

# **Section 4: Residential Center Treatment**



# Section 4.1: Residential Center Treatment Overview

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## Section 4.1: Residential Center Treatment Overview

**Program**

**Procedure:** RESIDENTIAL TREATMENT EXPECTATIONS AND GOALS

**Description:** The following are goals and expectations for members during their tenure in residential treatment. By the time members are ready to transition to day treatment they have achieved almost all of these expectations and goals.

It is expected that during residential treatment members will:

- Gain self-awareness and confidence
- Learn to effectively manage conflict
- Develop healthy peer and other relationships
- Improve capacity to manage feelings

The goals for residential treatment are:

- To learn specific information about chemical dependence and adolescence.
- To identify negative behaviors and attitudes and replace them with positive alternatives.
- To be able to follow directions.
- To develop the skills of evaluating personal behavior and acting appropriately.
- To develop internal motivation to initiate and follow through on tasks.
- To develop the skills of managing emotions, including anger, disappointment, hurt, and fear.
- To improve attitudes towards educational activities (i.e., school).
- To learn strong work ethics.
- To be able to speak in groups and conduct presentations.
- To identify and practice self-motivational techniques.
- To learn and apply cooperative skills used in teamwork.
- To learn specific leadership and supervisory skills.
- To be able to initiate and maintain peer and other relationships.
- To develop a social support network.

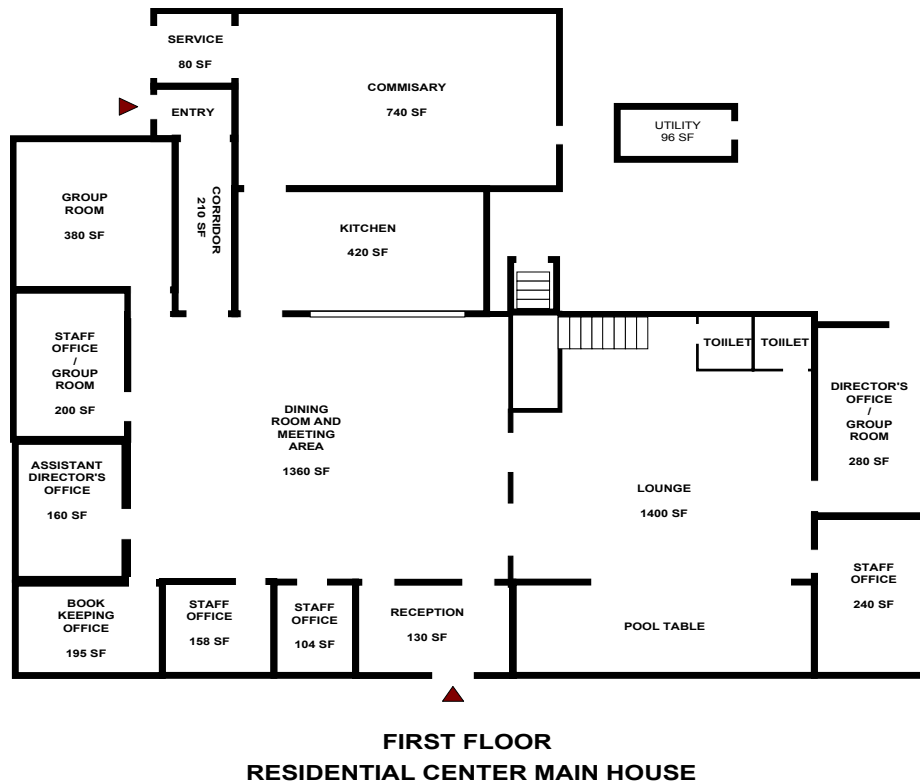
**When:** Throughout residential treatment.

**Responsible:** Individual Members  
Residential and Brooklyn Center Program Directors  
Clinical Staff

## Section 4.1: Residential Center Treatment Overview

### Residential Center Facility Description

The DYC residential center, built on a former summer resort site, is located in a rural area in the Catskill mountains. The residential center's 11 buildings are arranged in a campus style format with boys' dorms on one side of the facility and girls' dorms on the other. The facility's buildings create a U-shaped commons area. The center's vegetable, herb, women's, and peace gardens (tended by residential center members) are located in this commons area. In addition, a large recreational field and a fire pit for outdoor barbecues are located in this space. The facility is bordered in the back (at the top of the U-shape) by a pair of duck ponds inhabited by the center's geese and ducks. An elevated strip of land provides access between the duck ponds to the center's softball field. The center is bordered by a forest on 3 sides and a rural highway on the fourth.



Closest to the highway is the center's largest and most visible building, the main house—a former summer resort hotel which was abandoned in the late 1960's and purchased by DYC in the early 1970's. The facility's kitchen, living area, dining and meeting area, group room, staff offices, and some dorms are located in the main house. Thus, while treatment takes place throughout the entire facility, members spend the majority of their time in and around the main house (especially in winter). The main house interior has recently been redecorated by members on the residential center's maintenance and house beautification crews. While the director and staff members choose color schemes and fixtures, members help make repairs and complete the painting and decorating. The main house and the center as a whole are furnished in a homey style evoking a feeling of family living room, dining room, and lounge rather than an institutional atmosphere. Staff offices encircle the main dining/meeting and living areas of the building. Each staff office contains a window that looks in toward the meeting and living areas.

## Section 4.1: Residential Center Treatment Overview

Staff are encouraged to arrange their offices so that their desks face the window. In this way, staff may keep an eye on activities in the main building while completing paperwork. Members spend much of their time in the main house attending meetings, seminars, and group therapy sessions, eating meals, and completing homework. Recreational options in the main house include the center's only television, VCR and stereo accessible to members, a pool table, board games, and books to read. The lounge is broken down into several sections so that multiple groups of members can conduct different activities at the same time. *Extended group therapy* is held in the newly refurbished group therapy room adjacent to the dining/meeting room. Dormitories are located on the second and third floor of the main house. As a general rule, members are not allowed to be in dormitories during the daytime. In addition, the center's *bench* (upon which members must sit if they desire to leave treatment) is located in the meeting area of the main building.

### Upstairs Dorms

Dormitory rooms on the second and third floors of the main house vary in shape and size and accommodate between 1 and 5 people. The walls are painted antique white with wallpaper borders, and carpeted in matching colors. There are 4 separate hallways, and each hallway contains 7 or 8 rooms. Bathrooms are located in each hallway and include 2 showers and a bathtub/shower combination. Each room contains closets or wardrobes, bunk beds or single beds, and dressers (1 per member). Members may choose their own decorating scheme and may bring their own quilts and comforters from home if they wish.

### Boys Dormitory

Progressing clockwise from the main building is the boys' dormitory. This building originally served as the center's school, but has been refurbished into a dormitory setting. There is a screened porch area on one end of the building with lawn furniture for members to sit in the evenings. The dorm contains a lounge area, a sleeping room, and bathrooms. Approximately 14 boys inhabit the dorm at one time. Other boys sleep in semi-private rooms on the 3<sup>rd</sup> floor of the main house.

### Gymnasium

Next to the boys' dormitory, the gymnasium is a brown domed building located slightly to the left behind the back entrance to the main building. The gym contains boys' and girls' restrooms with showers and a large wood floor space. At the far end of the gym is a stage area, currently occupied by strength training equipment. Besides being used for athletics, the gym functions as a venue for plays, meetings, program graduations, and the center's annual flea market. The hardwood floor of the gym is swept daily by members on the center's service crew.

### School House

Located just behind the gymnasium is the center's school house. It is a large log structure that contains 2 classrooms, a computer room with 8 computers, restrooms, staff offices, the nurse's office, a testing center, and currently, a greenhouse. One of the school rooms can be

## Section 4.1: Residential Center Treatment Overview

divided in half by a sliding barrier so that 3 classes may meet simultaneously. A long low porch runs one side of the school house, and flowering potted plants hang from the eaves. Inside the school looks much like a classroom in any school. Members sit at school desks, the walls are lined with books and teaching aids, and classrooms are decorated with members' school projects. Space is provided in the hallways for members' coats and winter wear. A woodworking shop is located in the school basement and accessible to members only when a staff member is present.

### Screen Porch

Just behind the school, in front of the duck ponds, is a screened-in porch area used for group therapy sessions, picnics, and other outdoor meetings in warmer weather.

### Girls Dormitory

The newest building on the DYC residential center property is the girls' dormitory. A long, white, 1-story building, the dormitory was completed in 1999. It houses 16 girls and contains a lounge area, laundry area, 3 showers, and 2 bathtubs. The bedroom and lounge area is sunny and airy. Floral swags line the windows, and each girl is assigned a matching quilt and pillow shams. Stained glass lamps provide light in the bedroom and lounge area. The room divisions and decorations lend a pleasant and homey atmosphere to the dorm. Each girl is assigned a wardrobe, a dresser, and a bed. Members may place personal artwork, posters they have created, and pictures of family members on top of their dressers. The girls' dorm, as with all dorms at DYC, is designed to feel more like a bedroom and living room than an institutional dormitory.

### Grounds

The residential center's commons area and grounds are kept neatly pruned and decorated with potted flowers during the spring, summer, and fall. Within the commons area is a barbecue pit, an herb garden, a flower garden, a vegetable garden, and an ornamental landscaped "peace" garden and terrace. Bordering the back of the commons are two duck ponds and a family of geese. A strip of land serves as a bridge over the duck ponds and leads to the center's softball field and several acres of woodland area owned by the center. The center's swimming pool is located outside of the commons area in front of the director's home, and is used by members only when staff are present.

### Staff Homes

Residential center staff homes are located behind and just outside of the facility's commons area. Two trailers, an apartment attached to the girls' dorm, 3 smaller apartments and a 3-story house are provided for clinical staff living. In addition, the program director lives in a 2-story ranch style house located by the center's pool. The apartments are decorated to staff tastes and are maintained by individual staff members and their families. Staff families are welcome at the residential center and are included in some larger center gatherings and parties.



## Section 4.1: Residential Center Treatment Overview

### Summary

The layout of NYC's grounds and buildings is an understated but important element to treatment at NYC. The campus format gives members the freedom of rural open space and allows members who have spent the majority of their lives in New York City to connect with a natural environment. Because the residential center is located in the Catskill mountains approximately 5 miles from the nearest town, store, and public phone, the potential for leaving treatment is limited.

Additionally, the campus style format makes the residential center feel more like a summer camp than a drug treatment center and eliminates feelings of confinement that might come from a single building structure. When members might feel too spread out around the large property, the main house serves as a "home base" to which they return. This combination of freedom and sense of belonging to a larger unit contributes to a sense of community within NYC. NYC staff and trusted *upper peers* on the *expediter work crew* perform *member counts* every hour to ensure that all members are present and accounted for on the property. (Floor plans not presented here are included in **Appendix E**.)

**Quotation:** And a member said, "The place just looks so beautiful with all the work we've done, and it constantly changes. Isn't it something to be proud of?" So it gives them something to be proud of.

*Susan, Residential Center  
Clinical Staff*

**Quotation:** Um, it was scary sometimes, 'cause there's really nowhere you can go up there, like it made it harder just like looking down the road and not seeing any buildings or streets or anything. Just looking down the road, you see a lake.

*Harry, Re-Entry*

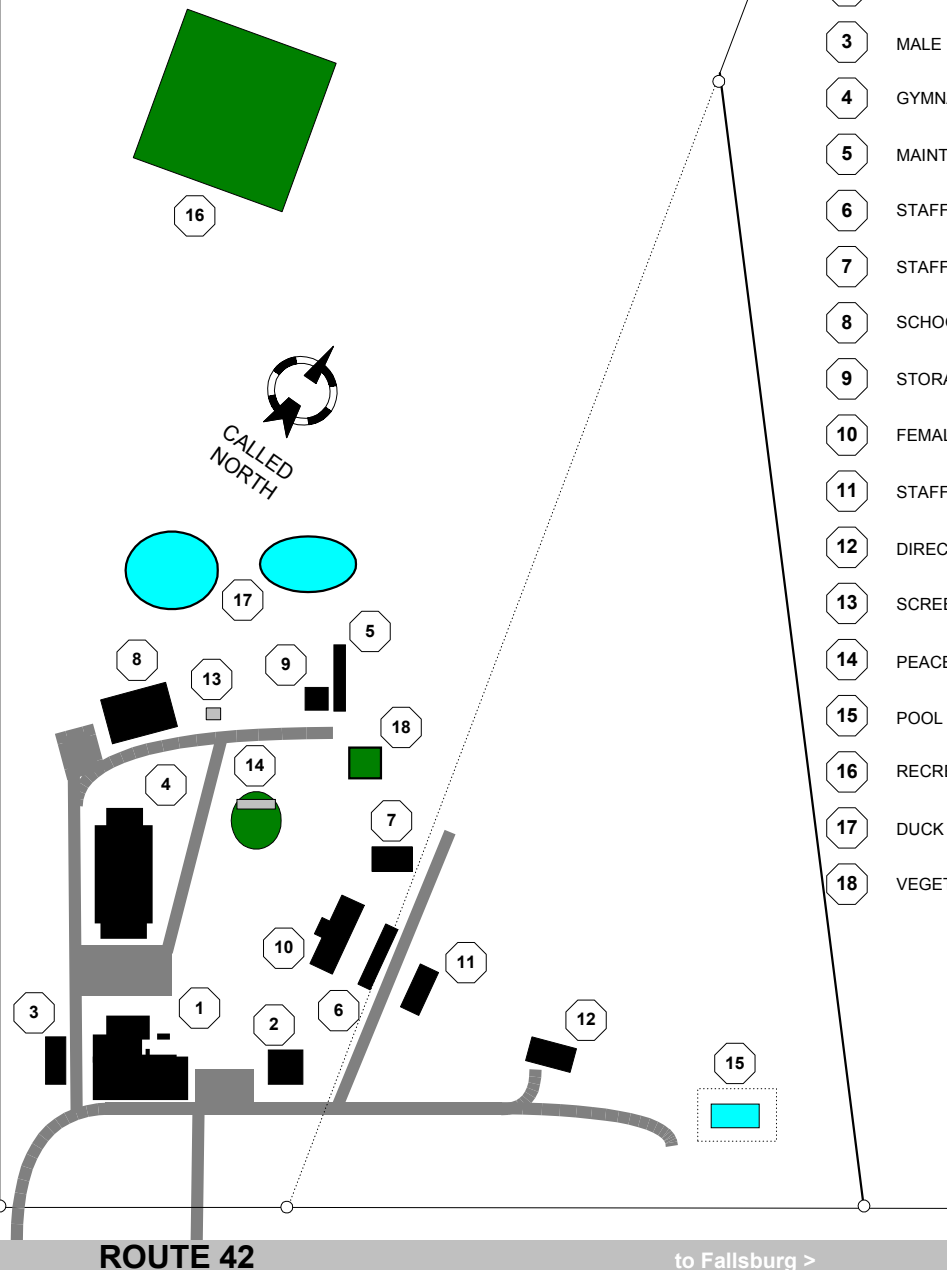
**Quotation:** It looks like...I'm telling you, it looks like a hotel. It looks really nice in there. Like everyone's talking about missing their house. Like their room. And I'm like, "This looks much better than my room!" <laugh> You know what I mean? We have our own washing machine, dryer. It's nice in there. The bathroom is nice. The showers. Oh my God. Everything.

*Helena, Re-Entry*

# Section 4.1: Residential Center Treatment Overview

## LEGEND TO KEY PLAN

- 1 MAIN BUILDING
- 2 STAFF APARTMENTS
- 3 MALE DORMITORY
- 4 GYMNASIUM / ASSEMBLY
- 5 MAINTENANCE SHOP
- 6 STAFF HOUSING
- 7 STAFF HOUSING
- 8 SCHOOL
- 9 STORAGE BARN
- 10 FEMALE DORMITORY / STAFF APARTMENT
- 11 STAFF APARTMENTS
- 12 DIRECTOR'S RESIDENCE
- 13 SCREEN HOUSE
- 14 PEACE GARDEN
- 15 POOL
- 16 RECREATION FIELD
- 17 DUCK PONDS
- 18 VEGETABLE AND HERB GARDENS



**KEY PLAN**  
NOT TO SCALE

## Section 4.1: Residential Center Treatment Overview

### Structure as Community and Therapy

For adolescents and young adults who previously lacked structure in their daily lives, the highly structured format of Dynamic Youth is a key therapeutic element of the program. The majority of NYC's members have cut ties with societal constructs such as school, family activities, and positive social relationships by the time they enter treatment at NYC. Thus, the primary goal of therapy at Dynamic Youth is to habilitate or acculturate adolescents back into structured society.

Consistent with therapeutic community principles, members initially separate from their home and social environment and enter residential treatment so that they may disengage physically, psychologically, and emotionally from the lifestyle that promoted and/or tolerated their drug use. In the residential center, members are surrounded by a community of peers and staff members who become role models in a drug-free "model family" lifestyle. As they become acculturated into the mores and values of "right living" (as outlined by De Leon, 1997, 2000) members shed their past attitudes and behaviors (e.g., drug culture behaviors, adolescent angst, etc.) and begin to practice a new set of values which support a drug-free lifestyle. The structured NYC residential center community helps adolescents begin to understand and mimic behaviors indicative of patterns of "right living" by making these normally subtle behaviors overt and obvious. Members learn to experiment with personal behavioral control and practice social interaction skills such as anger management and anxiety control by participating in the structured social atmosphere. In this way, adolescents learn maturity and responsibility in daily life and in decision making practices within the safe-haven context of the center. As members participate in residential center activities, they begin to internalize the values associated with a structured society. To quote a TC slogan, members learn to *act as if*, and eventually *it shall become*.

Once members have demonstrated that they are capable of independently making positive beneficial decisions in their lives, they are ready to leave the residential center and test their skills in the larger world. As members progress in the program and transition to day treatment and re-entry treatment, they are gradually reintroduced to societal limitations and eventually reintegrated into society. Recognizing and observing these limitations allows the members to return to the benefits that society has to offer—friendships, social relationships, and self satisfaction.

### Daily Structure

For all NYC members, the daily structure serves as a community building element. Members observe others simultaneously working for the same goals and following the same structural rules as themselves. The program utilizes positive peer pressure to create a structured community atmosphere. Daily structure rarely alters, and thus it is in itself a source of security and support for members who lived in previously unstable social environments. Therapeutic elements such as group therapy, work therapy, school, individual counseling, *peer modeling*, and *behavior modification* are essential parts of each day. Residential members' remaining time is carefully planned around these elements, including free time and structured recreational activities. In day treatment and re-entry, daily structure is carried over with fewer restrictions on free time.

## Section 4.1: Residential Center Treatment Overview

### Residential Center Daily Structure Chart

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
<b>Morning</b>								
6:45	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	Sleeping	Sleeping	
7:00	Shower, Hallway Chores	Shower, Hallway Chores	Shower, Hallway Chores	Shower, Hallway Chores	Shower, Hallway Chores			
7:30								
8:00	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast			
8:30	School or Hallway Chores	School or Hallway Chores	School or Hallway Chores	School or Hallway Chores	School or Hallway Chores	Synagog if desired	Sleeping / Church if desired	
9:00						Wake Up		
9:30	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	Morning Meeting	Get Ready		
10:00						Hallway Chores		
10:30	School or Work Crews	School or Work Crews	School or Work Crews	School or Work Crews	School or Work Crews	Morning Meeting	Wake Up	
11:00								Hallway Chores
11:30							Morning Meeting	
12:00	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Morning Meeting	
<b>Afternoon</b>								
12:45	Aft. Meeting	Aft. Meeting	Aft. Meeting	Aft. Meeting	Aft. Meeting	Aft. Meeting	Morning Meeting	
1:00	Encounter Group	Work Crews	Static or Peer Group	Work Crews	Encounter Group	Staff Planned Activity, Data Sessions and work crews for Induction members and some lower peers, Family Visits to the Center	Morning Meeting	
1:30							Free time	
2:00		Brunch						
2:30		Staff Planned Activities, Data Sessions for Induction and Lower Peers, Family Visits to the Center						
3:00								
3:30								
3:30	Seminar or Work Crews, One-to-One Counseling, Behavior Modification, Field Trips	Seminar or Work Crews, One-to-One Counseling, Behavior Modification, Field Trips						
4:00								
4:30								
5:00	Prep. for Supper	Prep. for Supper	Prep. for Supper	Prep. for Supper	Prep. for Supper	Prep. for Supper		
5:30	Supper	Supper	Supper	Supper	Supper	Supper		
<b>Evening</b>								
6:00	Supper / Cleanup	Supper / Cleanup	Supper / Cleanup	Supper / Cleanup	Supper / Cleanup	Supper / Cleanup	Free Time	
6:30	Evening Meeting	Evening Meeting	Evening Meeting	Evening Meeting	Evening Meeting	Evening Meeting	Supper	
7:00	Work Crews / Calls home	Work Crews / Calls home	Work Crews / Calls home	General Inspection	Data Sessions OR Staff Planned Activity (videos, games, fun learning exercise, athletic activity in gynasium or outside, bonfire, etc.)	Data Sessions OR Staff Planned Activity (videos, games, fun learning exercise, athletic activity in gynasium or outside, bonfire, etc.)	Staff Planned Activities / Quiet Time	
7:30								
8:00	Study / Phone calls home	Study Time	Study Time	Study Time				
8:30								
9:00	Midnight Snack	Midnight Snack	Midnight Snack	Midnight Snack				
9:30	Free Time	Free Time	Free Time	Free Time				
10:00								
10:30	Return to Dorms	Return to Dorms	Return to Dorms	Return to Dorms				
11:00	Ready for Bed / Hallway Chores	Ready for Bed / Hallway Chores	Ready for Bed / Hallway Chores	Ready for Bed / Hallway Chores				
11:30								
12:00	Lights Out	Lights Out	Lights Out	Lights Out	Return to Dorms		Lights Out	
12:30	Sleep	Sleep	Sleep	Sleep	Prep. for Bed		Sleep	
1:00					Lights Out			Return to Dorms
1:30					Sleep			Prep. for Bed
2:00								Lights Out

## Section 4.1: Residential Center Treatment Overview

### Program

**Procedure:** IN CASE OF EMERGENCY

### Description:

If individual members should experience a family emergency or death of a loved one while at the residential center, clinical staff make every effort to accommodate their needs. Clinical staff work closely with the members' parents to determine if a visit home is necessary and/or therapeutically appropriate. If it is deemed that members are not at risk for *splitting treatment* or relapsing, staff may authorize and facilitate a visit home to be with family during the emergency and/or attend a funeral. If appropriate, a *peer escort* from the residential center may accompany members home or to a funeral to serve as a source of support during a difficult period.

Before leaving the center, members and their parents are given explicit instructions about how to ensure members' emotional safety while dealing with the difficult event. Parents are encouraged to help members stay away from family gatherings that serve alcohol and family members who may offer them alcohol or drugs. Clinical staff obtain phone numbers and contact information for members while they are away from the center and program clinical staff. Other members may call them at these numbers to provide support if needed. Members are also instructed to check in to the residential center by phone at least once per day and whenever they feel the need for support. Once members have returned to the residential center, they are given extra individual counseling with emphasis on the emergency and the feelings and experiences they encountered while away from the residential center.

### Why:

Allows members to return home in the event of an emergency, if it is deemed by staff and parents as therapeutically appropriate.

Ensures that members have adequate emotional support while they are dealing with difficult situations.

Helps members work through feelings encountered during difficult situations and minimizes the compulsion to split treatment when a difficult situation arises.

### When:

In the event of a family emergency.

### Responsible:

Residential Center Program Director and Assistant Program Director  
Clinical Staff  
Members' Parents  
Individual Members

## Section 4.1.1: Residential Center Treatment Overview: Daily Living

**Type of Service:** DORM ASSIGNMENTS

**Description:** Members are assigned to either a dormitory building or the main house's upstairs dorms (which contain semi-private rooms) upon entry to the residential center. The semi-private rooms usually house 3 to 4 same-gender members while the dormitory buildings house up to 16 members in 1 room. The dormitories contain lounge areas for dormitory residents while the upstairs semi-private rooms do not. Members move between the dormitories and the semi-private rooms at least once and often several times during their residential treatment. Members may request one living situation over another and, if therapeutically appropriate, staff generally grant the request. Generally, *induction members* sleep in the same room or dorm as their *big sister/big brother*.

When members first enter the program, they are given last priority for the bed they sleep in. This usually means that the bed assignment for new members begins on the top bunk of a 2-tier bunk bed. As the members progress through the program and gain status, they earn their way down to the bottom bunk and eventually to their own single bed.

**Why:** Provides members with a variety of living situations and room/dorm mates and encourages interaction among members.

Encourages members to become comfortable with change.

Allows members to sleep in the same room as their big brother/big sister.

**When:** Assigned upon entry.  
Members change living situations at least once during their residential treatment and generally more often. Members can also change dorms by request.

