

**Mission Resiliency
Adult Chemical Dependency Units
Adult Trauma Treatment Unit**

PROGRAM HANDBOOK

HELPFUL NAMES AND NUMBERS

ADDRESS: LAUREL RIDGE TREATMENT CENTER
17720 CORPORATE WOODS DRIVE
SAN ANTONIO, TEXAS 78259-3509

TELEPHONE NUMBERS: UNIT 100 210-491-9400 EXT. 3542
 UNIT 200 210-491-9400 EXT. 3553
 UNIT 300 210-491-9400 EXT. 3543

TOLL FREE 1-800-624-7975

CONFIDENTIAL CODE NUMBER: _____

YOUR THERAPIST: _____

**Rick Z. Program Manager
210-491-9400
Holly K. RN Nursing Director for Military and Adults
210- 491-9400
Vivian S. Patient Advocate
210-491-9400 ext. 2390**

If you have any questions regarding any aspect of your stay at Laurel Ridge Treatment Center you may speak to any staff member.

The goal of treatment is to provide a safe, structured and mutually respectful environment so the patient can focus on and benefit from treatment. In order to insure safety on the unit, the hallways to the patient rooms are secured and monitored. Patients are afforded privileges, such as access to the campus for individual PT, after safety is assessed and treatment compliance is demonstrated. When a patient is progressing through treatment goals and the treatment team is confident in patients' safety, patients will be given flexibility and independence on campus, as appropriate, and eligible for leadership roles in the patient community.

SAFETY IS OUR FIRST PRIORITY

During the admission process your personal belongings will be searched to make sure that unsafe items are not brought onto the unit. Handbags and wallets should be sent home with family, when possible, or will be placed in the hospital safe until the time of discharge.

For safety and/or therapeutic reasons the following items are **not permitted on campus**:

- Weapons of any kind
- Aerosols, flammable products
- Cologne, perfume, mouthwash containing alcohol
- Glass, metal, aluminum or sharp items
- Drugs of any kind
- Plastic bags, hangers or items with cords
- Spiral notebooks
- Matches or lighters
- Musical instruments, CD players, Ipad and radios, E-readers
- Portable DVD players, electronic games, computers
- Keys, wallets
- Necklaces, dog tags or earrings
- Pagers

For patient safety and the safety of others on the unit, shoelaces, clothing with draw strings, and belts will not be allowed on the unit. We ask that the patient send these items home with family; if not, we will hold them for the patient and return them at time of discharge. Staff will provide fasteners to secure shoes and pants.

Items Permitted but Maintained by Staff

- Nail files, nail polish and remover
- Hair dryers, curling or flat irons
- Cell phones

Patients are asked to bring a second pair of athletic shoes, with shoelaces, that will be checked out for physical training. When not exercising, these shoes are to be safely secured by staff.

Valuables

Jewelry and other valuables should be left at home or given to family. The hospital cannot be responsible for lost or stolen items of value that are kept in patient rooms. Valuables brought onto the unit will be inventoried and placed in the hospital safe until time of discharge. Please remember to check your returned valuables at time of discharge.

You may bring money with you for ordering personal meals, WalMart store runs, etc but we discourage bringing substantial amounts. It is recommended that you keep about \$20 with you. Weekly off campus trips to the store can be earned. Prior to that, you may ask patients going on the store trip to buy approved items for you.

The hospital is not responsible for any lost or stolen items.

Personal Items

It is suggested that the patient bring clothing for approximately a 7-day period. There are laundry facilities on the unit for the patients to use. We ask that you bring comfortable, casual clothing that is appropriate: no excessively revealing or sexually provocative clothing, no shirts with alcohol, drugs, sexual, violent or demonic themes on them. Traditional daytime attire is mandatory during formal programming hours. The unit will provide basic hygiene items. If the patient prefers to bring his or her own hygiene items, they must be kept in the patient's personal hygiene bucket at the nurse's station. The unit provides a blow dryer for patient use.

Visiting Hours and Rules

Visiting hours, unless otherwise specified by physician, are daily from 5:00 – 7:00 pm and from 1:00 - 2:00 pm on Sundays. Patients must discuss additional needs for visitation with their treatment team.

