THE PHOENIX CENTER



*RISE - RECOVER - RENEW*

**CLIENT HANDBOOK**

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**Welcome To The PHOENIX Center**

Your time at The PHOENIX Center (TPC) will allow you to challenge old thinking and behavior patterns, incorporate new thinking patterns, and to learn and practice new behaviors if you choose to do so. TPC’s pro-social tools and skills will help you change your life and avoid being further involved in the same patterns that have gotten you where you are today. More importantly, what you learn will allow you to be the pro-social role model to those who love and depend on you. At TPC you will learn, “I am the sum total of what I choose.”

This Client Handbook is provided to give you the basic information you need while you are a part of the client community at The PHOENIX Center. One of your first responsibilities will be to read and become very familiar with all the contents in the handbook. If you do not understand the information, ask a staff member or your Peer Mentor and they will explain. You will be responsible for knowing and complying with this information. Ignorance regarding the Client Handbook is not an excuse. Take the time you need to learn what is written here. Do not assume anything; study the entire book, it is the first key to your understanding and your success.

There are Three Phases to complete:

**Rise** will allow you the time to learn, practice and internalize pro-social skills in asafe, secure environment while you learn how to structure your own life.

**Recover** will give you the skills to listen, think, interpret, and then interact pro-sociallyto even the most challenging events in your life.

**Renew** will give you the ability to give back to others that which you have learned and to restore your life, your family, and your community as a result of your pro-social lifestyle.

We look forward to working with you and helping you meet your potential as a responsible community member. Our staff is dedicated to helping you succeed, and we will provide the environment in which you can change, but success is ultimately up to you. If you will try, we will help you succeed.

**Mission Statement**

The Phoenix Center will build strong communities by helping each client foster healthy relationships and live a drug free life through:

* P- Perseverance
* H- Hope
* O- Openness
* E- Enlightenment
* N- Nurture
* I- Inspire
* X- the cross that you bear

**Vision Statement**

The Phoenix Center exists to help heal the minds, hearts, and souls of those entrusted to our care.

**TPC Philosophy**

It is our philosophy that every individual who is entrusted to our care can make positive and long-lasting changes in their lives. No one is perfect. We all make mistakes. We need to realize and accept that our past mistakes have had a negative impact on the lives of others. When we are able to admit said mistakes and dedicate our lives to becoming the best version of one’s self, it is then and only then that we will reach our fullest potential. Our legacy will be the humility, love and acts of service we leave behind for others to follow, not our mistakes of the past.

**Personal and Community Principles**

I hold these expectations as central in all that I do:

**Accountability**

** I am accountable for my behaviors and actions.

**Commitment**

** I commit myself to giving my personal best and expecting the same.

**Compassion**

** I am cognizant and considerate of the needs of others on a daily basis.

**Honesty**

** There is no right way to do a wrong thing.

**Initiative**

** I seek opportunity to help others, and I maintain a sense of urgency with my duties.

**Responsibility**

** I accept responsibility for what I have done and for what I have failed to do.

**Respect**

*★* If I respect myself, I will learn to respect others. Respecting others allows us to retain their respect.

**Stewardship**

** I respect the human and economic resources with which I am entrusted.

**I Am**

** I am the sum total of what I choose. My choices affect those I love and those who love me.

**Admission**

This program is designed to offer you the opportunity to grow and develop in a structured-living environment. Upon acceptance into the program, you are considered a “Client.” During the orientation process, staff will explain how TPC operates, including our expectations and your responsibilities.

You will also be assigned a Peer Mentor. The Peer Mentor program is designed to help ease your transition into the client population. Your Peer Mentor has successfully entered the program and is willing to show you the tools of the community. They will be able to answer most of the questions you may have. The Peer Mentor is here to help you and give you guidance.

You are responsible for following the schedule as it is. You will need to take all items from your locker that you need for the day. Meals will be provided three times a day. Your cognitively based class schedule will be given to you after admission. Attendance and punctuality are your responsibility.

Communication, verbal and/or nonverbal, is NOT permitted between male and female clients; this includes blatant staring/glaring. Male and female clients shall maintain a minimum of social space at all times.

Your attitude during your stay at The PHOENIX Center is important and will affect your progress through the phases of the program. It is your responsibility to keep your attitude respectful and positive at all times. It is your responsibility to adapt to and work within program guidelines. The rules of the program are here to create an environment of safety and security in which you may change. You will also learn that you are responsible for maintaining your own pro-social attitudes and behaviors.

**Intake Procedures**

You are only permitted to have certain clothing/non-hygiene items brought or mailed to you upon intake. See permitted personal items listed below. Clients are allowed **2** drop offs of clothing items after their intake date. Packages received by mail must be sealed and clearly display your name on the outside. Items must be picked back up within **40** days or they will be disposed of. Bed linens, towels and wash clothes are issued to you.

Clients will be required to change into agency provided clothing to allow TPC staff to search the client’s clothing and personal belongings for contraband. The Client will then be required to launder all their clothing items upon entry into the facility. Your belongings will be accounted for and you will be given a copy of the inventory for declared/recognized valuables. TPC does not accept responsibility for any unauthorized items.

**Contraband Guidelines**

The following are general guidelines of how items may be determined to be contraband:

* **Metal or Glass Items** such as but not limited to: keys, letter openers,razors, scissors, needles/pins, nails/screws, bottles, mirrors, etc…
* **Caustic/Flammable Materials** such as but not limited to: batteries, lighters, matches,spray can or aerosols, cologne, etc…
* **Illegal Paper Material** such as but not limited to: pornographic material, gang-relatedliterature, etc…
* **Alcohol, Drugs, and Drug Paraphernalia** such as but not limited to: unauthorized medication, alcohol, drugs, over the counter medications, pipes, etc…
* **Weapons** such as but not limited to: guns, knives, etc…

**\*The discretion of whether an item that falls outside these guidelines is contraband lies with staff.**

**\*\*\*NO HOODED CLOTHING TO BE WORN INSIDE THE FACILITY\*\*\***

**Permitted Personal Items**

|  |  |  |  |
| --- | --- | --- | --- |
| (10) Pairs of Underwear | | (6) | T-shirts/undershirts |
| (6) | Pairs of Socks Total | (2) Long Sleeve Shirts | |
| (5) | Dress Pants/Jeans | (2) | Sweater/Sweatshirts |
| (2) | Pairs of Shorts (knee length, no boxers) | (1) | Windbreaker/Jacket |
| (2) | Collared Shirts | (1) | Winter Coat |
| (3) | Sweatpants | (1) | Hat/Knit Cap (no skull caps) |
| (2) | Pairs of Pajamas | (1) | Robe (mid-calf length) |
| (2) | Pairs of Shoes (tennis or dress) | (1) | Belt |
| (1) | Boots (no steel toes) | (1) Pair of Gloves (work) | |
| (1) | Wallet (with ID, SS card, BC) | (1) | Toboggan |
| (3) | Bras |  |  |

**Permitted Hygiene/Other Items**

All hygiene items must be ordered through the TPC commissary system. All items must be unopened and not in glass containers. All items that are opened/damaged upon inventory will be disposed of.