**Responsible:** Residential Center Program Director  
Clinical Staff

## Section 4.1.1: Residential Center Treatment Overview: Daily Living

<b>Member Responsibility:</b>	<b>HALLWAY CHORES</b>
<b>Description:</b>	<p>All members are responsible for keeping their dorms tidy. Time is set aside every morning, just after the members wake up, for cleaning the dorms. Hallway chores include vacuuming and dusting the dorm, cleaning the bathroom toilets, sinks, showers, and floor, cleaning and mopping the laundry room floor, and straightening the communal living space (including couches, tables, etc.) Chores are assigned by <i>dorm heads</i> and/or the clinical staff member in charge of the dorm. If members are away for a morning, the other members cover their morning hallway chores.</p> <p>Members are also responsible for their own personal space. Beds must be made neatly with hospital corners, tops of dressers neatly arranged, and all clothes rolled and in order in the drawers. Personal hygiene items should be neatly arranged and placed on the top shelf of members' wardrobes or closets. Clothes must be hung properly in closets or wardrobes, and shoes should be neatly stored on the floor. Members may place pre-approved personal mementos, family pictures, stuffed animals, etc. on top of their dresser and/or wardrobe spaces as long as these items do not display any images associated with drug use or drug use culture. Members are not allowed to tape or otherwise fix posters or other items to dorm walls, thus the space on top of their dressers and wardrobes is their primary space for self-expression.</p> <p>Staff members perform random dorm checks to ensure that hallway chores are being completed correctly, members' personal spaces are neat and clean, and all beds are made according to House Rules. As time progresses, members are expected to assume greater responsibility in their hallway chores. As members change behavior and accomplish therapeutic goals, they are provided with the opportunity to hold the position of dorm head and oversee other members performing hallway chores.</p>
<b>Why:</b>	<p>Keeps all dorms organized and teaches members to take care of shared living spaces.</p> <p>Provides members with sense of responsibility toward and pride in their surroundings.</p>
<b>When:</b>	Every morning, directly after members wake up.
<b>Responsible:</b>	Dorm Heads Individual Members Clinical Staff

## Section 4.1.1: Residential Center Treatment Overview: Daily Living

**Quotation:**

Because you can't live in filth, you know what I mean, you just can't. And you get some kinda pride outta seeing it clean, you know, even though you hate to do it. But you feel a little better, like, "Wow, okay, I cleaned something. I'm not so much of a pig." That's how I feel about it.

*Fran, Day Treatment*



## **Section 4.1.1: Residential Center Treatment Overview: Daily Living**

<b>Member Responsibility:</b>	<b>LAUNDRY</b>
<b>Description:</b>	All members are responsible for doing their own laundry. Laundry times are assigned by staff and occur on a rotating schedule. The boys' laundry facility is located in the main house while the girls' is located in the girls' dorms. Laundry rooms are equipped with a hamper for each member, iron and ironing board and shelf space for the members' individual laundry detergent and fabric softener. Members buy or are sent their own laundry supplies from home. If members miss their scheduled laundry time, they must wait until their turn comes up again the next week.
<b>Why:</b>	Teaches members to care for their own property and take pride in their personal appearance.  Encourages good laundry skills and ensures that members learn to plan ahead.  Teaches members to keep track of their own supplies.
<b>When:</b>	Once per week, on a rotating schedule.
<b>Responsible:</b>	Individual Members Clinical Staff

## Section 4.1.1: Residential Center Treatment Overview: Daily Living

**Type of Service:** MEALS

**Description:** Meals are prepared by the *kitchen crew* under the direction of the chef and are usually served at the same time every day. Members have a choice of that day's entrée or leftovers from previous meals. A microwave is available to heat up leftovers. Fruit and bread or bagels are always available during every meal. A juice machine, coffee and tea are located in the main dining room. Apart from meals, members may drink coffee, juice and water freely, provided it doesn't interfere with their work or the day's events.

Seating is not assigned during meals, and members may sit next to whomever they wish—provided they are not on *spread actions* or a *talking ban* with that person. Staff members sit at a separate staff table on the side of the dining room. Members do not ever sit at the staff table.

Generally, food is served by members of the kitchen crew who stand in the front of the room and serve food to each person who comes through the line. Portion size is variable according to personal preference. After everyone has been served, members may return for seconds if they wish.

Just before each meal, the *service crew*, and/or anyone else who is available, sets the tables. Chairs are taken off of their storage places on the tables, and tables are then set with utensils, glasses, napkins and condiments. After finishing dinner, members bus their own place settings. Uneaten food is scraped into the garbage can, napkins are thrown away, flatware is placed in a tub full of water, and plates and juice glasses are taken to the window between the dining room and the kitchen. Leftovers are cleared away by the kitchen crew. After place settings are bussed, members are responsible for wiping down their spots and ensuring they have removed all crumbs and spilled food from the table.

**Why:** Meals eaten together help foster a sense of community.

Provides a time for informal discussion. Members utilize this time to catch up with friends they haven't seen during the day.

Teaches members responsibility for setting up and cleaning up after themselves.

**When:** Every day, 3 times a day.

**Responsible:** Kitchen Crew  
DYC Chef

## **Section 4.1.1: Residential Center Treatment Overview: Daily Living**

**Type of Service:** PROGRAM PETS

**Description:** The residential center has several pets on the property, including a German Shepherd dog, ducks, and geese. Members are responsible for feeding the animals and attending to any other needs they may have. In addition to the program pets, staff members' pets also live on the center property. While members are not responsible for staff pets, they may play with staff pets when given permission by staff.

**Why:** Teaches members responsibility for another life. Teaches members to care for pets.

**When:** Animals are on the property at all times.

**Responsible:** Individual Members  
Clinical Staff

## Section 4.1 Key Points Summary

### Key Points Summary

- The residential center is designed in a campus style format and contains a main house with a lounge, meeting rooms, staff offices, kitchen and dorm rooms, a school house, a gymnasium, dormitory buildings, several gardens, a softball field, a swimming pool, a recreation field, and staff housing. The boys' dorms and girls' dorms are located at opposite ends of the residential center property. All buildings are designed to feel homey and inviting rather than institutional.
- Daily activities at the residential center are highly structured and follow a weekly schedule which alters only for special events. The structure is seen as a therapeutic element in itself.
- Members' family emergencies are handled on an individual basis. If it becomes necessary for a member to leave the center because of a family emergency, staff and parents work together to assure the member has adequate emotional support while away from the residential center.
- Members are assigned to different dorms throughout their treatment, as therapeutically and logistically necessary. Choice of sleeping arrangements (bed status) is earned as a member progresses through the program.
- Hallway chores are the first activity of every day. Hallway chores include cleaning the bathrooms and sleeping rooms and keeping all personal belongings in order. Dorm heads are older members chosen by staff to oversee their dorms' hallway chores.
- Members are responsible for all laundry duties and supplies. Laundry is done on a rotating schedule.
- Meals are served 3 times a day at the residential center and are prepared by the kitchen work crew.
- The residential center has a dog, geese, and ducks on the property. Members are responsible for taking care of the program pets.

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## Section 4.2: Residential Program Stages

### Stages of Treatment at the Residential Center

DYC's residential program is divided into 4 general program stages: *induction member*, *lower peer*, *middle peer*, and *upper peer*. As members progress through these stages, they receive an increasing number of privileges and responsibilities within the program. Status within the *house* is based more on time in the program (*program age*) than on earned privileges or punishments, and is never based on chronological age. For example, a 13-year-old who has been in the program for 8 months will often be allocated a higher status position within the house than a 20-year-old who has been in the program for 4 months.

While destructive or negative behaviors are reprimanded, good behavior is expected. Privileges and rewards are not granted based upon good, or "normal," behavior within the program. Members who have displayed consistent positive behavior and *peer modeling* are given increased responsibility (and thus increased respect from program clinical staff and peers) in the form of *job changes*, increased status on *work therapy crews*, and the opportunity to become a *big sister or brother*. In order to participate in trips off of the center property, members must consistently demonstrate that they are attempting to moderate their own behavior; however, the members chosen to participate on a given trip are not necessarily those who have been most successful at internalizing "right living" values, but those who have been trying the hardest, or those who have been having a difficult time lately and are in need of a short duration "break." Staff realize that members, like everyone in society, deserve a break once in awhile. Unlike other adolescent therapeutic communities, members at DYC are allowed to wear pre-approved jewelry and keep pre-approved artwork, photos, and other personal items on their dressers from the beginning of their residential treatment and do not need to "earn" what DYC views to be these basic rights.

Induction members function essentially as small children within the community. They lack the knowledge and tools needed to succeed in life and society in general and may not walk around the residential center property without being accompanied by an older member. Throughout their first month in treatment, induction members are taught the basic principles of "right living" and socially acceptable behavior within DYC. As they progress through lower peer stage, members absorb the mores and values of the TC; by the time they have progressed to the middle peer stage they have begun to internalize these values. Upper peers incorporate therapeutic community values into their identity and begin to evaluate and monitor their own behavior without being reminded to by program clinical staff. In the later stages of upper peer, members begin to prepare for their transition back to the city and reintegration into their families and society as a whole.

Adolescents' progress through the program is noted by their increased responsibility within the residential center and the level of trust staff place in individual members. As members progress through the treatment stages, they become exemplars of community culture to other members who have not yet reached the same treatment stage.

## Section 4.2.1: Residential Program Stages: Induction Member

**Program Stage:** INDUCTION MEMBER

**Description:** New members at NYC are known as induction members. Upon arrival, new members are introduced to the NYC community at a *house meeting* and are given a *green ribbon* to wear to denote their induction member status. This green ribbon reminds other members and staff that the induction member is not yet aware of program rules or norms. Induction members are also assigned a same-sex middle peer or upper peer member who acts as a *big brother or big sister* and teaches the induction member the program rules, structure, philosophy, and values.

Induction members attend all normal daily activities and functions at the residential center and special informational sessions on the weekends, known as *data sessions*. Induction members are required to attend group therapy, but in order to facilitate their transition into the community they are not required to participate fully in the discussion. In order to facilitate integration into the community, induction members are discouraged from spending too much time with each other during the first 30 days of the program. They are instead encouraged to form friendships with *older members* of the program. To decrease the potential for *splitting* treatment and to ensure that new members always have a source of support close by, induction members may not leave any of the center buildings without an older member to escort them around the NYC property.

Older members are expected to invite induction members to participate in their free time activities, and are expected to make the induction members feel welcome in all center activities. Except in extenuating circumstances, in order to give the induction member time to adjust to the community, phone communication between induction members and their families is not allowed for this stage of the program. Instead, induction members may exchange letters with immediate family members (including parents/guardians, caretakers, siblings, and grandparents). All incoming mail is screened by clinical staff.

**Why:** Allows new members to become accustomed to the program without yet having all the responsibilities of a full-fledged member.

Special attention begins to give new members a sense of belonging in the NYC community.

Teaches new members NYC work skills and rules.

Close monitoring leads to quick intervention should new members decide to split.

**When:** Upon arrival at the residential center.



## Section 4.2.1: Residential Program Stages: Induction Member

Induction status generally applies to members in the first 28-30 days of treatment.

**Responsible:** Intake Counselor  
Clinical Staff  
Induction Members' Big Sister or Big Brother

**Quotation:** Everybody was so friendly, you know, like everybody's coming up to me, "How you doing." Shaking my hand, talking to me, "Let's talk." Because they know how they felt when they were new. You know, it's like a chain. It's like whatever they do to me, I'm gonna do to the next man. You know, you pass it like that...it was kind of nice, but I was like thinking, "Why are they so friendly?" Like, "I just got here, like it's my first day." Um, there was a lotta rules that I didn't understand. After a while I started understanding that it has meaning to it. Like everything has a reason, a purpose.

*Eliot, Day Treatment*

## Section 4.2.1: Residential Program Stages: Induction Member

**Type of Service:** GREEN RIBBON

**Description:** All induction members wear a small piece of green ribbon or green cellophane on their shirt whenever they are outside of their dorms to denote their recent entry into the DYC community.

**Why:** Reminds *older members* to pay special attention to new members and invite them to participate in all daily activities.

Reminds staff and older members that new members do not know all of the program rules.

Reminds older members to help induction members learn the program values, rules, and program philosophy.

**When:** Upon arrival at the residential center.  
Green ribbons are worn by members during induction member status for the first 28-30 days of treatment.

**Responsible:** Clinical Staff  
Older Members

## Section 4.2.1: Residential Program Stages: Induction Member

<b>Program</b>	
<b>Procedure:</b>	<b>POP SHEET (POPULATION SHEET)</b>
<b>Description:</b>	Members' daily whereabouts are tracked through a daily population sheet distributed to program clinical staff and the <i>clerical work crew</i> each day. Members' names, date of birth, educational status, criminal justice status, and date of entry into NYC are recorded on the population sheet and updated daily as needed. Members' names appear in order of their time in the program, with the most senior members listed at the top and the new entries to the program listed at the bottom. The pop sheet is available to all members of the community for reference. When members' names reach the top of the pop sheet, or <i>top of the pop</i> , the members know they are within days or weeks of transferring to day treatment and the Brooklyn center. Members who are not at the center on a given day, due to weekend visits home, court appointments, doctors' appointments in the city, family emergencies, etc. are listed on the "Out of House" space at the bottom of the pop sheet. At the very top of the pop sheet is a total population count for the day.
<b>Why:</b>	<p>Allows staff to keep track of which members should be at each of the NYC centers since members frequently travel between the two.</p> <p>Provides a reference sheet in the unlikely event that a member cannot be located during a member count.</p> <p>Lets members know their status in the community and allows members to see that they are progressing through the program. This allows them to feel a sense of accomplishment.</p> <p>Begins to prepare members for eventual transfer to Brooklyn.</p>
<b>When:</b>	<p>Pop sheets are compiled every morning.</p> <p>Pop sheets are available to staff and members throughout the day.</p>
<b>Responsible:</b>	<p>Clinical Staff</p> <p>Administrative Staff</p>

## Section 4.2.1: Residential Program Stages: Induction Member

### Program Procedure: BIG BROTHER/BIG SISTER

**Description:** Upon entry into the program, members are assigned to a same-sex middle or upper peer who serves as their big brother or big sister in treatment. Big sisters/brothers act as peer mentors for induction members, ensuring that the entering members have an immediate source of peer support and an entry into the adolescent social culture within the program.

Big brothers/sisters also teach new members house etiquette, how to perform hallway chores and work crew jobs, where and how to store personal belongings, and how to behave during *house meetings* and meals. They also reinforce the program's *Cardinal and House Rules* and provide gentle corrections when new members exhibit inappropriate behavior. Big brothers/sisters serve as a major source of peer support should new members be going through personal crises. They ensure that the induction members are never left alone and are included in all other house and member activities.

**Why:** Reinforces peer aspect of the community and encourages new members to rely upon their peers in treatment.

Ensures that new members have an entry into the adolescent therapeutic culture of the NYC residential center. By observing the actions and behavior of their big sister/brother, induction members learn the NYC cultural rules and mores.

Provides older members with a chance to demonstrate responsibility and give back to the program. Shows older members that they are trusted by program clinical staff.

**When:** Big brothers/sisters are assigned upon members' entry into the program. Officially, big brother/sister relationships last for the first 28-30 days of treatment, but usually extend informally beyond that point.

**Responsible:** Upper or Middle Peers, Assigned by Residential Center Program Director

**Quotation:** They have a big brother or big sister that constantly teaches them about the program, and what they can and cannot do, and what the rules are and the structure. And that's the introduction into Dynamic. So you keep giving them as much as you can.

*Susan, Residential Center  
Clinical Staff*

**Quotation:** My big sister. She helped me through those first few days. You know. She was talking to me a lot. Asking me how was I doing, every minute of the day....She's like right there whenever I need her. So, you know, she's

## Section 4.2.1: Residential Program Stages: Induction Member

helped me a lot...She talks to me every minute she can get. You know, always asks me, "What's up, how you doing? " So I've been going to her every minute. Every time I'm feeling something I'm like, "I need my big sister, where is she?"

*Anji, Induction Member*

## Section 4.2.1: Residential Program Stages: Induction Member

<b>Type of Service:</b>	<b>DATA SESSION</b>
<b>Description:</b>	Data sessions are meetings amongst 4 to 5 induction members, 2 <i>older members</i> , and a staff member at which induction members are taught DYC community rules and mores, DYC and therapeutic community principles and philosophies, and treatment goals. Sessions occur on weekends or during other members' family visits or center-structured free time activities.
<b>Why:</b>	<p>Provides new members with added structure during their first stage of treatment so that they have fewer opportunities to <i>isolate</i>.</p> <p>Helps induction members acculturate to the residential center and provides a space for older members to give back to the community.</p> <p>Helps members acquire a good understanding of program mores, <i>House Rules</i>, <i>Cardinal Rules</i>, and expected behaviors.</p> <p>Encourages induction members to interact with older peers in the program and to rely upon them for support and as a source of answers to questions about the program.</p>
<b>When:</b>	<p>Every Saturday and Sunday throughout the first month of treatment, occasionally on Friday nights as well.</p> <p>Data sessions last between 1½ to 2 hours.</p>
<b>Responsible:</b>	<p>Clinical Staff</p> <p>Upper and Middle Peers</p>
<b>Quotation:</b>	<p>I don't know. When I was a new member, I just didn't like to listen to people. And I didn't like to talk and participate. I mean in the data sessions, they would be like, "What do you think about this?" And it would go in a circle and everybody would go and I used to hate it 'cause then I would have to be like, "Look man, I don't feel like talking about nothing. Just leave me alone." But it was very important for my treatment 'cause it got me to start, you know, interacting with other people.</p> <p style="text-align: right;"><i>Harlan, Re-Entry</i></p>

## Section 4.2.1: Residential Program Stages: Induction Member

<b>Program</b>	
<b>Procedure:</b>	<b>HANDLING PERSONAL ITEMS</b>
<b>Description:</b>	<p>Residential center members may request that parents send them clothes, shampoo, and any other personal hygiene items they need while at the residential center. Parents purchase these items at members' request and at their own discretion. They pack the items in sealed boxes or sealed plastic bags and take them to the Brooklyn center when they attend Wednesday parents' night. The items are then transported to the residential center in a NYC van. When personal items arrive at the residential center they are taken directly to a staff office where they are searched by trusted older members and staff for any prohibited items (e.g., drugs, paraphernalia, or CDs with lyrics which encourage or refer to drug use). On the very rare occasion that contraband is found, members are informed that an item arrived in their personals and are encouraged to discuss the event with their parents with the support of program clinical staff. If prohibited items are repeatedly found in a member's personal items, the member may be banned from receiving personal items and will instead be provided the necessary items by program clinical staff.</p>
<b>Why:</b>	<p>Allows members to continue using facial soap, shampoo, conditioner, toothpaste, etc. in brands they prefer.</p> <p>Allows members to choose clothes they like to wear.</p> <p>Growing members occasionally need new clothes over the course of their year at the residential center.</p>
<b>When:</b>	Weekly as needed during members' tenure in the residential program.
<b>Responsible:</b>	Members Members' Parents Upper Peer Members Clinical Staff

## Section 4.2.1: Residential Program Stages: Induction Member

<b>Program Procedure:</b>	<b>MAIL SCREENING</b>
<b>Description:</b>	<p>During the first few months in treatment, members are vulnerable to negative influences from former friends and relatives who may not understand their decision to enter treatment. For this reason, members may not receive mail from anyone other than a parent, sibling, or other supporting relative (such as a grandparent) while they are an induction member. For the duration of members' time in residential treatment, all incoming mail is screened by a staff member who reviews the letters for negative content and handles any problematic letters on a case-by-case basis. Problematic letters may include: negative messages about self-worth, treatment, or personal accomplishments; abusive language or intent; messages from old friends or others who are currently abusing drugs; content which promotes drug use or describes a culture which promotes drug use; messages which contradict program rules; messages of a sexual nature; and subjects which may cause potential discord between members and their families.</p> <p>If a letter is deemed problematic, it is held by a staff member and discussed in one of the daily clinical staff meetings. If the program director deems it therapeutically appropriate, members may be allowed to read the letter with a staff member present. If staff believe the content of letters may hinder members' therapeutic progress, staff may discuss the letters with the members and hold the letters until the member has progressed further in treatment. While lower and middle peers may only receive mail from relatives, with staff permission, upper peers may occasionally receive mail from old friends who are not drug involved. In addition, upper peers may write to former friends as long as these friends are not negative influences and maintain positive and supportive dispositions.</p>
<b>Why:</b>	<p>Distances members from influences that could negatively affect treatment.</p> <p>Provides space for staff to discuss potentially volatile subjects that may have been triggers for members' drug abuse in the past.</p>
<b>When:</b>	For the duration of members' treatment at the residential center.
<b>Responsible:</b>	Clinical Staff



## Section 4.2.1: Residential Program Stages: Induction Member

<b>Program Rule:</b>	<b>NO SEXUAL INTERACTIONS AT RESIDENTIAL CENTER</b>
<b>Description:</b>	One of the rules that induction members first learn is that there is no sexual interaction allowed between members at the residential center. Two members of the opposite sex may not be alone together nor may individual members spend excessive amounts of time around members of the opposite sex. Although members of both genders interact on a daily basis, members are encouraged to form close friendships with same-sex peers. Induction members especially are monitored to make sure they are not spending time alone with members of the opposite sex. If members are found to be engaging in sexual activity, a <i>learning experience</i> or <i>contract</i> will be assigned. If sexual acting out occurs repeatedly during treatment, members may be discharged from the residential center to ensure the emotional safety of all other residential center members. As members progress to the day treatment and re-entry stages of the program, permission to begin dating is granted on an individual basis.
<b>Why:</b>	<p>Allows members to focus on their own therapeutic issues, such as self-esteem, rather than on romantic attachments.</p> <p>Encourages members to form therapeutically beneficial, platonic friendships.</p> <p>Encourages close same-sex friendships, which often have not been experienced, especially in the female population.</p> <p>Ensures that the center is a safe place for all members, especially those who have experienced sexual victimization and/or discrimination prior to entering treatment.</p>
<b>When:</b>	Rule is applicable throughout residential treatment and for the beginning stages of day treatment.
<b>Responsible:</b>	Clinical Staff Residential Center Program Director and Assistant Program Director Individual Members
<b>Quotation:</b>	I used to get haircuts <verbal reprimands> for hanging out with the guys too much. “You’re with the guys too much. You’re with the guys too much.” And then I used to get mad at the girls who were telling me not to hang out with the guys. ‘Cause I used to be like, “You do it too. Don’t tell me. You do it.” Like, “Why?” And I used to get very angry....But it’s definitely for your betterment. It’s just while it’s going on you don’t wanna do it.

*Faith, Day Treatment*

## Section 4.2.1: Residential Program Stages: Induction Member

**Program Rule:** APPROPRIATE ATTIRE

**Description:** Residential center members may not wear clothing with explicit or covert messages pertaining to drugs, drug or alcohol use, or a drug lifestyle. These items are known within the program as clothes that promote a *street image*. In addition, excessive piercings must be removed, and members may not wear clothing or jewelry that resembles chains or other items which promote a street image. Girls may not wear overly revealing or tight clothing. Hair must be cut in a relatively natural style and, if dyed, in a natural shade. Girls may wear neutral colored makeup, lipstick, blush, eye shadow, etc. but not to excess. Tasteful jewelry and jewelry with religious and/or familial significance may be worn by both boys and girls.

Members may not listen to any music that overtly refers to or promotes drug culture, drug lifestyle, or drug images or that contains graphic language, descriptions of sexual acts, or profanity. Personal effects kept in the dorms are monitored for drug messages and reminders of the members' past drug-using lives. Members are not allowed to bring posters to the residential center but may bring and display pictures of family members.

Members may also attempt to hold onto their street image through their behaviors and actions, which are closely monitored by program clinical staff. Conformation to a street image is a highly individualized process of expression. One action or personal belonging can have significance to one member and mean nothing to another. Therefore, staff approach members on a case by case basis with respect to street images.

**Why:** Street image promotes cliques within the center and hinders the therapeutic community treatment process.

Listening to music which reminds members of a drug lifestyle or wearing clothes which promote drug or alcohol use is counterproductive to the therapeutic process.

Although members may not display street images, NYC staff and directors do want members to have an opportunity for self-expression in clothing, jewelry and, where appropriate, makeup. Self-expression helps members feel comfortable at the residential center and comfortable with their changing personalities, goals, and identities.

**When:** All physical ties (clothing, piercings, hairstyles, etc.) to members' street images are removed or altered upon entry into the residential center.

**Responsible:** Clinical Staff  
Program Peers

## Section 4.2.1: Residential Program Stages: Induction Member

**Quotation:**

So I see a lot of kids here. And then it's like, wait, they're in good shape, you know, they're dressed up, you know. They looked nice, you know. Then after that I was like, I was walking around on my first day when they gave me a big brother. They had me shave and everything. It was like they took who I was at that time, they got rid of that shit so they had something to work with. I don't know, it was a weird day for me. Really was. I walked around and everybody's so positive, like all my street behavior, it was like I would expect them to have it. It was like they didn't have it, you know. They weren't on the streets like that, you know. Everybody there was very positive. I never seen that before, you know?