All visitors must sign in at the reception desk in the Administration Building. They will receive a green visitor tag to be permitted on the unit. (Visitors will be asked to return to the reception desk in the Administration building if they do not have a visitor tag.)

Visitation is only allowed in the dayroom area of the unit with staff supervision. There is no visiting allowed in patients' rooms or on the outside patios designated for smoking. Visiting off unit is allowed on a case by case basis determined in treatment team.

Absolutely no purses or backpacks or cell phones are allowed on the unit. Visitors must keep these items in the car or a locker will be provided at the front desk; the unit will not be responsible for holding these items during visitation.

No one under the age of 12 years old is permitted on the unit. An adult must accompany a minor child 12-17 years of age at all times while on campus. Please make arrangements for younger children under 12 to be supervised off the unit during visiting hours. Staff is not available to supervise your children at any time.

Telephone Availability and Rules

Each patient is assigned a patient code number. The patient may give the number to those involved in their treatment. Any caller from the outside must give the patient code number to the staff answering the phone in order to speak to a patient. Due to patient confidentiality, staff will not be able to acknowledge that a patient is on the unit without the patient code.

Telephones are available on the unit for local, long distance, and international calls. Laurel Ridge does have a toll free number to receive long distance calls (**1-800-624-7975**). Please ask staff if you need assistance with a long distance calling.

The phones are shut off and cannot be used during scheduled programming time. Phone time limits are set for 10 minutes. An alert will sound before the phone automatically disconnects.

Cellular Phone Policy:

Active Duty service Members on the Mission Vista Units will have 30 minutes of staff supervised cell phone usage if they opt to agree to the written cell phone policy. Service Members are prohibited from taking pictures or audio/video recording at the Facility; this includes pictures/recording of other Service Members or the facility itself. Failure to comply with this policy will result in loss of privileges by the SM to use a personal cell phone.

Procedures:

1. Cell phones are turned in to staff upon admission to the Mission Vista Unit. Cell phones are placed in a separate valuables bag and tagged with a patient label.
2. Service members that do not wish to use their personal cell phones will have their phones locked in the unit safe until discharge.
3. Service Members that wish to use their personal cell phones during their stay at Laurel Ridge will sign a confidentiality acknowledgement and release of responsibility waiver. These personal cell phones will be locked in the medication room.
4. Personal cell phones may be used only during designated times on the unit schedule. An area of the social room will be designated for cell phone use and will be monitored by a Laurel Ridge staff. SM requesting to "Skype" or "Face Time" with family members may do so in a designated consultation room.
5. Cell phones must be used in the designated area only. They may not be used in patient rooms, the outdoor smoking areas, or anywhere on campus at Laurel Ridge.
6. Personal cell phones must be signed out on the unit cell phone logs and signed back in after use with the unit staff. Cell phones may not be kept by the Service Member. Failure to turn in a cell phone will result in loss of cell phone privilege.
7. Staff will be responsible for charging all cell phone equipment. SM may not have cell phone chargers on their person or in their room.
8. Service members may not "loan" or "borrow" their cell phone to another patient.
9. Service members may not use their personal cell phones to record or take pictures of Laurel Ridge staff, other patients, visitors, and/or the facility. This includes both video and audio recording.
10. Laurel Ridge is not responsible for any lost, broken, or stolen cell phones and/or equipment.
11. Violation of patients' confidentiality and privacy will result in loss of personal cell phone privileges. Failure to comply with the procedures set forth in this policy will also result in loss of privileges.

The physician/therapist shall inform the service member of the clinical reasons for the restriction as well as its duration.

Service Member Computer/Internet Use Protocol

Service members in the Mission building have access to a computer on each unit in the day area. Service members must log onto the internet under the assigned user name and password. You may obtain the appropriate user name and password for your unit from the IT Director or Program Manager

The following reasons represent appropriate use of the computer/internet for Patients':

- Contacting command and or providers at the home station

- Completing time sensitive financial arrangements (rent, bills, court costs, alimony, child support, car payments, etc.)

