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H. Program Description (Mission)

Hillside is an independent, not-for-profit psychiatric facility in Atlanta, Georgia. Hillside is known for our 130 year history of serving children and adolescents struggling with mental illness, Hillside's 13 acre campus offers the serenity of a beautifully landscaped environment and the convenience of an in-town location.

Hillside is the first residential facility in the Southeast to use Dialectical Behavior Therapy (DBT) in the treatment of children and adolescents. Hillside is the only residential facility in the world to be a DBT-Linehan Board of Certification-Certified Program.

Hillside's Day Program offers a level care for individuals that require more than outpatient treatment can offer. Hillside's Day Program can also be a transition from residential as the client transitions back into the home and community environment. There are multiple benefits to Day Programs as an alternative to inpatient hospitalization including keeping the client in the home and community setting, avoiding the stigma associated with psychiatric hospitalization, increase in treatment acceptability and not to mention the cost associated with psychiatric inpatient hospitalization. A study by Grizenko and Papineau (1992) showed that 6.6 days of partial hospitalization treatment could be provided for the same cost as only one day of inpatient hospitalization.

Mission:

Hillside Day Program empowers children and families to cultivate compassion and ethical engagement by providing empirically based treatment and research-based programs for educating the heart and mind.

II. Evaluation, Referral & Admission Criteria

Referrals to Hillside's Day Program come from a variety of sources including but not limited to local school systems, mental health providers, insurance companies, and primary care physicians, members of the community, educational consultants and self-referrals.

All referrals are evaluated to meet the following criteria:

1. The client is between the age of thirteen (13) and seventeen (17) years of age.
2. The client exhibits psychiatric symptoms, interpersonal difficulties, difficulty in regulating emotions and/or difficulties that impact his/her day to day functioning in the home and school environment.
3. The client has been identified as needing more intensive treatment than traditional outpatient treatment can offer.
4. The client is ready for discharge from acute or residential level of care and is deemed ready to step down to a lower level of care. There is a reasonable expectation the referred client will benefit from the therapeutic services provided by Experience DBT.
5. The client is voluntarily admitting to Experience DBT and verbalizes willingness to actively participate in treatment.

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In addition to the factors listed above, the following factors are also considered:

1. The client's parent/guardian is able and willing to provide transportation to and from the program daily in accordance with the drop off and pick up policy
2. The client's parent/guardian is able and willing to participate in weekly family therapy and therapeutic assignments in accordance with the treatment team recommendations

In addition to the admission criteria listed above, the following clinical factors are considered in appropriateness for admission:

1. Active presentation of life threatening behaviors that are unable to be safely managed in the community setting (i.e. suicide attempts, self-injury requiring medical attention)
2. Current risk of elopement
3. Active presentation of assaultive behaviors including property destruction
4. Medical conditions requiring continuous nursing/medical attention

III. Parental Requirement and Attendance

Parent/Caregiver Requirement

Active family participation is an essential part of treatment. Research has shown that adolescents who have involved parents show the greatest success in DBT treatment. While each client is responsible for their behaviors, the family system plays a key role in making effective and sustainable change. Families are required to attend weekly family therapy. Prior to discharge, families are required to provide the individual therapist with aftercare appointments for both psychiatry and outpatient therapy. The parent/guardians are required to attend our family skills group that is held weekly. This group is designed to teach the parent/guardian the necessary skills that will equip them with the ability to more effectively support their child as well as learn skills that they themselves can use. Parents learn and practice the skills so that they can more effectively respond to their child in times of stress, which create opportunities for calmer communication and more consistent parenting. The group also offers support and encouragement from other families that share their same concerns and experiences.

Attendance:

Clients enrolled in the full day of programming are expected to attend Monday to Friday between the hours of 8:30am and 4pm.

Clients enrolled in the partial day of programming are expected to attend Monday to Friday between the hours of 1pm and 4pm.

Clients are allowed a total of 3 unexcused absences from Experience DBT Day Program.

Upon the 4th unexcused absence, your child will be discharged from the program.

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Parents of clients enrolled in Experience DBT will be asked to provide documentation supporting an excused absence.

Unexcused absences include but are not limited to client refusal to attend, family vacation, illness without a doctor's note, arriving to the program late and or leaving the program early.

Holiday Programming:

Experience DBT observes the following holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day

IV. Admissions Process

Admissions Process:

Clients can enter into the program one of two ways, either as a step-down from Hillside residential or as direct admission from the community or other outside agency. When a client is identified as needing a step down from Hillside residential program, the clinical team will determine appropriateness of fit based on multiple criteria including parental involvement, presenting problems, current behaviors, etc. If the client is deemed appropriate for the program and the parents are able and willing to meet all program requirements, the clinical team will determine if a therapist transfer will occur or if the client will remain with his/her residential therapist. This determination will be made based on the clients projected length of stay in the day program and clinical needs.