🞳 Must have (4) razors at all times

|  |  |  |  |
| --- | --- | --- | --- |
| (2) | Shampoo | (1) | Toothbrush |
| (1) | Foot Powder (non-aerosol) | (2) | Conditioners |
| (1) | Mouthwash (non-alcohol) | (4) | Razors (disposable) |
| (2) | Solid Deodorants (non-gel/aerosol) | (1) | Hair Gel |
| (1) | Shaving Cream | (2) | Tubes of Toothpaste |
| (2) | Bars of Soap | (1) | Face Wash/Med. Soap |
| (1) | Denture Cream/Adhesive | (1) | Hairspray (non-aerosol) |
| (1) | Skin Cream | (1) | Floss |
| (1) | Brush (non-metallic) | (1) | Comb (non-metallic) |
| (2) | Hand/Body Lotions | (1) | Tube of Chap-stick |
| (20) | Self-Adhesive Postage Stamps | (50) | Envelopes |
| (1) | Bible, Koran, etc… | (2) | Writing Tablets |
| (1) | Sketch Pad | (1) | Pack of Colored Pencils |

**Commissary**

**Procedures for Commissary Purchases:**

⮚ Commissary can be ordered weekly through Keefe Commissary. All orders must be placed by Lights Out on Tuesday.

* here is a $100 limit on all commissary orders, money/phone cards are **not** included in this $100 dollar limit.
* Any client with adequate funds may make commissary purchases in addition to basic hygiene, pen, paper and stamped envelopes.
* All phone card requests must also be submitted through Keefe Commissary by Lights Out on Tuesday.
* The amount of phone cards requested must be in accordance with the amount permitted by the phase a client is in.

**Responsibility for Clients’ Commissary Items:**

* Each client is responsible for his own phone cards and commissary items.
* TPC will not reimburse clients for items lost or stolen.

**Financial**

* Clients are required to pay 100% of their own medical expenses. (if not covered by insurance)
* Clients are responsible for issued TPC property. There will be a charge for any property that is lost or damaged.
* Upon being discharged from TPC, any money owed continues to be the client’s responsibility. A statement will be provided upon release.

⮚Funds can be added to your account as follows:

* Family/friends may deposit funds in the front lobby at any time through the Keefe system.

🗸 Family/friends may send money orders through the mail.

**Forbidden Transactions**

Financial or material transactions between clients, or between volunteers or staff and clients is forbidden. This includes purchasing anything for another client.

**Indigent**

You will be considered indigent if you do not have funds on your account. During the time you are indigent, you are eligible to receive the following items via Keefe Commissary:

* 2 stamped envelopes per week.
* Pen and paper.
* Shampoo, soap, deodorant, shaving cream, toothbrush/toothpaste, and disposable razors.
* Permitted one phone call per week. (if you have the ability to purchase phone cards, have tokens, or can call collect, you will not be permitted an indigent phone call).
* Necessary clothing items can be requested through the House Monitor and will be charged to the client’s account.

**Medical**

**Health and Screening:**

All clients will receive a Health Screening upon admission. Allclients will have a medical history and health evaluation within 14 days of admission.

**Financial Responsibility:**

Clients are financially responsible for all medical, dental, optical, mental health and diagnostic services received, Clients are responsible for all prescription and over-the-counter medication taken while in residence. This includes EMS fees and Emergency Room visits. These services will likely be covered by the client’s medical insurance; however, any co-pays or outstanding balances are the client’s responsibility. Clients will not be denied necessary services because of their inability to pay.

The medical department will hold regular sick call hours.

**Medication:**

Clients are responsible for taking only personal medication as ordered by the physician and for following all the recommendations of medical staff. Medical and program staff will monitor the client’s adherence to medication dosage and address non-compliance or abuse of medication. All prescriptions and over-the-counter medication will be maintained by the Medical Department.

Clients who have a medical variance for physical limitations cannot go out on CWS, they are not to do any physical types of activities during recreation (i.e. playing basketball and passing football).

Clients will not be used for medical, pharmaceutical, or cosmetic experiments. This does not preclude individual treatment of a client based on his/her need for a specific medical procedure that is generally not available.

**Searches & Urinalysis**

**Searches:**

Clients are subject to clothed searches, and shakedown searches at any time.

**Urinalysis:**

All clients are required to give a urine specimen at staff’s discretion.

**Client Rights**

It is the policy of The PHOENIX Center that these are the rights of the clients:

* The right to be treated with consideration and respect for personal dignity, autonomy, and privacy; and to the provision of services in manner that is responsive to unique characteristics, needs, and abilities.

* The right to reasonable protection from physical, sexual or emotional abuse and inhumane treatment.

* The right to service in the least restrictive, feasible environment.

* The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for the clear treatment reasons and required the person’s participation.

* The right to be informed of one’s own condition.

* The right to be informed of available services.

* The right to consent to or refuse any service, treatment, or therapy; informed consent regarding referral and expression of choice regarding service provider, involvement in research projects, access or referral to legal entities, self-help/advocacy support services, adherence to research guidelines and ethics, and investigation and resolution of alleged infringement of rights.

* The right to participate in the development, review, and revision of one’s own individualized service plan, and receive a copy of it.

* The right to freedom from unnecessary or excessive medications, physical restraint, or seclusion; freedom from physical abuse, sexual abuse, harassment, neglect, physical punishment, and psychological abuse including humiliating, threatening, and exploiting actions, and from financial or other exploitation or retaliation.