- Making travel arrangements to return to their home station

- Specifically assigned In Vivo assignments (must be cleared by the MD and Program Manager)

ANY service member computer/internet use for other than those reasons listed above MUST be approved by the MD and Program Manager. Service members are encouraged to use the sign in sheet at the nurses' station to plan for computer use. Service members may not miss group or other programming to use the computer/internet.

Smoking and Smokeless Tobacco Policy

No smoking is allowed on the hospital units. The use of smokeless tobacco products is also prohibited on the units. The designated area for tobacco use is outside on the unit patio (with staff supervision, as the schedule permits). The scheduled tobacco breaks are posted on the unit and may not interfere with therapeutic programming. A built in lighter is provided in the outside patio. It is prohibited for any patient to carry a lighter on them at any time. Cigarette filters are to be thrown away in the receptacle and not left on the grounds.

Electronic cigarettes are permitted if they are the prepackaged variety. No refillable eCigarettes will be permitted.

Smokers and smokeless tobacco product users are expected to keep the outside area clean and follow the guidelines for tobacco product use at all times. Patients **may not** smoke elsewhere on campus grounds.

The registered nurse on duty reserves the right to limit tobacco breaks when necessary. For example: when the doctors are on the unit to see patients, when groups run overtime, and during extremely active or unsafe situations on the unit.

Snacks and Beverages

Snacks are provided from our dietary department and are available in the unit kitchen. We are dedicated to assisting patients in healthy sleep hygiene. Decaffeinated coffee is available until 1800. Caffeinated coffee will be provided until 1500 each day. No food is allowed in the patient rooms at any time. Energy drinks are not permitted.

Any beverages brought from home or on the store run must be non-alcoholic and unopened in 20 oz or less plastic bottles. The bottles will be marked with the patient's name and kept in the kitchen on the unit. Beverages in cans or glass are not allowed on the unit. To-go beverages are not permitted on campus. Laurel Ridge does not accept responsibility for any lost or stolen items brought onto the units. Due to infection control requirements, food will not be stored on the unit after being opened. All food must be consumed or thrown away.

Meal Times

All patients are expected to eat meals in the cafeteria. Family members may join the patient in the café by purchasing a meal ticket from the receptionist in the administration building. **Any beverages brought to the hospital must be sealed and not in to-go containers.**

Meals are provided on the unit for those patients that are ill and unable to go to the café or newly admitted patients. Family may purchase a meal ticket and join the patient on the unit during mealtime.

Physical Training

Physical training is required daily and time is allotted in the program schedule. Patients have access to a weights room, a treadmill, and the campus for their physical training of choice. Patients can choose to participate in Yoga as their physical training for that day. The swimming pool is only permitted with STS staff supervision.

Weight Room: A weight room is located on Mission 200. There is a schedule devised for each unit to have an opportunity to utilize this room. The weight room is not to be used without staff supervision. All equipment is expected to be used properly and patients are asked to make healthy decisions in their workout regimen.

Crossfit: Mission Resiliency unit contains Crossfit equipment and has a contract with Elite Crossfit to coach classes 3 times a week. Patients of all ability levels are encouraged to participate in this activity. When classes are not being provided, some of the equipment may be checked out for independent use. The barbells and bumper plates are not permitted for use without the supervision of Elite Crossfit. Equipment is expected to be used properly and returned to the storage unit immediately after use. Misuse of equipment or failure to check it out and back in will result in loss of privileges.

Medication

So that we can insure continuity of medication treatment during your hospitalization, we may ask the patient to bring in a list of current medication. If patient requires medication during travel, bring medications in original container and nursing staff will secure for the duration of your stay. Once the medication is reviewed by the physician we ask that you send it home with a family member if at all possible. Any medication that is left at the hospital will be inventoried and placed in the hospital safe and will be returned at time of discharge.

Unit Guidelines

- Patients are not to enter another patient's room.
- Threatening and/or aggressive behavior towards other patients or staff will not be tolerated.
- Romantic or sexual relationships between patients distract from treatment and are prohibited.
- Former patients are required to wait **90 days** before visiting a current patient in this facility.
- Patients are responsible for keeping room and living area in order.
- Visitors are not allowed in patient's rooms or patient smoking areas.
- Revealing clothing is not allowed.
- No pictures or writing on clothing that are strongly suggestive or contain alcohol/drug related symbols.