*Carlos, Residential*

## Section 4.2.2: Residential Program Stages: Lower Peer

<b>Type of Service:</b>	<b>TRANSITION TO LOWER PEER</b>
<b>Description:</b>	Once induction members have been in the program 28 to 30 days, have learned the program philosophy, creed, and cheer, and have demonstrated some behavioral and attitudinal change, they are ready for and may request to transition to lower peer status. Upon members' request and staff approval, members may remove the green ribbon from their shirts and announce their transition to lower peer status at the next <i>house meeting</i> . New lower peers are congratulated by other members at the close of the meeting.
<b>Requirements:</b>	Members know the DYC philosophy, creed, and cheer.  Members show adequate knowledge of the program rules.  Members show respect for staff and other members of the program.  Members can perform all work crew and hallway chores satisfactorily.  Adolescents have become active participatory members of the community.
<b>Why:</b>	Members' accomplishments are recognized by the community and they are given an opportunity to be congratulated by fellow peers and staff, thus reinforcing the supportive community atmosphere.
<b>When:</b>	Once members have completed at least 28 days in the program.
<b>Responsible:</b>	Induction members eligible for transfer to lower peer status Clinical Staff Residential Center Program Director
<b>Quotation:</b>	I was just like, "Yes, I made it. I made something. I did something. I've achieved that much. I'm off. I'm clean!" I was excited. In-houses. Phone calls. I could go outside and go to the movies. To Stewart's. I'm free, you know, in a positive way, I can do things. <i>Belinda, Residential</i>

## Section 4.2.2: Residential Program Stages: Lower Peer

**Program Stage:** LOWER PEER

**Description:** During the lower peer stage of treatment, members learn how to recognize their feelings and begin to understand the ways in which those feelings motivate their behavior. Members in this stage may make changes in their behavior because they wish to conform to the community, not necessarily because they have an internal motivation for behavioral change. Lower peers can request work crew changes, but may not yet hold status positions on work crews. Lower peers are expected to fully participate in group therapy, help monitor other members' behavior, and acculturate new members into the program. They attend school daily if appropriate. Lower peers may also make phone calls to their families and are provided support during and after these calls, as needed. With approval, families may visit lower peers at the residential center on weekends.

**Why:** Members become integrated into the structured therapeutic environment.

Members begin to identify and address emotions, feelings, and personal issues in group therapy.

Members learn basic appropriate behavior patterns while working and interacting with fellow peers.

Members are encouraged to curb inappropriate and negative responses to unpleasant tasks and to learn new ways to cope with adversity.

Members begin to change relational patterns with parents through brief and structured contact.

Members learn to start making appropriate decisions regarding free time activities and actions.

**When:** After transition from induction member.  
Approximately the 2<sup>nd</sup>-4<sup>th</sup> month in program.

**Responsible:** Clinical Staff  
Residential Center Program Director

## Section 4.2.2: Residential Program Stages: Lower Peer

### Program

**Procedure:** FIRST PHONE CALL HOME

**Description:** Members may request to call home upon achieving lower peer status. Calls are screened by staff members who help members through any difficulties experienced during or after calls. Call duration is usually approximately 10 minutes during which members and parents catch up on family and personal events. Members who do not request to call home are not forced by clinical staff to make calls. Rather, members are given the option to discuss their reasons for not wanting to call home in a *one-to-one* counseling session with clinical staff. Special problems, issues, and concerns are worked out on an individual basis.

**Why:** Helps members begin a gradual re-introduction to the family system and provides space for them to form new relational patterns with their families.

**When:** At member request following transition into lower peer stage, usually 28-30 days into treatment.  
Phone calls home usually last approximately 10 minutes.

**Responsible:** Clinical Staff  
Lower Peers

**Quotation:** They have a great rule upstate at the residential center. It's like, when you go upstate you're not allow to call your house for a month. So after you one month upstate you're allowed to call your house. And I know for myself if they would have let me call--like say, this rule would not exist and they would have let me call--I would have tell them, "Mom listen, I don't give a damn, if you're not picking me up right now I'm walking through the forest and I'm going to the city and getting high. I don't give a damn." And it's a good thing because, after I was there for a month, I sorta kinda got used to it, and from the groups upstate I understood how many bad things that I've done to my parents and I didn't really want to hurt them anymore. You know what I'm saying? So, I decided to stay. I mean, I told my mom that I don't really like it much when I called for the first time but I told her I realized a lot of things that I needed and if I would be out there I would die so I wanna stay. Something will come out of it.

*Eryk, Day Treatment*

## Section 4.2.2: Residential Program Stages: Lower Peer

**Program**

**Procedure:** PHONE CALL REQUEST

**Description:** After the first phone call, members may request to make phone calls to their parents and/or siblings 1 to 2 times per week. Members request these calls by writing the name of the person they wish to call and the reason on a piece of paper and submitting it to a clinical staff member. Staff grant phone call permission based on members' individual needs and generally approve these requests unless they believe a phone call home will be counterproductive to a member's progress in treatment. If this is the case, then members may submit a request for a phone call home during the next week. Members who do not make requests to call home are encouraged to do so by program clinical staff. All members making phone calls home are offered the encouragement and support of a staff member or an upper peer member immediately following the phone call.

**Why:** Encourages members to maintain links with their parents and siblings while receiving the support offered by the residential center.

Written phone call requests ensure that members have thought about and planned the phone call. Ensures that members aren't calling on the spur of the moment or because they have been triggered by a transient issue which arose during the day.

**When:** Upon request and during the evenings at the residential center, generally from 7:00-10:00 p.m.  
Phone calls home usually last approximately 10 minutes.

**Responsible:** Clinical Staff

## Section 4.2.2: Residential Program Stages: Lower Peer

### Program Procedure: FAMILY VISIT TO RESIDENTIAL CENTER

**Description:** After they transition to lower peer status, members may receive visits at the residential center from immediate family members. Also called *in-houses*, family visits usually occur on either Saturday or Sunday afternoons. Parents and siblings may bring picnic lunches and eat together on the center grounds. As they become more committed to their treatment and more plugged into the program, members may request to leave the center property and get ice cream or fast food with family members during family visits.

Family visits are initially scheduled by members and parents who choose a mutually beneficial date. Dates are then approved by clinical staff pending members' progress in treatment and individual therapeutic needs.

**Why:** Provides an opportunity for families to gain a better understanding of treatment at DYC and the daily functions of the residential center.

Allows families to become familiar with the residential center property and staff.

Allows members to spend time with their families in a safe environment.

Allows families to see concrete examples of their child's progress in treatment.

**When:** Once members achieve lower peer status, family visits occur occasionally throughout the remainder of the member's residential treatment.

**Responsible:** Clinical Staff  
Individual Members  
Members' Parents

**Quotation:** **Interviewer:** Do you feel that your father attending is important to you?  
**Chuck:** Yeah. He's very supportive. They have in-houses where the parents come up. And the first three times he came up he brought a lot of food for everybody....He's just really supportive.

*Chuck, Residential*

**Quotation:** I'm divorced. So I'd have my daughter on every other weekend or on the weekends. And when I <went to> visit my son at the upstate residential center, my daughter would come. And my daughter would come to the flea markets and stuff at the Dynamite center. And when she was real small, when we were upstate one time she said, "You know Daddy, Reece doesn't have it so bad up here. He has lots to do. He has plenty of friends. And he always has somebody to talk to."

*Logan, Program Parent*



### Section 4.2.3: Residential Program Stages: Middle Peer

**Type of Service:** TRANSITION TO MIDDLE PEER

**Description:** When lower peers achieve the following requirements, staff promote them to the middle peer stage of treatment. Members are not overtly notified of this status change, but are slowly given added responsibilities and privileges afforded to a middle peer including work crew job changes and increased responsibility in hallway chores.

**Requirements:** Members have been calling home regularly.

Members require minimal supervision in work crew and hallway chores.

Members have been regularly participating in group therapy and seminars.

Members show motivation toward their own treatment.

Members show concern for and give support to other members in the house.

**When:** On an individual basis, generally at about 4 months into treatment.

**Responsible:** Clinical Staff

## Section 4.2.3: Residential Program Stages: Middle Peer

**Program Stage:** MIDDLE PEER

**Description:** The third residential treatment stage, middle peer, generally corresponds to months 4 through 8 in the program. By the time members become middle peers they have begun to develop new behavioral patterns that promote more positive reactions from family, peers, and staff. The realization that members have responsibility for their own actions begins to emerge at this stage. Personal success in community tasks and expectations help to increase self-esteem and self-confidence. Middle peer members have begun to participate actively in group therapy discussions and have also begun to earn positions of increasing responsibility in the house work crew structure. Middle peers may apply for and be granted positions of status on work crews, such as *ramrod* or *department head*. Middle peers have become acculturated into the NYC therapeutic culture. After approximately 4 to 5 months in the program, middle peers may apply for a weekend home to visit parents and siblings. They attend these weekends with another program peer who serves as an escort.

**Why:** Members' increased responsibility for their own treatment and the community in general is recognized by increased status within the program.

**When:** Generally the 4<sup>th</sup>–8<sup>th</sup> month of treatment.

**Responsible:** Residential Center Program Director  
Clinical Staff

## Section 4.2.3: Residential Program Stages: Middle Peer

### Program

**Procedure:** HOME VISIT REQUEST

**Description:** With middle peer status, members are allowed to request a home visit for a weekend by submitting in writing the reason they desire the visit and who they will see from their family during the visit. The protocol for requesting a home visit is similar to the protocol for a requesting a first phone call home—members must want to visit their parents, and must be therapeutically ready for this visit. Staff may grant or deny requests for a visit depending on members' desire and therapeutic readiness to be within the family and/or larger cultural environment again. Requests are generally granted unless staff feel the visit may trigger issues which could lead members to use drugs or *split* treatment. Members denied a home visit may request one again in two weeks.

**Why:** Spontaneous requests are not granted. Request and approval process ensures that members and/or families are therapeutically ready to attend a home visit and that members first consider their reasons for wanting to visit home.

Encourages members to learn how to cope with and understand staff's reasons for acceptance or rejection of requests.

**When:** After a member achieves middle peer status.  
Upon written request and staff approval.

**Responsible:** Clinical Staff  
Residential Center Program Director  
Residential Center Assistant Program Director

**Quotation:** I think consistency is important....Recognizing that just because things are going a little rough, they can still be consistent in life. You don't have to walk away from it and quit. We talk about therapeutic community....It's our community and it's very therapeutic. It's geared that way so that they have to cope and deal with situations. "I know you didn't get your request for that. We want to see more of this – a, b, and c." Something that that person has to now deal with, the fact that he didn't get what he wanted, or she didn't get what she wanted. And still do your job and still don't act out and still keep on moving in a positive direction, learning how to take a no.

*John, Residential Center  
Program Director*

## Section 4.2.3: Residential Program Stages: Middle Peer

### Program Procedure: HOME VISIT

**Description:** When home visits are granted, members are escorted home by an upper peer member who acts as a chaperone and source of support if family problems should arise or if members should find themselves tempted to use drugs. Members may put in a request for a specific upper peer to serve as their escort, which is accepted or rejected by staff based on therapeutic appropriateness. Home visits generally last 2 days and occur either Sunday through Tuesday or Friday through Sunday. Generally, the first few home visits take place on Sunday through Tuesday. Members and peer escorts arrive at the Brooklyn center on Sunday afternoon, spend Sunday and Monday nights with home visit members' family, and attend Brooklyn center day treatment on Monday and Tuesday. Home visit members are picked up by a DYC center van at 6:00 p.m. on Tuesday and driven back to the residential center.

**Why:** Gives members, parents, and siblings the opportunity to slowly become accustomed to personality changes and to reshape familial patterns over the course of 6 months prior to members' return to the home environment.

Teaches members to adhere to program rules while away from the center.

Allows members to slowly become acquainted with Brooklyn center staff and members so that their transition into day treatment is gradual and as comfortable as possible. Also allows members to create and practice strategies for coping with eventual return to the city environment.

**When:** The first home visit occurs approximately 3-4 months into treatment and visits increase as members progress through treatment.

**Responsible:** Clinical Staff  
Upper Peer Escorts, Chosen by Clinical Staff

**Quotation:** Like in four months we get to go home first time?...Which is gonna be in about a month I'll go home, hopefully. I don't know, I'm scared. I am. 'Cause, I don't know, what can I do whenever I see something that's gonna bring me back (make me remember using drugs), I don't know. It scares me. It scares me a lot.

*Bianca, Residential*

**Quotation:** You know, for me, I think it's very important because I need to go back and try to work some of the things out with my parents....I mean I need some quality time to spend with them, you know. And I like it just because I can feel like, "All right, I got out, and I can lay in my own bed for a little while, watch TV," you know. It's a good break. And it's definitely needed.

*Darryl, Residential*

## Section 4.2.3: Residential Program Stages: Middle Peer

**Type of Service:** PEER ESCORT

**Description:** Peer escorts are older peers who have demonstrated responsibility and who accompany other members on home visits. Escorts are assigned by clinical staff prior to weekend visits home. These escorts ensure that members travel from the center to their home and back again without succumbing to potential trigger situations. When confronted with old friends or neighborhood acquaintances, peer escorts act as a source of support and serve as a buffer between members and these difficult situations; they also help members through potentially difficult issues that might occur within the home. Once it is determined by staff and individual members that their visits home are productive, members may request to visit home without an escort.

**Why:** Provides a source of support and friendship for members completing a home visit.

Provides an opportunity for members' parents to become acquainted with other DYC program members.

Presence of an older peer reduces the possibility that members will split treatment or use drugs while on a home visit.

**When:** Escorts accompany members for their first few visits home. Escorts stay with the members at all times during the home visit.

**Responsible:** Peer Escort Members  
Members Visiting Home  
Clinical Staff

**Quotation:** **Carlos:** Ever hear of Public Enemy?  
**Interviewer:** Mmm hmm.  
**Carlos:** I got a couple things on them. I'm looking around my room and my escort's like, "What're you doing?" And I told him, "Do you think I could put those CDs on?" He was like, "Noooo! Come on, bro." I said, "I'll turn the volume down!" I showed him on the radio. I could do it, you know? <mimics turning the volume down> He's like, "No, that's compromising." "So, what if I beat them out in my head?" I wanted to listen to them, you know? But, oh well.  
**Interviewer:** So he was keeping you pretty in line then.  
**Carlos:** <smiling> Yeah.

*Carlos, Residential*

### Section 4.2.3: Residential Program Stages: Middle Peer

**Type of Service:** TRIP SHEET

**Description:** Members and peer escorts who participate in home visits must submit to a description of their intended activities during the home visit to clinical staff. This document is known as a trip sheet. Unless otherwise noted on the trip sheet and pre-approved by staff, all members and peer escorts are expected to be at members' homes any time that they are not at the Brooklyn center or in transit to or from the Brooklyn center. Parents who wish to take their children, along with their peer escorts, out for dinner, etc. must arrange these activities with members prior to the home visit. No spontaneous activities outside of the home are permitted. Trip sheets are submitted to staff 2 days before a scheduled home visit. Individual clinical staff members review the sheet, discuss any potential problem points with members and accept or deny the sheet. If a sheet is denied, members must work out an alternative schedule with their parents.

**Why:** Provides structure for members to follow during visits home.

Ensures that members and families participate in pre-approved beneficial activities and that neither members nor peer escorts are faced with difficult situations that could lead to relapse or trigger negative emotional issues.

Assures staff of members' whereabouts for the duration of their home visit. This minimizes *split* potential and ensures that if members do split from treatment during a home visit, parents and staff will have a detailed idea of their last whereabouts.

**When:** Trip sheets are submitted to staff at least 2 days prior to the scheduled home visit.

**Responsible:** Clinical Staff  
Residential Center Program Director

### Section 4.2.3: Residential Program Stages: Middle Peer

<b>Program Procedure:</b>	<b>GIVING INFO</b>
<b>Description:</b>	<p>Upon their return to the residential center, members and their peer escorts must give info. When members give info, they discuss their home visit with clinical staff and inform them of any difficult interactions or events. Incidents that should be reported are disagreements with family members, interactions with old friends, trigger points encountered, and other potentially difficult situations. Giving info usually takes the form of a <i>one-to-one</i> counseling session. In addition the peer escort member is also asked to give info. Some of the information given by members can be cross-referenced with parents or peers, but members are generally trusted to give the correct information.</p>
<b>Why:</b>	<p>Provides members with the opportunity to identify and address trigger points and difficult issues faced during their return to the city and gives them space to talk about and understand feelings, events, and interactions encountered during visits home.</p> <p>Helps staff to identify salient issues and problematic interactions that members might face when they transition to day treatment, the city, and the family environment.</p>
<b>When:</b>	Immediately upon return to the residential center after a visit home.
<b>Responsible:</b>	Clinical Staff Residential Center Program Director Members Returning From a Home Visit Peer Escort Members

## Section 4.2.4: Residential Program Stages: Upper Peer

**Type of Service:** TRANSITION TO UPPER PEER

**Description:** When members have demonstrated commitment to their own treatment, increased responsibility and trustworthiness in the house, concern for their fellow members, and responsibility on work crews, they are ready to transition to upper peer status. This transition may be slow or may occur all at once, depending on individual members' needs. Generally the most obvious sign of a transition to upper peer status is a higher status work crew assignment (e.g., *department head* or *expediter crew*).

**Requirements:** Members serve as a role model to the community.

Members are taking the initiative to teach younger members about DYC.

Members have begun to take on a few extra responsibilities in the program.

Members have made significant progress in group therapy by identifying and addressing major personal issues.

Members are in frequent contact with their families.

Members have completed several successful home visits and are calling home regularly.

**When:** Approximately 7-8 months into treatment.

**Responsible:** Clinical Staff  
Residential Center Program Director



## Section 4.2.4: Residential Program Stages: Upper Peer

**Program Stage:** UPPER PEER

**Description:** The final stage of residential treatment, upper peer, generally takes place between members' 8<sup>th</sup> and 12<sup>th</sup> month in the program. Upper peer members have begun to conform to program ideals. They have generally emerged as leaders within the community and may hold higher level positions on the center's work crews. They have made a commitment to their own treatment, their peers, and the community. Upper peers are able to talk in group therapy willingly and encourage other *younger members* to talk as well. By the time they become an upper peer, members have gained organizational and leadership skills that help them work collaboratively with peers and staff. They have submitted requests for and completed home visits and have begun to prepare themselves for eventual transfer to the Brooklyn day treatment center.

Once they attain upper peer status, members are usually given a job change, which might include promotion to a work crew position requiring a high level of leadership and responsibility. Upper peer members may also be given additional privileges such as permission to miss a house meeting if they are busy working with their crews, or permission to stay in the main house and socialize after regular curfew. Upper peers may participate in approved trips off the residential center property with program clinical staff. All upper peers are expected to help acculturate new members by teaching them the rules and mores of NYC and monitoring them for problems. Those who demonstrate exceptional responsibility are allowed to serve as a big sister/brother to induction members and/or as a *dorm head*. Upper peers begin to go on unescorted home visits every other weekend.

**Why:** Recognizes members' achievements, accomplishments, and commitment to treatment.

Prepares members for transition to day treatment, the city, and the Brooklyn center.

Allows members to serve as role models for induction, lower, and middle peers.

Creates situations in which members must deal with the potential problems of increased responsibility.

**When:** Generally from about 7-8 months into treatment until transfer to the Brooklyn center.

**Responsible:** Clinical Staff  
Residential Center Program Director

## Section 4.2.4: Residential Program Stages: Upper Peer

<b>Member Responsibility:</b>	<b>DORM HEAD</b>
<b>Description:</b>	Staff choose upper peer members to serve as dorm heads and supervise the hallway chores for each dorm. Dorm heads are responsible for the division of the hallway cleaning chores and for ensuring that all of the chores are completed satisfactorily. If staff find that chores have not been completed correctly, dorm heads are held accountable.
<b>Why:</b>	Teaches members responsibility for their own and others' behavior.  Promotes supervisory skills.  Ensures all hallway chores are completed correctly.
<b>When:</b>	Upper peer members who have demonstrated responsibility in the program may be assigned to the position of dorm head. Dorm heads are responsible for supervising hallway chores every morning.
<b>Responsible:</b>	Upper Peers Assigned as Dorm Heads Residential Center Program Director Clinical Staff

## Section 4.2 Key Points Summary

### Key Points Summary

- Members progress through 4 separate stages of treatment at the residential center: induction member, lower peer, middle peer, and upper peer. Each stage is marked with increased responsibility, work crew job changes, increased contact with parents and siblings, and more status within the DYC therapeutic community culture.
- Members are tracked daily on a population sheet which lists their names, work crews, birth dates, etc. according to members' stages in the program. Members who have been in the program the longest appear at the top of the sheet, or *top of the pop*. Using the pop sheet, members can estimate the length of time they have in residential treatment before they are transferred to the Brooklyn center for day treatment.
- Parents may send personal items to their children at the residential center so that residential center members may use personal hygiene items in the brands they prefer
- Members and parents/siblings or other close relatives write letters to each other throughout the duration of members' residential treatment. Incoming mail is screened by staff in order to assure that members do not receive mail with negative messages. Upper peers may write letters to pre-approved positive old friends provided those friends are not drug users or promoters of drug use culture.
- Dating and sexual interactions are not allowed at the residential center. Members are monitored closely to enforce this rule and may not spend excessive amounts of time with members of the opposite sex.
- Members may not wear clothing, jewelry, or hair styles that represent their former drug-using culture.
- Induction members are new members at the residential center. Upon arrival to the residential center, they are assigned to a big brother/big sister who provides support during their transition into treatment and answers induction members' questions about the center, daily activities, or treatment at DYC. Induction members participate in data sessions to learn program rules, cultural norms, and mores. Induction members wear a green ribbon during their first 28-30 days in the program to remind other members that they are new and may need additional guidance at first. After approximately 30 days, ribbons are removed and induction members become lower peers.
- Lower peer status is generally granted after members have completed approximately 30 days as an induction member. As lower peers, members may now walk around the center unaccompanied, make phone calls home, and request a work crew change.
- Members may request regular phone calls to parents and siblings after they achieve lower peer status. Staff members and older peers provide support on initial phone calls home in case these calls provoke unexpected feelings or problems.

## Section 4.2 Key Points Summary

- After they transition to lower peer status, members may receive visits at the residential center from immediate family members on either Saturday or Sunday afternoons.
- Members transition to middle peer status after approximately 4 months in treatment. At this point in treatment, members should be showing personal commitment to their own treatment. During this stage, members may begin receiving promotions to work crew assignments which require more responsibility, such as *ramrod*.
- Around the time they transition from lower peer to middle peer status, members make their first visit home. Visits home then occur every 1-3 weeks for the duration of members' tenure in residential treatment. Members must submit a written request to visit home. Visits home are approved by staff if therapeutically appropriate. If not therapeutically appropriate at that point in time, members may again request a home visit in 2 weeks. Once a visit home is approved by program clinical staff, members submit a trip sheet which details their planned activities while on the home visit. Activities may not deviate from what is listed on the trip sheet. Members are accompanied on home visits by a peer escort who provides emotional and friendship support.
- Members are encouraged to discuss their experiences and emotions resulting from the home visit with clinical staff. This is called giving info.
- The upper peer stage is the final stage in residential treatment before members are transferred to the Brooklyn center for day treatment. Upper peers are expected to mentally begin preparing for the transition and to act as role models for younger peers. Upper peers may receive the responsibility of dorm head or big sister or big brother to an induction member.

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## Section 4.3: Therapeutic Elements

### Therapeutic Elements: Residential Center

Elements	Stage in Program			
	Induction Member	Lower Peer	Middle Peer	Upper Peer
<b>Group Attendance</b>				
Encounter Group	Mon. & Fri.	Mon. & Fri.	Mon. & Fri.	Mon. & Fri.
Static/Peer Group	Wed.	Wed.	Wed.	Wed.
Extended Group	N/A	Once during stage	Once during stage	Once during stage
Special Group with Parents	N/A	Twice during treatment and additionally if needed		
Special Group with Others	N/A	As needed	As needed	As needed
Women's/Men's Group	Once	Monthly	Monthly	Monthly
Women's Retreat	Once during residential treatment			
Data Session	3 times per week	N/A	N/A	N/A
<b>Additional Counseling Services</b>				
One-to-Ones (Ind. Counseling)	Twice per week	Twice per week	Once per week	Once per week
Spontaneous Discussion	As needed	As needed	As needed	As needed
Confrontation	As needed	As needed	As needed	As needed
Talking to	As needed	As needed	As needed	As needed
Haircuts (Verbal Reprimands)	As needed	As needed	As needed	As needed
<b>Work Therapy</b>				
Work Crew Chores	Daily	Daily	Daily	Daily
Job Changes	N/A	Approx. every 2 mos.	Approx. every 2 mos.	Approx. every 2 mos.
Department Head Meetings	N/A	N/A	Once per week	Once per week
General Inspection (GI)	Weekly	Weekly	Weekly	Weekly
<b>House Meetings</b>				
Morning Meeting	Daily	Daily	Daily	Daily
Noon Meeting	Daily	Daily	Daily	Daily
Evening Meeting	Daily	Daily	Daily	Daily
<b>Vocation / Education</b>				
School	Mon. – Fri.	Mon. – Fri.	Mon. – Fri.	Mon. – Fri.
Placement Testing	Upon Entry	N/A	N/A	N/A
Reading/Homework Time	Daily	Daily	Daily	Daily
Tutoring	As needed	As needed	As needed	As needed
General Equivalency Testing	N/A	N/A	N/A	Where appropriate
Vocational Counseling	N/A	As needed	As needed	As needed
Vocational Training	N/A	Where appropriate	Where appropriate	Where appropriate
Life Skills Training	Where appropriate	Monthly	Monthly	Monthly
Seminars	1 or 2 per week	1 or 2 per week	1 or 2 per week	1 or 2 per week
<b>Daily Living</b>				
Hallway Chores	Daily	Daily	Daily	Daily
Laundry	Weekly	Weekly	Weekly	Weekly
<b>Recreation</b>				
Organized Sports	Seasonal	Seasonal	Seasonal	Seasonal
Planned Recreational Activity	4 times per week	4 times per week	4 times per week	4 times per week
Midnight Snack	Daily	Daily	Daily	Daily
Other Trips	N/A	Where appropriate	Where appropriate	As needed
Family Outings	N/A	Where appropriate	Monthly	Monthly

### Section 4.3: Therapeutic Elements

Elements	Stage in Program			
	Induction Member	Lower Peer	Middle Peer	Upper Peer
<b>Health</b>				
Full Physical Exam	Upon Entry	As needed	As needed	As needed
TB, HCV and other tests	Upon Entry	As needed	As needed	As needed
Doctor, Specialist Visits	As needed	As needed	As needed	As needed
Health Awareness Seminars	Once during stage	Monthly	Monthly	Monthly
Psychiatric Services	As needed	As needed	As needed	As needed
Additional Health Services	Available 5 days a week as needed			
Smoking Cessation	As needed	As needed	As needed	As needed
<b>Parental/Family Contact</b>				
Letters	At request, screened	As desired, screened	As desired, screened	As desired, screened
Phone Calls	N/A	At request, screened	At request, screened	When desired
Family Visits	N/A	Once during stage	Twice during stage	3X during stage
Brooklyn Visits	N/A	Once, if ready	Once to 3 times	Every few weeks
<b>Family Counseling</b>				
Parents' Group	Once per week	Once per week	Once per week	Once per week
Parent-Child Group	As needed	As needed	As needed	At transition time
Individual Family Counseling	As needed	As needed	As needed	As needed



## Section 4.3.1: Therapeutic Elements: Group Therapy

### Group Therapy

Structure, group therapy, *work therapy*, and *behavior modification* are key elements of treatment at DYC. However, unlike work therapy and behavior modification, group therapy sessions provide an opportunity for adolescents to analyze what motivates their behavior and actions. The primary purpose of all group therapy at the residential center is to promote individual growth by providing a space in which members may express themselves in an open, honest, and supportive atmosphere. Therapeutic community philosophy believes that members may learn as much or sometimes more from their peers than from clinical staff. Dynamic Youth adapts this TC tenet to the adolescent community by encouraging members to support, question, and interact with each other while respecting clinical staff's experience when coping with an individual's particular concerns or issues. Members in the first year of their treatment process do not always have the skills to locate the sources of their own stress. Therefore, while member participation is greatly encouraged in group therapy, staff at the residential center often direct the focus and nature of group therapy discussions. All group therapy sessions are meant to promote thoughtful reflection and self-awareness amongst individual members. Often a group therapy discussion will center on one member's particular issues or problems but will also apply to many other members.