* The right to be informed of and refuse any unusual or hazardous treatment procedures.

* The right to be advised of and refuse observation by others and techniques such as one- way vision mirrors, tape recorders, video recorders, televisions, movies, photographs or other audio and visual technology.

* The right to consult with independent treatment specialists or legal counsel, at one’s own expense.

* The right to have access to one’s own client record in accordance with program procedures. A client request to review his/her record must be in writing, signed by the client or legal guardian, stating the reason for the request. The request will be reviewed by the Executive Director, Clinical Manager, and CEO to determine whether the request can be granted. Request for access will be granted if requested according to procedure unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client’s treatment plan. “Clear treatment reasons” shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an eminent risk. Should the request be denied, the factual information regarding the client that necessitates the restriction will be explained to the client or legal guardian.

* The right to be informed of the reason(s) for terminating participation in a program and to be provided a referral, if available.

* The right to be informed of the reasons for denial of service.

* The right not to be discriminated against in the provision of service on the basis of race, ethnicity, age, color, religion, sex, national origin, sexual orientation, genetic information, disability, handicaps, HIV infection whether asymptomatic or symptomatic, AIDS, or in any manner prohibited by local, state, or federal laws.

* The right to know the cost of services.

* The right to be informed of all rights and to receive a written copy upon request.

* The right to exercise any and all rights without reprisal.

* The right to file a grievance in accordance with program procedures.

* The right to have oral and written instructions concerning the procedure for filing a grievance.

* The right to confidentiality of communications and personally identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations.

* The right to full explanation regarding the loss or restriction of privileges, and methods to reinstate the privileges.

**Mail**

1. **Outgoing Mail** - Out-going mail will be submitted sealed with proper postage, completely addressed, including the client’s return name and address.
2. **Stamps** - Stamps may be purchased through commissary. If you are indigent you may receive two stamped envelopes per week which will be charged to your account.
3. **Incoming Mail** - Staff distributes all mail. Clients will be required to open all incoming mail in the presence of TPC staff who will ensure there is no contraband within. Any contraband found will be confiscated and investigated.

Mail received after you have left TPC is returned to the sender. Mail will not be withheld as punishment or unduly delayed.

**Telephone**

After the initial admission process, clients are allowed one telephone call to notify family that you are in TPC. In each phase clients are permitted to make a specified number of phone calls at your own expense, once the contact list has been approved.

With each phase progression available calls will be increased. Telephone calls are made on the client phones located in the facility with pre-paid calling cards or collect at your family/friend’s expense. Clients may purchase calling cards if there is adequate funds in their account.

* **Third party calls are not allowed.**
* **Monday-Sunday is the time frame clients have to make the allotted amount of calls.**
* **Tokens may be cashed-in for phone calls (see tokens list for permitted amount).**

**Emergency Messages:**

Client’s family may call the facility to convey emergency messages. Staff will convey emergency messages only.

**Visitation**

During the first 14 days of residency, clients are not permitted visits from friends or relatives. In order to receive visitors during the advanced phases, the client must complete a Mail/Phone/Visit List. This is sent to the client’s Probation/Parole for approval. A total of three visitors are allowed per visitation. A minor child must be accompanied by THEIR parent or legal guardian. Unrelated visitors under the age of 18 are not allowed to visit without the minor’s legal guardian. Submission of visitation requests must be turned in to staff by Lights Out on Thursday.

**Visitation Orientation:**

The Visitation Orientation is mandatory for everyone wishing to visit a TPC client. Visitors must fill out the Visitation Orientation Form on their first visit. Staff can refuse entry to the facility to anyone at any time at their discretion.

* Visitors, 18 years or older, must bring an official current driver’s license or current state ID. Visitors 17 years or younger must have a birth certificate and be accompanied by their parent or legal guardian. If they are not the parent on the birth certificate, they need the birth certificate and guardianship or power of attorney paperwork.
* Visitors wearing inappropriate clothing, such as, but not limited to, revealing, low cut, offensive language, extremely baggy, etc., may be denied a visit. This is at House Supervisor’s discretion.
* Persons possessing drugs or alcohol and/or having weapons will be denied a visit and will result in criminal charges being filed against them. Visitors who are under the influence of drugs or alcohol, unruly or disruptive, and/or use tobacco products on site may be permanently removed from the approved visitor’s list.
* Visitors must have no personal items in their pockets except car keys.
* No food, beverages, or money are allowed.
* All visitors will be prosecuted if contraband is found.

**Other Visitors:**

Court officials, attorneys, clergy, and probation officers may request an appointment during reasonable hours with the client through the Case Manager to ensure availability. A preference will be to schedule visits around classes and other therapeutic activities. These visits do not count as your weekly visit.

**Special Visits:**

The Executive Director or designee may approve special visits. These visits will only be granted in special circumstances and must be pre-approved. The request must be submitted in writing listing specific persons you wish to visit and the reason for the special visit.

**Visitation Dates and Times:**

Times will be posted to prevent conflicts with programming schedules.

**Tobacco Policy**

Smoking is permitted at designated times in designated areas.

There is no smoking or tobacco use inside the TPC facility or on TPC grounds.

Tobacco use is a privilege that may be revoked at staff’s discretion.

**TPC Services**

**Counseling:**

The TPC staff will assist you in addressing your criminogenic needs. TPC utilizes programming that assists in providing cognitive restructuring, social skill development, emotion regulation, and problem-solving skills. Additional programming that clients may be offered include Anger Management, Substance Abuse, Employability Skills. Each client is assigned to a caseload. The Counselor will develop an individual program plan to meet the client’s specific needs.

**Case Management:**

Upon arrival at TPC, every client is assigned a Case Manager who helps each client address their varying needs. Clients will be met with individually, as well as in a group setting. These barriers can range from medical coverage, food assistance, housing, employment, education issues, additional substance abuse counseling, possible mental health counseling, relapse prevention, etc…

**Outpatient:**

TPC offers outpatient treatment services for clients upon their completion of residential services. The programming provided is an extension of what is learned while housed at TPC. The clinicians will help the clients to further strengthen their skills and find resources within the community to assist them in meeting other needs (housing, education, social support, integration into the recovery community, etc.).

