TV, magazines, and books:** Media has a great influence on how you feel and act. You are encouraged to use media as you progress in treatment and the counselors on Orcas well help you make sure that the messages you are being exposed to are healthy and positive.

**Here are our expectations around media use on Orcas cottage:**



- Music, TV, movies, magazines, books, or video games that express excessive sexual content or violence are not allowed on the cottage. If the staff become aware of excessively sexual, violent or parental advisory media in your possession they will confiscate it.
- We do not allow music to be played in public areas that includes violent content and/or cursing. If a counselor hears you playing music with inappropriate content you will lose access to the device (e.g., mp3 player, radio, CD player).
- There's a list of approved television channels hanging in the conference room, even approved channels may have TV shows that are inappropriate and staff will work with you to find something suitable.
- "R" rated movies and "M" rated video games are not allowed on the cottage. There are no 1<sup>st</sup> person shooter games allowed on cottage.





- MP3 players can only play music (no video MP3 players are allowed).
- No MP3 or iPod device can have a camera capable of taking pictures on the unit.
- You may not download, “rip”, “burn”, or share music, videos, and/ or video games while at CSTC.
- You may not use media during sleeping hours (unless you have explicit permission from your Treatment Team).
- PSP’s, Blackberries, Palm Pilots, or other electronic devices that allow you to download information (videos, Internet access, etc.) or communicate with others (instant messaging, e-mail, etc.) are not allowed on the cottage.
- Electronic devices are not allowed to go from the cottage to the school without prior collaboration and approval by your treatment team.



## Privileges

Privileges are chosen with the rationale that they motivate you to progress through treatment and actively move toward discharge. Thus, there is a noticeable difference in privileges available between youth who were displaying dangerous behavior (stage 2) and participants who were safe (stage 3). This dramatic increase in privileges should motivate you in Stage 2 and reinforce you when you are in Stage 3. Another consideration in reducing the privileges available in Stage 2 is the understanding that youth will demonstrate more dangerous behavior and need to have less access to dangerous items.

### **Orientation and Commitment**

Privileges
Jerome Store
Blue Box - per shift (1 item) \$1250
Sports Court
On-cottage activities
Movie or TV (30 minutes)



### **Responsible for My Safety**

Privileges (all previous and)
On campus activities



### Collaborating with Others

Privileges (all previous and)
GP time (30 minutes)
Xbox (30 minutes)
Extra Xbox time 30 minutes \$1000
Bed time 15 minutes later
*1 to 1 outing
Cottage radio (check out for day)
Extra TV time



\*If you are actively engaged in treatment and safe you may request to go on an outing off campus with a counselor or doctor. The 1:1 request form needs to be approved at least 3 business days before the date you are requesting the 1:1. Please make sure you have all required signatures before submitting to Dr. Fran or Dr. Jon.

### Autonomy Building

Privileges (all previous and)
Sleep in extra 30 minute on wkend
Transition in TV room or sports court
9:30 bedtime – 9:45 on weekend
Cottage items in room (various)
*Cottage representative
Free Blue Box on Friday
Extra Xbox time 30 minutes \$500



\*Cottage representative will get to provide input to Treatment Team members about programming or events on the cottage (e.g., having a movie night, special incentive outings).

### Stability in my Life

Privileges (all previous and)
9:45 bedtime – 10 on weekend
*Vacation day on wkend
Grounds privileges (Dr.'s approval)
Extra Xbox time 30 minutes FREE

Youth on this stage are first on the list for outings, can make suggestions for incentives and items in the Jerome store, are eligible to order food in one day a month (need Dr.'s approval), may be able to get extra cottage \$ when going on outings, and can help staff organize the Jerome store.

This list is not exhaustive. Other incentives and privileges can be negotiated with a member of your treatment team.

## **Orientation Packet**

Name: \_\_\_\_\_

### Behaviors to Target for Treatment

Please put a check next to the items that you have had difficulty with, while at CSTC or in the past.

- Suicide attempts
- Self-harm behaviors
- Physical aggression (hitting, punching, slapping, kicking, biting, spitting etc.)
- Verbal aggression (threats, screaming, yelling)
- Property destruction
- Sexual aggression (inappropriate touching, sexual contact, public exposure)
- Possession of dangerous contraband
- Violating safety-based doctor's order (safety smock, room strip)
- Refusing to attend groups, individual therapy, or school
- Being late for groups, individual therapy, or school
- Repeatedly leaving group, individual therapy, or school
- Refusing to participate in groups, individual therapy, or school (not doing homework, making lots of off topic comments, sleeping during group etc.)
- Refusal to take prescribed medications
- Verbally hostile or arguing with treatment providers
- Distracting others attempting to participate in their treatment
- Being demanding or rude to staff and peers
- Lying
- Violating cottage rules or house rules when you're home

Take a look at the items that you have checked and circle the two that you believe you should target first for treatment. Remember that you will want to target the behaviors that interfere with your ability to maintain safety first.