At the residential center, regular group therapy sessions are held every Monday, Wednesday, and Friday from 1:00 p.m. until 5:00 p.m. The length of DYC's group therapy sessions is consistent with TC principles, which consider 3 to 4 hour group therapy sessions a sufficient amount of time to break down members' inhibitions and begin working on their inner emotional issues. DYC believes that shorter group therapy sessions would be more likely to gloss over the really important problems that members have. If the need arises, extra group therapy sessions may be called by staff at any point during the day or night. The various types of group therapy that DYC offers each serve a particular purpose and employ different strategies for encouraging the members to share and analyze their thoughts, feelings, emotions, behaviors, and motivations. Wednesday afternoon group therapy sessions are *static groups* (the same members attend the same group every week, thus building rapport within the group and encouraging discussion of ongoing feelings). Monday and Friday *encounter group* compositions change according to individual members' needs or concerns, and use behavior monitoring by the members' peers to bring up salient therapeutic issues. *Extended groups* last much longer than regular groups and help to break down members' defenses and inhibitions to allow deeper issues to surface. Lastly, women's groups, special groups and peer groups each vary group membership and content to address specific issues common to the group. All groups, excluding the regular encounter and static groups, are called on an as-needed basis and preclude the regular daily schedule.

Generally, group therapy sessions are comprised of 6 to 9 members and 1 to 2 clinical staff. Extended groups usually contain fewer than 9 members. Group therapy sessions are held in staff offices, the house group room, and, if the weather is nice, outside on the screen porch. Chairs are arranged in a circle in the center of the room so that all members can see all other group members. The staff member(s) leading the group sit in the member circle and not in a position of power. Because of the potential for strong emotion during group therapy sessions, discussions are occasionally heated and loud. Members are not allowed to use curse words on residential center property but may occasionally use them in group therapy sessions when they

## Section 4.3.1: Therapeutic Elements: Group Therapy

feel it necessary to express themselves. Occasionally, staff redirect the members' conversation to maintain a productive and therapeutic conversational level within the group. The staff member(s) leading the group must form strategies to redirect the group in subtle ways which do not inhibit the open and natural flow of group conversation. Although the group compositions change, general protocol is that all group therapy sessions must contain at least 2 females or 2 males. They cannot be composed of all males and 1 female or vice versa.

### **Group Code of Confidentiality**

All topics discussed in group therapy sessions are subject to a code of confidentiality and may not be discussed by members outside of the group therapy context. Personal issues, feelings, and emotions raised in the context of group therapy are not for public knowledge amongst the rest of the house. Members may discuss their personal issues with other members but may not discuss issues related to fellow group members raised during group therapy. On the rare occasion that members break group confidentiality, they may receive *learning experiences* or other types of reprimands from clinical staff and will most likely be socially reprimanded by program peers. It is rare that a breach of group confidentiality occurs at the residential center. Once they have discussed difficult personal feelings and issues in a group therapy context, most members realize the inherent value of the group code of confidentiality.

## Section 4.3.1: Therapeutic Elements: Group Therapy

**Type of Service:** ENCOUNTER GROUP

**Description:** Encounter groups are a form of group therapy that allow members to challenge the behavior of their peers and, on occasion, staff. They are structured so that members are encouraged, usually by other members, to examine their own thoughts, feelings, and emotions and the role feelings play in influencing past and present behavior. Encounter groups, always carefully moderated by staff members, allow members to confront their own issues while helping their peers do the same.

Because members are just beginning to re-socialize their behavior and are often dealing with painful feelings and memories, the atmosphere at the residential center has the potential to become very emotionally charged. According to therapeutic community philosophy, prior to entering treatment, members were often accustomed to communicating through negative actions and verbal confrontation. As members attempt to reorganize their behavior and social patterns, some daily interactions between members may incur feelings of frustration, anger, pain, and rage. In an effort to promote socially acceptable behavior, members are not permitted to immediately act, or *react*, on these feelings. Rather, they are instructed to *hold your belly* meaning that they should step back from the situation, cool down and re-focus their energy so that they don't act in an inappropriately negative manner.

Clinical staff members constantly monitor members' behavior and interactions and may assign a *learning experience* if they see members not holding their bellies. Members also monitor other members' behavior. If other members see someone immediately acting on negative feelings, they may discuss the behavior in a general context during *house meetings* or choose to *drop a slip* on the offending member.

Dropping a slip is a form of behavior monitoring by peers and a source of material for encounter groups. When members see behavior that they think is inappropriate or harmful to another member, or if after holding their bellies members are still frustrated or angry over an interaction or an incident at the residential center, they may drop a slip on another member or a staff member. Dropping a slip requests that a behavior or incident be brought up in an encounter group.

To drop a slip members fill out a small piece of paper (example below) and drop it into the *slip box* located on the wall of the dining/meeting room in the main house. The box is large and made of wood with a slit in top to drop slips through. It is held closed by a metal clasp. Only staff are allowed to open the box and remove the slips.

## Section 4.3.1: Therapeutic Elements: Group Therapy

**Example of a Slip:** TO: \_\_\_\_\_  
FROM: \_\_\_\_\_  
DATE: \_\_\_\_\_  
REASON: \_\_\_\_\_

The content of encounter groups is organized according to slips that members drop during the week. A clinical staff member collects the slips from the slip box on Monday and Friday mornings before encounter groups and evaluates the claims and incidents listed on the slips. Clinical staff members and the residential program directors meet just after lunch to discuss the various slips dropped and the kinds of interactions in which staff want members to engage. Staff then arrange for members who dropped slips on each other to be in the same encounter group session. Staff facilitate encounter group sessions so that members may address their grievances with each other by choosing the order in which the slips are discussed. Once individual members have voiced their concerns, they may request a response from the other member. Where appropriate, other members may express their thoughts about a particular subject and other member's behavior. Members wait until the group has finished with one person's slip before progressing on to another person's slip or grievance.

Sometimes, by the time an encounter group is called, members have had time to cool down and grievances are no longer important. In this case, groups may skip over that slip and progress to other slips and topics. Occasionally, group discussion of a slip may reveal that the slip-writers are actually the ones who have acted inappropriately and the accused members are innocent of the slip's charges. Topics discussed in encounter groups can be of a positive or negative nature, but vary greatly depending on the individuals involved. Staff members interject into these discussions frequently, providing suggestions, questions, and/or support to facilitate responses and analysis from all members of the group.

**Why:** Provides a constructive outlet for members to voice complaints about other people's behavior in the community. Allows members to discuss grievances with each other openly and honestly in a structured, therapeutic environment. Ensures that all members' feelings are being taken into account.

Teaches members how to practice control and tolerance in their daily lives. Teaches self-discipline, promotes socially acceptable behavior, and keeps the larger social structure of the house under control.

## Section 4.3.1: Therapeutic Elements: Group Therapy

Helps members evaluate and understand their actions in the context of their own and other members' feelings. Encourages members to take responsibility for their own actions and behavior.

**When:** Encounter groups are held Mondays and Fridays, from 1:00–5:00 p.m.  
Slips are available at all times.  
Slips are collected by staff on Monday and Friday mornings.

**Responsible:** Clinical Staff  
Individual Members

**Quotation:** **Daria:** Members. Yeah, members dropped slips. Because they knew something was going on with me. It was either that I had guilt or that I just wasn't talking. And I had dropped all my guilt. They forced the feelings out of me by like trying to get into my stomach. Saying things at me and like trying to get me to go through feelings. And it took awhile. And when I started to go through feelings it was like...it was crazy. Because I don't deal with anything. I pretend it's not there. That's my way. Like if I have a problem with someone in my family, just have an Irish wake for them and move on with my life. I don't deal with anything. I just hide it.

**Interviewer:** But they were able to get you to speak?

**Daria:** They didn't give up until I did. I had no choice.

*Daria, Day Treatment*

**Quotation:** **Interviewer:** Is there anything else that you want to say about DYC?  
**Chuck:** I don't know. It's very different. It's very different than the other program I went to. I really like it. I don't know. There's some days where I don't have my day, but those are the days that really count, really teach you to have that belly control, and just try to talk about it instead of letting it come out in a nasty way. I don't know. That's what I think is the most important part of this program, is being able to cope and deal. That's what I never did out there.

*Chuck, Residential*

## Section 4.3.1: Therapeutic Elements: Group Therapy

**Type of Service:** STATIC GROUP

**Description:** Static groups, so named because of their static membership, are held on Wednesdays at the residential center from 1:00 until 5:00 p.m. Member and staff composition remains the same in static groups for a period of 12 weeks. This routine group structure allows members to become comfortable with a smaller, consistent group of peers and explore deeper personal issues while sharing inner feelings and experiences. After 3 months, when therapeutic goals are complete, members and staff switch to different static groups.

Before static groups begin, staff meet to discuss issues and concerns they have about individual members' therapeutic progress and decide which members will be addressed during the day's group therapy session. Staff maintain a large degree of control over the conversation in static group sessions, and discussion generally centers on a one-on-one conversation between the staff member and a chosen member. Other members listen to this conversation, but they do not necessarily play an active role in the therapeutic process. If other members feel that they have something to say about the issue being discussed, they wait until there is a break in the conversation and then make their statements. The staff member may accept their statement and incorporate it into the conversation or reject their statements and tell them not to follow that line of thinking at that moment. Staff members usually choose 3 or 4 members from the group to concentrate on during each static group therapy session. The remaining members of the group sit quietly and absorb the conversations going on around them, or contribute productively where possible.

Because staff members have been informed and are aware of members' fears, problems, worries, and patterns of behavior through interactions, direct observation, and staff meetings, they are better able to confront these issues in the static group setting. Occasionally during static group sessions, an issue comes up which staff have not planned to discuss. If the issue is therapeutically important, staff may give that issue priority for the group therapy session. Sometimes members request permission from staff to talk about specific issues in the context of a static group session. Members generally do this when they are emotionally upset about a personal issue. In these cases, staff generally grant members permission to discuss their topics and receive supportive feedback from fellow members and staff.

**Why:** Routine group structure encourages members to become comfortable enough to share intimate feelings and experiences that they might not otherwise share in encounter groups.

## Section 4.3.1: Therapeutic Elements: Group Therapy

Switching group membership every 3 months allows members to discuss problems and issues with different sets of peers, thus learning from others.

Members who request to speak about issues are showing self-analysis skills. Thus, group plans may change to encourage members' introspection skills.

**When:** Wednesdays, from 1:00–5:00 p.m.

**Responsible:** Clinical Staff  
Residential Center Program Director

**Quotation:** And then me speaking in groups. That helps me a lot. 'Cause they'll point out your things, like right on the spot. Things you don't even notice you do. That you justify. And you just work on them. And they help you. They're on top of you, every time. And keep it in front. Now I'm like, "Look, I need to be here." I need to start somewhere. For myself.

*Belinda, Residential*

## Section 4.3.1: Therapeutic Elements: Group Therapy

**Type of Service:** PEER GROUP

**Description:** Peer groups are usually composed of members who are at or around the same level in the program, and whose names occur next to each other on the *pop sheet*. They are called occasionally on an as needed basis. For example, if it appears that a group of new members is experiencing some of the same issues adjusting to treatment, staff may call a peer group session of all induction members. If a group of upper peers is preparing for transition, staff may call a peer group session with the upper peers and discuss their fears and worries about the transition.

**Why:** Allows staff to confront specific issues that apply to members at the same stage of treatment. Allows in-depth discussion of these issues in a therapeutic environment.

Provides a bonding space for peers at the same stage in the program.

**When:** On an as-needed basis.  
Peer group sessions are usually about 4 hours long and occur in place of static groups when needed.

**Responsible:** Clinical Staff  
Residential Center Program Director



## Section 4.3.1: Therapeutic Elements: Group Therapy

**Type of Service:** EXTENDED GROUP

**Description:** Extended groups occur approximately twice a year. If staff members feel that a number of members have similar issues or concerns that need to be addressed within the context of a longer group structure, if there is a particular problem occurring within the community, or if issues arise which seem to be too deep or in-depth for a 4-hour encounter, static, or peer group, staff members may decide to hold an extended group. Staff plan for and discuss extended groups several weeks in advance during staff meetings—carefully choosing the members of the group and discussing issues and concerns they wish to address with individual members during the group.

Extended group sessions may last from 8 to 18 hours and are punctuated by meal breaks, but not breaks for sleep. When members break from an extended group for meals, they sit only with other members from that group and may not talk to anyone who is not part of their extended group. Members immediately return to the group room after they have finished eating.

Staff who conduct extended group sessions generally have several days off from work following the session. Members report feeling great therapeutic benefits from extended groups and often pinpoint these groups as pivotal points in their treatment progress. All members participate in at least 1, and sometimes 2, extended group sessions during their tenure in residential treatment.

**Why:** Provides time and space for members to explore deeper issues that a traditional group therapy session may not have time to discuss.

**When:** Approximately twice a year, as needed.  
Extended group sessions last between 8 and 18 hours.

**Responsible:** Clinical Staff

**Quotation:** And we have extended groups. Like <we're> there for hours and hours. Like 18 hours and you just sit there and just talk about something that really, really, really hurts. Or something that you never talked about. And you just go through a lot of feelings. You just let all the feelings out. And if you don't want to go through them, there's always somebody there to make you go through them. Like, "Hello, wake up, this is what's holding you back from you changing. You still hurting and you still doing the same thing over and over again. And that's not good. So you have to do this!"

*Catalin, Residential*

## Section 4.3.1: Therapeutic Elements: Group Therapy

**Type of Service:** SPECIAL GROUP

**Description:** Special groups are group sessions arranged by staff members which include a member, his or her parents, and/or other significant people in the member's life. These groups are arranged under circumstances where there is a specific subject, vital to treatment progression, that a member wants to discuss with selected familial individuals. Staff may call a special group at a member's request and/or may call a special group if staff believe it would be in a member's best interest to discuss certain specific issues with a significant person in the member's life. Special groups occur either at the residential center or the Brooklyn center. The special group session is attended by a program director and, if necessary, another clinical staff member. Special groups usually last for several hours.

**Why:** Provides space for members to discuss serious interpersonal issues with family members in a supportive setting.

Provides an opportunity for targeted intervention before members transition back to their home environments.

**When:** Special groups with parents occur twice throughout residential treatment and more as needed.  
Special groups with others occur as needed or when requested by individual members.  
Special groups usually last between 1½ and 3 hours.

**Responsible:** Residential Center Program Director or Executive Director  
Clinical Staff Members

**Quotation:** We were constantly arguing. My sisters weren't talking to me. Stuff like that. And then my mom came up here for a special one day, with John and Mike <staff>. And we talked about like my father's death. And reasons why we always argued and stuff like that. And that helped us out a lot.

*Dominic, Residential*

## Section 4.3.1: Therapeutic Elements: Group Therapy

**Type of Service:** WOMEN'S GROUP

**Description:** Women's groups are composed of all female members and staff members. Members discuss subjects that are more appropriately addressed in a single-sex environment. Women's group topics vary according to members' individual issues, but may include topics centered around sexual abuse, rape, eating disorders, insecurities about personal appearance, romantic relationships, previous pregnancies and/or abortions, mother/daughter relationships, and female interaction patterns.

**Why:** Helps female members learn to trust and understand each other.

Provides a place to discuss and ask questions about gender-based issues.

Provides a safe place for girls to talk about incidents of prior abuse in a gender-specific format.

**When:** Women's groups usually occur every Thursday night, and/or when staff ascertain that a group of female members is dealing with similar issues at the same time.

Group sessions usually last 3-4 hours.

**Responsible:** Female Clinical Staff

**Quotation:** In women's group we talk about like what happens with guys and stuff that happened with me out there. And when we were reading the book about the mother it was really good because we were relating about how we see ourselves with our mothers and stuff. Especially me because I think I'm a lot like my mother. So things like that. Definitely. We really weren't talking about that in regular group. I wasn't really like relating about my mom in regular group, but in girls' group I was.

*Faith, Day Treatment*

## Section 4.3.1: Therapeutic Elements: Group Therapy

**Type of Service:** WOMEN'S RETREAT

**Description:** Approximately once a year, female staff hold a weekend women's retreat at the residential center for all girls in residential, day treatment and re-entry. During this time the female members separate from male members and concentrate on their own treatment, therapeutic needs, and special issues faced by girls and women in drug treatment. Members on a women's retreat participate in trust building exercises, an extended group therapy session, therapeutic bonding exercises, and dinners, snacks, and recreational activities. Examples of activities done during a women's retreat include an introductory yoga class, sexual health and eating disorder seminars, movies and snacks in the girls' dorm, and trust building exercises.

**Why:** Builds trust and camaraderie among female members.

Provides an open environment for the discussion of gender-based issues.

Builds self-confidence and self-esteem.

**When:** Once a year, held at the residential center.  
Women's retreat extends through an entire weekend.

**Responsible:** Female Clinical Staff

**Quotation:** I've been to 2 girls' retreats. That's just like girls bonding. It's a lot more involved. I don't even know how to explain it. It's very emotional. 'Cause you know like how sometimes it's really hard for girls to get along with each other? And that's just like you don't wanna leave the girls. Like when we had the girl's retreat, the last one, we just stuck together. You know, it was weird. It was cool.

*Helena, Re-Entry*

**Quotation:** Like a lot of girls that come in through here, it's hard for them to trust girls, you know? 'Cause out there it's not like how it is in here. In here it's like we trust the females. You call them your sisters. You could go talk to them and cry to them and stuff like that. Out there I wouldn't be able to even do that to my own cousin, you know what I mean? And she's a female!

*Halley, Re-Entry*

## Section 4.3.1 Key Points Summary

### Key Points Summary

- Encounter groups are a form of group therapy that allows members to confront and challenge the behavior of other members.
- Slips are small pieces of paper used by members to notify staff that they have an issue they would like to address in encounter group. Slips are filled out and placed in the slip box on the wall of the dining room. Staff organize encounter groups based on slips members have previously dropped.
- Static groups are held once a week and their composition remains the same for 12-week periods.
- Peer groups are made up of members in the same stage of treatment. Topics are usually based on similar issues members encounter at a particular stage.
- Extended groups are pre-scheduled by staff and last from 8 to 18 hours, with breaks for meals. Extended groups provide the opportunity for members to address certain issues more thoroughly than they would in a regular group therapy session.
- Special groups are individually scheduled group sessions usually held with members and their parents.
- Women's groups meet on an as-needed basis and center around gender-related subjects.
- Women's retreats occur approximately once a year at the residential center. They are attended by all girls participating in the residential, day treatment, and re-entry stages of treatment. The women's retreat usually consists of an extended group, trust building activities, recreation, and other bonding exercises.

## Section 4.3.2: Therapeutic Elements: Additional Counseling Services

**Type of Service:** ONE-TO-ONES (INDIVIDUAL COUNSELING)

**Description:** One-to-ones, or individual counseling sessions, consist of an open and honest discussion between individual members and staff members about progress in treatment, current personal problems, or past issues that members need to confront. Initiated by staff, they occur 1 to 2 times per week and may occur more frequently if individual members feel they need to discuss an important issue with a staff member. One-to-ones are held in staff members' offices and length depends on the subject matter. Issues discussed in one-to-ones are often later addressed by members in the context of group therapy.

**Why:** Provides space for members to discuss personal and difficult issues with selected staff members.

Allows staff to routinely provide individual counseling.

**When:** One to 2 times a week, more by request.  
One-to-ones usually last from 30 minutes-1 hour and may last longer if therapeutically necessary.

**Responsible:** Clinical Staff  
Individual Members

**Quotation:** On a one-to-one, I call you in and you sit down and I say, "Let's talk about how you're doing and how are things at home with your family? ...What's going on there?" A lot of times there might be some sharing or identifying, you know.

*John, Residential Center  
Program Director*

**Quotation:** I know that John, the program director, he's been through so much stuff that he should know the most. And that's why I come to him a lot. I come to him maybe like twice a day and I just sit in his office and we talk and talk. And there's a lotta problems he helped me deal with....And then, when I look at that, and I look at him now, I'm like in amazement. So, I was like, "Wow, if it could work for him, after what he's been through, then it definitely can work for me." So, he definitely relates on his life. And, I mean, it feels good. It feels like he's not even like a person in a higher authority and telling me what to do. I just feel like he's like a friend of mine, too. And it feels pretty good.

*Devon, Residential*

## Section 4.3.2: Therapeutic Elements: Additional Counseling Services

<b>Type of Service:</b>	<b>SPONTANEOUS DISCUSSION</b>
<b>Description:</b>	Staff may initiate therapeutic discourse with members at any point during the day. Subject matter may or may not include treatment-oriented discussion.
<b>Why:</b>	Provides an opportunity for staff and members to bond.  Closer staff/member relationships make it easier for staff to ascertain when something is wrong with the members. This helps members understand that staff care about them all the time, not just during one-to-ones or group therapy sessions.
<b>When:</b>	As needed and where appropriate. Length varies individually.
<b>Responsible:</b>	Clinical Staff
<b>Quotation:</b>	I definitely feel like I'm part of <DYC>. Definitely. I mean, like with the staff. The people they think are doing the right thing, they pay attention to. And they like, you know, like kid around with <us>. I don't know. Especially with the members, they always know when there's something wrong. And they're always there for you, and it really comes outta the right place. It really does.  <i>Daria, Residential</i>

## Section 4.3.2: Therapeutic Elements: Additional Counseling Services

<b>Type of Service:</b>	CONFRONTATION
<b>Description:</b>	<p>Confrontations are used to address concerns or worries that members have about each other's behavior and their personal progress through treatment. Individual members usually request confrontations; however, confrontations can be arranged by staff if specific issues need to be discussed in a moderated format outside of group therapy. The type of behavior addressed in confrontations usually includes behavior that appears to be detrimental to a member's progress in treatment, including unrealistic expectations of one's self, having one's <i>mind in the streets</i>, and/or being belligerent towards other members and/or staff. Confrontations are handled in the same style as encounter groups, but only one individual's behavior is discussed and there are only 1-3 other members and a staff member in the room.</p>
<b>Why:</b>	<p>Members are asked to address their feelings, issues, and reasons for exhibiting certain types of behavior.</p> <p>Draws members out and provides space for them to talk to other people about their thoughts and feelings.</p> <p>Helps members understand the impact of their behaviors on the community as a whole.</p>
<b>When:</b>	<p>As needed.</p> <p>Confrontations last approximately 15–30 minutes.</p>
<b>Responsible:</b>	<p>Clinical Staff Individual Members</p>



## Section 4.3.2: Therapeutic Elements: Additional Counseling Services

<b>Type of Service:</b>	TALKING TO/SPOKEN TO
<b>Description:</b>	Talking to's are verbal discussions between staff and individual members in which members' behaviors are addressed in a concerned and calm therapeutic manner. Members are asked to report to staff offices where a staff member and an upper peer are generally present. Staff then present a firm and determined discussion of members' recent behavior and try to kindly illustrate how the members' actions are affecting other members of the community. Members are then allowed to respond and discuss the incident with the staff member.
<b>Why:</b>	Reminds members of the consequences of their actions upon the entire community.  Provides members with guidance for productive ways to deal with problems in the future. Allows members to discuss their behavior with staff and assess new methods of illustrating feelings and emotions.
<b>When:</b>	As needed. Talking to's usually last approximately 30 minutes.
<b>Responsible:</b>	Clinical Staff
<b>Quotation:</b>	When somebody stops to say, "Hey, knock it off, but I'll be there for you," that gets their attention and it sort of like makes them feel like they're not out of control any more. I think a lot of kids want somebody to grab them and say, "Stop, you can't do that."  <i>John, Residential Center Program Director</i>

## Section 4.3.2: Therapeutic Elements: Additional Counseling Services

<b>Type of Service:</b>	“HAIRCUT <sup>5</sup> ” (VERBAL REPRIMAND)
<b>Description:</b>	If members continually break the same program rules and show no signs of change, staff may give them a “haircut.” Haircuts are given only when members have not responded to milder forms of counseling for the same transgressions. Members are addressed by staff and behavior patterns are outlined. Members are instructed to begin modifying their behavior immediately. Staff maintain a forceful attitude throughout haircuts. Members are not permitted to respond in a haircut.
<b>Why:</b>	Shocks members and prompts them to examine and change their outlook and behavior.  Reminds members that misbehavior is not acceptable within the program.  Reminds members that their behavior affects the entire community and that staff are monitoring their behavior on a daily basis.
<b>When:</b>	As needed. Haircuts are generally 10–15 minutes long.
<b>Responsible:</b>	Clinical Staff
<b>Quotation:</b>	Getting them <haircuts>? I don’t like getting them. But what they do is they tell you what you did and the whole picture of why you may have done it. Like that picture, you get that, then you listen to it. And hopefully you don’t make the same mistake again. <i>Carlos, Residential</i>

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<sup>5</sup> Despite the connotation, haircuts are a purely verbal behavior monitoring technique and do not involve the cutting or shaving of members’ hair.