**Family Outreach:**

TPC is committed to strengthening families facing parental incarceration. The Family Outreach Program provides the clients with an opportunity to improve family functioning and child well-being while in a supportive and safe environment. Participation in the Family Outreach Program is voluntary.

**Community Work Service:**

Community Work Service is a way that clients will be able to give back to the surrounding communities. Clients will be given the opportunity to participate in projects that will demonstrate their desire of becoming a responsible, productive member of society.

**Food:**

Clients will be offered a minimum of three meals each day. Special diets are served upon verification of medical or religious need.

**Case Records:**

Clients may have copies of their individual program plans, reentry needs plans, continuing care plan, and discharge summary.

**Fire Safety:**

All clients are to be partners in fire prevention. Any fire hazard is to be reported to staff immediately.

**Why We Do What We Do**

**Phases:**

The phases of the program are designed to show the progression that each client is making in their life. As clients progress in their thinking and behavior, they will progress in the phases of the program.

**Rules**:

We maintain a detailed code of rules and regulations that define the behavioral boundaries of the physical and psychological safety of the community. Rules are to be strictly adhered to and violation of rules leads to sanctions overseen by staff. Clients need to understand that the rules are there for their safety and security as well as the safety and security of the community they are a part of.

**Schedules:**

A schedule is a method of organizing community time. Schedules are a written structure that clients are expected to follow.

**Standards/Structure:**

We maintain clearly defined norms and expectations. The structure defines behavioral boundaries for the physical and psychological safety of the community. Structure is also implemented as a method of organizational management to accomplish tasks in a timely manner.

**Work**:

Work is the responsibility of all members of a community. The intent of our program is to reinforce work ethic and its importance in society.

**Program Expectations**

TPC is committed to providing individualized programming for all clients. You are here to address your needs and to change your attitudes and behaviors. You are required to work on all program goals, attend recommended services, complete all homework as assigned, and be responsible for your behavior and attitude.

Staff is trained to assist in providing a safe, secure environment that supports the concepts you will learn while in services at TPC. Your attitudes and behaviors can contribute to making a pro-social or antisocial living experience at TPC. It is your choice. Keeping your attitudes pro-social will help you and those around you. Remember, what you think affects what you say what you say affects what you do and what you do affects your future, especially those you care about most. Hopefully, you will choose to maintain your own pro-social attitudes.

**Phase Levels**

**Rise Phase**

The Rise Phase involves initial detachment from old ways of living and thinking: a major shift from your previous lifestyle. You will learn that structure in your life is necessary if you are to function in the TPC program. Learning how to set and meet goals, knowing where you are to be next, showing up on time and measuring your own progress is a rewarding and necessary process. Structure will provide you with appropriate boundaries.

You will be in charge of developing your goals with the assistance of your treatment team. Your future is in your hands, but the foundation for pro-social living and your successful recovery is built in the Rise Phase. You will be provided new-client orientation including your responsibilities and expectations during treatment at TPC. You will be tested and assessed. You will be assigned a Peer Mentor to help you through this phase.

**Rise Phase Standard Guidelines:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rise** | **Phone Calls** | **Visits** | **Commissary** | **Lights out** |
| **Per week** | 3 | 0 | All items | 10:00pm |

* Phone calls/cards and commissary are given, provided you have the privileges/means to receive them.

**Rise Phase Additional Guidelines:**

* All clients will spend a minimum of their first 14 days in Rise phase.

⮚ Rise clients can earn tokens from their first day in the program.

⮚ They must participate in all cleaning activities.

⮚ They will help setup for all meetings and activities.

**Phase Movement:**

There are several tasks, including written assignments that must be completed before you will be permitted to phase up to Recover Phase. These include:

* Pay attention during class and participate
* Complete and pass Intake and Orientation class
* Complete Intake and Orientation workbook
* Complete Client Cognitive Skills workbook
* Pass the phase-up test
* Write in journal daily

**Recover Phase**

During the Recover Phase you will learn how your thoughts, feelings, and attitudes affect your behaviors and how your behaviors dictate your life. Learning to process your feelings, evaluate your thoughts, weigh the facts and understand their relationship in our lives is a challenge, but absolutely necessary if we are to become a pro-social citizen. If you are willing to master the science of right thinking, the potential for life without crime and without the use of drugs can be realized. Educational support is provided and life skills are taught. Your eyes become open to your greater potential and far brighter horizons.

**Recover Phase Standard Guidelines:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Recover** | **Phone Calls** | **Visits** | **Commissary** | **Lights out** |
| **Per week** | 7 | 1 | All items | 10:00pm |

* Phone calls/cards and commissary are given, provided you have the privileges/means to receive them.

**Rise Phase Additional Guidelines:**

* All previous phase’s additional privileges are still given.

⮚ Recover Phase will continue earning tokens and can cash them in for any item on the tokens list of rewards.

* They may be a Peer Mentor
* May participate in Family Outreach when deemed appropriate by staff

⮚ Able to participate in Community Work Service

**Phase Movement:**

The following items are required to be completed before being able to phase up to Renew Phase:

* Show that you can be a role model for others in the program
* Practice pro-social attitudes and behaviors with others
* Internalize and use the skills and topics discussed in classes and groups
* Show initiative in your own change process and in the program
* Show responsibility for yourself and your actions
* Show respect, empathy, and sympathy for others
* Demonstrate a good work ethic
* Exhibit a sincerity to change
* Write in journal daily

**Renew Phase**

The Renew Phase focuses on what we can do for others and how those contributions positively impact our own character and the lives of those we care about. You will become increasingly aware of the community’s needs, your community’s resources, and your role in your own recovery and the success of your peers. You will begin to consider the changes that have occurred within and around you, as well as the changes that need to occur in your future. The long-term goal is to prepare you for gainful employment, which will allow you the resources to repay what is due. You will progress toward higher levels of independence and self-sufficiency. You will begin preparing for movement from living in the TPC community, to returning to life at home or in a new community as a responsible, drug-free and pro-social citizen.

**Renew Phase Standard Guidelines:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Renew** | **Phone Calls** | **Visits** | **Commissary** | **Lights Out** |
| **Per week** | 14 | 1 | All items | 10:00pm |

* Phone calls/cards and commissary are given, provided you have the privileges/means to receive them.

