



rosecrance®
Jackson Centers

HARMONY WOMEN'S CENTER PROGRAM GUIDELINES

INTRODUCTION

Welcome to Rosecrance Jackson Centers! The staff at the Harmony Women's Center would like to take this opportunity to commend you on your first step. You have made it to treatment and have demonstrated great courage by allowing us to help you. We understand you may be feeling a great deal of fear, confusion, anger and uncertainty about coming into treatment. Addiction is a devastating illness, which requires specific treatments that focus on the physical, social, psychological, and spiritual aspects of your life.

The Harmony Women's Center staff consists of a team including a Program Manager, a Milieu Coordinator, Therapists, Nurses, Recovery Counselors, an Office Manager and other health care providers. Together, the staff will work with you to formulate a plan of treatment to meet your individual needs.

TREATMENT PHILOSOPHY

Rosecrance Jackson Center's treatment philosophy is based on the 12 Steps of Alcoholics Anonymous. We are addiction focused and believe recovery is a time for discovery and change.

We believe people suffering from addictions seek boundaries, structure, and responsibility, which can be achieved in a supportive community. The ultimate goal is for our patients to find recovery and maintain an addiction free lifestyle. We believe addictions affect both the addict and their families in negative ways. We encourage regular attendance at 12 Step meetings, family engagement in treatment, individualized treatment planning and participation in a Recovery Centered Community can help facilitate successful recovery.

We recognize approximately 80% of the individuals who have a substance abuse disorder also have mental health symptoms or a psychiatric disorder. We believe our role is to understand your experiences and offer support as you begin this journey of recovery.

THE TWELVE STEPS

The 12 Steps are based on spirituality. We deal with addiction, which is cunning, baffling, and powerful. Without a higher power, it is too much for most of us. Through a higher power, we can find spirituality.

1. We admitted that we were powerless over our addiction, that our lives had become unmanageable.
2. We came to believe that a Power greater than ourselves could restore us to sanity.
3. We made a decision to turn our will and our lives over to the care of God as we understood Him.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. We were entirely ready to have God remove all these defects of character.
7. We humbly asked Him to remove our shortcomings.
8. We made a list of all persons we had harmed, and became willing to make amends to them all.
9. We made direct amends to such people wherever possible, except when to do so would injure them or others.
10. We continued to take personal inventory and when we were wrong, promptly admitted it.
11. We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts, and to practice these principles in all our efforts.

THE TWELVE TRADITIONS

1. Our common welfare should come first; personal recovery depends upon AA/NA unity.
2. For our group purpose, there is but one ultimate authority - a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for membership is the desire to stop using and/or drinking.
4. Each group should be autonomous except in matters affecting other groups or AA/NA as a whole.
5. Each group has but one primary purpose – to carry its message to the alcoholic who still suffers.
6. An AA/NA group ought to never endorse, finance, or lend the AA/NA name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
7. Every AA/NA group ought to be fully self-supporting, declining outside contributions.
8. AA/NA should remain forever nonprofessional, but our service centers may employ special workers.
9. AA/NA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. AA/NA has no opinion on outside issues; hence the AA/NA name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films. We need guard with special care the anonymity of all AA/NA members.
12. Anonymity is the spiritual foundations of all our Traditions; ever reminding us to place principles before our personalities.

STABILIZATION

At the Women's Center we understand adjusting to a new environment and new people can be a difficult task. To better assist you in adjusting to the new environment upon admission you will be placed on "Stabilization Status". This phase of your treatment last anywhere from 24 to 72 hours, during this time you will be oriented to the program, given time to rest and adjust to the environment, be introduced to the staff and other patients on the unit. A complete physical and emotional evaluation will occur during this time. Phone contact will be restricted during this time. The staff will stay in touch with your family to keep them informed about your progress in the treatment program.

Our staff is here for the purpose of helping you. Feel free to ask any questions you may have at any time. We are committed to helping you and your family. Our hope is that you have the willingness and desire to help yourself. We look forward to working with you.