Unacceptable or inappropriate behavior will result in a consequence whether or not it is listed in the written rules. Staff will be able to explain the reason for the consequence, answer any question, or help the patient understand why the behavior is inappropriate, but they will not negotiate or argue about the consequence.

In addition, if federal, state or local laws are broken, the appropriate law enforcement agency may be contacted. Behaviors that may be reported include, but are not limited to: sexual intercourse or sexualized contact of any nature (kissing, fondling, touching, hand-holding, etc); verbal aggression (including bullying,

threats of harm to others, etc); physical aggression resulting in injury to another person (peers, family members and/or staff).

Patients have a responsibility to report any perceived or real threats of intimidating behavior from peers or staff.

Patient Advocacy

While at Laurel Ridge you are entitled to a safe and healthy environment. If you have any compliments or concerns during your stay regarding staff, peers, your sense of safety or your patient rights, you have the ability to complete a patient advocacy report or ask to speak to the patient advocate. You can do this by completing a patient advocacy form which any staff member can provide for you. There is a locked box located on each unit that you will place this form into and only the Patient Advocate will be able to access your form.

Community Officers

A primary aim of the unit programming at Laurel Ridge Treatment Center is patient accountability. In the group setting, it is highly encouraged that patients hold themselves and each other accountable for their actions. While staff must be ever present in an observational/safety capacity, we want the patients on the Mission Units to take ownership of their community. In practical terms, this means that, whenever possible, the patients should run their own goals groups and wrap up group (with staff present).

As acuity rises or things escalate to the point of jeopardizing unit cohesiveness and/or safety, the staff must assert themselves more actively to maintain an effective milieu. However, the goal always remains to have a “patient centered” community. To help facilitate this, three officer positions will be held by the patients. These positions are elected each week on MONDAYS. Generally, patients must be here for two weeks to hold an officer position. If necessary, staff can make exceptions to this policy.

Staff must be present at unit elections and will review expectations of the officers. It is expected that unit officers will attend all groups and be on time unless the treatment team has made allowances related to medical or treatment needs. The unit officers must exhibit appropriate and respectful behavior at all times or staff may require the unit community to make leadership changes.

President: The president is the leader of the community and acts as a liaison between the patients and the staff. The president should be the one to voice any community concerns to the staff. In addition, the president presides over the goals and wrap up groups as well as leads the AA group (for 100) if there are no outside volunteers. The president should also strive to ensure that patients are holding themselves accountable in the community, to include keeping the common areas cleared of trash and personal items.

Vice President: The vice president fills in for the president if necessary. The vice president is also expected to help ensure that patients are up and ready for groups throughout the day. The vice president also helps greet and orient new patients to the milieu. (For example, making sure new patients have journals and understands the schedule and unit policies). Assists president in keeping common areas cleared of trash and personal items.

Secretary: The secretary is responsible for making sure the goals sheets are filled out and given back to staff. The secretary can also take minutes in the community meetings and goals and wrap up groups. The secretary also helps ensure that the group board is clean and up to date. The secretary also assists the vice president in ensuring that new patients have received all of their orientation packet materials. Assists president in keeping common areas cleared of trash and personal items.

Treatment Team

At Laurel Ridge, we utilize a multidisciplinary team approach toward treatment. The treatment teams consist of the patient and the psychiatrist, medical physician, licensed professional therapists, licensed recreational therapists, registered nurses (RN), licensed vocational nurses (LVN), mental health workers (MHW) and care managers.

During the first 24-72 hours, team members will be meeting with the patient to complete evaluations and assessments to develop an individualized treatment plan for the patient. The registered nurse and the licensed professional therapist will be the primary contact for any questions or concerns regarding the patient treatment and will also serve as a liaison between the psychiatrist and the patient.

Therapeutic Programming

The primary focus of therapeutic intervention is group therapy. Groups are facilitated by licensed professional therapists, registered nurses, and other trained staff. The daily schedule of groups and topics is posted on the unit.