**Renew Phase Additional Guidelines:**

* All previous phase’s additional privileges are still given.
* Renew Phase will continue to earn tokens and can cash them in for any item.

⮚They may participate in Community Work Service

* They may become a Peer Mentor.
* They may become a Class Mentor.
* They may participate in the Family Outreach Program.
* May stay up until 11:00pm Fri. + Sat. only.

**Levels of Intervention**

**Concern Slip:**

A Concern Slip is administered by staff to a client because of an infraction of the rules and/or the displaying of an anti-social behavior. The client is first verbally addressed and then the Concern Slip is written.

**Intercession:**

An Intercession is an Individual Session with the client conducted by staff, focusing on the client’s continuous infractions and/or anti-social behaviors.

**Intervention:**

An Intervention is an Individual Session with the client, client’s case manager, and a member of management to discuss the client’s continuous infractions and/or anti-social behaviors. Client will receive commitments to help them change the behavior(s) being addressed.

**Probation Officer Intervention:**

The Probation Officer Intervention is where the client’s P.O. is asked to speak with the client. This meeting can take place either by phone or face to face and the P.O. is asked to discuss the consequences of the client’s continued anti-social behavior(s).

**Program Intervention:**

The Program Intervention is a meeting that involves the client’s case manager and various members of management. The purpose is to decide if the client is unwilling or unable to complete the program and to see if additional programming will help benefit the client in changing their behaviors. Furthermore, it is discussed if the client’s continued involvement in the program will be beneficial for the client, other clients, and the TPC program.

**Treatment Tools**

**Tokens:**

The token system is to reward a client for positive behaviors. Tokens will be awarded at staff’s discretion based on the pro-social behavior displayed by the client. When a client earns a token, staff will let the client know why he/she received a token. Depending on the number of tokens a client has, he/she can turn them in to the staff for a reward. A token can’t be taken away for any negative behaviors but submitting them for a reward can be suspended if the client loses privileges. Once the client’s privileges have been reinstated, he/she will be permitted to submit the tokens for a reward. When the client chooses to submit or “cash in” their tokens for a reward, the specified amount will be subtracted from their total. It is the individual's responsibility to track how many tokens they have.

**Disciplinary Procedures**

It is the client’s responsibility to understand the seriousness of their situation and to do something positive about it. It is staff’s duty to assist clients in making better choices. Disciplinary action occurs as recommended by the staff which may include but is not limited to the following:

* Restriction or loss of some or all privileges
* Phase drop
* Verbal warning
* Concern Slip
* Corrective Action

⮚ Interventions

* PO Contacts
* Relating Sessions
* Removal from the program

**Grievance Procedure**

All clients are assured that their complaints/concerns do matter and that they will be given an opportunity to be heard in a timely manner. TPC staff will provide assistance to those clients who have writing/comprehension deficiencies. You may also withdraw a previously filed grievance at any time.

Prior to filing a grievance, clients are expected to attempt to resolve their concerns by following their normal chain for making requests.

1. Grievances shall be filed using the Client Grievance Form.
2. Grievances will be considered regarding the following topics only: **access to** **courts, mail, sexual harassment, discrimination, protection from harm, violations of rights, records/property, disciplinary actions, inappropriate use of force, improper staff conduct, access to personal hygiene items, food services, and access to health care.**
3. A completed grievance form shall be dropped in the locked Grievance box. The Grievance box will be checked for content on each business day.
4. Each grievance will be reviewed by a member of management. The Executive Director or designee shall be the final authority in all matters.
5. A grievance against staff shall be assigned to the Executive Director/designee and will be handled immediately.

**Rules, Expectations, and Guidelines**

**Major Rules:**

The purpose of Major Rules is to protect you and the rest of the clients from behaviors that threaten safety and security. Being in violation of a Major Rule, depending on the facts/circumstances, can result in an immediate discharge from the program, and/or other sanctions.

1. **All laws of the state of Ohio apply.**
2. **Violence or threats of violence of any type are strictly prohibited.**
3. Physical Aggression
4. Refusal of any staff order.
5. Disorderly Behavior
6. Antagonization
7. Sexually Acting Out
8. Disrespectful Behavior
9. Contraband
10. Lending and Borrowing
11. Cheating
12. Stealing
13. Lying
14. Manipulation
15. Gambling
16. Gang Affiliation/Representation
17. Leaving the facility without staff approval.
18. Establishing Inappropriate Relationships
19. Homework Noncompliance
20. Discriminatory/Prejudicial Behavior

**Program Rules:**

All Program Rules violations fall under the umbrella category of Failure to Follow Program Rules and will accumulate as such. The general sections that Program Rule violations fall under are as follows:

|  |  |
| --- | --- |
| 1. Dress Code Guidelines | 11. Visitation Guidelines |
| 2. Cafeteria Guidelines | 12. Community Conduct |
| 3. Classroom Guidelines | 13. Failure to Perform Job Duties |
| 4. L.O.P. Guidelines | 14. Personal Hygiene Guidelines |
| 5. Bedroom Guidelines | 15. Peer Mentor Guidelines |
| 6. Table Guidelines | 16. Antisocial Communication |
| 7. Failure to be Aware | 17. Recreation Yard Guidelines |
| 8. Failure to be in Specified Area | 18. Restroom Guidelines |
| 9. Family Outreach Guidelines | 19. Failure to Perform Corrective Action |
| 10. Laundry Room Guidelines |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Group and Class Expectations:**

Groups and classes are the center of your treatment. However, just attending group meetings or classes and listening is not enough. Clients are expected to actively participate. A group leader may impose additional expectations/rules as needed.

1. Everything said in group, stays in group. All information is confidential and will be used for treatment purposes only.
2. Leaving group or class is permitted only with staff’s permission.

**Peer Mentor Expectations:**

1. Peer Mentor assignments will remain throughout your stay at TPC.
2. Peer Mentors will help new clients adjust to their new environment by explaining to them the expectations, procedures, schedule, handbook, rules of TPC, etc... Peer Mentors will also help with physical needs such as bedding and personal supplies.