Direct Admissions:

The assigned therapist will make contact with the parent/guardian within 48 hours of admission to gather psychosocial data and schedule the first family therapy session where the master treatment plan will be developed. (See Appendix A)

Step-Down Admissions:

If the client is stepping down from Hillside residential and have been deemed appropriate for the day program, the parent/guardian will be required to review all day programming policies and

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procedures and sign where indicated. The parent/guardian will be oriented to the program by the assigned therapist. (See Appendix B)

V. Treatment Planning and Discharge Planning

Treatment Planning:

An Initial Treatment Plan is developed within 7 days upon admission into the program by child, caregiver and family therapist. Information obtained from the psychosocial, initial assessment and interview with the client and family will be used to develop the treatment plan. The treatment plan is reflective of the client's strengths, weaknesses, and needs and identifies SMART goals (Specific, Measurable, Attainable, Relevant and Timely), objectives and interventions. The treatment plan requires the active participation of both the client and the family. The treatment plan is reviewed and updated on a monthly basis.

In the event that a client transfers from a program within Hillside continuum of care, the client will have an updated treatment plan within 7 days of transfer that will reflect Day Program services.

Assessments:

Upon admission to the program, the child will receive a thorough evaluation by a highly specialized clinician in consultation with the attending physician. The evaluation may entail discussion of past treatment approaches as well as a thorough evaluation of both short and long term medication options, preferred therapy modalities, family interventions and consultative discharge planning. The client will receive a nursing assessment within 24 hours of admission. Within 7 days of admission into the program, the primary therapist will complete a Psychosocial History.

The DBT day program continuously monitors client progress. Diary cards are utilized daily by clients. The information obtained on the daily diary cards is used to determine progress towards life worth living goals and continuation of treatment. In addition, the BSL and DERS are administered at the start of treatment and at the 4 week mark and/or end of treatment to also determine progress. Data is entered by the therapist/lead program staff weekly or upon completion of assessment. Once the data is entered, it is collected by the Vice President, Quality Improvement & Risk Management who then generates a report to show trend in data. The DBT treatment team along with the Hillside Management Team reviews these outcome measures quarterly. Data that is collected and reviewed from outcome measures allows treatment team to see scope of progress and trends within the program that could be helpful in identifying areas of growth. This information is also used to support funding and continued authorization with insurance providers and potential grants.

The DBT program tracks target behaviors daily/weekly. Each of these scales creates a "client profile" at discharge which is used to track success and measure the effectiveness of programming. The client also completes the Adverse Childhood Experiences Assessment (ACE) within 7 days of admission.

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Therapist assignments:

Therapist assignments are based on therapist availability and appropriateness of fit. When a client transfers from a program within Hillside's continuum of care, the transferring therapist will work directly with the DBT Outreach Manager to determine therapist assignment. Therapist assignment will be based on length of stay in the day program, aftercare therapist, clinical needs, etc. Each client will be assessed on an individual bases.

Discharge Planning and Aftercare Services:

Collaborative care is important in Hillside's continuum of care. We will contact our client's current providers to inform them of a client's acceptance to our program and will provide a Discharge Summary upon completion which describes treatment and follow up recommendations. We ask that clients not continue with their outpatient providers during their stay in the Day Program. This is to protect the safety and wellbeing of clients as dual care can result in miscommunication, delayed progress and treatment confusion.

The initial discharge and aftercare plan is discussed at admission and is reviewed in treatment plan meetings regularly. There is careful consideration of readiness to discharge which includes monitoring daily behavior and treatment progress as well as measurable outcomes to demonstrate progress towards treatment goals. Discharge planning is designed to ensure treatment follow-up in a less restrictive setting which best meets the needs of the client and his/her family.

The following clinical indicators are considered in readiness for discharge:

1. The client's clinical condition has improved as evidenced by a decrease in target behaviors identified on the client's diary card, behavioral control both in the program and in the home and community
2. Progress in the level system which demonstrates effective skill usage and generalization
3. Attainment of identified treatment goals as outlines on the client's treatment plan
4. A viable aftercare plan that meets the needs of the client and the family, which includes the date of session with outpatient provider/psychiatrist

In addition the clinical indicators listed above, the following factors will be considered in early discharge from the program

1. The client has demonstrated the need for a higher level of care as evidenced by harm to self and others and unable to contract for safety and the client
2. The client and/or family is noncompliant with treatment recommendations despite adequate support, which includes:
 - a. The parent/guardian's inability to comply with the drop off/pick up times as outlined in the policy
 - b. 4 consecutive absences from the program without an excused medical excuse approved by the physician

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VI. Treatment Team: Roles and Responsibilities

The treatment team is comprised of members from a variety of disciplines. The Treatment team members all work together to ensure that the clients receive the highest level of care both clinically and academically to meet their unique goals.

Experience DBT Day Program Manger

The Program Manager oversees the day to day treatment of the client in the program. The Program Manger is responsible for therapist assignment and group assignment. The Program Manager is also responsible for leading monthly staff meetings and attending all treatment team meetings. The Program Manager is responsible for addressing safety concerns and emergencies and communicates directly with the Psychiatrist.

The Program Manager is responsible for making contact and working with the families of the client's enrolled in the program to ensure that adequate treatment is being provided for the client at home as well as at Hillside. This includes making sure the family is aware of any changes to the treatment plan or significant events in treatment.

The Program Manager is responsible for ensuring that the program staff is in compliance with completing a variety of paperwork on a daily basis. This paperwork includes, but is not limited to progress notes, special procedure observation forms, incident reports, treatment received, monthly summaries and any area of concern in accordance with record documentation policies. Emphasis is placed on the neatness, correctness and timeliness of the paperwork. Required to understand and maintain the confidential nature of all clients and facility related activities with emphasis on the sensitivity of the client's records.