## Section 4.3.2 Key Points Summary

### Key Points Summary

- One-to-ones are individual counseling sessions between staff members and individual members held approximately 1 to 2 times per week for each member. The content of one-to-ones varies but centers on themes important to the individual member's progression in treatment.
- Staff will often initiate spontaneous discussion with members. Subject matter in these conversations is not necessarily about treatment.
- Confrontations address personal issues between members in a more private setting than encounter groups. A staff member is always present at confrontations to oversee the situation.
- Talking-to's (also called spoken-to's) are a form of counseling in which staff members address individual members' errant behavior in a calm manner.
- "Haircuts" are a type of verbal reprimand in which members' behavior is addressed by staff in a firm and controlled manner.

## Section 4.3.3: Therapeutic Elements: Behavior Modification

### Behavior Modification

All members at DYC are expected to follow a set of rules that govern the community. DYC's unwritten rules outline proper ways to address other members, correct ways to perform work crew chores, and general deportment of each member. In general, members are expected to regulate their own behavior in accordance with these rules. However, if staff or other members see that individual members are behaving in a manner that is detrimental to themselves or others in the community, they may be a candidate for one of DYC's forms of behavior modification. Behavior modification is done on an individual basis. Staff pay special attention to individual members' therapeutic needs when discussing appropriate forms of behavior modification for them.

Behavior modification allows members to regain (or gain) a feeling of control over their own lives. It teaches responsibility toward oneself and social responsibility toward others. Members learn that if they fail to complete their individual tasks and jobs, they let the rest of the community down. Members come to realize that both they and others might suffer for individual mistakes and that their actions have consequences that might greatly affect the whole community.

#### Quotation:

We're very careful about how we give criticism to somebody, because they've been put down so often and often they're their own worst enemy. You know, they do their best job themselves, that we try to stay away from that and just really focus on the positive things that they're able to do. And there are many. You know, they're very talented, very attractive and caring people, and they don't see the good things about themselves.

*Karen,  
Associate Director*

### Learning Experiences/Contracts

A learning experience, also known as a contract, is any type of disciplinary action taken against members after they have broken program rules. The type of learning experience given to members is dependent upon the severity of the transgression and the potential therapeutic value for each individual member. Therefore, what is a severe transgression for one member is not necessarily a severe transgression for another member. The appropriate types of individual learning experiences are carefully decided at staff meetings and then discussed with the member. The various types of actions and disciplinary measures utilized as learning experiences are not hierarchical in nature, rather the appropriate type of discipline is tailored to individual therapeutic needs. Depending on the severity of the transgression, members may be allowed to choose their own form of learning experience according to their self-perceived needs. Standard learning experiences at DYC are *bum squads*, *talking bans*, *spare parts*, *spread actions*, *sent to the pan* (all of which will later be defined), or any combination of those listed. When members are on a learning experience or contract, they maintain a temporarily demoted status in the community. Privileges and responsibilities may be taken away, members may not participate on trips off of residential center property (including trips home), and they do not perform normal work crew functions for the duration of their learning experience. In addition, members may be denied phone privileges for the duration of their learning experience and may be placed on a

### **Section 4.3.3: Therapeutic Elements: Behavior Modification**

talking ban with members who have been in the program for a shorter time than themselves. Members still attend the major therapeutic activities of the day, such as school and group therapy, while on learning experiences, but their daily structure is altered to cut down and/or eliminate free time. The length of learning experiences varies individually and can last from a few days to a few weeks.

Learning experiences allow members time and space to think about their own progress in treatment. The solitary chores they may complete during learning experiences give members time to reflect on their actions and the impact those actions have upon their personal treatment, their psychological state, and the community at large. The revocation of privileges during time spent on a learning experience reminds all members that privileges are earned and can be lost as their behavior warrants. Thus, members learn to show, and eventually internalize, a constant adherence to DYC principles. The completion of learning experiences also serves to strengthen members' commitment to their own treatment and demonstrate their commitment to the rest of the community.

### Section 4.3.3: Therapeutic Elements: Behavior Modification

**Type of Service:** GENERAL MEETING

**Description:** General meetings are called when staff see several members exhibiting similar behaviors contrary to DYC philosophy or program rules that affect the residential center population. When these behavior patterns or transgressions occur, staff hold a meeting to discuss how to handle the situation. If behaviors show symptoms of a community-wide issue, a general meeting is held to address the problems. Usually, general meetings serve as a forum for addressing these serious transgressions against program rules, but they can include announcements that someone has split the program or left for another reason. Because these issues affect the community as a whole, all members must attend general meetings. Once the transgressions or announcements have been discussed, members are encouraged to speak their minds about how these recent occurrences personally and emotionally affect them. Thus, everyone sees how the actions of a few people affect the entire member population. Also, all members learn exactly what is going wrong in the community, how to express their feelings about it, and how to identify and prevent it in the future.

**Why:** Brings the community together to call attention to and stop negative and/or detrimental behavior.

Helps members realize the impact of their behavior upon the community.

Allows members to express feelings about issues currently taking place at the center.

**When:** General meetings supercede any other activities taking place at the center and are called by staff when therapeutically necessary. They may occur at any time of the day or evening.  
General meetings last approximately 1½ hours.

**Responsible:** Residential Center Program Director  
Clinical Staff  
Individual Members

### Section 4.3.3: Therapeutic Elements: Behavior Modification

**Type of Service:** SHOT DOWN

**Description:** When individual members consistently disobey program rules, *hold guilt*, or still hold on to their *street image*, staff may decide to have the members shot down. Members are shot down in front of the community, usually at a general meeting which is called specially for the purpose. Multiple members may be shot down during the same general meeting. During the meeting, the members are told to stand up and face the *family* at the front of the room. They are then confronted by staff with their transgressions. Many members use this forum to express caring, concern, or anger about how the individual members being shot down are behaving in the community. Once initial confrontations are complete, shot down members have a chance to answer to the family and discuss the transgressions. When behaviors have been discussed and addressed, the meeting is over and staff assign the shot down members to learning experiences for a specific length of time. Members are considered shot down for the entire length of their learning experience.

**Why:** Allows members to see the effect of their actions upon the entire community, thus reinforcing members' individual responsibility.

Provides a forum for members to explain their actions to the entire community.

Underscores the tie between NYC's rules and NYC's community.

**When:** As needed.

Length is determined on a case by case basis. The general meeting may last for 1½ hours. The ensuing learning experience generally lasts for several days, and not usually more than 2 weeks.

**Responsible:** Residential Center Program Director and Assistant Program Director  
Clinical Staff  
Individual Members

**Quotation:** I was very ashamed, 'cause at the time I was shot down. So the residential center family, they were like, "Why you shot down?" And I told them why. And I was embarrassed and ashamed you know? But, it felt good, you know? It still felt the same. Like that care is there, that common concern, be thy brother's keeper, all that. It was still there. It didn't go nowhere.

*Earnest, Day Treatment*

### Section 4.3.3: Therapeutic Elements: Behavior Modification

<b>Type of Service:</b>	<b>BUM SQUAD</b>
<b>Description:</b>	<p>Members on the bum squad spend most of their time cleaning the main house and other residential center buildings. They are given the most menial cleaning chores available on the property and are generally not allowed anything more than the most basic of supplies to complete their tasks. Examples of bum squad chores are scrubbing floors with a toothbrush or cleaning grout in the bathroom. All privileges are taken away and normal work crew chores are suspended. All time not spent receiving essential clinical services (group therapy, meetings, school, seminar, etc.) or attending to biological necessities (eating, sleeping, etc.) is spent doing bum squad chores. Bum squad members wake up and report to their bum squad chores one hour earlier than other members. Members on the bum squad may also be restricted from interacting with other members. Staff may give members extra one-to-one counseling sessions during this time to ensure that they do not feel too isolated from the rest of the community.</p>
<b>Why:</b>	<p>Members have fewer distractions, which allows introspection and evaluation of personal progress in treatment. Completion of a bum squad also strengthens members' commitment to treatment.</p> <p>Demonstrates consequences of not conforming to the principles of "right living."</p> <p>Completion of a bum squad shows the community that members are committed to their own treatment.</p>
<b>When:</b>	<p>As needed.</p> <p>Bum squads typically last several days to a week and a half, depending on the seriousness of the transgression. Rarely would a bum squad last more than 2 weeks.</p>
<b>Responsible:</b>	<p>Residential Center Program Director and Assistant Program Director Clinical Staff</p>
<b>Quotation:</b>	<p>Scrubbing. I'm talking about you scrub with a scrub-brush and you wipe with a towel. Like you're not deserving of a mop, type of thing. I did that and I think I learned a whole lot from that about myself, and how much I really like...at that point, how much respect I needed to gain back for myself. Not even from other people, just for me.</p> <p><i>Gloria, Day Treatment</i></p>



### Section 4.3.3: Therapeutic Elements: Behavior Modification

**Type of Service:** SPARE PARTS/ALL NEEDS

**Description:** All needs, also called spare parts, is a type of learning experience where the members' work therapy crew is temporarily changed. These members float from crew to crew and help wherever something needs to be accomplished. The chores performed by members on spare parts are usually the most menial on the crew and, therefore, not pleasant work.

**Why:** Teaches members how to be versatile in the work environment.

Illustrates to all members that privileges may be gained and lost.

**When:** During all work crew hours, while members are on contract or learning experience.  
Generally lasts no more than 1 week.

**Responsible:** Clinical Staff  
Individual Members

**Quotation:** **Carlos:** And they shot me down to all needs.  
**Interviewer:** Which is what?  
**Carlos:** Like I may be inside, then they'll set me up outside, and then they'll send me back up inside. Whatever needs to get done. <referring to work crews>  
**Interviewer:** What were you doing before that? Did you keep your same work crew?  
**Carlos:** Umm, I was on house beautification for 5 or 6 months. Then I became a *ramrod*. So then I lost that and I became a GW <general worker> of maintenance. And that's what I was.  
**Interviewer:** Now you're...  
**Carlos:** All needs.

*Carlos, Residential*

### Section 4.3.3: Therapeutic Elements: Behavior Modification

**Type of Service:** TALKING BAN

**Description:** When staff determine that an association between 2 members is detrimental to the treatment of one or both of those members, the members may be placed on a talking ban. When placed on a talking ban, members may not talk or interact with each other at all. Talking bans can be applied to members for a variety of reasons. If 2 members have the same *street image* and feed into each other's stereotypes, or if 2 members are isolating themselves from the community, they may be placed on a talking ban. Also, if 2 members knew each other before treatment and perhaps used drugs together, they may be placed on a talking ban.

The duration of the talking ban depends on the members involved and the reason for the ban. For example, a talking ban may last longer for 2 people who were good friends and used drugs together before treatment than it would for 2 people who met in the program. All talking bans can later be re-evaluated at members' request. To request that a talking ban be lifted, members must submit reasons for the ban to be lifted to program clinical staff. Clinical staff and the program directors discuss these requests at staff meetings and approve or reject them based on the members' therapeutic needs.

**Why:** Keeps members from supporting each other's negative behavior.

Ensures that inappropriate interactions between members are kept to a minimum.

**When:** Where therapeutically appropriate.  
Duration is determined on an individual basis, from several days to several months.

**Responsible:** Clinical Staff  
Individual Members

**Quotation:** **Ava:** Staff knew we'd been dating before I came into the program. They knew I'd been living with him. They knew. I don't break the rules, I tell them. I knew I had to tell. I tell as soon as I saw him walking in the door. So I came to staff and told them, "Hey look..."

**Interviewer:** So he didn't stay here at all then?

**Ava:** 4 days. "Too hard," he said. From what I heard. I could not speak to him or talk about it because we knew each other on the outside.

*Ava, Residential*

### Section 4.3.3: Therapeutic Elements: Behavior Modification

**Type of Service:** SPREAD ACTIONS

**Description:** When staff determine that an association between 2 members is detrimental to the treatment of one or both of those members, they may be put on spread actions. Spread actions minimizes contact between specific members. Members on spread actions can still speak to each other, but cannot interact on a daily basis or spend time alone together. Like a talking ban, the duration of spread actions varies depending on the individual members involved and the need for spread actions. If 2 members knew each other before treatment, the spread actions could last for more than a month. If members are placed on spread actions for a specific incident that occurred in treatment, the spread actions might last for only a few days.

**Why:** Ensures that members who might encourage negative behavior in each other do not closely associate with each other.

Encourages members to rely on multiple people within the community for support rather than only one individual.

Encourages members to examine the types of interactions they were having with the other member also on spread actions. Encourages members to evaluate these interactions and learn how to interact differently in the future.

**When:** Where therapeutically appropriate.

Duration is determined on an individual basis, from several days to several months.

**Responsible:** Clinical Staff  
Individual Members

**Quotation:** I just got off contract. I just got off being shot down today because I was playing games with a guy. And I spilled water on him, and he spilled water on me. But we was addressed not to be around each other, we on spread actions.

*Belinda, Residential*

### Section 4.3.3: Therapeutic Elements: Behavior Modification

**Type of Service:** SENT TO THE PAN

**Description:** When members are sent to the pan, they are put on post-meal dishwashing duty. Members sent to the pan are responsible for scrubbing the center's dirtiest dishes, pans, and utensils used for the day's cooking. Members may be sent to the pan for minor rule infractions, and/or a belligerent or overtly negative attitude. If no one has been sent to the pan on a given day, then members are asked during morning meeting to volunteer to serve on the pan for the day.

**Why:** Teaches members to cope with extra unexpected responsibilities.

Gives members a sense of responsibility for the community by completing the tasks involved with keeping it running.

**When:** As needed or when requested.  
Duration varies individually from 1 day to 2 weeks.

**Responsible:** Clinical Staff  
Individual Members

### Section 4.3.3: Therapeutic Elements: Behavior Modification

**Type of Service:** CLOSED HOUSE

**Description:** If staff agree that the *house* is not running smoothly, they may decide to have a closed house. A closed house is a type of community intervention where members are asked to closely examine the general atmosphere of the program and their personal roles in creating that atmosphere. During a closed house, privileges for all members are suspended. Members may not use the pool, weight room, TV, pool table or participate in recreational activities. All trips, home requests, and *job changes* are temporarily suspended for this time along with transfers of members to day treatment. Staff hold several general meetings so that members' behavior may be addressed and members have a chance to *drop any guilt* they may be holding. General meetings also serve as a platform for members to express how they are feeling about the general atmosphere of the program. Staff may temporarily instate additional rules or restrictions for the duration of the closed house. For example, if staff feel that members are spending too much time in small groups and not relating to the general community, they may instate a rule that members may only hang out and talk with people they don't normally talk with. When the general feeling and culture of the community has changed toward a more positive and progressive path, the closed house is ended and privileges, job changes, and transfers may be reinstated.

**Why:** Changes the normal house environment and allows members to examine aspects of their behavior that they are not normally attuned to. Removes distractions so that members can focus primarily upon the community and treatment.

Allows staff to reorganize the community culture when problems arise by encouraging members to relate to different people and fostering a larger sense of community.

**When:** Called by staff, as needed.  
Closed houses typically last no more than 2 weeks and may last only a few days if all problems are resolved in that time.

**Responsible:** Residential Center Program Director and Assistant Program Director  
Clinical Staff

**Quotation:** That's what we lost, 'cause the summer, people just like wanted to play. ...It was nice to go outside, but now we gotta get back down to business. That's what it was basically all about. 'Cause it was like closed house, you know. People gotta get used to it. People gotta start, you know, being aware. Putting pressure on themselves. Putting pressure on other people. Things like that. 'Cause those things weren't getting done.

*Chuck, Residential*

## Section 4.3.3 Key Points Summary

### Key Points Summary

- All behavior modification assignments (learning experiences) are carefully decided by staff consensus and are individually tailored to individual members' treatment needs.
- General meetings are called by staff when they notice that multiple members are showing a pattern of behavior that is detrimental to treatment.
- Members may be "shot down" by staff at a general meeting if it has been noted that they are consistently disobeying program rules. After being shot down, members generally are assigned a learning experience/contract.
- The bum squad is a form of learning experience. Members on the bum squad are assigned the most menial cleaning chores in the house.
- Spare parts/all needs is a contract in the form of a work crew change. Members on spare parts are taken off their regular work crew and float between crews, performing the crew's menial chores.
- If 2 members knew each other before entering treatment and/or used drugs together, they may be placed on a talking ban for their first few months in treatment to inhibit potential negative effects they may have upon each other.
- If 2 members are seen to be spending too much time together to the detriment of their own treatment, they may be assigned spread actions and encouraged to interact with different members in the program.
- "Sent to the pan" means that individual members are assigned to and responsible for cleaning all of the day's most dirty dishes and pans. Members may be sent to the pan as a learning experience.
- During a closed house, members' privileges are temporarily removed and added focus is placed on therapeutic activities. A closed house is called when it is determined by staff that the center is not functioning as smoothly as possible.

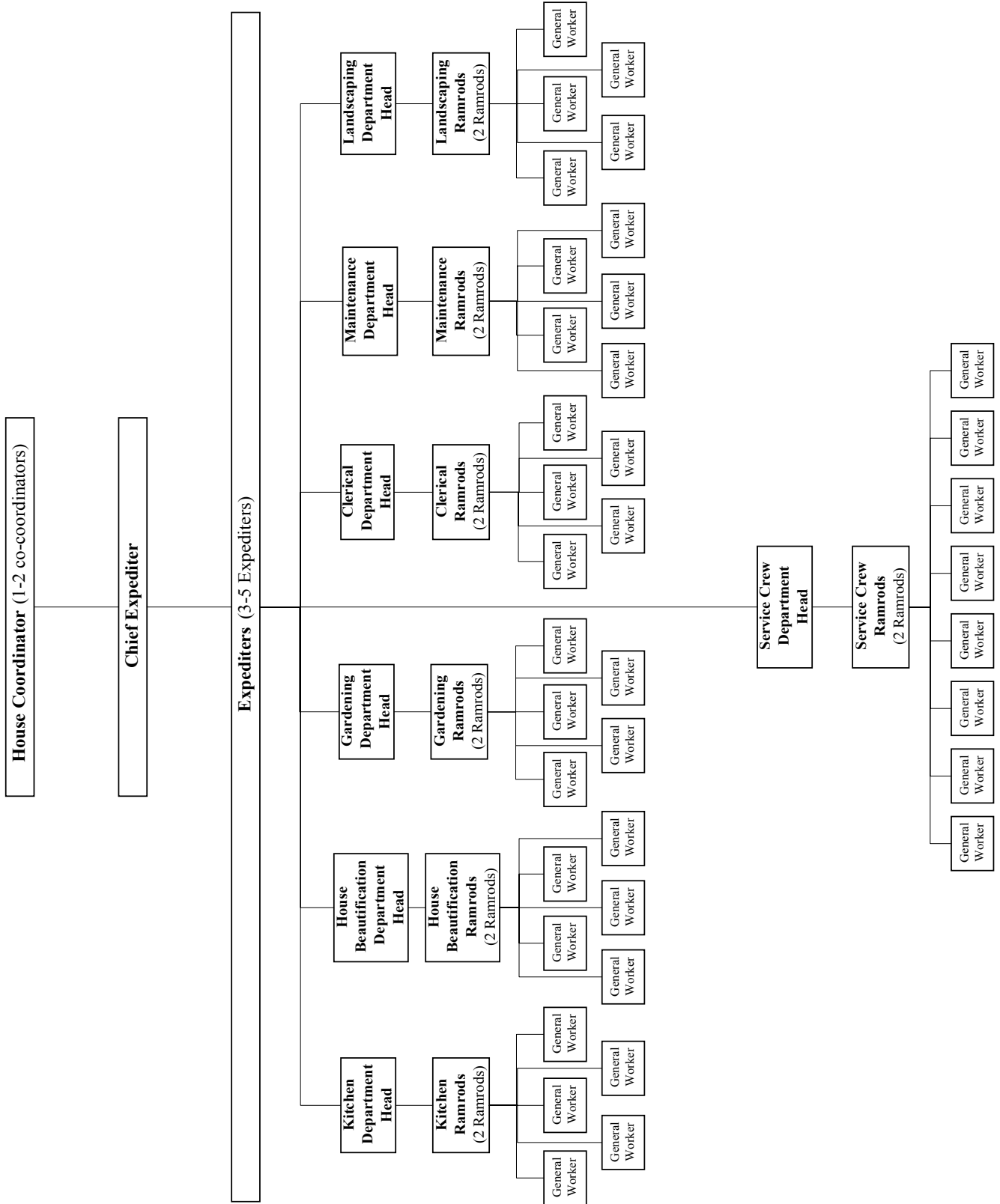
## Section 4.3.4: Therapeutic Elements: Work Therapy

### Work Therapy Crews

Work therapy is an important part of the structured environment in the residential center. Through service on work therapy crews, members learn teamwork, appropriate work behavior, vocational skills, accountability, independent living skills and responsibility. Members may learn skills and trades of which they previously had no knowledge while participating in work therapy. These acquired skills help boost members' self-confidence and prepare them for their eventual transition into re-entry, where they will hold a part-time job outside of the therapeutic community. Members may serve on 5 or 6 different work crews during their residential treatment, thus acquiring skills in many different areas. Members learn where their personal talents lie as they move from work crew to work crew. Work crews give members a taste of various job types and functions in the hopes that members may find their own particular niche. Work crews also provide members with a way to give back to the community. They reinforce the fact that members are responsible for helping to run the community as a whole—their work makes a noticeable difference in the upkeep of the residential center property. Members learn that the positive actions they take in their lives can make a difference in the larger world. Members gain a sense of pride in their work crew accomplishments and in learning new skills that will be beneficial for life both inside and outside of the treatment context.

The DYC residential center is comprised of 8 work therapy crews, each of which is responsible for a different area in the upkeep of the DYC property. A clinical staff member is assigned to monitor each work crew and order necessary work crew supplies. Members rotate between crews throughout their tenure in residential treatment. All members initially begin work as general members of the *service crew* (which is responsible for cleaning) and, as they progress in their treatment goals, work their way through structured work crew formats and seniority levels within the crews. Not every member serves on every crew, but the majority of members will work on several different crews and in several different power positions as they meet their therapeutic goals and begin to earn their way to more prestigious positions within the house structure.

# Work Crew Structure Chart





## Section 4.3.4: Therapeutic Elements: Work Therapy

**Type of Service:** WORK CREW HIERARCHY

**Description:** The work crew format is a highly structured hierarchy. The most prestigious position in the community is the house coordinator. Generally, 2 members split this responsibility and act as co-coordinators for the house. Directly below the coordinators is the chief of the expediter crew. Below the crew chief are the rest of the expediter crew members. This crew holds most of the power within the work crews and is responsible for monitoring all actions on the property (e.g., brooms left out, floors not cleaned, etc.). The other work crews must follow all directions given by expediters. Below the expediter crew, all other work crews are overseen by a *department head* (DH) and 2 *ramrods*, who serve under the department heads. Members are rotated through different work crews throughout their tenure in residential treatment.

**Why:** Builds members' confidence and self-esteem by providing obtainable goals for those who desire to be on the expediter crew or serve as ramrods or department heads.

Urges members to assume responsibility for the upkeep of their living environment.

Provides members the opportunity to practice leadership skills and become familiar with work environments and work hierarchy structures and helps to ensure that members learn appropriate workplace behaviors. Teaches members skills useful for employment outside of treatment.