PATIENT INTERACTION

A "Recovery Sister" system is used to provide support and guidance to new patients. Each patient will be assigned a "Recovery Sister" on admission. Your "Recovery Sister" can answer questions about the treatment process or schedule. Please cooperate when you are asked to be a buddy to someone, as this is part of your treatment as well as the new patient's treatment.

RECOVERY CENTERED COMMUNITY

A Recovery Centered Community is a positive and caring culture which is focused on learning and practicing new skills to facilitate recovery from addiction this community is created by the staff members and patients. Participation includes sharing in the community responsibilities along with the others within the community. This community is an essential part of a positive and successful treatment experience. It is expected that all community members be **honest, open, and willing**. This, along with warmth, sharing, trust, support, and love are important parts of a healthy and successful Recovery Centered Community. This community is an important part of the treatment experience.

Rules and expectation guide the actions of patients within the Recovery Centered Community, help to establish healthy boundaries, and allow healthy behavior to be reinforced. By following rules, patients gradually learn to maintain a physical and psychological healthy balance and boundary for themselves. Rules create a safe and predictable environment that allows personal growth and recovery to occur.

Major rules are essential to the recovery process. They protect the physical and psychological safety of the community and are strictly enforced. **Violating a major rule may result in discharge from the Recovery Centered Community.** Any infraction of a major rule is addressed through the RCC Teaming process. During the RCC Teaming, the Treatment Team will meet and assess your ability to safely re-join the community, including any necessary treatment plan revisions, therapeutic interventions, consequences, etc. The results of the RCC Teaming will be relayed to concerned parties within 24 hours of the Major Rule violation (if the Major Rule infraction occurs on a holiday or weekend you will be informed by 5 p.m. the following business day).

Major rules include:

- No physical violence.
- No threats of violence or intimidation.
- No drugs or alcohol.
- No sexual activity with others
- No stealing or other illegal activity.
- No vandalizing or destroying property.
- No contraband. (Including but not limited to music, visual materials, or clothing containing inappropriate references; self-recorded or blank tapes and burned CD's; alcohol or drugs; lighters or matches; weapons, etc.)

Community rules are similar to society's expectations, are related to healthy, social behavior patterns patients are expected to adopt gradually, and include:

Community rules include:

- Following instructions.
- Being punctual.
- Maintaining appropriate appearance.
- Using proper manners.
- Not lending or borrowing money or other possessions.

“Enabling” is letting others get away with things that will interfere with their recovery or the recovery of others. Each member is an integral part of the Recovery Centered Community and is responsible to themselves and also the others within the community. It is not about getting others into trouble, rather it is about helping them to develop recovery behaviors by pointing out their addictive behaviors.

A senior peer is a term used within the Recovery Centered Community to describe individuals who are working a program of recovery and who are positive leaders and role models for their peers. In order to earn senior peer status, you must achieve a certain amount of clean and sober time and consistently demonstrate recovery behaviors. There is an application process for becoming a senior peer which involves requesting and completing an application, turning your application in for review by the Treatment Team, and a presentation of your application to your peers during Community Group. There are daily responsibilities and privileges associated with being a senior peer. Below are the criteria for becoming a senior peer as well as the expectations of Senior Peers.

In order to apply to become a Senior Peer you must:

- Role-model RCC thinking & behaviors
- Take responsibility for own actions
- Hold peers accountable
- Encourage others to follow RCC expectations and to work a program of recovery
- Actively work on treatment goals
- Complete assignments and actively participant in group activities
- Use healthy coping skills

Senior Peer Expectations:

- Role model RCC and recovery behaviors
- Lead in-house meetings
- Assign and check chores
- Read prayers/meditations in groups
- Sign off /assist peers with assignments
- Help others-service work
- Hold others accountable
- Community issues are brought to Senior Peers outside of Community Group.

CONFIDENTIALITY

We believe in protecting the privacy of all individuals and families participating in our program. You may not disclose information about other patients to people outside the treatment group. You also may not discuss another patient's personal information with peers inside the treatment program, unless there is concern a patient is at risk to harm themselves or someone else, or you are given direct permission by the patient to discuss it. Taking pictures of other patients is not allowed in any Jackson Recovery Centers program.