The Program Manager works alongside the psychiatrist to ensure that the client is receiving the appropriate level of care and when deemed necessary, the Program Manager along with the Primary Therapist and psychiatrist will assess treatment services.

Director of Admissions:

The Director of Admissions receives the referral from the referral source and requests clinical data that is reviewed for appropriateness. If the clinical data provided on the potential client is appropriate for the program, parents/guardian are contacted and asked to complete an application for admission, which contains information that is used in conjunction with the clinical data, to complete the pre-cert with insurance. In addition to the admission application, the parents are asked to complete the consent packet, which is sent back to the Director of Admissions along with a copy of their insurance cards. Director of Admission then works to get pre-cert with insurance for a next day admission.

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Utilization Review:

The Utilization Review Coordinator is responsible for working with insurance companies on continued authorization. The UR Coordinator will communicate with the primary therapist regarding insurance authorization.

Day Program Therapists:

Program staff are responsible for the direct supervision of all clients in the program; supervision including implementing and maintaining adequate standards of care for clients as designated by the Chief Executive Officer and the State of Georgia. The Program staff is a professional who requires an advanced type of knowledge in the behavioral sciences acquired by a long course of study as well as knowledge of DBT treatment and programming.

Program staff are responsible for the safety of all clients in the program. Their designated duties and responsibilities include providing direction for developing and understanding an appreciation of the philosophy, function and operation of the treatment program, as well as the structure and philosophy of service and treatment of Hillside's Day Program. The Program Staff are responsible for adhering to the policies and procedures related to morning check-in, which include searching and wandng the patients upon arrival to the program each day and returning from off campus outings.

Program staff are responsible for monitoring the physical health and safety of each client enrolled in the program. The safety protection extends to the supervising of the treatment care of client at all times. All Program staff are responsible for teaching and reinforcing DBT skills within the Program setting.

From a safety perspective, program staff are required to immediately report all suspected forms of physical and verbal abuse of the children to the Program Manager and Psychiatrist.

Importantly, program staff, including the Lead staff collaborates daily with the multi-disciplinary team to provide ongoing assessment of changes in their client's status and treatment plan. They are responsible for implementing the multi-disciplinary team plan of care, as well as individual treatment plans and group therapy treatment for the client's in the program.

Medical Director:

A child and adolescent psychiatrist oversees all medical aspects of the program. Every client is assessed within 48 hours of admission by the psychiatrist who obtains collateral information from the parent/guardian and completes a Mental Status Exam of the client. Each client is monitored weekly for medication effectiveness and side effects. The psychiatrist operates from a DBT informed perspective and works with the clinical team to ensure that the client is receiving the appropriate level of services to meet their individual needs.

Individual and Family Therapist:

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Individual Therapist:

The individual therapist is responsible for treatment planning and overall design of treatment interventions. DBT individual therapy is focused on enhancing client motivation and helping clients apply and generalize the skills they are learning to everyday life. Each client has a designated primary therapist who is responsible for developing, modifying and organizing the implementation of the client's treatment plan. The individual therapy sessions are structured to adhere to the outpatient DBT model as written by Linehan (Linehan, 1993a). All clients who admit into the program begin in pre-treatment where they are oriented to DBT treatment, use of diary cards, brief introduction to the role of a behavior chain analysis and oriented to DBT phone coaching. The individual therapist works with the client in developing mutually agreed upon goals and target problems. DBT individual therapy sessions follow the standard DBT target hierarchy that address a) Life threatening behaviors; b) Therapy interfering behaviors; c) Quality of life behaviors; and d) Skill acquisition and generalization. Skill acquisition and generalization is also addressed through use of phone coaching in between sessions.

Family Therapist:

The family therapist works closely with the individual therapist in ensuring that is responsible for weekly family sessions that focus on family dynamics, structure, reinforcement and psycho-education. Family therapy addresses family transactional patterns that may be identified as environmental reinforcers that may be maintaining maladaptive behavior patterns.

Education Manager:

The Educational Manager is responsible for ensuring that the student is actively working on the activities and projects provided by the home school. They will ensure that completed activities and projects are returned to the home school for documentation and grading purposes. The Education Manager works alongside the Transition Coordinator in communicating with the client's family and home school to ensure that the clients are provided with the education that meets their individual educational goals.

VII. Treatment Services and DBT Treatment Components

Hillside's Day Program provides specialized care for adolescents and their families who meet the admission criteria. The program's treatment is based on the treatment modalities of Dialectical Behavior Therapy and Compassion Based Cognitive Behavior Therapy in conjunction with the Social Emotional Ethical Learning (SEE Learning) which involves the process through which individuals acquire and effectively apply the skills necessary to understand and manage emotions, feel and show empathy for self and others and establish and maintain relationships. Research has shown that when individuals acquire these skills and can gain compassion for self and others, they do better in the academic arena as well as life in general (National Research Council, 2009, 2012; Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Goleman, 2005; Greenberg et al., 2003).

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Our compassionate professionals have chosen to specialize in working with this population and are dedicated to treating young people to address their individual challenges, to help them make positive changes in their lives, and to build a 'Life Worth Living'. With all clinicians intensively trained in DBT and all staff educated and immersed in DBT skills, all clients can be assured that the therapeutic Program will be adherent to DBT.