**When:** Work crew structure is applicable at all times.

**Responsible:** Clinical Staff

**Quotation:** And another thing, I wanna be ramrod of the kitchen. 'Cause I have good leadership skills, like I can ask people like how to do it, what to do and stuff like that. I know I can, like I'll be on top of the crew and do <the> leadership job. Something, I don't know. I know I'm good at it....You know when you see how it's supposed to be done, it's gonna be faster, easier, and more effective this way, and you're still doing it the other way? So that's why I wanna be ramrod or DH. DH leader and stuff. 'Cause I know I can organize, I can keep it together. I know I can.

*Ava, Induction Member*

## Section 4.3.4: Therapeutic Elements: Work Therapy

**Type of Service:**      **JOB CHANGES**

**Description:**      Members rotate between work crews and earn positions of responsibility on the crews as they progress through treatment. All members begin on the service crew. As they progress through the program, members may ask for, or may be assigned, to different work crews and duties. All members who are not induction members may request a job change.

To request a job change, members write a half page essay in which they discuss their reasons for a work crew change and the ways in which their personal qualities and characteristics would be well suited for the new job. This process mimics the necessary skills needed to write a successful cover letter in the future when members apply for jobs outside of the treatment context. Job changes are accepted or denied based on the member's therapeutic progression, relationships with other members, and level of responsibility.

Job changes may also be assigned by staff members, with or without a member request, if staff believe that the change is therapeutic for the member. Staff sometimes use work therapy as a challenge, to test members' abilities to cope with change and adversity. Staff discuss crew changes as a group in daily staff meetings as the need arises. Before approving or denying a job change, staff ascertain what impact the job change will have upon individual members' confidence level, ability to cope with other members, and ability to accept and adapt to change.

The longer members have been in the program, the more likely they are to receive a work crew change. Induction members and lower peers generally work on the service crew. Middle peers tend to serve on clerical, gardening, kitchen, landscaping, and maintenance crews. Some middle peers may have earned the position of ramrod on one of their crews, while other middle peers may still be serving as general workers. Upper peers usually serve in crew leader positions such as ramrods, department heads, expeditors, or house coordinators. Progression through the work crew structure is individualized. Not all members follow the same path to seniority levels. It is conceivable that more established members might serve as regular work crew members if staff ascertain that it will be therapeutic for them.

**Example 1:** One member is painfully shy. Despite the fact that she has been in the program for 7 months, she has a difficult time beginning conversations with other members during free time. This member always completes her work on time and makes very few errors. She has been working as a general crew member of the gardening crew for a few months. In a staff meeting, staff members decide to make her a department head of landscaping crew. The member is now forced into a

## Section 4.3.4: Therapeutic Elements: Work Therapy

position where she MUST speak frequently to others, and must exhibit verbal leadership skills in her daily interactions.

**Example 2:** A member has been in the program for 9 months and has requested a transfer of crews. He has been working on the maintenance crew for 4 months. He is quite extroverted and in the past has been somewhat reckless in his daily work crew duties. A month ago, he was reprimanded twice for talking so much that he did not pay attention while working. He would like to move to kitchen crew. Staff realize that his personality might not be well suited for kitchen crew. However, they recognize that he deserves a crew change, both because he has recently been performing his duties well, and because he is beginning to transition into the upper peer stage of the program. Staff decide to make this member a ramrod of landscaping crew.

By tailoring work crew assignments to individual personalities, clinical staff created several challenges for the 2 members mentioned. The rather quiet new department head must now exhibit authority over not only her crew, but the extroverted new ramrod as well. Conversely, the extroverted new ramrod must learn to listen to and follow his department head's instructions. Clinical staff members know that the interactions and subsequent group therapy discussions will teach both members to be tolerant of personality differences and to examine their own approaches to others—both in work and in personal situations.

### Why:

Crew changes and promotions give members a sense of pride and accomplishment. Members become more committed to the upkeep of the community when they are responsible for performing the community's work.

Provides members with a variety of work skills through changes in work crews.

Prepares members for successes and disappointments in the work setting and illustrates how to deal with adversity in a positive, drug-free manner. Teaches members how to deal with a workplace hierarchy in a productive manner.

Teaches members the basics of writing cover letters and preparing for a job search in the future.

Provides members with an opportunity to learn and practice leadership skills.

### When:

Work crew changes generally occur every 2 months for members in the residential center. Changes and promotions are granted by staff when therapeutically necessary, with or without a request from the member.

## Section 4.3.4: Therapeutic Elements: Work Therapy

**Responsible:** Residential Center Program Director and Assistant Program Director  
Clinical Staff  
Individual Members

**Quotation:** Because when you're on top of the crew you don't have to do much. You did it already, you know what I'm saying? You did it at the beginning, now you gotta make sure these people are doing it, the right way, the way they have to do it, and teach them. I know I had a big problem teaching people, because I always thought...I still do, I still got that problem...I feel like I'm the best in everything, and I don't like teaching people. And I always take over and I still got brought to group for that. But, that's what I was learning how to do the right way. Teach people and being responsible.

*Eryk, Day Treatment*

## Section 4.3.4: Therapeutic Elements: Work Therapy

<b>Type of Service:</b>	<b>DEPARTMENT HEAD MEETINGS</b>
<b>Description:</b>	Department heads and staff work crew coordinators meet weekly to discuss the various work crews' progress and functions during the week. Department heads give verbal reports on each of their crews, discuss any supplies they might need, and discuss any problems they have had with their crew during the last week. Staff work crew coordinators provide feedback and suggestions for increased crew productivity and functioning at this time.
<b>Why:</b>	Provides organizational time for all department heads to report on their crew functions.  Ensures smooth running of all work crews.  Encourages department heads to take responsibility for their crew, and to recognize the importance of their position.  Informs staff work crew coordinators of all crew activities. Helps staff work crew coordinators organize supply orders.
<b>When:</b>	Weekly, held on Tuesdays. Meetings last 30 minutes–1 hour.
<b>Responsible:</b>	Work Crew Coordinators (Clinical Staff Members) Department Heads

## Section 4.3.4: Therapeutic Elements: Work Therapy

**Type of Crew:** SERVICE CREW

**Description:** Service crew completes all of the house cleaning chores such as dusting, sweeping, vacuuming, washing baseboards and tables, and performing other household duties in the main house, the gym, and the schoolhouse. Service crew members clean all restrooms in the main house and the gym at least once, and often 2 or 3 different times, a day. Furniture is moved every day, couches are picked up and floors are mopped underneath them. Inside windows are washed every day and the floors are swept in the main room at least 4 or 5 times a day. Tables are washed off after every meal, and chairs are placed on top of the tables to allow access to the dust on the floor. All members begin their treatment on the service crew and usually progress to different crews as they meet treatment goals.

**Why:** Encourages members to realize that they are helping maintain the community and working for the common good of all members. Encourages members to take pride in their accomplishments and to see value in daily activities and chores.

Helps members become integrated into the community.

Teaches members good housekeeping skills and respect for cleanliness.

**When:** Members are on the service crew for at least their first 2 months of treatment and throughout treatment when staff determines it is therapeutically appropriate.

**Responsible:** Service Crew Department Head and Ramrods  
Expeditors and House Coordinators  
Clinical Staff

**Quotation:** And like, this is our house, we gotta to take care of it. Staff don't live here. They live in the house right there, but we live here. We gotta take care of our house. We gotta make sure it looks good for people like you guys coming here. You know you wanna go look at the dorms, and our dorms is always clean. We live here. We gotta take care of it. That's how I look at it now. Like I live here. I don't want it looking like a piece of crap or something. All dirty and dusty. We do the same thing every day, so you make sure everything is cleaned every day.

*Anji, Induction Member*

## Section 4.3.4: Therapeutic Elements: Work Therapy

**Type of Crew:** KITCHEN CREW

**Description:** The kitchen crew prepares, cooks, and serves all of the center's meals. The afternoon and evening meals are prepared under the direction of the center's chef, but kitchen crew members are responsible for cooking breakfast and serving *midnight snack* on their own, with the chef's written instructions. The chef's hours are 9:00 a.m. to 5:00 p.m. Tuesday through Saturday. All of the center's meals are planned in advance. Leftovers are served at the next day's meals as a second food option.

There are different levels of kitchen crew workers. Those new to the crew cut vegetables and perform other simple tasks; others mix cookie dough, boil pasta, and perform other chores with more responsibility. The type of chore one performs on the crew is directly related to the length of time a member has been on the crew. Ramrods and the crew department head, who have greater responsibilities on the crew, fill in on chores that need to be completed regardless of what the chores are.

Kitchen crew members are on duty throughout the day when they are not attending group therapy sessions, one-to-one's, or school. The whole crew returns to the kitchen to clean up after the meals; however, kitchen crew members are not responsible for washing the pots and pans, rather members who are "sent to the pan" do those chores.

Kitchen crew members also monitor who enters and leaves the kitchen. No one is allowed to enter the kitchen without asking permission from a member of the crew. No induction members and no members with communicable diseases are allowed to touch food that will be served to the general population. A staff member is responsible for ordering all food used in the kitchen, but the kitchen crew department head may sign for the food when it is delivered. Kitchen crew workers generally wake up earlier than other members so they have time to complete hallway chores and prepare breakfast for the community. On weekends, kitchen crew workers are given time off from their duties and other members volunteer to help make meals.

**Why:** Teaches members food preparation skills and appropriate kitchen hygiene, which will be valuable when the members begin living on their own.

Teaches members food preparation on a large scale, which can be used in employment in the food service industry after members have completed residential and day treatment.

Holds members accountable for mistakes, or for not following directions. (When the food is burnt, undercooked, or ruined, crew members are sure to hear complaints from the rest of the community.)

## Section 4.3.4: Therapeutic Elements: Work Therapy

Teaches members responsibility and discipline. Helps members learn to follow directions.

Urges members to take pride in the quality of their work.

**When:**

Before and after all meals at the residential center.

Members may serve on kitchen crew at any point after their transition from induction member.

**Responsible:**

Kitchen Crew Department Head and Ramrods

DYC Chef

Expeditors and House Coordinators

Clinical Staff Members



## Section 4.3.4: Therapeutic Elements: Work Therapy

**Type of Crew:** COMMISSARY CREW

**Description:** The commissary crew is a small 2 to 3 person crew that functions as a subset of the kitchen crew. The commissary crew is responsible for conducting inventories of the center's food supplies and ensuring that the commissary area is clean and well organized. Before the kitchen crew begins to prepare a meal, the commissary crew finds and sets out the ingredients and necessary supplies for meal preparation. After the meal has been prepared, all unused supplies are returned to the commissary shelves. This crew is also responsible for keeping track of diabetic and/or allergic members' personal food supplies.

**Why:** Ensures that all residential center food supplies are kept in a hygienic and organized environment.

Teaches members the importance of good hygiene in the kitchen and food storage areas.

Teaches members organizational skills. Holds members accountable for mistakes.

**When:** During regular work crew hours and before meals.  
Members may serve on commissary crew at any point after their transfer from induction member.

**Responsible:** Kitchen Crew Department Head and Ramrods  
DYC Chef  
Expeditors, House Coordinators  
Clinical Staff

## Section 4.3.4: Therapeutic Elements: Work Therapy

<b>Type of Crew:</b>	<b>HOUSE BEAUTIFICATION CREW</b>
<b>Description:</b>	<p>The house beautification crew is responsible for making all beautification repairs inside the center's buildings. Crew members paint the center's walls, put up wallpaper, paint the outside of center buildings, and complete minor repairs like spackling, etc. Crew members may also aid staff in choosing color schemes or designs for areas being remodeled. In addition, house beautification crew members may assist landscaping crew members in maintaining the center's grounds and potted flowers and plants.</p>
<b>Why:</b>	<p>Addresses center's decorating needs. Provides a comfortable environment for all members.</p> <p>Teaches members basic techniques for painting, wallpapering, spackling, and home decorating, which may be valuable in future vocations.</p> <p>Allows members to give back to the center through work performed.</p> <p>Helps members feel important in the center's activities. While members spend only 1 year at the residential center, the walls they paint, the furniture they repair, and the window treatments they choose will remain in the center for years. Their contributions will make a lasting impression on future residential center members.</p> <p>Holds members accountable for mistakes made, materials wasted, etc. Teaches responsibility, prudence, and careful planning.</p>
<b>When:</b>	<p>During regular work crew hours.</p> <p>Members may serve on house beautification crew at any point after their transfer from induction member.</p>
<b>Responsible:</b>	<p>House Beautification Crew Department Head and Ramrods Expeditors and House Coordinators Clinical Staff</p>
<b>Quotation:</b>	<p>I'm on House Beauty right now. It's basically making the house look beautiful. We just finished on the dining area. We painted everything. Put up brand new moldings. And now we're doing the lounge area, in the middle of painting. We did all the doors. All of them. We bought them unfinished we stained and polyurethaned them and everything.</p> <p style="text-align: right;"><i>Daria, Residential</i></p>

## Section 4.3.4: Therapeutic Elements: Work Therapy

**Type of Crew:** MAINTENANCE CREW

**Description:** The maintenance crew is responsible for making all of the center's minor structural repairs, completing renovations on the center's property, and constructing new buildings when necessary. Maintenance crew is led by the residential center facility director and aided by 2 hired part-time maintenance assistants. Members serving on maintenance crew are usually more established members with responsibility in the house. Throughout DYC's history, the maintenance crew has either constructed or completely renovated all of the buildings on the DYC property. Maintenance crew members may help complete minor electrical and plumbing repairs in addition to their construction duties.

**Why:** Teaches members valuable maintenance skills that can be used later in vocational careers and home upkeep.

Provides a space for members to give back to the program. Buildings that maintenance crew members help construct will be used by residential members for many years to come.

Gives members an opportunity to feel pride in the crew's accomplishments and feel like they are a part of the community.

Holds members accountable for mistakes and urges members to follow directions.

**When:** During regular work crew hours.  
Members may serve on maintenance crew at any point after their transfer from induction member.

**Responsible:** Maintenance Crew Department Head and Ramrods  
Residential Center Facility Director  
Maintenance Crew Staff  
Expeditors and House Coordinators  
Clinical Staff

**Quotation:** I try to take kids that don't know a lot and work with them, because I know they kind of feel awkward working on maintenance crew. It's brand new to them, they don't know the names of tools, they don't know how to do jobs, and it can be very awkward for them. So I try to look out for some of the kids that are quiet, shy, the ones that kind of step back when projects come up. You try to weed through. And some of those kids actually wind up being pretty good at the end. It's taking them under your wing.

*Steve, Residential Center  
Facility Director*

## Section 4.3.4: Therapeutic Elements: Work Therapy

**Type of Crew:** GARDENING CREW

**Description:** The residential center's gardening crew is responsible for maintaining and beautifying the center's 4 gardens—the herb garden, the terraced peace garden, the vegetable garden, and the flower garden. Members grow produce for use in the kitchen, tend the center's herb garden, maintain the center's flower gardens, and grow seedling flowering plants for the landscaping crew.

**Why:** Teaches members how to care for living things while teaching basic skills in horticulture and botany, which may be used in future career choices.

Teaches members the importance of following directions and holds members accountable for mistakes.

Teaches members responsibility and provides an outlet for members to give back to the community. Members feel a sense of pride when the vegetables they helped grow are served at a residential center meal.

Illustrates to members who grew up in New York City that food can be grown from seeds. Helps members understand nature and the natural world.

**When:** During regular work crew hours.  
Members may serve on gardening crew at any point after their transfer from induction member.

**Responsible:** Gardening Crew Department Head and Ramrods  
Expediter and House Coordinators  
Clinical Staff

## Section 4.3.4: Therapeutic Elements: Work Therapy

**Type of Crew:** LANDSCAPING CREW

**Description:** Landscaping crew members are responsible for maintaining the center's grounds and property. Crew members work to ensure the beauty of the residential center property by mowing grass, clipping hedges, planting flowers around the center buildings, and keeping up outdoor signs and walkways in the spring and summer. In the fall, crew members rake and compost leaves, and in the winter crew members are responsible for shoveling the center's driveways and walkways.

**Why:** Teaches members how to tend and care for plants, shrubs, and flowers and provides members with vocational landscaping skills which may aid in future employment prospects.

Keeps program grounds attractive and accessible to the community.

Gives members an opportunity to give back to the community and take pride in their work. Shows members that their efforts make a difference to the community.

Helps members understand how things grow and become connected to nature.

Holds members accountable for mistakes and encourages responsibility.

**When:** During regular work crew hours.  
Members may serve on landscaping crew at any point after their transfer from induction member.

**Responsible:** Landscaping Crew Department Head and Ramrods  
Expeditors and House Coordinators  
Clinical Staff

**Quotation:** **Interviewer:** Do you have a good crew?  
**Christoph:** Yeah. Just got like 10 more people on my crew. So they're all new guys. So I was just showing them how to lawn mower 'cause they don't know. So, you know. It's good, 'cause they're all new people, so I get to teach them things. You know, ways that I went wrong. I could tell them what not to do.

*Christoph, Residential*

## Section 4.3.4: Therapeutic Elements: Work Therapy

**Type of Crew:** CLERICAL CREW

**Description:** Clerical crew's primary duty is to keep track of all the comings and goings in the main house. The crew keeps a log of the whereabouts of all members and staff, and a log of all behavior modification discussions. Clerical crew also keeps track of all visitors on the DYC property. Every time that people from outside the DYC community come to the residential property, they must sign in and list their name, affiliation, and time in and time out of the property. The crew also answers the DYC phones when the receptionist is not available. The clerical crew sits outside the receptionist's office and monitors and records any unusual occurrences at the center. Pop sheets are kept by clerical crew for reference and compiled each morning from information recorded in the program's logs.

Whenever staff report to or leave work, they stop by the clerical table to inform clerical crew members. All comings and goings are noted with the time, the staff member's name, and where they are coming from or going to. If a staff member leaves the property while on duty, they tell clerical where they are going and when they can be expected to return.

Clerical crew is also responsible for keeping track of the various reasons members enter staff offices. All members called into an office for any reason are required to report to clerical when they leave the office. Clerical crew records what kind of talk they had with the staff (one-to-one, haircut, etc.) and the nature of or reason for the talk. All information in the logs is initially taken on scrap paper and then neatly and legibly transcribed in a spiral notebook with the time, date, people involved, and, if applicable, the reason for the meeting. All members who leave the property for any reason are listed in the logs along with who they were traveling with and in what vehicle.

**Why:** Helps with the extensive recordkeeping required to run the residential treatment center. Members learn the importance of detailed recordkeeping.

Teaches members vocational reception and clerical skills including attention to detail, filing, legible handwriting, organization, observational skills, and good phone etiquette. Teaches members to work with multi-lined phone systems and standard office equipment in preparation for potential future employment.

Teaches members how to present a good image to visitors/the public.

Holds members accountable for problems in the logs and/or missed entries and encourages responsibility.

## Section 4.3.4: Therapeutic Elements: Work Therapy

- When:** During regular work crew hours.  
Members may serve on clerical crew at any point after their transfer from induction member.
- Responsible:** Clerical Crew Department Head and Ramrods  
Expeditors and House Coordinators  
Administrative Staff  
Clinical Staff
- Quotation:** I wanted to be in clerical. Like clerical just sits there all day. But then I look at it, I've been sitting at clerical a lot and they do a lot. They've got a lot of people just yapping at them at once. And, "What room did you just come out of?" "I'm going upstairs." You know? And I was like I still want to kinda be in clerical, but it's a lot of work. They work all day.  
*Anji, Induction Member*

## Section 4.3.4: Therapeutic Elements: Work Therapy

**Type of Crew:** EXPEDITER CREW

**Description:** Members on the expediter crew serve as supervisors of the other residential center work crews. Expediters are responsible for keeping track of all members' activities and whereabouts throughout the facility. Expediters are responsible for *member runs* and *member counts* (to make sure all members are accounted for) and for checking the facilities for unauthorized people or actions. They are also responsible for monitoring members' behavior while they are serving on work crews, recording any potentially bad behavior, and informing staff of the behavior.

When an incident happens on the grounds, it is reported to a department head who then reports the incident to an expediter. Expediters are responsible for gathering all of the facts about incidents, noting them in the appropriate logs, and then reporting the exact facts to the staff. Staff may request information about a certain member's whereabouts from any expediter; therefore, expediters must compare notes with each other and must make sure that they have shared as much information with their fellow expediters as possible. Expediters and department heads meet frequently to discuss issues that need to be addressed as the day progresses. If communication breakdown occurs at any point throughout the day, the expediters are held responsible for the breakdown.

As work crew supervisors, expediters make sure that everyone attends meals and that everyone is notified when meals are served, when meetings are called, and when seminars are about to begin. Once in the main building, expediters are responsible for performing a count to make sure that everyone has indeed shown up for the meal or for the meeting. If individual members have special permission to miss a particular meeting, expediters must know why they are missing the meeting, where they will be during the meeting, and which staff member gave permission for them to miss the meeting.

Expediter crew serves as the overall organizational and supervisory crew at the residential center. If expediter crew members notice something amiss on the center property, such as a rake laying on the grass, or bags of garbage which have not been taken to the trash, they must locate another member and ask him or her to complete these chores. Expediters are not allowed to complete the chores themselves because they are serving in a supervisory position. As a general rule, expediters may tell any other crew members to complete a chore and they must perform the task—if it doesn't directly conflict with a job or chore that a staff member has already ordered them to do.

One expediter must always remain in the main room of the facility in order to observe interactions and work crew chores being completed.



## Section 4.3.4: Therapeutic Elements: Work Therapy

Expediter are also responsible for running errands off of the DYC property when requested to do so by staff.

**Why:** Provides a space for members to practice and become accustomed to supervisory skills in preparation for future work experiences.

Encourages responsibility among trusted older members. Holds members accountable for oversights, or other problems that occur throughout the day.

Helps members practice accurate recordkeeping and observational skills. Encourages leadership skills in members.

Provides a space for members' achievements to be recognized and rewarded through promotion to expediter crew. Illustrates to members that staff trust them and rely upon them.

Helps members understand accountability from a supervisory standpoint.

**When:** During regular work crew hours, at all meetings, and upon staff request. Members must be upper peers with status in the program before staff consider them eligible for the expediter crew.

**Responsible:** Expediter Crew Department Head  
House Coordinators  
Clinical Staff

**Quotation:** We work, we have ramrods, department heads, we have expediters. A lot of that, honestly, a lot of those positions, is for people who deserve them, but sometimes it's also for people that need to, like need to take a stand for themselves and like be able to speak up. Like they'll put 'em on top of a crew, or they'll make 'em an expediter. And if the house is not running right, it's on them. And so they go out and they have to tell someone like me or somebody else. I'm a department head of the house, but they still have to tell someone like me or something else like, "Listen, you have to do this," and things like that. They also always have to hear...like it teaches them a lot of things. Like teaches them to stand up for themselves and be able to speak up for themselves.

*Holden, Re-Entry*

## Section 4.3.4: Therapeutic Elements: Work Therapy

### Crew

**Responsibility:** MEMBER COUNTS

**Description:** Member counts are the expediter crew's responsibility. Before each *house meeting*, the expediters make sure that everyone that should be on the property is at the meeting. If members are not present at a meeting and are supposed to be on DYC grounds, expediters must search the property and locate them.

**Why:** Ensures that all members are accounted for on the property and that they are attending all appropriate treatment functions.

Encourages expediters to maintain responsible work ethics.

**When:** At DYC's 3 daily house meetings, seminars, and any other meetings that might be called by staff.

**Responsible:** Expediters

## Section 4.3.4: Therapeutic Elements: Work Therapy

### Crew

**Responsibility:** MEMBER RUNS

**Description:** Member runs are the responsibility of the expeditors. During assigned work crew hours, expeditors take a pop sheet and go through the property to make sure that all members are present on their work crews and performing their tasks appropriately.

**Why:** Ensures that all members are accounted for on the property.

Ensures that all members are performing their work crew tasks correctly.

Provides expeditors with a sense of responsibility for the community.

**When:** During assigned work crew hours.

**Responsible:** Expeditors  
Clinical Staff

## Section 4.3.4: Therapeutic Elements: Work Therapy

<b>Program</b>	
<b>Procedure:</b>	<b>GENERAL INSPECTION</b>
<b>Description:</b>	Every Thursday, all of the residential center's buildings undergo general inspection, also called G.I. During G.I., every surface is inspected by staff for cleanliness and orderliness. Members take extra time for cleaning directly before general inspection and clean surfaces that might not be done every day during regular cleaning. If staff find that something is out of place or not completely clean, the member(s) responsible may be asked to clean the entire area again.
<b>Why:</b>	Ensures that work crews are taking good care of their supplies and work areas.  Ensures that all parts of the property are looked after.  Teaches members to take pride in cleanliness and quality.
<b>When:</b>	Every Thursday evening from 8:00-9:00 p.m.
<b>Responsible:</b>	Clinical Staff

## Section 4.3.4 Key Points Summary

### Key Points Summary

- Work therapy builds responsibility, teaches members work and vocational skills, and provides members with a sense of accomplishment.
- Work therapy at DYC is divided into 7 different crews, each responsible for a different area of house functions and each with a set hierarchy.
- Steps in the work crew hierarchy include general worker, ramrod, department head, expediter, and house coordinator, all with an increasing amount of responsibility for house duties.
- Members are given promotions and transferred between crews when it is deemed therapeutically appropriate by staff. Members may also request work crew transfers.
- The department heads of each crew meet weekly with their staff work crew coordinators to discuss work crew issues.
- Service crew is responsible for cleaning all of the common areas on the property. All induction members begin on this crew and are later transferred.
- The kitchen crew prepares, cooks, and cleans up all of the meals served at the residential center. Kitchen crew members work closely with the DYC chef in their daily duties.
- Commissary crew is a subset of the kitchen crew. Crew members are responsible for retrieval and storage of all supplies used by the kitchen crew at every meal.
- House beautification crew is responsible for painting, decorating, and generally making the property's buildings a nice place to live.
- Maintenance crew completes most of the repairs and renovations of the center's buildings under the supervision of the full-time facility director. Maintenance crew has built all of the buildings not originally on the property.
- DYC's 4 gardens are tended by the gardening crew. Much of the produce and herbs used by the kitchen crew is grown by the gardening crew.
- Landscaping crew maintains the residential center's grounds and property. Their responsibilities include planting flowers, mowing, raking, and shoveling snow in the winter.
- The clerical crew maintains logs of all happenings in the main house and assists the receptionist in clerical duties (including answering phones, signing visitors in and out of the property, and photocopying).