In order to build trust and maintain anonymity between you and other patients, it is important to abide by this guideline. This includes not sharing patient names or histories with anyone, including your family, without a written release by that patient. Any violation of patient confidentiality is a serious matter, and will be handled as such.

FAMILY INVOLVEMENT

Research has shown individuals stand a far greater chance of success with a supportive and involved family. It is vital for patient's family to work with the staff as a partner in the change process.

Families members age 13 or older are encouraged to attend family day as scheduled throughout the patient's treatment. Family programming offers a supportive and educational environment for families to better acquaint themselves with our program and learn to understand and respond to their loved one's substance abuse/addiction. Individual family therapy may also be conducted.

Family days are held every Sunday from 9:30-1:00

9:30 – 11:30am Multi-Family Group

11:30-1:00pm Visitation (on unit)

Full participation is a requirement. Family/Support Persons are asked to arrive on time at 9:15 am and commit to participation for the entirety of the programming. These services are conducted at 3500 W. 4th Street. A member of the treatment team will greet you in the lobby prior to services at 9:30am. Family /Support Persons arriving late will not be able to participate in the day of family programming.

Family programming begins the first Sunday following patients first 7 days in treatment.

We ask that participants leave their cell phones, beverages, food, bag/purses in lockers supplied on site while participating in family programming.

Appropriate, courteous behavior is expected of all visitors, and likewise, each patient is expected to be polite and appropriate towards all visitors. This includes respecting the confidentiality of all individuals who are visiting, and refraining from derogatory language or swearing. Participants will be asked to leave if their presence creates disruption or negatively impacts the safety of patients or others participating in these services.

Any participant who appears intoxicated or under the influence of drugs will not be permitted on the treatment unit and will be asked to leave.

PATIENT BILL OF RIGHTS

All patients of Rosecrance Jackson Centers shall be protected by the following rights:

1. The right to receive treatment, regardless of color, religion, gender, sexual orientation, country of origin, age, or handicap.
2. The right to be treated with dignity.
3. The right to confidentiality and personal privacy.
4. The right to know what is in your chart.
5. The right to not take part in any experiment but still receive the same treatment.
6. The right, within the law, to not take certain medication or treatment.
7. The right to make a complaint and ask for a review of the complaint.
8. The right to ask someone inside or outside of the agency to review your case at your cost.
9. The right to a translator in the language that you understand.
10. The right to be in a safe place.
11. The right to contact your lawyer or worker when applicable.
12. You have the right to refuse treatment and request discharge.

Restriction of patient rights and/or privileges:

A patient's rights or privileges may be restricted for safety or therapeutic reasons. The patient and family (when appropriate) will be notified. The patient will be informed as to how they may regain the privilege which will be documented in the patient record. The treatment team will review restrictions on a frequent and regular basis to determine when discontinuation of the restriction is appropriate.

If you have any questions or concerns regarding these Patient Rights, please ask the staff. If you feel these rights have been violated in any way, please inform the staff immediately. These rights are in conjunction with the Patient Rights and Responsibilities you were informed of during your orientation.

RESPONSIBILITIES

- It is your responsibility to consistently be **on time** for all scheduled treatment activities. This is a basic expectation of everyone in the community.
- Chores for the unit are posted. You are expected to complete daily and weekly chores as assigned. This includes cleaning your bedroom daily and keeping up on your laundry.
- Participation in recreation activities is expected of all patients. Recreation activities teach positive use of leisure time and the health benefits of regular exercise.
- It is our expectation that you treat the treatment facility and its furnishings with care and respect.
- You are expected to honor program guidelines. If you do not understand a guideline, please ask a peer or staff member.
- You are expected to fully participate in treatment. This includes: getting up on time each morning; attending all groups and individual sessions and scheduled treatment activities on time, completing assignments and chores as assigned; and treating staff, visitors, and peers with respect.

GRIEVANCES

Patients have the right to express written or verbal opinions, recommendations and grievances regarding the treatment program and the care provided. Grievance forms are available to you upon your request or you may write a grievance on any blank sheet of paper. Patients can also ask to speak with the Program Manager, Clinical Supervisor or Milieu Coordinator in regard to a grievance.