All patients are expected to participate in all aspects of programming as part of their treatment.

Discharge Planning

Discharge planning is activated at admission. Your stay at Laurel Ridge is just one component in your care and coordination for your follow up care upon discharge is very important to your successful recovery. Aftercare appointments are set with your home providers and generally occur within 24 hours of return to your installation. Whenever possible, we avoid discharging on Fridays, weekends, or right before major holidays.

Individual Therapy descriptions

Cognitive Behavioral Therapy: CBT addresses patients' thoughts, feelings, and behaviors relationship with one another and how these interactions create maladaptive belief systems. By addressing a patient's maladaptive thoughts, or cognitions, and restructuring a more healthy cognition, the patient's emotional state and resulting behaviors will begin to change.

Prolonged Exposure: a derivative of CBT, this is a standardized treatment protocol specifically for the treatment of Posttraumatic Stress Disorder. Patients will learn to take control of their symptoms through imaginal exposure (re-experiencing the event in a controlled environment) and in-vivo exposure (subjecting self to trigger stimulating situations in a gradual and systematic manner to practice the coping skills in context). This therapy works on fear activation and habituation resulting in patients capability to choose when they would like to think about their previous traumatic event and how they will respond to those thoughts. PTSD is not a lifelong diagnosis and patients are expected to experience significant symptom reduction.

Group Therapy Descriptions

Assigned Process Group: Patients attend this group after recommendation by the treatment team. It is an additional process group for those having issues not appropriate for discussion in either the Trauma Process Group or a CD Process group. Some likely issues leading to attendance at this group include sexual and/or childhood traumas prior to military service. This group may be attended in addition to or instead of Trauma Process Group.

Chemical Dependency Education and Process Groups: The education curriculum for these groups is based on the Relapse Prevention Model and provides a background regarding the nature of chemical dependency and its treatment. These groups are facilitated by licensed counselors, are interactive and patient centered, and use various adult learning principles and techniques to assist group members in individualizing and personalizing the information presented. The groups are designed to instill awareness of the disease concept of addiction and introduce group members to the 12-Step philosophy of recovery. Members learn to recognize internal and external pressures to use and learn and practice coping skills for those pressures. Focus is also on assisting group members in developing and implementing a personalized, workable relapse prevention plan. The personalized relapse prevention plan is also a focus of the discharge planning strategy for each group member.

Chemical Dependency Family Education and Process Groups: These groups are on Saturdays to maximize the ability for families to attend. Led by a licensed chemical dependency counselor, these groups introduce patients and family members to the concepts of co-addiction and relapse, family relapse prevention planning, and interpersonal awareness and skills particularly important to families with members in recovery. All process group attendees are encouraged to share feelings about treatment and recovery issues and work on the family relapse prevention plan to help facilitate a successful transition for the patient when he or she returns home.

Goals Group: Held at the start of the day, this group is facilitated by the Charge Nurse and/or Mental Health Technician, and is intended to set a positive tone for the day's therapeutic programming. Unit rules and expectations are reviewed and clarified, community issues are discussed, and patients formulate a general goal for the day. Relaxation techniques may be practiced as well.

Military Matters Group: This is a process group run by former military members with professional mental health experience. Work in group centers on the patients' dual roles as individuals "in treatment and recovery" and in their roles as active duty military members. Highlights include discussion of those attitudes, beliefs and behaviors and their origins that positively or negatively affect one's work, interpersonal relationship and/or self-perceptions, and military role and transitions. For those with substance use issues, this group also serves as a valuable primer

for the very difficult fourth step in twelve step programs-specifically the formulation of a searching and fearless moral inventory.

Psych Ed and Process Groups: These are daily groups facilitated by a licensed mental health provider. The curriculum is adapted from established evidenced based curriculums and includes focus on information and skills around identifying healthy versus unhealthy anger, cognitive restructuring, anger triggers and the aggression cycle, both intra- and inter-personal skill building including problem solving, communication, mood management and increasing positivity. The groups also include education and exposure to a variety of both active and passive stress reduction techniques that take into consideration that patients have individual preferences and lifestyles. Many of these stress reduction skills are practiced at other times during the week, including in the morning Goals Group, evening Wrap Up group, Recreation Therapy, and afternoon activity time. This therapeutic group is interactive, patient centered, and uses adult learning principles and techniques.