**Dress Code Guidelines:**

1. Clients must be neatly and fully dressed at all times.
2. Lanyard & badge must be worn at all times inside the facility, any changes/alterations to the badge are prohibited (stickers, drawings, etc…).
3. Shirts must be modest, non-revealing, no sequins, no beads, and no cut-off sleeves. Alcohol/drug related, profane, or anti-social markings on garments are prohibited.
4. No tight-fitting or excessively baggy clothes. Fringes and holes are prohibited.
5. Shorts should be knee length and worn around the waist.
6. Hats, coats, or glove are to only be worn outside of the facility. Workout gloves are permitted to be worn inside the facility during times of exercise.
7. Pants must be worn at waist.
8. Pants are not to be rolled or cuffed for any reason.

**Kitchen Guidelines:**

1. Sign the Cafeteria Sign-In Sheet when entering.
2. Only take the allowed amount of condiments.
3. Take the first plate in the service line.
4. Any mess made is theresponsibility of the client to clean up.
5. Taking food out of the cafeteria is prohibited, unless, the food is in a sealed package (i.e. chips, waffles, pop tarts, etc…). The item must be unopened. Taking fruit out of the cafeteria is prohibited.
6. Must follow proper procedure when sitting down at and getting up from a table.

**Room Guidelines:**

1. Make bed every morning.
2. Changing beds without staff’s permission is prohibited.
3. Clients are only permitted in their room during approved times. Client’s are no to go into another client’s room for any reason.
4. No talking after Lights Out
5. Getting in after Lights Out and before Feet on the Floor is prohibited unless specified otherwise by staff.
6. Follow permitted personal items sheet for organization of any items that are allowed in locker.
7. Only unopened food or drinks are allowed to be stored in locker. Bags/packages of food that have been previously opened must be closed.
8. Eating and/or drinking in the rooms is prohibited.

**Personal Hygiene Guidelines:**

1. Clients’ are prohibited from manicuring each other’s nails or eyebrows, styling another client’s hair, cutting their own hair, or cutting another client’s hair.
2. Clients are required to shower at least once a day.

**Laundry Room Guidelines:**

1. Only clients that are on the daily schedule will be permitted in the laundry room.
2. Must follow specified directions for washing clothes. Be mindful of not wasting TPC’s property (e.g. Detergent, Fabric Softener, and Bleach, etc.).
3. Eating/drinking is permitted provided that you take responsibility for your items and clean up after yourself.
4. Anything damaged must be reported immediately, do not try to fix anything on your own.
5. Lights stay on when occupied, and off when not. Door is to be closed when not occupied.

**Community Work Service Guidelines:**

1. Use of tobacco products, alcohol or other illicit drugs is prohibited.
2. Dress appropriately, following the dress code.
3. Taking any items outside of the facility, unless otherwise specified by staff, is strictly prohibited. Bringing any item into the facility, other than what was taken out, is strictly prohibited.
4. Eating or drinking in vehicles is prohibited.
5. Contacting or meeting with friends, family, or others while off-site is strictly prohibited. Use of a phone or arrangements for others to call you while outside the facility is strictly prohibited.
6. A client is not permitted to participate in Community Work Service if they have a variance for any physical limitation/ injury.

**Intense Supervision Programming Guidelines:**

1. Clients are responsible for completing all assignments given to them by staff.
2. After assignments are complete, client is only permitted to read or work on educational or therapeutic material.
3. They will begin their morning routine/hygiene after all other clients from their respective House has cleared their rooms.
4. Clients on I.S.P. will do everything last.
5. Clients will raise hand if there is a question or need and staff will approach.
6. Clients will be permitted to attend classes. (Must be at assigned table when not in class).
7. Following dinner, client must return to assigned table until it is their turn to shower.
8. Clients will remain in ISP until staff has released them.
9. Clients in ISP are not allowed to communicate with other clients.
10. Only staff is permitted to speak to a client on ISP.
11. Clients on ISP are permitted to get up and stretch five minutes of every hour. Staff will let the clients know when the designated time will start and end.
12. Clients are permitted to exercise in close proximity of the table during recreational programming. Walking is also permitted upon approval of staff.

**Family Outreach Guidelines:**

1. Visitors must bring an official and current driver’s license, certified birth certificate or official and current state ID. 18 years or older must have a state issued photo ID.
2. Visitors 17 years or younger must have a birth certificate and be accompanied by their parent or legal guardian. If they are not the parent on the birth certificate, they need the birth certificate and guardianship or power of attorney paperwork.
3. All visitors must be approved to visit the client.
4. Any items brought into the facility for residents by visitors will be searched by TPC to ensure there is no contraband
5. The client is expected to engage in quality time with his/her family.
6. The client is not permitted to take any items into the visit without prior approval from staff.

**Restroom Guidelines:**

1. Loitering is prohibited.
2. Taking books, magazines, cups, bowls, or utensils into the restroom is prohibited.
3. You are responsible for cleaning up any mess that you make.
4. Clients will shower at the assigned time.
5. Anything damaged must be reported immediately, do not try to fix anything on your own.

**Tobacco Guidelines**

1. No vaping or smokeless tobacco is permitted.
2. Tobacco use is only allowed at designated times and areas.
3. Tobacco use is strictly prohibited inside the facility.
4. Cigarettes need to be disposed of in the receptacles. No cigarette butts should be found on the ground.

**Consent for Treatment Form**

I understand that as a client of The PHOENIX Center, I am eligible to receive a variety of services. The type and extent of services that can be delivered is based on an initial assessment and an in-depth conversation with me. The objective of this process is to determine the best treatment of care for me. Treatment is typically provided over several months.

1. **Consent to Evaluate/Treat:** I voluntarily consent that I will participate in an assessment and/or treatment by staff from The PHOENIX Center. I understand that following the assessment and/or treatment, complete and accurate information will be provided concerning each of the following areas: a. The benefits of the proposed treatment plan; b. alternative treatment methods and services; c. The manner in which treatment will be administered; d. probable consequences of not receiving treatment.

The assessment or treatment will be conducted by a physician, nurse practitioner, licensed therapist or an individual supervised by one of these professions. Treatment will be conducted within the boundaries of Ohio substance abuse treatment laws. I understand that a range of mental health professionals, some of whom are in training, provides The PHOENIX Center services. All professionals-in-training are supervised by licensed staff.