Upon receiving a written or verbal grievance from a patient, the Program Manager, Clinical Supervisor or Milieu Coordinator will complete a formal investigation of the report within 5 working days. Upon completion of the investigation, the Program

Manager/designee will take any action appropriate to resolve the issue.

If you do not find the outcome of the investigation satisfactory, the Administrative Director is open to all grievances and will receive such communication from any patient. It is the responsibility of the Administrative Director or designee to make known the outcome and recommendation of any grievance.

If you do not find the outcome of the investigation satisfactory the grievance process can be continued by contacting the organization's President/CEO.

ACCOUNTABILITY

Patients are held accountable for their actions and participation in treatment by others in the community including peers and staff members. Consequences, restrictions, privileges and assignments are only implemented by staff members in response to unhealthy actions displayed by patients and vary in severity depending on the action exhibited. All consequences will be individualized and will be designed to help you learn new skills.

PATIENT CONDUCT

Abstinence – It is expected patients maintain abstinence from alcohol and mood-altering chemicals. No alcohol, drugs or non-prescribed medication are to be in your body, in your possession, or brought onto the treatment facility. If you are suspected of using mood altering chemicals, you may be asked to submit to an urinalysis. Room searches are randomly completed to assure patient safety.

Smoking/Nicotine Use- The Women's Center is a smoke/nicotine free program. Upon assessment and admission to treatment staff will screen for and/or discuss the potential need for use of nicotine replacement for withdrawal management and assist in accessing these resources. It is recommended for the patient admitting to treatment to attempt discontinuing use of nicotine prior to admission, it is also recommended if nicotine replacement resources are being or will be used that you bring this supply with you to treatment.

Use of nicotine materials including cigarettes within the treatment facility will be treated as a major rule violation and may result in discontinuation of treatment services within this program.

Profanity and Violence – Rosecrance Jackson strives to be a safe place for all that is free of threats to one's physical and emotional safety. We encourage you to express your thoughts, ideas, and opinions openly. However, profanity, verbal or physical threats, verbal or physical abuse, or damage to facility property will not be tolerated.

Threats to emotional or physical safety are major rule violations and will be handled accordingly.

Damaging of Property - Patients involved in destroying or damaging property will pay for the repair or replacement of such property.

Dress Code - You are expected to dress in a neat, clean, comfortable manner. Clothing that distracts from treatment in anyway is unacceptable, this includes, but is not limited to: clothing that is drug or alcohol-related, derogatory, or gang-affiliated. Clothing that is sexually provocative, too small or too worn. Caps, hats, hoodies, sunglasses are not to be worn except during outside activities. Footwear is required. Sleepwear is required during sleeping hours. If you have any questions about the appropriateness of your clothing, please discuss this with staff.

You may keep in your room enough clothing for yourself. Clothing brought to the facility in excess will be stored in permanent storage until you complete treatment or it can be taken home by a family member.

MEDICAL SERVICES

Nursing staff are available to you daily. Utilize the nursing staff for questions and concerns related to health issues and medications. Please inform the staff or nurse if you have a fever or are ill.

Medical and Psychiatric care are available on site to patients on a weekly basis. These services include completion of a History and Physical, Psychiatric Evaluation, treatment of physical illness, vaccination, prescription of medication and monitoring of medication as required per individual patient.

If you take medication, you are asked to bring a 30 day supply or a \$50.00 medication fund. All medication is to be turned into the staff upon your arrival. All medication will be stored in the medication room.

Please note if you are placed on a medication for a contagious medical condition, and/or are running a fever, you may be asked to stay in your room for up to 24 hours, to allow your medication to take effect.

If you have any special medical concerns or requests please discuss these with the nurse or another staff member.

PASTORAL SERVICES

Rosecrance Jackson Centers is not affiliated with any specific church, denomination, or religion and does not impose upon the religious freedom of the patients in any way. All patients are afforded the opportunity for one hour of devotion per week as part of the treatment schedule. Participation in these activities is at the discretion of the individual patient.