Specialized Therapeutic Services: STS provides a variety of therapeutic alternatives that encourages clients to take a positive risk and increase their coping skills and self awareness, and emotional expression. STS utilizes the many resources that are around the campus. Some of which include a Challenge Course, Gym, Recreation Room, and Pool. Recreation therapists, Music therapists and Activity Specialists make up the STS department. They are trained to use Music and Recreation to support clients in reaching their personal therapeutic goals.

Trauma Process Group: This is a process based group and patients attend once the treatment team feels they are ready to work specifically on trauma processing in a group setting. The group serves as an adjunct to the individualized trauma work done in the individual therapy sessions. Assignments are individualized and are designed to support the patients in giving and receiving support from each other as they working through and integrate aspects of grief, loss, shame, and guilt, as well as other emotions that come into play with intense trauma experiences.

Cognitive Processing Therapy: Specialized cohort tracks will utilize CPT for their process group. CPT is an evidence based treatment that is developed specifically for treating Posttraumatic Stress Disorder. The treatment is based on information processing; it encourages patients to process their traumatic event several times with a different emphasis each time. For example, patients will describe their traumatic event as it relates to feelings of shame and guilt, they will then describe their traumatic event in terms of its impact on their sense of power and control and so forth. This process promotes a retelling of the event that the patient can understand presently and move forward in the process of healing. By engaging in CPT in a group format, patients are afforded the support and insight of one another during treatment.

Trauma Symptom Management Group: This group is based on the Seeking Safety curriculum and is focused on teaching and practicing coping skills directly related to the most common symptoms of traumas. The group is not trauma specific so all trauma unit patients may attend. Depending on the particular group members, skill development can focus on concurrent Chemical Dependency issues.

Art Therapy: Mission Resiliency has one of the only counselors in Texas to be certified as an Art Therapist. Art Therapy provides patients with a manner of emotional expression that comes from a different neurological process than the cognitive therapy modalities that patients face throughout the rest of the day. Through self-expression and creative means, patients learn positive coping skills and gain insight into their psychological needs.

Yoga Therapy: It is important that patients understand treatment of psychological distress is also physical in nature. Many patients coming to Mission Resiliency experience sleep disruption, GI distress, chronic pain and various other physiological symptoms. Yoga is one way to treat these symptoms and provides patients with a calming and restorative physical activity. Our yoga therapist also practices iRest (integrative and Restorative

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Nidra Yoga). This is an evidence based treatment that integrates emotional processing of traumatic events with yoga movements. It engages different neurological pathways and promotes healing.

Twelve-Step Support Group: Held each evening, this group is facilitated by volunteers in recovery in an open meeting (AA, NA, and CA). Patients in recovery are encouraged to participate in 12-Step meetings, both while with our facility as well as after they go back to their base, as part of their relapse prevention plan. Patients are encouraged to obtain a temporary sponsor as well. Every CD patient is required to attend at least three 12 Step meetings during their stay. For those who participate fully, off campus meetings may also be part of their programming to increase exposure to this recovery option.

Wrap Up Group: Held at the end of the day, this group is facilitated by the Charge Nurse and/or Mental Health Technician, and is intended to help patients process the day's programming to end the day on a positive note. Daily goals are reviewed and patients are encouraged to give each other feedback regarding their progress in treatment. Relaxation techniques may be practiced as well.

Special Activity Expectations

AA Meetings: Meetings are provided both on and off campus and are an expected part of your chemical dependency programming. It is important that you open yourself to all forms of recovery support. All Patients' that have a substance abuse component to their treatment must attempt a minimum of three AA meetings on campus. On campus AA meetings are open meetings in that all Patients' on the units may attend. These meetings are only for patients and NO outside friends and/or family of patients may attend these meetings. Staff must be present at all on campus AA meetings.