Social Emotional and Ethical Learning (SEE Learning):

Hillside Day Program incorporates Social Emotional and Ethical Learning (SEE Learning) in their programming. SEE Learning is an educational program developed at Emory University's Center for Contemplative Science and Compassion-Based Ethics that supports a research-based approach to educating both heart and mind. SEE Learning builds upon the best practices in social-emotional learning (SEL) programs, but expands them to include new topics such as attention training, the cultivation of compassion for self and others, resiliency skills, systems thinking and ethical discernment. SEE Learning includes helping students cultivate character and ethical discernment and not merely practical skills. SEE Learning has been developed with the help of a team of experts in developmental psychology, education, and neuroscience, as well as the vision and support of The Dalai Lama, who has long called for an education of heart and mind and a universal, non-sectarian approach to bringing the ethical development of the whole child into education.

DBT Treatment Components:

Hillside Day Program offers a full fidelity DBT program with all four components including skills training groups, individual DBT, DBT phone coaching, and consultation team for both the DBT therapist and the staff involved in the treatment milieu. This program offers the clients with an opportunity to learn DBT skills, enhance their capacity for compassion and practice applying skills in real life scenarios through use of experiential and hands-on activities.

After admission into the program, the client begins in the pre-treatment stage. During the initial pre-treatment session, the therapist reviews and discusses the DBT agreement and structure of treatment. The goals/tasks of the pre-treatment stage are identified below.

Goals/Tasks of the pre-treatment stage:

- Therapist will obtain commitment from the client to work on Life Threatening Behaviors; attend weekly skills groups and attend weekly individual therapy sessions
 - If the client is resistant to making a commitment the therapist will use one of the commitment strategies to elicit a stronger commitment, which may require a 2nd pre-treatment session
- The therapist agrees that he/she will attend weekly consultation group
- The client and therapist work on identifying *Target Hierarchy List* (goals) and the therapist obtains a commitment from the client to work on those targets.
- The therapist will explain the DBT standard '4 miss rule' with both the client and the parent/guardian

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- If the client violates the contract, the client cannot return until end of contracted time and will be provided with referrals for 'Treatment as Usual' therapists.

Once a commitment is made to work on *Target Hierarchy List* the client moves into Stage 1 as identified below:

Stage 1 DBT Treatment:

- During Stage I, the client begins to work towards becoming more in control of his/her behavior. During this stage, the client also begins to reduce and eliminate life-threatening behaviors and behaviors that interfere with treatment, decrease behaviors that affect his/her quality of life, and learn skills to help improve his/her relationships and have better emotional regulation.
- During Stage 1, the therapist will review DBT Phone Coaching Protocol, including the standard '24 hour rule' with the client.
- During Stage 1 each client will work with his/her therapist in creating an individualized diary card (to be completed daily) that includes the *Target Hierarchy List* identified in pre-treatment (usually done in the 2nd-3rd individual session depending on level of commitment).
 - The client's *Target Hierarchy List* will serve as a template and will guide the client's treatment while in the DBT program.
- The client will remain in Stage 1 treatment until he/she has demonstrated control of his/her behaviors and eliminated life threatening behaviors.

Modes of Treatment:

Weekly Individual Therapy

- a. Identify and maintain focus on the primary problems to be addressed
- b. Stay motivated to work hard in treatment and apply new behaviors in their daily lives
- c. Coordinate and consolidate the different parts of treatment and make sure it is all tailored for the particular individual's situation

DBT Skills Training Group

DBT Skills Training Group is led by an intensively trained/certified licensed clinician using materials from *Marsha Linehan's DBT Skills Training Manual*. Skills group is designed to help the client acquire and generalize skills in the following areas:

- Core Mindfulness
- Distress Tolerance
- Emotion Regulation
- Interpersonal Effectiveness
- Walking the Middle Path

Phone Coaching With a Therapist

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Phone coaching is designed to promote skills use where it matters most – in the real world. When clients have tried using their skills, continue to feel “stuck” and unsure what to do, they are encouraged to contact their individual therapist for help in using DBT skills.

Family Therapy

Family therapy occurs weekly and focuses on behavioral skill use within the family system, improve communication between family members and to reduce interactions that interfere with either the client’s or their family’s quality of life.

Skills Training For Parents

Parent skills training group is designed to teach the parent/guardian the skills that the child is learning in order to more effectively support them in their DBT skills as well as learn skills that they themselves can use. Parents learn and practice the skills so that they can more effectively respond to their child in times of stress, which creates opportunities for calmer communication and more consistent parenting. The group also offers support and encouragement from other families that share their same concerns and experiences.

Weekly Therapist Consultation Team

The DBT treatment team meets weekly to assist each other in providing effective and compassionate treatment. We spend time problem solving difficulties that interfere with client progress in treatment and help keep each other practicing within a dialectical

Continuing Education Training for Program Staff:

All staff in the day program are provided training by a Linehan Board Certified Clinician. In addition, program staff are provided with monthly trainings to continue to develop and grow their knowledge and implementation of DBT. Each team member receives ongoing DBT training from a DBT-LBC certified clinician. The training explores the fundamentals of Dialectical Behavior Therapy (DBT) Skills: Core Mindfulness, Distress Tolerance, Emotion Regulation, Interpersonal Effectiveness and Walking the Middle Path. Therapist’s routinely communicate relevant cues to staff and support cue exposure in the program. Primary therapists and psychiatrists are available daily to intervene with clients outside of regularly scheduled sessions and program staff are able to provide crisis intervention and skills coaching as needed.