DIETARY SERVICES

Nutritionally balanced meals are provided daily including breakfast, lunch and dinner and snacks. Coffee and water are accessible at appropriate times. A pop machine is also available for patients and families for use during designated times. All meals are eaten in the cafeteria.

COMMUNICATION

Mail- Patients are allowed to send and receive mail. Mail sent to patients will be distributed daily. Outgoing mail can be given to staff on the unit to be mailed.

Telephone- Patients are restricted from making phone calls for the first 72hours of their treatment to assist in the patient transitioning to the treatment environment and to allow the patient to stabilize physically and emotionally. Patients are unable to receive phone calls during their treatment stay; staff members are not able to take messages unless there is an emergency. Patients are given opportunities to place outgoing calls daily following the first 72hours of treatment. Pre paid phone cards are needed for long distance phone calls. Patients are not allowed access of use of their cell phones.

SEARCH POLICY

Patients will be searched along with their possessions at the time of intake. This is done to ensure the safety of all patients.

If there is cause to believe a patient is in possession of drugs or weapons, staff may use "pat" searches to locate such contraband. "Pat" searches include patting the patient down to locate the contraband. Patients will remain fully clothed at all times. Staff may also search the patients' rooms to locate such contraband. This will be conducted respectfully and everything moved during the search will be replaced.

PERSONAL HYGIENE/LINEN AND LAUNDRY

Good standards of personal hygiene and grooming are expected to be maintained. Daily shower, shampoo and oral hygiene are expected. Staff can provide personal guidance to anyone needing help in such areas.

Articles for proper grooming and personal hygiene are available to each patient. If

patients prefer specific brands of products, they may be brought into the unit but **cannot contain alcohol or be in glass containers.** Due to limited storage please only bring basic products that are required on a daily basis. Items will be stored in a locked storage area to ensure safety for all patients.

Clean towels and bed linens will be provided. Patients are asked change bed linens weekly.

Washers and dryers are provided for laundering your clothing. We ask that laundry is completed in a timely manner. Wash, dry, and fold all laundry; being mindful to not leave clothes in the washer or dryer. While completing your laundry, if you encounter laundry left in the washer or dryer by another peer, please approach them and ask them to remove their laundry in order to respect their privacy. No clothes are to be kept in the laundry area overnight.

All patients are expected to make beds, clean rooms and have belongings organized prior to the first treatment activity of the day.

VALUABLES AND PERSONAL POSSESSIONS

It is suggested patients **do not** bring items of significant monetary or sentimental value into the program. This avoids the possibility of items being lost, stolen, or damaged. Staff can't assure safety or accept responsibility for property kept in patient's rooms or on their person. It is recommended patients keep no more than \$5.00 on their person. Extra amounts of cash may be placed in an envelope and given to staff to store for you in a secured area.

Patients may withdraw and deposit from this envelope at certain scheduled times throughout their treatment.

Items left behind at discharge from the program will be stored for **10 days** following discharge and will then be disposed of or donated.

The following items are not allowed in patient's possession at any time:

- Alcohol and drugs
- Toiletries containing alcohol and propellants.
- Medications (prescription or over-the-counter)
- Weapons
- Cameras
- Cell phones

FINANCIAL RESPONSIBILITY

Patients complete a financial assessment at the time of assessment, prior to their admission to the Women's Center to determine their individual financial responsibility. If this is not possible financial counseling will be completed upon admission. Down payment amounts are determined through completion of the financial assessment and are due upon admission to the treatment program. Personal checks are not accepted as down payment.

DISCHARGE POLICY

Discharge planning is included in the Individual Treatment Plan. Discharge planning begins right away and is reviewed at regular and consistent intervals throughout treatment to ensure the best possible care and future treatment services ongoing for the patient. Aftercare is arranged and recommendations made for all patients successfully completing the program. If the Treatment Team deems the patient has reached maximum benefit from services, a danger or significant distraction from other patients' abilities to participate in the treatment program or it is in the patient's best interest, a premature discharge from the treatment program may occur. Whenever possible, the patient will be referred on to and scheduled to attend a more appropriate program/treatment setting that can better meet the need of the patient.