2. **Benefits and Risks to Assessment/Treatment:** Assessment and treatment may be administered with psychological interviews, psychological assessment or testing, psychotherapy, medication management, as well as expectations regarding the length and frequency of treatment. It may be beneficial to me, as well as the referring professional, to understand the nature and cause of any difficulties affecting my daily functioning, so that appropriate recommendations and treatments may be offered. Uses of this assessment include diagnosis, assessment of recovery or treatment, estimating prognosis, and education and rehabilitation planning. Possible benefits to treatment include improved cognitive or academic/job performance, health status, quality of life, and awareness of strengths and limitations. I understand that while psychotherapy and/or medication may provide significant benefits, it may also pose risks. Psychotherapy may provoke uncomfortable thoughts and feelings, or may lead to the recollection of troubling memories. I realize that sometimes medications may have unwanted side effects.

3. **Charges:** Fees are based on the length or type of the assessment or treatment, which are determined by the type of service provided. I will be responsible for any charges not covered by insurance, including co-payments and deductibles. Fees are available to me upon request.

5. **Confidentiality, Harm, and Inquiry:** I understand that my records will be kept private as required by law. Information from my assessment and/or treatment is kept between the client and The PHOENIX Center's staff. I consent to disclose pertinent information by The PHOENIX Center staff for the purpose of continuity of care and treatment planning. If applicable, case files may be reviewed and other treatment information provided to representative of a third party payer (e.g.: Medicare, Insurance Company, etc.). Certain demographic data, (address, age, appointment dates, benefits, etc.) may be provided to other Agency employees in order to assist in providing services to you. This data is discrete in nature, and will not include personal things you discuss in treatment. Per Ohio law, information provided will be kept confidential with the following exceptions: 1) Statements of intent to harm oneself or another person may result in the notification of the appropriate authorities and/or the intended victim; 2) Information regarding suspected child, disabled adult or elderly adult abuse or neglect must be reported as mandated by Ohio Statutes; and 3) Receipt of a Court Order from a Judge requiring the release of the information specified by the Court Orders.

6. **Right to Withdraw Consent:** I have the right to withdraw my consent for assessment and/or treatment at any time by providing a written request to the treating clinician.

7. **Laboratory Testing and Reporting:** I agree to submit to every request for urinalysis. I am aware that positive test results will be discussed as part of my treatment. I am aware that a urinalysis screening is to help in the diagnosis of chemical dependency and to insure compliance with my treatment plan and program rules. I know I have the right, at my expense, to have any positive urine re-tested. I understand that this whole procedure and the results are confidential, and protected under Federal Law.

8. **Expiration of Consent:** This consent to treat will expire 24 months from the date of signature, unless otherwise specified.

**Statement of Understanding and Consent**: I understand that my alcohol, drug, and/or mental health treatment records are protected under the federal confidentiality rules. The federal rules prohibit The PHOENIX Center from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R., Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 [HIPAA], 45 C.F.R., parts 160 and 164. ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. I acknowledge that I have received and understand the written summary of federal laws/regulations regarding the confidentiality of client records as required by 42 CFR Part B, Paragraph 2.22, as required by OAC 3793: 2-1-06(F)(5)(c). \_\_\_\_\_\_\_\_\_\_\_\_

I have read and understand the above information. I have had an opportunity to ask questions and have received answers to questions I have asked. I understand that I have the right to ask questions about my plan of care at any time. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent to the assessment and treatment. \_\_\_\_\_\_\_\_\_\_\_\_

I hereby agree to comply with and abide by the policies, rules and regulations of The PHOENIX Center in my treatment.

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Client Name (Please Print) Client Signature Date

**Client Financial Responsibility Form**

Thank you for choosing The PHOENIX Center as your treatment provider. We ask that you read and sign this for to acknowledge your understanding of our client financial policies.

**Patient Financial Responsibilities:**

• The client is ultimately responsible for the payment for treatment and care.

• We will bill your insurance for you. However, the client is required to provide the most correct and updated information regarding insurance.

• Clients are responsible for payment of co-pays, co-insurance, deductibles and all other procedures or treatments not covered by their insurance plan.

• Co-pays are due at the time of service.

• Co-insurance, deductibles and non-covered items are due 30 days from receipt of billing.

By my signature below, I hereby authorize assignment of financial benefits directly to The PHOENIX Center and any associated entities for services rendered as allowable under standard third-party contracts. I understand that I am financially responsible for charges not covered by this assignment.

I have read, understand, and agree to the provisions of the Client Financial Responsibility Form.

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Client Name (Please Print) Client Signature Date

# **Media Consent/Release Form**

I freely agree to participate in activities and interviews that may be recorded, photographed, filmed, reported in writing, or reported by broadcast by the news media. I fully realize that by my participation, I may be identified as a client of The Phoenix Center (TPC.) If this occurs, I will have no objection and will not hold TPC responsible.

I understand that photographs, videotapes, or statements are to be used for public information, education, and/or training purposes. I hereby grant full permission to TPC and any organization TPC may collaborate with to use videotapes, photographs and spoken material for the above-mentioned purposes. This release is made of my own free will and I agree to release TPC from any legal liability for the use of these photos, videotapes, and/or statements. This voluntary service will not be made the basis of a future claim against the government or other agency for compensation.

Note: You are hereby advised that if you have litigation pending (i.e. trial, lawsuit, etc.), you may wish to consult your attorney before being photographed, filmed or interviewed by a news media representative.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name of Staff Witness Signature of Staff Witness Date

**Client Expectations and Guidelines**

Thank you for choosing The PHOENIX Center as your service provider. We ask that you read and sign this form acknowledging your understanding and agreement to The PHOENIX Center program expectations and guidelines for all clients served.

**Attendance/Absentees:**

* All clients are expected to attend all scheduled services.
* Clients are expected to arrive at least five minutes early to scheduled time of appointments for individual sessions and thirty minutes for groups.
* Clients are expected to provide payment at the time of service.
* Clients will not be permitted to receive services if they arrive late for their scheduled appointment.
* Clients who have three absences in any 30-day cycle beginning the first of the month and ending the last day of the month will be potentially discharged from the program.
* Clients will have the ability to schedule makeup sessions onsite or potential using Telehealth.

**Individual Sessions**

The length of treatment varies for each participant based on their level of care, treatment needs, and progress in the program. Clients will be expected to meet with their counselor in individual sessions to review and update Individualized Treatment Plans (ITPs) based on program and level of care requirements and sooner if clinically indicated.