VIII. Specialty Groups **Mindfulness:**

Mindfulness and Compassion Meditation

It begins with each client doing a self ‘check-in’ where they identify their daily goal, one gratitude statement towards self and others. The group closes with a guided mindfulness activity either led by a selected client or the leader.

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Goals Group/Community Meeting:

This meeting meets daily and is designed to discuss daily progress, goal setting and reflection on the day. Graduation/discharges are announced and celebrated during this meeting along with any weekly updates/announcements.

Recreational Therapy:

Recreation Therapists provide individualized and group recreational therapy interventions for individuals experiencing limitations in life activities and community participation as a result of a disabling condition, illness or disease, aging, and/or developmental factors, including those at risk. Recreation Therapists use a variety of educational, behavioral, recreational, and activity-oriented strategies with clients to enhance functional performance and improve positive lifestyle behaviors designed to increase independence, effective community participation, and well-being. Recreation therapists are members of treatment teams in health care and community-based health care and human service agencies.

The day-to-day work experience of recreational therapists can vary dramatically, depending on the setting and clients they serve. The Recreation Therapist works with the client, family, and members of the treatment team, and others to design and implement an individualized treatment or program plan, depending on the setting. During a typical day, a Recreation Therapist will facilitate assessments, provide individual and group-based interventions to address treatment goals, complete clinical documentation individualized for each patient or develop a discharge plan with a plan for aftercare. Treatment interventions include, but are not limited to:

An important responsibility for a Recreation Therapist in clinical settings is to advocate for individuals with disabling conditions to improve integration and community participation, especially through recreational activities, after discharge from a health care facility. This includes addressing such issues as limited knowledge of opportunities, transportation resources, inaccessible facilities attitudinal barriers, and legislation that affects people with disabling conditions. Professional activities may also include developing appropriate support groups, advocacy, and social networking strategies.

DBT Core:

Core group cover all 4 modules in DBT skills training. Every group begins with Mindfulness training and homework review. Skills are taught through didactic training, experiential activities and reinforced by practice at home. Additional skills homework is assigned at the end of group. Handouts and worksheets utilized in group will be found in Marsha Linehan's DBT Manual and Alec Miller/Jill Rathus's Adolescent Manual. (See Appendix B)

Horticulture:

Horticultural Therapy is a treatment modality that uses a variety of gardening and nature activities to educate and promote well-being and healing. The clients enhance their self-esteem and self-worth through activities which engage exploration of nature, creative expression, and

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mindfulness. Horticultural Therapy instills positive metaphors for healing and reflection by witnessing the plant life-cycle with hands on nature related activities. It promotes socialization and provides purposeful activities that empower a sense of ownership and stewardship.

Drumming:

Research shows that the physical transmission of rhythmic energy to the brain actually synchronizes the left and right hemispheres. So, when the logical left hemisphere and the intuitive right hemisphere of your brain begin to pulsate together, your inner guidance system – or intuition – becomes stronger. The sound of drumming generates new neuronal connections in all parts of the brain. The more connections that can be made within the brain, the more integrated our experiences become. This leads to a deeper sense of self-awareness. Drumming also appears to synchronize the lower areas of the brain (non-verbal) with the frontal cortex (language and reasoning). This integration produces feelings of insight and certainty. For these reasons therapeutic drumming may be a powerful tool in helping retrain the brains of people who have some level of damage or impairment, such as with trauma, ADHD dx, after a stroke, or where there is neurological disease such as Parkinson's. Finally, drumming can induce a natural "high" by increasing Alpha brain waves. When the brain changes from Beta waves (concentration) to Alpha waves, you feel calm and relaxed. As such, Alpha waves can also produce feelings of well-being and even euphoria, which may help people who suffer from mental illness, such as depression and anxiety. This same Alpha activity is associated with meditation and other integrative modes of consciousness.

DBT in the Real World:

DBT in the Real World is an outlet to display DBT skills through improv and acting exercises that simulate real life scenarios. Clients will learn how to apply the skills taught in the skills group to situations that they may face in their day to day life.

Advanced Experiential DBT:

This experiential group is designed for clients to strengthen and enhance their DBT skills set, as well as gain encouragement and support at the same time through experiential activities (DBT focused).

DBT Clubs:

This group provides the clients an opportunity to apply DBT skills to activities that fall outside of the realm of skills group.