## Section 4.3.4 Key Points Summary

- The expediter crew is responsible for supervising the other 7 work crews. They perform member counts and member runs to make sure all members are accounted for and performing their work crew chores correctly. They are also responsible for reporting incidents to staff and assisting with confrontations.
- Every Thursday, staff conduct a general inspection of the entire residential property. All members spend extra time cleaning the property before the inspection.

## Section 4.3.5: Therapeutic Elements: House Meetings

### House Meetings

House meetings occur every morning, afternoon, and evening and are attended by all on-duty staff and all members. These meetings are a forum for general announcements and routine activities. Regular morning meeting takes place after breakfast cleanup has been completed, afternoon meeting takes place just before group therapy sessions and/or seminars, and evening meeting takes place after dinner each night. Most meetings take place in the dining area of the main house. The atmosphere of house meetings is informal, with members and staff alike addressing the house as *family*.

House meetings are designed to bring the entire house together at different points in the day to reinforce the program's sense of community and ensure that treatment is running smoothly. They also allow staff to ensure all members are accounted for and quickly assess their emotional state. Lastly, meetings provide added structure to the members' days, a therapeutic element in itself.

### Quotation:

We have meetings. We read books and like recovering stuff, like each morning. People do morning meetings. People do weather. Like each day somebody else, so it helps you with like creativity and imagination.

*Ava, Induction Member*

## Section 4.3.5: Therapeutic Elements: House Meetings

**Type of Service:** STAFF ANNOUNCEMENTS

**Description:** At the beginning of all house meetings, staff make announcements to the community. Announcements include any changes in schedule for the day, possible occurrences that may be out of the ordinary, or individual members' work crew changes that they haven't already announced themselves.

**Why:** Informs members of changes to their normal routine.

Informs all members at one time so that no one misses important information about the day.

**When:** At all house meetings where necessary.

**Responsible:** Clinical Staff



## Section 4.3.5: Therapeutic Elements: House Meetings

**Type of Service:** PERSONAL ANNOUNCEMENTS

**Description:** At each house meeting, time is given for members to announce things of a personal nature. Most often, members announce work crew changes, promotions, transitions to day treatment, or their progression off the green ribbon. Members may also announce personal events such as births or deaths in the family, or members' birthdays. If the news is positive, the community may clap and/or congratulate members. If the news is negative, members may appeal to the community for extra support in getting through a difficult time.

**Why:** Provides members with a space to share personal achievements and concerns.

Lets the entire community know where extra support may be needed.

Provides members with a sense of belonging.

**When:** At all house meetings, where appropriate.

**Responsible:** Individual Members  
Clinical Staff

## Section 4.3.5: Therapeutic Elements: House Meetings

**Type of Service:** PULL-UP

**Description:** During house meetings, staff and members are given space to address the community regarding tasks that are not being completed correctly around the property. All pull-ups are referred to anonymously. For example, a member might say in morning meeting, “Someone left the broom out after midnight snack last night.” Even if the member giving the pull-up knows who did it, his/her name is not mentioned. All members listen to and note the pull-up and the responsible member may come forward to admit the infraction. If no one comes forward, the matter is dropped and the meeting continues.

**Why:** Gently points out members’ mistakes.

Reminds members that their actions affect everyone else in the community.

Reminds all members of the correct ways to perform chores and clean up after those chores.

**When:** At all house meetings, where appropriate.

**Responsible:** Clinical Staff  
Individual Members

## Section 4.3.5: Therapeutic Elements: House Meetings

**Type of Service:** **DYC PHILOSOPHY AND CREED**

**Description:** The DYC philosophy and creed are inspirational sayings that state the principles and goals behind treatment at DYC. Members memorize the philosophy and creed as induction members and repeat them at each morning and evening meeting. The philosophy and creed are led by members at each meeting.

**Why:** Repeating the philosophy and the creed each morning reminds members that they are part of the larger therapeutic community.

Reminds members that they must trust and rely upon their peers and staff to make progress in treatment.

Serves to battle members' feelings of alienation and loneliness by pointing out that many of their peers are experiencing the same range of emotions throughout their own treatment progress.

Serves to reinforce members' commitment to treatment.

**When:** At all morning and evening meetings, and also as needed.

**Responsible:** Clinical Staff

## Section 4.3.5: Therapeutic Elements: House Meetings

**Type of Service:** DYNAMITE CHEER

**Description:** The Dynamite cheer is a rally call used at house meetings and special events. When the cheer is done at house meetings, all the members form a large human circle with their arms over each other's shoulders. One or more members, chosen by the person who led the philosophy, lead the cheer and the others answer in a call and response format. At special events, one or more people (members, staff, or parents) may begin the Dynamite cheer spontaneously to show their support for others and/or the program.

**Why:** The circle format ensures that each member remains a part of the community during the cheer.

Ends meetings on an upbeat note.

Increases sense of community.

**When:** At all morning and evening meetings.  
At special events.

**Responsible:** Individual Members

**Quotation:** It was a Wednesday morning, my first day there. And I'm sitting there, and I see everybody in morning meeting, this is in Brooklyn. Everybody get up in a circle and started saying that philosophy. I'm like, "I'm not getting in no circles and saying some philosophy!" And then they did the Dynamite cheer. I'm like, "I'm not doing that Dynamite cheer! What the hell? Like what? I'm supposed to be, "Oh Dynamite! Dynamite!" You know? But then like I like doing it now though, you know? I look forward to doing the philosophy like evening meeting. Like when the staff comes in and everybody's raising their hand. At first I was like, "What the hell are they raising their hand for?" And it was like to do the philosophy...But now I'm always raising my hand to do the philosophy. Now it's like I like doing that part, you know?"

*Anji, Induction Member*

## **Section 4.3.5: Therapeutic Elements: House Meetings**

### **The Dynamite Philosophy**

The Dynamite philosophy is that every man makes his own destiny and that he can shape his destiny by having convictions, positive values, and self-respect. I, as an individual, must be prepared to meet my own weaknesses and overcome them. In order to overcome them, I must be aware. In order to be aware, I must communicate. In order to communicate, I must trust. To achieve these goals, I must be honest with myself. In being honest with myself, I gain maturity and responsibility. By attaining this, I find myself reborn to a constant betterment of my life.

### **The Dynamite Creed**

Please let me first and always examine myself. Let me be honest and truthful. Let me seek and assume responsibility. Let me understand rather than be understood. Let me have trust and faith in myself and my fellow man. Let me love rather than be loved. Let me give rather than receive.

### **Dynamite Cheer**

Leader(s): "Gimme a D!"

All other members: "YOU GOT THE D!"

Leader(s): "Gimme a Y!"

All other members: "YOU GOT THE Y!"

Leader(s): "Gimme an N!"

All other members: "YOU GOT THE N!"

(And so forth until the word Dynamite is spelled out.)

Leader(s): "What have we got?"

All other members: "DYNAMITE!"

Leader(s): "I can't hear you!"

All other members: "DYNAMITE!"

Leader(s): "Say it louder!"

All other members: "DYNAMITE!" etc.

## Section 4.3.5: Therapeutic Elements: House Meetings

**Type of Service:** MORNING MEETING

**Description:** Morning meetings are held every morning in the dining area of the main house and are structured similarly each day. They begin with staff announcements, members' personal announcements, and pull-ups (if needed). Members are chosen the previous night to lead morning meeting. Following the announcements, individual members lead the *daily reading* and other members participate in discussion about the reading. Following the daily reading, members perform a brief skit that illustrates one of DYC's *core concepts*. Members give a daily weather report, news, and the day's menu at morning meetings. If staff decides it's necessary, *image breakers* may be performed by members in front of the community. To close morning meetings, members form a large human circle by placing their arms over each other's shoulders and repeat the DYC philosophy, creed, and cheer. After morning meetings, members break for the day's activities.

**Why:** Increases members' sense of community and strengthens commitment to treatment.

Provides space for daily announcements.

Reinforces daily structure.

Reiterates DYC concepts.

Encourages responsibility, planning, and teamwork.

**When:** Every morning (including weekends), before school and/or work therapy. Morning meetings typically last for 1 hour.

**Responsible:** Individual Members, chosen the night before  
Clinical Staff

**Quotation:** Morning meeting we all sit down as a family and we read a book together, you know, something that usually is sort of inspiring, or something that means something to you. We all elaborate off the book. Not everyone, just people who raise their hands. And after that is the morning meeting we have. It's just like something to like get us motivated during the day and something funny. The weather, they tell us the weather and the menu. I usually do like a poem or something. That would be something like they could think about for the day. And after that is all done and taken care of, we go out and sit for philosophy.

*Darryl, Residential*

## Section 4.3.5: Therapeutic Elements: House Meetings

**Type of Service:** SKIT

**Description:** At morning meetings, a group of 5 to 6 members perform a skit which illustrates a *core concept* chosen by staff. Members are chosen to write and rehearse the skit themselves the night before. All skit assignments are discussed at a staff meeting and staff try to include members from all different treatment stages in skit preparation. Members performing the skits are encouraged to include a daily weather report and menu somewhere in their skit. Skits usually last between 5 and 10 minutes and vary in theme according to the members who present the skit.

**Why:** Provides members with an opportunity to be creative and take responsibility for creating a finished product.

Members learn teamwork through collaborative skit writing.

Members learn public speaking skills and overcome inhibitions.

**When:** Every morning during morning meeting.  
Skits are generally 5–10 minutes long.

**Responsible:** 5–6 Members chosen by staff  
Clinical Staff

## Section 4.3.5: Therapeutic Elements: House Meetings

**Type of Service:** DAILY READING AND ELABORATION

**Description:** At morning meetings, individual members read and discuss a staff-chosen daily reading. Readings may come from a poem, story, book, or other appropriate inspirational literature. Once the reading has been completed, members volunteer to respond to the reading and offer their thoughts and theories about how the reading relates to their personal lives and to their treatment progress. A discussion may follow as additional members express their thoughts on the reading.

**Why:** Provides members with a chance to practice public speaking skills.

Provides an opportunity for members to engage in self-reflection and learn to formulate and express their own ideas and emotions. Members also learn how to share these thoughts with the rest of the community.

Provides space for members to reflect upon their own progress through treatment.

**When:** Every day, during morning meeting.  
Typically lasts 10-15 minutes.

**Responsible:** Individual Members  
Clinical Staff



## Section 4.3.5: Therapeutic Elements: House Meetings

**Type of Service:** IMAGE BREAKER

**Description:** Image breakers are exercises usually completed at morning or evening meetings in which members are asked to act out a potentially embarrassing situation in front of the community. Image breakers are assigned to members when staff feel that the members are exhibiting behaviors similar to images or stereotypes they had before treatment. Staff purposely choose roles for members to act out that contradict their previous images. Examples of image breakers include: “pretend you’re bacon sizzling in a pan,” “sing a song with a pear in your mouth,” or “pretend you’re an angry dog.”

**Why:** Teaches members to be comfortable expressing themselves in front of crowds. Helps members overcome inhibitions and helps to draw members out.

Encourages self confidence.

**When:** As needed, during house meetings.  
Image breakers typically last no more than 3–4 minutes.

**Responsible:** Clinical Staff

**Quotation:** **Erin:** You get up in front of everyone and you do something like really stupid. Like if it’s...whether it’s like acting like a ballerina, or singing a song, or like just screaming the word “blah” really loud, like sizzling-sizzle like you’re bacon, stuff like that. Like pretend you’re a dog peeing on a hydrant. Stuff like that, you know?

**Interviewer:** <laugh> So, did everybody have to do ‘em at some point or another?

**Erin:** At one point everyone does one.

*Erin, Day Treatment*

## Section 4.3.5: Therapeutic Elements: House Meetings

<b>Type of Service:</b>	<b>AFTERNOON MEETING</b>
<b>Description:</b>	Afternoon meetings usually occur just after lunch and just before group therapy sessions, seminars, or work crews, depending on the day. Afternoon meetings are usually very short and may last for only a few minutes. Afternoon meetings consist of announcements by staff, pull-ups, and/or discussion of the afternoon's activities. Group therapy session assignments are announced at afternoon meetings on Mondays, Wednesdays, and Fridays. Afternoon meetings serve primarily as a space to take care of house business before members break again for their afternoon work crews, group therapy sessions, and/or seminar activities.
<b>Why:</b>	Reinforces the community environment after members have been attending school and work crews all morning.  Allows staff to ensure all members are present and accounted for.  Provides a forum for necessary house business.
<b>When:</b>	Monday–Friday, directly after lunch. Afternoon meetings last anywhere from 5–20 minutes, depending on content.
<b>Responsible:</b>	Clinical Staff

## Section 4.3.5: Therapeutic Elements: House Meetings

**Type of Service:** EVENING MEETING

**Description:** Evening meetings are held every night just after dinner, before the day staff leave for the day and after the evening staff arrive. These meetings encompass staff and personal announcements, discussions of house business, occasional image breakers, and pull-ups as necessary. Evening meetings end with the DYC philosophy, creed, and cheer.

**Why:** Brings the house together at the end of the day and provides a space to reflect upon and summarize the days' events.

Provides a space for announcements and discussions.

Reinforces community culture and structure before breaking for evening activities.

**When:** Every evening after dinner.  
Evening meetings typically last 1 hour.

**Responsible:** Clinical Staff

## Section 4.3.5 Key Points Summary

### Key Points Summary

- House meetings occur 3 times a day (morning, afternoon, and evening) and provide time for the community to come together during the day.
- In general, house meetings include staff announcements, personal announcements, and pull-ups and end with the DYC philosophy, creed, and cheer.
- Pull-ups allow staff and members to point out tasks that are not being done correctly through the house. No personal accusations are made during pull-ups.
- The DYC philosophy, creed, and cheer are memorized by all induction members and recited at the end of each meeting. The philosophy, creed, and cheer serve to reinforce TC principles and remind members that they are not alone in treatment.
- Morning meetings bring together staff and members before the day's activities begin. Members are chosen the night before to lead the meeting, perform a skit, and lead the daily reading and discussion.
- A skit is written for and performed at every morning meeting by the members chosen to lead that particular meeting. Skits are written to illustrate DYC core concepts and include the day's menu and a weather report.
- An inspirational reading or a reading pertinent to treatment is chosen by staff for every morning meeting. After the reading is over, members lead a short, informal discussion of and elaboration on the reading topic.
- Individual members are asked to perform image breakers at morning meetings. Examples of image breakers include "pretend you're an angry dog," "sing a song with a pear in your mouth," or "sizzle like bacon frying in a pan." Image breakers are meant to help members feel comfortable performing in front of large groups.
- Afternoon meetings are brief and mostly serve as a forum for announcements and notification of group therapy session assignments. They are usually held directly after lunch and before group therapy sessions or seminars.
- Evening meetings are held after dinner and provide a space for members and staff to discuss the day's events before breaking for evening activities.

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## Section 4.4.1: Additional Treatment Elements: Education

**Type of Service:** SCHOOL

**Description:** Members who have not already received their high school diploma or GED are required to do so before completion of the full NYC program. Members attend school Monday through Friday in two morning sessions, beginning at 8:30 and 10:15 a.m. Individual tutoring is offered during afternoon school sessions and on Tuesday and Thursday afternoons. Like most schools, standard classes are not held during the summer months, but summer classes may be offered depending on member needs. Vocational training and remedial tutoring are available year-round to members who request or need these services. NYC has 2 teachers (certified and paid by the Board of Ed) and a school coordinator on site. Classes are held in the residential center's school house which contains 2 fully equipped classrooms (1 room may be separated using sliding room partitions to create a 3<sup>rd</sup> classroom), a computer room, a testing and assessment room, and teacher and staff offices. The school's classrooms resemble traditional junior high and high school classrooms and contain study aides, maps, globes, blackboards, text books, individual student desks, and other learning materials. Course work is taught at 3 separate levels, and a variety of junior high and high school curricula is offered at the school, including reading, writing, social studies, science, math, and geography. In addition to standard school subjects, members may become involved in the newspaper or various documentary projects offered through the NYC school.

Members are assigned homework each day and are expected to complete homework assignments by the next day. These assignments usually include reading and writing, mathematics, and/or science problems. In addition, members are expected to read individually assigned novels throughout the course of their treatment. These novels are discussed and analyzed with one of the center's teachers. Members are given time to complete homework during quiet study periods each evening.

**Why:** Meets the educational needs of residential center members and prepares them for either a return to high school or GED examinations.

Encourages members to read for fun.

Encourages members to realize the value of educational activities.

**When:** Throughout residential treatment, beginning generally within 1 month of transfer to the residential center.  
Members attend school in the mornings Monday through Friday and when necessary on Tuesday and Thursday afternoons.

## Section 4.4.1: Additional Treatment Elements: Education

**Responsible:** School Coordinator  
2 Board of Education Certified Teachers

**Quotation:** I wanna go to school. Because I have a poor education. You know. I stopped going to school young. Like 11 years old, I lost interest. And I've always been a bright kid, you know? Like intelligent. I might not be book-smart now because of my lack of education, and I haven't really been in school. I haven't really been using my brain, as far as books. But I took a test and my reading level is like ridiculous for someone who hasn't been in school for so long. I got like a...how do you say it...like a college reading level. And I don't even know how they know. I guess I still got a little bit of it. My math is horrible. You know what I'm saying, I have to work on that. But I'm gonna go to school and take it from there I guess.

*Dylan, Residential*



## Section 4.4.1: Additional Treatment Elements: Education

**Program**

**Procedure:** DETERMINATION OF SCHOOL PLACEMENT

**Description:**

Upon entry into the NYC residential center, members take standardized evaluation tests, administered by the school coordinator. These tests, as well as former school records (pre and post drug use), psychological reports, learning disability reports, and discussions with members' former teachers help the NYC school coordinator place the adolescent at an appropriate classroom level. Members who progress quickly may be moved up to more advanced classes within the NYC educational structure.

NYC residential center teachers work with members to determine the feasibility of pursuing either a high school diploma (either through the NYC school or through their home school in New York City) or a General Equivalency Diploma (GED). If members are 16 or younger and are not significantly behind in school requirements and credits, they are encouraged to earn a high school diploma. These members remain in high school based classes within the NYC residential center and plan to transition back to high school once they have completed 6 months of day treatment at the Brooklyn center. Members who enter the NYC residential center and are only a few credits short of high school graduation may receive their high school diplomas directly through the NYC school system. Members who wish to pursue a high school diploma rather than a GED meet for a special course outside of the regularly scheduled class times. If members are over 16 and significantly behind their expected grade level in high school, they may decide to work toward a GED. In this case, members may attend special GED classes in addition to their regular school hours to prepare for the GED examination.

**Why:**

Places member in appropriate learning environment and ensures that all members' educational needs are being met.

**When:**

School placement occurs from 1 day to 1 month after entry into treatment. The decision to attend high school or GED courses may take place at any time during members' tenure in residential treatment but members are encouraged to initially attend high school based classes.

**Responsible:**

School Coordinator  
Continuing assessment provided by NYC Teachers

**Quotation:**

I'll have to work really hard for a high school diploma. But, yeah, I'd like a high school diploma. I would want the high school diploma. Of course I would have to work really hard for it, you know? So why not try for it. I can get it. I'm only a year behind. I'm very, very smart. If I really want something, I'm gonna do it, you know?

*Blake, Residential*

## Section 4.4.1: Additional Treatment Elements: Education

**Quotation:**

I mean, I'm actually pretty happy that I got my GED, 'cause I kinda like skipped a year. And I'm really a year ahead of like what I really should've been. So like that's cool.

*Ingrid, Re-Entry*

## Section 4.4.1: Additional Treatment Elements: Education

**Type of Service:**     **READING/HOMEWORK TIME**

**Description:**       One and a half to 2 hours of each evening, Sunday through Thursday, are set aside for homework, reading, and quiet study time. Members complete their daily homework assignments and reading in the center's meeting area in the main house. Members may work quietly together on group projects during this time with special permission. Staff are on hand during this time should members have questions about homework assignments. Members who have obtained their GED or high school diploma use this time to quietly read novels or non-fiction books.

**Why:**                 Reinforces educational gains made during the day.

Provides members with quiet time to complete homework assignments.

Encourages members to acquire the habit of reading as recreation.

Adds a structural element to the members' day.

Provides quiet time before evening snack and bedtime.

**When:**                Sunday through Thursday, 7:30–9:00 p.m.

**Responsible:**       Clinical Staff  
Individual Members

## Section 4.4.1: Additional Treatment Elements: Education

**Type of Service:** SEMINARS

**Description:** Seminars are held twice a week on Tuesday and Thursday afternoons and are attended by all members. Seminar topics vary widely and may encompass current events, educational, emotional, vocational, historical, cultural, health-related, and life skills themes. Seminars are primarily run by staff but may also include guest speakers. They vary from interactive games and activities to lectures and presentations. Examples of current and previous seminar topics include free time hobbies and collections, horticulture, history discussion, activities to combat racism, current events, health issues, and cultural diversity. Seminar topics vary according to speaker availability and member needs. Certain seminars (such as HIV and HCV awareness) are repeated once or twice per year to ensure that all members participate in at least 1 occurrence of these key seminars. Additional gender-specific issues may be addressed during women's retreats. In the rare occurrence that no seminar is planned for a given Tuesday or Thursday, members perform work crew chores in place of that day's seminar.

**Why:** Provides members with an opportunity to learn new skills and broaden their horizons.

Enriches members' knowledge of the world around them and stimulates members to take an interest in a broad array of topics.

Encourages members to think critically about their own and other people's points of view.

Teaches important health issues that could directly affect members' lives.

Adds structure to members' days.

**When:** Tuesday and Thursday afternoons.  
Length of seminars varies based on content, usually 1-3 hours.

**Responsible:** Clinical Staff  
Guest Speakers

**Quotation:** Well staff comes up with some interesting things. Like we had seminar about giving each other credit...like finding out good qualities about each other. That's a good seminar, all right. And there were a lot of different...like information. We would talk about some things about history. We would talk about politics. Talk about treatment too, you know, what's important what's not important. That's good, absolutely. You need to know that in future. Gotta pay attention.

*Eduard, Day Treatment*

## Section 4.4.2: Additional Treatment Elements: Recreation

**Type of Service:** RECREATION ON SITE

**Description:** The DYC residential center offers a variety of recreational activities. The center has a weight room, pool table, gymnasium, TV and VCR, a variety of board games, decks of cards, and a stereo. Provided it is not during a closed house, all members who are not on a learning experience may use these facilities in their free time. Unstructured activities may include playing basketball, kickball, pool, or a hand of cards or walking around the property. DYC also offers structured recreation, which includes a choir, ceramics, woodworking, and photography. In addition, the residential center has a swimming pool, located in front of the director's house. Members are allowed to use the pool with staff supervision during the summer months.

**Why:** Helps members learn to play together and have fun without drugs and provides members space to interact like "normal" teenagers.

Encourages members' sense of community through shared recreational experiences and teaches members how to share resources.

Provides members with an opportunity to release pent-up energy.

**When:** Recreational apparatus can be used during members' free time.

**Responsible:** Clinical Staff

**Quotation:** We had fun, play pool, we had a pool itself, like in the summer we go to the pool. In the winter, sometimes, we had snowball fights and things like that. We would mess around, it was fun.

*Holden, Re-Entry*

**Quotation:** I play the guitar. I love playing guitar. I sit up on the gym deck and sometimes just sit there and I'll get a crowd of people. I won't even notice them. I'll just play away and sing my songs, do whatever I want to do up there. I love reading. I read a lot.

*Darryl, Residential*

## Section 4.4.2: Additional Treatment Elements: Recreation

**Type of Service:** ORGANIZED SPORTS

**Description:** DYC members and staff participate each year on the center's softball team, and occasionally members form soccer teams. Games are played between the residential and Brooklyn centers, and/or against other treatment centers. In addition, each summer the residential and Brooklyn centers participate in a DYC Olympic competition. All members are eligible to participate in organized sports regardless of their skill level.

**Why:** Promotes sense of teamwork and community.

Teaches members to win and lose with grace and encourages constructive competition.

Promotes exercise and healthy living.

**When:** Games and competitions are usually scheduled during members' free time in the summer months.

**Responsible:** Clinical Staff

**Quotation:** **Chuck:** Yeah, Saturday morning there was a game. It was Dynamite, Dynamite's in the championship. I was there. I lost my voice cheering, that's why I sound a little weird. It was really cool. It's like past couple of games...there was 3 games, 'cause you need to win 2 games. We won one, we won the first one, and the other team won the second one so the last one, it was really close. We won by 1 point.