**Group Sessions**

The dosage of treatment for each client will be based on initial and ongoing assessment. Clients will be expected to attend all scheduled group activities based on the expectations of their program level of care. Clients shall arrive thirty minutes before the scheduled group appointment to submit to Urine Drug Screening (UDS). Clients shall be seated in the group meeting room at the time of appointment ready to start the session promptly. No one will be allowed to enter the group session after the scheduled appointment time has passed. Those who are late will be counted absent and expected to make up their weekly group hours.

**Length of Treatment**

The length of treatment varies for each individual client depending on his or her needs and progress in the program. The program is designed specifically to meet the proper client treatment dosage based on ASAM levels of care and determined at the initial and ongoing assessment of client strengths and needs.

**ASAM Levels of Care and Program Requirements**

**Residential Treatment Care (RTC) Treatment Program**

Clients must adhere to participating and giving random urine drug screens weekly and will reside in a 24-hour treatment setting. There will be 4 hours of clinical group daily and 1 individual session weekly. Clients will also be required to adhere to the daily residential schedule. There may be opportunities to step down from RTC, to the PHP, IOP and OP, treatment programs depending on status and progression. Client must meet satisfactory enrollment status to be eligible for a graduation certificate.

**Partial Hospitalization (PHP) Treatment Program**

Clients must adhere to participating and giving random urine drug screens and twenty hours of counseling per week. Clients will also be required to adhere to the daily partial hospitalization schedule. There may be opportunities to step down from PHP, twenty hours per week, to IOP and OP, depending on status and progression. Client must meet satisfactory enrollment status to be eligible for a graduation certificate.

**Intensive Outpatient (IOP) Treatment Program**

Clients must adhere to participating and giving random urine drug screens and nine hours of counseling per week. There must be a drug screen for each session. There may be opportunities to step down from IOP, nine hours per week, to the OP, two hours per, depending on status and progression. Client must meet satisfactory enrollment status to be eligible for a graduation certificate.

**Moderate (OP) Treatment Program**

Clients must adhere to random urine drug screens and minimum of three hours of counseling sessions per week; sessions can be group or individual. Clients must obtain one-hour sessions on separate days. There will be opportunities to graduate from the Moderate OP program at different phases throughout the program. Clients must meet satisfactory enrollment status to be eligible for a graduation certificate. Clients who maintain excellent compliance records may have the option to step down to two-hour outpatient care indefinitely or until their goals have been accomplished.

**Outpatient (OP) Treatment Program**

Clients must adhere to random urine drug screens and a minimum of two hours of counseling sessions per week; session can be group or individual. Clients must obtain one-hour sessions on separate days. There will be opportunities to graduate from the OP program at different phases throughout the program. Clients must meet satisfactory enrollment status to be eligible for a graduation certificate. Clients who maintain excellent compliance records may have the option to continue outpatient care indefinitely or until their goals have been accomplished.

**Outpatient (OP) Mental Health Treatment Program**

Frequency of Client’s individual sessions with Counselor will be based on Client need and MCO limitations.  Need will be determined by Individual’s Diagnostic Assessment and Treatment Plan. Client is expected to attend sessions as scheduled.  If Client is unable to attend scheduled session, they are expected to notify Counselor and/or TPC prior to scheduled session time, if possible.  Group counseling may also be recommended as part of treatment, when available.   Client may discontinue services at any time, (unless court ordered), they feel services are no longer in need of services.

**Requirements for successful completion of The PHOENIX Center Treatment Program**

1. Clients are expected to arrive at least five minutes early for an individual session and thirty minutes early for a group session to be accepted into the meeting. If there is an emergency which prevents attendance, the therapist will be contacted as soon as possible.
2. All group members are required to arrive on time and stay for the entire group. If not, credit for attending will not be awarded.
3. Group members will not be permitted to participate in group sessions if they appear to be under the influence of alcohol or other drugs.
4. Please turn off cell phones in group, unless using it for treatment. Do not make calls or text during group. If there is an emergency, please let the therapist know before group begins.
5. Graphic stories of drug and/or alcohol use will not be allowed.
6. There will be no side conversations or comments, whoever is speaking will be given full attention and respect. If not, then that person(s) may be asked to leave the group.
7. Disclosure of information, problems, or group members’ identities to anyone outside of the group is not acceptable. This is a breach of confidentiality and may lead to automatic termination.
8. Clients should not develop personal relationships with other group members. This can negatively impact treatment and completion of treatment.
9. Every group member is required to participate in discussions and activities, including completion of all homework assigned by the clinician. If group members are not seen as making progress by the clinician, they will be re-evaluated to explore individual risks and needs, as well as strengths, skills, and resources.
10. Attendance of 12 Step Programs is strongly encouraged for all members.
11. Selling drugs or encouraged drug use to other members is not permissible. This will lead to a re-evaluation to explore individual risks and needs, as well as strengths, skills, and resources.
12. Be supportive of other clients. If there is a disagreement, be polite when speaking. Do not dominate the conversation. Be respectful and honest.

**Missed Sessions**

If there is an absence, the participant is expected to call in advance and later bring in documentation of the reason for the absence. Anyone who misses three sessions or two consecutive sessions, without an acceptable documented reason, may be removed from the group roster. An individual session with the facilitator will be required before reentering the group. Missing three sessions may require beginning the program again.

**Commitment to Abstinence**

Clients are expected to commit to the goal of remaining alcohol and other drug free during treatment. Remaining in the group is encouraged even after a “slip” if there is a renewed commitment to abstinence. However, clients should expect that if they do experience a lapse in recovery, additional treatment services will be warranted. Also, no one will be allowed to participate in group sessions if they appear to be under the influence of alcohol or other drugs.

**Guidelines for a Good Group Spirit**

+ Treat others as you would like to be treated. Each participant has the right to his/her own opinion and the right to have that opinion respected.

+ Talk one at a time without interrupting others.

+ Avoid “put-down” or name calling.

+ Be willing to accept feedback from others without becoming aggressive or defensive.

+ Maintain confidentiality outside the group.

I have read, understand, and agree to the provisions of the Client Expectations and Guidelines Form

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Client Name (Please Print) Client Signature Date