Parent DBT Skills Group:

This group is for parents/guardians of adolescents in the Hillside continuum of care. The group is designed to teach the parent/guardian the skills that the child is learning in order to more effectively support them in their DBT skills as well as learn skills that they themselves can use. 5 modules are taught (Mindfulness, Walking the Middle Path, Distress Tolerance, Emotion

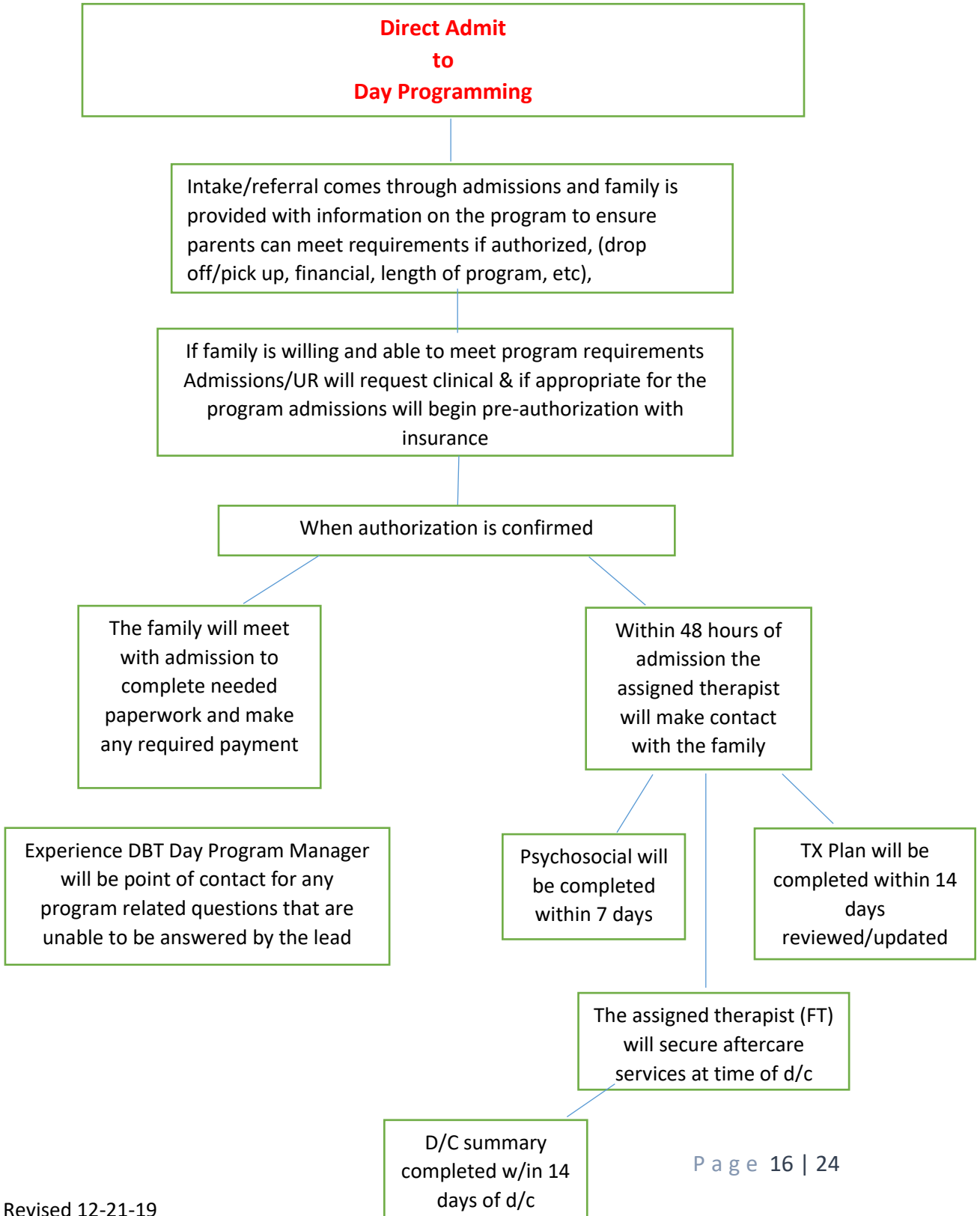
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Regulation and Interpersonal Effectiveness). Parents learn and practice the skills so that they can more effectively respond to their child in times of stress, which creates opportunities for calmer communication and more consistent parenting. The group also offers support and encouragement from other families that share their same concerns and experiences.