Please answer the following questions.

I am at the hospital because:

The behaviors that I need to work on are:

The most important people to me are:

Three things I value most are:

Service or supports I want:

Things I want my treatment team to know about me:

## **My First Safety Plan**

Name:

Date:

Strengths:

- 1)
- 2)
- 3)

Triggers:

- 1)
- 2)
- 3)
- 4)
- 5)

Signs that I'm having a hard time coping on my own:

- 1)
- 2)
- 3)
- 4)
- 5)

What staff can do when they can tell I'm having a hard time coping:

- 1)
- 2)
- 3)
- 4)
- 5)

Things that help me calm down:

- 1)
- 2)
- 3)
- 4)
- 5)

Reviewed By:

Additional Notes:

**I'm Ready to Take the Next Step in My Treatment – Orientation**

Name:

Date:

I have demonstrated my commitment to my treatment by (please list at least three specific things):

I attended Orientation and Commitment groups on \_\_\_\_ and \_\_\_\_, I learned:

Some of the driving feelings that motivate me to want to change are:

After completing the behaviors to target for treatment assessment I believe the top two targets that I should work on first are:

What I need from my team to be successful in addressing these new targets is:

Some skills/strengths or past successes that let me know I'm ready for the next stage of treatment are:

If I advance to the next stage of treatment I am most concerned or worried about:

If I struggle during the next stage of treatment I plan to:

I am committed to working on the target behaviors I listed above and will seek out support appropriately when I need it. I plan to try my best to reach my goals and acknowledge when I make mistakes or engage in behavior that is not consistent with my target behaviors. \_\_\_\_\_



# **Orcas Cottage Employees**

## **Dayshift**

1. Emma Caintic
2. Jennifer Snope
3. Lowell Cowan
4. James Knight
5. Carrie Ojeda
6. Brooke Goodell
7. Robert Burns
8. Robert Jensen
9. Jesse Jorgensen
10. Lance Smith

## **Swingshift**

1. Mike Ortiz
2. Marcus Phares
3. Alison Piwtorak
4. Ming Choo
5. James Knight
6. Melissa Delgado
7. David Layne
8. Kenneth Clark
9. Cody Jones

## **Nightshift**

1. Tom Wilson
2. Kasala Laban
3. Bryant Cabrell
4. Jan Davis
5. Mike Smitherman
6. Tony Cook

**Intermitts** – Tony Isaac, Todd Baldonado, David Maria, Cory Zimmerman, Jordan Coby, Cristina Davis, Kaitlin Pifer, Timmons, Joseline

As of January 29, 2015

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
7:00 am		<b>Wakeup &amp; Breakfast 7:00-8:15</b>						
7:30 am								
8:00 am								
8:30 am								
9:00 am	Breakfast	School	School	School	School	School	Baking Group	
9:30 am	Cottage Activity							
10:00 am	Exercise group (Brooke)							
10:30 am								
11:00 am	Cottage Activity							
11:30 am								
12:00 pm		<b>LUNCH</b>						
1:00 pm	REC (Ashley) & Cottage Activity	School	School	School	School	School	Basketball Group	
1:30 pm							No media on cottage	
2:00 pm							Free Time	
2:30 pm	<b>TRANSITION or Group 240-310</b>							
3:00 pm	Diary Card Group #1 3:10-3:30	DBT 3:10-4:00	Diary Card Group #1 3:10-3:30					
3:30 pm	Cottage Activity		Cooperative Games	DBT Challenge	Girl Power Boys Free Time	Boys Build Girls Free Time		Community Meeting
4:00 pm								Diary Card Group #1 4:00-4:20
4:30 pm		Walking group 4:20-5:00					Rec 330-5	
5:00 pm	<b>DINNER</b>							
5:30 pm	<b>Transition &amp; Home Work</b>							
6:00 pm	Arts & Crafts No Media	Board Games	Rec on GP	Board Games	Non Media Activities	Smoovie Night Rec on Cap 7-8 (Snack 730)	Arts & Crafts No Media	
6:30 pm			Free Time on CAP					
7:00 pm	Free Time (Snack 730)	Rec on CAP Quiet Activity on GP	(Snack 730)	Free Time (Snack 730)	Free time Quiet Activity (Snack 730)		Free Time (Snack 730)	
7:30 pm								
8:00 pm	Diary Card Group#2 8:00-8:20							
8:30 pm	Bed Times & Free Time							
9:00 pm								
9:30 pm								