Off campus AA meetings will only be available to those Patients' having reached Level 3 AND who are actively participating in all CD groups and on campus AA meetings.

In Vivo Assignments: These assignments are a core component of Prolonged Exposure therapy and Patients' are expected to work closely with their therapist to maximize the gains available from these assignments. Active participation in these assignments is considered in establishing readiness for level changes and off campus events.

On Campus BBQs: These activities are held every other week to provide opportunities to engage in social activities in a new way and to practice new or renewed skills in a real world environment.

Store Outings: Leadership may go on these outings. The treatment team has final approval on who attends these outings. Safety is the primary consideration in this decision.

The buddy system must be used and Patients' must stay WITHIN SIGHT of their assigned buddies and staff members AT ALL TIMES.

Staff may NOT hold Patients' money or debit cards at any time.

Upon return from the outings, staff must check the purchases prior to their being released to the unit. Plastic bags and plastic bottle holders are NOT permitted on the units.

New Patient FAQs

Attendance for Off Campus Activities

All off campus events are considered part of our therapeutic programming and attendance at these events is determined by the treatment team's assessment of the Patients' readiness for that level of therapeutic intervention. Consideration is given to the Patients' on the unit, attendance at on campus events and intensity of participation in programming. Safety for all Patients' is always the primary criteria for decisions regarding appropriateness of the Patient attending an off campus event.

Bed Checks

Visual safety checks of all Patients are required and must occur routinely throughout the day, 24 hours a day. Every attempt is made to not disrupt the sleep of Patients. This means the light will not be shined directly in the eyes of a sleeping SM and every effort is made to minimize noise during the checks.

Food Delivery

Because of the longer lengths of stay on the Mission Units, we offer the privilege of off campus food orders. Off campus food ordering is only permitted on Friday, Saturday, and Sunday between 1600 and 1630. We ask that patients order from two restaurants maximum and the charge nurse must be the point of contact for the delivery. The front desk must be notified of the restaurants, unit the order is from, and the name of the person placing the order. The campus is quite large and food orders come in to the front desk area for a variety of purposes. To ensure timely pickup of food and proper payment, notifications must be made at the time of the order. Failure to follow these guidelines will result in the suspension of this privilege.

Please be aware that because Laurel Ridge Treatment Center provides all meals during your stay, any outside food expenses will be at your own expense and are not eligible for per diem reimbursement when you return to your home base.

LPC-I Status of Staff

There has been some confusion regarding the designation of LPC-i for some of our staff. LPC-i is a credential that is earned after completion of a master's level mental health program and the rewarding of that degree has occurred. The individual staff members with this status have completed most requirements, including a comprehensive examination, for full licensure and are in the process of accruing enough hours of additional patient care to become fully licensed at the time those hours are completed. These individuals are paid employees of Laurel Ridge Treatment Center and must act in accordance with all the standards of the license they are working toward at all times.

Student interns are those individuals currently in their training program working toward a degree. Interns work under the supervision of both their academic clinical instructors and the Laurel Ridge Treatment Center Director of Social Work.

Medical Profiles

If you have a Medical Profile, please be sure to inform your doctor and/or the nursing staff so that we may address the necessary issues. It is policy that all patients, without a specific medical profile, participate in physical training daily. This training may be independent, in the provided weights room, yoga, or Crossfit.

Smoke Breaks

While we realize that for some individuals, smoking has become a coping skill for stress and/or anxiety. While you are here at Laurel Ridge Treatment Center, we want you to learn other, often healthier and more readily available, coping skills as well (relaxation breathing, mindfulness, grounding for example). When you wish to have an off-

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time smoke break, the expectation is that you will work on your own or with assistance from another SM or a staff member to use these other relaxation skills to help you get to the next scheduled smoke break.

Rapid Response Team

The Rapid Response Team is a group of experienced Registered Nurses who will come quickly to provide assessment and support in a possible medical or behavioral crisis. Any staff, patient, family, or visitor can get help using the Rapid Response Team.

I have read this handbook and I understand the contents and rules contained in it. I also agree to notify a staff member immediately if I feel my condition has changed physically or mentally.

Signature

Date

Witness

Date