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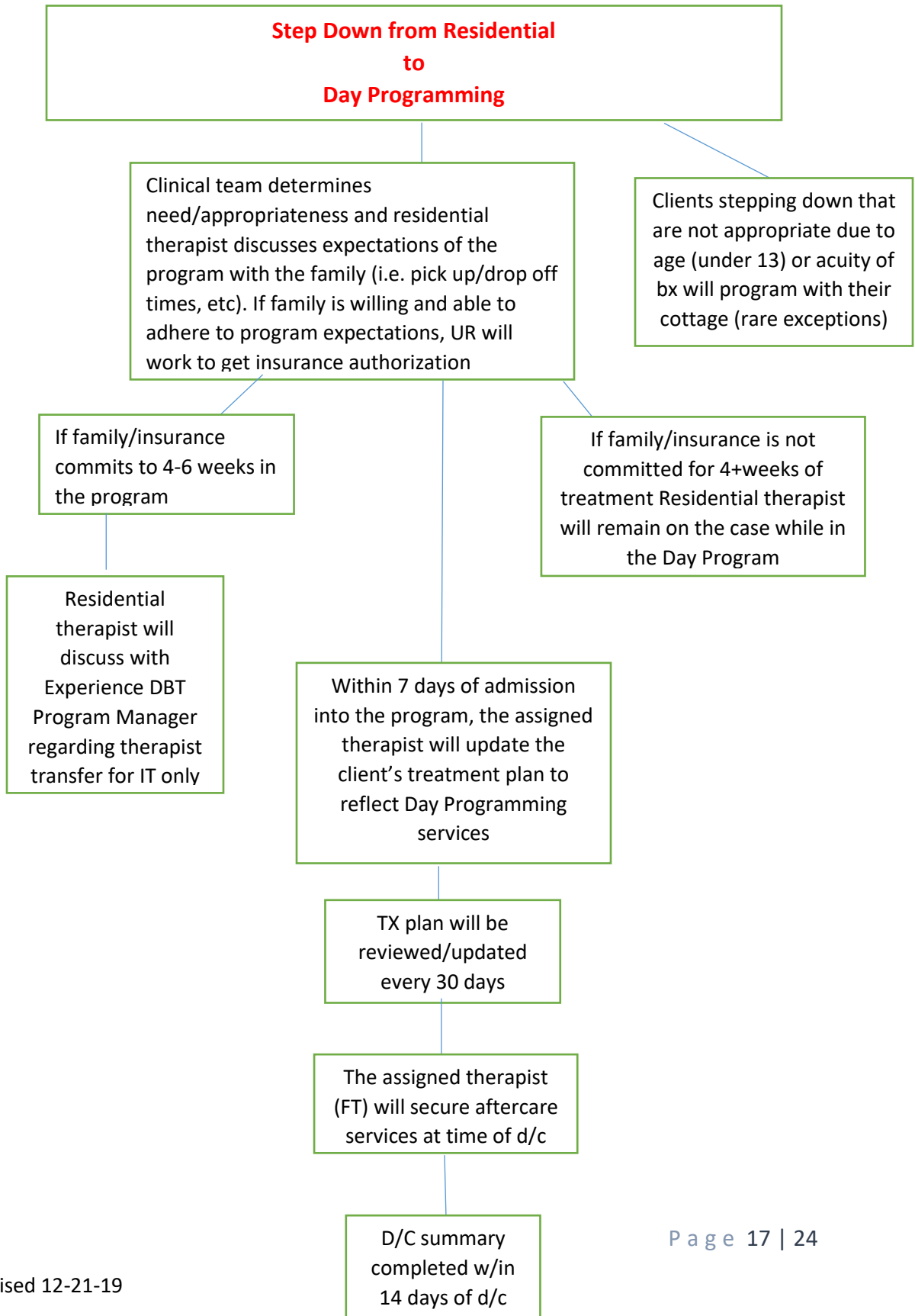
APPENDICES

A: Direct Admit Flow Chart



Experience DBT Day Program

B: Step-Down Flow Chart



Experience DBT Day Program

C: Daily Arrival and Departure

HILLSIDE POLICY & PROCEDURE

Subject: Daily Arrival and Departure

Date: August 2018

Revision:

Purpose:

To Provide Written Guidelines for Daily Arrival and Departure from the Day Program

Policy:

It is the policy of Hillside Day Program to ensure that all client's and staff safely arrive and depart daily

Procedure:

- I. Arriving to Campus Daily
 - A. All clients will check-in at the designated area between 7:30am and 8:15am. If the client arrives prior to 7:30am their parent/guardian must remain with them until staff arrive to check them in, no client is to be left unsupervised at any time. Clients will not be able to enter the program without being signed in by the approved party.
 - B. Prior arrangements must be made with the Family Therapist if the client will be dropped off by someone other than the parent/guardian.
 - C. Upon entering the program for the day the client will be asked to remove shoes, socks, jackets and empty all pockets.
 - D. The client's personal belongings will be inventoried by staff each morning and placed in their individual locker that will remained locked throughout the day until check-out.
 - E. Staff will wand the client ensuring they do not have any prohibited items on their person
 - F. Any prohibited items that were discovered will be confiscated, depending on the item that is found will depend on the course of action taken
 - G. Parents/guardian will be contacted and notified if prohibited items are located and may be required to pick the item up

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- H. If client fails to produce item identified by wand or search, parents will be notified and client will be dismissed for the day
- I. Body Searches and/or body scan will occur when clinically indicated and will require a Physician's Order and will be conducted by a nurse.
- J. If a client arrives to the Day Program late or returns to campus from an appointment, they must follow the same procedures as noted above.

II. Prior to Returning Home Daily:

- A. All clients must be checked out by staff with their parent/guardian or approved designee present
- B. With the assistance of program staff, the client will retrieve all items from their locker.
- C. Program staff will check items with the inventory sheet to ensure that all items only belong to the client and that they have all items that are listed on the inventory sheet.
- D. Personal Belonging will be given directly to the client as their parent/guardian or approved designee signs them out for the day, they will not have access to their items prior to being checked out for the day unless otherwise approved.

Experience DBT Day Program

D: Transportation Drop off/Pick up

HILLSIDE POLICY & PROCEDURE

Subject: Transportation Drop off/Pick up

Date: July 19, 2018

Revision:

Purpose:

To ensure all clients attend the day program at the designated start time and are picked up at the designated pick up time and to ensure safety for all clients.

Policy:

All clients in the program must provide their own transportation. Parents/guardians must adhere to the transportation schedule and pick up/drop off procedures listed below in order to ensure the safety of all clients. Adherence to this policy will also ensure that all clients are present for the entirety of the day programming.