**Interviewer:** This is Dynamite against who?

**Chuck:** Against other programs. We play other programs. It's really good.

*Chuck, Residential*

## Section 4.4.2: Additional Treatment Elements: Recreation

**Type of Service:** MIDNIGHT SNACK

**Description:** Every day during work crew hours, the kitchen crew makes a snack to be served later during midnight snack. Midnight snack is usually served on weeknights, just after homework and quiet reading time, at about 9:30 p.m. Members socialize and relax during midnight snack. Members are not offered dessert at or during meals, so midnight snacks are often much appreciated. Snacks vary from salty foods such as chips and crackers to sugary foods like cookies, Jello, etc.

**Why:** Provides social time for the members before bed.

Ensures that members do not go to bed hungry.

**When:** Every night, about 9:30 p.m.

**Responsible:** Kitchen Crew  
DYC Chef

## Section 4.4.2: Additional Treatment Elements: Recreation

**Type of Service:** RECREATIONAL TRIPS

**Description:** Anytime that a member leaves the DYC residential center property it is considered a trip. Trips occur occasionally throughout the week when staff perceives a group of members is doing well and might need a break from the center. Trips are not prescheduled. Examples of trips might include short shopping errands, haircuts, town sporting events, movies, ice cream, etc. All trips are done in small groups with a staff member. Members are eligible for trips if they are not induction members and are not on a learning experience. When members leave on trips of any sort, their names are noted in the logs by clerical crew and staff. The nature and expected length of their trip, which vehicle they are riding in, and the name of the driver also are noted.

**Why:** Allows members to be gradually re-introduced to outside society and shows members how to have fun while sober.

Provides members with a break from the center and demonstrates trust in members.

Promotes bonding time between staff and members.

**When:** Approximately once per month for lower peers and once every 2 weeks for middle and upper peers, during free time.

**Responsible:** Clinical Staff  
Residential Center Program Director

**Quotation:** And after dinner on Friday we just get involved. So we have swimming pool, watching movies, playing baseball or softball or soccer. Saturdays we work until 2:30. And after 2:30 we done. Sometimes we go out, like eat Chinese food, movies, or pizza.

*Cheslav, Residential*



## Section 4.4.2: Additional Treatment Elements: Recreation

**Type of Service:** FAMILY OUTINGS

**Description:** During family outings, or field trips, a large group of members leaves the DYC property for a recreational outing. Examples of family outings can be a trip to a nature preserve or museum, a picnic at a state park, or swimming at a lake. Family outings are usually daylong events. Induction members and members on learning experiences are not eligible to attend family outings. Staff and clerical crew log the names of all members who participate in a family outing.

**Why:** Shows members how to play productively without drugs and alcohol, and how to have fun while sober.

Builds a sense of community away from the center and demonstrates trust in members.

Provides members with a break from the center.

Allows members to be gradually re-introduced to outside society.

**When:** As needed.

**Responsible:** Residential Center Program Director  
Clinical Staff

## Section 4.4.2: Additional Treatment Elements: Recreation

**Type of Service:** SPECIAL EVENTS

**Description:** DYC plans several special events for the members each year. Examples of events include a New Year's Eve dance, attended by all program stages and held at the residential center gymnasium; Olympics, held every summer, where residential center members compete against Brooklyn center members; intramural sporting events; theme parties (such as 80's night); and pizza nights. In addition, DYC celebrates holidays such as Christmas, Hanukkah, and Easter by planning events and making special foods at the residential center. These celebrations are usually for members who are unable to return to their parents' homes during these times. DYC also makes an effort to recognize members' birthdays by acknowledging them at meetings and holding a small party each month to celebrate that month's birthdays.

**Why:** Provides healthy activities on difficult holidays, such as New Year's Eve, Valentine's Day, Christmas, and Hanukkah.

Provides a temporary change from the traditional daily schedule.

Gives members a chance to socialize with other members not in their own stage of treatment.

**When:** Several times per year.

**Responsible:** Clinical Staff  
Residential Center Program Director  
DYC Chef

**Quotation:** So, what they'll do is every month, they'll bake a cake and then they'll put frosting on it or whatever and say "Happy Birthday." Some months it'll say, "Happy Birthday," to so and so and so, or like, "Happy Birthday," to everybody's birthday in January, or whatever. I mean, we don't have parties, like birthday parties, but we do have parties, you know? Like if somebody's getting transferred down to Brooklyn and they're getting their senior membership? We throw a party, or, like, Christmas we'll have a party. New Year's we have a party. Brooklyn goes up there, phase-ambulatory, everybody. We have a *big* party.

*Earnest, Day Treatment*

## **Section 4.4.3: Additional Treatment Elements: Health**

### **Health**

Upon entry into the program, members must provide a medical history as well as the results of a recent physical exam. The program uses this information to ensure that all members of DYC receive all necessary health care services while at the residential treatment center. In addition to the typical adolescent health problems (e.g., broken arms, sprained wrists, flu viruses, sinus infections), DYC members may have health problems which must be monitored over a long period of time. Some members, as a result of past injection drug use and other high-risk behaviors, are now fighting Hepatitis C. Still others suffer from the long-term effects of cocaine and heroin abuse, and/or accidents that occurred while they were under the influence of drugs.

Members are monitored daily by clinical staff for health issues, and are seen by the program nurse immediately if they report any pain or problems. If members have a cold or the flu, they may obtain over-the-counter medicines from the nurse who dispenses these medications after consultation with the program director. Members typically do not receive any medications stronger than Tylenol, Advil, Sudafed, or cough drops. Members' requests for medications are strictly monitored and assessed by both the clinical staff members and the program nurse. If members require over-the-counter medications for more than a few days, they are taken to see a doctor. Medication is not withheld if a real need is apparent; however, because of members' drug abuse history, over-the-counter medications are controlled.

DYC also contracts with a doctor in the Fallsburg area for more serious health problems and routine physicals for members. If members are urgently ill or require the attention of a specialist, arrangements may be made to send them to New York City temporarily to receive medical care. Members stay with their parents during their time away from the center.

Staff members and the program nurse are certified in CPR, and are familiar with procedures to follow in the case of minor medical emergencies.

### Section 4.4.3: Additional Treatment Elements: Health

**Type of Service:** DOCTOR'S APPOINTMENTS

**Description:** DYC contracts with an off-site physician and a dentist in the Fallsburg area for regular medical and dental check-ups. If members have special needs that can't be serviced by a doctor in the Fallsburg area, they may be transported temporarily to New York City to receive medical treatment. If members' treatment requires that they remain in the city for several days or weeks, they may attend the Brooklyn day treatment center if possible. If not possible due to the nature of medical treatment, members must remain in their parents' homes during recovery and must follow the same rules they would follow on a home visit. In these cases, residential center staff and other members make frequent phone calls to show support to members during their recovery.

**Why:** Medical needs are taken seriously at DYC. Regular check-ups keep the member population healthy and well and teach members to value their own health.

**When:** On an individual, as-needed basis.

**Responsible:** Clinical Staff

**Quotation:** **Fran:** And I started to trust staff, and trust being up there. 'Cause they took care of me, you know. When I was in pain or when something was wrong with me or I had to go to the hospital or I had to go to court, they took care of me. So I guess around that time, I started to get really, really used to it.

**Interviewer:** Did you get sick upstate?

**Fran:** Well, I had an abscess. And I had to have surgery while I was up there. And I had to come down a lot for the doctor, to get medicine and things like that. So they always brought me down.

*Fran, Day Treatment*

### Section 4.4.3: Additional Treatment Elements: Health

**Type of Service:** NURSE ON STAFF

**Description:** DYC employs a full-time nurse during the hours of 8:00 a.m. to 4:00 p.m., Monday through Friday. The nurse is in charge of handing out any prescription medications members may need as well as Tylenol, Advil, Sudafed, cough drops, and other needed over-the-counter medications. The nurse is also able to administer insulin injections for diabetic members, or epinephrine for severe allergic attacks. The nurse is responsible for administering tuberculosis tests to all new members and annually to staff. The nurse also takes care of minor cuts, bruises, insect bites, etc. and assesses any potentially serious side effects and/or allergies. On nights and weekends, necessary prescriptions are dispensed by an on-duty senior clinical staff member as per the nurse's directions.

**Why:** Ensures that a certified professional hands out all prescription and over-the-counter medications.

Provides for immediate emergency care should an accident occur at the center.

Ensures that members are monitored for diabetic and allergic attacks, and that other members who might need frequent medical care are seen by a health professional on a regular basis.

**When:** Monday through Friday, 8:00 a.m.–4:00 p.m.

**Responsible:** DYC Nurse  
Residential Center Program Director

### Section 4.4.3: Additional Treatment Elements: Health

**Type of Service:** HEALTH EDUCATION

**Description:** Approximately once a month a seminar topic focuses on health education. Outside speakers or staff direct the seminar. Topics may include symptoms of communicable diseases (including HIV, HCV, tuberculosis, etc.), bodily repercussions of drug use, the effects of smoking, eating disorders, sex education, and/or the benefits of proper hygiene, nutrition, and exercise.

**Why:** Provides members with information about communicable diseases and shows them how to avoid contracting diseases.

Encourages members to value and monitor their own health.

**When:** During selected seminars, Tuesday and Thursday afternoons.

**Responsible:** Clinical Staff  
DYC Nurse  
Guest Speakers

### Section 4.4.3: Additional Treatment Elements: Health

**Program**

**Procedure:** HIV/AIDS AND HCV PROTOCOL

**Description:**

Upon entry into the program, members are given the opportunity to be tested for a number of diseases, including HIV/AIDS and the Hepatitis C virus. DYC does not discriminate against or deny admission to anyone who tests positive for or presents with HIV/AIDS or HCV, provided that they are physically able to actively participate in their own treatment. Disclosure of an adolescent's HIV/AIDS or HCV status is not required for entry into the program or at any time during treatment. However, if adolescents voluntarily disclose that they are positive for one or more of these diseases, they will be provided with all necessary health care. All records pertaining to HIV status are kept strictly confidential.

**Why:**

Complies with all federal, state, and local regulations.

Ensures that members are not discriminated against because of their HCV or HIV status.

**When:**

Throughout treatment.

**Responsible:**

DYC Nurse  
Brooklyn and Residential Center Program Directors

## Section 4.4.4: Additional Treatment Elements: Splitting

### Program

**Procedure:** THE BENCH AND LEAVING RESIDENTIAL CENTER TREATMENT

### Description:

Because of the residential center's remote location, and the fact that members may only carry \$3.00 at a time, it is very difficult for adolescents to leave treatment at the residential center without going through the proper channels. If a member wishes to leave or *split* residential center treatment, he/she is required to express this desire by sitting on a bench located in the meeting room of the main house. A member may take the bench at any time, but he/she should be serious about the desire to leave treatment.

Typically, after a member takes the bench, he/she is given some quiet time to think about his/her decision to leave treatment. After approximately ½ hour to an hour, clinical staff call the member into a staff office and discuss the member's reasons for wanting to leave. Staff members provide one-to-one counseling for the member and attempt to initiate a dialogue about the member's progress in treatment, his/her goals for the future, and difficult events in the member's life. When appropriate, staff remind the member about his/her pre-treatment life on the streets and ask the member if he/she really wants to return to that life.

The member's peers may ask to speak to the member at this time. If appropriate, staff may allow a member's good friends within the program to talk to the member about his/her decision to split. Peers generally discuss their concern for the member and describe how they will feel if the member splits treatment, how much they will miss the member's friendship, etc. Staff allow other program peers to speak to the member on a case-by-case basis.

If after discussion with program staff, and if appropriate, program peers, the member still desires to leave treatment, staff phone the member's parents and the member is required to initiate a dialogue with his/her family members. Parents generally attempt to persuade members to remain in treatment. The above process may be repeated several times before the member makes the final decision to either remain in treatment or leave the program.

If, after much discussion on the matter, the adolescent is still convinced that he/she wants to leave treatment (and if he/she is not mandated to treatment) he/she is told to pack all personal belongings and is either picked up at the residential center by his/her parents or dropped off at the Fallsburg bus station to make the trip back to Brooklyn. The member's parents then meet him/her at the bus station upon arrival in New York City.



## Section 4.4.4: Additional Treatment Elements: Splitting

If the member is mandated to treatment by the courts and/or is actively involved in the criminal justice system, NYC staff call the appropriate authorities and inform them of the member's plan to leave treatment. Arrangements are made for authorities to come to the center and take the member into custody for placement at the correct criminal justice facility.

Members' parents are encouraged to keep attending parents night at the Brooklyn center if they feel it is personally appropriate, even if their child has split the treatment program. Members who wish to return to the residential center after a split must call the Brooklyn center intake staff and arrange for an interview and discussion about their activities while they were away from the center.

### **Why:**

The bench provides members with quiet time to think about the repercussions of leaving treatment and returning to their former drug-using lifestyles.

Discussions with program staff remind members about the personal emotional work they have already accomplished at the residential center and the lifestyle they will be giving up. Discussions provide a mechanism for staff to intercept and possibly help convince the member not to leave treatment.

Discussions with program peers remind members of the friendships they have created while at the center, and help them understand that if they split treatment they will be missed and may be hurting their friends as well as themselves.

A phone call to the member's parents allows the parents to express their thoughts and feelings about the member's potential split from treatment.

### **When:**

A member takes the bench when he/she has decided to leave the program. Members spend anywhere from several minutes to several hours on the bench, dependent on therapeutic need.

### **Responsible:**

Clinical Staff  
Individual Members  
Peers  
Member's Parents

## Section 4.4.4: Additional Treatment Elements: Splitting

### Program

**Procedure:** RETURN FROM SPLITTING (APPLICABLE TO BOTH THE RESIDENTIAL AND BROOKLYN CENTERS)

### Description:

The process of re-entry in to the program after splitting is dependent upon the amount of time between the members' split and return. If members have been gone for less than 72 hours, they may contact program clinical staff to arrange the conditions of their return. If they have been gone for more than 72 hours, members must contact the intake department to make a re-assessment appointment. Following these appointments, recommendations are made to the program director who makes the final decisions about adolescents' return. NYC accepts adolescents who wish to return on an individual basis. If it is determined that the program can still help individual adolescents, they may be re-accepted on probationary status.

As part of being accepted back into the NYC community, members who have just returned must discuss with program clinical staff the events that occurred in their lives while they were away from the center. The newly reinstated members are then assigned individually tailored learning experiences. Returning members must illustrate to the community that they really want to return to treatment by accepting the learning experience without complaint and demonstrating a real desire to conform to treatment ideals.

Other members, who may feel hurt when members split from treatment, are sometimes slow to trust returning members and may be reluctant to reinstate friendships. Thus, the time that returning members spend on a learning experience gives them time to earn back trust and acceptance from their peers.

As a general rule, members may split and return to treatment no more than twice. If members wish to return but are no longer appropriate for treatment at NYC, they receive a referral to another program or other social services.

### Why:

Ensures that members are serious about wanting to return to treatment.

Encourages members to take responsibility for their split from and return to treatment.

Provides time for members to think about their recent actions and their treatment goals.

## Section 4.4.4: Additional Treatment Elements: Splitting

Allows reinstated members to illustrate to the community that they can be trusted not to leave again.

**When:** Upon a member's return from splitting the program.  
Reintegration into the community may take up to 2 weeks.

**Responsible:** Clinical Staff  
Individual Members

**Quotation:** I walked in and everybody knew I split already. In Brooklyn and the residential center. So I was really embarrassed. There was people outside in the front, and um...a part of me was happy just walking in here because I seen everybody and even when they sat me back on the bench, 'cause you gotta sit on the bench when you come back from splitting, at least I felt like I was part of the house, you know what I mean? Like I was sitting on the bench and I was like, "All right, at least I'm here."

I felt very humble when I came back, like I really needed to do hard work to get back in the house, for what I did...It was kind of like I had to ask members to be there for me and ask people for help. It wasn't just like they were giving it to me for free. Like, "Okay, you came back, that's it." It was kind of like, "All right, prove that you wanna be back now, prove that you wanna change." 'Cause I'd been lying for so long that it was just like, "You gotta prove that you really wanna do this. Actions speak louder than words."

*Faith, Day Treatment*

## Section 4.4 Key Points Summary

### Key Points Summary

- School and educational pursuits are an integral and emphasized part of treatment at NYC. NYC provides high school curriculum classes, GED preparation classes, and reading/homework time daily.
- School placement is determined by evaluation tests, previous school records, and individual members' decisions to work toward a diploma or GED.
- Seminars are held twice a week at NYC. Topics include hobbies, health education, supplemental learning, and social issues, among others.
- NYC offers many on-site recreational activities in which members may participate during their scheduled free time. Activities include games, audio/visual entertainment, athletic activities, and organized sports.
- Members may leave the center with staff for recreational trips or family outings provided they are not an induction member or on a learning experience.
- NYC plans several special events throughout the year in the form of holiday parties, dances, and other celebrations.
- NYC offers health services to all its members in the form of a full-time nurse on staff. In addition, staff provide transportation to doctor's and dentist's appointments and regular health seminars.
- NYC does not discriminate against anyone based on their HIV/AIDS or HCV status. If voluntarily disclosed to the program by the adolescent, all records pertaining to HIV/AIDS or HCV status are kept strictly confidential.
- Members sit on the bench to communicate to the NYC community that they wish to leave, or split, treatment.
- Members who split are given intensive individual counseling to determine whether they really desire to leave treatment, or are actually upset about something in the program or their life. If members decide to leave, they are either picked up by their parents or taken to the bus station and met by their parents in the city. If members are court mandated to treatment, the proper authorities are notified and appropriate action is taken.
- Members who wish to return after splitting are accepted back into the program on an individual basis and may have to complete a probationary period before they are fully accepted back into the community.

# Section 4.5: Transfer to Day Treatment

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## Section 4.5: Transfer to Day Treatment

**Type of Service:** TRANSFER TO DAY TREATMENT

**Description:** When staff determine that members have met the requirements and are ready to move from residential to day treatment, they begin the members' transfer process. Members are generally transferred in groups of 5 or 6 at a time. Members about to be transferred are first told to stand outside the program director's office where they will be informed as a group that they are about to be transferred. They are not directly told why they are being called into the director's office, but most make the assumption based on the group's collective amount of time in the program. After being given the news, members call their parents and notify them that they will be returning home shortly (most parents have already been prepared for this phone call through their weekly parent meetings and discussions with clinical staff). Individual members are then given time to stand at the front of the room and address the community before being physically transferred to the Brooklyn center. Generally, members are notified on a Thursday and then transferred on a Monday. During the intervening weekend, members are encouraged to say their personal good-byes, pack their belongings, and are given extra counseling and/or group therapy sessions to discuss any fears or issues associated with their transfer.

**Requirements:** Members have been in the program 11–13 months.

Members have absorbed and internalized the TC principles of “right living” and have the skills to maintain these principles in a less protected environment.

Members have demonstrated leadership skills and have served as role models for their peers.

Members have developed their family relationships.

Members have a positive and honest relationship with staff and peers.

Members have developed some beneficial long-term goals for their lives (e.g. obtaining a GED, gaining vocational training, attending college).

Members have demonstrated care, concern, and responsibility for their peers.

**When:** Members are eligible for transfer 11–13 months into treatment, if therapeutically appropriate.

**Responsible:** Residential Center Program Director  
Clinical Staff

## Section 4.5: Transfer to Day Treatment

- Type of Service:** TRANSFER INTERVIEW
- Description:** Transfer interviews are the method by which clinical staff notify members that they are about to be transferred to day treatment. The 5 or 6 members to be transferred are called to the program director's office. The interview functions like a group therapy session and usually consists of a discussion of what members feel they have achieved in treatment so far, what they still need to work on, what they expect the environment at home will be, what they expect the problems with transferring to day treatment will be, and the techniques they will use to combat those potential problems. Staff provide gentle guidance and advice during the interview, reinforcing their trust and belief in members and their abilities to thrive at home and in the Brooklyn center. Members' concerns expressed during the transition interviews are taken into account when staff decide the final date and specifics of their upcoming transfer.
- Why:** Notifies members of their upcoming transfer in a supportive group therapy environment.
- Provides space for members to ask questions about the transfer and for staff to learn about individual members' fears and concerns regarding their return to their families and the city environment.
- When:** Generally on a Thursday, for members 11–13 months in the program and about to be transferred.  
Transfer interviews last ½ hour–1 hour.
- Responsible:** Residential Center Program Director  
Clinical Staff
- Quotation:** **Erin:** That's when you get <day treatment>. Like when he pulls you in the office and then he tells you, "All right you're going down on this day." And we got our interview on Friday, we went down on Tuesday. So...  
**Interviewer:** Does he ask you what it's gonna be like?  
**Erin:** Yeah, he asks you like what you think it's gonna be like, what you think you're gonna have to do when you get down there, things that you've worked on up here, things that are gonna be helpful, things that are gonna take you down that you know like you need to work on, stuff like that. That's basically it.

*Erin, Day Treatment*



## Section 4.5: Transfer to Day Treatment

**Type of Service:** “GRAY TILES”

**Description:** As part of a DYC tradition, just before members transfer to day treatment, they are given the opportunity to address the DYC residential center community. An area at the front of the meeting area in the main house is reserved specifically for this purpose. The floor in this area is covered with gray tiles. All members being transferred are provided with the opportunity to stand on these gray tiles to say farewell to residential center members and staff. While standing on the tiles, members have the full attention of the community and are given time to reflect upon what their stay at the residential center has meant to them. Members use this time to thank other members and staff and to reminisce about their year in residential treatment. The gray tiles mark the accomplishment of completing a year in residential treatment.

**Why:** Gives transferring members the chance to reflect upon their experiences in residential treatment and remember the good and bad times.

Encourages transferring members to recognize their accomplishments during the last year. Allows members the opportunity to reflect upon the personal changes they have made.

Concretely illustrates achievable goals to members who are in the beginning stages of the program. Shows these members that success within the program is possible and gives them a goal toward which to work.

Gives other members, staff, and the community a chance to say a temporary goodbye to the transferring member.

**When:** 1–2 days before transfer to the Brooklyn center for day treatment. Members typically talk for 10 minutes.

**Responsible:** Clinical Staff  
Transferring Members

**Quotation:** I don't remember what I said, but I remember everything I kept saying, tears would start coming outta my eyes. Laughter, just memories of like how much I grew up there. I started there like it's a joke, as a big clown, not taking anything serious, like very resentful towards everybody. And, I grew up there, you know? Like I matured, I'm more open to things. I could see things that other people could see, that I don't think I would be able to see if I was still out here in the streets, you know? When I went on the gray tiles, it was just very emotional for me.

*Earnest, Day Treatment*

## Section 4.5: Transfer to Day Treatment

**Program**

**Procedure:** TRANSFER OF RECORDS/TRANSITION OF STAFF

**Description:**

When members are transferred to the Brooklyn center, their clinical records are transferred with them. Records include members' progress through treatment, notes on behavior monitoring, learning experiences, medical problems, court records, and general observations. By the time members are transferred to the Brooklyn center, however, Brooklyn staff have already met with residential center staff repeatedly and discussed how individual members are progressing in treatment. These, along with personal interactions Brooklyn center staff have with members during home visits, discussions, and one-to-ones with the member directly after transfer, usually provide a comprehensive picture of members and their treatment progress.

**Why:**

Provides continuity of care.

Ensures that the transition in clinical care will be a smooth process for members.

**When:**

At transition to day treatment.

**Responsible:**

Brooklyn and Residential Center Program Directors  
Brooklyn and Residential Center Clinical Staff

## Section 4.5: Transfer to Day Treatment

**Program**

**Procedure:** PHYSICAL TRANSFER TO DAY TREATMENT

**Description:** Members usually leave the residential center early in the morning on the day of their transfer. The members and all their belongings are transported to the Brooklyn center by a van driven by the DYC driver. Members arrive in time for day treatment to start and put in a full day of orientation and treatment at the Brooklyn center. At the end of the treatment day, the members' parents come to pick up the members and all of their belongings. Members are expected to report to the Brooklyn center for regular day treatment the next morning at 9:00 a.m.

**Why:** Attending a full day of treatment before returning home gives members the opportunity to discuss transfer issues, concerns, and fears and to become oriented to the Brooklyn center.

**When:** The day of transfer to day treatment.

**Responsible:** Clinical Staff  
House Driver  
Members' Parents

**Quotation:** So when you're down here for real now this is what you've gotta get used to. And it's way different down here, way different. So at first it's kind of uncomfortable. You don't really know where everything is and where everything is at and sometimes you'll feel uncomfortable with staff...I didn't know how to act or anything. It took a while. It took maybe two weeks to get in the swing of things and stuff.

*Faith, Day Treatment*

## Section 4.5 Key Points Summary

### Key Points Summary

- When it is determined by staff to be therapeutically appropriate, members are transferred from residential to day treatment. Members being transferred have generally been in the program for 11 to 13 months and are transferred in groups of 5 or 6.
- Members are notified of their upcoming transfer through an interview with the residential program director. In the interview, members discuss what they think day treatment will be like and their concerns about being transferred.
- Before leaving, individual members are given the opportunity to stand on the gray tiles and address the residential center community. Members typically use this time to reminisce about their experiences at the residential center and to say goodbye to residential center peers and staff.
- Members' clinical records are transferred with members themselves.
- Members are usually transferred by NYC van in the early morning so that they may attend a full day's treatment at the Brooklyn center. At the end of the day, members' parents come to the Brooklyn center to pick them up and bring them home.