Procedures:

- I. Clients in the program must be transported by a parent, guardian or approved adult family member that has been approved by the parent/guardian
 - a. Clients may be afforded the opportunity to drive to and from the day programming after 1 week of evaluation for safety.
 - b. The client will not be able to drive without a doctors order; the order may be rescinded at any time safety is a concern
- II. Parents/guardian or approved designee may not drop their child off without signing them in at the designated location and must show identification
- III. Individuals picking clients up from the day program must show identification and must be listed on the approved contact sheet
- IV. Clients must be dropped off no later than 8:15am and no earlier than 7:30am
- V. Pickup begins at 4pm and ends at 4:30pm. All clients must be picked up no later than 5:00pm.
- VI. If a client is going to be late, he/she's parent/guardian must notify a day program therapist or program manager via email, phone call or text and must leave a message with the estimated arrival time
- VII. If a client needs to be picked up early from the program, the parent/guardian must get it approved by the primary therapist/program manager
- VIII. If the clients transportation arrangement unexpectedly changes, the parent/guardian must notify the program manager or send a note with the child explaining the change

Experience DBT Day Program

E: Dress Code

HILLSIDE POLICY & PROCEDURE

Subject: Dress Code

Date: August 7, 2018

Revision:

I. Purpose:

To outline standards for client dress that support creating a positive and non-disruptive therapeutic environment and respect clients' rights to express themselves through their choice of personal attire.

II. Policy

Hillside Day Program is committed to providing a safe, productive, and positive therapeutic environment. Such standards are to be consistently and fairly applied to all clients regardless of gender

III. Procedures:

1. Clients are restricted from wearing clothing that is revealing (e.g. cut low at the neck or under the arms, exposes bare midriff, pants worn below the hips exposing the student's underwear or skin).
2. Clients are prohibited from wearing shorts/skirts that are above the knee
3. Clients are prohibited from wearing clothing or items that promote illegal or violent conduct such as unlawful use of drugs, alcohol, tobacco, or weapons.
4. Clients are prohibited from wearing clothing or items that are obscene, libelous or feature sexually offensive or vulgar words, pictures, phrases, drawings, etc.
5. Clients are prohibited from wearing clothing or items containing derogatory expressions or language demeaning an identifiable person or group such as based on a person's race, color, gender, national origin, religion, sexual orientation, gender identity, or disability that could disrupt or materially interfere with school activities.
6. Clients are prohibited from wearing specific gang-related attire.
7. On the first offence of not complying with the dress code the clients parent/guardian will be contacted and will be asked to bring appropriate clothing, if the client refuses to change he/she will be dismissed for the day and his/her parent/guardian will be asked to pick him/her up.
8. If noncompliance with the dress code is an ongoing issue, the therapist will address treatment appropriateness with the treatment team and the family

Parent/Guardian Signature

Date

Experience DBT Day Program

F: Computer Usage Agreement

Hillside Conant School

Computer Usage Agreement

I, _____ agree to the following terms when using school technology including computers, Chromebooks, laptops, iPads, KUNO tablets, Wyse clients, NEO boards, and any other device connected to the internet:

- I will not attempt to change the security settings, background or programs in any way
- I will not communicate with anyone using this device
- I will not attempt to hack the system or rewrite code
- I will not use this device or any other in the school to access social media sites such as Facebook
- I will not destroy, or attempt to destroy, electronic equipment (including monitors and headphones)
- I will not share my login information with my peers or access/use anyone else’s account at any time
- I will not attempt to access inappropriate/restricted sites

If I violate these rules, I understand that I will have consequences including, but not limited to, computer restriction and/or intolerables. In addition, my actions may cause the entire school population to lose access to computers. If I see anyone violating these rules, I will notify staff.

Student Name

Date

Witness

Date

Experience DBT Day Program

G: Evening Behavioral Evaluation

Evening Behavioral Evaluation

This form is required to be turned in at check-in each morning. The information on this form should encompass all behaviors that occur during the time that the client is at home/community outside of the day programming. This information will assist the treatment team in ensuring that all target relevant behaviors are addressed and focused on both while in the day program and at home.

I. Client's Overall Mood throughout the evening (Circle any that apply):

1-Euthymic/Good

2-Irritable/Angry

3-Reactive/Labile

4-Withdrawn/Sad

5-Apathetic/Indifferent

II. List any events that occurred throughout the evening that would be important for the treatment team to be aware of (both effective and ineffective behaviors):

III. Imminent Suicide/Self-harm/Vulnerability Risk Factors

- | | |
|--|--|
| <input type="checkbox"/> Suicidal ideations/threats | <input type="checkbox"/> Inappropriate use of social media |
| <input type="checkbox"/> Self-injurious behaviors | <input type="checkbox"/> Isolation |
| <input type="checkbox"/> Verbal/Physical aggression | <input type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Medication noncompliance | |
| <input type="checkbox"/> Expression of hopelessness or anger or both | |
| <input type="checkbox"/> Oppositional Behavior | |
| <input type="checkbox"/> Property Destruction | |
| <input type="checkbox"/> Lack of interest in previously enjoyed activities | |

IV. If you checked any risk factors above please explain:

V. Action Plan (include any strategies involving other supports inside and outside of the treatment team/family that were used):

VI. Client's Response to Intervention:

- Receptive, will follow through with plans made
- Hesitant to follow through with plans
- Resistant, will not follow through with plans

VII. List any DBT/coping skills your child used while at home/in the community:

Parent/Guardian Signature: _____

Date: _____